

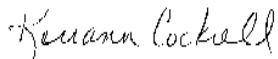
To Whom It May Concern:

It is a pleasure to inform you that Franciscan Health System is recruiting volunteers to be a part of the Epic Deployment Team in June and July 2013. Volunteers will be assisting with the health system's transition to electronic record keeping. A copy of the position announcement is attached. I have also included a flyer that can be distributed and an application packet which can be duplicated and/or distributed. Positions are available at the following five locations:

- Epic Command Center, Tacoma
- St. Joseph Medical Center, Tacoma
- St. Francis Hospital, Federal Way
- St. Clare Hospital, Lakewood
- St. Anthony Hospital, Gig Harbor

We would like to take this opportunity to encourage you to invite students to apply who you feel are well-suited for this volunteer opportunity. Please post, publish and circulate the position announcement and other materials as you see fit. We appreciate your help in getting the word out to students seeking summer volunteer positions. It is estimated that one in four physicians will use Epic programs when current rollouts are completed making this an invaluable experience for individuals planning to go into healthcare or for individuals seeking to complete volunteer hours for resumes or college applications. Thank you for your support.

Sincerely,



Keriann Cockrell  
Manager  
Volunteer Services  
Franciscan Health System

# Volunteer Position Announcement

**Organization:** Franciscan Health System

**Position Title:** Runner

**Department:** Epic Deployment Team

**Closing Date:** Open Until Filled

**About Epic:** Epic is a company that created a software platform for hospitals and medical professionals to electronically record patient information and make their care more efficient. Epic's systems are used nation-wide by roughly 240 medical groups, hospitals and health care organizations. Franciscan will "Go Live" with Epic on June 1st, 2013 and the implementation of this electronic records software will require a support team of staff and volunteers around the clock in June and July.

**Position Description:** Runners will assist the other staff on the Deployment Team June-July for at least one 4-8 hour shift a week. They will be responsible for stocking supplies, moving materials (small items like a credit card charger), running paperwork between staff, posting communications and other tasks as assigned. Runners will receive training prior to beginning their shift in June. Runners will either be based at an FHS hospital (St. Joseph Medical Center, St. Francis Hospital, St. Clare Hospital, St. Anthony Hospital) or the Epic Command Center in downtown Tacoma. Catering will be provided during all shifts and volunteers will receive free meals. No previous experience necessary.

**Requirements:** Volunteers must be at least 16 years of age and be able to pass a Washington State Patrol Background Check. Volunteers must also be available for a mandatory training in May and be able to commit to the duration of the project.

**To Apply:** Submit an Epic Volunteer Application to the Epic Recruitment Center at:

ATTN: Volunteer Services MS 71-59  
St. Elizabeth Hospital  
PO BOX 218  
Enumclaw, WA 98022

**Additional Questions:** Please contact Jenna Lindberg at 360.802.8650 or [jennalindberg@fhshealth.org](mailto:jennalindberg@fhshealth.org).

# Looking for a summer volunteer opportunity?

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## FHS Now Hiring Epic Volunteers



Epic is an electronic health records system that is widely used throughout the nation. Join us and be a part of the deployment team which will implement this program at the following five sites:

**St. Joseph Medical Center-Tacoma**

**St. Francis Hospital-Federal Way**

**St. Clare Hospital-Lakewood**

**St. Anthony Hospital-Gig Harbor**

**Epic Command Center-Tacoma**

This opportunity will provide you with up to 100 hours of volunteer experience in the healthcare field from June-July 2013. Must be at least 16 years old and available for a mandatory training in mid to late May. Don't miss this chance to experience the fast-paced health care field first hand! Valuable addition to any college application or resume!

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## Franciscan Health System

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### EPIC Volunteer Requirements

#### **Criteria:**

**All prospective Epic volunteer applicants are required to meet the conditions listed below, complete an application packet and submit it to Jenna Lindberg. Email: [jennalindberg@FHShealth.org](mailto:jennalindberg@FHShealth.org) Address: ATTN: Volunteer Services MS 71-59, St. Elizabeth Hospital, PO BOX 218, Enumclaw WA 98022 Phone: 360-802-8560 Fax: 360-802-8659**

- Must be a minimum age of 16.
- Must exhibit the ability to read, speak and understand English for purposes of interaction and communication.
- Must exhibit excellent interpersonal skills.
- Must be able to maintain physical stamina for extended period of times, which may include a great deal of walking and standing.
- Must be able to pass a criminal background check.
- Must be able to abide by Franciscan Health System values, policies and regulations.
- Must be available in May for a mandatory 8 hour training (two dates to choose from).
- Must be available to complete their volunteer commitment in full.

All forms in the application packet must be completed:

- Application
- Child & Adult Abuse Information Act
- Confidentiality & Ethics Agreement
- Parental Consent (if under 18)

#### **Guidelines**

**Volunteers must adhere to the Franciscan Health System mission, vision, values and policies.**

***Our mission*** is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

***Our vision*** is to be the center of excellence for healing and health care in the communities we serve.

***Our values*** provide focus and purpose, insight and inspiration. Our Catholic identity is essential as we shape the delivery of health care in the South Puget Sound. We welcome all of God's people as sisters and brothers in the spirit of St. Francis of Assisi. We believe that because all people are created in God's own likeness, we are all members of one human family through Jesus Christ's guidance.

**These specific values guide us in every interaction that we have with staff, patients and visitors:**

**Reverence**

**Integrity**

**Compassion**

**Excellence**

***It is essential that volunteers support and integrate our values and interact effectively with other staff.***

## **Guidelines (continued)**

***Our dress code policy*** is a reflection of our values and standards of providing excellent customer service to our patients and staff. Volunteers are expected to present themselves in a neat, clean and professional manner, which adheres to Franciscan Health System standards and safety requirements. **Volunteers who are not dressed appropriately or are in violation of our dress code policy will not be allowed to participate.**

***The following rules must be followed while volunteering:***

- No denim jeans, stretch pant, leggings or sweat suits.
- Pants must fit around the waist or hip and must not sag or drag below the heel.
- No shorts and no bare legs.
- No short (no less than four inches above the knee) skirts, split skirts and dresses.
- No halter tops, tank tops, sweatshirts, T-shirts, low-cut blouses or shirts with writing.
- No visible skin (i.e. mid-drift). Shirts must cover the entire upper body.
- No open toe shoes or sandals. Only clean and safe shoes are permitted.
- Socks or hose must be worn with all footwear.
- No facial (nose, eyebrow, lip, tongue, etc.) or visible body piercings.
- Nose studs that are small and discreet are acceptable with management approval.
- Discreet, non-offensive tattoos or body art are only acceptable with management approval. Excessive or inappropriate visible body art or tattoos must be covered.
- Hairstyles and colors must be professional in appearance (i.e. no mohawks or unusual colors – blue, pink, red, green, etc.).
- Facial hair must be clean, neat and well trimmed
- No perfumes or colognes.
- No large earrings or loose, protruding jewelry may be worn.
- No false fingernails or fingernails longer than ¼ inch.
- Hospital-issued identification badges must be worn at all times and must be visible and appropriately placed.
- No pins, buttons, stickers or ribbons may be worn on the FHS identification badge.

***Our facility / site policies*** convey respect for our patients, visitors and staff.

**Smoking is prohibited at all our facilities and locations.** Smoking outside of the building is also prohibited. Those wishing to smoke will need to do so in their vehicles or on publicly owned sidewalks.

**The use of cell phones is prohibited and must be turned OFF while inside of any of our facilities.**

Hospital telephones must be kept open for hospital business and are not be used for personal business. **Long distance personal calls are prohibited.**

**In cases of emergencies / codes announced over the intercom system, the volunteer will need to follow the directions given by manager or the assigned employee.** An Emergency Preparedness Quick Reference packet is located in all departments. This color-coded folder provides more detailed instructions to follow for each of the codes listed.

<b>Code Red:</b>	FIRE
<b>Code Yellow:</b>	HOSPITAL-ONLY TRAUMA
<b>Code Blue:</b>	CARDIAC ARREST
<b>Code Gray:</b>	COMBATIVE PATIENT
<b>Amber Alert:</b>	INFANT OR CHILD ABDUCTION
<b>Rapid Response:</b>	PATIENT WITH RAPIDLY CHANGING CONDITION
<b>Code Silver:</b>	WEAPON OR HOSTAGE
<b>Code 5:</b>	SHELTER IN PLACE
<b>Code Triage:</b>	DISASTER RESPONSE (PHASE 1 – ALERT/PLANNING & PHASE 2 – ACTIVATE)

## Franciscan Health System

### EPIC VOLUNTEER APPLICATION

Where would you like to volunteer? Please choose one.

- ☐ St. Joseph Medical Center (Tacoma) ☐ St. Francis Hospital (Federal Way) ☐ St. Clare Hospital (Lakewood)  
☐ St. Anthony Hospital (Gig Harbor) ☐ EPIC Command Center (Tacoma)

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you over the age of 16? ☐ YES ☐ NO Are you over the age of 18? ☐ YES ☐ NO

*If you are between the ages of 16-18, a parental consent/reference form will need to be completed prior to volunteering.*

Do you smoke or use products with nicotine? ☐ YES ☐ NO *You must be nicotine-free in order to volunteer.*

Are you or have you previously been an employee or volunteer for Franciscan Health System: St. Joseph Medical Center, St. Francis Hospital, St. Clare Hospital, St. Anthony Hospital, St. Elizabeth Hospital, FHS Hospice or Franciscan Medical Group? ☐ YES ☐ NO

Are you a student? ☐ YES ☐ NO If yes, where are you attending school? \_\_\_\_\_

Shirt size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Please indicate the days and times you would be available to volunteer (check all that apply):

*Full shifts are preferable but if you are available for a partial shift, please include because it may be accommodated.*

- ☐ Sun 7:30a-4p ☐ M 7:30a-4p ☐ T 7:30a-4p ☐ W 7:30a-4p ☐ Th 7:30a-4p ☐ F 7:30a-4p ☐ Sat 7:30a-4p  
☐ Sun 3:30p-12a ☐ M 3:30p-12a ☐ T 3:30p-12a ☐ W 3:30p-12a ☐ Th 3:30p-12a ☐ F 3:30p-12a ☐ Sat 3:30p-12a  
☐ Sun 11:30p-8a ☐ M 11:30p-8a ☐ T 11:30p-8a ☐ W 11:30p-8a ☐ Th 11:30p-8a ☐ F 11:30p-8a ☐ Sat 11:30p-8a

**List the name of an individual (relative, friend and/or personal physician) to be contacted in case of emergency:**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

*I understand and agree that submitting this application does not automatically authorize me to volunteer. I understand that I must meet the criteria set forth by Franciscan Health System. I also understand that my acceptance into the volunteer program is contingent upon the receipt of a satisfactory background report as determined by Franciscan Health System.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*I understand and agree that my services are given with humanitarian or charitable reasons and are donated to Franciscan Health System without expectation of any compensation, salary, benefits, other payment or future employment. I understand that as a volunteer, I am not covered by any state or federal wage or hour laws, nor am I eligible for workers' compensation, unemployment insurance benefits or any other benefit available to employees.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FRANCISCAN HEALTH SYSTEM**  
**Child and Adult Abuse Information Act**

In 1987, the Washington State Legislature passed the Child and Adult Abuse Information Act. This law requires that all employees and volunteers hired on or after January 1, 1988 who will or may have unsupervised access to and who will or may be directly responsible for the care, supervision, or treatment of children or developmentally disabled persons, must make a written disclosure of certain civil adjudications, convictions, records of a crime(s) against persons and for licensed personnel, disciplinary board final decisions. Background inquiries on these matters may be made to the Washington State Patrol or to other state or federal law enforcement agencies. If the background inquiry is negative, you will be contacted regarding status of volunteering. If satisfactory, your employment application will be processed as normal. In compliance with this law, we are required to obtain disclosure statements from newly hired employees and volunteers as outlined above. All information obtained will remain confidential. It is a condition of volunteering that this information be provided.

Yes ☐ No ☐ **Have you ever been convicted of a crime against persons? A crime against persons includes any of the following offenses:** aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first or second degree manslaughter; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future.

Yes ☐ No ☐ **Have you ever been found, in a disciplinary action, domestic relations proceeding or disciplinary board final decision, to have sexually assaulted or exploited a minor or to have sexually abused a minor?**

Yes ☐ No ☐ **Have you ever been convicted of (a) crime(s) related to drugs? "Related to drugs" means manufacture, delivery or possession with intent to manufacture or deliver a controlled substance.**

Yes ☐ No ☐ **Have you ever been found in a dependency action to have sexually assaulted or exploited any minor or been found guilty of child neglect or abuse or to have physically abused any minor.**

Yes ☐ No ☐ **Have you been arrested or convicted of any offense in the past seven (7) years?**

Yes ☐ No ☐ **Have you been released from prison in the past seven (7) years?**

**If your answer is "Yes" to any of the above questions, please describe and provide the date(s) of the findings(s) and the penalty (penalties) imposed on the back of this paper. Attach additional pages as necessary.**

We require your legal name and birth date, plus other information, to obtain from the Washington State Patrol criminal identification system, a report of your record and criminal convictions for offenses against persons, civil adjudications of child abuse and disciplinary board final decisions. A thumbprint may be required to later verify information received from the State Patrol. We will make a copy of the report available to you upon your request.

Applicant's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Alias/Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***Under penalty of perjury, I certify that the above information is true, correct, and complete. I understand that I can be discharged from volunteering for any misrepresentation or omission in the above statement. I also understand that my volunteer status is conditioned on your receipt of a satisfactory report from the Washington State Patrol.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HIPAA Training (Self-Study)

**The Health Insurance Portability and Accountability Act (HIPAA) is a federal law imposed on all health care organizations that requires us to take measures to safeguard patient information.**

### **Safeguarding Patient Information – What needs to be safeguarded?**

Any *Protected Health Information (PHI)* about a patient that is written on paper, saved on computer or spoken needs to be safeguarded and is considered confidential.

**PHI includes, but is not limited to:** name, address, city, precinct, zip code, telephone number, birth date, social security number, medical record number, health plan beneficiary number, account number, certificate / license number, vehicle and serial number, license plate number, biometrics identifiers, device identifier/serial number, fax number, email address, internet protocol number, web universal resource locator (URL), admission date, discharge date and date of death.

### **Patient Privacy “Do’s”**

- ✓ Keep information you hear about a patient to yourself.
- ✓ Notify security if you see an unescorted visitor in a private area.

### **Patient Privacy “Don’ts”**

- ✓ Do not discuss patient information.
- ✓ Do not look at any patient information unless you are asked to.

### **Authorizations**

- ✓ Organizations must obtain authorization from a patient before using or sharing their PHI.
- ✓ A patient may revoke an authorization at any time by making a written request.
- ✓ Patients who want to request their information or revoke an existing authorization need to be referred to Health Information Management/Medical Record Services.
- ✓ An authorization is not necessary for use or disclosures for treatment, payment of health care operations or for disclosures mandated by law (e.g. reporting of child abuse to CPS or report births and deaths).

### **Notice of Privacy Practices**

- ✓ At a patient’s first visit, the patient receives a copy of this notice, which informs the patient with all of the ways our organization uses and shares patient information. It also explains the patient’s rights to confidentiality and access to his/her information.

### **The Facility Directory**

- ✓ As a Job Shadow, you do not have authorization to use or access the Facility Directory.
- ✓ Do not give out a patient’s location or condition.
- ✓ Do not say anything about a patient who has opted out of the directory.

### **Penalties for Anyone Violating These Privacy Rules**

- ✓ Criminal penalties: A felony with maximum of 10 years in jail and up to \$250,000 in fines
- ✓ Civil penalty: Maximum fine of \$25,000 per violation.

### **By signing the Confidentiality Agreement, you agree to:**

- ✓ Use confidential information only in learning about the mentor you are shadowing.
- ✓ Handle health information carefully with an eye to preserving privacy.



## CONFIDENTIALITY & ETHICS AGREEMENT

I understand that Franciscan Health System considers it the ethical responsibility of each employee, contracted employee, student and volunteer to respect and maintain the confidentiality of patients, physicians and fellow staff members, as well as organizational information. Therefore, it is expected that I will be worthy of the trust given me and that I will perform my duties to the best of my ability with intelligence, courtesy, tact, and cheerfulness.

I acknowledge that access to confidential information is for the purpose of performing my responsibilities within this organization and for no other purpose. I understand that confidential information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications. Medical records are legal documents and contain confidential information. Staff must use extraordinary caution when handling records. Unauthorized disclosure of medical record information could result in legal action against the hospital and against the employee or volunteer who violates the patient's rights.

I understand that all information regarding patients and their health care is strictly confidential. Information of a privileged nature is to be shared only with authorized parties and such discussions should be held in a private location. I will keep confidential any information acquired through volunteer service at the hospital and never refer to the identity of a patient, his/her diagnosis, condition or treatment. I understand that it is the obligation of every volunteer to respect all patient's privacy.

I understand that information of a personal nature regarding fellow co-workers is also considered confidential. Staff addresses, home phone numbers, work schedules, and any other personal information shall not be released to a third party without the express permission of the staff member involved. All requests for employment verification or job references must be referred to the Human Resources Office. All requests for volunteer verification or position references must be referred to the Volunteer Services Office.

I understand and agree that in the performance of my duties as a volunteer at any Franciscan Health facility, that I must hold patient, physician, employee and organizational information in confidence. I understand that any violation of the confidentiality policy may result in corrective action, including termination. I agree that my obligations under this agreement continue after my volunteer duties end.

\_\_\_\_\_  
Printed Name (*including middle initial*)

\_\_\_\_\_  
Facility & Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INFECTION CONTROL

At all times, volunteers are expected to adhere to our policies regarding infection control. **The single most effective means of preventing the spread of infections is frequent hand hygiene (hand washing and/or alcohol sanitizer use.)**

### PROPER HAND WASHING:

- Using approved soap
- Scrubbing for 15-25 seconds
- Rinsing
- Drying with paper towel, which is to be used to turn off the faucet and discard in the trash

### PROPER HAND SANITIZER USE:

- Rub hands together with sufficient gel for 20 seconds

### HAND HYGIENE IS REQUIRED:

- When you arrive at the hospital/clinic
- When hands are soiled
- Upon entering a patient room
- Upon exiting a patient room
- After using the Rest Room
- Before and after eating
- When you cough
- When moving from a dirty task to a clean one
- Upon leaving the hospital/clinic

**Volunteers may not enter** any room with any posted Isolation Signs.

**Volunteers should never** perform a task that requires the use of personal protective equipment (gloves, masks, eye protection). A volunteer using this equipment indicates that the volunteer is doing a task that is not part of his/her position and could create a liability for the volunteer.

**Volunteers should not** place themselves in situations where they would be exposed to bodily substances. Our rule is: **If it is wet and not yours, don't touch it!**

**Volunteers should not** touch a patient's personal equipment or sit on a patient's bed.

**Volunteers who are ill** should not come to work.

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## Franciscan Health System

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### Parental Consent

**Individuals between the ages of 16-18 years of age are required to have parental or guardian consent and provide a non-relative school reference to participate as a volunteer for Franciscan Health System.**

**As the parent or legal guardian of \_\_\_\_\_**, permission is granted for my child to participate as a volunteer at Franciscan Health System.

I understand that my child's services are given with humanitarian or charitable reasons and are donated to Franciscan Health System without expectation of any compensation, salary, benefits, other payment or future employment. I understand that as a volunteer, my child is not covered by any state or federal wage or hour laws, nor is eligible for workers' compensation, unemployment insurance benefits or any other benefit available to employees.

I give my permission for Franciscan Health System to complete a background check of my child through the Washington State Patrol as mandated by state law.

I understand that personal health insurance is strongly advised, given that medical benefits are not covered under the volunteer program. I understand that in any volunteer position there is potential risk for injury or exposure to illness. In the event I cannot be reached, I give permission for any necessary treatment to be given in case of illness or injury.

I have read this application thoroughly and understand that any violation of FHS Policies / Standards could result in disciplinary action or termination of my child from volunteering at any Franciscan Health System facility.

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**Parent or Guardian Printed Name**

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**Signature**

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**Date**

### School Reference

**Reference for:** \_\_\_\_\_

By signing this form, you are attesting that the student named above is mature, responsible, and able to interact effectively with adults and perform assigned tasks efficiently and thoroughly. With the understanding that the named student is applying to a critical and fast-paced volunteer role, you would recommend them as an appropriate and capable candidate for this type of work within Franciscan Health System.

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**Printed Name**

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**Title**

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**Phone**

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**Signature**

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**Date**