

# Volunteer Updates



Froedtert  
West Bend Hospital

September 2023 Issue

## Director's Letter



GREAT NEWS! As we kick off this month's newsletter, I am excited to share that our Well Wisher Gift Shop had a record fiscal year (July 1 – June 30) in sales and was able to provide \$62,000 in net proceeds as a donation to the Partner Volunteers. These dollars will help to support the annual Wish List program for patient care needs and support \$23,000 in scholarships for area high school students. A HUGE THANK YOU to all of the volunteers who helped make this happen, whether through service or simply by shopping!

As summer is winding down, and we start to think about fall, below are some reminders and important dates.

### Volunteer Coffee Hour

Join us on **Monday, September 11 from 9:00-10:00 a.m.** in the garden café at the hospital for conversation with your fellow volunteers and a complimentary cup of coffee/beverage. Consider bringing a friend, neighbor or family member along who might be interested in learning more about the volunteer program and opportunities that are available.

### Fall Appreciation Breakfast

On **Tuesday, September 26 from 9:00-10:00 a.m.** the annual Fall Breakfast for all volunteers will be held in the garden café at the hospital. We are SUPER excited to be back in person finally! Invitations have been mailed out so please make sure to RSVP. We will also announce this year's Wish List recipients at the breakfast and share how the dollars raised through volunteer efforts are directly impacting patient care.

### Annual Education

Annual education packets will be mailed to homes by the end of September for those volunteers who need to complete it for this year. Please make sure to take time to review the volunteer handbook as information has been updated. The handbook quiz must be returned by **November 10** for confirmation of annual education completion. Volunteers who do not complete the annual education will no longer be able to volunteer and will be removed from service.

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## Annual Flu Vaccines

- All onsite volunteers must receive the mandatory flu vaccine by **November 10** as an important part of infection prevention and control measures for the hospital. Forms and documentation should be submitted to Internal Occupational Health (IOH). Volunteers who do not receive their flu vaccine will no longer be able to volunteer and will be removed from service.
- Flu vaccine exemption requests may be submitted for consideration to IOH by **September 15**. Medical and religious exemption forms can be found with this newsletter. *If an exemption was submitted and approved last year, a new request does not need to be submitted this year.*
- If you receive your flu vaccine elsewhere, documentation needs to be provided by either using the form included with this newsletter or submitting a copy of your Wisconsin Immunization Registry record showing verification.

As a reminder, the annual requirement of 15 hours of volunteer service by December 31 will be here before you know it. Please make sure you are signing up for hours or, if needed, consider trying out a new volunteer area to make sure you get your hours in.

Thank you for all that you do to ensure our patients are well taken care of and for the support you provide to staff in our hospital departments. If ever any questions, thoughts or comments, please do not hesitate reach out as I always enjoy hearing from our volunteers.

Enjoy your day!

A handwritten signature in cursive script that reads "Ann Johnson".

Director, Volunteer Services  
Froedtert West Bend Hospital

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Thank you to the Well Wisher Gift Shop volunteers and the \$62,000 donation that was made possible from net proceeds to the Partner Volunteers!!

## Membership

Adults = 70  
Teens = 3

Please join us in welcoming the following new volunteers!



Susan Zadravetz



Mary Hernikl



Sandra Reiter



Mary O'Connor

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## Volunteers Needed

### Volunteer Areas Available:

- Hospital Ambassadors Desk- responsibilities include welcoming and assisting patients, families and visitors entering the hospital. Hospital Ambassadors will provide some patient transporting.
- Pleasant Valley Health Center Greeter- responsibilities include welcoming and assisting patients, families and visitors entering the health center.
- Patient Companion- Provide companionship to inpatients through comfort rounding, reading, playing cards and doing activities as well as communicating patient needs to nursing staff as necessary.
- Gift Shop Cashier-responsibilities include providing customer service including cashiering, restocking and pricing.

## Fundraising

- **Cookie Sale**-September 12<sup>th</sup> (8:00AM-12:00PM)
- **Cookie Sale**-October 3<sup>rd</sup> (8:00AM-12:00PM)
- **Nutman Sale (Froedtert West Bend Hospital)**-October 10<sup>th</sup> and 11<sup>th</sup> (7:30AM-4:30PM both days)
- **Cookie Sale**-October 24<sup>th</sup> (8:00AM-12:00PM)
- **Nothing Bundt Cakes Sale (Froedtert West Bend Health Center, located on Paradise Drive)**-October 31<sup>st</sup> (12:00PM-3:00PM)

To sign up, or if questions, please contact Kayla Weninger at 262-836-8075 or [kayla.weninger@froedtert.com](mailto:kayla.weninger@froedtert.com)



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## Gift Shop

### Well Wisher Happenings

Well Wisher contributed a record \$62,000 to Partners for fiscal year 2023, July 1 2022 – June 30, 2023. Thank you Partners for supporting your gift shop by shopping with us! Special thanks to all who volunteer in the shop! Volunteers spend countless hours selecting, checking in, pricing, displaying, dusting and restocking merchandise as well as cashiering and providing excellent customer service.

Stop in to see our fabulous fall and Halloween decorations! Our bread, mug cake, overnight oats and dip mixes make great gifts. We also have four great BBQ sauces sure to be a crowd pleaser at your late summer and fall cookouts. Do not forget to present your volunteer badge when you check out so you receive your 20% volunteer discount!



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## Team Lead Updates

### Inpatient Folders-

- June: 610 Folders
- July: 266 Folders
- August: 540 Folders

### Birth Center-

- Folders: 166
- Baby Packets: 6

### Cancer Center-

- June: 19 Binders, 33 Folders
- July: 18 Binders, 40 Folders

## Health Education

### Depression

As we gain a deeper understanding of mental health and its importance, the prevalence of depression has come to light. An estimated 16.2 million adults in the U.S. had at least one major depressive episode in 2016. Depression can negatively affect many aspects of a person's life, including their work life, home life, relationships, and overall well-being.

Sometimes it can be difficult to know if you have depression. That's why it's important to get screened and talk to a doctor about any changes you notice. Some common signs of depression include: Anxiety; Loss of interest; Overeating or loss of appetite; Excessive sleepiness; Trouble concentrating or making decisions; Fatigue; Pessimism or hopelessness; Insomnia or sleeping too much; Irritability; Anxiety; Restlessness; Loss of interest in things once pleasurable; Aches, pains, headaches that don't go away; Digestive problems that don't get better-even with treatment.

Most people feel sad or depressed at times. It's a normal reaction to loss or life's struggles. But when intense sadness lasts for many days to weeks and keeps you from living your life it may be clinical depression - a treatable medical condition.

Types or forms of Depression include: Major depression; chronic depression; postpartum depression; Bipolar (Manic) depression; Seasonal depression (SAD); Psychotic depression.

Women are nearly twice as likely as men to have it at any age. Too little serotonin in the brain is thought to play a role in it. Serotonin is a chemical produced by the body that enables brain cells and other nervous system cells to communicate with one another. Treatment: The days of long term pharmaceutical intervention for depression and anxiety-based disorders have given way to the idea that newer medications - particularly selective serotonin reuptake inhibitors or SSRIs - combined with behavioral therapies yield the most effective and lasting results. Benzodiazepines (Valium, Librium, Xanax, Klonopin) which did quell symptoms but facilitated a host of other horrors, including, the spike in opioid abuse, have largely given way to short term medications to help patients ease into and embrace behavioral therapies.

Submitted by Joanne Shirkey,  
Community Health Education Lead

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## Public Policy

In a ceremony in the state capitol on July 5, Gov. Tony Evers signed into law a biennial state budget that includes over \$350 million in reimbursement increases for hospitals and health systems, along with millions of dollars in investments for physician, registered nurses and allied health professional training grants. The Wisconsin Hospital Association appreciates the bipartisan leadership that championed specific policies, in putting forward and approving a strong health care budget for Wisconsin.

On July 1<sup>st</sup> a HEAT alert was issued encouraging HEAT members to reach out to their State Legislators in supporting the bi-partisan State Budget. Both Rep. Gundrum and Strobel responded to my request and voted favorably.

How often, since the pandemic, have we read of health systems merging and wondered what the “formula”/strategy for such partnerships might be. The most obvious reason one would speculate is financial. Mid July, Wisconsin Health News, hosted a panel discussion on this very topic. Cathy Jacobson, CEO of Froedtert Health was a panelist. The panel addressed key “influencers” for mergers...

1. Large population create opportunities for developing more specialties and research.
2. Financial challenges of smaller entities.....inflationary costs and staffing costs
3. Strategic combinations that expand talents and capabilities

The “formula”/strategy is driven not only by the key influencers but also by technology and a focus on preserving and maximizing the available workforce and talent resource pool. Ultimately, the panel concluded Wisconsin is committed to quality and integrated care.....or in other words, Wisconsin has a long-standing culture of delivering quality healthcare way before it became a national quality issue.

### Partner Updates:

1. Convention registration now available on the Partners website.
2. Convention delegates will be voting on a By Law verbiage change and special election due to a position vacancy.
3. A Survey Monkey survey will be available soon ----Partner website---as part of the Partners strategic plan for improving convention.
4. August 2023 Reaching Out newsletter now available on Partner website
5. Coming September 12, webinar from Power of Connection----collaborative group of volunteers and DVS from Wisconsin, Minnesota, South Dakota and Iowa.....please refer to the article in the newest Reaching Out

Submitted by Sharon Scott, Public Policy Chair

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## Froedtert West Bend Hospital Staff/Volunteer Flu Vaccine Clinic Schedule

Monday, September 18	Conference Room A	8:30-10:30 am
Tuesday, September 26	Conference Room A	7:00-9:00 am
Wednesday, October 4	Conference Room A	9:30-11:30 am
Friday, October 20	Conference Room A	8:00-10:30 pm
Thursday, October 26	Conference Room A	8:30-10:30 pm
Friday, November 3	Conference Room A	12:30-2:30 am
Wednesday, November 8	Conference Room A	7:00-9:30 am

- Use the link <https://pickatime.com/froedtertmcwflu> to schedule a vaccine at a Froedtert vaccination site. You may use any email address to register for an account and schedule a vaccine.
- Walk-ins will be accommodated where appointments are not filled, but are not guaranteed, photo ID will be needed. Make sure you identify yourself as a volunteer when using the walk-in option.



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## Volunteer Coffee Hour

***Please join us!***

Bring a friend, family member or someone you feel would be interested in learning more about the great things going on with our Volunteer Program at Froedtert West Bend Hospital and the Health Centers.

***The relaxed, drop-in format will be held bi-monthly from 9:00AM-10:00AM in the Garden Café.***

## Coffee Hour Schedule 2023:

- \* Monday, September 11th
- \* Monday, November 13<sup>th</sup>

If questions, please reach out to Kayla Weninger at 262-836-8075.

***We hope to see you there!***

## Volunteer Benefits

In appreciation of the support and time our volunteers contribute, Froedtert West Bend Hospital offers benefits to volunteers:

- Volunteer Appreciation Events
- Service Awards
- National Volunteer Week celebrations
- Free annual flu vaccination
- Gift shop and outpatient pharmacy discounts with volunteer ID badge
- Scholarship Opportunity — eligible senior high school volunteers are encouraged to apply for a \$3,000 Volunteer scholarship available each year
- Free parking
- Special sports gear and themed spirit wear days

### Froedtert West Bend Hospital Volunteer Services Department

Ann Johnson  
Volunteer Services Director  
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262-836-7828

Keri Schwartz  
Volunteer & Gift Shop Coordinator  
[keri.schwartz@froedtert.com](mailto:keri.schwartz@froedtert.com)  
262-836-8063

Kayla Weninger  
Volunteer Administrative Assistant  
[kayla.weninger@froedtert.com](mailto:kayla.weninger@froedtert.com)  
262-836-8075



## Influenza Vaccine Administration Record

**Rationale:**

It is the policy of Froedtert & the Medical College of Wisconsin to protect patient safety and maintain a healthy workforce. It is in fulfillment of this goal that annual influenza immunization is a condition of employment. If an individual covered by this policy receives the vaccine at a location other than an Internal Occupational Health clinic, written documentation of vaccine administration is required.

**Required documentation:**

Another signed record that includes the information listed below or documentation from the Wisconsin Immunization Registry (WIR) is also acceptable.

***Vaccine record is to be submitted to Internal Occupational Health by November 10, 2023. See below for contact information.***

<b>Name of Person Who Was Vaccinated</b> (Please Print Legibly)		<b>Date of Birth</b>
<b>Date of Vaccination</b>	Name & Address of Location Administered	
<b>Type of Vaccine</b>	<b>Product Name</b>	
<b>Lot Number</b>	Expiration Date	
Name of Person Who Administered the Vaccine (Please Print Legibly)		
<b>Signature</b> of Person Who Administered the Vaccine		

Internal Occupational Health Contact Information			
Froedtert Menomonee Falls Hospital	Froedtert Hospital, MCW, & MCWAH	Froedtert West Bend Hospital	Froedtert Holy Family Memorial Hospital
Phone: 262-257-3340	Phone: 414-805-7997	Phone: 262-838-7084	Phone: 920-320-4030
Fax: <a href="tel:262-257-5327">262-257-5327</a>	Fax: <a href="tel:414-805-7995">414-805-7995</a>	Fax: <a href="tel:262-838-7766">262-838-7766</a>	Fax: <a href="tel:920-320-5154">920-320-5154</a>
Email: <a href="mailto:iohcommunitymemorial@froedtert.com">iohcommunitymemorial@froedtert.com</a>	Email: <a href="mailto:iohflu@froedtert.com">iohflu@froedtert.com</a>	Email: <a href="mailto:iohstjosephs@froedtert.com">iohstjosephs@froedtert.com</a>	Email: <a href="mailto:IOHHolyFamilyMemorial@froedtert.com">IOHHolyFamilyMemorial@froedtert.com</a>
W180 N8085 Town Hall Rd, Menomonee Falls 53051	9200 W Wisconsin Ave, Milwaukee 53228	3200 Pleasant Valley Rd, West Bend 53095	2300 Western Ave Manitowoc, WI 54220

# Influenza Vaccination

## Medical Exemption Request Form – Part A

### Instructions:

1. Present Medical Exemption Request Form - Part B to your health care provider for completion of the medical information.
2. Return completed Medical Exemption Request Forms - Parts A & B to Internal Occupational Health, [iohflu@froedtert.com](mailto:iohflu@froedtert.com).

Please print legibly.

<b>Last name:</b>	<b>First name:</b>
<b>Last four digits of Social Security #:</b>	<b>Date of birth:</b>
<b>Employer:</b>	
<b>Worksite:</b>	<b>Department:</b>
<b>Please check one:</b>	
<input type="checkbox"/> <b>Employee (including employed physicians)</b>	<input type="checkbox"/> <b>Volunteer</b>
<input type="checkbox"/> <b>Other:</b>	

Froedtert Health is committed to protecting our patients, health care personnel, volunteers, medical staff practitioners, students and the community from influenza. Froedtert Health requires all employees, learners and volunteers to be vaccinated against influenza on an annual basis, unless granted an accommodation exemption. This form is used to request a medical exemption.

Pursuant to the organization's vaccination policy a medical exemption can be requested for the following situations:

1. Individuals with a previous reaction to the influenza vaccine such as hives, difficulty breathing, or swelling of the tongue or lips. This category does not include individuals with mere sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching or swelling at the injection site. *Note: An allergy to eggs is not a contraindication to vaccination. Egg-free vaccine is available.*
2. Individuals with a history of Guillain-Barre Syndrome (GBS) within 6 weeks of a previous dose of an influenza vaccine.
3. Individuals with other compelling medical need for an exemption.

**With knowledge of the above, I am requesting an exemption from the influenza vaccination for medical reasons.**

*I understand that I am also required to submit a completed Medical Exemption Request Form – Part B to Internal Occupational Health to accompany this request by the required due date. I further understand that if I qualify for an exemption, I am authorizing IOH to release information to my employer or educational institution that I am exempt from vaccination and that I may be required to utilize alternative reasonable safety measures. I understand that in the event my request for exemption is not approved, I am required to obtain vaccination. Lastly, I understand that I may be subject to remedial action should I fail to comply with my institution's vaccination policy (accommodation was denied) or I fail to utilize alternative reasonable safety measures (accommodation was approved).*

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

<b>This section to be completed by Influenza Vaccine Exemption Committee.</b>	
This request was reviewed by the Exemption Committee on _____ (date) and determined that person:	
<input type="checkbox"/> <b>Qualifies for exemption</b>	<input type="checkbox"/> <b>Does not qualify for exemption</b>
Further actions to be taken include: _____	
The person requesting the medical exemption was notified of the results of the review on _____ (date) by _____	

# Influenza Vaccination Medical Exemption Request Form – Part B



To be completed by requestor's personal physician, physician assistant, or nurse practitioner

Please print legibly.

<b>Patient's last name:</b>	<b>Patient's first name:</b>
<b>Last four digits of Social Security #:</b>	<b>Date of birth:</b>

Froedtert Health is committed to protecting our patients, health care personnel and the community from influenza. The influenza vaccination safety initiative requires our health care personnel, without sincerely held religious objections or medical contraindications, to receive an annual influenza vaccine. Your patient is requesting a medical exemption from receiving the influenza vaccine. Medical exemptions are granted for recognized contraindications.

Guidance for medical contraindications can be obtained from the Center for Disease Control and Prevention. This can be found at the following website: <http://www.cdc.gov/flu/professionals/acip/index.htm>

**Please clarify your patient's contraindication(s) to the influenza vaccine:**

- Previous reaction to influenza vaccine (e.g., hives, difficulty breathing, swelling of tongue or lips)**
- The above does not include sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching, or swelling at the injection site.
  - The above does not include subsequent upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.

Date of reaction: \_\_\_\_\_

Description of reaction: \_\_\_\_\_

- History of Guillain-Barre Syndrome (GBS) within 6 weeks of a previous dose of an influenza vaccine**

Date patient had GBS: \_\_\_\_\_

Date patient received the influenza vaccine: \_\_\_\_\_

- Other Compelling Medical Reason**

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

Description (include specific contraindication(s) to the vaccine): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To a responsible degree of medical certainty, it is my opinion that my patient referenced above has the influenza contraindication as identified.

<b>Licensed Provider's Signature:</b>				
<b>Licensed Medical Provider's Name (please print):</b>				
<b>Provider's Credentials:</b>	<input type="checkbox"/> D.O.	<input type="checkbox"/> M.D.	<input type="checkbox"/> N.P.	<input type="checkbox"/> P.A.
<b>Date:</b>				
<b>Address:</b>				
<b>Phone:</b>				



# Request for Religious Exemption from Influenza Vaccination

## Instructions

1. Please review, complete, and sign this Request for Religious Exemption form.
2. Return the exemption request to Internal Occupational Health Flu, [iohflu@froedtert.com](mailto:iohflu@froedtert.com).

Please print legibly.

Last Name:	First Name:
Last Four Digits of Social Security #:	Month and Day of Birth:
Employer:	Staff ID Number:
Worksite:	Department:
Please check one:	
<input type="checkbox"/> Employee (including employed physicians)	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other:	

Froedtert Health is committed to providing a safe and healthy care environment for our patients, faculty, staff, students, house staff, and volunteers. Froedtert Health requires all employees, learners, and volunteers to be vaccinated against influenza on an annual basis, unless granted an accommodation exemption. A religious conviction exemption will ONLY be granted if a vaccination violates the tenets of a personally held religious belief.

## Please read the following:

- Influenza is a serious respiratory illness that causes thousands of hospitalizations and deaths in the United States each year.
- Influenza vaccination is required for all staff and volunteers to protect ourselves, our patients, and the community from influenza virus complications.
- Influenza is not caused by the influenza vaccine.
- Influenza is spread through community transmission.
- If an individual contracts influenza:
  - He/she will shed the virus for 24 to 48 hours before influenza symptoms appear
  - He/she understands he/she will spread the virus before realizing he/she is ill
  - He/she can spread the virus to others which could result in severe illness even if symptoms are mild or non-existent
- The strains of virus that cause influenza change almost every year, which is why flu vaccinations are given annually.
- If an individual is not vaccinated, this could result in serious or life-threatening health consequences for the individual and those with whom he/she has contact:
  - patients
  - co-workers
  - family
  - community

Any such justification would need to be based on religion, not science, and does not include fervently held beliefs regarding secular, cultural or political matters. Please complete the information below to request a religious exemption. Your supporting statement will assist the evaluation of this exemption request.

# Request for Religious Exemption from Influenza Vaccination

**New Religious Exemption Applicant:**

1. Please describe your religion or belief system:

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2. Please describe the belief of your religion or belief system that conflicts with receiving the Influenza vaccine. (Add additional sheets, if necessary)

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3. How does your opposition to receiving the Influenza vaccine fit within your religion or belief system as a whole? (Add additional sheets, if necessary)

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**Certification:**

*I certify that influenza vaccination violates a tenet of a personally held religious belief, and that my beliefs are the basis for my request. I understand that if I qualify for an exemption, I am authorizing IOH to release information to my employer or educational institution that I am exempt from vaccination and that I may be required to utilize alternative reasonable safety measures. I understand that in the event my request for exemption is not approved, I am required to obtain vaccination. I understand that I may be subject to remedial action should I fail to comply with my institution's vaccination policy (accommodation was denied) or I fail to utilize alternative reasonable safety measures (accommodation was approved). Lastly, I understand that if I falsify any information in order to receive an approved exemption, it will result in disciplinary action up to and including termination of employment for falsification of records.*

<b>Print Last Name:</b>	<b>Print First Name:</b>
<b>Signature:</b>	<b>Date:</b>

Note: Exemption requests will be reviewed on a case-by-case basis. Additional clarification may be required. You will be contacted regarding the outcome of this request and next steps as appropriate.

**Keep a copy of this document for your own record.**

<b>This section to be completed by Religious Exemption Committee</b>	
<input type="checkbox"/> Qualifies for exemption	<input type="checkbox"/> Does not qualify for exemption
Further actions to be taken, if applicable:	
<b>Signature:</b>	<b>Date:</b>