



christianLIVINGservices



## HANDBOOK

# Annual Volunteer Training Review Guide

### Locations Served by Volunteers (Volunteer Services Phone Numbers)

#### **Breton Manor**

Volunteer Office at Raybrook Manor

2589 . 44th Street, S.E.  
Kentwood, MI 49512  
(616) 235-5717

#### **Fulton Manor and Care Resources**

1450 E. Fulton  
Grand Rapids, MI 49503  
(616) 643-2679

#### **Faith Hospice at Trillium Woods**

8214 Pfeiffer Farms Dr.  
Byron Center, MI 49315  
(616) 356-4859

#### **Raybrook Manor and Corporate Office and Rehab Dimensions**

2121 Raybrook SE  
Grand Rapids, MI 49546  
(616) 235-5717

**All of our volunteers are required to review this booklet thoroughly every year. You will be sent a reminder letter to do so every year that you are an active volunteer. That letter will need to be signed and returned to the volunteer services department where you volunteer, by the deadline specified in the annual letter. [The timing of the reminder letter and deadline to do the review, may vary from year to year, based on the type and amount of information that may have changed and need to be communicated to you.] This is a regulated requirement of our volunteers, and so we respectfully request your prompt attention to this annual mailing or we risk losing you as a volunteer.**

**If you have any questions, contact your volunteer coordinator. Thank you – we value what you do and want to be sure you have the information and training necessary to be a successful, satisfied volunteer within Christian Living Services.**

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## VOLUNTEER ORIENTATION

As a new member of the Christian Living Services helping network you may be unfamiliar with some of the things you will encounter here. This handbook is filled with INFORMATION, which will introduce you to us. We have tried to address some of the questions, which may arise concerning your volunteer work here.

### **Volunteer Department Mission Statement:**

"Serving beside the staff, volunteers work both directly and indirectly toward the goal of enhancing the quality of life for our residents and clients, in facilities and in the community."

### **About Holland Home**

The first Holland Home was founded in 1892 for the purpose of serving some very "special" people – the older adult Christian community. Today the Home's facilities, Breton, Fulton, and Raybrook Manors continue to offer comfort and security for the residents. Raybrook Estates and Breton Woods are also part of Holland Home. These condominiums provide elegant living combined with the security of knowing that care is available as needed.

Home care of Holland Home provides services, which enable residents and people in the community to remain in their places of residence with the level of assistance that they need. Faith Hospice provides services for terminally ill persons living at Holland Home as well as in the community. Rehab Dimensions provides physical, occupational, and speech therapy to Holland Home residents, as well as many clients in their own homes in the community and in other long-term care facilities. Care Resources provides programming and care for individuals in a daycare setting called 'PACE', located at Fulton Manor.

Mr. David Claus is the president and Chief Executive Officer. An Administrator with a trained staff and team of volunteers who keep things running smoothly heads each Manor. Resident Advisory Council evaluates programs and operations at each Manor. The Board of Trustees oversees all activities. The Board consists of capable individuals who provide a variety of valuable experience to the Board. The Holland Home Guild is an organization whose purpose is to promote Holland Home in the community, to organize fund raising activities and to provide services which enhance the life of the residents of Holland Home. The Guild Board oversees all the activities and appoints volunteers for the various committees and projects that they approve.

We have a lasting commitment to quality service and care. With the combined efforts of the Board, administration, the staff, the volunteers and the residents, we will continue to be a model of excellence for years to come.

### **Our Vision**

We are called by God to be of service to others, and, in our efforts, we will constantly seek God's guidance. We will provide services with love, compassion, and excellence, and, through our efforts, our residents and clients will feel love, comfort, and peace of mind. We will provide a broad and flexible range of services and housing options that are tailored to meet the needs of individuals both within our facilities and in the community. Managing our resources carefully allows us to fulfill our commitment to Christian benevolence. And, we will always remember that we serve in Christ's name.

### **Our Mission**

#### ***In fulfilling God's calling to serve others, we will:***

- Serve with love and compassion.
- Commit to excellence.
- Follow Christ's teaching and example in all we do.

## What Volunteers Can Expect

In exchange for your commitment to us, you will benefit in various ways. You will learn and grow, make new friends, develop new interests, skills, test career possibilities, find self-fulfillment, and receive a sense of worth by serving the residents and patients. You will become informed of the purpose and function of our organization and be part of the team of people who are concerned about the well being of those we serve.

### ***In addition you will receive the following:***

- A name badge. All volunteers must have a name badge and wear it when volunteering.
- Orientation and training will be given at the start of your volunteer service to make sure you are comfortable with your assignment.
- Periodic In-Services are offered to help the volunteers in doing the various jobs that are assigned.
- The Volunteer Services Department will be available to you as needed. We have an office at Raybrook Manor, Fulton Manor, and for Faith Hospice at Trillium Woods. Any messages that are left on our voice mail when we are not in the office are picked up and responded to as soon as possible. The Director of Volunteer Services and the Volunteer Service Coordinators are there to help you, support you and be your liaison when necessary.

## **CONFIDENTIALITY POLICY AND PROCEDURE**

***Definition: In this policy, employee also equals volunteer, contracted staff and students/interns.***

To keep all information in strictest confidence in order to protect the privacy of residents, employees and other individuals at within Christian Living Services. All employees shall use and safeguard resident information in a manner that is compliant with the recently enacted Administration Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Definition:** In this policy, employee equals volunteer, contracted staff and student/intern.

### **POLICY:**

1. All information pertaining to residents, employees, families matters will be held in strict confidence at all times. Confidential information is defined to include such areas as health and medical condition, family relationships, behavioral issues and financial information or employee performance, and protected health information as defined under HIPAA.
2. Access to confidential information is limited to authorized personnel on a need-to-know basis and to only those employees whose jobs require the information.
3. Resident information is not to be copied, released, removed or discussed with anyone not immediately concerned with the care of the resident. Employees must be constantly aware that staff discussions of a resident's and/or resident's family situation must be held in a private setting where the discussion can not be overheard. Confidential information should not be discussed in such places as public areas, hallways or resident rooms.
4. All information about residents, their families, and about Christian Living Services and its subsidiaries and its employees is protected from unauthorized use, tampering, destruction or loss.
5. Under HIPAA it is not always necessary to obtain a resident authorization to release their health information. The release of information will only be made with appropriate written authorization from the resident unless a consent for treatment, payment or healthcare operations has been obtained. In cases where the resident has been declared incompetent, resident's conservator or legally responsible person will give authorization for release of information.
6. When the resident is being transferred to another health care organization or as required by law, he or she is informed that medical information will be released to the receiving organization.
7. Data and resident information may be removed from our jurisdiction and safekeeping only with a court order or subpoena, according to law and regulation or on written authorization of the resident.
8. Christian Living Services and its subsidiaries take reasonable confidentiality and security measures to safeguard data and information when contributing to or using external databases.

9. Any questions from residents or families regarding insurance coverage, and/or billing charges should be directed to the business office.
10. All employees are asked to sign a "Confidentiality Statement" at the time of hire.
11. Any employee, who improperly disseminates confidential information regarding residents' family members of residents, fellow employees, volunteers or proprietary information regarding Christian Living Services and its subsidiaries will be subject to immediate disciplinary action up to and including discharge. Employees are encouraged to report suspected violations of the confidentiality policy. Christian Living Services will not impose any retaliation on an employee who reports a suspected violation.

**PROCEDURE:**

1. Any inquiry about a resident is to be directed to the resident, his/her physician, the Nursing Supervisor or designated staff member.
2. Staff will verify that a written authorization for release of information has been obtained prior to releasing information.
3. All employees shall be educated on proper uses and disclosures of protected health information and shall be trained on corresponding policies and procedures that were developed in accordance with HIPAA.

<b>CODE OF CONDUCT</b>
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Our goal is to consistently meet and exceed our customers' expectations for quality services. As an employee or volunteer, I understand the organization's values and respect for human rights. I recognize that achievement of excellence in the treatment of those we serve and enhancement of the environment in which we provide service are the responsibilities of every employee and volunteer. I recognize the importance of good communication with coworkers, residents/clients, visitors and physicians. I agree to perform my job in a responsible, caring manner, and I will conduct all my interactions by observing the following principles:

- A. I agree to treat each person with dignity, respect and compassion and to conduct business with integrity. The behavior I exhibit will support the values of the organization, and the services I render will be done in an ethical manner.
- B. I agree to maintain and enhance the self-esteem of all the people with whom I speak personally and by telephone.
- C. I agree to show respect and warmth to residents/clients, co-workers and visitors through communicating appropriately, e.g., acknowledging people's presence, greeting them by name, using courtesy titles, smiling and asking how I can help.
- D. I agree to provide explanations of procedures, rules and policies that apply to the resident/client and family members and to answer their questions in a professional, pleasant and informative manner.
- E. I agree to provide reasonable responses to reasonable requests for service made by my co-workers, supervisors, health practitioners, and residents/clients.
- F. I recognize that I am responsible for protecting the confidentiality of the resident/client, family members, visitors, and co-workers at all times and in all places.
- G. I agree to handle conflict situations according to the policy and by asking for the person's help in solving the problem. I agree to handle complaints and conflicts in a constructive manner and to offer positive solutions along with complaints or issues identified.
- H. I agree to contribute to a positive working environment in my department through the following:
  - To arrive on time and be in attendance.
  - To support teamwork within my department and between departments.
  - To do my work to the best of my ability and to strive to continuously improve the quality of my work.
  - To be flexible in both work assignment and schedule.
  - To maintain a neat, organized and safe work area.
  - To communicate in a professional, pleasant and warm manner.

- I. I will act as an ambassador in and out of the workplace. My conversations will be positive and constructive. Internal concerns will not be discussed with or in front of residents/clients, family members, or health practitioners. I agree to keep social discussion out of direct work and care areas.
- J. I agree to dress and present myself in accordance with the dress code policy.
- K. I will take responsibility for maintaining a safe work environment and fulfill my job functions in a safe manner in accordance with safety policies. I will notify my supervisor immediately of any hazard, injury, equipment problem, or potential safety problem.

By signing this Code of Conduct, I acknowledge and agree that I have had the opportunity to review it, understand what it means, and I will follow it fully. I understand that failure to demonstrate the behaviors outlined in this Code of Conduct will result in corrective action. Finally, I realize that Christian Living Services maintains an "employment at will" philosophy and that this Code of Conduct shall not be considered to be an employment contract of any type.

**GUIDELINES FOR VOLUNTEERS**  
*Volunteers are expected to adhere to policies and procedures.*

**ALL VOLUNTEERS MUST WEAR NAME TAGS WHEN ON THE JOB.**  
**THESE WILL BE ISSUED AT THE TIME OF ORIENTATION.**

**DRESS CODE**

- The way you dress, grooming, language, courtesy, and behavior contribute to your effectiveness as a volunteer. Good grooming and appropriate dress is essential. Clothing should not be revealing, seductive or otherwise disturbing to the residents. Neat but comfortable clothing is acceptable.
- Jeans are permitted and they must be neat and clean and without holes. Shorts are permitted but must be no shorter than three inches above the knee when sitting down.

**TELEPHONE USE**

- Volunteers should notify family and friends that incoming calls made to them while on duty should be restricted to emergency calls only.

**GRATUITIES**

- Requesting, encouraging or accepting tips, gifts or any gratuities from residents is not permitted and may result in discharge. If a questionable situation should rise regarding gratuities from residents, you are asked to check with your supervisor, or the Volunteer Services Office.

**SMOKING**

- All of our facilities, including parking lots, are tobacco free. The use of tobacco inside or adjacent to any of our facilities and vehicles is prohibited.

**SOLICITATION AND DISTRIBUTION**

- Solicitation and distribution is prohibited in all of our facilities or in conjunction with any services we provide.
- Distribution of literature on behalf of any organization is also strictly prohibited.

**LOST AND FOUND**

- If you should find any articles on the grounds of the Manors or in the buildings that appear to have been lost, they should be returned in to the receptionist or the business office in the Manor where it is found.

**PARKING**

- Parking in any of the lots is permissible and convenient to each facility. There is no charge for parking.
- Parking in spots designated for residents is not permitted.

## **SAFETY**

- Your safety is primary concern to us. Think safety first. Often accidents can be avoided. All accidents and incidents, which happen to you, must be reported to your supervisor or administrator no matter how trivial the situation may seem.
- Your supervisor will make out an accident and incident report which will then be submitted to the Administrator and the Volunteer Services Director and also kept on file. This report must be filled out within 24 hours following the incident. Any accidents of other employees, residents, visitors, or volunteers, witnessed by or coming to the attention of a volunteer, must be reported promptly to the supervisory personnel and an accident or incident report completed.
- The staff nurses will dispense emergency health care.
- In order to insure the safety of the residents and volunteers, volunteers are not to transfer residents from bed to chair, chair to chair, assist to the bathroom, or do any other service that should be performed by employees who are trained in proper methods of resident care.
- In the event of an accident or incident involving a resident, volunteer, or employee, the volunteer should call for help or notify someone on the medical staff and request help in administering care to the person involved in the incident. A person not trained in the proper methods of caring for an injured person could injure themselves and contribute further injury to the person involved in the mishap.

## **INFECTION CONTROL**

- As a volunteer, you have a responsibility to help prevent and control the spread of infection. If you develop symptoms of an infection, you are responsible for reporting them, as soon as possible, to your immediate supervisor or the Director of Volunteer Services who will help you secure medical care, if necessary and appropriate.
- If you are not feeling well, have a cold, or flu symptoms, please do not come in to work. The residents may contract infection and suffer serious complications as a result of a simple cold or flu. Not exposing residents to illness is a good method of infection control.

## **TB TESTS**

- All volunteers are required to have a TB test at the beginning of their volunteer service and annually thereafter. Those people who have tested positive in the past will either be requested to have a chest x-ray or meet with a nurse to fill out a questionnaire dealing with signs and symptoms related to TB.

## **WORKING WITH OLDER ADULTS**

One on one visitation provides the volunteer and the resident a wonderful opportunity to share with one another and establish friendships. The residents have a wealth of experience to share with someone who is willing to take time to listen. The volunteer has the opportunity to bring some of the outside world inside to share what is going on beyond the walls of the Manor for those who cannot go out to experience it themselves.

### ***Tips For Effective Communication***

- Call the resident by their formal name, (Mr., Mrs., Miss, etc.) until it is determined how a resident wishes to be addressed. Some people are offended by the use of first names. Addressing residents properly also shows respect.
- Always knock before entering a resident's room. Assume that privacy is needed if a bed curtain is drawn in a nursing room.
- Through visitation, resident needs can be determined. On the basis of those needs some special things can occur.
- A person may not be able to see in order to read and therefore may appreciate someone reading to them.
- A person may be confused and talking about the past may be helpful.

- A person may wish to leave the area to which they are confined and have a walk or ride in the wheelchair through the building or outdoors (weather permitting). This may be rewarding to both the resident and the volunteer.
- A person may enjoy playing games, doing a puzzle, making a craft or engaging in some other type of activity. The volunteer could spend some time helping the resident with these activities.
- A resident may appreciate having someone attend a chapel service or other activity with them and the volunteer may want to arrange visits at a time when this could be done.
- A person may wish to have help with writing a letter or sending a card.
- Touch is an important part of communication. A handshake, a pat on the shoulder, and even a hug or kiss (when appropriate) communicates that you care to the person needing physical contact.
- Be a good listener. Having someone to share with may provide an outlet for frustrations and concerns. Understand the person's problem and deal with it in a compassionate, understanding manner.
- A negative or hostile attitude should not be taken personally. Look beyond the behavior to see the resident as a person with special needs, problems and difficulties and let them know that you are willing to help them as a friend.
- Try to emphasize not sympathize—walk in the other person's shoes. Try to understand what they are experiencing.
- Recognize the strong and weak characteristics, limitations and abilities. As much as possible, build upon the positive.

### **Communication With The Confused Person**

- Make sure you have the resident's attention by making eye contact or gently touching the person you are visiting.
- Identify yourself and state what you are going to do before doing it.
- Talk about an object or subject that may stimulate response. Call attention to an article of clothing, the weather or something in the room to get their attention.
- Try to find a time of the day for visitation when the person is rested and receptive to a visit. Try to visit at the same time of the day and establish a routine. The nurse in charge can help by suggesting a good time for a visit. Mornings, before 10 a.m. are generally not a good time to visit in nursing.
- Visits need not be long. Sometimes shorter, more frequent visits are better than long, less frequent ones.
- Be sensitive to feelings. Facts sometimes are confused but feelings are genuine.
- Use the persons' name frequently.
- For those who seem to be living in the past, i.e., referring to a spouse that is no longer alive or feeling a need to care for children who are, in fact grown, Validation Therapy is a good method to use. This method of communication deals with a confused person where they are in their mind's eye. Ask the individual to tell you about their spouse, where he or she worked, or what they like to do.

### **Examples:**

- Do you have children?
- What foods do you like to eat and prepare?
- Do you have brothers or sisters? Ask their names.
- Talk about games they played as a child or with their children.
- Talk about where they went to school.
- What kind of work did they do?
- Where did they go to church?

- Encouraging the confused person to touch objects that have different textures can also be helpful.

### **Communication With The Hearing Impaired Person**

Make sure the hearing impaired person knows you are in the room before speaking. Face the "hard of hearing" person directly when speaking to them and, if possible, sit at the same level.

#### **Examples:**

- Speak in a clear, slightly raised voice, but don't shout.
- Enunciate clearly and speak slowly and distinctly.
- Do not cover your mouth when talking. The "hard of hearing" person may try to read your lips.
- Be sure you have the hearing impaired person's attention before speaking.
- Try not to lower your voice at the end of a sentence.
- Do not eat or chew gum while talking to the "hard of hearing" person.
- If a person has a hearing aid and is not wearing or it appears that it is not working, ask if you may assist them by getting someone to put the aids into their ear or check the batteries.
- Sometimes writing a message can help when communicating with the hearing impaired individual.

### **Communication With The Visually Impaired Person**

Approach with a casual greeting. Identify yourself and tell the person why you are there. The visually impaired person usually appreciates having things described to them - colors, things in their surroundings, the weather, etc. Encourage the visually impaired person to feel items and discuss textures. Always let the person know when you are leaving the room. Encourage independence but offer help as necessary. Here are some things a visually impaired person might appreciate...

#### **Examples:**

- Reading mail (with permission)
- Reading the newspaper
- Reading the Bible
- Reading devotionals
- Reading short stories
- Reading church bulletins
- Writing cards and letters
- Combing their hair
- Assistance with meals
- Anything else that they may request

## **PATIENT RIGHTS AND RESPONSIBILITIES**

***The patient/family/caregiver are informed of their Rights and Responsibilities prior to onset of care. Our staff protects and promotes the exercise of these rights.***

### **The patient has the right to:**

- File a complaint without recrimination
- Have an interpreter fluent in medical terminology
- Receive effective pain management and symptom control for conditions related to a terminal illness
- Be involved in developing/revising the plan of care
- Refuse care or treatment
- Choose attending physician and have a confidential clinical record
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- Receive information about services covered under the Medicare and hospice benefit
- Receive information about the scope of services that are provided and specific limitations on those services.
- Responsibilities of the patient/family/caregiver:
  - Provide a complete and accurate medical history
  - Make it clear whether he/she clearly comprehends a contemplated course of action and the actions he/she are expected to perform
  - Participate in their care by asking questions and expressing concerns, advise staff of any problems or dissatisfaction with patient care
  - Provide a safe home environment in which care can be given; service may be terminated for conduct such that the patient's or staff's welfare or safety is threatened
  - Accept the responsibility and consequences for any refusal of treatment
  - Treat staff and volunteers with respect and consideration
  - Provide a smoke-free environment when personnel are present
  - Remove or restrain any large or aggressive pets when personnel are present
  - Remove from the premises or secure in an appropriate manner any firearms or other weapons
  - Provide information about unexpected complications that arise in a course of treatment
  - Provide accurate and timely information concerning sources of payment and ability to meet financial obligations
- In addition, when residing at the in-patient residence:
  - Follow the residence rules and regulations affecting patient care and conduct
  - Be considerate of the rights of other patients residing in the residence and their families
  - Be considerate of residence personnel and property

### **Complaint Procedure as outlined in Admission Booklet:**

If problem cannot be resolved between staff member and customer, the customer is asked to first call Clinical Director at 235-5100, M-F, 8am - 5pm. During after-hour emergencies related to complaints, the customer asks our on-call person to notify the manager on-call immediately. If the issue is not resolved to customer's satisfaction, they may call a manned Michigan Department of Community Health Complaint Hot Line at (800) 882-6006, M-F, 8am-5pm to leave a message.

## ABUSE/NEGLECT

### Definitions:

- **Abuse:** The intentional and non-therapeutic infliction of pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.
- **Verbal Abuse:** Refers to any use of oral, written, or gestured language which is belittling and/or derogatory towards patients or their families/caregivers.
- **Neglect:** Failure of a caregiver to supply a vulnerable adult or child with reasonable necessities to ensure physical and psychological well being. Neglect includes, but is not limited to, all of the following:
  - Failure to assist in personal hygiene or to provide food, clothing, or shelter
  - Failure to provide medical care for physical and mental health needs
  - Failure to protect from health or safety hazards
- **Exploitation:** The illegal use of an incapacitated adult or his/her resources for another's profit or advantage.
- **Sexual assault:** Sexual battery, rape, incest, sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object.
- **Mental Abuse:** Deliberately inducing fear, agitation, confusion, severe depression, or other forms of serious emotional distress through verbal assaults, threats, harassment, or other forms of intimidating behavior.
- **Dependent Adult:** Any person over the age of 18 who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. This includes, but is not limited to persons with physical, mental or developmental disabilities. It also includes persons whose physical or mental abilities have diminished, as well as persons who have been admitted to a healthcare facility.
- **Financial Abuse:** A situation in which a caretaker takes, hides, or appropriates the money and/or property of an elder or dependent adult, for a use or purpose without the resident's consent.
- **Abuse of a Dependent Adult:** Physical abuse, sexual abuse, neglect, mental abuse, cruel punishment, financial abuse, abandonment, or any other treatment which causes physical harm, pain, or mental suffering.
- **Involuntary Seclusion:** The separation of a client / patient from others against the client's will or the will of the client's legal representative. Emergency or short-term monitored separation from others will not be considered involuntary seclusion, and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the client's needs.

### Procedure:

- Any employee or volunteer who has reasonable cause to believe a patient has been abused, mistreated, and/or neglected immediately reports the alleged incident to their manager/designee or manager on-call, and, when in a facility, the charge nurse/manager is notified. The manager/designee or manager on-call notifies the Executive Director or designee.
- All alleged violations involving mistreatment, abuse and/or neglect are thoroughly investigated by the agency under the direction of the Executive Director or designee and in accordance with state law.
- Documentation in the patient's clinical record reflects direct observable facts (i.e. if client/patient complained of being hit; document redness, swelling, or other observable evidence of the complaint) and clinical symptoms found on assessment.

- In consultation with the Clinical Director and the Executive Director, a report may be made to the Michigan Department of Consumer and Industry Services and/or Adult Protective Services.

## **CONFIDENTIALITY**

**Health Insurance Portability and Accountability Act of 1996 (aka HIPAA)**  
***Any and all personal information you learn “on the job” must be kept confidential.***

### **What is HIPAA?**

The federal government enacted the Health Insurance Portability Act of 1996 (HIPAA) with the intent to assure health insurance portability, reduce healthcare fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information.

### **HIPAA mandates:**

- Standardization of electronic patient/health, administrative and financial data.
- Unique health identifiers for individuals, employers, health plans and health care providers.
- Security standards to provide physical, technical and administrative safeguards to protect the integrity, availability and confidentiality of health information.
- Privacy standards to ensure administrative and physical safeguards to protect the privacy and confidentiality of health information, and to protect against unauthorized access.

### **Certain individually identifiable health information is considered protected health information (PHI) and includes:**

- Names
- Birth date (except year)
- Telephone number
- Social Security number
- Geographic subdivisions smaller than a state
- Medical record number
- Health plan beneficiary number
- E-Mail address
- Certificate / license numbers
- Vehicle identifiers and serial numbers
- Device identifiers and serial numbers
- Uniform Resource Locators (URLs)
- IP address numbers
- Biometrics identifiers
- Full faces photograph
- Any other unique identifying number, characteristic or code

### **Why Is HIPAA Necessary?**

Technological advancements have impacted the electronic transmission of health data including:

- Rapid growth of health care Internet and intranet applications to transmit and share patient information such as diagnoses, radiological images, lab tests and prescriptions.
- Advancement in the computerization of patient records.

- Increasing use of electronic prior authorizations for services, as well as claims submission and payments
- Use of e-mail as a communication tool between caregivers and their patients.
- Lack of standardization for the collection, storage and transmission of health data which results in increased administrative costs, with an accompanying decrease in the use of data.
- Increasing healthcare costs, a demand for uniform healthcare data to evaluate coverage and treatment approaches.
- Public concern about privacy brings demands for greater security.

### **Who and What Does HIPAA Affect?**

- Health care providers
- Health plans
- Contractors (CareLink, etc.)
- Employers
- Public authorities
- Life insurers and clearinghouses
- Billing agencies
- Information system vendors
- Service organizations
- Universities

### **How Do We Ensure Privacy Standards?**

Administrative procedures, physical safeguards and technical security mechanisms have been established by Holland Home to safeguard the integrity, confidentiality, and availability of all data.

#### **Office:**

- Office locked after hours
- Files are not kept in open areas
- Files kept face down on desks
- Files returned to designated secure area after use, or end of work day
- Visitors are cleared through receptionists/AA at front desk
- Visitors not allowed to wander around office
- All staff agree to confidentiality policy upon hire
- Identifiable client information not discussed in open areas

#### **Electronic:**

- Computer work stations/monitors are to be positioned or shielded from public or unauthorized staff
- Only access to information needed to perform work duties
- Computer screen to be cleared or logged off if unattended for long periods of time (i.e. breaks, lunch, meetings, etc.)
- Clear computer screen if workstation is left briefly unattended
- NO sharing of or disclosing of password/user ID code

**VIOLATION OF HOLLAND HOME POLICY "PROTECTED HEALTH INFORMATION-STORAGE OF ELECTRONIC DATA" CAN RESULT IN DISCIPLINARY ACTIONS UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR VOLUNTEER ROLE.**

## When Can Information Be Shared?

A release of information is needed to be signed by the client or the client's personal representative prior to using or disclosing PHI to carry out treatment, payment or health care operations (TPO), except as specified below:

- Limited PHI may be used or disclosed for treatment, payment or health care operations **without authorization** if disclosure is to another department within the organization, or to community hospitals or mental health agencies with which Holland Home has a current agreement for the client's care or services and an **attempt has been made to obtain the clients consent to the disclosure.**
- Limited PHI may be disclosed to family members, other relatives or friends involved in the client's care, or payment for that care, **if the client is notified and does not object to the disclosure.**
- In emergency treatment situations, necessary information for treatment may be disclosed if an attempt is made to obtain consent to the disclosure as soon as reasonably practicable after the delivery of treatment.

## Definition of TPO—Treatment, Payment and Health Care Operations:

- Treatment: provision, coordination, or management of health care and related services, consultation between providers relating to a client, or referral of a client to another provider for health care.
- Payment: activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review.
- Health Care Operations includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services, auditing functions, business planning and development, general business and administrative activities.

**Holland Home HIPAA Officer:** Traci Potter **235-5233** or Kim Motter **954-1541**

## What Are the Consequences of a HIPAA Violation?

- If you have a clinical license in the state of Michigan and are terminated for accessing patient information inappropriately, as an employer the employer is required to notify the state licensing office. A state of Michigan investigator from Lansing interviews our management regarding each notification in order to determine if the state of Michigan should suspend or revoke the former employee's license to practice.
- Health care organizations are now required to report certain patient privacy breaches to the federal government.
- The federal government is now prosecuting cases involving the breach of patient information, and recently a judge in Arkansas fined three former hospital employees, \$1,500, \$2,500 and \$5,000 for accessing just one patient record and also issued them probation for one year.
- Recent changes to the federal HIPAA laws now allow the state attorney general to seek criminal prosecution of patient privacy breach cases and collect fines to fund further enforcement.
- Based on new HIPAA regulations that took effect February 18, 2010, employees who intentionally or negligently commit a breach of privacy are subject to personal fines, financial damage judgments and criminal charges.

## PATIENT SAFETY

### **Suicide Precautions:**

A voiced/demonstrated ideation of suicidal thoughts or intent must be reported to management, the Medical Director, and the patient's attending physician. Stay with the patient and/or ensure family members will stay with patient.

### **Incident Reporting:**

- An incident is defined as any occurrence or event that creates or could create the risk of injury, liability, or both. Examples of occurrences include:
- Staff/volunteer endangerment or injury
- Damage to patient property
- Adverse outcomes, including drug reactions and treatment complications
- Patient or family/caregiver injury
- Motor vehicle accidents while on company business
- Equipment or mechanical device failure or user error
- Problems relating to safe handling or use of narcotics
- Unusual occurrences
- Patient suicide threats or attempts
- Falls

### **In the event of a patient occurrence:**

- Volunteer shall notify the Nurse Manager or designee that there has been an occurrence
- The patient's physician by phone to determine the need for follow-up treatment, as necessary
- Volunteer may be asked to complete the *Occurrence Report Form* within one working day of the occurrence and must submit it to the Nurse Manager for review.
- Documents the nature of the occurrence in the patient's clinical record.
- Volunteer does not document "occurrence report completed" in the patient's clinical record.

## EMPLOYEE SAFETY

### **General Safety In and Around the Facility:**

- Report any lights that are burned out in the parking lots and along walkways to Facility Services.
- Report suspicious activity by visitors to charge nurse/manager.
- Report icy spots in parking lots and on walkways to Facility Services.
- Report any bare or sparking wires/outlets to Facility Services.
- Report broken/cracked windows to Facility Services.
- Refer to staff in charge and know where to locate the Emergency Preparedness Kardex in an emergency within the facility.
- Volunteers should not be climbing ladders, standing on stools (including ladders or chairs). Volunteer should not be lifting objects that weigh more than 25 pounds or are to be lowered from "overhead" areas. Volunteers should always get help, if needed, instead of taking risks by themselves.

## WHEELCHAIR SAFETY

### Important to Remember:

- Be sure the resident is comfortable and in correct body alignment.
- Wheelchair must be large enough to allow resident to shift body position.
- The position **must not** create pressure
- If the wheelchair is too large, use pillows to provide support.
- A pillow should be used to support a weak arm.
- The resident's back, from hip to shoulder, should be positioned against the back of the chair.
- A pad in the chair seat promotes comfort and skin protection.
- Before resident stands, be sure footrests are raised and positioned off to the side or removed so chair won't tip over.
- Be sure resident's feet do not slip off footrests and drag under chair.
- Do not allow resident's arms or clothing to get caught in wheels.
- Fingers may be pinched in the wheels, especially if there is no handgrip.

### Transporting Down a Ramp:


- Turn the wheelchair around and back down the ramp. You stand behind the wheelchair and pull it backward.
  - *This allows you to control the chair, and prevents the resident from tipping forward and falling out of the chair.*
  - *Keep close to the wall rail, if available.*

### Entering An Elevator or Passing Through a Doorway:

- You go in first, and pull the wheelchair in behind you.

### Potential Hazards – Surroundings and Uneven Floors:

- Inclines and curbs - dangerous and too strenuous
- Doorsills and transitions between carpet and other flooring
- Torn or rumped rugs/carpets
- Loose rugs
- Wires or other obstacles
- Automatic doors or elevators
- Never attempt to use revolving doors!!!!



Make **SURE PEDALS**  
are down, and  
Resident's feet are  
**ON PEDALS** at all  
times!

## FIRE SAFETY

### Patient, visitor, and staff safety always comes first:

#### R.A.C.E.

- **R** – Rescue: Move anyone in the vicinity of the fire to the other side of the fire doors.
- **A** – Alert: Activate the fire alarm at nearest pull box, or instruct another person to do so.
- **C** – Contain: Close the door to the room where the fire is located.
- **E** – Extinguish/Evacuate: Only attempt extinguishing the fire if you feel confident in your possibilities of success. Evacuation of the building is at the direction of emergency personnel.
- Follow the directions of emergency personnel when they arrive on the scene.
- Evacuation meeting sites are the north and south parking lots.

## HAZARD COMMUNICATION

**Material Safety and Data Sheet information is available to staff 24 hours a day, seven days a week.**

- Any one may call MSDS information provider, you do not need prior permission from your supervisor.
- Contact is made with the contracted MSDS information provider for chemical spills, exposures, poisonings, and as staff deems necessary.
- Contact information is found on workstation telephones throughout the Holland Home system and at the manors and hospice residence.
- Information to provide when contacting contracted information provider:
  - Product name and number
  - Manufacturers name
  - Manufacturer's phone number
  - UPC code
  - Follow instructions supplied by contracted information provider.

## INFECTION CONTROL

**If you are sick, please call in to the volunteer coordinator and wherever you are expected to work to report your illness and cancel your volunteering until you are well.**

**Standard/Universal Precautions are used when providing any patient care:**

### **Hand Washing Hygiene:**

- Soap, water and friction for at least 15 seconds
- Alcohol based hand sanitizer if soap and water is not available
- Soap/anti-microbial soap only when dealing with Clostridium Difficile (c-Diff).
- Personal Protective Equipment is used, as appropriate, if there is a danger of contact with blood and other body fluids:
  - Gloves
  - Mask, Goggles/Face Shield
  - Gown
  - Booties



**WASH HANDS**  
Before & After Contact with Residents

### **What to do if you have an exposure to blood and/or other body fluids:**

- Needle stick or open wound: wash with soap and water
- Splashes to nose, mouth, and/or unbroken skin: flush with water
- Eyes: irrigate with clean water, saline, or sterile irrigants
- Report any of the above, fill out an incident report and seek treatment.

### **Respiratory Hygiene/Cough Etiquette:**

- Staff/patients/visitors are educated to use disposable tissues to cover mouth when coughing
- No touch receptacles are available for disposal of tissues
- Staff/patients/visitors are educated to hand hygiene after coughing
- Masks are offered to visitors exhibiting signs of respiratory infections
- Visitors exhibiting signs of respiratory infection are encouraged to maintain a distance minimally of three feet from patient.

- Droplet Precautions are maintained on patients with known or suspected infectious microorganism which may be transmitted through close respiratory or mucous membrane contact.

**Organisms that are implicated in transmission through droplet means may include, but are not limited to:**

- Bordetella pertussis (B. pertussis)
- Influenza virus
- Adenovirus
- Rhinovirus
- Neisseria meningitidis (N. Meningitides)
- Group A streptococcus until 24 hours post initiation of antimicrobial therapy
- Patients identified/suspected of having an infectious microorganism which may be transmitted through close respiratory or mucous membrane contact are placed in droplet precautions.
- A droplet precaution sign is placed on the outside of patient's room on door frame.
- Wear a mask for close contact with infectious patients
- Instruct patient visitors in droplet precautions.
- Patients on droplet precautions who are transported outside of their room wear a mask.

**Airborne organisms that are implicated in transmission through airborne means may include, but are not limited to:**

- Rubeola virus (measles)
- Varicella virus (chickenpox)
- Mycobacterium tuberculosis (M. tuberculosis)
- And possibly severe acute respiratory syndrome (SARS) and severe acute respiratory syndrome associated coronavirus (SARS-CoV).

**Symptoms which may indicate an organism that is implicated in transmission through airborne means may include, but are not limited to:**

- Cough
- Fever
- Upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for human immunodeficiency virus (HIV) infection
- Pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of H1N1, SARS, or avian influenza
- Maculopapular with cough, nasal discharge, and fever (Rubeola (measles) virus)
- When a patient at the residence is identified/suspected of having a disease process requiring airborne precautions, the following procedure is implemented:
  - A mask is placed on the patient
  - The door to the patient room is closed
  - Airborne precautions sign is placed on door from outside of patient's room
  - Staff/visitors apply a N95 or higher level face masks prior to entering room
  - Mask is removed after exiting room and disposed of in appropriate receptacle by door
- Non-immune health care workers do not care for patients with vaccine-preventable airborne diseases such as measles, chickenpox, and smallpox, whenever possible.

## **CORPORATE COMPLIANCE**

***A corporate compliance program is a system which is designed to detect and prevent violations of law by the agents, employees, officers and directors of a business.***

### **Corporate compliance:**

- Is a federal program to prevent fraud and waste of government funds
- Encourages businesses to “self-police”
- Ensures that quality care is provided
- Allows employees to report potential problems without fear of retaliation
- Reduces business risk for fines and criminal sanctions
- Applies to employees, volunteers, governing body members and vendors

### **How does Corporate Compliance Work:**

- Code of Conduct, Policies and Procedures: Policies must address specific areas such as submitting Medicare and Medicaid claims appropriately and defining the roles of physicians and other vendors and how they are paid.
- Corporate Compliance Officer: Responsible for developing, monitoring, investigating and provides follow-up to the person who reported topic and reports to the Governance and Compliance Committee of the Holland Home Board of Trustees.
- Reporting Mechanism: Policy to protect employees from retaliation for reporting. The law states that an employee cannot be fired/disciplined for reporting non-compliance in good faith and Holland Home Whistleblowers Policy protects our employees.
- System for investigation of alleged complaints: Compliance officer will monitor the hotline and log all reports and all complaints will be investigated promptly.
- Violating the Compliance Program: Holland Home will take disciplinary actions for misconduct as defined in the Holland Home Employee and Volunteer handbooks, and the Corporate Compliance Policy.
- Corrective Action: Holland Home will initiate corrective action for infractions including disciplinary action against offenders, repayment of monies, etc.
- Training and Education occurs at orientation and annually.

### **What should be reported:**

- Fraud and quality of care issues (i.e. services billed but not provided)
- Illegal behavior
- Kickbacks
- Inducements and self referrals
- Conflicts of interest
- Lack of qualifying services
- Unethical relationships with vendors/contractors.

### **What is not reportable:**

- Human Resource Issues such as:
  - disagreements with employees
  - dispute between departments

**How to report a violation:**

- Talk with your Supervisor/Department leadership first if you are comfortable doing so. Or you may contact the Corporate Compliance Officers:
  - Traci Potter 235-5233 or Kim Motter 954-1541
- Use the reporting hotline for compliance concerns at 643-2555. This assures privacy.
- Provide as much information as possible.
- Be specific (i.e. times, dates etc.)
- Leave your name and contact number if you are comfortable doing so.
- Follow up cannot be specifically provided if you do not leave a name/number.

<b>ETHICS</b>
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**General Statement:**

Staff and family members are frequently confronted with ethical issues. In order to assist patients, families and staff faced with bioethical dilemmas, the agency has established the ethics consultative responsibility of the Administrative team. This responsibility serves the consultative, supportive and educational functions as outlined below in the policy. Although the outcomes are expected to benefit the agency and its staff, its primary role is to service patients and families by allowing a forum for discussion of ethical problems. The duties will help the patient/family/caregiver to distinguish between ethical, legal and medical issues; it is not a function of the committee to give legal advice. Some basic assumptions and operating principles are listed here:

- Every effort is made to maintain the confidentiality of patients, families, and staff.
- Patient preferences will be respected whenever possible. (Possible exceptions might be patient requests that are illegal or that present staff with ethical conflicts, in which case staff may be re-assigned.)
- If the patient lacks decision-making capacity and there is no evidence of patient preferences, the primary ethical consideration is the patient's "best interest". The patient's "best interest" is determined by using objective, socially shared values such as relief of suffering, preservation or restoration of function, and quality of life.
- The committee serves to facilitate the discussion of ethical problems by offering consultation from a range of perspectives.
- Access to the committee's consultative function is through the employee's immediate supervisor who conveys the issue(s) to the committee.

<b>My Initials</b>	<b>Date Reviewed</b>	<b>Confirmation Sent Reply</b>

**This table is for your own review and tracking. Keep this on file and sign annually as proof you received your letter, did the review, and returned the letter to volunteer services.**