

Youth Advisory Council (YAC)

At Joe DiMaggio Children's Hospital

New Member Packet



**Joe DiMaggio
Children's Hospital®**

Julia Miller, MS, CCLS

Youth Advisory Council Coordinator

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Thank you for your interest in joining the Youth Advisory Council at Joe DiMaggio Children's Hospital. The Youth Advisory Council is a volunteer organization within Joe DiMaggio that was created by a group of teenagers, some that are past patients of the hospital, others of which simply desire to serve their community.

The Youth Advisory Council meets once a month to plan and implement an extravagant monthly event for all the patients at Joe DiMaggio Children's Hospital to attend. A few events planned and implemented by the Youth Advisory Council include: "Thanksgiving Around the World", "Back to School Carnival", "Haunted House", "Painting with a Twist Kidz Edition", etc. These events and activities help to promote normalization within the hospital environment for patients and families.

Please know that you are choosing to be a part of something amazing! Your next steps are to complete the YAC New Member Application, contact Julia (via email or phone call) to arrange a phone interview, and plan to attend our next meeting (we meet every third Monday of the month). Please know that your interest in joining the Youth Advisory Council will be greatly appreciated by the members of the Youth Advisory Council, but furthermore will be appreciated by the patients and families whom we serve. If you would like to request more information about our organization or have any questions, please feel free to contact Julia any time.

Thank you in advance for your consideration in joining the Youth Advisory Council at Joe DiMaggio Children's Hospital.

Sincerely,

Julia Miller, MS, CCLS

Youth Advisory Council Coordinator

954-265-0346

Julmiller@mhs.net

Youth Advisory Council Membership Application

Full Name:	Date of Birth:
Address:	City/State/Zip:
Phone Number:	Email:
Best way to contact: <input type="checkbox"/> Call <input type="checkbox"/> Text	School/Grade:
Have you or anyone you know ever been a patient at JDCH?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently have a parent in the Patient and Family Advisory Council (PFAC)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if so please provide parent's name: _____
Do you currently have a friend in the Youth Advisory Council?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if so please provide the friend's name: _____
What are four reasons why you are interested in becoming a member of the Youth Advisory Council?	1. 2. 3. 4.
What are other activities that you are involved in?	1. 2. 3. 4. 5.
Are you able to commit to attending every meeting and every event?	<input type="checkbox"/> Yes, you can count on me! <input type="checkbox"/> No, if you are unable to commit please explain why: _____ _____

Youth Advisory Council Agreement Form

Please initial the following statements, indicating that you have read and understand the Youth Advisory Council's expectations of members.

_____ I understand that as a member of the Youth Advisory Council, I must be at least 13 years or older.

_____ I understand that as a member of the Youth Advisory Council, attendance is mandatory for both monthly meetings and monthly events (unless otherwise discussed with the coordinator). MEETINGS ARE ON THE THIRD MONDAY OF EVERY MONTH!

_____ I understand that as a member of the Youth Advisory Council, it is my responsibility to keep track of my required hours and acquire a signature from the coordinator.

_____ I understand that as a member of the Youth Advisory Council, it is my responsibility to bring any materials to events that I signed up to bring.

_____ I understand that as a member of the Youth Advisory Council, it is my responsibility to arrive on time on event days to help set up.

_____ I understand that as a member of the Youth Advisory Council, it is my responsibility to stay on event days to help clean up.

_____ I understand that as a member of the Youth Advisory Council, it is my responsibility to contribute to the council in the following manner:

- Be reliable- if you say you are going to do something, do it!
- Be enthusiastic- you get out what you put in!
- Be engaging- you are hosting, not attending!

By signing below, I acknowledge and agree to the terms listed above:

Member Signature

Date

Parent Signature

Date

Youth Advisory Council Emergency Notification

Member Name: _____

Member Address: _____

City/State/Zip Code: _____

Cell phone number: _____

Best way to contact: ☐ Call ☐ Text

Any known allergies: _____

Emergency Contact #1

Name: _____

Relationship: _____

Cell phone number: _____

Best way to contact: ☐ Call ☐ Text

Emergency Contact #2

Name: _____

Relationship: _____

Cell phone number: _____

Best way to contact: ☐ Call ☐ Text

Please list any additional names and phone numbers you might wish to provide to contact if your primary contacts are unreachable: _____

Youth Advisory Council HIPAA Agreement Form

The Health Insurance Portability and Accountability Act (HIPAA)

What is HIPAA

The HIPAA Privacy Rule is a Federal Law that went into effect on April 14, 2003. The law protects the confidentiality of our patient's protected health information, or PHI. Protection of patient privacy and confidentiality is also required by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on the Accreditation of Healthcare Organizations.

Healthcare has a tradition of privacy. People have kept patient information private as far back as the 4th century BC with the Hippocratic Oath. However, with the advanced communications technologies in use today, safeguarding the privacy of patient information is more of a challenge. The HIPAA Privacy Rule reflects these new concerns.

The HIPAA law is complex. Protecting patients' healthcare information involves two considerations: Privacy and Security. There are differences between the two that you should know. "Privacy" is concerned with the disclosure of information about a patient to the patient directly, or to those to whom we reasonably believe the information can be disclosed if it is consistent with good health care professional practices. "Security" is concerned with the processes, procedures, and technologies that we use to make sure that the people viewing or changing the information are really the ones who are authorized to do so.

All patients (including celebrities and our own employees) have the right to privacy, and this extends to their personal health information, referred to in the HIPAA Privacy Rule as "Protected Health Information" or PHI.

What types of information is protected?

- Paper records
- Computerized information
- Oral communication

What are examples of PHI?

- Face sheets
- Records of exam/evaluation
- Test results
- Treatment and appointment information
- Patient birthday
- Photographs

Releasing Patient's PHI

As a general rule, Medical Records can only be released to outside parties with the patient's approval, or if there is a law

requiring release. Also, as a general rule, this information can be released to outside parties only by the Health Information Management Department (Medical Records), or in some cases, the Records Custodian of each department.

What information can be released without the patient's approval?

Patient information can be released to the minimum extent necessary, without the permission of the patient to...

- Law Enforcement: In cases involving gunshot wounds, crimes on the MHS premises, or child abuse investigations. In other cases, it requires a search warrant, subpoena, or patient permission.
- Florida Bureau of Vital Statistics (births and deaths)
- Medical Examiner
- Florida Agency for Healthcare Administration
- Florida Department of Children and Families
- For infectious diseases reporting
- Florida Cancer Data System
- Funeral Directors
- Organ procurement organizations
- For medical research, but only when approved by the MHS Institutional Review Board

Patient information can be released without the permission of the patient when required by a court order or subpoena. Even with a subpoena or court order, the proper HIPAA certification may be needed. Such requests should be referred to the Records Custodians in the Health Information Management Department, or to the Legal Department. However, a subpoena is not enough to release SHARE (Substance Abuse) program records, psychiatric records, records of substance abuse (drugs or alcohol) or HIV test results.

Who are the Records Custodians?

Each department or unit that maintains PHI has a "records custodian" to approve access to PHI, for purposes other than routine treatment, payment, or operations purposes. Records Custodians may include department leaders and supervisors, unit secretaries, or other persons designated by department leaders.

What are the Authorization Requirements?

A written authorization, signed by the patient or legal representative must be obtained for any release of information except when the release is required by law, or when the information is used for the routine purpose of treatment, payment, or operations. For example, we are permitted to share our patients' PHI with other providers such as physicians to treat the patient, or we may submit PHI to insurance companies to obtain payment, all without patient authorization.

Youth Advisory Council HIPAA Agreement Form

I hereby certify that I have read and HIPAA policy. I understand that I must maintain appropriate and confidential handling of personal information. JDCH patients and/or families shall not be discussed by name in YAC meetings or outside of the hospital environment. I understand that if I violate HIPAA, I will be terminated immediately from the Youth Advisory Council and I will be subject to investigation.

Member signature: _____ **Date:** _____

Parent signature: _____ **Date:** _____

The Memorial Experience- Patient First

Standards of Behavior

WE ARE *the providers of care and the supporters of patients and families. We demonstrate on a daily basis our commitment to service excellence. As partners in healing, we are committed to the highest standards of professional and ethical conduct. To this end, all Memorial Healthcare System leadership, employees, volunteers, and medical staff are expected to be:*

RESPECTFUL

Respect all individuals and treat them with dignity and compassion.

- Show patience and allow necessary time
- Use AIDET- Acknowledge, Introduce, establish a Duration, provide an Explanation, and say Thank you
- Escort visitors and patients to their destination
- Place electronic communication devices on vibrate mode
- Focus your full attention on the person while speaking

Respect the expertise that everyone brings to Memorial Healthcare System.

- Welcome new colleagues
- Listen respectfully to others

Respect the individuality, privacy, and dignity of everyone.

- Knock before entering
- Maintain and protect patients' dignity, modesty, and confidentiality
- Use elevator etiquette; allow patients and visitors to enter and leave first
- Keep all interactions professional and positive
- Use telephone etiquette by answering professionally and within three rings
- Refrain from criticizing others or MHS in front of patients and visitors

Respect the diversity of all individuals.

- Be empathetic/show concern
- Honor the patient's definition of family
- Welcome family members
- Honor the patient's preference regarding family involvement in their healthcare
- Honor the patients cultural and religious beliefs
- Converse and teach in the patient's/family's preferred language

PROFESSIONAL

Professional behavior shows others that we care about their well-being and safety.

- Maintain required competencies, licensure, and credentials
- Uphold MHS Code of Conduct, Behavioral Expectations, Medical Staff By-laws and Rules & Regulations
- Demonstrate the highest level of integrity and ethics
- Protect patients' and employees' confidentiality
- Recognize and respond appropriately to all safety codes
- Support a safe, secure, accident-free environment
- Refrain from using electronic communication nor recreational devices for personal use in work areas

Professional appearance conveys confidence in our abilities.

- Take pride in your overall appearance
- Take pride in your workplace and help keep work areas clean by picking up litter and cleaning spills promptly
- Always wear identification badge visibly at lapel level on right side
- Comply with department and MHS dress code policies and standards

Professional attitude is characterized by continuously striving to exceed the expectations of others.

- Meet attendance expectations
- Use equipment, supplies, and time efficiently
- Foster collaboration with all team members
- Attend and participate in meetings as required
- Be punctual

TEAM PLAYERS

Teamwork is a key component in providing safe care and a positive work environment.

- Work collaboratively with others
- Take initiative; be accountable for your work and environment
- Meeting our patients' and families' needs is everyone's responsibility
- Value the opinions of others
- Be receptive to constructive feedback
- Cooperate with others by offering assistance

Teamwork ensures the continuity of service excellence across all areas of Memorial Healthcare System.

- Speak well of each other and "manage up"
- Support a culture of solutions rather than one of excuses, blame, or avoidance

GOOD COMMUNICATORS

Communicate to better advocate the needs of others.

- Listen carefully to patients' and families' concerns
- Encourage patients and families to provide information to facilitate decision-making
- Avoid use of medical or clinical jargon when possible and appropriate
- Offer assistance to ensure understanding and facilitate learning
- Keep patients and families informed
- Coordinate and integrate care and services for the patients at hand-offs to minimize inconvenience and maximize safety

Communicate with others to ensure that you have all the information needed to provide the best care, timely responses, and a clear understanding.

- Share knowledge in a collegial manner
- Acknowledge and respond to all messages promptly and professionally
- Communicate concerns and suggestions in an open and honest manner
- Take immediate action for service recovery
- "See it, say it, fix it." If you see a problem, speak up and make sure the problem is fixed

Communicate intentionally with care with patients, families, physicians, co-workers, and others using the Language of Caring skills and techniques

- Utilize the Heart-Head-Heart model of communication when addressing concerns, responding to a question, or giving an explanation
- Be mindful of tone of voice and non-verbal cues when giving a blameless apology
- Adopt an attitude of loving kindness; make the Language of Caring a habit.

I, _____, acknowledge that I have read, understand,
and agree to comply with Memorial Healthcare System's Standards of Behavior.

Member signature: _____ Date: _____

Parent signature: _____ Date: _____