

Alabama Council of Hospital Auxiliaries Manual

Last Revision October 2018



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Alabama Council of Hospital Auxiliaries' Past Committee Chairmen

1957-59	Laura Gaillard, Mobile Infirmary Medical Center
1959-61	Hazel Jones, The University Hospitals
1961-63	Loee Sonnier, Providence Hospital
1963-65	Dot Long, Lloyd Noland Hospital
1965-67	Ellen Gormley, Lee County Hospital
1967-69	Betty Ryan, The University Hospitals
1969-71	Edwina Goubiel, Mobile General Hospital
1971-73	Margaret Ellette, Baptist Medical Center Montclair
1973-75	Nancy Robinson, Huntsville Hospital
1975-78	Bobbie Allen, Lee County Hospital
1978-80	Chateau Query, Baptist Medical Center Montgomery
1980-82	Isabel McCormack, The University Hospitals
1982-84	Helen Belanger, Providence Hospital
1984-86	Joann F. Deas, Monroe County Hospital
1986-88	Zoe Wilkerson, Medical Center East
1988-90	Liz Duryea, North Baldwin Hospital
1990-92	Dot Brown, Coosa Valley Baptist Medical Center
1992-94	Jenny Weed, St. Vincent's Hospital
1994-96	Erma Shepard, Jackson County Hospital
1996-98	Montine Webb, Coosa Valley BMC Medical Center
1998-99	Myrtice Donaldson, Montclair Baptist Medical Center
1999-00	Peggy Killian, Mobile Infirmary Medical Center
2000-02	Katherine Clapp Giddens, Medical Center East
2002-04	Jean Edwards Scrushy, Vaughan Regional Medical Center
2004-06	Jeanne Chandler, Huntsville Hospital
2006-08	Janice Gillespie, St. Vincent's East
2008-10	Sharon Farst, Bryan W. Whitfield Memorial Hospital
2010-12	Billie Simpson, Marshall Medical Center North
2012-13	Alice Hinger, Thomas Hospital
2013-15	Beverly Commander, Wedowee Hospital
2015-17	Carol Hunter, University of Alabama Hospital
2017-19	Linda Patterson, Providence Hospital
2019-	Bonnie Molett, Vaughan Regional Medical Center

Bylaws of the Alabama Council of Hospital Auxiliaries

Adopted by Auxiliaries June 9, 1993

Approved by Alabama Hospital Association Board of Trustees

Revised 6/11/97, 11/99, 10/01, 10/03, 8/04, 10/14, 10/18

Article I -- Name/Affiliation

This organization shall be called the Alabama Council of Hospital Auxiliaries hereinafter referred to as ACHA. It is a non-profit organization affiliated with the Alabama Hospital Association and operating in accordance with the bylaws of the Alabama Hospital Association hereinafter referred to as AlaHA.

Article II -- Purpose

The ACHA is a non-profit organization whose purpose is to serve its membership through programs and services that will enhance efficiency and effectiveness of auxiliaries, in an effort to improve the overall quality of healthcare provided to Alabamians.

The primary purpose of the ACHA shall be:

- a. to support hospital auxiliaries through informative and timely education such as seminars, newsletters, briefing papers, electronic media, etc.; and,
- b. to involve auxiliaries in industry advocacy efforts, with the goal of providing a good environment for hospitals to operate a quality healthcare delivery system for the citizens of Alabama.

Article III -- Membership

Section 1. Active Institutional Membership. Active membership is available to any Alabama hospital volunteer program upon payment of dues and approval of applicant's hospital chief executive officer. This is a voting membership.

Section 2. Associate Institutional Membership. Associate membership is available, upon payment of dues and approval of chief executive officer, to those healthcare volunteer programs in organizations not affiliated with a hospital, but interested in the goals of the ACHA.

Associate Institutional Membership is not a voting membership.

Section 3. Honorary Membership. Honorary membership may be granted by the ACHA Board to those persons who have made significant contributions to the ACHA.

Article IV -- Dues

Section 1. Dues Amount. The dues amount is set annually by the AlaHA Board of Trustees. All dues must be paid annually.

Dues are payable July 1 and cover the coming fiscal year of July 1 through June 30. Hospitals joining the ACHA after December 31 pay only half of the regular dues amount to cover the remainder of the fiscal year. Dues may not be refunded.

Section 2. Utilization of Dues. AlaHA will keep the ACHA's dues in a segregated account to be used only for the purposes of the ACHA. (See Standing Rule A for specific allocations of dues monies.)

Article V -- Meetings

Section 1. Scheduled Meetings. The ACHA meets annually. Other meetings may be called at the discretion of the ACHA Board.

Section 2. Voting. Only the delegate of an active institutional member auxiliary may vote at the ACHA meeting. However, the delegate may designate a proxy vote in writing.

Section 3. Quorum. A quorum must be established before business may be transacted by the ACHA membership. A quorum is comprised of a majority of auxiliary delegates present.

Article VI -- Board

Section 1. Composition. The ACHA board shall include a chairman, immediate past chairman, chairman-elect, a district chairman and district vice chairman from each of the four auxiliary districts, the standing committee chairmen, and any person representing the ACHA in an American Hospital Association (AHA)-affiliated organization.

All of the above shall be voting members on any ACHA board action.

Section 2. Quorum. A quorum of the board membership must be present to transact business for the ACHA Board. A quorum is comprised of the majority of the board's membership.

Section 3. Board Meetings. A minimum of four board meetings shall be held annually. Board members are required to attend a majority of the regular board meetings each year. If a board member cannot comply with the attendance requirement, he/she may be asked to resign. Special meetings may be called at the discretion of the chairman or by the chairman-elect in the absence of the chairman, provided that notice of meeting date, time, place and purpose is distributed to board members within 15 days in advance of the requested meeting date. (See Standing Rule B for specific details about board meetings.)

Article VII -- Board Elections

Section 1. Eligibility. To be eligible to serve on the ACHA Board as chairman-elect, district chairman or district vice chairman, the candidate must be a member of an active institutional auxiliary, must have served on the Executive Committee of his/her local auxiliary (i.e., president, vice president, secretary or treasurer), and must have the approval of the hospital's chief executive officer. To be eligible to serve on the ACHA Board as a standing committee chairman, a candidate must be a member of an active institutional

auxiliary and have the approval of the nominee's hospital chief executive officer. Board members are ineligible to serve for more than two years in the same office. In order to serve in the same office for more than two years, the person must wait at least one year following the completion of the last term of office. Board members may not serve more than a total of ten years.

Section 2. Nominating Committee Composition. The nominating committee shall be comprised of the chairman-elect, the immediate past chairman, and board members from those districts not already represented. The chairman of the nominating committee is the past chairman. Nominating committee members shall serve a one-year term and are appointed by the incoming chairman at the annual meeting.

Section 3. Nominations. At the ACHA April board meeting, each district chairman shall submit at least one name to the nominating committee for the district chairman and vice-chairman position(s). The nominating committee, in developing a slate of board nominees, will consider these names. The nominating committee will develop the slate and subsequently contact those candidates to determine their willingness to serve and their hospital CEO to determine if he/she will be supported by their hospital. The nominating committee shall give its official report to the ACHA board at least 60 days prior to the annual meeting for its approval. At least 30 days prior to the annual meeting, the report of the nominating committee, containing the suggested board members, shall be distributed to all auxiliary presidents.

Section 4. Election. The nominating committee shall present a slate of board members to the membership present at the ACHA Annual Meeting. Board members shall be elected by a majority of those active member institutions present (one delegate per hospital). The nominating committee chairman must make a call for nominations. All Board members, with the exception of the ACHA chairman and the chairman-elect, are elected to serve for one year and may be elected a second term. The chairman and chairman-elect are elected to serve two-year terms.

Section 5. Vacancies. Should a vacancy occur on the ACHA board, the chairman shall make a recommendation to the board for a replacement. The vacancy is filled by a majority vote of the board present at the next board meeting. However, should a vacancy occur in the chairman's position, the chairman-elect automatically assumes the position of chairman.

Article VIII -- Board Responsibilities

Section 1. Chairman. The ACHA board chairman presides over the ACHA Board and serves as the State Auxiliary Leader (SAL) of the American Hospital Association. The term of office is two years with the chairman automatically assuming the role of immediate past chairman.

Section 2. Immediate Past Chairman. The immediate past chairman serves as an advisor to the board and as chairman of the nominating committee.

Section 3. Chairman-elect. The Chairman-elect assists the chairman, presides over the board meeting in the absence of the chairman, and automatically assumes the role of chairman upon the completion of the chairman's term in office or upon the occurrence of a vacancy in the chairman's office. The chairman-elect will be responsible for contacting the AlaHA controller before each board meeting and obtaining a financial report to give to the ACHA Board. The term of office is two years unless circumstances warrant the chairman-elect moving to fulfill the position of chairman.

Section 4. District Chairmen. District chairmen serve as liaisons between the auxiliaries in their districts and the ACHA board. They are also responsible for developing new

auxiliary programs within their districts upon request from interested hospitals. District chairmen are elected to serve for one year. District chairmen may be elected to a second term.

Section 5. District Vice Chairmen. District vice chairmen assist the district chairmen as needed.

Section 6. Specific Board Responsibilities. There are specific duties that fall under the aegis of each board member. (See Standing Rule C.)

Article IX -- Committee Chairmen

Section 1. Purpose. ACHA committee chairmen shall be appointed by the ACHA Board as needed to further the objectives of the ACHA and the hospitals it represents. (See Standing Rule C for list of standing committee chairmen.) Appointments are made by the chairman and approved by the board. Committee chairmen are appointed for a one-year term and may be reappointed for a second year.

Section 2. Chairmen's Responsibilities. Each committee chairman is responsible for specific duties related to the position (see Standing Rule C). Committee chairmen are automatically voting members of the ACHA Board. The chairman may, with approval by the ACHA Board, appoint additional committee members to help with specific projects. These committee members will be members of the ACHA board.

Section 3. Reports. Each committee chairman shall make a report at the quarterly state board meetings and an annual progress report to the board at its Fall board meeting.

Article X -- Amendments

The procedure for amending these bylaws is as follows. An amendment may be originated by the ACHA Board or by 10 member hospital auxiliaries in good standing. These amendments shall be presented to the ACHA board at the board meeting prior to the annual meeting. These amendments, along with the comments and recommendations of the ACHA board, shall then be distributed to the auxiliary presidents at least 30 days prior to the annual meeting. The amendments are then presented to the member institutions for a delegate vote at the annual meeting. Amendments require a majority vote of the delegates present to be approved. All approved bylaws amendments must then be presented to the AlaHA Board for final approval.

Article XI -- Parliamentary Authority

The rules contained in *Robert's Rules of Order* shall govern this body in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

Article XII -- Dissolution

Upon dissolution or termination of the ACHA, all assets shall become the property of the Alabama Hospital Association.

Standing Rule A

Dues Allocations

Dues money may be used for the following purposes:

- Underwrite expenses of educational programs
- Chairman/Chairman-elect: If the ACHA Chairman's and/or Chairman-elect's hospital and/or auxiliary will not reimburse these individuals for carrying out the required functions of the ACHA, then expenses will be reimbursed by the ACHA (See Standing Rule C for required functions.).
- Reimbursement for Board Members: All hospitals/auxiliaries are asked to support their auxiliaries by covering expenses incurred while serving on the ACHA board. Should a board member be asked by the ACHA Chairman to attend a required function not reimbursable by the board member's hospital and/or auxiliary, the Board would consider reimbursement.
- ACHA newsletter expenses
- Help underwrite other ongoing board-approved projects
- Pay for flowers/memorials in the amount of \$100 for members of the board who expire during their term of office. Flowers/memorials for all other persons shall be given at the discretion of the chairman.
- Pay for any other expenses outlined in the budget.

Standing Rule B

Board Meetings

1. There shall be four regular meetings of the ACHA board per year. These include:
 - Board meeting in conjunction with annual educational conference
 - January board meeting
 - April board meeting
 - July board meeting
2. The board chairman shall be responsible for notification to members of scheduled board meetings and preparing agenda for such meetings.
3. Special board meetings may be called at the discretion of the board chairman.

Standing Rule C

Roles and Responsibilities of Members of Auxiliaries Board

Chairman

1. To provide leadership in ongoing programs and in initiating programs which promote the efficient and effective use of auxiliaries.
2. To preside over all board meetings and other meetings of the auxiliaries membership using *Robert's Rules of Order*.
3. To attend meetings of the auxiliaries' districts and meetings of the individual auxiliaries as requested.
4. To make regular reports to the Alabama Hospital Association Board of Trustees on the activities of the auxiliaries.
5. To represent the auxiliaries annually at the following meetings providing the budget allows:
 - ACHA Fall Conference/Annual Meeting;
 - Southeastern Healthcare Volunteer Leaders (SHVL) Education Conference;
 - One of the following conferences: American Hospital Association's (AHA) State Auxiliary Leadership (SAL) Invitational Workshop, the American Hospital Association Annual Convention, or the American Hospital Association Washington Meeting.
6. To actively recruit new auxiliaries and to assist district chairmen and/or vice chairmen in organizing new auxiliaries upon request.
7. To appoint special committees when necessary.
8. To establish, along with the board, the calendar and goals for the upcoming year.
9. Together, the chairman and chairman-elect will present a separate orientation for all new board members to be held during the Fall Conference.
10. To evaluate board activities and educational programs.
11. To maintain files of all board activities throughout term of office to pass along to chairman-elect.

Chairman-Elect

1. To preside over board meetings or other auxiliary meetings in the absence of the chairman.
2. To automatically assume the role of chairman following the completion of the chairman's term or in the event a vacancy should occur prior to the end of the term.

3. To assist the chairman as needed and try to learn as much as possible about the role of chairman prior to filling the position.
4. May attend two (2) annual conferences of choice providing the budget allows, with a determination to be made by the Board at the January board meeting for Southeastern Healthcare Volunteer Leaders (SHVL) conference attendance.
5. To be responsible for report of the ACHA financial statement at each board meeting.

Immediate Past Chairman

1. To serve as an ex-officio member of the ACHA board.
2. To advise the chairman and the board as requested.

District Chairman

1. To serve as a liaison between the local auxiliaries and the ACHA Board by:
 - Organizing, providing notification, and presiding over a minimum of two (2) district meetings per year, plus the district meeting held during the fall conference.
 - Communicating information to auxiliary presidents from ACHA Board, making regular reports of district news to the auxiliary board, and forwarding reports of district news to newsletter chairman.
 - Promoting educational opportunities to auxiliary presidents.
2. To try to recruit new auxiliary members within district and to assist hospitals, upon request, in establishing auxiliaries.
3. To counsel local auxiliaries in district upon request.
4. To assist the ACHA board chairman with any auxiliary-related activity, as requested.
5. To maintain current file of district auxiliary activities to give to upcoming district chairman.

District Vice Chairman

1. To assist the district chairman in maintaining communications with local auxiliaries and the ACHA board.
2. To assume the position of chairman in the event the chairman cannot fulfill term of office.
3. To use the term of vice chairman as a period of education and preparation for the term of office as district chairman.
4. To attend all district meetings and preside in the absence of district chairman.
5. To assist the district chairman and the board chairman in any auxiliary-related activities as requested.

Standing Committee Chairmen

Newsletter Chairman

1. To attend ACHA board meetings.
2. To publish ACHA auxiliaries newsletter on a quarterly basis.
3. To collect information from various district chairmen and special chairmen for newsletter.
4. Write articles as needed for newsletter.
5. Collect photographs for use in newsletter.
6. Provide finished *Communicator* to AlaHA liaison for website posting.
7. Email quarterly newsletter to auxiliary presidents and coordinate with AlaHA liaison the distribution to other recipients.

Project Chairman

1. To attend ACHA Board meetings.
2. To annually work with ACHA Board to decide on at least one project for the AlaHA Auxiliaries to adopt for statewide promotion and emphasis.
3. To supply ACHA Board and presidents with the information and materials needed to work on state project.
4. To make an annual report to the ACHA Board concerning the progress made on the state project.
5. To supply information to the newsletter chairman, as needed.

Program Chairman

1. To attend ACHA board meetings.
2. To assist the ACHA board chairman in planning and implementing programs for the ACHA annual educational conference and to coordinate the planning of this meeting with the AlaHA liaison.

Program Chair-elect

1. To attend ACHA board meetings.
2. To assist the Program Chairman as needed.
3. To use the term of Program Chair-elect as a period of education and preparation for the term of office as Program Chairman.
4. To assume the role of Program Chairman following the completion of the Program Chairman's term or in the event a vacancy should occur prior to the end of the term of Program Chairman.
5. The Program Chair-elect and the members of the Program Committee will report to the Program Chairman.

Gift Shop Chairman

1. To attend ACHA board meetings.
2. To work with auxiliary presidents to strengthen existing gift shop programs and help establish them where needed.
3. To provide local presidents with new ideas for improving gift shops through auxiliaries meetings, resource bank, or other methods.
4. To supply information to the newsletter chairman, as needed.

DVS Liaison

1. To attend ACHA board meetings and as many educational programs as possible.
2. To share information on state DVS activities with ACHA board.
3. To take information obtained at ACHA board meetings to state DVS board meetings to facilitate better two-way communications between the two organizations.
4. To write a brief column for the state newsletter on topics pertinent to volunteers (e.g., regulations).

Standing Rule D

For the purpose of maintaining good communications between the local auxiliaries and the ACHA board, there are four auxiliary districts. These districts represent the following counties:

District 1 -- Calhoun, Cherokee, Cleburne, Colbert, Cullman, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Winston

District 2 -- Bibb, Blount, Fayette, Jefferson, Lamar, Pickens, Shelby, St. Clair, Tuscaloosa, Walker

District 3 -- Autauga, Barbour, Bullock, Chambers, Chilton, Choctaw, Clay, Coosa, Crenshaw, Dallas, Elmore, Greene, Hale, Lee, Lowndes, Macon, Marengo, Montgomery, Perry, Pike, Randolph, Russell, Sumter, Talladega, Tallapoosa

District 4 -- Baldwin, Butler, Clarke, Coffee, Conecuh, Covington, Dale, Escambia, Geneva, Henry, Houston, Mobile, Monroe, Washington, Wilcox

ACHA DISTRICT MAP



Amending the Standing Rules

Amendments to the Standing Rules may be originated by the ACHA board or at least five member auxiliaries. All amendments shall be presented to the ACHA board at a board meeting. Standing Rule amendments may be approved by a majority vote of the ACHA board members present.

Chapter 1 - Structure

ALABAMA HOSPITAL ASSOCIATION

The Alabama Hospital Association (AlaHA) is chartered as a non-profit organization whose purpose is “to serve its membership through programs and services that will enhance their efficiency and effectiveness to provide high quality health care.”

ALABAMA COUNCIL OF HOSPITAL AUXILIARIES BOARD

The Alabama Council of Hospital Auxiliaries Board serves the association as an advisory group. Board members include representatives of individual hospital auxiliaries, which hold AlaHA (Type VI) Institutional membership.

According to the Association’s bylaws, the ACHA Board is “charged with coordinating auxiliary activity in the state as it relates to public relations, education, and the legislative/government relations process.” The primary focus of the board’s activity should be:

- 1) To support hospital auxiliaries through informative and timely education such as seminars, newsletters, briefing papers, etc.
- 2) To involve auxiliaries in industry advocacy efforts, with the goal of providing a good environment for hospitals to operate a quality healthcare delivery system for the citizens of Alabama.

In addition, the ACHA Board:

- 1) Assists any AlaHA-member hospital in establishing a new auxiliary;
- 2) Plans educational/leadership sessions at an annual conference;
- 3) Offers assistance to any auxiliary upon request;
- 4) Serves as a clearinghouse for information directed to auxiliary presidents from AlaHA and the American Hospital Association (AHA);
- 5) Publishes a quarterly newsletter; and,
- 6) Maintains a current roster of auxiliary presidents.

Dues

Annual Auxiliary (Type VI) membership dues are set each year by the AlaHA Board of Trustees and are used to offset expenses incurred by the ACHA Board.

Hospitals with 100 beds or less	\$125
Hospitals with 101-300 beds	\$175
Hospitals with more than 300 beds	\$225

Fees charged individual auxiliaries to attend the annual conferences are set by the ACHA Board.

Autonomy of Alabama Auxiliaries

Individual hospital auxiliaries in Alabama are autonomous organizations, which are governed by their own bylaws. Suggested bylaws are found in the appendix of this publication. For bylaws to be effective, they should be reviewed at regular intervals to adapt to the changing nature of the hospital auxiliary.

ACHA Board Membership

The ACHA Board is under the direction of the AlaHA Board of Trustees.

ACHA Board members are: Chairman, Past Chairman, Chairman-elect, District Chairmen and District Vice Chairmen, for each of the four geographic regions of the state and special committee chairman appointed by the Chairman.

ACHA Board Membership Selection

All members of the ACHA Board are selected by the ACHA board chairman and the members of the Nominating Committee. It is the responsibility of the district chairmen to recommend to the Nominating Committee the names of those auxiliaries who have demonstrated leadership and who have the written recommendation of their hospital administrator and DVS/auxiliary president. All standing committee chairmen are appointed by the ACHA board chairman. Board members serve for one year and may serve an additional year if requested, with the exception of the positions of chairman and chairman-elect, who serve two-year terms.

The chairman-elect of the ACHA Board is expected to become the chairman. Selection of the chairman-elect is the responsibility of the Nominating Committee, and is generally, but not necessarily, made from the current membership of the Board.

Every effort is made to rotate board membership between auxiliaries in a district. Only in an unusual situation is the chairmanship of the Board not rotated between districts.

Chapter 2 – Organization

An auxiliary is founded by persons from the community who agree to work together to assist a health care institution in promoting the health and welfare of the community. By formalizing their agreement and establishing an organization, the founders create a responsible entity with a legal personality.

However, this new entity can function as an auxiliary only by authorization of the institution's governing board. Hence, the governing board, confers on the auxiliary these things:

- 1) Identification with the institution.
- 2) The right to manage its own internal affairs.
- 3) The responsibility for helping to further the institution's purpose and goals through activities that are both appropriate to and within the capabilities of a community volunteer organization.

At the same time, the governing board retains the right, exercised through its chief executive officer (administrator or president), **to review and approve** activities and programs undertaken by the auxiliary for the institution. Therefore, as an inherent part of its delegated responsibility, the auxiliary automatically assumes the obligation to be **accountable** to its institution for the exercise of the authority entrusted to it.

One way in which this accountability is expressed is through the development of a strong relationship between the auxiliary and the administration, founded on close **communication and respect**.

The president of the auxiliary plays the role of chief liaison officer between the auxiliary and the institution's administration. By his/her attitudes and actions he/she, in large measure, determines the kind of relationship that will exist between auxiliary and institution.

Regularly scheduled conferences between the auxiliary president and the chief executive, or his/her representative, go far toward establishing the best possible relationship. Such conferences offer opportunities for a discussion of plans being considered by the institution and the auxiliary and for a review of projects underway. Because they are regularly scheduled, they also have a preventive value, facing potential problems before they become major concerns and averting crisis situations.

Because of this communication, the chief executive will not be forced to attend all meetings of the auxiliary to find out what is going on. He/she will know already and be considered before plans are made. We now do not have to worry the administrator with every small crisis that occurs, we are in full confidence with him/her and will handle it on our own.

This relationship which has been established will lead to an informed auxiliary -- informed on the needs of its institution, and on the services it can perform for the community.

As a trusted member of the health care team, the auxiliary will be aware of current issues facing the institution and of its long-range plans, and as a community resource, can help in carrying out these plans.

One good way to keep the working relationship free of problems is for the communication line to be kept open and working between administration and auxiliary.

From: The Auxiliary: New Concepts, New Directions
Published by the American Hospital Association

NOTE: There are sections in this Manual that provide suggestions related to incorporation and to hospital accreditation (requirements related to volunteers). You should always check with hospital leadership prior to adopting any of these provisions to be sure it's the most current information available.

Legal Structure

Legally, a hospital auxiliary can be organized in one of three ways:

- 1) An integral part of the parent institution and thus recognized in the hospital's bylaws;
- 2) As a separate non-profit corporation; or,
- 3) An unincorporated association.

The pros and cons of each legal structure are as follows:

1) **Integral Part of the Hospital Corporation**

DISADVANTAGES FOR THE AUXILIARY: The Hospital Board of Trustees has ultimate control over the activities of the auxiliary.

ADVANTAGES FOR THE AUXILIARY: The auxiliary is relieved of responsibility for record keeping, filing forms, etc. These tasks are, in effect, the hospital's responsibility since the auxiliary is part of the hospital corporation.

DISADVANTAGES FOR THE HOSPITAL: The hospital must assume responsibility for record keeping and include auxiliary financial reports in the annual financial statements and all federal and state tax reports that the institution is required to file. The hospital may also increase its liability as auxiliary activities should be covered through the hospital's insurance.

ADVANTAGES FOR THE HOSPITAL: The hospital maintains ultimate control over the auxiliary's activities and the disposition of funds raised on its behalf.

2) **Separate Non-Profit Corporation:**

DISADVANTAGES FOR THE AUXILIARY: The auxiliary may incur expenses for legal fees for incorporation, accounting fees for auditing and other bookkeeping expenses. The auxiliary is responsible for filing Form 990 each year with the IRS, Article of Incorporation with the Secretary of State, and other state and federal forms that may be necessary annually. The auxiliary may purchase its own liability insurance, however, the hospital might extend its coverage to auxiliaries.

ADVANTAGES FOR THE AUXILIARY: The auxiliary maintains complete control over its activities.

DISADVANTAGES FOR THE HOSPITAL: The hospital indirectly loses control over the sources and allocation of funds raised by the auxiliary and their activities.

ADVANTAGES FOR THE HOSPITAL: For the purposes of Medicare/Medicaid reimbursement and Rate Review, no auxiliary financial information will be reflected in the hospital's financial statements.

3) **Unincorporated Association:**

DISADVANTAGES FOR THE AUXILIARY: The unincorporated association may not be regarded as a legal body, and there may be difficulty in obtaining liability insurance coverage for the auxiliary. However, the hospital may be able to extend its own coverage to auxiliary members. Revenue obtained from gift shop and other activities may not be exempt from federal taxes because the auxiliary may not be recognized as a legal entity.

ADVANTAGES FOR THE AUXILIARY: The auxiliary maintains complete control over its activities.

DISADVANTAGES FOR THE HOSPITAL: The hospital indirectly loses control over the sources and allocation of funds.

ADVANTAGES FOR THE HOSPITAL: For purposes of Medicare/Medicaid reimbursement and Rate Review, no auxiliary financial information will be reflected in the hospital's financial statements.

TAX EXEMPT STATUS OF HOSPITAL AUXILIARIES

The hospital auxiliary does not enjoy federal and state tax-exempt status by assuming its charitable contribution to the hospital makes it so. The auxiliary to a tax-exempt hospital may be tax exempt, but this determination must be made by the hospital's legal authority, an annual accounting of the auxiliary's financial transactions must be included with that of the hospital.

The auxiliary may apply for tax exempt status under code section 501(c)3 of the Federal Internal Revenue Service. The form to use is 1023. This lengthy process will be made

easier if the auxiliary has advice from the hospital legal authority. When tax exempt status has been granted, a number will be issued to the auxiliary. This number is to be used for an annual accounting to the IRS to make sure that all fiscal transactions are within the IRS code. We live in an age when all tax-exempt organizations come under regular scrutiny of the IRS, and audits are commonplace.

The auxiliary may make application to the Alabama Revenue Service for tax-exempt status. Again, a number will be issued to the auxiliary. This number is for the purpose of paying state sales taxes; which is required of all auxiliaries that engage in selling. Monthly payments are required and penalties are imposed for late payment. The county also requires monthly payments of taxes collected. The state number is used for this purpose. If city taxes are imposed, the city itself issues a number.

Taxes ARE NOT imposed on tax-exempt auxiliaries for the purchase of goods for resale. Taxes ARE imposed for the purchase of goods for the auxiliary's use only. The auxiliary may elect to use the hospital's tax-exempt number for the purchase of goods, with permission, and if the auxiliary itself is tax exempt.

The continuation of an auxiliary's tax-exempt status rests in the distribution of its profits. In the case of a tax exempt or charitable hospital, this is not a complicated matter. In all other hospitals the rules governing these distributions require the advice of the hospital's authority on taxation. Generally, these gifts for scholarships and those which benefit the patient directly are acceptable.

All tax authorities agree that a tax-exempt organization is not to engage in the business of investing money for the purpose of increasing profits. Exceptions to this may be allowed when an item is clearly earmarked in an auxiliary budget for sums that would not be available during one fiscal year, such as a building fund pledge. These same authorities agree that distribution annually of auxiliary funds to the hospital is the best way to assure continued tax-exempt status.

This complex tax problem is now handled by a publication of the American Hospital Association under the title of *Financial Management for Hospital Auxiliaries*, by Cookie Paquette. The board urges each auxiliary to purchase this book.

JOINT COMMISSION ACCREDITATION AS IT RELATES TO HOSPITAL VOLUNTEERS

The Joint Commission (TJC) is the organization that accredits hospitals and other health care providers. Being accredited means that the hospital meets certain standards in a number of areas. For the most part, these standards are specific to hospital employees. However, there is one area that is applicable to volunteers ... orientation and training.

The following is a synopsis of the key provision of the accreditation process relative to volunteers. The entire requirement is described in detail in The Joint Commission Hospital Accreditation Manual. Each hospital should have someone in charge of accreditation, so for more information on this requirement, check with your director of volunteers or hospital administration. In addition, hospitals may make other requirements of volunteer programs in order to be in compliance with TJC, insurance policies, etc. Therefore, the auxiliary president must work closely with the hospital to ensure that the volunteer program is in compliance with the hospital's policies and procedures.

- Orientation and training – Section HR, page 13 of accreditation manual
“When a hospital uses volunteer services, volunteers are oriented to patient care, safety, infection control, and any other activities they are expected to perform competently.”

THE AUXILIARY PRESIDENT

The Auxiliary President has responsibilities that may not be specifically outlined in the individual hospital auxiliary's bylaws regarding the relationship between the auxiliary and the Alabama Council of Hospital Auxiliaries' Board. These are:

- 1) Ensuring that dues for the auxiliary's membership in the Alabama Hospital Association are paid by the auxiliary or the hospital.
- 2) Communicating any changes in officers to the ACHA Director of Membership. See notification form in Appendix D.
- 3) Submission of information for inclusion of the annual report as requested by the Chairman. Figures given should be for the last full auxiliary year, not the calendar year.
- 4) Communicating information from the ACHA Board to the auxiliary membership.
- 5) Promotion of educational opportunities available to auxiliaries at the statewide conference/annual meeting.
- 6) Attendance along with another auxiliary officer at the regular District meetings.
- 7) Promotion of the ACHA Board's goals and objectives.
- 8) Reporting of auxiliary news to Board newsletter editor.
- 9) To foster leadership and feed the board with this leadership.

GUIDELINES FOR STRENGTHENING AUXILIARY/VOLUNTEER GROUPS

A committee should be formed consisting of the auxiliary president, immediate past president, the director of volunteer services (if applicable), and an auxiliary member or members of long standing. Once a committee has been formed, we recommend the following steps:

1) Review Bylaws/Budget

Bylaws are a key factor to successful organizations. Have the committee review their bylaws and make sure they clearly set the tone for how your organization is to be governed. Bylaws should not be too restrictive -- some things are better covered under policies and procedures. Clean up your bylaws; make them work for you.

2) Assess Your Membership Needs

Many organizations spread the energies of their members too thin. Now is a good time to evaluate the needs of your members and to continue doing this on an annual basis. If your organization seems to be floundering, perhaps you are asking too much of your members. Take a close look at what your plans are for the year. If your auxiliary has overplanned its activity calendar you may want to reassess. Take on the motto “quality, not quantity” and you’ll reap the benefits in the near future through more enthusiastic volunteers.

3) Delegate Responsibility

Don’t be afraid to delegate and possibly you may want to divide the responsibility between two people. It is easier to recruit leaders when they know one person will not have to do everything!

Use your Board. Don’t hesitate to entrust them with responsibility, but do stress the importance of good communications and **always** follow up. No one person should be expected to carry the responsibilities of the auxiliary.

4) Communicate

Talk to your members and more importantly – L I S T E N!!!

List the adversities that are weakening the auxiliary or volunteer group. Categorize this list by those that are internal and those that are external. Brainstorm about possible corrective steps with this committee.

5) Develop an Action Plan

During this period of time the goals of the organization and the purpose of its existence have been studied in depth. Your committee has identified any problems or adversities that are causing the organization to weaken – now is the time to develop an action plan to implement the corrective steps needed to strengthen the organization. This plan will not only allow the organization to continue to exist but if properly and enthusiastically implemented it will establish a firm foundation for future growth. (An Action Plan should be a written in-depth outline reflecting all steps that will be needed to obtain your goals.)

6) Define and Utilize Your Organizational Structure

Involve as many of your members as possible in the implementation of your action plan. As mentioned before, it is important to delegate responsibility and keep people involved.

The executive board of the auxiliary/volunteer organization is the key to a successful group. We recommend the following officers compose the executive committee:

- * President
- * Vice President(s) (many have 1-3)
- * Secretary
- * Treasurer
- * Director of Volunteers Ex-officio

The President should head the auxiliary/volunteer group with all officers responsible for several chairmen. The officers have the responsibility of bringing problems and concerns of the committees or chairmen they oversee to the board for decisions.

The following are examples of the numerous chairmen that a group might have:

- * Gift Shop
- * Coffee Shop
- * Marketing/Communications
- * Legislation
- * Volunteer Resource Management
- * Scholarship
- * Development/Ways & Means
- * Publicity
- * Baby Photos
- * Nominating
- * Parliamentarian
- * Historian

Listed below are examples of how you might organize your Vice Presidents' responsibilities.

- * The following chairmen might report to the 1st Vice President:
 - Gift Shop
 - Coffee Shop

- * The following chairmen might report to the 2nd Vice President:
 - Membership
 - Bazaar
 - Ways & Means

- * The following chairmen might report to the 3rd Vice President:
 - Calling Committee
 - Historian
 - Newsletter

- Publicity
- Social

DISTRICT MEETINGS

Wherever feasible, the ACHA Board encourages auxiliary presidents to meet regularly within their district. The purpose of these meetings is to improve communications between the ACHA Board and the individual auxiliary and to exchange ideas. Location and times of each meeting are set by the individuals involved. An informal Dutch-treat luncheon is suggested, with the costs reimbursed by the individual auxiliary. The District Chairman or District Vice Chairman should plan the meeting and preside.

ORIENTATION

Joint commission requires an annual orientation of all members.

Auxiliaries vary in the services given to individual hospitals/nursing homes. Before a hospital volunteer begins actual service, an orientation should be required and a time of probation suggested. Not every willing person is able to adapt to the environment of the hospital. Education for specific service should be given by the staff of the hospital or a designated person in the auxiliary. This is for the protection of the volunteer, the auxiliary and the hospital.

The auxiliary should be a growing organization, if not in numbers, then in its response to the changing needs of the hospital. This requires an ongoing educational process as auxiliaries provide services where needed.

The ACHA Board offers educational sessions for the hospital volunteer at the Statewide Conference. The conference is designed to educate auxiliaries. Information about any of these educational opportunities is available at the Alabama Hospital Association, (800) 489-2542. The fax number is (334) 270-9527.

The Board recommends that the budget of the auxiliary include funds to educate current and potential leaders for service. This item of expense can be included in the cost of operating an auxiliary and is acceptable to the Internal Revenue Service as long as it is not excessive.

PRESIDENTS' QUICK REFERENCE

A hospital auxiliary is a volunteer group organized to provide the personal link between health care professionals and the patients and community.

The Alabama Hospital Association (AlaHA) ACHA Board is a group of experienced auxiliaries elected to help Alabama's hospital auxiliaries carry out their commitment to their institution with maximum effectiveness. The Board is just a phone call away. Call (800) 489-2542 and ask for the ACHA Board.

As a resource group, the Board may be called upon for individual consultation on organizational matters and improvement or initiation of programs.

PURPOSE

The ACHA is a non-profit organization whose purpose is to serve its membership through programs and services that will enhance efficiency and effectiveness of auxiliaries in an effort to improve the overall quality of healthcare provided to Alabamians.

The primary purpose of the ACHA shall be:

- To support hospital auxiliaries through informative and timely education such as seminars, newsletters, briefing papers, etc.
- To involve auxiliaries in industry advocacy efforts, with the goal of providing a good environment for hospitals to operate a quality health care delivery system for the citizens of Alabama.

Composition:

- Chairman (also serves as State Auxiliary Leader of the American Hospital Association), immediate past chairman, chairman-elect;
- District Representatives (chairmen and vice chairmen from the four auxiliary districts);
- Special Committee Chairmen (appointed by Chairman); and,
- DVS Representative acts as ex-officio.

Responsibilities

- Promote the mutual exchange of ideas
- Stimulate interest in present organization
- Assist in organizing auxiliaries
- Aid, enlarge and develop service programs for and within hospitals

- Effectively cooperate with other state and national organizations
- Serves as a clearing house for information to be disseminated to auxiliary presidents via the quarterly newsletter

The ACHA Board has represented all districts of the state since it was founded in 1957.

Districts

To foster better communications between the Board and the local auxiliaries, the state is divided into four districts. Board members serve as District Chairmen. District meetings are held to address issues of local concern.

Board Meetings

Meetings are conducted to plan programs and carry out the business of the ACHA Board. The Annual Meeting is in conjunction with the fall conference.

Annual Programs

- District Meetings
- Auxiliaries' fall educational conference/Annual Meeting

Service Recognition

Recognition for service may vary between auxiliaries. This is determined by the auxiliary. It is important, however that a record be kept as proof of hours served for the volunteer who claims mileage deduction on personal income tax returns.

Hours spent by auxiliary members to carry out the work of the organization should be considered as service hours.

Hours spent for the purpose of education at state, regional, or national meetings should be considered as service hours as far as actual time spent in the sessions.

For information on ordering service pins, awards or service emblems, please see Appendix E.

THE AUXILIARY UNIFORM

Just as hospital employees are identified by the uniform worn, so is the volunteer. Each auxiliary shall plan appropriate attire for its volunteers. If required, the service patch should be worn on the left shoulder of the uniform. The uniform should always be clean and neat. Jewelry and makeup should not distract from the uniform.

Uniforms may be purchased in larger cities at uniform shops. The cost of the uniform and shoes, which are used in the hospital, are deductible on personal income tax returns. Proper identification should be worn. The hospital will, in most instances, furnish this. Some hospitals require that volunteers wear the same identification as an employee.

PUBLICATIONS

The ACHA Board strongly recommends that each auxiliary own a copy of the American Hospital Association (AHA) publication, *The Auxiliary: New Concepts, New Directions*. This comprehensive book is a must for auxiliaries. This publication is available for purchase on www.amazon.com.

The AHA online resource store offers a number of resources geared to volunteers and auxiliaries. Go to www.ahaonlinestore.com for a complete listing.

CEOs' Reference

We suggest your auxiliary should be consistent with the dress code of your employees.

It is important to inform your members that uniforms and shoes are tax deductible on their personal income tax return.

Proper identification should be worn. The same identification as employees is advised.

The American Hospital Association has a vendor you may contact in Appendix E.

Dear CEO,

The Alabama Council of Hospital Auxiliaries of the Alabama Hospital Association congratulates you on taking this step towards organizing your own auxiliary. We hope that the enclosed materials will get you off to a good start.

Our council is most anxious to assist you in your endeavor. We can send one of our board members to help with your organizational meeting or planning session. As you know we cannot help unless officially asked so please let us assist you. AlaHA will be more than happy to pass on an invitation from you to us.

Yours truly,

ACHA Chairman

CHAPTER 3 – FYI

The “Be’s” of Being an Auxilian

It is fun to BE an Auxilian, because doing things for others makes you feel good...and happy... and these feelings are catching!

There are, however, some do-and-don't rules, which every Auxilian needs to follow, and while this list may seem long, it really isn't because most of the things you need to BE are already part of the personality, which makes you an Auxilian.

It is important to:

- 1) **BE LOYAL** to the hospital you are serving and to its Administrator and his/her staff. Although you are a volunteer, you are a part of a large organization and you, like any member of the staff, should be above criticism – perhaps even more so, since you have been given the privilege of “belonging.” So always act in a dignified, considerate and courteous manner to every patient, every visitor, and every staff member.
- 2) **BE RESPONSIBLE** to the head of that department to which you are assigned or to the chairman of the service committee on which you are serving. Therefore, accept criticism, correction and supervision in the manner in which it is given, and take care to be accurate and careful in all your assignments. Follow instructions, but ask questions if you have any doubts about your task, and offer suggestions when you feel a service can be improved.
- 3) **BE DEPENDABLE** when you agree to work at a specific time on a specific day, be there-because you are, first of all, expected, and second, needed. If something does happen that you cannot work, find someone who can work in your place, and if you can't find a fill-in, call your chairman. Above all, let someone know you cannot meet your commitment because someone is depending on you.
- 4) **BE TRUSTWORTHY** Everything you see or hear in a hospital, regarding either a patient or the hospital itself is confidential and must be treated that way. The names of patients must never be released, especially to commercial firms, strangers, or the news media, and discretion must always be practiced outside the hospital where patients and their names are involved.
- 5) **BE THOUGHTFUL** In other words, leave your own problems at home but keep your ear tuned in to help others.
- 6) **BE SAFE** Leave your purse locked in the cabinet of the Auxiliary Room or locker.

- 7) **BE QUIET** As you move around the hospital, speak softly and kindly and move lightly. Do not laugh loudly, and do not carry on conversations in the halls or loiter at the nurses' station. Remember, noise is one thing no patient needs.
- 8) **BE POLITE** Always knock before entering a patient's room whether the door is opened or closed, and never go in when a physician is present. It is also advisable to obtain permission of the nurse before entering if the nurse is involved with the patient.
- 9) **BE CAUTIOUS** Do not enter a room when the "Isolation" sign is on the door, and do not enter the maternity area when the sign is out to show the babies are being fed.
- 10) **BE MANNERLY** Never eat or drink, chew gum, or smoke when you are on duty except in those areas where such privileges are allowed.
- 11) **BE PROFESSIONAL** Don't you ask the physicians for professional advice for yourself or for your family while you are on duty in the hospital. Go to his office, because the privilege of being an Auxilian does not include medical service or a reduction in hospital rates...And, do not call a physician- even if he is a personal friend- by his first name when on duty.
- 12) **BE WISE** Do not give your advice or your opinion to a patient on his condition or treatment even when you are aware of those facts. The patient might interpret the details as information provided by some medical authority, which you are not.
- 13) **BE FRIENDLY** Remember the old adage that "A soft answer turneth away wrath" and keep a friendly smile on your face when working.
- 14) **BE HONEST** If you do have any criticism of any Auxiliary procedure or hospital personnel policies, make them known to the proper person in your Auxiliary – never to the hospital employees. You can also place complaints and suggestions in the "Suggestion Box" in the Auxiliary office, but bear in mind that you -- like everyone else in the hospital -- must abide by the regulations and procedures of the hospital whether you agree with them or not.
- 15) **BE ALERT** Keep your ears and eyes open to the patients and the visitors for their complaints as well as their compliments about YOUR hospital and let them be known. Through the proper channel, get the word to the Administrator who must stay informed to the public's feelings and attitudes about the institution.



The Insignia

The insignia of the American Hospital Association, worn on the left shoulder of the Auxiliary uniform (received usually after serving one hundred hours) embraces and combines many things.

Quarterly, we have the Lorraine Cross, an emblem of relief to the unfortunate since medieval times. The Caduceus, or the Wand of Mercy and Serpent of Aesculapius**, has symbolized the healing art for thousands of years. The Maltese Cross has been the emblem of the Knights of Saint John of Jerusalem since A.D.1092, and for several hundred years has also been used by the St. John Ambulance Service. The international emblem for the relief of sick and wounded is the Geneva or Greek Cross. The Urn Lamp is universally accepted as symbolic of knowledge, and is the official emblem of the Florence Nightingale Nurses. The American Eagle symbolizes the United States of America; the Maple Leaves, the Dominion of Canada; and the whole is supported by the classic Latin motto “Nisi Dominus Frustra” – “Without God We Can Do Nothing.”

Our new Alabama Insignia is available in pin form. It signifies the membership of the Alabama Council of Hospital Auxiliaries.

**Roman Religion – The God of Medicine

Prayer for Hospital Auxiliaries

Almighty God and Heavenly Father of Mankind,
Bless we pray Thee,
Our endeavors in these hospitals
In which we strive to bring comfort and hope
To all who are in distress of mind or body.

Guide us so that we may use the privilege given
Us to help the aged, the ill, and the very young-
With generosity, with discretion, and with gentleness.

Give us the strength to labor diligently,
The courage to think and to speak with clarity,
And conviction but without prejudice or pride.

Grant, us, we beseech Thee,
Both wisdom and humility in directing
Our united efforts to do for others
Only as Thou would have us do. Amen.

The Volunteer's Psalm

Volunteer work is my candle, I shall not want for light.
It maketh me to forget self in remembering others;
It radiates God's love to patient and worker alike.
It restoreth my spirit.
It leadeth me down the bright path of service to my fellow man;
Yea, though I walk within walls where life is given or taken away,
My candle burns brightly;
Through a nod, a smile, or a word, I know I am needed;
It glows with the knowledge of my hospital;
What it stands for, how it serves, and my cup runneth over.
Surely, the rewards of my job far exceed what I have given,
And the light of my candle of service shall glow in my heart
Forever.

Auxiliary Pledge

Believing that the (Name of hospital) has real need of my service as a Volunteer:

- I WILL be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I WILL conduct myself with dignity, courtesy and consideration.
- I WILL consider as confidential all information which I may hear directly or indirectly concerning a patient, a doctor or any member of personnel, and will not seek information in regard to a patient.
- I WILL take any problem, criticisms, or suggestions to the Chairman of the Committee on which I serve.
- I WILL endeavor to make my work of the highest quality.
- I WILL uphold the traditions and standards of this hospital and will interpret them to the community at large.

Hospital Ethics

A VOLUNTEER is subject to the code of ethics governing the professional staff. It is important therefore:

- 1) To bear in mind that the hospital reserves the right to have the final authority as to the eligibility of any volunteer or prospective volunteer working in the hospital.
- 2) To treat all information as confidential. Hospital affairs are strictly confidential. Information concerning patients should never be discussed with other volunteers or people outside the hospital. Volunteers failing to adhere strictly to this regulation will be asked to resign.
- 3) To use the greatest discretion in mentioning at any time, anything pertaining to a patient. Never give advice or express an opinion as to diagnosis or treatment to a patient. He might interpret this as coming from medical authority.
- 4) To remember that loyalty to the hospital is essential. Do not repeat hospital gossip whether in the hospital or in the community.
- 5) To have a professional attitude in all contacts and retain the standards of the hospital at all times. Remember that you represent the hospital to many people and to act so that they will respect you and it.
- 6) To remember at all times that the volunteer supplements the work of the hospital personnel. We are NOT WORKING TO REPLACE ANYONE.
- 7) To refrain from adverse criticism of the hospital or its staff and patients while working or visiting. Whenever there appears to be cause for criticism, bring the matter to the attention of your chairman. The chairman will, in turn, bring it to the attention of the department head.
- 8) To never resent suggestions from the head of the hospital department to which you are assigned. Each volunteer is considered a member of that department as well as a member of the hospital auxiliary. If your work is corrected, do not take it as a personal criticism, but realize that because your service is an important part of the hospital routine, errors must be avoided.
- 9) To not ask favors for your family or friends or take advantage of your association with the hospital in seeking free medical advice for yourself or others.
- 10) Never participate in the care of the patient – such as raising beds, administering nourishment and water – without the instructions from the WARD SUPERVISOR.
- 11) To never enter a room with an ISOLATION or DO NOT DISTURB sign or enter the Maternity floor if the babies are with their mothers.

- 12) To refrain from visiting patients while on duty. Visit before or after duty hours, respecting hospital visiting hours schedule.
- 13) To always report immediately to the Director of Nursing any injury or accident occurring to a volunteer while on duty.

Appendixes

Appendix A

Organizing a Hospital Auxiliary

- Step 1 Set up a CONFERENCE call with a few people who have an interest in your hospital. Invite between two and six people and tell them how you think your hospital would benefit from having an active Auxiliary.
- Step 2 Then, ask them to ORGANIZE it... You need to determine, if you haven't already what services you would like for the auxiliary to provide, and in the first get-together, make sure your desired projects and programs in the hospital are known. Be sure and outline the limitations, which must be observed.
- Step 3 Your next step in forming an auxiliary is up to your recruited volunteers. They must plan a LARGER MEETING to which they should invite between 20 and 50 people who are responsible people in your community- and who represent the entire community from which members will be recruited. Just how many should be asked depends on the size of your community.
- (This meeting should be open to discussion from the group present, and consideration should be given to this larger group of potential members as the plan is laid out.)
- Step 4 At this meeting, a temporary CHAIRMAN should be appointed. She can obtain guidelines, suggestions, and helpful ideas from AlaHA's Auxiliary Representative. It is also the temporary chairman's responsibility to appoint a nominating committee and bylaws committee. The nominating committee should prepare a slate of officers for presentation at the first formal organizational meeting, and an adequate set of rules and regulations by which the auxiliary should operate should be put together by the bylaws committee.
- Step 5 At this same meeting, a time needs to be set for the first formal ORGANIZATIONAL MEETING. For suggested organizational structure, see Appendix B. It should be scheduled as soon as possible because interest and enthusiasm are at a peak.

Your hospital Auxiliary is then on its way.

Keep in mind throughout these meetings, however, that your Auxiliary is not a social group. It is a service-oriented organization that is being established to serve your hospital, its patients, and – most of all – your community.

Appendix B

Sample Bylaws

The bylaws of an organization contain basic rules that relate to the organization and are the most important rules, which an organization must compose for itself. The content of an organization's bylaws has important bearing on the rights and duties of members to retain control of the business of the organization. Unless rules provide otherwise, its assembly (members attending a regular meeting) has full and sole power to act for the entire organization and does so by majority vote. Most hospital auxiliaries already have bylaws to govern them, but it is always good to review bylaws from time to time and make any revision necessary. It is good to have a standing committee on bylaws for this reason.

Content of Bylaws Articles

BASIC BYLAW ARTICLES. While the number of bylaw articles will be determined by the size and activities of the organization adopting them, and more than those listed below will be needed in some cases, the average organization will find it sufficient to include articles on the following numbered headings. Articles are commonly designated with Roman numerals and sections with Arabic numerals.

Article I. Name. The full, exact, and properly punctuated name of the society should be given.

Article II. Object. The object of the society should be concisely expressed in a single sentence and should be general in its application since it sets boundaries within which business can be introduced at the society's meetings.

Article III. Members. Usually the article on members consists of several sections, covering: 1) classes of members such as "active," "associate," and the like, with any distinctions between them being set forth, and, as applicable, the rights of each, and any limitation on their number; and (2) qualifications or eligibility for membership, with application and acceptance procedures; and (3) the required fees and dues, the dates when payable, the time and prescribed procedure for notifying members if they become delinquent in payment, and the date thereafter on which a member will be dropped for non-payment of dues. Members cannot be assessed any additional payment aside from their dues unless it is provided for in the bylaws. Required attendance at a certain proportion of the meetings or a specified minimum participation in the society's activities may be required for continued membership, but can only be done by provision in the bylaws. This article also contains provisions for: (4) resignations; and (5) honorary members.

Article IV. Officers. Every society should specify the officers it requires, including honorary ones, and how they shall be elected or appointed. The officers rank in the order listed, so that the president should be named first, the vice-president or first vice-

president next (unless there is a president-elect), and so on. The duties of officers can be included in the section designating the officers, to the effect that "These officers shall perform the duties prescribed by the bylaws and by the parliamentary authority adopted by the Society." In cases where the extraordinary duties of officers are numerous, however, a separate article titled "Duties of Officers" may follow this article and the duties for each office listed in separate section. A method of nominating officers should be prescribed in a section of this article. If the bylaws provide for a nominating committee to nominate "a candidate for each office," provisions should be made for the election of this committee and its chairman, as well as instructions about the release of the names of nominees to the organization regarding time and date of the election of officers. Election by ballot should be prescribed, but a provision can be included to dispense with the ballot when there is only one candidate for an office. The length of terms of office should be prescribed and the time when they are to begin should be specified. To ensure the continued services of officers it is well to provide that officers "shall hold office for a term of ... year(s) or until their successors are elected." Since a reasonable rotation in office is desirable, a section of this article may provide that "No officer shall be eligible to serve for more than... consecutive terms in the same office." The method of filling vacancies should also be provided in a section of this article.

Article V. Meetings. The first section of this article should fix the day on which regular meetings of the society are to be held such as "the first Friday of each month." If the words "unless otherwise ordered by the Society or Executive Board" are added, the date can be changed in an unusual circumstance, but only for that single meeting on that particular occasion and not for a period of time including several meetings. The hour at which meetings are to be held should not be specified in the bylaws, but should be established by standing rules. In a separate section it should be provided that one of the regular meetings be specified as the "annual meeting" at which time officers are elected and annual reports are received from officers and standing committees. A section authorizing the calling of special meeting should state by whom such meetings can be called and the number of days' notice required. No business is conducted at special meetings except that mentioned in the call or notice of the special meeting. The quorum for all meetings should be established in a section of this article.

Article VI. Executive Board (or Board of Directors). All societies find it advisable to establish a board whose members are the officers and standing committee chairmen, such a body being entrusted with administrative authority and responsibility to a degree, which varies with the organization. If there is to be such a board, sections of this article should: specify the board's composition; delineate the powers of the board; and set forth any special rules by which the board is to conduct its business, such as when and how often it is to meet, its quorum, and the like. There should be appropriate wording for defining the board's powers so that the assembly will retain full control but will be able to leave to the board such details as it may wish.

Article VII. Committees. The article on committees should provide for the establishment of each of the standing committees, which it is known, will be required. A separate section devoted to each of these committees should give its name, composition,

manner of selection, and duties. If this article names certain standing committees, no other standing committees can be appointed without amending the bylaws, unless a provision is included permitting the establishment of such other standing committees as are deemed necessary to carry on the work of the society. The number and nature of the standing committees that may be named individual sections of this article will depend on the size and object of the organization. Appointment of special committees is usually provided for in a separate section, which may also provide for the appointment of additional standing committees. If the president is empowered to appoint such special committees or additional standing committees as the society or the board shall direct, he is not thereby authorized to appoint other committees on his own initiative. This section may also provide that the president "shall be ex-officio a member of all committees except the Nominating Committee." This gives the president the right, but not the duty of participating in the work of the committees; otherwise, he has no vote within the committees, nor can he attend their meetings except as invited by a particular committee. The Nominating Committee should always be expressly excluded in this provision.

Article VIII. Parliamentary Authority. The parliamentary authority through the adoption of which a society establishes its rules of order should be prescribed in a one-sentence article reading: "The rules contained in the current edition of (specifying a standard manual of parliamentary practice) shall govern the Society in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Society may adopt."

Article IX. Amendment of Bylaws. The bylaws should always prescribe the procedure for their amendment, and such provision should always require at least that advance notice be given in a specified manner, and that the amendment be approved by a two-thirds vote. The word **amend** covers any change, whether a word or a paragraph is to be added, struck out, or replaced, or whether a new set of articles is to be substituted for the old one.

Article X. Disposition of Assets of the Auxiliary Upon Dissolution. UPON DISSOLUTION OR OTHER TERMINATION OF EXISTENCE, this auxiliary (a) shall yield up and surrender all its books and records and all of its assets and property to the hospital (if said hospital is part of a legal entity which qualifies as an exempt organization under paragraph 501c(3) of the Internal Revenue Code of 1954 or corresponding provision of future law) or a state or local government. If such organization does not qualify, all assets and property shall be conveyed to some other organization or organizations that are qualified as exempt organizations under paragraph 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provision of future law), (b) shall cease and desist from further use of the name of the hospital auxiliary; and (c) shall carry out promptly all proceedings necessary or desirable for the purpose of dissolving this auxiliary.

ADDITIONAL BYLAW ARTICLES. Some societies may have cause to include additional bylaw articles, such as those bearing on the subjects of finance, duties of officers, and an executive committee of the board of directors. There may be an article on

disciplinary procedure. Most such provisions, however, are generally unnecessary in ordinary societies.

The ACHA Board recommends that individual hospital auxiliaries insert the following in the bylaws of the auxiliary under the Article, Board of Directors: “Any member of (Name of Auxiliary) serving as a member of the Alabama Council of Hospital Auxiliaries’ Board shall be a non-voting member of the Board of Directors of the (Name of Auxiliary).”

Under STANDING RULES the Board recommends that there be a section entitled “MEMBERSHIP IN THE ALABAMA HOSPITAL ASSOCIATION.”

- 1) This Auxiliary shall pay dues necessary for membership in the Alabama Hospital Association.
- 2) This Auxiliary shall defray the expenses of any active Auxiliary member who serves on the Alabama Council of Hospital Auxiliaries Board.
- 3) This Auxiliary shall defray the expenses of the President and one other member of the Board of Directors to attend the District Meetings.

Francis Griffis, Parliamentarian
University of Alabama Hospitals Auxiliary
March 1981

Appendix C

How To Become a Member of the Alabama Hospital Association

So... your hospital auxiliary is organized and now you are ready to become a member of the Alabama Hospital Association.

First of all, let your administrator know that you are prepared and ask him to write to the Public Relations Department, Alabama Hospital Association, 500 North East Boulevard, Montgomery, Alabama 36117 for an application form for Type VI membership.

This application must be filled out with the required information by both the auxiliary president and the hospital administrator, and it should be returned to the Alabama Hospital Association with a check for the current year's dues. Dues are determined according to the bed size of the hospital. For a facility with 100 beds or less, the dues are \$125, for 101 to 300, \$175, and for 301 or more beds \$225. These dues relate specifically to member affiliated hospital auxiliaries.

Your application will be directed to the Department of Membership of the Alabama Hospital Association, and its members determine if the auxiliary's membership is acceptable. The Department's recommendation is passed on to the Association's Board of Trustees for final approval.

That decision is sent to the president of the hospital auxiliary requesting membership.

When the membership is approved, a membership certificate is sent to the new member. The auxiliary holds the certificate as long as membership is held in the Association, but it must be returned to the Association if membership for any reason is discontinued.

Membership in the Alabama Council of Hospital Auxiliaries has several advantages for each hospital auxiliary.

Help and advice are provided in various areas of activity; workshops are conducted to provide expert counsel in numerous areas; upcoming events on a state, regional, and national level are provided that state membership; assistance is provided in special auxiliary programs; and a monthly publication keeps member auxiliaries informed of each other's activities.

Overall guidance and direction to the auxiliaries throughout the state comes from the Alabama Council of Hospital Auxiliaries' Board, made up of a chairman and members who are elected by the ACHA membership at the Annual Meeting. Among the members are district chairmen, each of whom represents one of the four districts of the state and each of whom is available to any member hospital auxiliary or member hospital wanting to start an auxiliary in his/her district. Other members include hospital-affiliated

people who have an interest in the auxiliary program. This committee meets periodically to plan such workshops and programs for the membership.

Appendix D
Notification of Election of Auxiliary President
Alabama Council of Hospital Auxiliaries

Name of Hospital Auxiliary: _____

Hospital Address: _____

District Number: _____

Former President: _____

Date of expiration of term: _____

New President: _____

Home Address: _____

Telephone Number: _____

Email Address: _____

Date of election: _____ Date term expires: _____

Other officers elected:

Name: _____ Office: _____

Name: _____ Office: _____

Name: _____ Office: _____

Name: _____ Office: _____

Please complete this form immediately upon election of new officers and return to:

Attention: Public Relations Department
Alabama Hospital Association
500 North East Boulevard
Montgomery, Ala. 36117

Appendix E

For more information on ordering pins, emblems, or awards, please contact:

Barnett Corporate Awards

18141 Dixie Highway, Suite 202
Homewood, IL 60430

Phone: (800) 443-1238 for Leslie Barnett, President or (800) 443-1237

Fax: (708) 957-0597

Email: barnettandmiller@aol.com

Barnett Corporate Awards holds the official recognition awards for auxiliaries and volunteers. They will be glad to provide you with an order catalog.