

MILTON HOSPITAL'S EMPLOYEE STANDARDS OF PERFORMANCE

Milton Hospital's Goals and the Reason for Performance Standards

We aim to bring world-class quality to the service we provide to our patients, their families, customers and each other. We strive to provide the best patient care experience for every patient, every time and to be considered the best place to work by our employees, medical staff and volunteers.

Service excellence is required to achieve patient and employee satisfaction. This document, developed in collaboration with our employees, details performance standards that have been identified to ensure the success of Milton Hospital. It describes how we work, how we interact, how we think about our job whether we provide service directly to patients or to someone who does.

These performance standards apply to everyone who works at Milton Hospital and are part of every employee's job description. Meeting the Standards of Performance is an expectation for employment. These standards are intended to promote a positive work environment for all employees, patients and visitors and to contribute to the success of Milton Hospital. They serve as a guide to certain general performance expectations, including appearance, safety, communications and patient care. They are not all-inclusive and employees are expected to adhere to all performance expectations applicable to their position. The Hospital may, from time to time, add to or change these standards. These standards do not constitute a contract of any kind, (including a contract of employment).

* Customers are defined as "everyone with whom you have interactions while at work."

Milton Hospital and our employees are on a Journey to Excellence! Please think about these expectations as you apply for employment at Milton Hospital because if you are hired you will be expected to uphold them. Thank you for your application!

SENSE OF OWNERSHIP

We achieve high levels of patient satisfaction when our actions demonstrate to our patients that we take pride in Milton Hospital.

- Be on time and ready to work as scheduled.
- Accept responsibility for doing your job well and strive to exceed our patients' expectations.
- Look beyond your assigned tasks. Listen to patients needs and respond in a courteous and tactful manner. Do not say, "It's not my job" but rather "I will help or I will get the person who can best help you."
- Promptly and courteously provide for customers' needs. Patients are always the first priority.
- Hold each other accountable (in a respectful manner) for meeting our standards of performance.

COMMITMENT TO CO-WORKERS STANDARDS

We rely on each other to meet and exceed our patient's expectations. Therefore:

- Treat one another with courtesy and respect. (Rudeness and vulgarity are unacceptable.)
- Recognize and support the skills and qualities of fellow employees
- Welcome new employees. Be supportive by offering help and setting an example of cooperation.
- Be honest and kind in all interactions with one another.

- Respect the privacy of fellow employees; do not gossip.
- Attempt to resolve differences in a spirit of cooperation and to create solutions, which benefit all parties. Concerns or conflicts, which cannot be resolved together, should be brought to the attention of your supervisor.

APPEARANCE STANDARDS

We establish patient confidence in the institution and maintain the health and safety of patients, visitors, coworkers and ourselves by appropriate appearance and dress.

- Be sensitive to a patient's age and culture and present yourself in a manner that is respectful, establishes confidence and makes them feel comfortable.
- Follow Milton Hospital and any department specific appearance policy. Always dress in a professional manner that is appropriate for the work being performed and which meets safety and/or infection control requirements.
- Hospital Identification badges must be worn while at work with the identification information visible and located in the front of the body between shoulder and waist level where it can be easily seen.

SAFETY AND ENVIRONMENTAL AWARENESS STANDARDS

We contribute to the safety and security of patients, visitors and staff of Milton Hospital through personal actions and understand that maintaining a safe workplace is everyone's job.

- Keep workspace well maintained and presentable. Pick up after yourself and dispose of any litter you find.
- Practice safety awareness and report and/or correct safety hazards as appropriate.
- Follow federal, state, Joint Commission, OSHA, other regulatory agencies and Milton Hospital policies and departmental procedures regarding safety, safety equipment and safety clothing.
- Maintain and use all machinery and equipment appropriately.
- Do not utilize machinery or equipment that you do not know how to safely operate, or where you have not received appropriate training/orientation.
- Return equipment to its proper storage place after use.
- Be prepared for emergencies; know the correct actions to take for all codes (e.g. fire, medical emergency, disaster.)
- Follow emergency/disaster policy requirements for the position you hold.

PATIENT WAITING AND PRIVACY STANDARDS

We respect the rights of our patients and recognize that service excellence requires that our patients receive timely and courteous treatment.

- Comply with hospital policies and laws (ex. HIPAA) on confidentiality and consent for treatment.
- Do not discuss patient information in public areas (i.e. elevators, hallways, cafeteria, etc.)
- Inform patients of any delays and provide an explanation when appropriate.
- Apologize for any delays. Offer an alternative (offer to make another appointment or allow them to continue to wait; etc.)
- Provide the waiting patient/family member with frequent/regular updates as to the procedure timeline.
- Refrain from non-work related conversations in areas where patients are waiting or receiving care.
- Interview and examine patients in private. Close doors if available, close curtain when indicated or keep distance between patients when possible.
- Knock on a patient's door prior to entering.
- Provide patients with a second gown when needed (always provide a sheet or blanket when transporting a patient.)
- Do not leave patients unattended in common areas.

COMMUNICATION STANDARDS

We communicate appropriately with each other and our patients to maintain patient safety and to provide patients and customers with information, feedback and education to enhance their experience and meet their expressed needs.

- Introduce yourself to the patient.
- Communicate in a courteous, professional, clear and respectful manner at all times.
- Promptly acknowledge every patient/visitor. Make eye contact and ask, “How may I help you?” or explain, “ I will be right with you.”
- Listen attentively and in a caring manner to complaints, concerns, and requests.
- Always explain and apologize for delays and inconveniences.
- Explain care expectations and provide the opportunity for the patient/family to ask questions.
- Include patients/healthcare representatives in decisions regarding their care.
- Use appropriate terminology and language when providing information to patients and/or their family.
- Thank patients for choosing our hospital.
- Demonstrate appropriate phone etiquette.
- Allow those on elevators to exit before you board.
- If someone appears to need directions, offer to help. When possible, escort the person to their destination.
- Respond to call bells as soon as possible and if appropriate to your qualifications respond to patient needs or otherwise assure the patient you will seek assistance for him/her.
- End each contact with the patient and/or family with, “Is there anything else I can get/do for you at this time? ”
- Discussions regarding concerns or issues that are personal or work related should not be discussed in patient care areas or in any area in which patients/customers may overhear your conversation.

APPLICATION FOR EMPLOYMENT

Date:	Applying For:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		Shift(s) Available <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotation	
Date Available:	Desired Salary:		

Personal Data

Last Name		First Name		MI
Address: Street & Number		City	State	Zip Code
Home Telephone ()		Work Telephone ()	May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone ()		E-Mail		
Are you authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No Visa No. _____				

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vietnam Era? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you served in the U.S. Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Are you under 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, Indicate age _____
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Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____		
When	Where	Offense
<small>An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.</small>		

Employment History

• Please list all positions held starting with the most current. You may list volunteer work that can be verified.

From (Month/Year)	To (Month/Year)	Name of Company	Job Title
Street Address		Department	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
City	State	Zip Code	Supervisor Name
Major Responsibilities			Telephone Number ()
Reason for Leaving			Salary

Employment History (cont'd)

From (Month/Year)	To (Month/Year)	Name of Company	Job Title
Street Address		Department	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
City	State	Zip Code	Supervisor Name
Major Responsibilities			Telephone Number ()
Reason for Leaving			Salary

From (Month/Year)	To (Month/Year)	Name of Company	Job Title
Street Address		Department	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
City	State	Zip Code	Supervisor Name
Major Responsibilities			Telephone Number ()
Reason for Leaving			Salary

From (Month/Year)	To (Month/Year)	Name of Company	Job Title
Street Address		Department	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
City	State	Zip Code	Supervisor Name
Major Responsibilities			Telephone Number ()
Reason for Leaving			Salary

Please account for any breaks in employment

Education

School	Name & Location	Years Completed				Course of Study	Did you Graduate?	Diploma, Degree Certificate or GED Rec'd
High School		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Technical School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
Graduate School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	

Professional Licenses

To be completed only by applicants applying for a position requiring professional licensure.

Number	Issue Date	Expiration Date	Profession	State

If not Massachusetts Licensed, have you applied for reciprocity? Yes No

Skills

Certifications and Job Skills (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> CPR/BLS
<input type="checkbox"/> ACLS
<input type="checkbox"/> PALS | <input type="checkbox"/> Medical Terminology
<input type="checkbox"/> Language(s) Spoken _____
Specify
<input type="checkbox"/> Computer Skills _____
Specify |
|--|---|

Referral

What source referred you to the hospital?

- | | |
|---|--|
| <input type="checkbox"/> Employee _____
Specify
<input type="checkbox"/> Newspaper _____
Specify
<input type="checkbox"/> Agency _____
Specify
<input type="checkbox"/> Hospital Website _____
Specify
<input type="checkbox"/> Other _____
Specify | <input type="checkbox"/> College _____
Name
<input type="checkbox"/> Job Fair _____
When/Where
<input type="checkbox"/> Website _____
Address
<input type="checkbox"/> Reputation of Hospital |
|---|--|

Name of relatives employed here	Relationship	Department

Were you ever previously employed at Milton Hospital? Yes No

Job Title	Dates	Supervisor's Name

Reason for Leaving

Declaration and Certification

Applicant: Please Read Carefully Before Signing

Milton Hospital is an equal opportunity employer and provides equal employment, advancement opportunities, working conditions, and benefits of employment regardless of race, color, national origin, religion, marital status sex, sexual orientation, age, veterans status, qualifying handicap, or other legally protected status. The Hospital will make reasonable accommodations to allow a handicapped person who is otherwise qualified, to perform the job in question.

I hereby certify that the information set forth in this employment application is accurate and complete. I understand resumes are not accepted in lieu of an application but may be attached for supplemental information. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application and if I am hired may be grounds for termination at a later date. I understand that I must meet valid job related physical and mental standards as a condition of initial and continued employment.

I hereby authorize Milton Hospital to conduct any investigations providing applicable information concerning my personal history, and financial and credit records through any investigative agencies or bureaus in accordance with the provisions set forth in the Fair Credit Reporting Act. Further, I release Milton Hospital and all persons, companies or corporations supplying such information from all liability or responsibility for any damages arising therefrom. A Criminal Offenders Record Information report (C.O.R.I.) will be obtained from the Massachusetts Executive Office of Public Safety or similar office in other jurisdictions on applicants who become final candidates for positions at the hospital.

If I am offered and I accept a position, in consideration of employment, I agree to the rules and regulations of the Hospital, including the Code of Conduct, and understand that my employment is at will, and as such I can be terminated, with or without notice and with or without cause, at any time, at the option of either the Hospital or myself. I understand and agree that the application form is not an offer of employment, nor a contract.

I agree that the Hospital work period of 14 consecutive days be used instead of a work period of 7 consecutive days for the purpose of computing overtime. Employment is also conditional upon my ability to provide verification that I have a right to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Milton Hospital is a smoke-free workplace.

Applicant Signature

Date

Reference Release

I hereby authorize the release to the Human Resources department of Milton Hospital of any and all reference information with respect to my academic, employment and/or volunteer records including final evaluations and recommendations for future employment.

Applicant Signature

Date

Print Name

Social Security Number

Are your employment or education records under any other name?

No Yes If yes, print previous name _____