PATIENT VISITOR ORIENTATION

- **Which patients can be visited?**
  When you first arrive on the unit, check in with the Unit Coordinator s/he will indicate which patients can be visited and any special instructions and directions that relate to the volunteer’s activities. New Volunteers must have read and signed the Patient Visitor Position Description before starting their first assignment.

- **Entering Patient Rooms**
  Wash hands or use CalStat before and after entering all patient rooms (some units may want you to wear gloves or other protective garments). Read and learn the patient’s name you are visiting. Knock on the door as you enter, greet and introduce yourself ask if this is a convenient time and the reason for your visit. If the patient is sleeping, or if there are medical people with the patient, leave and come back later. If answering a call light, ask how you might help. If visiting, ask if you may be of help.

- **Activities when visiting the patient.**
  Patients new to the unit should be given an overview orientation to their room. Waste receptacle paper bag should be attached to adjustable table and the table should be placed across the bed in the area of patient’s abdomen (where ever it’s comfortable for the patient). Items in the Pink Tub (personal care items) should be identified and showed to the patient, missing items replaced. Position head of bed, pillows and blankets for comfort. Menus may be given and reviewed ONLY with a RN’s permission. Review and see that lighting, shades and temperature controls are explained and adjusted to patient’s satisfaction. Put clothing and personal effects in the closet nearest the bed. Valuables are to be stored in the unit’s safe by a staff person. Discourage use of window sill. Review Care Card with patient. Answer any general questions and be responsive to any non-medical need as practical.

- **Call bells**
  The nurses call bell is a white cord with clip that is attached to the front of “Johnny” on patient or looped around the bed railing. In the bathroom there is a call bell on wall that is activated by pulling the cord. There is a similar cord inside the shower. The call bell is answered by the Unit Coordinator, a Nursing Tech or the Volunteer. Outside the patient’s room are three lights. If the top light is on, then the patient...
needs a tech or a nurse. If the middle or bottom light is lit, that means the patient is in the bathroom and needs assistance there.

- **Adjusting the bed?**
  Always leave the bed in locked position and at a 30 degree angle. To unlock and move the bed, firmly press the pedal on the right side of bed at the foot of the bed near the floor. To lock, press down on lever with your foot until it clicks. Controls to raise and lower the bed are there also.

- **Review procedures for setting up the TV and telephone.**
  To activate the telephone and/or TV services, call 6-8900. The caller will be greeted with a welcome and instruction message.
  Explain how the charges will be handled

- **Environmental safety check.**
  See that housekeeping has completed the following:
  1) All wires are in a safe mode, not tangled or potentially a cause of a patient falling.
  2) Bed railings are left in the up position
  3) There are no objects a patient could trip on or spills to slip on.
  4) Trays and other personal objects are within easy and safe patient reach
  5) Bed side call bell is understood and within a safe reach

- **Communication issues with patient.**
  If the patient is confused, has language problems or asks questions the volunteer can not answer, or has needs the Volunteer can not provide, please inform the Unit Coordinator.

- **Staff definitions.**
  *Nurses* are licensed professionals and are responsible for all aspects of the patient’s medical care.
  *Nursing Techs* are certified to perform a variety of tasks including EKGS, monitor inspections, etc, as well as many patient care functions including toileting.
  *Unit Coordinators* facilitate communications and coordinates the general activities’ for the nursing unit.
  *Housekeeping* personnel are responsible for the room’s cleanliness and orderliness.

- **Volunteer reports.**
  At the conclusion of rounding visits, the Volunteer should complete checklist that provides comments/feedback on the patients to the unit coordinator, keeping a copy for the Volunteer Department.
Pratt 4 – Sinai Rehab Inpatient

**Unit Coordinators:** Mary James (Unit Coordinator), Judy Fallon (Nurse Manager) ext. 1743

**Unit Description:** This is a large unit with a maximum of 21 patients. This is long-term acute care unit where the average length of stay is 30 days but can be up to a few months. The patients are typically confined to beds and/or wheelchairs in their rooms unless working with therapists on their rehab.

**Needs:** This dynamic unit primarily needs someone to visit with the patients and break up the monotony of their stay. Volunteers should be around to easily converse, play cards/games, watch TV, and generally keep the patients company. The volunteer should also be ready to assist the therapists by following with their wheelchair when walking to the gym for their therapy. In addition the unit occasionally needs help answering phones during meal breaks, setting up files, and making photocopies.

**Preferred Times:** 10am – 1pm, 1pm – 4pm

**Ideal Volunteer:** This unit’s volunteers should be warm, outgoing, and able to strike up conversations easily. This unit has an older demographic so volunteer should be able to relate to all ages. Ability to converse easily is a must. Interest in rehab therapy is a plus.
Pratt 8- Cardiomyopathy

**Unit Coordinators:** 7am-3pm- Ethel Keane; 3pm-11pm- Amanda Lovell, ext. 3014

**Unit Description:** This is a very small unit, with a maximum of 13 patients. It is a long-term stay unit, as the patients are awaiting heart transplants, so many are in the unit for several months. The patients are largely independent. This unit is heavily staffed, and fairly low-key.

**Needs:** The UCs have emphasized that these patients prefer to get the newspaper as early as possible, and every day. This is very important to the patients, because they are expecting them, and look forward to reading the paper. They have also requested volunteers to come to the unit in the afternoons to entertain and occupy the patients. They would like volunteers to be around to converse with the patients, play cards/games, watch TV, and just generally keep them company. The patients are all there for a long period, and they need things to break up the monotony.

**Preferred Times:** After lunch, between 1-5pm, M-F

**Ideal Volunteer:** This unit’s volunteers should be warm and outgoing, and able to strike up conversations easily. This unit has an older demographic, so volunteers should be able to relate to all ages. Ability to converse easily is a must. UCs have emphasized that they want consistency, so volunteers should be available for the same shift every week.
Proger 7- Mixed Unit

Unit Coordinators: 7am-3pm-Susan Bodner; 3pm-11pm- Donna Nesmit (M,W,F), Shonda (T,Th), ext. 5500

Unit Description: This is a medium-sized unit, with a maximum of 23 patients. It is a mixed long-term/short-term stay unit.

Needs: This is a unit that prefers a “first-responder” style volunteer. They would like help answering room bells, and would also like volunteers to help patients order meals from the cafeteria. They also appreciate getting the newspapers every day.

Preferred Times: 11am-3pm, 3pm-7pm

Ideal Volunteer: This unit’s volunteers should be independent and adaptive. They will be performing numerous jobs, so they should be able to move from task to task with ease. This unit has an older demographic, so volunteers should be able to relate to all ages.
Unit Coordinators: 7am-3pm-Chris DeFranc; 3pm-11pm- Mildred, ext. 6105

Unit Description: This is a large unit, with a maximum of 24 patients. It is a mixed long-term/short-term stay unit, with a large floor plan.

Needs: This is a unit that prefers a “first-responder” style volunteer. They would like help answering room bells, answering the phones, retrieving samples from the “tube” system, delivering mail to the patients, and would also like volunteers to help patients order meals from the cafeteria. This unit does not have a call bell console, so all bells must be answered manually. They also requested help ensuring that the patients’ belongings and charts have made it onto the floor, as they are usually moved to this unit from a surgical unit. This unit especially needs volunteers in the morning, when new patients are arriving.

Preferred Times: 7am-12pm, 4pm-8pm

Ideal Volunteer: This unit’s volunteers should be independent and adaptive. They will be performing numerous jobs, so they should be able to move from task to task with ease. This unit has a large floor plan, so volunteers should be able to navigate it with ease. This is a diverse unit, so volunteers should be able to relate to all ages and ethnicities.
Floating 7- Pediatric Inpatient

Unit Coordinators: 7am-3pm-Chris Darrigo; 3pm-11pm- Melee, ext. 5005

Unit Description: This is a very large unit, with a maximum of 36 patients. It is a short-term stay unit, with a high patient turnover rate. Patient ages range from infant to teenager.

Needs: This is a unit needs volunteers to play with the children. They have a playroom during the day, but it closes at 4pm, so they especially need volunteers in the evenings, and on Sundays.

Preferred Times: 4pm-8pm, Sunday, 1pm-5pm

Ideal Volunteer: This unit’s volunteers should be warm, fun, and like playing with children. This unit needs a mix of men and women volunteers, as the younger children prefer to play with people of their own gender. Volunteers should be comfortable with children of all ages, from infant to teenagers.
North 3- Mothers/Infants

Unit Coordinators: 7am-3pm - Elaine Lockhart; 3pm-11pm - Pat Murray ext. 4200

Unit Description: This is a medium sized unit, with a maximum of 24 mother/infant pairs. It is a mixed long term/short term unit, some patients are there for 3 days, some for 3 months. This unit is heavily staffed, and fairly low-key.

Needs: This unit needs help answering phones, making admissions packets, and covering the front desk during meal breaks. They would also like volunteers to go around to all patient rooms and see if they need anything. Some patients are there for a long period, and they need things to break up the monotony, so having magazines, books and games on hand would be helpful.

Preferred Times: 11am-2pm, 4pm-6pm

Ideal Volunteer: This unit’s volunteers should be independent and adaptive. They will be performing numerous jobs, so they should be able to move from task to task with ease. This is a very mellow and quiet unit, so its volunteers should be the same. This would be an ideal unit for a warm but less extroverted volunteer. Volunteers should be comfortable around adults and infants.

Note: This unit has specifically requested volunteers to independently transport mothers to the NICU. I know that volunteers are not allowed to transport independently, but perhaps something could be worked out? The UC’s stated that transporting was the greatest need their floor had, and they often have to transport the mothers themselves because Transport takes too long. These patients are in wheelchairs, not beds, usually post c-section.