

Sentara Martha Jefferson Hospital Volunteer Orientation

Updated 4/16/26



Sentara Mission, Purpose & Values

Sentara's Mission

We Improve Health Every Day

Purpose

Sentara exists to be the trusted partner to individual and the community in their health and well-being.

Values

People, Quality, Patient Safety, Service & Integrity

Sentara Commitments and Cultural Attributes are the unifying vehicle for behavioral expectation.

VALUES	SENTARA COMMITMENTS	CULTURAL ATTRIBUTES	DESCRIPTION OF CULTURAL ATTRIBUTES
<ul style="list-style-type: none"> • People • Quality • Patient Safety • Service • Integrity 	<ul style="list-style-type: none"> • ALWAYS keep you safe • ALWAYS treat you with dignity, respect, and compassion • ALWAYS listen and respond to you • ALWAYS keep you informed and involved • ALWAYS work together as a team to provide you quality healthcare 	We Exist for Our Consumers	Build strong relationships and solutions with honesty, integrity, and authenticity.
		We Collaborate	Partner with purpose, communicate with courage and ensure diverse voices are at the table.
		We Continuously Learn	Cultivate curiosity, examine the evidence, and grow from mistakes and successes.
		We Empower	Encourage and reward decision-making, thoughtful risk-taking, and accountability.

Hospitals are High Reliability Organization



A high reliability organization (HRO) is an organization that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity.

HRO have systems in place that make them exceptionally consistent in accomplishing their goals and avoid potential catastrophic errors.

High reliability means consistent excellence in quality and safety across all service maintained over long periods of time.

Characteristics of HRO - Safety, Integrity, Trust, Commitment, Consistency, Performance Standards Accountability, Resilience

SMJH Volunteer Expectations – Performance Standards

1. *Commitment & Consistency*

- Making a **commitment** involves dedicating yourself to something. A commitment obligates you to do something. When you agree to volunteer it means you are making a commitment to the hospital to do all you have agreed to do.
- **Consistent** – Showing up weekly for your shift. Using good time management skills to accomplish commitment. Being dependable, reliable, trustworthy, unfailing, counted on.

2. *Accountability*

- **Excused and unexcused absences** – You will be allowed 2 excused absences a semester and 1 unexcused. Failure to meet this may result in you being removed from the schedule. **Excused** - You are to email a week prior to known absence.
- **Unexcused absences** = Study session or needing to study; poor planning/time commitment; the day of your shift unless unexpected illness day of shift; lasting sickness not communicated (need to make up shift); furlough due to not getting flu shot and supplying requested documentation prior to 11/30; leaving early for Thanksgiving Break or Holiday Breaks; sent home due to not following dress code.
- **Absence notification procedure** – Notify your Renee a week prior to the planned absence and let the unit during your shift know. Last minute absence due to illness –email your Renee and call the unit.
[Multiple weeks of absences due to illnesses may require a doctor's note.](#)
- Follow SMJH dress code or you can be sent home, and it will count as an unexcused absence.
- No cell phones, laptops or doing homework during shift.

SMJH Volunteer Expectations – Performance Standards

3. *Engagement*

- Meet all expectations and deadlines for volunteer onboarding, requests and flu vaccination.
- Make the most of your experience, engage with staff.
- Let me know if there is a concern, opportunity or compliment.

4. *Communication*

- Two-way communication – reach out with questions / concerns. If I have emailed you directly, respond back to my communication **within 48 hours**.

- ## 5. *Recording Volunteer Hours*
- each shift, before or after current volunteer shift record hours in Vicnet. Hours need to be recorded the day of your shift. If not, after 2 misses I will assume you are not showing up to volunteer unless you have notified me of the absence. This will then be counted as an unexcused absence.

Sentara Hospitals

Sentara has 12 hospitals throughout VA & NC:

- Sentara Albemarle Medical Center – 182 beds
- Sentara CarePlex Hospital – 224 beds
- Sentara Halifax Regional Hospital – 192 beds
- Sentara Leigh Hospital – 250 beds
- [Sentara Martha Jefferson Hospital – 176 beds](#)
- Sentara Norfolk General Hospital – 525 beds
- Sentara Northern Virginia Medical Center – 183 beds
- Sentara Obici Hospital – 175 beds
- Sentara Princess Anne Hospital – 174 beds
- Sentara Rockingham Memorial Hospital Medical Center – 238 beds
- Sentara Virginia Beach General Hospital – 273 beds
- Sentara Williamsburg Regional Medical Center – 145 beds



Sentara Martha Jefferson Hospital



- Sentara Health is a not-for-profit family of 12 hospitals, Sentara Health Plans, and an array of integrated services. Our members of the team number more than 28,000+ employees on a mission **to Improve Health Every Day**.
- Magnet Hospital designation - 4 times
 - Magnet designation is a nurse sensitive quality indicator and the ultimate credential for high quality nursing. Hospitals with this designation have consistency shown to have better nurse and patient outcomes. Magnet status is good for 4 years.
- SMJH has 176 Patient Beds
- Medical – 18 clinical practices, 2 Emergency Departments, 400+ physicians & affiliated physicians; servicing 10 counties in around Charlottesville
- SMJH Employees – ~1200
- Tobacco Free Initiative/ Campus

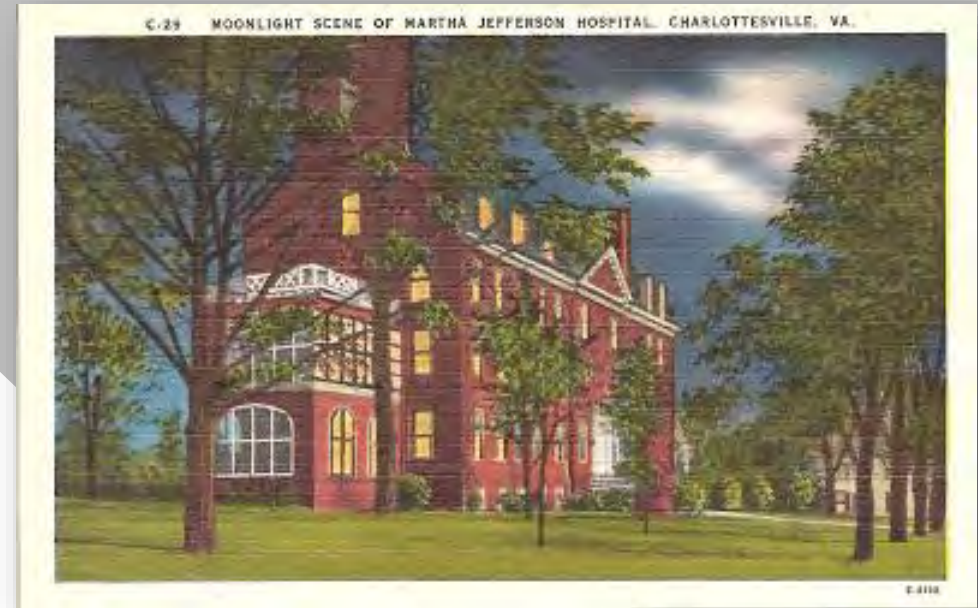
The Caring Tradition

It all started when six community physicians came together to create a hospital to provide excellent medical care to the community.

"It is our aim to make this institution a blessing to this community."

Dr. J. Hamilton Browning, 1906

A Martha Jefferson Hospital Founder



HIPAA – Health Insurance Portability and Accountability Act

Protected Health Information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment.



Patient Identifiers:

Name

Address

Dates: Birth, Admit, Death and Discharge Dates

Telephone Numbers to include home, business, fax, cell

E-mail addresses

Social Security Number (SSN)

Medical Record Number (MRN)

Health Plan Beneficiary Number

Account Numbers

Certificates/Licenses

Vehicle identifiers and serial numbers, including

License plate numbers

Device identifier and serial numbers

Biometric Identifiers including finger and voice prints

Photographic Images

Computer IP addresses

Web Universal Resource Locators (URLs)

Diagnosis and medical conditions

Confidentiality and the Right to Privacy

“Each individual may only access, use or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided to him or her.”

Note:

Failure to adhere to these policies will result in immediate removal from position with Sentara.

Remember: Whatever happens here, stays here!

Cell Phones and Other Devices



- Phones should be kept on silent or vibrate mode at all times
- Volunteers should not use their cell phones in the hospital except in cases of emergency and never in a patient care area.
- Never share/post hospital or patient information on social media

Incident Reporting System

SPOT – Safety – Priority – Occurrence - Tool

SPOT is Sentara’s “**Safety Priority Occurrence Tool**” used as an internal electronic safety reporting tool to identify, document, and analyze actual and potential quality of care and safety issues to implement process improvement and effect change so that we can continue to improve health everyday.

- ✓ A **safety event** is any event that is not consistent with routine patient care or the routine operation of the facility and may adversely affect or threaten to affect the health, life, comfort, or property of a patient, visitor, or employee.
- ✓ A **Good Catch event** is any event that was prevented from reaching the patient, employee or visitor either by chance or timely intervention. A Good Catch is commonly referred to as a *‘near miss’ event*.



Incident Reporting System

SPOT – Safety – Priority – Occurrence - Tool



Examples of reportable safety events that should be reported immediately:

- Medical errors/ unexpected complications
- Communication breakdowns/failures
- Delay in care/treatment/tests
- Medication errors
- Issues identified during patient transitions/transfers
- Wrong procedure/patient/test
- Unintentionally retained foreign object
- Equipment malfunction
- Fire/flame/smoke
- Attempted suicide of a patient
- Intra-partum maternal death related to birth
- Patient elopement
- Workplace violence

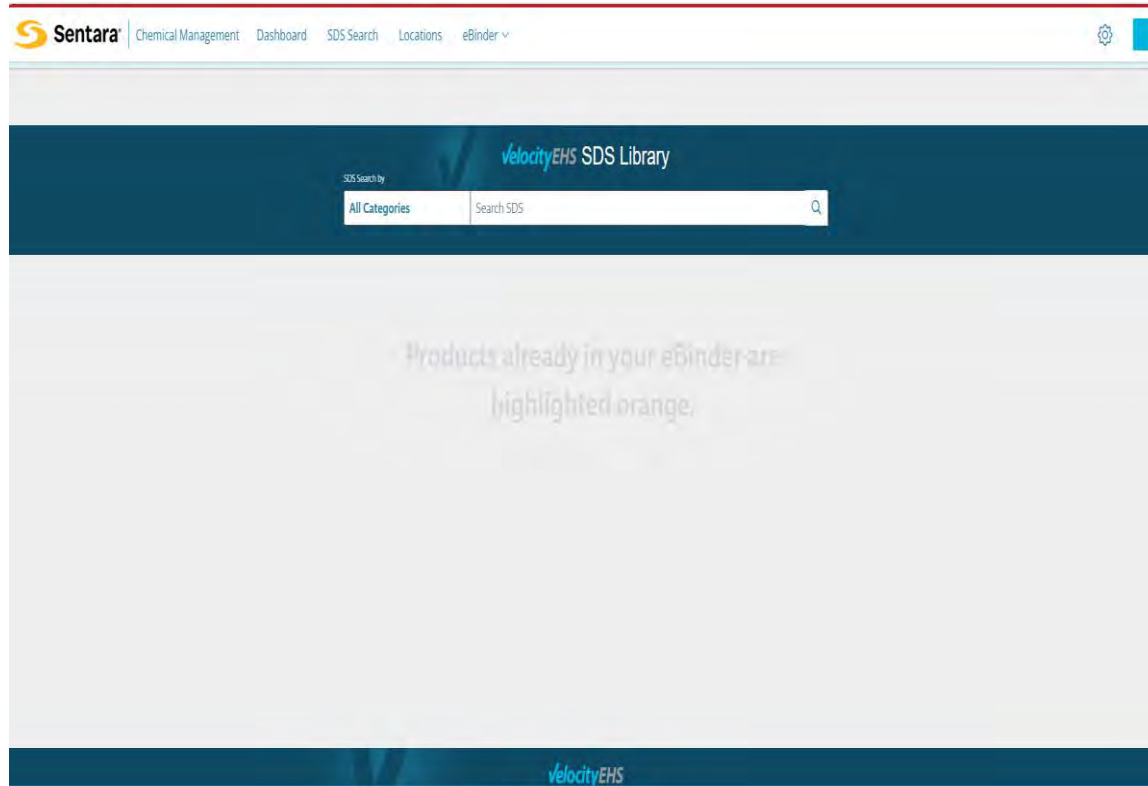
Incident Reporting System

SPOT – Safety – Priority – Occurrence - Tool



- Volunteers will use the SPOT Downtime Worksheet in case of an adverse event.
- This form will be available to volunteers in the volunteer center, if SPOT report need to be completed.
- Volunteers may submit the report to assigned Department's Manager, Security, Supervisor Volunteer Services or the Patient Care Supervisor for online submission.

Material Safety Data Sheet



Volunteers may get information regarding certain chemical(s) used in the hospital through the assistance of their assigned Department's Manager, Supervisor Volunteer Services or the Patient Care Supervisor.



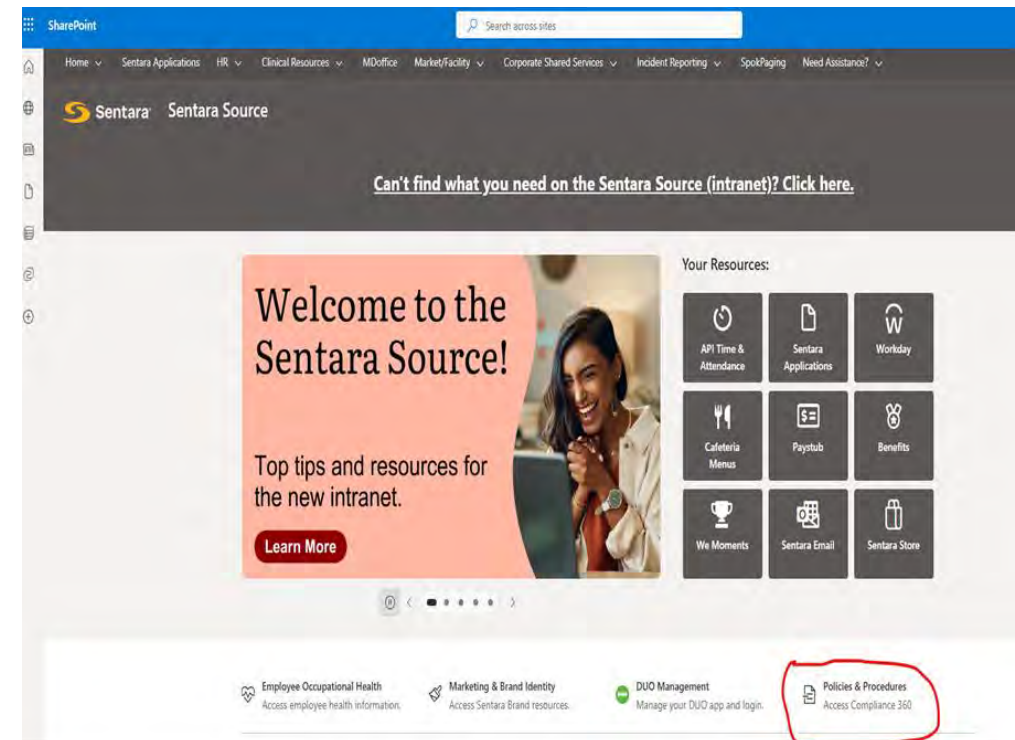
Policies and Procedure (P&P)



Policies, Procedures and Sentara Approved References

Compliance 360 (C360) is the software platform for system-wide Policies and Procedures and Job Aids. Employees should search here first for Sentara approved policies, procedures and job aids. For non-nursing policies not found in Compliance 360, please refer to your specialty or department approved references,

- Volunteers may access Compliance 360, necessary for them to perform their duty as a volunteer, through the assistance of their assigned department's manager, Supervisor Volunteer Services or the Patient Care Supervisor.
- Accessing P&P online, as needed, will also ensure that the latest P&P version is available for review.



Respiratory Etiquette and Cough Hygiene

Cover your cough or sneeze with tissue and discard immediately into trash can.

Sneeze into your elbow if unable to reach tissue in time.

Wash hands frequently, especially after coughing or sneezing, and before eating.

Disinfect your workstation frequently, including your phone, using Clorox wipes/Super Sani Cloths/ Virex.

Do not volunteer if not feeling well, sick, have a fever, or exposed to anyone that has the COVID virus. Email or call Sarah Asplin at sgasplin@sentara.com or 434-654-7327 to report absence.



Patient Safety

Hand hygiene shall always be performed:

- entering the hospital
- before entering and exiting any patient room environment
- before eating
- after using toilet facilities
- after removing gloves
- after coughing or sneezing into your hand
- before leaving the hospital





Proper Hand Hygiene

Infection control and prevention is everyone's job. Breaking the chain of infection starts with you...So what, can you do? Practice proper hand hygiene with every opportunity. Handwashing with soap and water if hands are visibly soiled or alcohol-based hand sanitizer as demonstrated in the hand washing video.

<https://youtu.be/ZnSjFr6J9HI>

Infection Control

Volunteers **Do Not Enter** any room where you see signs that indicate **Isolation precautions** are in place!!

Infection control and prevention is **everyone's job!**

Breaking the chain of infection starts with you...

So, what can you do?

Practice proper hand hygiene with every opportunity...

Isolation Signs



Airborne

Contact Enteric

Special Respiratory

Droplet

Contact



Fall Safety

Safety is our top priority. Some of our patients and visitors can be at high risk for falling or injuring themselves.

Indicated with **yellow** socks and a yellow bracelet.

If you notice a safety hazard (i.e. a spill on the floor), please take the time to notify staff so that we may take the appropriate measures to address the issue.



PATIENT Safety
Starts WITH ME

Emergency

To call an emergency code - Dial “**1-2**” using a hospital phone to notify the operator of an emergency code.

Name the code needed, see code chart next slide.

If you need to speak with Security and it is not an emergency - Call X7019.

Become familiar with all emergency exits, elevator, stairs, extinguishers, fire pull alarms, restrooms, and SAFE rooms and pathway out of the hospital.

Buildings outside of the hospital dial 911.



Hospital Emergency Facility Codes

Alert	Definition	Action
Code Red - Fire Alarm	A fire occurring in the facility, indicating that emergency measures should be taken.	Call 1-2 Code Red Staff needs to initiate R-A-C-E and P-A-S-S. Follow the instructions of the Fire Department.
MRT - Medical Response Team	Team member is concerned about guest that "something is not right" Guest reports chest pains, seizures, stroke symptoms	Call 1-2 MRT
Code Blue + Pediatric if indicated	Is any patient, employee or visitor found to be in either cardiac arrest. (Cessation of vital signs) or respiratory arrest.	Call 1-2 Code Blue
Security Alert- Security Assistance	A situation where person is agitated, non-compliant, yelling..	Call 1-2 Security Alert - Security Assistance
Security Alert- Security Assistance Strong	A situation where person is agitated and has become physically aggressive or violent.	Call 1-2 Security Alert - Security Assistance Strong
Security Alert- Emergent Threat	A situation where person is agitated and has become physically aggressive or violent and has a weapon.	Call 1-2 Security Alert - Emergent Threat
Security Alert- Missing patient, Visitor, Elopement	A person has been reported as missing.	Call 1-2 Security Alert - Missing Pt, visitor, or elopement

Hospital Emergency Facility Codes Continued

<p>Active Shooter</p>	<p>An active shooter is an individual actively engaged in killing or attempting to kill people in a populated area.</p>	<p>Get to a safe place and on your cell phone Call 911 and if near a hospital phone 1-2 Active Shooter Run Hide Fight Follow instructions from Security and Law Enforcement.</p>
<p>Hospital Lockdown</p>	<p>Hospital is locked down due to some potential threat</p>	<p>Closed doors. Shelter in place if in a room that has doors if not find a room that does. If patients or visitors about invite them to come with you.</p>
<p>Infant Abduction or Missing Child</p>	<p>The removal of a baby or child that is a patient of the hospital.</p>	<p>Kindly ask people to not leave the hospital as 'we are in the midst of an emergency code'. If some one does leave and seems to have a bag or a possible baby hidden on them or carrying a child- pay close attention to physical description features and call security X7019</p>
<p>Obstetrical Alert</p>	<p>The Obstetrical Alert is meant to bring the LDRP team to a patient whose need is so imminent that she cannot safely be brought to the unit and, hence, the LDRP team must come to her.</p>	<p>Call 1-2 Obstetrical Alert</p>

Hospital Emergency Facility Codes Continued

<p>Bomb Threat or Suspicious Package</p>	<p>Bomb Threat is a creditable verbal or written communication that there is an explosive device or substance in or near the facility that is going to detonate.</p> <p>Suspicious Package is any item which is out of out of place and cannot be accounted for or easily identified.</p>	<p>Call 1-2 Bomb Threat/ Suspicious Package</p> <p>Bomb Threat Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act Quickly, but remain calm and obtain information</p> <p>Suspicious Package Do not move or allow anyone other than Security or Law Enforcement to approach the package</p>
<p>Hostage Situation</p>	<p>A hostage is a person taken involuntarily and being held by the perpetrator with plans to trade them for something else in return.</p>	<p>Call 911 and 1-2 Hostage Situation</p>
<p>Severe Weather</p>	<p>NWS watch is issued when conditions are favorable for the development of severe weather events.</p> <p>NWS warning is issued when the severe weather event is imminent.</p>	<p>Follow the instructions given in the overhead page.</p>
<p>Mass Casualty</p>	<p>An external event where the number or severity of the casualties has the potential to or will overwhelm hospital or local resources.</p>	<p>Be prepared for phone call increase. Follow directions of leadership staff.</p>

In the event of a FIRE

You shelter in place unless the fire is in your immediate area

RACE

Rescue - anyone in danger

Alarm - dial “1-2”/ pull fire alarm

Confine - close all doors and windows

Extinguish - **PASS** and/or evacuate

PASS

Pull the pin

Aim

Squeeze the lever

Sweep side to side



EMERGENCY – Medical Response Team

Goals

To support optimal patient outcomes through timely intervention & treatment.

To prevent cardiopulmonary arrests outside the Intensive Care Unit.

To reduce the number of unexpected transfers into the Intensive Care Unit and ICU admissions within 24 hours.

To support the staff by acting as a resource for off service patients and for all unexpected events.

Criteria to Call M.R.T.

Staff Member is worried about the patient.

"Something is not right."

Acute change in heart rate, blood pressure, respiratory rate.

Acute change in conscious state.

New, repeated or prolonged seizures.



EMERGENCY – Active Shooter

Know escape routes and where to hide



EMERGENCY – Active Shooter

To be aware:

- Statistically, a shooting in a hospital environment is a targeted shooting and not mass casualty.
- **You need a plan.** During a critical event is not the time to create it.
- 1st action - get outside is the if you can. If you can't know where you can hide. Fight as last resort.
- One of Sentara's foundational comments is to keep everyone safe which means keeping you informed and prepared.

Please watch this video on an active shooter event:

<https://vimeo.com/112455575>

Facility Emergency Lockdown

Security Spotlight

Do you know what to do in case we have a Facility Lockdown?

Why should we call for the facility to be locked down?

If there is an imminent external threat to life and/or safety.

Who can initiate a lockdown?

Per policy, the Hospital Incident Commander, Administrator on Call, Patient Care Supervisor, Security, ED Director, or ED Manager

What should you do?

Generally, you would shut all doors and **shelter in place** unless the threat was able to gain access and is in your immediate area. Then you should implement run/hide/fight.

Important note:

A facility lockdown does not stop people exiting the building. The doors will still open should someone walk out from the inside.

Know how to react and do everything you can to keep yourself and others safe!

Facility Emergency Lockdown – Shelter in Place

To shelter in place, please follow these steps:

- Bring individuals into your unit from waiting areas (if applicable)
- Shut department doors
- Secure doors – if it does not have a lock, barricade the door
- Shut your patients' doors
- Shelter in place
- Continue to shelter in place until the “All clear, resume normal duties.” is heard over the paging system
- Throughout this process, a helpful phrase to use is: “We are doing this for your safety. When we learn more, we will share the information with you.”

DASA Sign

- Volunteers **do not enter** rooms with this sign on the door frame.



- This indicates the patient has a probability of being aggressive and staff need to enter the room with another staff member.

EMERGENCY - Stroke Alert

Know the signs!

Look for these
**SUDDEN
SIGNS** of a
STROKE



B

BALANCE

Loss of balance or coordination, dizziness

E

EYES

Blurred or double vision, loss of vision in one or both eyes

F

FACE

Numbness, tingling sensation, or drooping on one side of the face

A

ARM

Numbness, tingling sensation, or weakness on one side of the body

S

SPEECH

Difficulty speaking, slurred speech, or understanding others

T

TIME

Call 911 immediately if you see any of these signs!

Communication – Interpreter Services



Everyone is entitled to effective communication at no charge.

Staff or volunteers may call the Sentara Language Line to engage onsite, over the phone and virtual interpreting services. Interpreters are available 24/7. **1-844-Dial-SLL**

Only in emergency should a staff or family member act as an interpreter until a qualified interpreter is engaged.

Information on how to contact an interpreter is on the SMJH SentaraSource site, listed at the concierge desks, clinical unit stations, PCS office, any point of entry into the hospital or contact Michelle Wingfield at ext. 8383.

Service Animals – are allowed anywhere in the hospital with the exception of sterile areas (OR, food prep and Nursery). There are only 2 questions you can ask a guest with a service animal -- Is this animal required because of a disability? What task is this dog trained to perform?

Wheelchair - Etiquette and Safety



- When loading or unloading a patient make sure the lock on **both** large wheels are down (locked) and stand behind the chair to steady it.
- Make sure the foot pedals and leg rests are up and out of the way; otherwise, a person could trip on them. Once seated reposition the foot pedals and if needed the leg rests.
- Back the wheelchair into an elevator and park it with the person facing the door.
- Always go slowly, ease the wheelchair over changes in the level of the floor, and avoid bumps.
- Get help from other staff or volunteers to assist you with patients of large size.
- Wheelchairs are extensions of the personal space of the people using them. Do not hang or lean on them.
- Do not assume that someone in a wheelchair needs your help. Greet the person and tell them you are available for assistance.
- Whenever possible, sit down to speak with a person using a wheelchair so that the person will not have to crane his/her neck to make eye contact.
- If a person in a wheelchair has a companion with them, always speak directly to the person in the wheelchair. Do not assume that the companion is a conversational go-between.

Volunteers may not load or unload patients from or into a vehicle. They may not lift patients to get them in or out of wheelchairs. The family member needs to assist and if assistance is needed contact Guest Services at ext. 7001, a staff member, or security.

Volunteer Role Limitation



By Frits Ahlefeldt

Purpose: To assure patient and volunteer **safety** to emphasize the importance of **patient confidentiality**.

The volunteer **SHALL NOT**:

- Give or assist with patient bath.
- Change dressings, perform patient treatments, or administer medications.
- Transport patients by wheelchair **unless properly trained**. This includes wheelchairs with IVs or blood being administered.
- Transport patients by stretcher without staff assistance.
- Transport isolation patients either by wheelchair or stretcher or enter isolation rooms.
- Make occupied bed.
- Lift or ambulate patients.
- Come in contact with any body fluids.
- Carry narcotics or body fluid specimens not in appropriate containers.
- Carry patient valuables (including cash).
- Leave the building on errands for patients or staff.
- Handle dirty linens or enter dirty linen area(s) **unless properly trained**.
- Feed a patient.
- Read/discuss patient records.

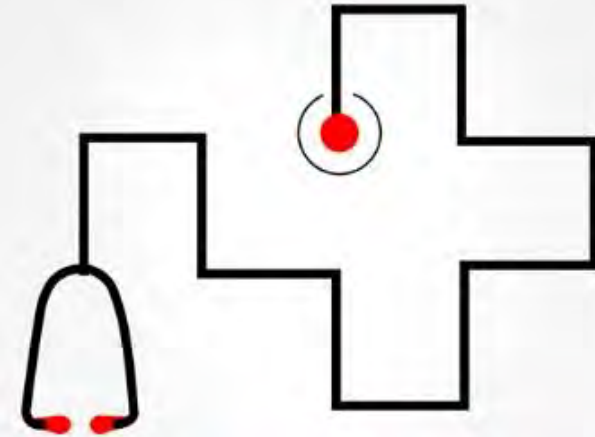
PLEASE DO NOT:

- Sit on patient beds
- Give liquids/food without first checking with staff
- Wear perfume or cologne
- Wear long fingernails
- Wear lots of jewelry
- Give personal opinions on patient's diagnosis or physician
- Report to work if you are sick
- Discuss patient information with anyone except appropriate staff

EMTALA

Refresher for SMJH
Security,
Guest Services, &
Volunteers

8/1/2023



Emergency **M**edical **T**reatment and **A**ctive **L**abor **A**ct (EMTALA)



This module has audio which
requires speakers or a headset.

EMTALA is a Federal Law ensuring everyone has access to care.

EMTALA



In 1986, Congress enacted the Emergency Medical Treatment and Active Labor Act (EMTALA) to ensure public access to emergency services is available to those requesting treatment, regardless of their ability to pay.

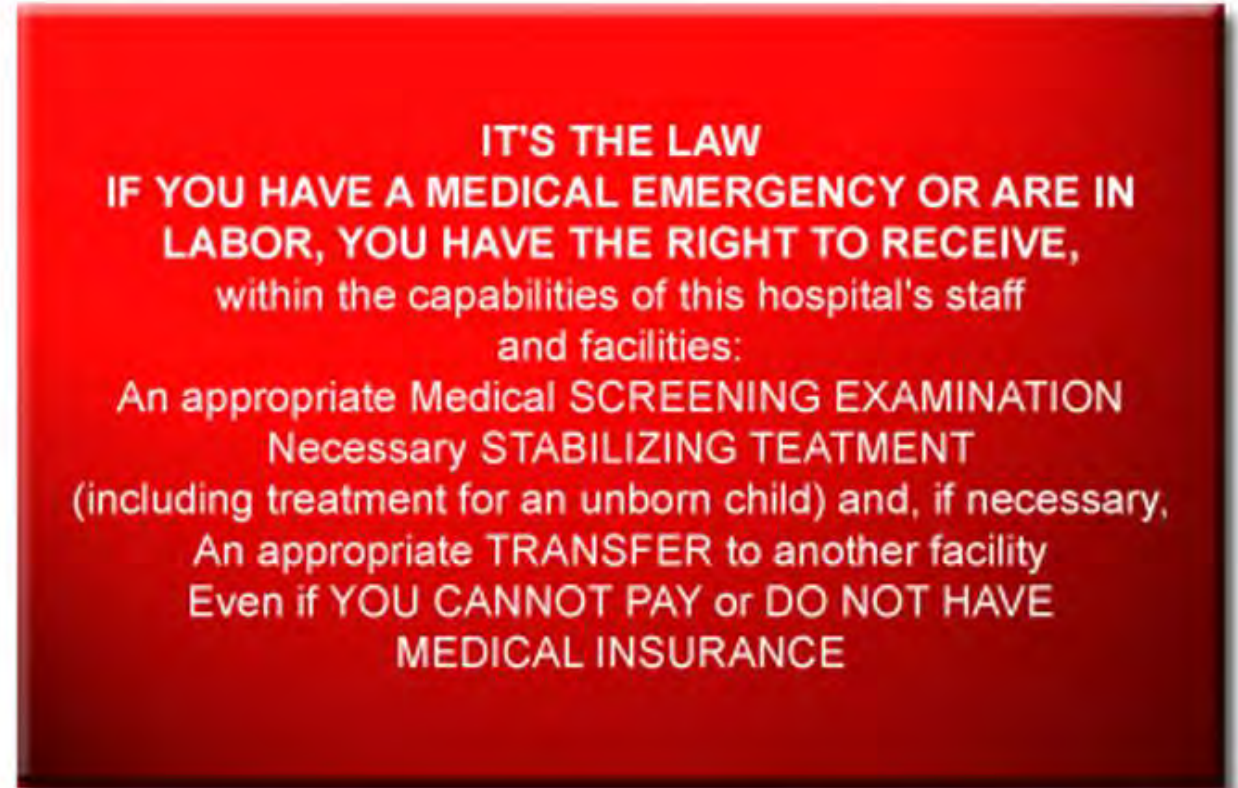


EMTALA Signage

EMTALA signage throughout the hospital summarizes the key points for compliance:

All persons can receive a medical screening exam and stabilizing treatment for emergency medical conditions or labor.

The Hospital has a duty to provide this care to anyone who presents on property regardless of their ability to pay.



What is Hospital Property?

The entire main hospital campus including the parking lot, sidewalk, driveway, hospital owned department and/or areas within 250 yards of the main hospital building, and ambulances owned and operated by the hospital.

Excluded are other areas or structures of the hospital campus or main building that are not part of the hospital and participate separately under Medicare, and any non-medical facilities (i.e., restaurants).

Who can perform a Medical Screening Exam?

Qualified medical personnel who can perform medical screening examinations within applicable Hospital policies and procedures are defined as:

Emergency Department:

- **Members of the Medical Staff with clinical privileges in Emergency Medicine;**
- **Other Active Staff members, Residents; Physician Assistants; and Nurse Practitioners.**

Labor and Delivery:

- **Members of the Medical Staff with OB/GYN privileges and Residents;**
- **Certified Nurse Midwives with OB privileges, and**
- **Registered Nurses who have achieved competency in Labor and Delivery and who have validated skills to provide fetal monitoring and labor assessment.**

EMTALA Questions For SMJH Non-Clinical Staff

Can I tell a patient how long their wait is in the ED or recommend going to another location?

No, the patient may leave without receiving the medical screening exam.

Does EMTALA apply to someone who is in a car in the Parking Garage?

Yes, it is on the Hospital's property, so we have the responsibility to provide emergency medical care if the person wants it.

Can I tell a patient they don't need to be seen?

No, only staff listed on the prior slide can complete a medical screening exam.

Does EMTALA apply at the Proffit Road Free Standing ED?

Yes, because that facility has an emergency department, EMTALA applies on that property.

Customer Experience

Excellent Service Belongs To Everyone

5/10 Guideline:

- Within 5 feet of a person, smile and say hello.
- Within 10 feet of a person, smile and acknowledge them.

Take, Don't Tell:

- Notice when a guest looks lost and take them to where they need to go.

Positive Communications:

- Smile and open on a Positive Note
Phone example: *"Hello, SMJH Concierge Desk, this is John. How can I help you?"*
- Smile and close on a Positive Note
"Is there anything else I can do for you before I leave? Thank you for letting us care for you".

No Pass Zone:

- You are passing a patient's room and notice a call bell light is on.
- Many times, it is something you can do for the patient.

CUSTOMER
SERVICE
IS NOT A DEPARTMENT.
IT IS AN
ATTITUDE.

~UNKNOWN

Customer Experience - Expectations

How to create a good experience interaction:

- Smile and greet people with a kind word
- Make eye contact
- Introduce yourself
- Call the patients by their last name
- Explain your role and why you are there
- Listen to the patients
- When a problem is brought to you, you own it until you effectively hand it off to the appropriate staff member



Customer Service— Show Professionalism

Through Appearance

- Personal (attire, attitude, non-verbals)
- Workspace

Through Interactions

- What you say, where, how
- Listen
- Respect, courtesy, empathy
- Stay calm and helpful
- Speak highly of others

Through Patient and Family Focus

- Be caring, kind, respectful, helpful
- Stay on top of your field
- Convey confidence & competence
- Put yourself in their shoes
- Be present

Customer Experience – Body Language

- Make sure your words match your signals.
- Face the person you are talking to and look them in the eye.
- Keep hands out of pockets; don't fidget.
- Stand up straight.
- Respect cultural differences.



Customer Experience – Service Recovery

Acknowledge

- The complaint, problem, disappointment; thank them for sharing
- Listen actively; empathize with their feelings
- Restate the concern; ask questions to clarify

Apologize

- Blamelessly, without excuse, and sincerely
- “I’m sorry that...you had to wait...there was a misunderstanding... we did not meet your expectations...”

Act

- Offer available options; jointly formulate a plan (if possible); confirm what will be done and when
- Follow-up later, if needed
- Involve supervisor, if needed
- Again, thank them for sharing their concern

Customer Experience - Feeling the connection

https://www.youtube.com/watch?v=cDDWvj_q-08



Report a Concern

Sentara Martha Jefferson Hospital

To Report a concern or compliment, contact:

Patient Advocate – 434-654-8383 (Monday-Friday 8:00 am–4:30 pm)
or leave a voicemail and your call will be returned.

Sentara.com – Contact Us online form

Call 1-800-SENTARA (1-800-736-8272) (Monday-Friday 8:00 am-6:00 pm)

**Hours may vary*

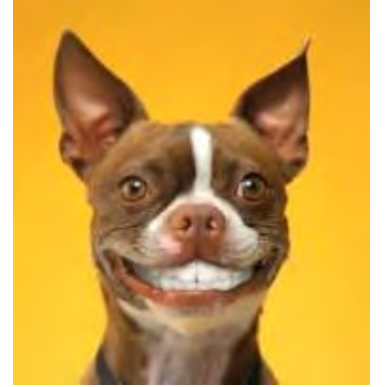


9/2019

www.sentara.com

Volunteer - Appropriate Dress

- What to put on first? **A SMILE**
- Volunteer badge must be worn at all times in the upper chest area. Guard your badge as it is the property of SMJH. Should you find it necessary to stop volunteering, please return your badge to the Volunteer Services department.
- All volunteers must be well groomed. That means clean skin and nails, combed or brushed hair. Make sure clothing is neat and clean. **Closed toed, non-cloth shoes are required if you volunteer in a clinical care area.**
- **Denim, blue jeans or yoga pants are not allowed. No shorts, short dresses/skirts, low cut tops, undershirt-type tops or graphic t-shirts. A polo or collared shirt is appropriate for males. No hats, flip-flops, excessive jewelry or loud fragrances (strong scents can cause allergic reactions).**
- **Fingernail Hygiene – No** artificial nails, gels, acrylics, resin, dipped powder, press/ glued on, nail appliques or jewelry.
- Any attire that would bring negative attention to you/reflect poorly on SMJH is inappropriate.



SMJH Volunteer – Things you need to do

- Wear ID badge and appropriate dress while volunteering.
- Report to your volunteer assignment on time.
- Keep your department contact informed on absences.
- If you are not feeling well-stay home and contact your point of contact.
- Stay up-to-date on SMJH news – Emails, Now you Know etc.
- **Complete Department Orientation Checklist with the department trainer. Completed checklist must be signed by trainer and you and turned in on the day of training to the Volunteer Center.**
- Record volunteer service hours during your shift in Vicnet.
- Provide “exceptional” customer service.
- Return badge to VS Department when you complete your volunteer experience.

Volunteer - Annual Requirements

Annual Requirements:

- **Flu Vaccine** - Fall by 11/30 Verification is sent to Sarah
- **Annual Education** – Spring. You will be emailed a slide deck and live link to refresh your SMJH education.
- **Annual Health Assessment** – during birth month. Employee Health will send you an email with a link to complete an online health assessment.
- **Record Volunteer Hours on the day you volunteer** in the VicNet database. Computer is located in the Volunteer Center to the right as you walk in.
Icon - Orange Circle with V



VICNET- logging Volunteer Hours

You will be sent an email on how to log your hours after volunteer orientation.

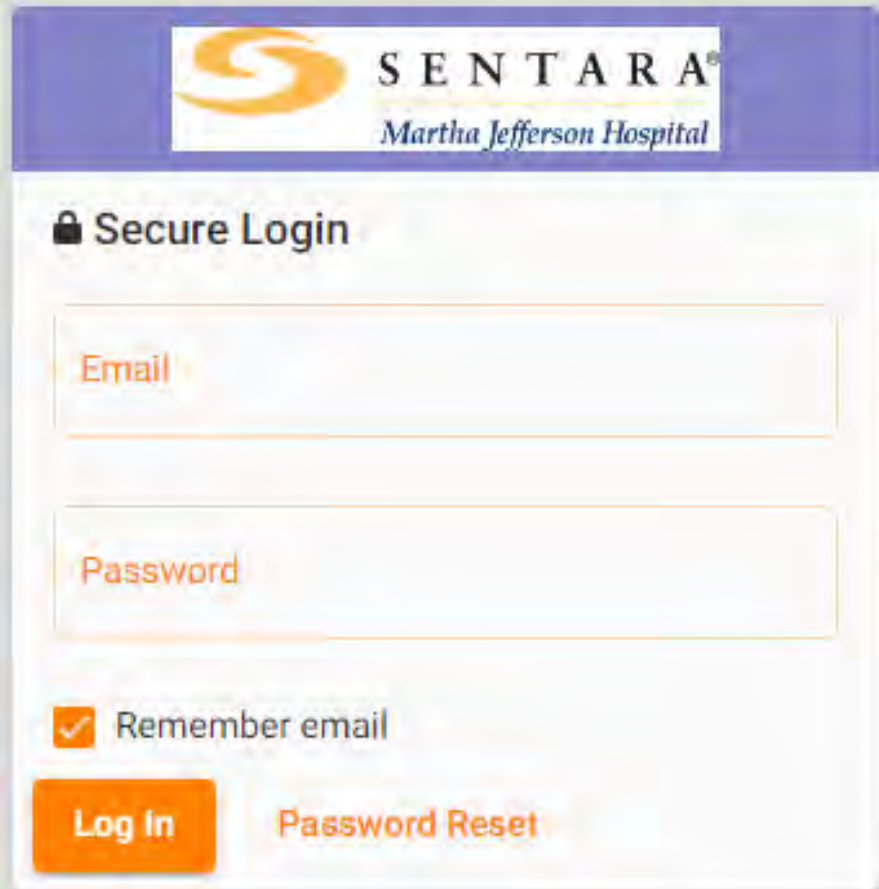
VicNet – Logging Volunteer Hours

Login Name = home email address

Temporary Password = Martha1

- Password is a temporary password. You will be asked to create a new password and then confirm it.
- Password must be at least 6 character and contain a combination of letters and number(s)

To record your volunteer hours - Download VicNet app from your phones play store or bookmark/ save to your favorites <https://www.volgistics.com/vicnet/86825> or use the computer in the volunteer center to the right of the doorway.



SENTARA[®]
Martha Jefferson Hospital

Secure Login

Email

Password

Remember email

Log In Password Reset

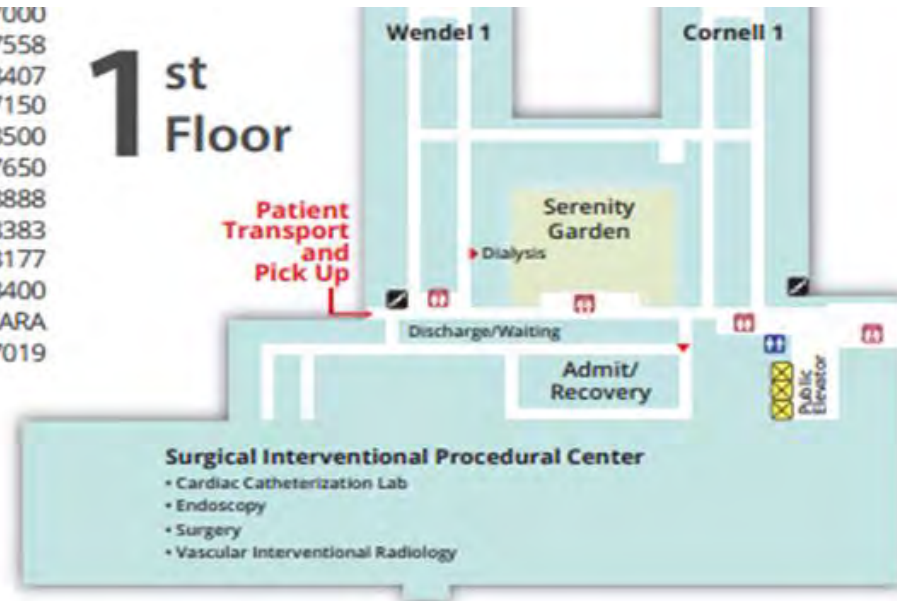
VicNet by volgistics Privacy Policy

Admit/Recovery	First
Arrhythmia Center	Second
Dialysis	First
Emergency Department	Second
Gift Shop (The Marketplace)	Third
Greenberry's Coffee	Third
Infusion Center	Third
Interfaith Chapel	Second
Labor and Delivery	Third
Martha's Garden - Cafeteria	Fourth
Medical Imaging	Second
Medical Hematology & Oncology Associates	Third
Medical Records	Second
Medical Surgical Associates	Fifth
Neurosciences	Fourth
Outpatient Lab	Second
Patient Registration	Second
Observation/Clinical Decision Unit	Second
Radiation Oncology	Second
Surgical Interventional Procedural Center	First

Main Number	(434) 654-7000
Patient Registration	(434) 654-7558
Chaplain	(434) 654-8407
Emergency Department	(434) 654-7150
Free Standing Emergency Department	(434) 654-8500
Medical Records	(434) 654-7650
Outpatient Care Center at Pantops	(434) 654-8888
Patient Advocate	(434) 654-8383
Patient Financial Services	(434) 654-8177
Phillips Cancer Center	(434) 654-8400
Physician Referral & General Information	1-800-SENTARA
Security	(434) 654-7019

Information	Restrooms	Patient Registration
Public Elevators	Waiting Area	Restricted Area
Stairs	Vending	
ATM		

1st Floor



2nd Floor



3rd Floor

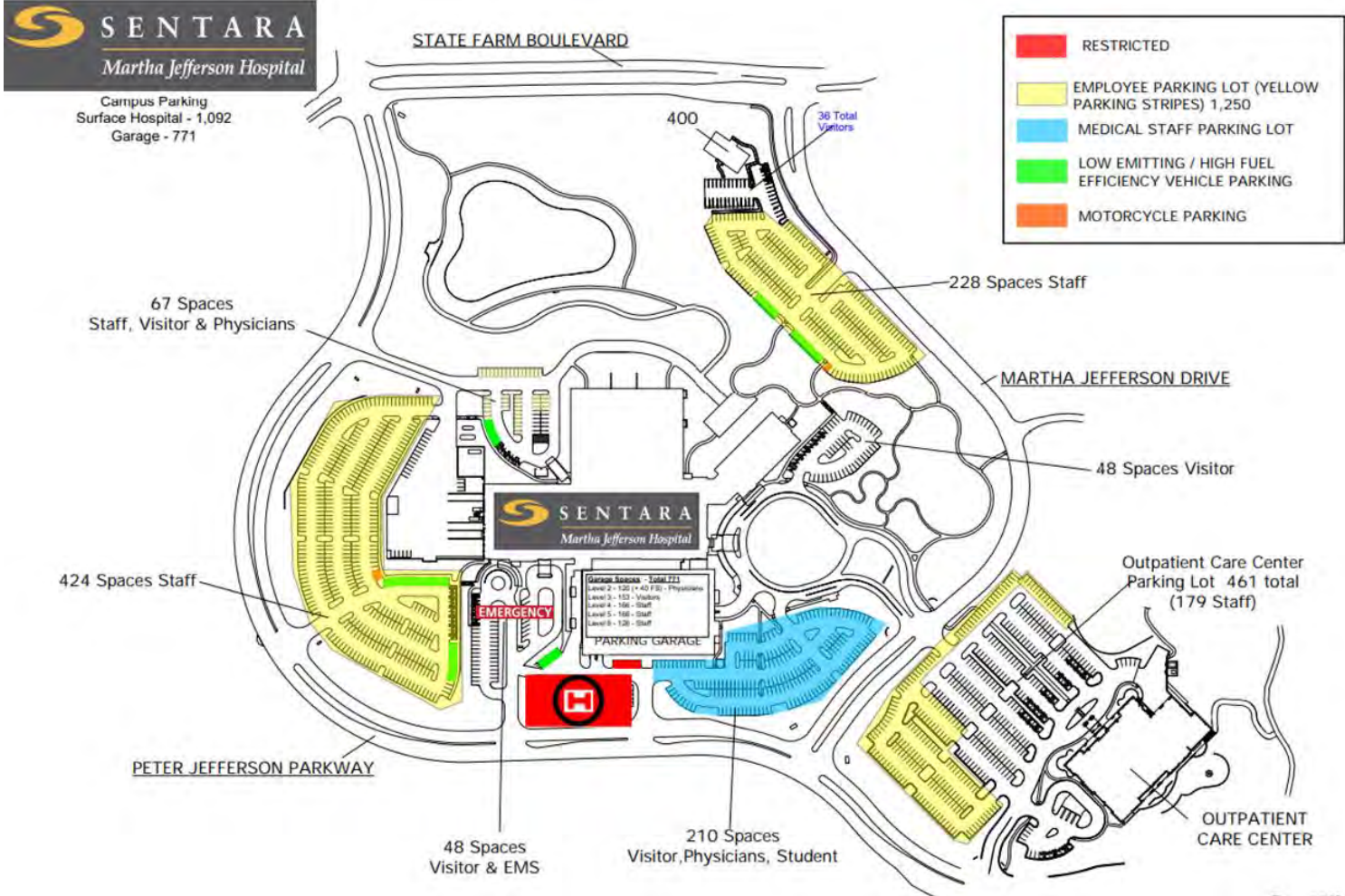




Restrooms, Stairwells, and Fire pulls are always in the vicinity of one another. Fire extinguishers are in the immediate area.



Volunteer Parking – Yellow Lined Spaces



“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

– Maya Angelou

Onboarding Documents and Quiz

**Please click on the link below to
complete your onboarding
education:**

<https://forms.office.com/r/MZEjDjV9V2>