HOSPITAL AUXILIARY PRESIDENT’S HANDBOOK

MAHA
MICHIGAN ASSOCIATION
OF HEALTHCARE ADVOCATES
Affiliate of The Michigan Health/Hospital Association

Published by
The Michigan Association of Healthcare Advocates (MAHA)
An affiliate of The Michigan Health/Hospital Association (MHA)
HANDBOOK EDITORIAL BOARD
Fourth Edition

Vera Harper, Chairperson
MAHA Resource Chair 2001-2002
Leelanau Memorial Health Center

Jo Ann Sweeney Marilyn R. Beverley
North Central District President MAHA President Elect

First Edition Published in 1967 and edited by Heidi Wagner
Second Edition 1978
Third Edition 1989
Fourth Edition 2002

Permission is granted to reproduce parts of this publication, Healthcare Auxiliary Handbook, with proper credit given to the Michigan Association of Healthcare Advocates. The logo may be reproduced on paper products and printed on any materials used by auxiliary members. For additional copies of the Handbook, contact the Michigan Association of Healthcare Advocates, www.mahaonline.org.
TABLE OF CONTENTS

CHAPTER I: ABOUT MAHA

MAHA Is................................................................. 1
Vision and Mission.................................................. 3
Region Map.......................................................... 4
Organizational Chart............................................... 5
Historical Notes.................................................... 6

CHAPTER II: DISTRICTS

MAHA Responsibilities to Districts................................. 34
District Board Responsibilities.................................... 34
Responsibilities of District Presidents to Districts and to MAHA... 35
District Meetings.................................................... 36
Responsibilities of Host Auxiliaries for District Meetings......... 38

CHAPTER III: AUXILIARY/HEALTH CARE DELIVERY SYSTEM (HCDS) RELATIONSHIPS

Establishing Healthy Relationships With the Governing Board......... 40
Establishing Healthy Relationships With the Chief Executive Officer.... 42
Establishing Healthy Relationships With the Department of Volunteer Services 44

CHAPTER IV: MEMBERSHIP

Recruitment.......................................................... 46
Types of Membership.............................................. 46
Membership Responsibilities and Application.......................... 47
Orientation......................................................... 48
Recognition........................................................ 49
Sample MAHA Annual Report...................................... 50

CHAPTER V: AUXILIARY BYLAWS

Auxiliary Bylaws, Amendments, Standing Rules.......................... 51
MAHA Bylaws.......................................................... 52

CHAPTER VI: OFFICERS AND THEIR DUTIES
CHAPTER VII: NOMINATIONS AND ELECTIONS

Nominating Committee ................................................................. 74
Election Procedures ................................................................. 75

CHAPTER VIII: INSTALLATION CEREMONIES

Purpose ......................................................................................... 77
Value ......................................................................................... 77
Format/Style ................................................................................ 77
Installer ....................................................................................... 77
Types of Ceremonies ................................................................... 78
Sample Ceremonies ................................................................... 79

CHAPTER IX: COMMITTEES

Types of Committees .................................................................. 81
Committee Chairman Responsibilities .......................................... 81
Committee Responsibilities .......................................................... 81

CHAPTER X: MEETINGS

Basic Parliamentary Procedure .................................................. 82
Parliamentary Procedure at a Glance .......................................... 83
Types of Meetings ........................................................................ 85
Planning Meetings ...................................................................... 86
Agendas ....................................................................................... 87
How to Conduct a Meeting .......................................................... 88

CHAPTER XI: AUXILIARY FINANCES

Auxiliary Funds .......................................................................... 91
Bonding ....................................................................................... 91
Insurance .................................................................................... 91
Audit ............................................................................................. 91

CHAPTER XI: continued
CHAPTER XX: APPENDICES

A. Resource File Inventory .................................................. 110
B. Prayer for Auxiliaries ....................................................... 111
C. Past Presidents .............................................................. 112
D. Conference History ......................................................... 115
MAHA IS

An organization that was formed in 1948 to help member auxiliaries better serve and support their institutions.

Membership is open to any auxiliary or volunteer service organization of a health care facility whereby the health care facility is a member of the Michigan Health & Hospital Association.

MAHA IS GOVERNED

By a Board of Directors comprised of 6 officers, chairpersons of 8 standing committees and MAHA Liaison to MHA. (President, President Elect, Vice President Education, Secretary, Treasurer, Counselor (Immediate Past MAHA President); Standing Committee Chairs: Conference Coordinator, Legislative Advocacy Director, Membership Director, Public Relations Chair, Bylaws & Policy Chair, Resource Chair, Communications Editor, Vendor Coordinator) and the Six District Presidents.

MAHA IS AFFILIATED

With MHA, from which it receives staff support and legislative information. The affiliation helps to further the objectives of each organization, especially MAHA’s efforts to enhance patient and community health, and help communicate the Community Benefits of the local hospital to each community and MHA’s efforts to represent its member hospitals. Funding for MAHA is generated by the sponsorship of MHA and conference fees for the Annual and Fall Conferences.

MAHA IS DIVIDED

Into six districts: East Central District, North Central District, Southeast District, Southwest District, Upper Peninsula District and the West Central District. Each district has its own elected officers, board of directors, bylaws, meetings, workshops and programs. District activities are funded by local auxiliary dues which are paid to their respective districts. Each district sets the amount for the dues of their district.

MAHA OFFERS

Training in leadership skills and organizational management; program and project ideas; health care information; liaison with other state auxiliary leaders; educational and service opportunities; legislative information.
MAHA EDUCATIONAL OPPORTUNITIES INCLUDE

- Annual State Conference and Educational Institute held in June of each year. This conference includes workshops and speakers on all phases of auxiliary activity for all member auxiliaries. This Conference also includes the election and installation of the MAHA State Officers.

- Annual Fall Conference is held in the Fall of each year. This conference includes workshops, networking and speakers on all phases of auxiliary activity for all member auxiliaries. This conference also includes special workshops and/or speakers for Auxiliary Gift Shops.

- MAHA Committee and Board Meetings are held throughout the year for the state officers and committee chairpersons for the purpose of planning the Annual Activities of the MAHA.

- District meetings are held in the Fall and the Spring of each year with the MAHA President and the MAHA President Elect in attendance. These meetings may include workshops and speakers for all the auxiliaries in that particular district.

- The MAHA President, MAHA President Elect, Vice President Education and the Legislative and Advocacy Chairperson also attend various “out of state” meetings for the purpose of obtaining education, legislative information for the ongoing growth of MAHA.

MAHA PUBLICATIONS INCLUDE

Newsletter - “MAHA Highlights”. Healthcare Auxiliary Handbook; Annual Reports.

MAHA RESOURCES INCLUDE

MAHA Library; Legislative Network; Membership Network; Publications of the Michigan Health & Hospital Association.

ADDITIONAL RESOURCES AVAILABLE TO MEMBERS INCLUDE

MHA library and publications; American Hospital Association (AHA) Library; AHA quarterly publication; Institutes and programs of the AHA; Information from other health related organizations.
MAHA VISION

SERVICE...to its member hospitals and communities, thus enabling each institution to maintain the highest standards in health care...is the keystone of the MAHA.

Hospital auxiliaries are dedicated to upholding the time honored tradition of service. Membership in the MAHA offers each auxiliary the opportunity to further its goal of achieving excellence.

MAHA MISSION

The MAHA serves as a link between its member auxiliaries and the American Hospital Association (AHA), the Michigan Health & Hospital Association (MHA), and the six Districts of the Michigan Association of Hospital Auxiliaries (MAHA). These affiliates make it possible for the MAHA to serve its member auxiliaries with the maximum of efficiency.
ORGANIZATION

MICHIGAN ASSOCIATION OF HOSPITAL AUXILIARIES

SIX DISTRICTS: Upper Peninsula East Central, Southeast, West Central, Southwest, North Central

FUNDING: Michigan Association of Healthcare Advocates (MAHA) is funded by the Michigan Hospital Association. The major funding for the six districts is through dues paid by member Auxiliaries.
MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES
DISTRICT MAP

15 ECD East Central District
20 NCD North Central District
14 SWD Southwest District
15 UPD Upper Peninsula District
13 WCD West Central District

83 Counties in Michigan
In **1948** the need for an association of hospital auxiliaries became apparent and, under the impetus of the Michigan Hospital Association and a temporary planning committee, an organizational meeting was held in Grand Rapids in November. Eighty women, representing twenty hospitals, heard outstanding speakers describe aims of state hospital associations and their value to hospitals. Appointment of a permanent planning committee, authorized to act as an organizing and nomination committee, comprised the business of the first meeting.

At the second Annual Meeting (such meetings have been held each year since the founding of the Michigan Association of Hospital Auxiliaries) officers were elected, a name agreed upon, membership dues established, and constitution and bylaws adopted. For the first time, three “Project Parade” displays showed women the value of an exchange of ideas at the State level.

The first president of the Michigan Association of Hospital Auxiliaries traveled throughout Michigan urging auxiliary participation in the new State organization. In September of **1950**, she was invited to attend monthly meetings of the Michigan Hospital Association Board of Trustees, as liaison between the two associations, a policy that has continued through the years.

The Michigan Hospital Association granted the Michigan Association of Hospital Auxiliaries a budget appropriation in October, **1950**, when proof of need to support its growing activities, together with a formal request, was presented to them. Auxiliary dues to the Michigan Association of Hospital Auxiliaries were abolished and all auxiliaries of Michigan Hospital Association member hospitals were affiliated with the State Auxiliary Association. In November of the same year, at the third Annual Meeting held in Detroit, the Michigan Association of Hospital Auxiliaries was accepted and welcomed by formal resolution into the Michigan Hospital Association, coming under its guidance and structure.

In **1951**, the first thirty auxiliaries which formerly had paid dues, were designated as charter members and the first workshop was held, with intensive public relation emphasis in preparation for observance of “Hospital Week” in May. It was in this year also that Michigan instigated auxiliary programs as a separate section of the Tri-State Hospital assembly.

From this day, the MAHA has been outstanding in the Tri-State Auxiliary section in leadership and participation.

It soon became apparent that division into District Councils (corresponding with those of the parent organization) would be beneficial to the State Auxiliary Association. The District Presidents became members of the State Board making possible more links in the chain of communication with local auxiliaries.
In 1957 the Districts held workshops for the first time, stressing auxiliary needs and assistance to hospitals at the community level. (It was also during this year that the Legislative Committee was reactivated.)

By 1960 responsibilities and activities of the Michigan Association of Hospital Auxiliaries indicated the need for job descriptions for the elected officers, district presidents and standing committee chairpersons. A committee was appointed and in 1961 the first Board Manual was presented to the 1961-62 board members. The manual is revised and updated periodically as the need arises and has served as a pattern for both the districts and the local auxiliaries.

Because of the continuing education and leadership training activities in aiding auxiliaries to take their rightful places in the hospital family, the MAHA has been a valuable partner in support of the MHA and its affiliated hospitals.

Encouragement to district organizations to employ similar methods of education (such as workshops, conferences and leadership training sessions) is part of the effort to make it possible for each auxiliary to function at the highest possible level. The unique position an auxiliary member holds as a volunteer..., presumably well informed and knowledgeable with regard to the hospital story... makes them a public relations medium that cannot be duplicated.

In support of the MHA, the MAHA works closely, planning its emphasis each year, in the areas recommended by the parent organization.

In 1962 the president of the MAHA was invited to be a member of the House of Delegates of the MHA and as such attends the two meetings held each year.

Ideas for services to auxiliaries throughout the state often come from the American Hospital Association and, in 1965, the first leadership training institute sponsored jointly by the MAHA and the MHA was held in Lansing. Workshops and conferences at the State level were actually conducted as early as 1957, and these meetings during the succeeding years have given the opportunity to auxiliary members to exchange ideas and learn new methods with reference to every phase of auxiliary activity. Two of the very important links in the chain of communication between the local auxiliaries and the two state organizations (MAHA and MHA) are their two publications. HIGHLIGHTS is published by the MAHA four times each year and there is no charge to member auxiliary presidents. MICHIGAN HOSPITALS, published monthly by the MHA, is available on a subscription basis and the president of the State Auxiliary Association is one of its regular contributors.

In 1967 a new educational medium was introduced in Michigan with unlimited possibilities. It is referred to as the “MAHA Mobile” but it can be defined as “education on wheels”. Through the promotional and institutional advertising activities of the Buick Division of General Motors Corporation, the MAHA was provided with a station wagon or “MAHA Mobile” to be used in taking programs
such as those on Legislation, Area-Wide Community Planning, Hospital career, etc., together with qualified leadership, to those auxiliaries and districts requesting them.

In the Fall of 1967 the HAP Handbook made its debut. This Hospital Auxiliary President’s Handbook was written to meet a need . . . to help Auxiliary Presidents understand the scope of their jobs and to give them guidelines and suggestions. Auxiliary members in Michigan eagerly bought the HAP Handbook. Sales were also made to Auxiliary members in at least twenty states. Other MAHA publications include a brochure, WHAT IT MEANS TO BELONG MICHIGAN ASSOCIATION OF HOSPITAL AUXILIARIES, and leadership kit.

The MAHA mobile program was so well received that the Policy Committee recommended in February 1969 a new Vice Presidency be established to conduct the work with the title... Education. All other Vice Presidencies would be identified ... Communications, Membership and Programs.

At the Annual meeting in June 1969 the MHA celebrated fifty years of service. To commemorate this occasion, the MAHA presented their parent group a flag and flag pole for the MHA grounds in Lansing. A plaque bearing this information has been set in place on the building.

In 1969-70 we developed another new program entitled “Leadership Forum”... a dynamic educational service to strengthen local leadership... looking forward to district, state and national levels. This program will be taken by MAHA mobile to radial groups about the state.

Chairmanship of the Auxiliary-Volunteer segment of Tri-State was, also, the responsibility of Michigan in 1970. With the changing needs of hospitals, Searching to Serve, brought two innovations to the program. The first, a Model Gift Shop, where auxiliary members could compare cost and merchandising, was set up in the hospitality room for off-hours perusing. The second, a general session by professionals on the chronic social ills, where volunteers might serve effectively. These were in addition to the four states and Director of Volunteers workshop.

The years from 1970-1973 saw great strides again taken by auxiliary members and the MAHA. With emphasis being placed on education, a Credo Committee was voted by the board to discuss and research problems and subjects and to recommend a course of action. The initials stand for Committee on Research, Education, Development and Organization.

Seven “mini-manuals”, brainchild of an auxiliary member, made their debut. The booklets, basic in nature and easy to read, supplement the HAP Handbook. These along with three additional “mini-manuals” are:

1. Revitalizing an Auxiliary and Organizing a New Auxiliary.
2. Basics
A special ad hoc committee was appointed to evaluate the MAHA mobile Program. Since Buick Motor Division of General Motors had discontinued the use of a car as part of an advertising campaign it was voted to rename the program to the MAHA Education Program. With the emerging importance of a number of health care bills and the first of the National Health Care Acts, the educational program was updated and expanded and made available to all districts. Programs on state legislation and health care cost and health careers have been presented by board members to the districts. An excellent program on Federal Legislation was Michigan’s choice at the Great Lakes Health Congress which since 1970 has replaced TriState.

Volunteers are now working in Mental Health Centers as para-professionals. They are working with senior citizens in community projects and brightening up nursing homes and other health care facilities. They are expanding their horizons with “love”.

Since 1948 many contributions by many women have been made and will continue to be made to make the MAHA one of the outstanding auxiliary associations in the country. It has pioneered in raising the status of auxiliaries and in stressing the importance of their services to patients, health oriented institutions, and the communities in which they serve. The MAHA is continuously looking for new and better ways to serve its member auxiliaries and the MHA. There is every assurance that it will continue to grow and will retain its importance as a State Auxiliary Association.

The year 1973-74 saw MAHA arrive at the silver age of 25. Growing from the group of 80 women who met in 1948 to over 45,000 makes us one of the largest, most active and influential organizations in the state. The Fall Conference at Boyne Mountain had a staff member from AHA as the keynoter. Our 25th year was conducive to being re-educated as to the goals and purpose of the AHA and how each state group fits into the AHA family. Two mini-conferences were held in the spring at Oakland University and Hope College. These two conferences dealt with recognition, recruitment, training and accountability of leadership... the life blood of any auxiliary.

This was the year for Michigan to chair the Auxiliary Volunteer segment of the Great Lakes Health Congress (Tri-State). Our workshop on legislation triggered an interest and enthusiasm in our auxiliary members that will, in the future, assure MHA and our legislators that we do have legislative influence and will use
Our silver celebration at the annual meeting on Mackinac Island honored all the MAHA past presidents with thirteen of them in attendance. The first MAHA president acted as their spokesperson and his humorous stories about the beginning of MAHA gave way to the sincere hopes and prayers that our organization will grow and prosper in the next 25 years.

In 1975 MAHA recognized the need for legislative action supportive of the goals of Michigan hospitals. To this end, an affirmative action plan was adopted committing auxiliary members to become involved in legislation affecting the cost and quality of health care in Michigan. The first “Day at the Capitol” was held with state board members meeting with their legislators for luncheon, attending committee hearings, a session in the House and a briefing on malpractice in the Governor’s office.

For the first time the president of MAHA was invited to attend the AHA Annual Meeting with the delegation representing MHA in Washington. It was evident that legislators are impressed with the potential clout and the organization of MAHA.

During 1975-76 Michigan auxiliary members gave nearly 2,500,000 hours and $2,155,541.50 to their respective hospitals.

The president’s role was expanded through her participation in the Small Hospital Conference and Medical Staff/Trustee/Administrators Forum meetings where she addressed the registrants concerning the “Role of the Auxiliary Member Today”, giving them a clearer picture of auxiliary activities and accomplishments.

Evidence of the involvement and influence auxiliaries can have legislatively was demonstrated by letters, telegrams and phone calls to their legislators by auxiliary members which resulted in hospitals and hospital auxiliaries being exempt from Charitable Solicitations Act of the state legislature. The second annual “Day at the Capitol” was held in March.

The educational meetings of MAHA have become more sophisticated often engaging professionals to conduct the workshops, thereby giving auxiliary members a broader scope of their responsibilities and capabilities.

Recognizing the role that Health Education can play in our efforts to help stem rising costs of health care, workshops at the educational conferences during 1976-77 focused on programs to be implemented by auxiliaries and on personal aids to better health. In conjunction with the American Cancer Society of Michigan, letters were sent to each hospital auxiliary detailing a breast self-examination program developed by the Memorial Hospital of Owosso and encouraging cooperation with each unit to develop like programs in their localities. There was a continuing and growing awareness of legislation among auxiliary members as hundreds attended “CLOUT,” an In-depth Look at the
Legislative Process, a program developed primarily for auxiliary members by MHA. Because hospitals were under attack nationally as well as state-wide and, in fact, were in danger of losing control of their planning and administration to lawmakers, the MAHA board voted to form a political action committee (HAPAC) and received total support of this action from members at the annual meeting. The purpose of the HAPAC is to manage a separate, segregated fund, derived from contributions from auxiliary members and volunteers in Michigan and used to support candidates to assure the highest quality health care for everyone.

In 1977-78 Michigan auxiliary members surpassed previous accomplishments when they worked a total of 2,700,000 and raised $2,900,000.

The year saw a national interest in our legislative activity. Speaking at the American Hospital Association convention in Atlanta, the president detailed our past, present, and future legislative approaches. CLOUT was presented in Chicago at the workshop for state auxiliary leaders. The fourth "Day at the Capitol" included an increasing number of auxiliary members attending and participating in the legislative process.

As a component of our health education program, the MAHA Board endorsed a program of support for child seat belt restraints. Letters were sent to administrators and auxiliary presidents explaining the program and the materials available from the Office of Highway Safety Planning. Workshops on implementing the restraint program, child immunization, and stress were part of our health education offerings at the educational conference in June.

Financial management, public relations, assertiveness and auxiliary self-evaluation were other facets studied in our quest for auxiliary professionalism.

MHA Board evaluation of its tools, structure and operating policies initiated changes during the 1978-79 year. The newsletter, HIGHLIGHTS, was given a whole new look, from its redesigned masthead through its two-color, three-column format. For continuity, printing was done in the MHA print shop. The HAP HANDBOOK was revised throughout and published with a new look, too. The revisions’ good reception prompted a study of its supplementary mini-manuals which were similarly revised the next year. Two committees were combined to make one by pooling Public Relations and Historian duties and again by merging Bylaws and Policy. By rescheduling fall activities, HIGHLIGHTS reached auxiliary presidents and district boards prior to their first meetings, allowing better promotion of the MAHA Fall Conference held later on.

An Attorney General’s ruling that an association may have only one political action committee caused MHA to withdraw its financial support from Hospital Auxiliary Association Political Action Committee and the MAHA board voted to disband the committee.

Educational programs helped auxiliary members to involve themselves in the AHA directed Voluntary Effort to contain the rate of increase in health care costs.
and to so inform their legislators with representation at the MAHA “Day at the Capitol” and with letters regarding hospital bed reduction plans.

Health education programs studied the need for more humanistic care of hospital patients, hospice, the psychology of anger, and listening skills. Workshops gave auxiliary members new insights into leadership training, career development, and management basics. During the 1979-80 year the MAHA Mini-manuals were revised and reprinted.

Educational programs in the Fall and Spring focused on political activism on behalf of hospitals, health promotion in the community and building a strong auxiliary organization and volunteer program.

In 1980-81 the economy in Michigan had become a factor in bringing about changes in auxiliary membership. With members seeking full or part-time employment, auxiliaries became more flexible in hours and programs to accommodate the working, youth and non-affiliated volunteers who were becoming increasingly involved in hospital and health related volunteer services.

MAHA sponsored programs throughout the year emphasizing health promotion and education, creative programs for interacting with elderly, continued legislative activity with plans formulated to strengthen the legislative network at the district level, basic instruction in auxiliary organization and administration and an intensive session of leadership training for auxiliary members.

In the spring of 1981 a committee was appointed for long range planning. It was the task of the committee to set goals and objectives that would ensure the MAHA and its member auxiliaries would continue to provide vital support and resources to Michigan hospitals.

The Long Range Committee of MAHA defined seven goals that corresponded with the purposes of the organization. Another aspect to come from the suggestions of the Long Range Planning Committee was realignment of the Board of Directors.

In that hospitals are a primary source of delivery for health care services, the MAHA recommended that tobacco products not be sold on hospital premises. MAHA believes that the sale of a proven health hazard by hospitals runs contrary to health care principles.

A Medicare Workshop for senior citizens in western Michigan was a pilot program co-sponsored by the Michigan State Medical Society Auxiliary and the MAHA.

Through the efforts of the MAHA Legislative Chairperson, the districts had several meetings informing the membership of the legislative objectives for the year. Many individual hospitals hosted days with their legislators as a result of this effort.
Implementing the mandates of the long-range plan adopted in June 1982 became a focus of the 1982-83 year. The most ambitious project was the development of a resource library containing information on programs, projects, bylaws, leadership, board development, speakers, films, and numerous other topics of interest to auxiliary members. A catalog was developed and released in June 1983, and monies were set aside for further development as needs became evident. The MAHA board procedures were re-organized, working committees were formed to meet prior to regular board meetings to handle program and activity details, freeing the board to concentrate on areas of increasing concern for auxiliary members in the 80’s: a Vice President of Public Relations position was created; the term of Past President was limited to one year. HIGHLIGHTS developed a futuristic approach. In addition to a new masthead the paper’s format was altered to include information pertinent to the growth of auxiliary members as adapted to changing hospital needs and the “Around the State” column was enlarged to provide an effective tool for the exchange on information resulting in the adoption of successful programs and fund raising ideas.

1983-84 marked thirty-five years since MAHA was organized to provide programs and information for auxiliary members throughout Michigan. This past year over 44,000 auxiliary members consistently contributed hours and raised monies for those health care institutions they represented. An increasing number of auxiliary members holding positions on hospital boards as well as growing involvement in health activities was reported.

The Fall Conference in Flint, Day at the Capitol and the Annual Meeting and Institute attracted over 1,000 auxiliary members throughout the year indicating interest in and need for opportunities to enhance programs the auxiliary members are involved in.

MAHA offered expanded mailings to the executive board throughout the state with the hope this information would reach more of its members.

There was an increase in the interaction of the board and the Directors of Volunteer Services Board. MAHA now sends a representative to the DVS workshops and board meetings, giving both groups the opportunity to share programs and information.

The theme of “Professional Volunteer” was chosen for the 35th Annual Institute indicating today’s role of the volunteer and the importance of preparing personnel and programs for the future.

1984-85 saw continuing pressure being exerted on auxiliary members in many areas. Accelerated involvement in political activity by hospital administrations resulted in increasing requests to auxiliary members to support the health care cause through their letters and calls to legislators. In an effort to better inform our members, legislative meetings were held state wide... Day at the Capitol format was broadened to include presentation of a panel of recognized leaders in
various areas impacting on hospitals and their delivery of quality health care.

Creative methods in hospitals' approach to meeting the new demands on their operation became evident. These changes included such moves as special care of the aged, terminally ill, drug dependence, etc. More and more “for profit” medical centers appeared. The growing acceptance by hospital administration of the services of volunteers who are not required to become established auxiliary members has had its impact on auxiliary membership.

All these have challenged the traditional structure of the auxiliary. Through emphasis on education, communication, new services and leadership training courses offered at the Fall conference and Annual Meeting, MAHA continued its role of support to local auxiliary members. Trips around the state revealed that today’s auxiliary member is “ready, willing and able” to confront this new era.

In 1985-86 a film committee was established to assess the possibility of developing a slide presentation on MAHA’s relationship to local hospital auxiliaries. Objectives were reviewed and the main thrust decided upon. This project will be ready for viewing in the fall of 1987.

Our resource booklet was revised and given a new look. New materials are being added as they become available.

The Fall Conference was held at the Troy Hilton and new feature added... “Meet Your District Presidents”. This is an informal affair held in the evening and gave auxiliary members an opportunity to discuss local problems with others from around the state. Due to its popularity, it will be repeated at future Fall Conferences.

Our 12th “Day at the Capitol” was a great success as our legislative network around the state continues to grow. A highlight of the day was a presentation of House Concurrent Resolution #709 honoring MAHA for its accomplishments which was presented by an aide from the office of Representative Dominic Jacobetti.

$5,036,913.09 in monies were donated to our hospitals this past year and a total of 3,726,976 hours of service recorded. Many hospitals are now seeing the addition of men and retired couples to their volunteer ranks as our roles continue to change and expand. Many new opportunities have been opened to auxiliary members in our changing society.

During 1986-87, due to the changes taking place in the health care field such as consolidation of some hospitals and closing of others, we have experienced a decrease of 3,000 auxiliary members. We now have 42,209 auxiliary members donating $5,286,538.22 and giving 3,505,821 hours of service to their hospitals.

The Fall Conference was held at the Grand Traverse Resort in Acme. Again this year we included the “Rap With Your District Presidents” on the agenda. Auxiliary
members are eager to hear how other areas handle their problems. At the 13th

“Day at the Capitol”, a joint Senate-House Resolution was presented to MAHA for its support of hospitals in the state. In April, in response to many requests, the first Gift Shop Workshop was held in Lansing. Next year we hope to expand it to two days, with vendors. The theme of the 38th Annual Meeting and Education Institute was “A Learning Experience”. This year for the first time we offered an opportunity for auxiliary members to visit several old houses on the West Bluff of the Island.

Over 1,500 women and men attended the four conferences planned by MAHA this year showing a strong interest in expanding and enhancing programs and opportunities for auxiliary members in hospitals.

In 1987-88 the Fall Conference was held at the Clarion Hotel in Lansing with the general theme “Building the Team”. Workshops included, “Where Are We Going?,” “We All Want To Be There”, “I Pledge Allegiance... Loyalty Is Not A One Night Stand,” “Women’s Health Initiative,” “The Changing Role of Women in Health Care,” “Affecting Effective Leadership,” and “Run With Your Dreams... And Run... And Run.” In conjunction with the banquet the video “MAHA, The Vital Link” was premiered.

The Day at the Capitol again proved to be a success with 472 auxiliary members in attendance.

The Second Annual Gift Shop Seminar with vendors was a two-day event held at the Clarion Hotel in Lansing. A total registration of 304 gift shop people enjoyed the vendors and learned from the workshops.

The Annual Meeting at the Grand Hotel on Mackinac Island had as its theme: “MAHA: New Technology for Old Ailments”. Some 375 auxiliary members attended the three-day conference. Workshops entitled “Taxes and the Auxiliary.. or, May I Use Fundraising Monies to Attend This Meeting”, “Substance Abuse... An Honest Approach That Gives You Hope for the Future”, “Quality Assurance and Risk Management”, and “Building Blocks for a Successful Volunteer/Auxiliary Program: Recruitment, Recognition, Retention and Orientation and Training”.

A total of 3,538,457 volunteer hours was given by 37,836 volunteers. This was a decrease of over 4,000 hours from 1986. $5,466,150 was given to hospitals by 147 auxiliaries during 1987.

During 1988-1989 MAHA celebrated “40 Years of Service” to hospitals in Michigan. Our programs for the year were built around our anniversary celebration.

Our Fall Conference with the theme, “How To Get It Together” was held at the Marriott Hotel in Grand Rapids. The meetings were opened with the keynote speech given by Mn. Ed McRee, CEO of Ingham Medical Center in Lansing.
Workshops highlighted topics on newsletters, fund raising and developing and following leadership. Dr. Henry Holstege discussed the joys and problems of aging. The AUXILIARY IDEA FILE notebook was introduced at this conference.

Because of the overwhelming need to coordinate legislative programs on an auxiliary/hospital basis, the first joint MHA-MAHA Day At The Capitol was held on March 15, 1989. Over 600 Auxiliary members, CEO’s and hospital staff heard Mr. David Jacobson, former hostage in Beruit, Lebanon, outline the need for “grass roots” efforts.

MAHA hosted a one-day Gift Shop Seminar in Lansing on April 26, 1989. Joan Siegal, Atlanta Merchandise Mart and Thelma Heine, Fort Wayne Lutheran Hospital were our presenters.

During the year the HAP HANDBOOK was completely revised to reflect the current thinking of hospital auxiliary members and their leadership. It was printed in loose-leaf form to more readily accommodate future changes.

Our “40 Years of Service” was again the theme for our annual meeting at the Grand Hotel, Mackinac Island. Programs on Percutaneous Transluminal Coronary Angioplasty, Too Many Potatoes (stress), Trends in Medical Care and Motivation of Self and Others, were well received by conference attendees.

As more people return to the work force the number of hospital auxiliary members is diminishing. Our membership report notes that our state had over 3.7 million hospital volunteers this past year and these auxiliary members raised over 5.9 million dollars for their respective hospitals... a decrease in number of auxiliary members but an increase in dollars donated. Hospital auxiliary members are a vital entity in today’s health care market. MAHA volunteers have been proudly serving their institutions these past 40 years and look forward to the future with pride.

1989-1990 concerns of auxiliaries included long-range planning... a vital tool for both auxiliaries and hospitals, continuing education as a focus for auxiliary members with support from the hospital, sensitization to the elderly who will be the major recipients of health care as the population ages, alternative delivery systems initiated by hospitals which will significantly impact auxiliaries and the way they “do business”, recruiting and retention, accommodating the shift in health care from the inpatient to the outpatient setting, advocacy and legislative action as hospitals continue to be targeted for reimbursement cuts on both state and federal levels.

“Your Hospital, Your Leadership and You” was the theme of the Fall Conference held at Weber’s Inn in Ann Arbor. A well-received portion for the three day conference included round table discussions of ten topics chosen by the general membership. Workshop topics included “The Changing Concerns Confronting Large and Small Hospitals in Today’s Health Care Environment,” “Politics, Leadership, Empowerment,” “Self Esteem”: For the Health of It”. A film, “Medical
Liability”, was shown with discussion with a physician. Three hundred and five auxiliary members representing 82 hospitals attended the meeting.

The first Day at the Capitol with the combined efforts of MHA and MAHA proved the most exciting and successful. Some 1,100 hospital representatives marched from the Lansing Center to the Capitol steps, bringing the message “We Care” about health care issues facing citizens in Michigan.

The fourth Gift Shop Seminar was held at the Grand Traverse Resort in Acme in the spring and was in conjunction with the Northern Michigan Gift Show. In addition to scheduled workshops, time was allotted for buyers to purchase from over 100 vendors. Open discussion for small and large hospitals proved most informative with pre-written questions from members in attendance. This was the first time a meal and registration package was offered for this seminar.

From discussion through the long range planning committee, a bylaw change was proposed and approved by the general membership that “No person shall serve for more than six (6) consecutive years, excluding the terms of President elect, President and Counselor”.

A task force comprised of four past MAHA Presidents, Committee Chairmen of Long Range Planning and Bylaws, and the MHA Liaison was mandated to examine the present structure and future role of the MAHA Board. These appointments were made at the annual Meeting to continue into the 1990-91 year.

The Annual Meeting held at the Grand Hotel on Mackinac Island had the theme “A Visionary Profile for the Nineties”. Workshops included “Medical Liability... What is the Future?”, “MHA Vision 200”, “There’s More Than One Way to Skin a Cat!”. Some 309 auxiliary members attended the three-day conference from 79 hospitals.

Statistics for 1989-90: 135 auxiliary members, 35,015 volunteers, 3,320,076 volunteer hours, $6,723,113 monies donated to hospitals, $459,343 other monies donated.

1990-91 will be remembered as a year of changes. We began the task of restructuring the State Board. Several bylaws were amended allowing for further changes and policy-making to be done the following year.

This year marked the presence of the first male member on the State Board. Martin Buckner of Mercy Hospital in Grayling was Legislative Chairman.

The statewide “Search for Excellence” program was introduced this year. Certificates were awarded to the auxiliaries with the best projects in three categories: in-house services, community services and fund-raising. Also this year we revised the resource booklet and added to the idea file.
The Fall Conference was held at Shanty Creek in Bellaire. The theme of the conference was “Here’s to Your Health in the 90’s”. The highlights of the conference were a health walk through the countryside and western theme party.

Day at the Capitol was highly successful with over 1,100 people in attendance. The political game of jeopardy was extremely popular. Everyone had the opportunity of having a picture taken with his legislator as a souvenir of the day. This event was the combined effort of MAHA and MHA.

The Annual Meeting was taken off Mackinac Island and held at the Amway Grand Plaza in Grand Rapids. This was in response to concerns by the membership that the cost of the Grand Hotel on the Island was getting too expensive. “At Your Request” was the theme of the Educational Institute held in conjunction with the Annual Meeting. Many presenters from the past with “how to” topics were the focal point of the workshops.

During 1991, 142 auxiliaries with 36,932 auxiliary members volunteered 3,430,017 hours to their respective hospitals. A total of $6,928,871.94 was given to local hospitals and another $363,339.07 was donated to other causes by these auxiliaries.

In healthcare, the market is changing so rapidly that many services that successfully met consumer needs a few years ago are obsolete today.

Getting people ready for change and maximizing effectiveness in the organization is critical to continued leadership and the outcome of MAHA. Louise Berry once used the metaphor of paddling a canoe. During 1991-1992 we needed to learn to navigate our canoe and learn new skills. We also needed to set a direction and determine our destination.

“Insights” was the theme for Fall Conference at Sheraton Lansing. Auxiliary members were informed about mergers and changes in the delivery system. Leisure time included “Back to the Beach” and a magic show. Fun was involved in our activities.

“Changing Paradigms” was the theme of the Annual Meeting at the Grand Hotel. The experience was powerful in demonstrating a change in tradition, with the old ways of thinking, the old paradigms.

During the year new bylaws were approved to further the process of restructuring. An ad hoc committee met throughout the year to review and change policy to coincide with the bylaws.

MAHA supported MHA's grassroots movement “Operation Eye to Eye” and the third phase of the “Vision 2000” project. Emphasis was placed on educating our hospital community about Medical Liability Reform as a step toward Health Care Reform. Information from MHA Corporate Board was integrated with the MAHA Board. Day at the Capitol was a collaborative event.
We were pleased and excited to have the continuous educational component available from MHA to auxiliary members at the state, district and local level.

The fifth annual Gift Shop Seminar was held at the Grand Traverse Resort. Leisure time included buying from vendors.

Meeting with State Auxiliary Leaders (SALS) in Anaheim, CA, Chicago and Washington, D.C. was a time to synergize and learn about other auxiliary efforts.

It was a year for challenges. There was passion in change globally, hospital wide and locally. We practiced visioning, creativity and critical thinking. Our goal was to get through change and create new energy, regardless of the constant white water. Increased tension and conflict was part of our agenda as we disagreed and node the rapids in our canoe.

Looking back, we were heading for systems in mastering our waters. We were heading for shared resources, cooperative behaviors, diverse and different services, customer relations, values, excellence, more creativity, empowerment and commitment from over 40,000 auxiliary members in the state of Michigan.

The new MAHA Structure would begin in 1992-1993. A common response to impending change is anxiety, and our previous year had seen proof of the tensions. The new design of the MAHA was positive progress, and what was needed was an atmosphere where both new and tenured Board Members could embrace that attitude.

We began with a 2-day retreat prior to the July board meeting. We build trust and friendships first, then dealt with our specific MAHA responsibilities and relationships. The retreat (a first for the MAHA) was an investment of time that paid the highest possible dividends: an optimistic, energetic, cohesive team. We were off!

Two new councils were formed as designed by the restructuring: the Council of District Presidents, and the Council of Past MAHA Presidents.

The full board would now meet just four times during the year, and the newly structured Executive Committee would function during the interim between full Board meetings. Educational programs were presented during Board Meetings to broaden the base of information and skills necessary for the tasks at hand.

As this was a Presidential election year and the hot issue in the state of Michigan was Medical Liability Reform, the Fall district meetings were heavy with legislative content. MHA and MAHA leadership was a larger share of the District agenda than in previous years, providing direction in these issues critical to auxiliary members mission and programs. Thanks in large part to the tireless efforts of auxiliary members and volunteers, key legislators who supported medical liability reforms were elected. Medical Liability reforms were signed into
Michigan Law in July 8, 1993, with the MAHA and MHA president in attendance.

The 1992 Fall Conference was appropriately titled “New Beginnings”. Educational sessions on goal setting, public speaking, communication and conflict resolution, political and legislative issues, and wellness received positive reviews from the 224 in attendance at Battle Creek’s Stouffer Hotel. The highlights of the conference, however, were the addition of fund raising vendors, a mixer activity to encourage those present to meet more auxiliary members, and the Halloween costume banquet. Local auxiliary members and MAHA Board members were also featured in a radio interview during the opening day of the Conference.

As the MHA strategies for health care reform came into clearer focus, the role of auxiliary members was stressed. The MHA Corporate Board has heightened its appreciation of the value of auxiliary members as public relations agents for the local and statewide health care initiatives. New and expanded roles are planned for auxiliary members as the MHA vision of health care reform for Michigan unfolds.

Another role for auxiliary members emphasized this year was that of advocacy. The MAHA Legislative Director and other MAHA officers now focus on broader topics than just legislative issues and speak to advocacy topics as diverse as reform priorities, auxiliary membership and leadership development, programs for the aging, cultural diversity, etc.

In January a Board “mini-retreat” was held to refocus the team for the remaining 6 months. It successfully recaptured the bonds formed following the July retreat, and strengthened our commitment to one another and to an energetic completion of our duties.

Internally the MAHA Executive Committee conducted an in-depth analysis of MAHA finances and budget priorities, as previous spending priorities were not meeting current situations. Funds were appropriated in new directions to facilitate growth and progress.

The Search for Excellence awards added a fourth category: outpatient service. Presentation of these awards during the Annual Meeting enlightened all members to the variety and innovative scope of auxiliary projects.

A year-long push for auxiliaries to invest time and money for their own leadership development and education showed results. Attendance at Spring District Meetings was up and more than 120 “first timers” attended the Annual Meeting.

Program offerings at the Annual Meeting focused on “Changes and Challenges.” Changing environments in health care, in auxiliary programs and practices and in our personal lives were explored, with strategies and inspiration provided. The installation of officers included a more personalized and symbolic ceremony, revised to focus on celebration of team rather than individual goals and attitudes.
Membership data at year-end showed membership levels and fund raised at a slight gain (3%) over last year. The largest growth area is in service hours, with a 30% increase. This jump reflects a heightened focus on service, community relations and advocacy initiatives.

There were many first-time events and programs. Every Board function, old and new, was constantly under scrutiny. Each Board Member was empowered to assess and evaluate continuously and provide reports at Board Meetings that spoke more about their evaluation of their role, rather than the tasks assigned to their office. Countless “bright ideas” were offered and assure a continued commitment to excellence and innovation.

The 1993-1994 MAHA year was characterized by (1) a “settling in” with the new MAHA structure, with “reality checks” for some of the innovations begun since 1992; and (2) a preparation for - and anticipation of - new challenges created by national and state efforts to effect health care reform.

Four full board meetings, supplemented by four executive committee telephone conference calls, accomplished the work of the organization, but not without some degree of struggle. Essentially, while meetings of the full board have been reduced from eight to four in number under the new structure format, the functions and responsibilities of the board have remained the same. In addition, committee meetings that formerly were spread over eight meeting opportunities were similarly reduced, while at the same time the number of standing committees of the board has expanded. This will continue to challenge the board as it seeks to operate with maximum efficiency and simultaneously maintain “hands on” involvement in all MAHA activities. This year the board began to investigate the possibility that MHA staff might assist with some of the time consuming conference duties involved in our educational function.

Health care reform was top priority with the MHA. MAHA auxiliary members were kept informed of proposals on the federal and state levels and were asked to be ready to assist their hospitals in fashioning community based plans. Auxiliary members were included in MHA sponsored regional meetings to train community health care leaders to conduct grass roots forums. As of the close of the 1993-1994 year the MHA and MAHA together stood poised to begin grass roots advocacy on behalf of the “Michigan Option” - a plan formulated by MHA to provide health care uniquely suited to the needs of Michigan’s citizens.

This year the new position of MAHA Vendor Coordinator was elevated to board status in recognition of the important role that fund-raising vendor fees are playing in providing monies for conference speakers.

The Council of Past MAHA Presidents met during the Fall Conference in Troy, and the Council of District Presidents has emerged as a vital committee under the restructuring plan.
Our board year began with the second - and now, annual - retreat. This time together again proved to be invaluable in establishing trust and friendship among the board members, thereby helping the board to function smoothly in spite of personal crises (serious illness, family deaths) suffered by several members.

Fall and Spring district meetings again afforded an opportunity for the MAHA President and President Elect to discuss statewide issues and to respond to district concerns.

Educational conferences this year drew “rave reviews” from the membership. Fall Conference in Troy (SED), with the theme “Focus the Team” utilized area speakers for popular “how to” workshops and involved many SED auxiliary members as hostesses. Day at the Capitol brought nearly 1,000 auxiliary members and hospital leaders to Lansing to participate in “Solving the Health Care Reform Puzzle”; careful planning by a committee of MAHA Board members and MHA staff resulted in a very satisfying legislative day.

At the April Gift Shop Seminar (Grand Traverse Resort, Acme), speakers were drawn from our own membership and from the Michigan Hospital Gift Shop Managers Association. Auxiliary members in attendance had the opportunity to shop at the Creative and Gift Souvenir Show. June’s Annual Meeting and Educational Institute at Mackinac Island joined auxiliary members together in a special way as we explored values and “constants” in our lives with the theme, “Setting Your Sights and Charting the Course”. Attendees included officers from the Pennsylvania Association of Hospital Auxiliaries.

This year we initiated the policy of sending the MAHA President Elect and Vice President to another state association’s annual meeting (this year, California) when funds permit. This meeting and meetings of State Auxiliary Leaders in Orlando, FL, Washington, D.C., and Chicago, IL provided the MAHA leadership with valuable opportunities to interact with and learn from other state organizations.

Year-end membership data revealed that 30,000 auxiliary members from 138 Michigan hospital auxiliary members donated nearly three million hours of service and $3.5 million to their hospitals. An additional 500,000 hours of service were donated to hospitals non-auxiliary volunteers.

Recruitment and retention of members and assuring an ongoing supply of leaders for our local and district organizations continue to be consuming concerns of the membership. In 1993-1994 the MAHA addressed these issues as we studied the “baby boomers” generation volunteers and began to recognize and accept the impact auxiliary members changing lifestyles is having on the auxiliary. Existing new directions for auxiliaries are developing as hospitals reach beyond their walls to serve their communities. MAHA in 1993-1994 acted to meet the challenge.

After celebrating 75 years of leadership and service to the hospitals of Michigan,
the MHA in July of 1994 changed its name, amended its mission, broadened its membership and enlarges its governing bodies. The new name was Michigan Health and Hospital Association. Since the changes had no effect on the operation of the auxiliaries, no change was necessary for our organization.

September 1994 will be remembered by membership for “Bridging the Gap” the title for the 46th Annual Fall Conference. For the very first time our auxiliary members, 279 in number traveled by plane, automobile, chartered bus, etc. to Marquette, MI, to the education conference hosted by eleven auxiliaries comprising the Upper Peninsula District of MAHA. Workshops, round table discussions, visits to hospital hospitality houses and the “Michigan Option” were some of the activities to occupy the three days spent with the Yoopers.

Highlights of 1994-1995 were many. With membership and volunteer numbers on the decline along with hospital mergers, we were extremely proud to report the donation of over $7 million to our hospitals and health care systems.

The legislative program played an active roll with nearly 1000 hours reported by volunteers of election related service. The Day at the Capitol had 950 participants representing more than forty hospital and health institutions.

At the Annual Meeting and Educational Institute in June, 1995, the focus was “A Vision for Volunteers”. At this meeting four auxiliaries were recognized for outstanding programs at the “Search for Excellence” awards presentation.

The 1995-1996 year was kicked off with the Board Retreat in DeWitt in July. Under the leadership of our very own treasurer, Tom McWhirter, the board members met and shared in some team building exercises, which formed a good bond between the board members to begin the new year.

The 47th Annual Fall Conference was held in Grand Rapids in October 1995. The conference theme was “The Winning Team” which was most appropriate as the MAHA joined forces with the Michigan Council of Directors of Volunteer Services for our first joint conference. Dr. Zmiroslav Kis began the conference with an inspirational message. One highlight of the conference was the “Tailgate Party” theme banquet. Author and Humorist Speaker Liz Curtis Higgs drew the Conference to a close with a presentation that had everyone rolling in the aisles!

Day at the Capitol held in March, 1996, and Gift Shop Seminar held in April, 1996 were both well attended. Binnie Bailey returned as the featured speaker at the Gift Shop Seminar, and conference attendees were able to shop at the Creative Gift Show during the conference.

Finally, the Annual Meeting and Education Institute held in June 1996, at the Grand Hotel on Mackinac Island was titled “Capture the Spirit” - and more than 320 auxiliary members in attendance at the conference did just that. The MAHA Membership showed that the spirit of volunteerism is still very much alive today!
The Annual Report showed that we had 137 Auxiliaries with 29,363 auxiliary volunteers who volunteered 2,512,183 hours and donated $6,983,499.87 to their hospitals. At a time when volunteerism is said to be dwindling, this is truly something to be proud of!

1996-1997 began with the 5th MAHA Board retreat at the Retreat Center in DeWitt. The board developed listening skills in addition to developing friendships and working as a team.

Midland was the site of the 48th Fall Conference titled “Just For The Health Of It”. We focused on being better to ourselves and others. Jeanne E. Sexson closed the conference with the message that we must invest in ourselves.

Major issues facing MHA and also MAHA were the conversion of nonprofit hospitals to for-profit hospitals and Community Benefits. Auxiliary members were asked to participate in a letter writing campaign to our legislators voicing our concerns about the for-profit hospitals coming into Michigan and asking that they pass legislation governing the process by which a conversion could take place. Community Benefits involved the development of an in depth hospital survey that will be presented to the public and opinion leaders to show that nonprofit hospitals are not just places to go and “get well” but they play a key role in keeping the community well through numerous and often overlooked programs.

Recruitment and retention remained a concern for many auxiliaries. Several mergers took place which dropped the number of auxiliaries in the state to 133. Even with the decline in numbers, 28,569 auxiliary members volunteered 3,050,181 hours and donated $8,050,363.00 to their respective hospitals during 1996.

A tour of the Governor’s mansion was a major highlight of the Annual Meeting and Educational Institute held at the Grand Hotel on Mackinac Island in June. “Make It Happen - Volunteer!” was our theme and the MAHA membership does just that in a big way.

In 1997-98 the MAHA Board year began with a Retreat. Twenty-two board members agreed on a Vision to educate constituents on what the MAHA is and does. We increased the circulation of HIGHLIGHTS, updated our information brochure and provided these at district meetings.

Our 49th Fall Conference was held at the Shanty Creek Resort. We traveled “Into the Future” with outstanding speakers, Rochelle Udell, Editor of “Self” Magazine spoke about “Living With Change” and Morley Fraizer spoke about “Excited About The Future” along with many more. The weather, autumn leaves, and facility were perfect. The Gift Shop Seminar which followed was outstanding with Wally Bronner from Christmasland, Cindy Jones a premier Gift Shop speaker and others. We worked together with MHA on a successful “Day at the Capitol”. Our Annual Meeting took us back again to the Grand Hotel on Mackinac Island. This meeting, our 49th Annual Meeting, had a theme “Changes & Challenges in
Healthcare” which was very appropriate for the time. We had 80 first time attendees. Frank Kelley, Attorney General, opened the session. “Healthcare Fraud” was presented by Frank Roccia from the FBI and Susan Doerr spoke about mergers to name a few of the subjects.

As we move forward, our 50th Fall conference will showcase auxiliary Community Benefits and hospital Benefits/Health Screening. A joint conference with the MCDVS group at the Somerset Inn in Troy is planned for 1999. The MAHA and MHA will work with hospitals around the State on Harvest Gathering, which is a project of Governor and Mrs. Engler. Collecting food for local communities as we begin to “Build Healthy Communities”. The goals and accomplishments achieved by the 28,569 volunteers in Michigan are awesome. One hundred twenty seven hospitals have given approximately three million hours of service and more than seven million dollars to their hospitals. Volunteers committed to making community hospitals better. IT’S WHAT THEY DO BEST.

1998-99 was once in a lifetime event, the FIFTIETH ANNIVERSARY OF MAHA. The year started with the Board Retreat held in DeWitt in July with an excellent facilitator, Peggy Mercorella, a past MAHA Board member.

“Honoring our Past - Celebrating our Future” was the theme for our 50th Fall Conference held at the Radisson Plaza Hotel in Kalamazoo in October 1998. It was a wonderful celebration attended by more than 350 auxiliary members. Michelle Engler, Michigan’s First Lady, addressing the group at the opening session. Mrs. Engler thanked MAHA members for their support of the Michigan Harvest Gathering. This was a project hospital volunteers were participating in, collecting food and funds for local communities. We had fourteen Past Presidents of MAHA attending dating back to 1959.

A very successful Day at the Capitol was held in April, with over 700 in attendance, giving us the opportunity to hear about Michigan’s health care issues. One of the prime concerns is NO MORE CUTS IN MEDICARE. If our health system is not strong, our communities are not strong.

The 1998 Annual Report showed that we had 127 auxiliaries with 32,304 auxiliary members/volunteers who volunteered 3,037,295 hours and donated $9,385,056 to hospitals in Michigan.

Over 320 auxiliary members attended the 50th Annual Meeting held in June at the Grand Hotel on Mackinac Island. “Volunteers: Reaching Beyond Hospital Walls into the Community” was their theme.

The consensus of all state leaders is - Hospital Auxiliaries and volunteer organizations are facing a crisis. We need to outreach to recruit our young people for volunteering. Our health care facilities should be the heart of our communities, and as we now exist, we do not represent our communities. If we wish to remain a vital area for volunteering, we must change our image and the
public perception. I know we can and will accomplish this task.

The 1999-2000 fiscal year began with a retreat for board members held at St. Francis Retreat Center in DeWitt. Peggy Mercorella, a former MAHA Board Member, did a superb job as a facilitator. Peggy brought her understanding of the MAHA Board process, making her uniquely qualified to help us form a solid unit.

The Joint Conference, a second endeavor for MAHA and MCDVS, was held at the Somerset Inn in Troy. The theme was “Sharing Rainbows”. 266 volunteers and 49 directors of volunteer services represented 86 hospitals. The keynote speaker was Betty Mahmoody, lecturer and author of Not Without My Daughter. Four workshops were presented: “Enhancing Volunteers’ Image,” Sue McGough; “Complimentary Medicine”, Wanda Manos; “Medicare”, Pamela Steward; and “S.O.S.” (save our sanity), Nancy Seguin DVS and Julie VanderNoot DVS. The closing speaker was Flonine Mark, President and CEO of Weight Waters International. Banquet entertainment was Fiddlers Philharmonic, a spectacular presentation by students from Saline High School.

This conference was the work of a committee composed of members from both MAHA and MCDVS and the result of a two-year planning period. A post conference evaluation meeting was held by the committee in December. While all agreed the conference was a great improvement over our first attempt to work together, consensus was that education is not the common bond between the two organizations. It was suggested that double track workshops be considered for future planning and that the conference site be selected as best location rather than following the MAHA district rotation system. Every three years was deemed a practical time frame for a combined meeting, with a planning committee in place by Spring and the conference held in the Fall one year later. A final decision will be made by the respective boards in place at commitment time.

The MAHA Gift Shop Seminar was held in April in Traverse City at the Holiday Inn. Speakers included Dawn Landry of Purchasing Power Plus with “Increasing Your Bottom Line,” our own Past President, Virginia Washington, and Judi Baxter with “ABC’s Of Visual Merchandising” and “Creating Legendary Customer Service”. Round table discussions covering 14 topics allowed for great networking opportunities. A wine and cheese reception and an ice cream social were hosted by Connors Creative Gift Shows. The program was very well received by those who attended; however, the number of registrants was at an all-time low with 130 volunteers representing 46 hospitals. It seems necessary to reevaluate this educational offering in light of poor attendance.

The Day at the Capitol was a successful event again this year. Peter Hughes, Vice President Marketing, Planning & Community Service at Gunderson Lutheran Hospital in LaCrosse, Wisconsin, was the guest speaker. The Balanced Budget Amendment, funding for Medicare and Medicaid, and slow reimbursements for hospitals were major issues this year. Three hospitals closed
and others are curtailing services such as obstetrics and free community screenings. Alliances and mergers continue.

The theme for the Annual Meeting was, “The Other Side of 2000”. Speakers were Robert Tagatz with tales of Grand Hotel as keynoter, David Seaman pinch hitting for Brian Peters with “Michigan Health Care Strategic Forecast”, and Patti Magyar with “Heroes of the Hospital Rising to the Challenges of Hospitals in 2000!” Our closing speaker was Faith Roberts, RN, with “It’s In Every One of Us”. A skit on boardmanship featured our own members and David Seaman as parliamentarian, entitled “The Good, The Bad, and The Ugly,” filled the theater.

Bylaws changes reducing the MAHA Board by two positions were presented for the approval of the membership at this meeting. The duties of the MAHA Representative to MCDVS will be reassigned as needed at the discretion of the president to another board position. Financial support and committee assignments were withdrawn for the position of MCDVS Representative to MAHA. It was clearly stated that a representative from MCDVS would be welcome to attend MAHA Board meetings at their expense. Also passed was clarification of MAHA Board service limits of six years with noted exceptions. In addition, a request was made of the membership for permission to form a work group to study the possibility of a name change for the MAHA. This work group will be composed of representatives from all six districts and receive guidance from MHA. There is growing concern nationally that the term “auxilian” hampers our efforts to recruit.

An Ad Hoc Committee was formed following notification of MCDVS of the MAHA’s intent to submit changes to bylaws regarding the two representative positions to the membership for vote an the annual meeting. This committee will be composed of the 1999-2000 presidents, presidents-elect, and representatives and will study the issues of support and communication between the two groups. Suggestions will be presented to both Boards by December 1, 2000. The MAHA has taken steps to include the full MCDVS membership in mailings of meeting registration materials and our newsletter HIGHLIGHTS. These materials will keep MCDVS informed about the who, what, and when of MAHA and eliminate the need for representatives at most meetings. Cost savings to MAHA will be channeled into membership education.

The annual report for this year contained information for 124 auxiliaries. 3,085,865.61 hours given were reported. $10,211,191.08 earned for hospitals and $242,289.00 donated to scholarships, etc. This report indicated fewer volunteers worked more hours and raised more money for hospitals. While the numbers were at an all-time high, without an increased membership, a downward spiral would seem inevitable. The MAHA has made a commitment to involvement in the AHA’s Image Task Force to address the recruitment and retention issue.

In May, the President and President Elect were sponsored by MHA to attend the Volunteerism Super Conference held in Lansing. This event is held every two
years; this is the first time the MAHA has attended. More than 12,000 volunteers from a wide variety of volunteer organizations attended over sixty workshops covering ten educational tracts. This meeting offered much of value; however, we were most impressed by the diversity evident. All ages, ethnic backgrounds and the handicapped were present. The conclusion was clear that MAHA must change recruiting strategy to interest those we say we cannot reach.

Our commitment to making whatever changes we must is strong. The MAHA has a history as a progressive and vital organization. We are determined to succeed.

The year 2000-2001 began with the MAHA Retreat at DeWitt. Judy Green of Lansing was the keynote speaker. In place of additional outside speakers for the remainder of the retreat, the time was spent in networking among members and holding committee meetings. The extra time allowed for networking provided an excellent opportunity for bonding among board members and was strongly endorsed by the board members.

Since the Fall Conference was to be held at Sault Ste. Marie in the Upper Peninsula, the meeting date was moved to September to insure good driving conditions. The weather was beautiful and the conference was well attended with close to 300 registrants. The keynote speaker was Steve McCurley whose topic was: “The Sleeping Giant: Alternative Futures for Hospital Volunteers.” Nadra Havicon closed the meeting with her presentation, “Healing Begins Within”. Four concurrent workshops were held in the morning and again after a lunch break. All were well received and many continued with after-session networking.

The MAHA Annual Report showed that 123 Auxiliaries reported 25,000 volunteers who contributed nearly 3 million volunteer hours. Close to 10 million dollars were donated to the hospitals with an additional $500,000 earmarked for scholarships.

MAHA again cooperated with MAHA for the annual Harvest Gathering. During the last two years the MAHA and its members have contributed approximately $137,000 and more than 318,000 pounds of food to help the people of local communities. This is a project that the MAHA will undoubtedly continue in the years ahead.

The Day at the Capitol had a date change that contributed somewhat to a reduced attendance; however the day proved to be a success. This year, we met on March 27. The keynote speaker was unable to appear and was replaced by an excellent speaker who gave an excellent presentation.

The MAHA Annual Meeting was once again held at the Grand Hotel on Mackinac Island. This year the days of the meeting were changed to Tuesday through Thursday rather than Wednesday to Friday. The change was quite successful and did not seem to affect the attendance. Over 300 people were in attendance. Speakers at the conference were: Joel Milgram of CASA who spoke on the subject of diversity emphasizing that “One Size Doesn’t Necessarily Fit All”. Chip
Madera closed the three day conference speaking on “Burnout” as it affects volunteers as well as others. MHA Brian Peters and Battle Creek Health System Vice President, Mark Crawford, spoke on healthcare problems of the present day. A skit was also offered by the MAHA Board members directed to some of the common problems facing auxiliary officers. The MAHA officers for the year 2001-2002 year were installed by Don Fletcher, Chairman of the MHA Corporate Board.

The year **2001-2002** began July 10-12, 2001 with the MAHA Board Retreat at DeWitt followed by the first board meeting of the year. The retreat enabled us to become more effective with our communication styles. We reviewed all job descriptions. The retreat allows board members to become acquainted and to begin establishing a work relationship for the coming year.

The tragedy of Sept. 11, 2001, acts of terrorism to our country, made the word “volunteers” take a more profound meaning. Never in the history of our country have volunteers taken on more tasks in all fields, especially in our, hospitals.

The Fall Conference was held in Grand Rapids, Michigan, on October 23-25, 2001. The theme for the conference was Western with our opening speaker and entertainer, Ladonna Gatlin, having to alter her original speech due to the events of September 11, 2001, making it a very patriotic and thought provoking event. Dan Wakeman, CEO of War Memorial Hospital, Sault St. Marie, spoke on “Who’s Going to Pay”. We offered five (5) workshops: Gift Shop Panel, Running a Meeting, Recruiting, Fund Raising Panel, and Customer Service. Our closing speaker was Attorney General Jennifer Granholm. There were 291 attendees, 38 first timers, and 75 hospitals attending.

On October 25, 2001 the Executive Board meet with Marlene Hulteen and MHA Web Master Charlie Johnson to establish the MAHA Web Site.

MAHA again cooperated with MHA for the Annual Harvest Gathering that was a record-breaking success. The total collected was 235,641 pounds of food and $39,159 contributed. This year’s success was largely due to the work of thousands of auxiliary members in our member hospitals. "They worked tirelessly to plan and conduct food drives throughout the State," said MHA President Spencer Johnson.

The Day at the Capitol was well attended and the format was changed with the members going to meet their representatives at their offices instead of the representatives coming to us. It was well received.

The MAHA Annual report showed that 121 auxiliaries report 26,103 volunteers who contributed nearly 2,968,304 volunteer hours with $8,716,691 donated to the hospitals with an additional $348,126 earmarked for scholarships.

The theme for the Annual Meeting was “Somewhere in Time”. “Volunteers, This is our Time”. Keynote speaker was C. Duane Dauner, President of California
Healthcare Association. Healthcare Forum moderated by David Seaman, Vice President of MHA. Panel members were: Dan Wakeman, CEO War Memorial Hospital on the Healthcare Worker Shortage and the Prescription Drug Crisis by Dr. Teresa Kreiger Burke of Pfizer Pharmaceuticals. HIPPA How Does it Impact Volunteers, was presented by Kim Commins, Attorney. A Gift Shop Round Table, Island Cottage Tour, and Hotel Kitchen Tour were also offered. The closing speaker was Mary McBride, humorist and motivational speaker.

David Jahn, Chairman of the Corporate Board, installed the officers for the year 2002-2003. Seventy-nine hospitals were represented by three hundred twenty-three (323) attendees, with seventy-five (75) of the attendees who were first timers.

With updating the HAP book and getting our web site on board, our auxiliians also worked very hard to get enough signatures to be able to put the tobacco settlement on the ballet for the public to vote on in the November election and contributed money to Health PAC so that we could meet the challenge of attaining our goal.

A special tribute document was signed and dedicated to commemorate the Michigan Association of Hospital Auxiliaries and the Directors of Volunteer Services in their commitment to MHA support of the Michigan Harvest Gathering was signed by Bill Schuete, State Senator, and Governor John Engler. Also from the Office of the Governor documents declaring April 22, 2002, as Michigan Healthcare Week and June 9-15, 2002, as Michigan Associates of Hospital Auxiliaries Education Week. We received a special letter from the White House signed by President George Bush for all the many hours and contributions to our hospitals. First Lady Laura Bush and President Bush sent their best wishes for a successful meeting.

This year has been a year of many changes with hospitals closing, workforce shortages, and the Medicare crisis. It is the consensus of all State leaders that Healthcare is facing a crisis and we must all take an active part in helping our hospitals in any way we can, such as, talking to our legislators and state representatives. Our voices make a mighty roar.

The 2002-2003 year began with the MAHA Board Retreat in DeWitt, MI. Theme of the retreat, “Growing the MAHA Tree”. The retreat was followed by the first board meeting of the year. This time together enabled our 2002-2003 team to bond together for the work ahead. All job descriptions were reviewed. September found us on the road for the Fall Swing Around. During the swing around we gave salute to the “heroes” of MAHA the membership who give to make this organization the success that it is today.

Fall also found us working with MHA on the upcoming election campaign for Proposal 4. Many gave long, hard hours for this cause. Our voices were heard by the public. The awareness for Tobacco Monies to be used for Healthcare as was
the intended purpose was brought to the attention of the public and to the administration of the State of Michigan. Many auxiliary members worked long hard hours collecting the needed signatures on petitions to get the proposal added to the ballot for the November 2003 elections.

The Fall Conference was held in Frankenmuth, MI on October 22-24, 2003. The theme for the conference was “Oktoberfest”. With record attendance and many attendees commenting, “Best Conference Ever” keep up the good work! Speakers for the conference: Kay Caskey, Judi Baxter, Matt Chambers and Michael Wickett. Workshops included: Accentuate the Positive, Gift Shop 2002, Organize Your Life, and Bio Terrorism. There were 337 attendees at this conference.

MAHA again cooperated with MHA for the Annual Harvest Gathering. The success of this campaign was due largely to the work of thousands of auxiliary members in our member hospitals. They worked tirelessly to plan and conduct food drives throughout the State. It was President Beverley’s honor to publicly represent MAHA and MHA at the “kickoff” press conference in Lansing and at the Reception, making the presentation to Senator Schutte form MHA and also accepting recognition from Senator Schutte for both organizations.

A change came this year with the former “Day at the Capitol” which is now known as, “Healthcare Advocacy Day” with MAHA still accepting a leadership role in this day of events. The format was changed and a team effort was set up by MHA to include a team of organizations so that combined our efforts could make more of an impact on Legislation.

The Star Recognition Program was initiated this year with Auxiliaries receiving a star recognition for their accomplishments throughout the year. Auxiliaries participating will be recognized at the Annual Meeting and Educational Institute in June, 2003.

The MAHA Legislative Director and MAHA Board also initiated the, “Health Pac Campaign 2003,” asking that each auxiliary contribute $1.00 per member hoping to raise a substantial amount for the Health Pac campaign. Auxiliaries having 100% participation will be recognized at the Annual Meeting and Educational Institute in June, 2003.

The HAP Handbook Printing was completed and sold at the Fall Conference. Also, completed and sold this year, was the MAHA History, “How It All Began.”

The MAHA Web Site, (www.mahaonline.org) is an ongoing project and has been a major accomplishment over the past two years and will continue to be a vital link between auxiliaries and districts.

The Annual Meeting and Educational Institute was held June 10-12, 2003. The theme of the Annual Meeting and Educational Institute being, “Great Expectations...Graflid Volunteers.” With speakers being: Susan McFarland, Brian
Peters, David Seaman, Kathy Beming, Dan Wakeman and Bob Danzig. A workshop was held for Gift Shops by Russ Billeau of Chelsea Hospital and also for members present a “Grand Hotel Garden Tour” and a “Cottage Slide Presentation” by Phil Porter. Paul LaCasse, D.O., MHA Chairman, installed the officers for the years 2003-2004.

This year and many changes, many struggles and many successes with legislation, hospitals struggling with budget cuts and worker shortages, but the MAHA membership, “Health Care Heroes” once again stepped up to the plate and volunteered when and wherever needed.

The 2003-2004 year began with the MAHA Board Retreat in DeWitt, MI. Theme of the retreat was “Teamwork.” Kathy Berning, Sparrow Hospital DVS, and Kim Crisanti, FourSight Communications, Inc., were presenters at the retreat. The retreat was a time for all board members to get to know each other in a more relaxed environment, review job descriptions, and have fun together. An optional computer lesson workshop was offered at the DeWitt Public Schools computer lab. The first MAHA board meeting of the 2003-04 year followed the retreat at the MHA building.

September found us on the road for the Fall Swing Around. Here we communicated all the was happening at the state level, started to lay the foundation for the idea of a name change for MAHA to Michigan Association of Healthcare Advocates, and shared what we learned at the September AHA/SAL conference in Reno. MAHA also participated in the late September kickoff campaign for the Michigan Harvest Gathering campaign.

The Fall Conference was held in Acme, MI, at the Grand Traverse Resort on October 27-29, 2003. The theme for the conference was "55 Years...Illuminating the Future." Munson Medical Center partnered with MAHA to give out gift tote bags for the 55th Anniversary celebration. This was a record attendance of 374 people for an MAHA conference. Speakers for the conference included: Nancy Coey, Bobe McPherson, Rob Casalou, Connie Duke, Chris Goeschel, and Judge Ed Post. Workshops included: "Four Secrets of Communication," "Street Smart," "Gift Shop-Questions/Answers," and "Transforming Healthcare: Volunteers and Patient Safety."

MAHA again assisted with the annual MHA Harvest Gathering. The success of this campaign was due largely to the work of thousands of auxiliary members in our member hospitals. They worked tirelessly to plan and conduct food drives throughout the State. MAHA President and President Elect attended the Michigan Harvest Gathering reception in Lansing at the end of November. Here we accepted the award for MHA as the primary sponsor of Harvest Gathering.

The January Bylaws/Policy committee recommended a name change for MAHA to Michigan Association of Healthcare Advocates. The recommendation was approved by the MAHA board, and was passed in June by the entire MAHA
membership at the Annual Meeting & Educational Institute, June 9-11, 2004 on Mackinac Island.

MAHA again made a commitment to assist MHA with the 2004 HealthPac campaign. The HealthPac message was the main theme of the MAHA President's spring swing-around speech. All six districts responded in kind, and gave generously to HealthPac at the swing-around meetings, and at their respective hospitals. We have committed to making our membership more aware of the importance of HealthPac contributions through communication at the district and local level about HealthPac.

The MAHA website, www.mahaonline.org, continues to be ongoing project. The website has grown to a very professional resource tool for MAHA members and other interested volunteers.

The Annual Meeting and Educational Institute was held June 9-11, 2004. The theme of the conference was, "55 Years of Grand Volunteers." Speakers for the conference were: Kay Wagner, Bill Berring, Michael Hash, Lori Latham, Matt Chambers, and Phil Johnson. A gift shop workshop was presented by Mary Roberts of Providence Hospital/Medical Centers. A Grand Hotel cooking demonstration, and a "History of the Grand Hotel" presentation by Bob Tagatz, were also offered as optional presentations. MHA Chair, Garry Faja, installed the officers for 2004-05. This meeting was a great tribute to MAHA - a strong organization, filled with dedicated and committed members.

MAHA RESPONSIBILITIES TO DISTRICTS

The MAHA Officers and Board will

Notify each district president of date and time of MAHA board meeting. Expense vouchers will be provided by MAHA.
Print and distribute annual reports, newsletters, and other pertinent material to district presidents.

Encourage MAHA state committee chairpersons to communicate with the district presidents and the district chairpersons.

Provide orientation for the new district presidents and board members through the MAHA Annual Board Retreat.

MAHA President and MAHA President Elect will attend the Fall and Spring meetings of each district during term of office.

**DISTRICT BOARD RESPONSIBILITIES**

The District Board must see that

There is informative written communication to members of their respective districts and to the MAHA Board, for example, a district newsletter, notification of a specific workshop etc.

An attempt is made to meet each auxiliary president by making visits to member auxiliaries or by convening a president’s council of the auxiliary presidents from their district.

District board members have access to educational tools such as MAHA’s “Hospital Auxiliary President’s Handbook”.

Each District Board member receives an up to date job description of job duties for their position.

Encourage District Board members to attend MAHA Annual meeting and Fall Conference and educational workshops.

Make sure that potential leadership is identified, with recognition of special talents that can be used on District Boards or MAHA State Board. Examples: Newsletter writing, legislative interest, program planning, speaking, gift shop / snack bar management, and health education, making these recommendations to the MAHA State nominating committee and district nominating committees.

Make sure that district publications: newsletters, minutes of district meetings etc. are sent to the MAHA President and MAHA President Elect and to the MHA Liaison.
Make sure that the current MAHA Bylaws and Policy Chairperson and the MHA Liaison has a current copy of district bylaws on file.

Make sure that district bylaws are current and responsive to the needs of the district and correspond with the bylaws and policy of MAHA.

The district recruits new members and retains existing members.

**RESPONSIBILITY OF DISTRICT PRESIDENTS TO DISTRICTS**

**District Presidents should**

Should be a MAHA resource to auxiliaries and hospital administrators in their district. They may ask MAHA President to help solve problems of an auxiliary.

**Presidents may**

- Share materials and information received by virtue of their office.
- Encourage leadership and new ideas.
- Encourage district nominating committee to select district board members considering abilities as will as geographical representation.
- Provide a board orientation and should hold district board meetings for the planning and growth of the district. This will also help to establish lines of communication within the district.
- Represent the district at auxiliary and community meetings if invited.
- Invite the MAHA President and MAHA President Elect to attend the district meetings and to address the membership in attendance at those meetings.
- Keep a president’s diary that is handed over to the incoming president along with the MAHA President’s Handbook with other pertinent educational materials.

**RESPONSIBILITY OF DISTRICT PRESIDENTS TO MAHA**

- Serve ex officio as a voting member of the MAHA board.
- Be the liaison between MAHA, MHA and the district which they represent.
- Make recommendations to the MAHA Nominating Committee and be aware of potential officers from their district.
• Inform MAHA of any changes in district officers, committee chairs, auxiliary leaders within their district.
• Work with the MAHA Membership Chairperson in informing the MHA Liaison of any changes in district membership, and assist in contacting inactive members.
• Submit Annual report to the MAHA President as requested.
• Attend MAHA Annual Conference and Educational Institute, Fall Conference, MAHA Committee meetings and MAHA Board meetings.
• Submit any requested information to the Communications Editor for publication in the MAHA newsletter and encourage auxiliaries to submit news from around the state for publication.

DISTRICT MEETINGS

Responsibilities

The District Board is responsible for setting up the location and hosting auxiliary of the District Meeting. The District Board is to work with the hosting auxiliary in planning the program of such meetings. The District Board is to plan two district meetings annually, one in the fall and one in the spring to include the installation of the district officers. These meetings are to include committee reports and the conducting of general business for the district. Also to be included are greetings and news from the MAHA President and the MAHA President Elect. The Fall District meeting shall include time for the MAHA Legislative and Advocacy Director and time for the MHA Representative of the Legislative and Advocacy Department of MHA.

Purpose

Each of the district meeting offers a prime opportunity for education. By providing interesting and informative programs, the district members will better appreciate the purpose of the district and MAHA and will better understand their responsibility and relationships to their institution and community.

Planning for the Region Meeting

1. The district president contacts the president of the hosting auxiliary.
2. The district board, assisted by host auxiliary board, will plan the program, set the time schedule, arrange for speakers and distribute the meeting notices.
Topics to be considered for the program include leadership, legislation, gift shop, finances, and fundraising.

3. The district should provide a written list of responsibilities for the host auxiliary president.

**Business portion of District meeting**

- Plan effectively to allow adequate time for speakers and workshops.
- Call the roll of those auxiliaries present and ask, “Did we miss anyone?”
- The district president should check with the chairpersons of district committees in advance to see if the committees have anything to report. Written reports should be handed to the secretary for recording with the minutes.

**Educational portion of the meeting**

The MAHA president and the MAHA president elect shall attend both the fall and spring district meetings. The MAHA president and MAHA president elect will request a few minutes to speak.

The MAHA Legislative Advocacy Director and the MHA Advocacy Liaison will attend the Fall District meetings and will be allowed time to speak on legislative issues.

Allow as much time as necessary for the speakers and workshops. Education of membership is important.

**Invitations**

Invitations should be mailed by the hosting district board as designated by the bylaws or assignment guide. They should include:

- Date
- Place
- Time for registration and coffee hour
- Program - time for
- Business meeting
- Speakers - names and title of presentation
- Panel discussions workshops, tours
- Lunch
- Registration fee - set by region
- Lunch fee
- Directions to the meeting place and/or map
- Directions for parking and indicate if fees will be charged
- List of hotels in area
• Deadline for reservations

A registration blank, which can be completed, torn off and returned to the designated reservations chairman whose address will be included, should be printed with the invitation.

RESPONSIBILITIES OF HOST AUXILIARIES FOR THE DISTRICT MEETINGS

Responsibilities of the president of host auxiliary include:

• Appoint a chairperson or committee for the meeting.
• Assist chairperson and district officers in determining program content, time schedule, speakers and meeting notices.

Responsibilities of the chairman or committee of the host auxiliary include:

• Arrange for meeting room
• Arrange for someone to offer invocation and invite CEO of hosting hospital to welcome the group.
• Arrange for luncheon, keeping the cost to a minimum; checks made payable to person or auxiliary designated by the district; state last date for accepting reservations and last date refunds will be made due to cancellations; include registration fee with total cost.
• Appoint a reservation chairperson either from the hosting auxiliary or the hosting district.
• Arrange parking facilities and directions to meeting place.
• Arrange for hostesses to greet guest.
• Give district corresponding secretary names, titles and addresses of persons to receive invitations to district meetings and to receive thank you notes.

Responsibilities of the reservation chairman include:

• Receive reservations.
• Notify host chairman promptly of number of reservations after deadline.
• Prepare nametags.
• List paid and unpaid reservations on separate sheets keeping names under individual auxiliary; set up sheets so that individuals may record attendance opposite their name.
• Appoint to host/hostesses for reservation table.
• Give names and attendance to the corresponding secretary and to the district president, including names of past presidents of the district in attendance.

ESTABLISHING HEALTHY RELATIONSHIPS BETWEEN THE GOVERNING BOARD AND THE AUXILIARY
The health care delivery system (HCDS) governing board has the ultimate responsibility for the activities of the auxiliary. A section of corporate bylaws will allow for the organization of an auxiliary as well as other volunteer services and will define their area of responsibility.

The corporate bylaws will also provide ground rules for the auxiliary. Before undertaking any new activity, the auxiliary must first seek the approval of the CEO who then can take the proposal to the governing board for discussion.

The auxiliary will provide its organizational minutes and treasurer’s report to the CEO who will make them available to the governing board and who will publicize them in the annual report of the health care delivery system.

The auxiliary cannot adopt any rules, regulations or policies which conflict with the bylaws of the corporation or any of its subsidiaries.

The CEO should be involved from the very beginning in establishing or reorganizing the auxiliary and formulating its bylaws. This can be accomplished through meetings of the auxiliary committee and the CEO or his/her representative. The auxiliary bylaws, and revisions or amendments, must be approved by both the HCDS governing board and the CEO. (Check about requirements for JCAHO)

**COMMUNICATIONS**

It is important that the HCDS governing board and the CEO keep the auxiliary informed of future plans of the corporation. This will assist the auxiliary in evaluating its current and future programs.

Corporation restructuring, multi-institutional arrangements, networking and mergers/consolidations of health care systems are of concern for auxiliary members. The auxiliary must be prepared to cooperate in these ventures. The CEO, through good communication with the auxiliary regarding the changes taking place in the system, can alleviate much of the fears that these changes present.

**REPRESENTATION**

Since the auxiliary represents responsible community leadership and serves as a vital function through its fundraising efforts and projects within the health care
delivery system, auxiliary representation on the governing board is important. Having an auxiliary member as a member of the governing board provides good communication with the community. Auxiliaries may be represented on governing boards in a number of ways:

- The auxiliary president, representing an important organization of the system, should be a member of the governing board during his/her term.

- If the HCDS governing board desires, it may select an auxiliary member other than the president who is an outstanding community leader to represent the auxiliary.

- A more important relationship of the auxiliary to the governing board is the extent to which the auxiliary is involved in board activities. This integrative process can best be accomplished when auxiliary members are given the opportunity to serve on various governing board committees, such as long-range planning, public or community relations and fundraising. To assist this process, the auxiliary should suggest the names of its members (not necessarily officers) who are particularly well qualified to serve on board committees.

The ultimate objective is more intensive auxiliary participation in the institution’s affairs - an object of far greater importance than mere token auxiliary representation on the governing board. However, auxiliary members must accept the responsibility for confidentiality of information learned through their service.

ESTABLISHING HEALTHY RELATIONSHIPS BETWEEN THE CHIEF EXECUTIVE OFFICER AND THE AUXILIARY
Each auxiliary acts with autonomy within the guidelines of the governing body of the health care delivery system (HCDS). The bylaws of the HCDS will define the objectives, functions and relationships to the governing body, the CEO and the auxiliary, along with other departments of the health care facility.

**ROLE OF THE AUXILIARY**

The role of the auxiliary is to promote and support the health care delivery system and its services, being responsible to this institution and its mission and responsive to the changing needs of the community. In order to fulfill this role, the auxiliary needs a close working relationship with members of top management of the health care delivery system. With this support, the auxiliary should develop a strong internal organizations and leadership which will make it possible for members to provide valuable services to the patients of the health care delivery system and the community it serves.

**AUTHORITY**

It must be stressed that the HCDS governing body has the ultimate authority regarding the operation of the corporation and the relationship of the auxiliary to the corporation. It must be kept in mind that the auxiliary must seek the approval of the CEO before undertaking any new activity. This stresses the importance of good communications between the auxiliary and the CEO.

**RELATIONSHIPS**

Auxiliary members must have a positive feeling about their health care delivery system. Auxiliary members must accept the responsibility for confidentiality of information learned through their service.

- **Mutual Trust** - The CEO must know that auxiliary members feel a close relationship with the office and a deep commitment to the institution. In return, the auxiliary must be loyal to the institution, to the CEO and to their assignments.

- **Communications** - the bylaws of the HCDS should define the communication relationship between the CEO and the auxiliary. The auxiliary must keep the CEO informed of auxiliary activities
  1. Invite the CEO or his designated representative to meetings-send meeting agenda.
  2. Routinely give the CEO a copy of auxiliary board and general meeting
minutes, financial reports, newsletters and revisions of rules, bylaws, objectives, etc.

3. Meet with CEO regarding plans devised by the auxiliary to help establish new and needed programs and services to further the mission of the institution.

4. The auxiliary must help identify community needs and communicate these as to the CEO.

5. Discuss fund raisers and other services with the CEO and routinely re-evaluate these as to their usefulness in fulfilling the institution’s mission and goals.

- **Liaison Officer** - the president of the auxiliary plays the role of chief liaison officer between the auxiliary and the CEO. The auxiliary president should have the same access to the CEO as department heads. Attitudes and actions of the president, to a great degree, will determine the kind of relationship that will exist between the auxiliary and the institution.

- **Independence** - the internal organization of the auxiliary must maintain its independence; however, approval by the CEO is necessary if new activities are to be undertaken.

The definition of a team is: “A group organized to work together.” When the auxiliary president and the institution’s management work together as a team, the auxiliary becomes more knowledgeable about the institution and more aware of its needs and services. Equally important, the management looks upon the auxiliary as a trusted member of the institution’s leadership team in discussing health care issues of the institution’s long-range plan and as a community resource, to be consulted in determining community attitudes and capable of initiating and carrying out community oriented projects.

**ESTABLISHING HEALTHY RELATIONSHIPS BETWEEN THE DEPARTMENT OF VOLUNTEER SERVICES AND THE AUXILIARY**
Auxiliaries and the department of volunteer services of health care delivery systems greatly contribute to community health care needs and assist the staff in the delivery of health care. The division of duties between the auxiliary and the department of volunteer services may not be clear. Therefore, defining the responsibilities of each is the first step toward a stronger and more supportive relationship.

DEFINITION OF THE DEPARTMENT OF VOLUNTEER SERVICES

The department of volunteer services is organized to administer the volunteer services of the institution. The director of the department is a paid member of the HCDS and should be a member of the management team.

DEFINITION OF THE AUXILIARY

The auxiliary is a self-governing membership organization which is composed of individuals from the community, accountable to the HCDS governing board and administration through the bylaws of the HCDS. The affiliation between the auxiliary and the HCDS is in accord with the mission and goals of the institution.

DUTIES OF THE DIRECTOR OF VOLUNTEER SERVICES (DVS)

THE DVS

- Manages the volunteer services department by establishing goals and objectives in accordance with those of the health care delivery system.
- Recruits, interviews, orients and trains volunteers for their in-service duties.
- Establishes a good rapport with the HCDS staff in assessing department needs.
- Educates department heads regarding the limitations of duties of volunteers.
- Complies with local, state and federal laws applicable to volunteer services and HCDS policies.
- Ensures that effective management is practiced in the placement and utilization of in-service volunteers.
- Provides volunteers the opportunity for both personal and career development.
• Develops evaluations for the volunteers and also for the programs that involve them. Plans recognition and awards programs for volunteers.

• Reports on a regular basis to the appropriate level of management regarding departmental activities community concerns and long-term plans as they relate to volunteers for the health care delivery system.

• Serves as a consultant to management in areas related to volunteerism.

• Serves on committees and carries out assignments not directly related to the volunteer program as a member of the management team.

• Has a knowledge and understanding of the organization and function of the auxiliary of the health care delivery system.

• Develops and maintains a working relationship with all departments of the health care delivery system, auxiliaries affiliated with the system, and community groups.

• Develops and periodically reviews a policy and procedure manual for guidance in meeting objectives of the department.

• Develops and implements a program of quality assurance for all volunteer service programs.

• Performs other duties and responsibilities as requested by administration.

RELATIONSHIP OF THE DIRECTOR OF VOLUNTEER SERVICES AND THE AUXILIARY

Communication must take place between the director of volunteer services and the auxiliary.

The auxiliary is separate from the in-service volunteer program and should not be viewed as an appendage of the volunteer services department. The auxiliary is authorized by the governing board of the HCDS and is accountable to administration. The director of volunteer is accountable to administration and is governed by the same policies applicable to other management personnel.

MEMBERSHIP
INTRODUCTION
Auxiliary members are interested in health care and how they can serve hospitals in their communities.

Auxiliary membership definitions differ. Each auxiliary has its own categories as explained by their bylaws.

Some auxiliaries limit their membership to a certain number of people. Others strive for great numbers in their recruiting.

Some auxiliaries require a certain number of hours of volunteer service to maintain membership. Others limit the number of hours a volunteer can serve in a given period.

The concern is not with the differences but rather with the common interests of all auxiliary members and volunteers.

Auxiliary membership should represent the entire community. All members should be honestly recruited and thoroughly oriented. This will result in making auxiliary membership a satisfying experience for the volunteer and a help to the hospital served.

MEMBERSHIP CATEGORIES

• ACTIVE
• INACTIVE, AFFILIATED, CORPORATE, ASSOCIATE OR SUSTAINING
• HONORARY
• LIFE
• CHARTER

MEMBERSHIP RECRUITMENT
Seek members from a variety of background.
Seek members with diversified interests.
Seek members who work full time and part time.
Seek members from different geographic locations in auxiliary areas.
Seek members of different age, gender, race and ethnic backgrounds.
Seek members who have interest in specific areas of service of auxiliary.
Seek members from churches, civic groups, and through media.
Welcome quest and encourage visitors to meeting.
Good meetings and programs attract new members.
Attractive brochures with contact phone number are effective in recruiting.

MEMBERSHIP RESPONSIBILITIES
Shares in furthering the goals of the auxiliary.
Full cooperation with programs, policies and projects.
Responsibility to do willingly what is asked.
Show friendliness and enthusiasm in welcoming new members.
Take an interest in health care and legislation issues.
Share the common pursuit of education for all auxiliary members in learning about hospitals, auxiliaries and their work.
Participate in being good public relations representatives of the hospital.
Share in the responsibility for attending district and state meeting.

MEMBERSHIP APPLICATION

It is helpful to have some information about the new member on the application form. In addition to name, address and telephone number, the application form could have a checklist for the applicant to check their main interests, days they can work and time of day most convenient for them to work. Some applications have bank spaces for applicant so they can write in their previous work experience as a volunteer and other positions held. Skills typing, languages, education, special interests, hobbies, community affiliations, clubs and church.

PROSPECTIVE MEMBER

• Is recruited.
• Applies for membership, using form.
• Is interviewed by appropriate designee.
• Pays dues to membership Chairperson and receives membership card.
• Attends and orientation meeting to learn about hospital and auxiliary.
• Is trained for volunteer work in the hospital.
• Is welcomed publicly.
• Is scheduled to work regularly.
• The new member is listed in the newsletter so that other members can add them to their membership roster books.
• Assign work according to interest so that new member can find satisfaction in their work to continue to serve happily and dependably.

MEMBERSHIP ORIENTATION
NEW MEMBER ORIENTATION SHOULD INCLUDE:
1. The Hospital
   Information on what kind of hospital, general or specialized, explanation of
   hospital departments and their functions, how the hospital is governed,
   number of beds and tour of the hospital.

2. The Auxiliary
   How the auxiliary helps the hospital. Information on purposes, services,
   fund raising, and public relations. How the auxiliary relates to the
   district, state and national organizations. Opportunities for new auxiliary
   member. Volunteer ethics and obligations of membership.

MEMBERSHIP ORIENTATION SESSIONS

1. Orientation should be presented with imagination so it is interesting for the
   listeners. Use of up-to-date slides, charts or visual aids of any kind can
   generate interest.

2. New member orientation should be held frequently and the group should
   be kept small – ten at the most. When a new member joins, they should wait
   no more than two weeks to be given orientation.

3. Orientation should be the responsibility of a special orientation committee, the
   membership chairperson and committee.

4. The hospital should have a part in orientation, working closely with the
   auxiliary.

5. Orientation should be compulsory for all new members.

6. Orientation sessions should be to the point and move right along.

7. Tours of the hospital should be conducted by hospital personnel or
   well informed auxiliary members.

8. Emphasize that volunteer jobs give the volunteers an opportunity to learn.

9. Make volunteers aware that they can progress from one job to another.

10. Give volunteers materials to take home such as:
    - membership directory
    - volunteer handbook
    - volunteer pledge
    - dress code
    - service opportunities with brief description of each
    - a map of the hospital
    - hospital policies affection volunteers

MEMBERSHIP AWARDS AND RECOGNITION

Auxiliary members like to feel they are using their skills and abilities in an activity
that is good and they enjoy being recognized for what they do.
AREAS of AWARD BY AUXILIARIES TO RECOGNIZE MEMBERS

- In hospital volunteer service
- Project activities outside of hospital
- Teen Volunteers

The American Hospital Association publishes a booklet on “Volunteer Recognition and Identification” which every auxiliary should have and use as a reference. Write for a copy: American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60622.

ANNUAL MEMBERSHIP REPORT

Each year auxiliaries in Michigan are asked to make up and submit an annual membership report on number of auxiliary members, hours worked, money raised, and number of hospital beds, etc. This is a difficult report to prepare, but having uniform reports from all auxiliaries in the state make it possible to show the effectiveness of volunteer efforts on a statewide basis. The annual membership report gives a very spectacular picture of what auxiliary members in Michigan do each year for the hospitals in the state. Millions of dollars have been donated to our hospitals and millions of hours have been volunteered. In the interest of accuracy and to make preparation easier, a few guidelines for the annual report are given here.

- Number of Auxiliary members
- Hours of Service
- Moneys donated to hospitals
- Scholarship dollars given
- Number of beds in hospital

It is the responsibility of the auxiliary to mail the annual membership report to the District Membership Chairperson who forwards the information to the MHA Vice President Membership. Annual Membership forms are provided to each auxiliary by the District Membership Chairperson.
## MAHA
### 2003 ANNUAL REPORT

<table>
<thead>
<tr>
<th>DISTRICTS</th>
<th>ECD</th>
<th>NCD</th>
<th>SED</th>
<th>SWD</th>
<th>UPD</th>
<th>WCD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Auxiliaries</td>
<td>23</td>
<td>12</td>
<td>30</td>
<td>22</td>
<td>11</td>
<td>17</td>
<td>115</td>
</tr>
<tr>
<td>Number Auxiliaries Reporting</td>
<td>23</td>
<td>12</td>
<td>28</td>
<td>22</td>
<td>11</td>
<td>16</td>
<td>112</td>
</tr>
<tr>
<td>Number of Beds</td>
<td>4,359</td>
<td>1,488</td>
<td>8,162</td>
<td>3,590</td>
<td>1,012</td>
<td>3,370</td>
<td>21,981</td>
</tr>
<tr>
<td>Number Auxiliary Volunteers</td>
<td>4,649</td>
<td>2,471</td>
<td>6,799</td>
<td>6,370</td>
<td>1,507</td>
<td>3,156</td>
<td>24,952</td>
</tr>
<tr>
<td>Auxiliary Volunteer Hours</td>
<td>433,436</td>
<td>260,903</td>
<td>829,429</td>
<td>635,538</td>
<td>88,062</td>
<td>257,871</td>
<td>2,505,239</td>
</tr>
<tr>
<td>Auxiliars on District Board</td>
<td>9</td>
<td>7</td>
<td>20</td>
<td>18</td>
<td>5</td>
<td>11</td>
<td>70</td>
</tr>
<tr>
<td>Number District Hours</td>
<td>920</td>
<td>583</td>
<td>3,461</td>
<td>1,276</td>
<td>375</td>
<td>1,183</td>
<td>7,798</td>
</tr>
<tr>
<td>Auxiliars on MAHA State Board</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Number of MAHA State Hours</td>
<td>593</td>
<td>1,655</td>
<td>2,379</td>
<td>1,175</td>
<td>1,003</td>
<td>3,678</td>
<td>10,483</td>
</tr>
<tr>
<td>Aux Presidents on Hospital Board</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>With Voting Privilege</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Money donated to hospitals in $'s</td>
<td>$1,322,700</td>
<td>$566,197</td>
<td>$2,847,287</td>
<td>$1,478,053</td>
<td>$301,270</td>
<td>$1,204,404</td>
<td>$7,719,911</td>
</tr>
<tr>
<td>Other $ given (scholarships,etc)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals not reporting</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Jeanette Linck
MAHA Membership Director
AUXILIARY BYLAWS

Bylaws are:

Basic ground rules
Tools which define the goals of the auxiliary
Documents which contain the organizational principals

Amendments and revisions:

Bylaws should be revised at least once every two years
There should be a regular review to determine whether a revision or amendments are necessary
Bylaws provide basic structure and should not require frequent changes
Process for amending bylaws needs to be included in the bylaws

Policy:

Address details day-to-day operations, and transitory items
Can be changed easier than bylaws

Bylaws must be approved by the governing board of hospital.
Auxiliary bylaws should follow the bylaws of MAHA and should not conflict with the bylaws, regulations, policies of the hospital.

Meetings are conducted according to “Roberts Rules of Order Newly Revised”.

51
MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES
BYLAWS
FORWARD

Bylaws are the rules by which an organization governs itself. They protect the rule of the majority and the rights of the minority. In an incorporated society there generally should not be a constitution separate from the bylaws since the constitution would duplicate much of the corporate charter. While it is not generally improper to have a separate constitution and bylaws in an not incorporated society, there are decided advantages in keeping all provisions relating to each subject under one heading within a single instrument which results in fewer problems of duplication and inconsistencies and gives a more understandable and workable body of rules.

A written policy to supplement the bylaws goes into greater detail and sets forth the attitude of the organization on matters not normally included in bylaws. This is most important to the efficient operation of the society.

Clear, concise bylaws and an updated policy manual as administrative procedures are marks of a progressive group interested in promoting the purposes for which the organization exists. You are to be congratulated.

Vera Ganschoiw* (Mrs. John H.) Professional Parliamentarian

*Deceased
MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES

BYLAWS

ARTICLE I - NAME

This organization, related to the Michigan Health and Hospital Association, hereafter referred to as MHA, shall be known as the Michigan Association of Healthcare Advocates, hereinafter referred to as MAHA.

ARTICLE II - PURPOSE

This organization, formed under authority granted by the MHA, shall assist its members to give the highest possible standard of services to their hospitals. The MAHA shall:

A. Provide support to the MHA and the AHA
B. Provide service, education and leadership training to the MAHA membership.
C. Expand the vision and involvement of the MAHA membership.
D. Facilitate the exchange of ideas and information between district, local auxiliaries, and other health related organizations.

ARTICLE III - MEMBERSHIP

Section 1. Membership in the MAHA shall, upon application to the appropriate MAHA district and in accordance with that district’s bylaws, be granted to auxiliaries of the institutions, which are duly accredited institutional members of MHA.

Section 2. Any auxiliary whose institution loses its membership in the MHA cannot continue as a member of the MAHA. In the event that said institution meets the requirements and again becomes a member of the MHA, the auxiliary may present a request to the board of directors of the MAHA for reinstatement.

ARTICLE IV - MEETINGS

Section 1. Board and Executive Committee meetings shall be held the third Thursday of the month unless otherwise ordered by the Executive Committee, the time and place to be directed by the President.

A. The Board of Directors shall meet four times a year: July, September, January, and April. Additional meetings may be called by the President or at the request of three (3) members of the board.
B. The Executive Committee will meet in July, September, November, January, February, April, and May.

Section 2. The annual meeting of the MAHA shall be held in June at a location agreed upon by the Board of Directors.

Section 3. A quorum for voting at any MAHA general membership meeting shall be forty (40) delegates.

Section 4. Delegates to any general membership meeting shall be as follows:

   A. One delegate for each member auxiliary in good standing
   B. One delegate for each member district, usually the District President.
   C. Each member of the Board of Directors

Each delegate shall have one vote, but no delegate shall have more than one vote by virtue of any dual capacity. (One person cannot represent two areas.)

Section 5. Only the vote of those delegates present at any general membership meeting of the MAHA shall be counted. No proxy votes shall be considered.

Section 6. Special meetings may be called by the President or by any three (3) members of the Board of Directors. The call for the special meeting must state the business to be transacted and no business shall be transacted except that specified in the call.

ARTICLE V - OFFICERS AND TERM OF OFFICE

Section 1. A term of office shall be for one year, commencing at the conclusion of the Annual Meeting and continuing through the close of the following Annual Meeting.

Section 2. The elected officers of the MAHA shall be President, President Elect, Vice President, Secretary, Treasurer, Legislative and Advocacy Director, Membership Director, Public Relations Director, Conference Coordinator and Counselor.

Section 3. All officers shall be elected at the Annual Meeting. The President, President Elect, and Vice President shall continue in the office to which elected for only one year. Other officers shall serve for not more than two one-year terms in any one office.

Section 4. In the event of death, resignation, or other reason causes the office of President to become vacant, the President Elect shall immediately become President for the unexpired term as well as the year to which elected.
Section 5. In the event of death, resignation, succeeding to the presidency, or other reason causes the office of President Elect to become vacant, the Vice President shall become President Elect. In that event, the last appointed committee on nominations shall present names of candidates, one of whom shall be elected by the Board of Directors at their next scheduled meeting to serve the unexpired term as interim Vice President.

Section 6. Any part of a term in excess of nine (9) months shall be considered a term in deciding eligibility for reelection. This shall not apply to President, President Elect or Vice President.

Section 7. Should an officer, except the President, President Elect or Vice President be unable to complete the term of office, a new officer shall be nominated by the last appointed committee on nominations and elected by the Board of Directors.

**ARTICLE VI - COMMITTEE**

Section 1. The Executive Committee of the MAHA shall be President, President Elect, Vice President, Secretary, Treasurer, Counselor.

Section 2. The Executive Committee shall:

A. When necessary, perform the duties of the Board of Directors between meetings of the board.
B. Act in Emergencies.

Section 3. A majority of the Executive Committee shall constitute a quorum.

**ARTICLE VII - BOARD OF DIRECTORS**

Section 1. The Board of Directors shall consist of the Executive Committee, other elected officers, standing committee chairmen, and the six district presidents. All members of the Board of Directors shall be members in good standing of any auxiliary affiliated with the MAHA.

Section 2. No person shall serve for more than six (6) years, with the exception of President, President Elect, Vice President, Counselor, and District Presidents. Time served by individuals acting as District President shall not be counted in the determination of length of service as referenced in this section.

Section 3. The Board of Directors shall have the power to:

A. Transact business between general membership meetings
B. Fill vacancies of all offices except the office of President, President Elect, and Vice President.
C. Approve the budget and financial policy
D. Approve any not budgeted items
E. Approve the Executive Committee appointments to the Committee on Nominations
F. Act upon all applications for membership in MAHA

Section 4. Special meeting of the Board of Directors shall be called by the President or upon written request of three (3) members of the board, one of whom shall be an officer.

Section 5. Seven (7) members of the Board of Directors shall constitute a quorum.

Section 6. No person may return to the MAHA Board after serving as Counselor unless in the capacity of District President.

ARTICLE VIII - DUTIES OF BOARD MEMBERS

1. Board members shall perform the following duties prescribed by these bylaws and other such duties applicable to the office as prescribed by the parliamentary authority adopted by MAHA.

2. PRESIDENT: serves ex officio on every committee except Education Committee and Committee on Nominations; serves as a voting member of Education Committee and Committee on Nominations.

3. PRESIDENT ELECT: serves ex officio on every committee except the Education Committee. Serves as voting member of the Education Committee and the Committee on Nominations; chairs Council of District Presidents.

4. VICE PRESIDENT: succeeds to office of President Elect upon completion of term as Vice President; chairs Education Committee; serves on Conference, Audit and Budget, Bylaws and Policy, Long Range Planning Committees.

5. SECRETARY: serves on Bylaws and Policies Committee.

6. TREASURER: chairs the Audit and Budget Committee.

7. COUSELOR: chairs Committee on Nominations, Council of Past MAHA Presidents; the Long Range Planning Committee; serves on Education Committee, Bylaws and Policy and Audit and Budget Committees.
8. LEGISLATIVE AND ADVOCACY DIRECTOR: chairs the Legislative Committee.

9. MEMBERSHIP DIRECTOR: chairs the Membership Committee; serves on Education Committee.

10. CONFERENCE COORDINATOR: Chairs Conference Committee; serves on Education Committee.

11. PUBLIC RELATIONS DIRECTOR: chairs the Public Relations Committee; serves on the Resource Committee.


13. COMMUNICATION EDITOR: serves as Editor of HIGHLIGHTS; serves on Education Committee; serves on the Public Relations Committee.

14. VENDOR COORDINATOR: chairs Vendor Committee; serves on Conference Committee; serves on Resource Committee and serves on Education Committee.

15. DISTRICT PRESIDENT: serves on Education Committee; serves on Council of District Presidents.

**ARTICLE IX - STANDING COMMITTEES**

The Standing Committees of the MAHA shall include:

- Council of Past MAHA Presidents
- Council of District Presidents
- Audit and Budget Committee
- Bylaws and Policy Committee
- Conference Committee
- Education Committee
- Legislative Committee
- Goals and Objectives Committee
- Public Relations Committee
- Membership Committee
- Resource Committee
- Vendor Committee
- Nominations Committee

**ARTICLE X - NOMINATIONS AND ELECTION**

Section 1. The Committee on Nominations consists of six (6) members: the Counselor, the most immediate past Counselor, the President, the President Elect, and two members from districts other than those already represented, to be appointed by the Executive Committee and approved by the Board of Directors.
Section 2. The Counselor shall be the Chairman of the Committee on Nominations. If
the Counselor is unable to serve, the committee shall elect its own chairperson. The
Executive Committee shall then appoint a replacement to the committee.

Section 3. The Committee on Nominations shall not recommend the names of any of its
members for election to any office except the President, who, by virtue of these bylaws,
assumes the position of Counselor, and the President Elect, who, by virtue of these
bylaws, assumes the position of President.

Section 4. The Committee on Nominations shall follow the policy and guidelines as
outlined in the board manual as Administrative Policies and Procedures.

Section 5. The Committee on Nominations shall prepare a slate of candidates for
elective offices and submit this slate to the MAHA Board Members prior to its
publication in the newsletter of the MAHA. The slate shall be published with the official
call to the Annual Meetings. Election shall be at the Annual Meeting.

Section 6. Before a candidate’s name is offered in nomination, the consent of the
nominee and a statement of willingness to serve, if elected, shall be on file in writing.

Section 7. Additional nominations may be made by a petition of five (5) member
auxiliaries of MAHA, with a written consent of the nominee, submitted to the Secretary
at least fourteen (14) days prior to the Annual Meeting.

Section 8. No further nominations may be made.

Section 9. If there is more than one nominee for an office, election shall be by ballot. If
there is but one nominee for an office, by general consent the ballot may be dispensed
with and the vote for the nominative state may be by oral vote.

Section 10. A majority of delegates present and voting shall be necessary to elect.

ARTICLE XI - FISCAL YEAR

The fiscal year shall coincide with the MHA’s fiscal year, which is from July 1 through
June 30.

ARTICLE XII - AMENDMENTS

These bylaws may be amended at any MAHA general membership meeting providing
that a quorum is present and that the proposed amendment shall have first been
approved by a majority of the MAHA Board of Directors and the President of MHA and
published in the preceding MAHA newsletter. Such amendments shall require a two-
thirds (2/3) vote.
ARTICLE XIII - PARLIAMENTARY AUTHORITY

Section 1. All activity of the MAHA shall be governed under the parliamentary authority as outlined within ROBERTS RULES OF ORDER, NEWLY REVISED, except in those instances where said Rules of Order are inconsistent with these bylaws, in which case this governing document will take precedence.

Section 2. A Parliamentarian may be appointed by the President. A voting member may retain the privilege to vote while serving as Parliamentarian.

Section 3. The order of business shall be set forth in ROBERT'S RULES OF ORDER, NEWLY REVISED. The order of business for any meeting may be transposed by the President. Any part of the order of business may be omitted at any regular meeting by a majority vote.

Approved by MAHA Board of Trustees on February 14, 1973.
Adopted by MAHA on June 30, 1973    Amended by MAHA on June 15, 1994
Amended by MAHA on June 13, 1979    Amended by MAHA on June 10, 1998
Amended by MAHA on June 23, 1980    Amended by MAHA on June 14, 2000
Amended by MAHA on June 16, 1982    Amended by MAHA on June 10, 2003
Amended by MAHA on June 23, 1986    Amended by MAHA on June 9, 2004
Amended by MAHA on June 30, 1990
Amended by MAHA on June 17, 1991
Amended by MAHA on October 21, 1991
Amended by MAHA on June 8, 1993
DUTIES OF OFFICERS AND BOARDS OF THE AUXILIARY

Job Descriptions

Job Descriptions differ with each auxiliary. The following descriptions are printed as examples that can be used to guide officers and committee chairpersons. Each president should view these only as suggestions and tailor their own auxiliary’s job descriptions to its own practices.

Introduction

The purpose of this job description manual is to help each officer and chairman to more clearly understand the duties and responsibilities of the obligation they have assumed.

Certain guidelines apply to all Board Members and should aid each to be more effective while serving the auxiliary:

- Attend all meeting of the Board
- Attend all membership meetings, support general activities of the auxiliary
- Give report at monthly board and membership meetings if called on by President
- Prepare annual report to the membership for distribution in printed from at Annual meeting
- Familiarize their self with this manual
- Keep a diary of their job to pass on to successor

President

The President is the chief executive officer of the auxiliary and its Board of Directors and has the following responsibilities:

- Soon after election calls a planning meeting (including outgoing and incoming officers) to discuss goals, plans, policies, procedures for the year ahead.
- Presides at all meetings of the auxiliary and the board.
- Prepares an agenda for each meeting.
- Appoints service chairpersons, chairpersons of standing committees, and special committees with approval of the board.
- Fills all vacancies which may occur on the board, with the approval of the board and on advice of nominating committee unless otherwise directed in bylaws.
- Ex-officio member of all committees except the nominating committee.
- Consults regularly with hospital CEO and/or his liaison.
• Represents the auxiliary at District, State and National meetings as approved by Board.
• At end of term presents written report to the Auxiliary membership and CEO of hospital.

**President Elect**

The President elect is in training for the Presidency and is available to assist the President when called on to do so.

• Is aware of all the aspects and duties of the Presidency.
• Assumes duties of the President in the event of absence or disability.
• Assumes office of President should that office be permanently vacated.
• A vacancy in the this office is filled according to auxiliary bylaws.

**1st Vice President**

Chairs membership and public relations committees.

**Membership Chair responsibilities**

1. Recruits new members interested in volunteer work.
2. Maintains membership card file or book
3. Maintains list of members and area of volunteer service
4. Introduces new volunteers/members to auxiliary
5. Submits to Publicity Chair list of new members for announcement in local newspaper.
6. Extends note of welcome to new members from auxiliary informing them of acceptance and informs to whom they pay dues.

**Public Relations responsibilities**

1. Promotes good relationships and works with the hospital in educating the auxiliary membership to a full understanding of the activities of the hospital.

**2nd Vice President**

Serves the auxiliary as program chairperson and responsibilities are:

1. Plans all programs for the year
2. Presents outline to membership chairperson for publication in the membership book.
3. Appoints host/hostess chairperson for each meeting.
   
   **Duties of host/hostess chairperson are:**
   
   A. Provide table decorations
   B. Set up reservation desk to greet all members and guests.
   C. Provides refreshments for meeting if required.
4. Introduces the speaker and remains nearby during program portion of meeting.
5. Coordinates the writing of thank you notes with the corresponding secretary.
6. Introduces host/hostesses of the day.

**Recording Secretary**

Records all business conducted at each meeting and presents the minutes for approval at the following meeting. Keeps a record of attendance. Responsibilities are as follows:

1. Keeps minutes available for reference at all times.
2. Keeps on file in the permanent record one copy of the minutes along with copies of reports accepted and turned over to the secretary as part of the record of action taken at a meeting.
3. Gives the president a copy of the meeting minutes within two weeks of said meeting.
4. Telephones board members when there has been a change in the board meeting.
5. Custodian of auxiliary records, except those that may, by these job descriptions be assigned to others.
6. Keeps up to date copies of the auxiliary bylaws and standing rules available at all meetings.
7. Sends the hospital administrator and/or liaison a copy of all meetings.

**Corresponding Secretary**

1. Reads and acknowledges all correspondence of the auxiliary.
2. Writes letters as directed by the board.
3. Compiles and prepares for printing the annual report of officers, service and committee chairperson.
4. Prepares program to be prepared at annual meeting.

**Treasurer**

Collects and disburses all moneys on behalf of the auxiliary.

1. Collects and records all moneys received and deposits money in the bank immediately.
2. Makes all disbursements by check to retain a permanent record of all expenditures. Bank reconciliation is made monthly.
3. Makes entries in a ledger according to date from the receipt book and check book.
4. Prepares monthly financial statements for any special reports.
5. Arranges to have the books audited immediately after closing the books for the fiscal year.
6. Works closely with membership chairperson.

Parliamentarian

Attends all board and membership meetings and is prepared to give advice on parliamentary procedure when necessary.

Historian

Keeps a scrapbook of the year’s activities including all newspaper releases pertaining to the auxiliary. All items should include name of newspaper and date. Scrapbooks of past years are also the responsibility of the historian.

Service Chairperson

Each service chairperson works closely with their vice-chairperson in all phases of their chairmanship and has the following responsibilities:

1. Schedules volunteer workers and mails schedules a month in advance. Arranges substitute workers if necessary.
2. Each service chairperson is an active volunteer in the service they head and is alert to ways to improve the quality of work performed by volunteers.
3. Constantly on the lookout for leadership qualities in other volunteers.
4. Plans meetings for their volunteer group.
5. Receives from the membership chairperson the names of new auxiliary members who have indicated an interest in serving as a volunteer on the service they head. Telephones each person, introduces their self to the new member, explains the volunteer duties of their service.
6. Schedules and arranges to have the new worker interviewed and trained. Coordinates the orientation program.
7. Is in frequent contact with the hospital liaison and handles problems or situations arising on their service.
8. Is prepared to give a report on their service at membership meeting.

NEWSLETTER CHAIRPERSON
The newsletter chairperson is responsible for compiling and editing the newsletter:

1. Collecting news items from board members.
2. An up-to-date mailing list is maintained by the mailing chairperson through cooperation with the membership chairperson, assistant treasurer and service chairperson.
3. Prepares copy for printing.
4. Responsible for mailing all newsletters.
5. Keeps a file of all printed copies.

BYLAWS / POLICY CHAIRPERSON

The Bylaws/Policy Chairperson, serves a a clearing house for complaints, suggestions, and recommendations from other committees or individual members regarding possible changes to the bylaws or the policies. The chairperson keeps the bylaws/policies up to date and also the job descriptions of each officer and chairperson.

NOMINATING CHAIRPERSON

The Nominating Committee functions throughout the year.

1. Meetings of the committee are called by the chairperson to prepare a slate of officers as prescribed by the bylaws. Committee may request membership recommendations for nominees for offices.
2. Chairperson of nominating committee presents the slate of officers at the membership meeting designated by the bylaws. If there are no nominations from the floor, the secretary may be directed to cast a unanimous ballot. If, however, there is more than one nomination for any given office, that office shall be decided by written ballot with a majority of those present deciding the winner. Nominations from the floor must have prior approval of the nominee.

BUDGET CHAIRPERSON

The budget chairperson has a meeting, or meetings, with the budget committee to formulate an annual budget to be presented to the auxiliary board.

LEGISLATIVE CHAIRPERSON
The legislative chairperson works with the MHA on requests for resolutions, letters and public relations programs supporting or opposing current areas of legislation affecting hospitals. It is the legislative chairperson’s duty to keep membership informed on vital issues outlined by MHA with the approval of the hospital administrator.
The sample calendar is merely a suggestion of how you may keep reminded of things that need to be done during the year. It is based on a May to June term, but can be easily adjusted for your term. With the addition of your auxiliary’s health promotion and fundraising projects other annual events, this can be a handy checklist for you and your successor.

Members should be notified of auxiliary meetings and events by mail. Inform your members of all special meetings planned, not only for your auxiliary, but also for the district and the state. Give them plenty of advance notice and encourage their attendance.

**MAY**
- **Annual Meeting**
  1. President’s annual report
  2. Installation of officers and board or directors
  3. Acceptance speech
  4. Give past president gift, if this is your custom
  5. Announce all committee chairpersons
- Arrange for audit of books
- Send list of new officers to district president
- Auxiliary board meeting

**JUNE & JULY**
- Executive committee meeting
- Go over assignment guide with each new board member
- Check with newsletter editor, if you have one, concerning fall issue
- Plan year’s projects
- Check on district meetings; urge attendance, make reservations

**AUGUST**
- Auxiliary board meeting
  1. Orientation of new board members
- Attend Fall District meeting (may be in September or October)
- Executive Committee meeting

**SEPTEMBER**
- Auxiliary board meeting
  1. Treasurer presents annual audit report

**OCTOBER**
- Auxiliary board meeting
1. Determine if board meeting is necessary in December

NOVEMBER
a. May have board social event
b. Plan spring issue of newsletter with editor

d. Auxiliary board meeting

DECEMBER
a. Activate nominating committee
b. Auxiliary board meeting
c. Plan for spring election meeting
d. Executive Committee meeting

JANUARY
a. Auxiliary board meeting
b. Nominating committee meets. President does not attend, but should give chairperson information as to which offices need to be filled.
c. Announce date of MAHA ANNUAL Meeting and urge attendance

d. Auxiliary board meeting

FEBRUARY
a. Auxiliary board meeting
b. Prepare and mail letter to auxiliary members regarding election meeting
c. Make plans for Annual Meeting
d. Check of payment or district dues
e. Check dates for Volunteer Week in March and make plans
f. Announce spring district meeting; urge attendance
g. Executive committee meeting

MARCH
a. Auxiliary board meeting
    1. Treasurer presents proposed budget
    2. Remind committee chairperson that their annual reports are due by end of May.
b. Auxiliary election meeting
c. Executive committee meeting

APRIL
a. Make reservations for Annual meeting
b. Make reservations for spring district meeting
c. Fill committee positions for next fiscal year
d. Auxiliary board meeting
    1. Vote on budget
e. Executive committee meeting
f. Prepare to turn over all records to new president

ASSIGNMENT GUIDE FOR COMPILING A PRESIDENT’S NOTEBOOK

In general, a simple yearbook or diary is recommended—complete enough to provide the information needed by auxiliary members and yet not all inclusive that it is bulky and complicated.

These guidelines are not a point-by-point pattern for your yearbook to follow; rather they suggest a variety of possibilities to trigger thinking. From special knowledge of your auxiliary’s needs, plus your own creativity, will come the original yearbook to serve your auxiliary best.

1. List of elected officers, addresses, telephone numbers.
2. List of committee chairpersons, addresses, telephone numbers.
3. Meeting dates for the board meetings and general meetings
4. Agendas for board meetings and general meetings (keep for two terms)
5. Minutes of board meetings and general meetings
6. Treasurer’s report
7. Budget
8. Reports
   --President’s annual report
   --Committee chairperson reports (condensed)
   --Nominating committee report
   (keep record of committee members for at least three terms to avoid repeats)
9. Committee Section (page for each committee)
   --Chairperson’s name
   --Any activities reported
10. Bylaws
11. Assignment guides
12. District level section
    --List of officers, chairpersons with addresses/phone numbers
    --Meeting notices
    --District newsletter
    --Copy of district bylaws
13. State level section (MAHA)
    --List of officers, chairpersons, addresses and phone numbers
    --Meeting notices
    --MAHA Newsletter
    --MAHA bylaws

GUIDELINES FOR OFFICERS
LEADERSHIP

Leadership is that intangible art or skill of motivating others to act. There are as many styles of leadership as there are individuals. No single style is correct or best. Every leader brings to the office his or her own unique blend of knowledge, experience, talents and personality. Leadership in a health care delivery system (HCDS) auxiliary offers the challenge of enhancing patient care and influencing the education of the community.

Successful leaders possess the ability to
- Inspire
- Generate action
- Influence the direction of the organization
- Ensure its continuation through team building and training

Information can be learned, experience expanded and abilities developed, but the personality traits of a potential leader are an indication of his/her future effectiveness.

Successful leaders are
- Resourceful
- Responsible
- Dependable
- Willing to learn
- Flexible

They also
- Take initiative
- Communicate well with others
- Listen
- Inspire confidence
- Know how to delegate responsibility
- Admit making a mistake
- Profit from their leadership experience
- Are committed to the purpose and continued growth and success of the organization.

WHAT LEADERS DO
The leadership of an auxiliary includes the officers, executive board members and committee chairpersons.

**They must:**

Develop short and long-range goals to ensure a sense of accomplishment, yet maintain a continuity of purpose over several terms of office.

Periodically evaluate the auxiliary’s accomplishments and reassess goals to meet the changing needs of the institution and community.

Communicate on a regular basis with the institution’s administration and auxiliary membership.

Recognize talents, interests and needs of members and strive to match them with opportunities of meaningful service.

Search constantly for potential leaders and offer them increasingly complex areas of responsibility.

Provide leadership training through individual instruction, written assignment guides and local, district and state workshops.

Develop and implement sound fiscal policies.

Be informed and active advocates for the Health Care Delivery System they serve.

Develop an atmosphere of friendliness, warmth and caring.

Stress the value of volunteerism and service

Delegate responsibilities while retaining responsibility for the actions of those to whom the responsibility is given.

Perhaps the most important responsibility of a leader is to develop new leadership. Delegating responsibility is the key for a leader to begin to train future leaders. That training will ensure the availability of officers and committee chairpersons for the future.

**BEATITUDES OF A LEADER**
Blessed is the leader who has not sought the high places, but who has been drafted into service because of his ability and willingness to serve.

Blessed is the leader who knows where he/she is going, why he/she is going and how to get there.

Blessed is the leader who knows not discouragement, who presents no alibi.

Blessed is the leader who knows how to lead without being dictatorial; true leaders are humble.

Blessed is the leader who seeks for the best for those he serves.

Blessed is the leader who develops leaders while leading.

Blessed is the leader who marches with the group, interprets correctly the signs on the pathway that leads to success.

Blessed is the leader who has his head in the clouds but his feet on the ground.

Blessed is the leader who considers leadership an opportunity for service.

Author unknown

HELP FOR SECRETARIES
About minutes

Minutes are the official record of business conducted at a meeting and become the history of the organization. Personal comments and general discussion are omitted from the minutes. Write minutes as soon as possible after the meeting while material is fresh in your mind.

Suggested outline for recording minutes

Kind of meeting (annual, regular, board, or special)
Name of Organization
Time, date and place of meeting
Name of presiding officer
Statement of approval of minutes
Names of those present, or if a very large group, the number present
Report of treasurer - filed for audit
Reports of committees
Unfinished business - action taken
Record of every main motion, whether adopted or lost, with name of mover; name of seconded is not recorded; read motion back to group before it is voted upon
Action taken on committee reports
New business - action taken
Announcements
Date of next meeting
Adjournment - time
Signature of Secretary only; do not sign “Respectfully Submitted”

Minutes should be as concise as possible while still including the above items.

NOMINATING COMMITTEE
Nominating and electing officers is vital to the life and progress of every organization. Talented leaders are necessary to achieve the plan and purpose of the group. A nominating committee is one of the most important committees of an organization because it is its duty to find and nominate the best candidate.

The bylaws should state the size of the committee, how and when chosen, and when it reports. The nominating committee should be elected, where possible, unless the bylaws state the method of appointment, to protect the president and the committee from accusations of favoritism. The president should not serve on the committee, take part in its discussions, or give instructions. The committee should be representative of the entire organization and knowledgeable of its operation.

**RESPONSIBILITIES OF A NOMINATING COMMITTEE**

The responsibilities usually assigned are

- Study the problems and the leadership requirements of the organization
- Be familiar with the assignment guides for each position to be filled
- Select nominees who have the experience and qualities needed by the organization
- Describe the duties of the office to prospective nominees
- Secure the nominee’s consent to serve if elected
- Prepare a report listing the office and the name of the nominee
- Submit a report to the Board and/or the general meeting as directed by the bylaws

If the nominating committee’s report is merely read and adopted, there has been no election. An election must be held following the presentation of the report or at a time specified in the bylaws.

**ELECTION PROCEDURES**
**Nominations** may be made by a nominating committee, from the floor, or by mail according to the bylaws. A quorum must be present for an election to take place.

**Election** may be by ballot, voice vote, rising vote, sow of hands, roll call, or mail vote. By laws should designate type of vote. If there is more than one nominee, voting should be done by written ballot.

When the time for electing officers arrives, the president must receive the report of the nominating committee and must always call for nominations from the floor.

**HOW TO ELECT: VERSION ONE**

If a nominating committee presents one candidate for each office or a single slate and no further nominations are received, the entire slate may be voted upon by the membership as presented by the nominating committee.

The president reads the slate, and asks if there are any nominations from the floor. If there are none, a motion is required to accept the slate. If the motion is made by the nominating committee, no second is needed.

The president says, “All in favor of electing the slate as presented say Aye; opposed, No.”

The president then declares the slate elected or defeated.

**HOW TO ELECT: VERSION TWO**

The president, when calling for nominations, first repeats the name that was submitted by the nominating committee:

President: Mrs. A has been nominated for president by the committee. Are there any further nominations for president?

If someone is nominated from the floor, with prior consent of the individual, the chairperson repeats that person’s name. Mrs. B has been nominated. Are there any further nominations? If there is no response:

President: “If there are no further nominations for president (pause) the chairperson declares the nominations closed.”
A motion may be made to close nominations. It requires a second, a two-third vote, and is not debatable.
Such a motion is not in order before the president has called for nominations from the floor.

The president then proceeds in this manner for each office on the ticket a presented by the nominating committee. After nominations have been closed, if there are no further nominations for any office, voting is then conducted by the president. Each officer may be voted upon alone, or the entire slate by be voted upon at one time.

If more than one person is nominated for an office, a written vote is required. Paper for ballots should be supplied, and the president should appoint tellers to distribute, collect, and count the ballots. After the count, the president than announces the results and says, “Mrs. A has been elected to the office of (insert name of office).”
Some auxiliaries desire to have a formal installation ceremony, although it is not a necessary requirement.

PURPOSE

- Marks the official change in administration
- Serves as an opportunity to thank outgoing officers and membership
- Provides opportunity at annual membership meeting to motivate officers and members to new challenges.

VALUES

- Lends dignity to the change of administration
- Allows for serious thought and the duties that officers are assuming
- Promotes service, fellowship and recognition
- Establishes and/or emphasizes tradition.

FORMAT / STYLES

- May be simple and dignified with the new president receiving the gavel from the retiring president.
- May be more ritualistic, using set verbiage and flowers or lighted candles.

INSTALLER

**Usually selected by the incoming president**

- May be the district president
- May be a past president of the auxiliary
- May be some other appropriate person with the Healthcare Delivery System
- Will be advised of the type of ceremony and whether additional remarks are to be made.

TYPES OF CEREMONIES
LONG VERSION

- Each officer is recognized separately and given the charge
- Officers are administered the oath of office
- The incoming president outlines the objectives of the new administration and then
- Concludes the meeting, unless this is traditionally done by the outgoing president.

SHORT VERSION

- New officers come forward in a group
- Officers are administered the oath of office
- The incoming president outlines the objectives of the new administration and then concludes the meeting, unless this is traditionally done by the outgoing president.

SAMPLE CEREMONIES
Local traditions will dictate the format which may be used.

LONG VERSION

Installing officer might say the following after calling the newly elected forward:

To the President:  Only those who have stood in your place can fully appreciate the privilege which is yours in having been elected to the highest office his auxiliary can bestow. You will faithfully fulfill the duties and obligations of your office with courage. At times your path may be difficult. May you have the courage, understanding and determination to overcome all obstacles.

To the President Elect:  You as a member of the family must be ready at all times to take over the duties of the president when called upon to do so. You will assist the president as requested and assume the office in the absence of the president.

To the Vice President:  You will assist the president-elect and the president as requested in carrying out the purpose of this auxiliary.

To the Secretary:  It is your duty to keep exact records of the proceedings of this auxiliary and its executive board. Upon the completeness of your records depends the effectiveness of the action of this auxiliary. We wish you success.

To the Corresponding Secretary:  It is your duty to handle all correspondence of this auxiliary.

To the Treasurer:  It is your duty to deposit and pay all obligations of this auxiliary promptly and to give an accounting of same. The financial reputation of your auxiliary depends upon the ability with which you conduct your office.

To all:  Repeat after me the Oath of Office:  “I solemnly promise to fulfill the obligations of my office and to promote the goals and ideas of the (insert name) Auxiliary. As your installing officer, I declare the installation concluded and extend my best wishes to you.”

SHORT VERSION
Installing officer might say:

“To these officers who have so faithfully and diligently served the (insert name) Auxiliary for this past year, we offer our thanks for a job well done.”

“Will the new officers please come forward as I read your names?” Do each of you sincerely promise to maintain, support and enforce the bylaws of the (insert name) Auxiliary?”

“Do you promise faithfully to the best of your knowledge and ability to discharge the duties of your respective office? If so, answer YES.”

“Members of the (insert name) Auxiliary, I present to you the new officers you have chosen. It is your duty to loyally support their efforts and to help achieve the purposes and aims of the (insert name) Auxiliary.”

“I now declare these officers duly installed and extend to them and to the (insert name) Auxiliary best wishes for a successful year.”

OPTIONS

Installing officers may

Use flower symbols

1. White for secretary and treasurer denoting accuracy
2. Red for vice president denoting courage
3. Green for president elect denoting strength
4. Blue for president denoting truth and leadership

Present small appropriate gifts, for example

1. Key for the treasurer
2. Record book for the secretary
3. Tiny gavel for the president
4. Permanent gavel to the president

Devise other means of acknowledging the various offices. Acknowledgments should be in good taste and not excessive in value. Do not establish a precedent that might become difficult to follow in the future.

COMMITTEES
A committee is one or more persons appointed or elected by an organization to consider, act on, or report in regard to certain matters. Committees have ONLY the power delegated to them by the bylaws, standing rules, or the motion that created them. The kinds and members of committees will vary with the organization.

**TYPES OF COMMITTEES**

**Standing**
Named by the president, but having continuing purpose
The bylaws must list all standing committees: For example: Nominating; Bylaws; Executive; Membership etc.

**Special or Ad Hoc**
Special committees, named by the president for special purposes; the committee is dissolved when the purpose is completed.
Chairperson may be designated as a voting on non-voting member.

**COMMITTEE CHAIRPERSON RESPONSIBILITIES**

The Chairperson has the duty to:
Call and conduct meetings.
Define the committee’s purpose.
Appoint appropriate subcommittees.
Represent the committee’s viewpoint at meetings.
Report to the auxiliary as a whole.

Rights of the chairperson include
The same right to discuss and vote as other committee members have

**COMMITTEE RESPONSIBILITIES**

Minutes are kept by the secretary of the committee. They belong to the committee and may be destroyed when the committee is dissolved. The report of a committee is the report agreed to by the majority of the committee. If a report contains a recommendation, it should be placed at the end of the report.

**BASIC PARLIAMENTARY PROCEDURE**
Basic knowledge of parliamentary procedure is necessary to get business accomplished in an efficient, orderly manner, expressing the will of the majority, while protecting the rights of the minority, individuals, and absent members, and maintaining harmony among members.

Each organization should adopt a parliamentary authority such as “Robert’s Rules of Order Newly Revised” and/or the “Standard Code of Parliamentary Procedure” by Alice Sturgis. These books cover procedural questions not covered by the charter, bylaws or adopted rules of the organization. In conflict, the organization’s bylaws supersede the parliamentary authority.
## Parliamentary Procedures at a Glance

<table>
<thead>
<tr>
<th>To Do This: - 1</th>
<th>You Say This:</th>
<th>May You Interrupt Speaker?</th>
<th>Must You Be Seconded?</th>
<th>Is the Motion Debatable?</th>
<th>Is the Motion Amendable?</th>
<th>What Vote Is Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjourn the meeting</td>
<td>&quot;I move that we adjourn.&quot;</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
</tr>
<tr>
<td>Recess the meeting</td>
<td>&quot;I move that we recess until...&quot;</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>Complain about noise, room temperature, etc.</td>
<td>&quot;Point of privilege.&quot;</td>
<td>Yes</td>
<td>No</td>
<td>No-2</td>
<td>No</td>
<td>No Vote-3</td>
</tr>
<tr>
<td>Suspend further consideration of something</td>
<td>&quot;I move we table it.&quot;</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
</tr>
<tr>
<td>End debate</td>
<td>&quot;I move the previous question.&quot;</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3 vote required</td>
</tr>
<tr>
<td>Postpone consideration of something</td>
<td>&quot;I move we postpone this matter until...&quot;</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>Have something studied further</td>
<td>&quot;I move we refer this matter to a committee.&quot;</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>Amend a motion</td>
<td>&quot;I move that this motion be amended by...&quot;</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
<tr>
<td>Introduce business (a primary motion)</td>
<td>&quot;I move that...&quot;</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
</tr>
</tbody>
</table>

1. The motions or points above are listed in established order of precedence. When any one of them is pending, you may not introduce another that is listed below it. But you may introduce another that's listed above it.  
2. In this case, any resulting motion is debatable.  
3. Chair decides.
1. The motions, points and proposals listed above have no established order of precedence. Any of them may be introduced at any time, except when the meeting is considering one of the top three matters listed in the above chart (motion to adjourn). 2. But division must be called before another motion is started. 3. Then majority vote is required.
TYPES OF MEETINGS

Types of meetings include:

**Regular**
- A periodic business meeting held at a stated time with quorum as prescribed by bylaws
- To discuss the business of the auxiliary: administrative, future plans, and projects
- For education and information

**Special**
- A separate session held at a time different from regular meeting, convened to discuss one or two specific topics
- To be called by the president or at the written request of membership as prescribed by the bylaws, with adequate notice given of time, place, and purpose

**Annual**
- To install officers and to receive officers’ and committees’ reports
- To review auxiliary’s achievements of the past year
- To outline future objectives
- To be scheduled with adequate notice given as prescribed by the bylaws
PLANNING MEETINGS

It is important that regular meetings be scheduled on a yearly calendar stating date, time and location. Advance information on topics will stimulate interest.

Items to be considered include:

Date:

1. Establish a regular date which does not conflict with the date of another organization with overlapping membership
2. Be willing to move a traditional meeting date to provide a more convenient time

Time:

1. Select a time convenient for most members
2. Change a traditional time, if more convenient
3. Alternate day and evening meetings, if this is practical

Location:

1. Consider parking, accessibility and safety
2. Use an easily accessible, appropriately sized room in the health care facility for large meeting, or the HCDS board room for auxiliary board meetings.

Programs:

1. Topics should relate to auxiliary members interests in health care
2. Information may be given on new programs in the facility, i.e. health promotion, community relations, new procedures available, new staff members, patient services, affiliations, etc.
3. Programs should include training for auxiliary members, i.e. leadership, finance, fundraising, legislation, etc.; auxiliary members who are well informed are the best link with the community.
AGENDAS

It is the president’s responsibility to make up an agenda for the meeting and distribute copies of it to those attending the meeting. An agenda is a useful tool for the president to use to take marginal notes as a reminder of business that is to be done before the next meeting.

By timing an agenda each person and committee knows for how long they have the floor. A meeting should not last more than 90 minutes to be productive. Timing gives those committees who fall at the end of the agenda the opportunity to report.

Following is a sample agenda:

AGENDA
for the (insert date) Meeting of the
(insert name) Auxiliary

I. Call to Order
II. Approve minutes of the previous meeting
   (minutes may be read by the secretary or approved as mailed or circulated)
III. Secretary’s Report
IV. Corresponding Secretary’s Report
V. Treasurer’s Report
VI. President’s Report
VII. Reports of Standing Committees
     Fundraising
     Special Projects
     Volunteers, Etc.
VIII. Reports of Other Committees
IX. Unfinished Business
X. New Business
XI. Adjournment
HOW TO CONDUCT A MEETING

Call to Order
The presiding officer calls the meeting to order at the designated time with one tap of the gavel. (Words in quotes indicate those used by the presiding officer.)
“The meeting will please come to order.”
Wait for perfect order and ascertain if a quorum is present. A quorum is necessary in order to conduct business.

Reading and Approval of the Minutes
If the minutes are mailed or circulated at the meeting it is not necessary to read them aloud.
Otherwise the secretary reads the minutes.
“Are there any corrections?”
“The minutes stand approved as read.”
When corrections are made: “If there are no further corrections, the minutes stand approved as corrected.” (Additions to the minutes are considered corrections.) If the minutes have been mailed or circulated: “The minutes stand approved as mailed (or circulated).”

Treasurer’s Report
“The treasurer will read the treasurer’s report.”
The treasurer reads the report.
“Are there any questions? This report was read for your information and will be placed on file for audit.”
No motion to accept the report is required on the unaudited report of the treasurer. If a budget has been adopted, no motion is needed to pay the bills unless funds are not provided in the budget or the bills are over the budgeted amount.

Correspondence
“The corresponding secretary will read the correspondence.” Any action that may arise from the reading of correspondence is deferred until unfinished or new business is considered.

Committee Reports
The presiding officer calls on individual chairpersons and asks that they present reports if they have them.

Committees report in the following order
1. Executive Committee
2. Standing Committees
3. Special Committees

Reports which contain only facts, opinions or information require no action.

Reports which contain recommendations or resolutions require action. They should be presented at the end of the report, and the reporting should move that the recommendation be adopted. If there is more than one recommendation, each should be considered separately. A motion from a committee does not need a second. Action on a report may also be considered under new business.

No action is taken on the initial report of the nominating committee.

**Unfinished Business**

The presiding officer has a record of unfinished business on the agenda and presents it for consideration and action. It includes

Any motion or report postponed from the previous meeting.

Business on which action was not completed at the previous meeting.

**New Business**

“New business is now in order” New business is introduced by a motion or resolution using the following procedure:

- The member must
  1. Be recognized by the chairperson
  2. Address remarks to the presiding officer with courtesy
  3. Confine discussion to the motion on the floor
  4. Wait for every other member to have an opportunity to speak to the motion before speaking for a second time.

- Motion is made. “I move that…”
- Motion is seconded. A member without addressing the chairperson says “I second the motion.” If the motion is not seconded, the presiding officer states, “There being no second, the motion is lost.”
• The motion is restated by the chairperson. “It is moved and seconded that…”

• “There are times when it is desirable to have discussion of a problem precede the proposal of a motion concerning it so that some agreement may be reached on the type and wording of the motion that is needed. There are also times when it is wise to set aside the formal rules governing discussion and debate. Both of these objectives may be accomplished by a motion to consider motion subject, or problem informally.”
  • The Standard Code of Parliamentary Procedure by Alice Sturgis.

• State the motion. “All those in favor of the motion say aye. Those opposed say no.” If the result of the vote is doubtful, the presiding officer calls for a rising vote, “The affirmative has it and the motion is carried,” or “The negative has it and the motion is lost.” When the vote is a tie, the motion is lost unless the presiding officer votes in the affirmative to confirm the vote.

Announcements

Announce the time and place of the next meeting and any other important announcements.

Program

The program may be held prior to or following the business meeting. The program chairperson, after being introduced by the president, introduces the program. The program chairperson thanks the participants. NOTE: The presiding officer does not “turn the meeting over” to anyone.

Adjournment

The meeting may be adjourned by general consent. The chairperson says, “if there is no further business and no objection, the meeting will be adjourned.” A meeting may also be adjourned by a motion for adjournment.


AUXILIARY FINANCES
AUXILIARY FUNDS

The auxiliary should have detailed financial policies that are in keeping with the bylaws of the HCDS governing board. Auxiliary moneys come primarily from dues and fundraising projects. A portion of auxiliary income may be used to cover management, educational, and general expenses. All funds from auxiliary projects must be channeled through the auxiliary treasurer deposit in the auxiliary account.

BONDING

All Auxiliary members and employees who handle money need to be bonded. Check with the HCDS financial department to ascertain if the HCDS covers auxiliary members and its employees. If not covered by the HCDS bond, the auxiliary must provide its own bonding. A blanket bond will protect all auxiliary members and auxiliary employees.

INSURANCE

Check with the HCDS to determine if auxiliary members are covered under the HCDS liability insurance policy. If not covered, the auxiliary must provide its own liability insurance. Off campus events may require short term rider liability insurance. Investigate the need for property, fire, theft, travel, workers compensation, and directors’ and officers insurance with the HCDS financial department.

AUDIT

Many auxiliaries do not warrant a full audit. Often a simple review will suffice. Contact a CPA or the HCDS financial department for advice as to which records will be needed to perform an audit or review. An auxiliary may be able to have its financial records audited along with those of the HCDS. Audits or review should be done annually. The completed audit or review should be reviewed by the auxiliary board and/or the executive committee. The recommendations by the auditor or reviewer can be considered in planning for the following year.

PROCEDURES FOR HANDLING MONEY
Receipts

- Cash received should be counted by two people and deposited in the bank to the auxiliary by a third person.
- Write or stamp “for deposit only” on checks payable to the auxiliary and deposit in the auxiliary account.
- Keep a record of checks received that include check numbers, amounts and from whom the check was received as part of the treasurer’s records.

Disbursements

The bank card authorizing check signatures should have at least three signatures. These should be key officers from the executive committee. Checks written on the auxiliary account should be signed by two people.

Accumulated Funds

Moneys in excess of auxiliary operating expenses should be given to the HCDS or Foundation on a regular basis. Money should not be accumulated in the auxiliary treasury. Bylaws should provide for the distribution of funds upon the dissolution of an auxiliary.

TREASURER’S REPORT

A financial report should be given at each meeting of the board and membership. The report should contain the bank balance at the beginning of the period, the receipts, disbursements, the balance at the close of the period, and total assets.

SAMPLE TREASURER’S REPORT
TREASURER’S REPORT
(INsert NAME) AUXILIARY

Balance in checking account, (date) $15,310.22

Receipts:
- Membership Dues 199.00
- Baby Pictures 873.23
- Canteen Vending 1,879.84
- Transfer from Gift Shop 4,000.00

Total Receipts 6,952.07

Disbursements:
- Commonwealth of PA
  - Charitable Organization fee 100.00
- Bonding Fee 150.00
- Yard Sale Ad 5.00
- License, small games of chance 10.00

Total Disbursements 265.00

Subtotal, checking account (date) 21,997.29

Transfer to hospital 20,000.00

Checking account balance $1,997.29

BUDGET
A budget is an important tool for the responsible management of auxiliary funds. A budget is a guideline for the coming year based on the past year’s budget and financial reports. Budgets should be as realistic as possible.

The budget should be prepared by the finance committee and the treasurer. Officers and committee chairpersons should be consulted concerning expenditures and anticipated income.

The completed budget must be submitted for approval and adoption to the auxiliary board and membership according to the bylaws. Expenditures not in the budget must be voted upon by the voting body before payment can be made. The HCDS financial department can be a resource in budget preparation.

**SAMPLE BUDGET**

**(INSERT NAME) AUXILIARY**

**Budget for (Insert Auxiliary Fiscal Year)**

**INCOME**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Baby Pictures</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Canteen Vending</td>
<td>22,000.00</td>
</tr>
<tr>
<td>Snack Shop</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Gift Shop</td>
<td>45,000.00</td>
</tr>
<tr>
<td>Projects</td>
<td></td>
</tr>
<tr>
<td>Yard Sale</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Jewelry Sales</td>
<td>3,800.00</td>
</tr>
<tr>
<td>Other Projects</td>
<td>1,500.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$91,800.00</strong></td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Dues</td>
<td>$100.00</td>
</tr>
<tr>
<td>MAHA Conference Delegate Expenses</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Bonding Fee</td>
<td>200.00</td>
</tr>
<tr>
<td>Audit or Review</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Licenses and Fees</td>
<td></td>
</tr>
<tr>
<td>Charitable Organizations Annual Fee</td>
<td>100.00</td>
</tr>
<tr>
<td>Small Games of Chance License</td>
<td>10.00</td>
</tr>
<tr>
<td>Contribution to Hospital</td>
<td>87,390.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$91,800.00</strong></td>
</tr>
</tbody>
</table>

**RECORD RETENTION GUIDELINES**
<table>
<thead>
<tr>
<th>Item</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable ledgers</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Accounts receivables</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Annual Reports</td>
<td>Permanent</td>
</tr>
<tr>
<td>Audit Reports</td>
<td>Permanent</td>
</tr>
<tr>
<td>Bank reconciliation</td>
<td>1 yr.</td>
</tr>
<tr>
<td>Board Reports</td>
<td>3 yrs.</td>
</tr>
<tr>
<td>Checks (canceled)</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Checks (canceled for Important payments, i.e. taxes, purchase of</td>
<td>Permanent</td>
</tr>
<tr>
<td>property, special contracts, etc.)</td>
<td></td>
</tr>
<tr>
<td>Contracts and leases (expired)</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Contracts and leases (still in effect)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Correspondence (routine) with customers &amp; vendors</td>
<td>3 yrs.</td>
</tr>
<tr>
<td>Correspondence (general)</td>
<td>3 yrs.</td>
</tr>
<tr>
<td>Correspondence (legal)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Expense analyses and expense distribution</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Financial statements (end-of-year, other months - optional)</td>
<td>Permanent</td>
</tr>
<tr>
<td>General ledgers</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Highlights (copy for file)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Internal audit reports (in some situations, longer retention periods</td>
<td>Permanent</td>
</tr>
<tr>
<td>may be desirable)</td>
<td></td>
</tr>
<tr>
<td>Minutes books of directors, including bylaws and charter</td>
<td>Permanent</td>
</tr>
<tr>
<td>Notes receivable ledgers and schedules</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Purchase orders</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>Tax returns and worksheets, revenue agent's reports, and other</td>
<td>Permanent</td>
</tr>
<tr>
<td>documents relating to determination of income tax liability.</td>
<td></td>
</tr>
<tr>
<td>Vouchers for payments To vendors, board Members, etc. (including</td>
<td>7 yrs.</td>
</tr>
<tr>
<td>allowances and reimbursement of board members, officers, etc., for</td>
<td></td>
</tr>
<tr>
<td>travel and expenses)</td>
<td></td>
</tr>
</tbody>
</table>
GIFT SHOPS

A health care deliver system (HCDS) gift shop is an ongoing fundraising project of the auxiliary.

To guarantee insurance coverage of the shop and its contents, the gift shop should be mentioned as an entity of the auxiliary in the organization's bylaws.

ABOUT GIFT SHOPS

Purposes of the Gift Shop
Fund raiser
Service to visitors
Service to community
Opportunity to select gifts for patients
Purchase gifts to keep for your own

The Gift Shop may be run by:
A paid manager
Volunteer Chairperson
Committee of the Auxiliary
HCDS itself

The Gift Shop may contain:
Greeting Cards
Balloons
Baby Items
Candy
Snacks
Fresh Flowers
Permanent arrangements
Small inexpensive gifts
Stuffed toys
Notions

Gift Shop features
Credit Cards
Layaway
Gift wrapping, Payroll deductions, Delivery to Patients
Market of the Gift Shop
Patients
Visitors
Staff
Auxiliary Members
Volunteers
Community

Location of the Gift Shop is a very important consideration.
The gift shop needs to have:
- Easy excess,
- Eye catching displays,
- Handicapped excess,
- Pleasant experience for volunteers and shoppers.

Other important factors regarding HCDS Gift Shop:
Promotion and Display
Record Keeping
Purchasing
Analyze your vendors and know their policies
Pricing
Inventory
Budget
Business practices such as insurance on the shop and contents.

Issues for Consideration:
Consignment buying, Merchandise returns, Shoplifting - to prosecute or not?, Credit cards, Security systems, computer inventory, gift certificates, layaways, customer surveys.
The Role of Advertising

There is no rule in the Internal Revenue Code which prohibits hospital gift shops from advertising. Advertising by a hospital gift shop can be risky, however, because it can raise a red flag. If advertising is not handled delicately, it can appear as if the hospital gift shop is looking to make sales, regardless of whether the sales are intended to promote a tax-exempt purpose. Invoices for advertisements may make an IRS auditor more likely to question whether a hospital gift shop’s merchandise is really aimed at its target audience. If the merchandise offered for purchase by staff, patients, and visitors? Or is it simply displayed to sell goods and generate revenue? In other words, the fact that the hospital gift shop advertises might make the auditor inclined to say that more items in the hospital gift shop are unrelated business income, because the advertising may lend a flavor of commercialism to the hospital gift shop.

Advertising by a hospital gift shop is also risky for another reason. The advertisements might catch the attention of local businessmen who are competing with the hospital gift shop, such as local gift shops. For-profit stores in a hospital gift shop’s hometown sometimes sell the same kind of merchandise as can be found in a hospital gift shop. Sometimes these businessmen view the hospital gift shop as unfair competition. The hospital gift shop can afford to sell at a lower price because it does not pay income taxes. Advertising by the hospital gift shop could be a grating reminder to local businessmen, which might either spur them to dust his own shelves and reduce his prices, or call the IRS toll free number and complain about the rampant commercialism at the “so called non-profit hospital gift shop”. Anyone who thinks that this never happens is likely new to the non-profit sector.

What are the consequences if the IRS auditor finds that items sold by a hospital gift shop are subject to tax? The auditor can go back for a least three years and require the hospital gift shop to pay federal income tax on its profit from all unrelated items.

The auxiliary would be hard-pressed to find the dollars to pay the income tax. If the hospital gift shop administrator knows in advance that an item will be subject to income tax, the price can be adjusted to include enough profit to pay the tax. This could be small comfort to the hospital gift shop administrator facing several years of back taxes.

Consider the impression of the intent of the advertising: Is the ad aimed at persons visiting patients in the hospital or is it aimed at stimulating sales to the general public? This can make a big difference in the outcome of the audit.

The conclusion, then, is that advertising by a hospital gift shop does not necessarily jeopardize the tax-exempt status of the auxiliary, nor will it necessarily cause problems during an IRS audit. Problems can be avoided by making sure that the hospital gift shop advertising reflects the real purpose of the auxiliary, that is, to promote the welfare of the patient.

This article was reprinted in portion from “Tax Issues for Exempt Organizations - A Primer” a Handout by Paula Cozzi Goedert
STRATEGIC PLANNING

The auxiliary board leadership has the responsibility for the process of planning and evaluating. This must be done in coordination with the mission statement of the HCDS. This process is very important in today’s rapidly changing health care environment as it provides the key to survival and future success. The board may assume the responsibility for planning or it may delegate to a planning committee or task force.

Parts of Strategic Planning:

Self Assessment:
- Include auxiliary members, committees and chairpersons
- Include input from community members
- Include Hospital administration and the governing board
- Possibly include formal survey of membership
- Review past reports of organization

Develop a Mission, Vision, Goals and Objectives for your organization and update these on an annual basis.
- **Mission** - Statement of purpose - reason for being, statement of goals, a statement of what is unique about your organization.
- **Vision** - the destiny of your organization.
- **Goals** - the future outcomes you hope your organization will accomplish.
- **Objectives** - targets to be achieved in a certain period of time.

Items to be included in strategic planning:
- Leadership development, ongoing relationship with HCDS, and community factors.
- Set the priorities of your organization:
- Long term goals, short term goals, goals most important to your organization.
- A time line for achievement of goals set.
Plan of Action:

The plan of action will require creativity, give and take on the part of each person, patience and time. Brainstorming is involved and no idea should be rejected. The process must take into account the capabilities, limitations and problems of the organization.

Develop a plan of action: state goal, time frame, who is responsible for each goal, for each goal state specific tasks needed to accomplish the goal and the time line for accomplishment.

Make sure your goals are practical, realistic as well as visionary.

An excellent time for strategic planning could be an annual retreat for the board members of your organization and a facilitator may be include in the strategic planning if so chosen.
Mergers

As more and more health care delivery systems change configuration in response to their quest for quality patient care at a reduced cost, it is important for an auxiliary to understand the new structure, evaluate itself, and move on to new ways to serve the HCDS whose name it now bears.

Conditions of Mergers:

- One institution assumes the assets and liabilities of another.
- Each maintains its own physical plant.
- Both function within the physical plant of one.
- Both move into an entirely different facility.
- A merger occurs between two or more similar institutions.
- A merger occurs between institutions with different purposes:
  - Acute care hospital with a rehabilitation hospital.
  - Rehabilitation hospital with an extended care facility.
  - Freestanding clinic with acute care or rehabilitation hospital.
- The governing board is established in accordance with the new institution’s bylaws.
- The facility may develop a new name or combine the original names.
- Auxiliary members involved sit down together to determine their future on behalf of the joined institutions.
WHEN AUXILIARIES MERGE

The merging or consolidating of auxiliaries should be done on a step-by-step basis. Each auxiliary's membership should meet to communicate information about the HCDS proceedings, obtain support for the combining of the auxiliaries, and get approval for each auxiliary's board of directors to appoint representatives to a combined steering committee.

Committee members should include representatives of leadership and the membership at large. Subsequently, it is wise to secure legal assistance, usually from an in-house counsel, to determine the status of the new auxiliary in relation to the institution, to develop new bylaws, and to resolve any other legal issues.

Steering Committee Responsibilities:

- Review the reasons for the institution merger with the assistance of the administration.
- Discuss the relationship of the auxiliary to the new HCDS.
- Identify the needs of the institution in terms of programs, services and funds.
- Define the institution’s expectations of the new auxiliary.
- Discuss similarities and differences.
- Determine how to utilize each auxiliary's present leadership so there is no loss of prestige.
- Pinpoint the advantages of merging the auxiliaries.
- Discover whatever legal action is needed to dissolve the existing groups and form the new one.
- Agree on disposition of funds remaining in original auxiliary treasuries.
- Establish a mechanism for the auxiliary membership to approve the merger, adopt new bylaws, and election of officers.

Members of the existing auxiliaries become charter members of the new one. Charter membership can be kept open for an extended period to encourage others in the community to join. The establishment of the new organization offers an excellent opportunity for membership recruitment.
LEGISLATION

WHY AUXILIANS AND LEGISLATION?

Auxiliary members care about legislation because it is so important to their hospitals and communities. Health care institutions are increasingly affected by laws and regulations passed by governmental bodies. MAHA working with MHA and the AHA, is constantly in touch with legislation to insure that laws and regulations are conducive to good health care. Because of their numbers and informed interest, auxiliary members can exert considerable "clout" with legislators.

HAP recognizes and encourages this role for the auxiliary member. It urges hospital administrators to communicate regularly with auxiliaries about legislation affecting their institutions and the health and welfare of the community.

MAHA LEGISLATIVE NETWORK

MAHA has an effective network designed to provide its members with information about legislative activities. This includes:

- MHA LIAISON
- STATE Legislative Chairperson.
- SIX DISTRICT Legislative Chairpersons.
- Auxiliary Legislative Chairperson.

WHAT AUXILIARY MEMBERS CAN DO

Auxiliary members can influence legislative decisions by:

- Becoming informed on issues and their importance to good community health care.
- Making their views known through letters to the editor and by speaking to friends and at civic and community groups.
- Write to and/or meet with legislators and urge others to do the same.
- Use resources of MAHA, MHA and AHA.
COMMUNICATING WITH LEGISLATORS

Communications means exchanging information. Communicating well requires understanding the issue being considered. In other words, do your homework. Personal communication is most effective. In the field of political communication, the following methods are recommended:

LETTERS:

This is the most commonly used form of communication. The amount of mail on a particular piece of legislation often helps determine the legislators’ approach to it.

Guidelines for writing letters:

- Get your legislator’s correct name and address.
- Write on personal stationary, using your own words, identify yourself, and keep it brief.
- Send Original.
- Use specific bill numbers.
- Send copies to your hospital administrator and to MAHA, MHA.
- Get others to write.
- Include pertinent editorials from local newspapers.
- Send a thank-you to the legislator when his action pleases you.

Use Fax, Email or telegrams, if time is short: Persuade others to send messages.

Make telephone calls:

- Be well prepared, well informed, and place the call at a strategic time, such as before a vote.
- If the legislator is not available, speak with the legislative assistant.

Make personal visits:

- Most legislators operate an office in their district or hold meetings that are announced in local newspapers.
- Call the office and make an appointment or attend local meetings held by legislators.

Send post cards:

- This is effective, but space limits the size of the message.
AUXILIARY NEWSLETTERS

PURPOSE

A newsletter is a timely and informative item for conveying pertinent news to auxiliary members whether on the local, district or state level. It is also an item that can be used for potential members to introduce them to your organization. The newsletter is an excellent public relations item.

Items to keep in mind in the planning, production and distribution of your newsletter:

- Copy preparation, printing, eye appeal, headlines, illustrations, photography.
- Make sure your articles are accurate, readable and newsworthy.
- Make sure you prominently display: name of the newsletter, the name of the hospital, name of auxiliary president, name, address, and telephone number of the editor.
- Date of publication and volume and issue number.

Contents of newsletter:

- President's message, message from CEO or administrator, Calendar of Events.
- Reports such as financial, legislative, health promotion, gift shop, community projects, in house service projects, and fundraising activities.
- Organizational features, MAHA state and district news, features of special persons or events, deadline for next issue.

Mailing and distributing newsletters:

- The editor is responsible for organizing.
- Distribute to members, potential members, allied organizations, state and district officers.
- Have updated list of recipients.
- Distribute by mail or handout.
PROGRAMS

PROGRAM PLANNING IS IMPORTANT

Programs are tools for educating auxiliary members and the public, and the effectiveness of a program is greatly increased by good planning and management.

Things to keep in mind when planning programs:
- Be realistic.
- Base the programs on the needs and expectations of the public.
- Set target dates for achieving them.
- Decide on number of programs and target dates.
- Alternate programs between straight information and audience involvement.
- Use a variety of meeting techniques - speakers, films, tours, luncheons, etc.
- Appoint a chairperson or planner for the program.
- Contact people to be involved.
- Enlist help of the auxiliary public relations chairperson in publicizing the programs.
- Plan details of the meeting.

Ideas for programs:
- Health care legislation.
- Fundraising
- Geriatric care and volunteer help.
- Health education.
- Community participation in healthcare.
- Improving ties between the auxiliary and the hospital staff.
- New developments and technology at the hospital.
- Interesting people: teens and retirees in the hospital volunteer work.
- Films, slides or VCR programs.
- Keynote speakers.

Evaluate your programs:
- Did the program fulfill the objectives set?
- If not why?
- How could the program be improved?
Checklist of Details For Program Preparation

Program Arrangements - Make sure you:
- Set date and check conflicts such as holidays and other major events.
- Choose time.
- Arrange place.
- Determine program content and format.
- Make arrangements with program participants.
- Sent written confirmation to speakers including date, time, place, payment of expenses or honorarium, topics to be addressed, time allocated, objectives of meeting, type of audience expected, copy of invitation.
- Print programs or handouts if needed.

Invitations and announcements - Include:
- Place, date, and starting and ending times.
- Directions to locations and parking arrangements if needed.
- Program content and speakers.

Physical arrangements - make sure you have:
- Number of rooms needed
- Specific rooms for each program event
- A room which will hold expected number of attendees
- Good seating arrangements—classroom, theater style, conference or boardroom, horseshoe, etc. Informal seating is best.
- Registration space, when needed. Name tags helpful.
- Time when room is available.
- Proper lighting for presentations.
- Dimming or shut-off system for lights for audio-visuals
- Podium, lectern, and microphone system, American flag
- Room temperature control.
- Seating for speakers, VIP's.

Food and Beverage Arrangements - Determine:
- Type of refreshment function (coffee, lunch, tea, dinner, dessert).
- Where Served.
- Menu.
- Number to be served.
- Cost per meal per person including tax and tips.
- Silverware dishes, serving containers, utensils, ways to keep food hot and cold.
- Table settings and decor-flowers, cloths, napkins, place cards, etc.
Publicity - make use of:

- Auxiliary Newsletter.
- Healthcare facility publications.
- Invitations, posters.
- General Media - newspapers, TV, radio.
SCHOLARSHIPS

WHY OFFER SCHOLARSHIPS?

Scholarships extend the auxiliary’s contribution to the health care needs of the community by:

• Encouraging young people to go into health care careers.
• Helping those already in health care jobs to get advanced training and further their careers.

Guidelines for planning a Scholarship Award

It is important that policies regarding scholarships be written so that they best serve the hospital, the auxiliary, the community, and the recipient.

Some suggested guidelines:

• CONSULT WITH HOSPITAL AND LEGAL COUNSEL WHEN PLANNING THE SCHOLARSHIP POLICIES.
• Develop a comprehensive application.
• Develop a system of providing information on scholarship availability.
• Set a deadline for receiving applications.
• Be sure there is a broad distribution of applicants.
• Develop an effective means of evaluating the applicants.
• Select recipients based on merit (including academic performance), demonstrated health career interest, financial need and personal interview.
• Award the scholarship fairly and impartially based on criteria that are clearly established and set forth on the application.
• Consider providing scholarship funds directly to established schools, with the restriction that the scholarship be given to students pursuing certain careers. For the purpose of public relations within the auxiliary and the community, the students can be identified as “XYZ” Auxiliary Scholars.
• Evaluate the scholarship program periodically to make sure it is relevant in terms of value and purpose. INVOLVE ADMINISTRATION AND LEGAL COUNSEL IN PROCESS.
RESOURCE FILE INVENTORY

A. Advocacy Rights
   Aging
   A.H.A. - Auxiliary - New concepts, New Directions
   Alcoholism
   Audio Visual
   Auxiliary
   1. Management
   2. Leadership
   3. Relationships

B. Bereavement/Grief Support
   Breast Health

C. Cancer
   Catalog - MHA Collection
   Catalogs - Order Information
   Children's Classic Run
   Children - Dying
   Children's Health
   Children Trips to the Hospital
   Circle of Life
   Communication
   Community Benefits
   Conference History 1987-1999

D. Day at the Capitol
   Diabetes
   Drug Substance Abuse

E.

F. Financial Management
   Fundraising
   1. Albuquerque program
   2. Projects Packet

G. Gift Shops

H. HAP Handbook - Original
   Health Care Topics - Women's Health and Others
   Health Education programs
   History of MAHA
   Hospice
   Hospitality Housing

I. Installation of Officers

J.

K.

L. Legislative
   Lifeline
   Long Term Care Nursing Homes

M. MAHA - Michigan Association of Healthcare Advocates
   MAHA Annual Report
   MAHA District Maps
   MAHA Resource File List
   Managed Care - Glossary
   Medic Alert
   Medical / Legal Decisions
   Mergers - 1998
   Michigan Hospital Association (MHA)
   Michigan State University Extension Service

N. Nutrition

O.
PRAYER FOR HOSPITAL AUXILIARIES

Almighty God and Heavenly Father of Mankind, bless, we pray Thee, our endeavors in the respective 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 the wisdom and humility in directing our united efforts to do for others only as Thou would have us do.

Amen
## CHRONOLOGICAL LIST OF PAST PRESIDENTS

+ *Note: the district listed is the district that was represented at the time*

+ *Deceased*

Districts were not formed until after 1951

List current as of Oct. 20, 2007

<table>
<thead>
<tr>
<th>Term Start</th>
<th>Term End</th>
<th>President Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1948</td>
<td>Organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October 1949 - November 1950</td>
<td><em>DOROTHY SCHMITZ</em> (William E.)</td>
<td>Allegan General Hospital</td>
<td></td>
</tr>
<tr>
<td>October 1950 - November 1951</td>
<td><em>ELROSE YAW</em> (Ronald)</td>
<td>Blodgett Memorial, Grand Rapids</td>
<td></td>
</tr>
<tr>
<td>October 1951 - November 1952</td>
<td><em>ELEANOR MCPHERSON</em> (Gus)</td>
<td>Community Hospital, Battle Creek</td>
<td></td>
</tr>
<tr>
<td>October 1952 - November 1953</td>
<td><em>GLADYS SPRINKLE</em> (C.L.)</td>
<td>Sparrow Hospital, Lansing</td>
<td></td>
</tr>
<tr>
<td>October 1953 - November 1954</td>
<td><em>NAN BUCKLEY</em> (J.R.)</td>
<td>Midland Hospital Center</td>
<td></td>
</tr>
<tr>
<td>October 1954 - November 1955</td>
<td><em>JANE HENDERSON</em> (Ira)</td>
<td>Northville State Hospital, Fowlerville</td>
<td></td>
</tr>
<tr>
<td>October 1955 - June 1957</td>
<td><em>MARGUERITE CONKLIN</em> (H.E.)</td>
<td>St. Lawrence Hospital Lansing</td>
<td></td>
</tr>
<tr>
<td>June 1957 - June 1958</td>
<td><em>FLORENCE POWELL</em> (H.A.)</td>
<td>Children's Hospital, Detroit</td>
<td></td>
</tr>
<tr>
<td>June 1958 - June 1959</td>
<td><em>HAZEL SHIPP</em> (Frank J.)</td>
<td>Otsego Memorial Hospital, Gaylord</td>
<td></td>
</tr>
<tr>
<td>June 1959 - June 1960</td>
<td><em>ROBERTA DIVER</em> (Russell)</td>
<td>Borgess Hospital, Kalamazoo</td>
<td></td>
</tr>
<tr>
<td>June 1960 - June 1961</td>
<td><em>FRANCES MACK</em> (Harold C.)</td>
<td>Harper Hospital, Detroit</td>
<td></td>
</tr>
<tr>
<td>June 1961 - June 1962</td>
<td><em>BERNICE SILL</em> (Henry)</td>
<td>W.A. Foot Memorial Hospital, Jackson</td>
<td></td>
</tr>
<tr>
<td>June 1962 - June 1963</td>
<td><em>GERTRUDE LOKERS</em> (Henry)</td>
<td>Zeeland Community Hospital, Zeeland</td>
<td></td>
</tr>
<tr>
<td>June 1963—June 1965</td>
<td><em>FLORENCE NORRIS</em> (Herbert E.)</td>
<td>Harper Hospital, Detroit</td>
<td></td>
</tr>
<tr>
<td>June 1965 - June 1966</td>
<td><em>EVELYN POWELL</em> (Horace B.)</td>
<td>Community Hospital, Battle Creek</td>
<td></td>
</tr>
<tr>
<td>June 1966 - June 1967</td>
<td><em>ROSE GREENBERG</em> (William P.)</td>
<td>Sinai Hospital, Detroit</td>
<td></td>
</tr>
<tr>
<td>June 1967 - June 1968</td>
<td><em>HEIDI WAGNER</em> (John A.)</td>
<td>Hurley Medical Center, Flint</td>
<td></td>
</tr>
<tr>
<td>June 1968 - June 1969</td>
<td><em>JUNE CUTTER</em> (Charles)</td>
<td>Blodgett Memorial / St. Mary’s Hospital, Grand Rapids</td>
<td></td>
</tr>
<tr>
<td>June 1969 - June 1970</td>
<td><em>DOROTHY GROOVER</em> (Charles E.)</td>
<td>Hurley Medical Center, Flint</td>
<td></td>
</tr>
<tr>
<td>June 1970 - June 1971</td>
<td><em>BETSY LITTEN</em> (Edward R.)</td>
<td>4214 Darnell Street, Houston, TX 77096</td>
<td></td>
</tr>
<tr>
<td>June 1971 - June 1972</td>
<td><em>BOBBIE POEST</em> (Vernon G.)</td>
<td>363 Villa Dr. So., Atlantis FL 33462 561-967-3327</td>
<td></td>
</tr>
<tr>
<td>June 1972 - June 1973</td>
<td><em>GRACE CARLSON</em> (Leonard)</td>
<td>Zeeland Community Hospital, Zeeland</td>
<td></td>
</tr>
</tbody>
</table>
Reed City Hospital, Reed City
W.A. Foote Memorial Hospital, Jackson
June 1973 - June 1974 (SWD)
MICKEY BOWMAN (Vere)
11248 Seneca Road
Benton Harbor, MI 48022
Mercy Hospital, Benton Harbor
616-925-1340

June 1974 - June 1975 (SED)
LUCY GRENZKE (George)
65 Woodland Shore Drive
Grosse Pointe Shores, MI 48236
Cottage Hospital, Grosse Pointe
313-881-8678
Email: glgrenzke@gmail.com

June 1975 - June 1976 (SED)
ELLEN HELLER (William)
21969 Shorepointe
St. Clair Shores, MI 48080
Children’s Hospital, Detroit

June 1976 - June 1977 (ECD)
DOLORES ROOT (Harrison)
116 Aberdeen Drive
Flushing, MI 48433
Genesee Memorial, Flint
313-659-2778

June 1977 - June 1978 (SED)
RICKY ROSS (Raymond)
9740 E. Avondale Lane
Traverse City, MI 49684
Beaumont Hospital, Royal Oak
616-922-0235

June 1978 - June 1979 (SED)
*BARBARA CLARK (Frank)
Port Huron Hospital, Port Huron
313-844-7170

June 1979 - June 1980 (NCD)
MARY MARVEL (Douglas)
 Munson Medical Center, Traverse City

June 1980 - June 1981 (ECD)
SALLY HAMMOND (Donal)
3318 Garland
Midland, MI 48642
Midland Hospital Center, Midland
989-835-2248

June 1981 - June 1982 (WCD)
JO ELLEN LAWRENCE (Walter)

10191 Sharon Drive
Greenville, MI 48838
Butterworth Hospital, Grand Rapids
616-754-7835

June 1982 - June 1983 (WCD)
BARBARA LEEGWATER (John)
1760 Ridgemoor Drive SE
Grand Rapids, MI 49506
Grand Rapids Osteopathic Hospital

June 1983 - June 1984 (SED)
*JEAN LOVE (Robert)
Wm. Beaumont Hospital, Royal Oak

June 1984 - June 1985 (SED)
*MARIE FETTERS (Harry)
Mt. Carmel Hospital, Detroit

June 1985 - June 1986 (ECD)
*CAROL COOK (William)
Owosso Memorial Hospital, Owosso

June 1986 - June 1987 (SED)
*JOYCE VOGELSBERG (Roy)
St. Joseph Hospital, Pontiac

June 1987 - June 1988 (ECR)
CLARA ROTH (*Roland)
2207 Fox Run Drive
Reese, MI 48757
Covenant Health Care, Saginaw
989-868-4059
Email: cmredden@charter.net

June 1988 - June 1989 (SED)
BEVERLY (DINGEL) HARTMAN (*Hubert)
35638 Kensington Avenue
Sterling Heights, MI 48312-3739
Henry Ford Macomb Hospital – Warren Campus, Warren
(formerly: BiCounty Community)
586-264-5002
Email: bhartman1@hfhs.org

June 1989 - June 1990 (SWD)
ELAINE CHAUDOIR (*Richard)
655 St. Joseph Road
Berrien Springs, MI 49103
Lakeland Specialty Hosp, Berrien Center
269-471-5351
Email: echaud@att.net

June 1990 - June 1991 (NCD)
RITA MAY WRIGHT (Stuart)
HAZEL STEINMETZ  (Reed)
3551 Leyland Court
Auburn Hills, MI 48326
Crittenton Hospital Med Ctr, Rochester
248-373-0936  (winter: 941-948-9070)

June 1998 - June 1999  (WCD)
*JEAN FULLER  (*Gale)
1273 Pine Street
Muskegon, MI 49442
Hackley Hospital, Muskegon
231-722-4046

June 1999 - June 2000  (ECD)
JEAN E. HAGAN  (Raymond)
730 Birchwood Drive
Flushing, MI 48433
McLaren Regional Medical Center, Flint
810-659-2067  (Fax: 810-659-4645)
Email: whimsea730@aol.com
Winter: 920 Ship, Marco Island, FL 34145
239-642-7590

June 2000 - June 2001  (SWD)
LYDIA WEEKS  (Jay)
8936 Staghorn Trail
Parma, MI 49269
Foote Memorial Hospital, Jackson
517-531-5211  (Fax: 517-531-4450)
Email: LHW8936@aol.com

June 2001 - June 2002  (SED)
MARY ALICE KALMBACH  (Richard)
2800 Struthers Road
Grass Lake, MI 49240
Chelsea Community Hospital, Chelsea
517-522-8252  (Fax: 734-433-9963)

June 2002 - June 2003  (UPD)
Marilyn Beverley  (Leonard)
3105 Negaunee Court
Clyde, Michigan 48049
810-987-2168
Email: mrbeverley@comcast.net
+Munising Memorial Hospital, Munising
Currently: Port Huron Hospital

June 2003 - 2004  (WCD)
Jo Ellen Blandford  (Richard)
1439 Ivanhoe Road
Ludington, MI 49431
Phone 231-845-6527
Email: blandford@chartermi.net
Memorial Med Center of West Michigan, Ludington
June 2004 – June 2005  (SED)
JOAN GARRETT
42547 Ashley Court
Canton, MI  48187
Phone: 734-453-3436
Email: joan.garrett@sbcglobal.net
Providence Hospital/Medical Centers,
Southfield

June 2005 – June 2006  (SED)
ROBERT KINSEY  (Eileen)
2160 Sandlewood Drive
Shelby Township, MI  48316
Phone: 248-651-9739
Fax: 248-651-2370
Email: Rkinsey895@aol.com
Crittenton Hospital Medical Center,
Rochester

June 2006 – June 2007  (WCD)
SHIRLEY HARRIS  (W. Kirke)
17743 Cobblefield Lane
Spring Lake, MI 49456
Phone: 616-846-5589
Email: sah43@sbcglobal.net
North Ottawa Community Hospital,
Grand Haven

June 2007 – June 2008  (SED)
BARBARA BERGIN (Raymond)
887 Sweetbriar
Milford, MI 48381
Phone: 248-685-3759
Email: bdbergin@yahoo.com
Huron Valley-Sinai Hospital,
Commerce
## MAHA CONFERENCE HISTORY

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PLACE/CITY</th>
<th>THEME</th>
<th>REGISTERED AUXILIANS</th>
<th>ATTENDEES HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987 Fall</td>
<td>Clarion Hotel, Lansing</td>
<td>Building the Team</td>
<td>181</td>
<td>79</td>
</tr>
<tr>
<td>1988 Gift Shop</td>
<td>Clarion Hotel, Lansing</td>
<td>New Technology for Old Ailments</td>
<td>304</td>
<td>79</td>
</tr>
<tr>
<td>1988 Annual Mtg.</td>
<td>Grand Hotel</td>
<td></td>
<td>371</td>
<td>95</td>
</tr>
<tr>
<td>1988 Fall</td>
<td>Marriott, Grand Rapids</td>
<td>How to get it all Together</td>
<td>272</td>
<td>78</td>
</tr>
<tr>
<td>1989 Gift Shop</td>
<td>Clarion Hotel, Lansing</td>
<td></td>
<td>298</td>
<td>69</td>
</tr>
<tr>
<td>1989 Annual</td>
<td>Grand Hotel</td>
<td>Forty Years of Service</td>
<td>299</td>
<td>80</td>
</tr>
<tr>
<td>1989 Fall</td>
<td>Weber’s Inn, Ann Arbor</td>
<td>Your Hospital — Your Leadership &amp; You</td>
<td>305</td>
<td>82</td>
</tr>
<tr>
<td>1990 Gift Shop</td>
<td>Grand Traverse Resort</td>
<td></td>
<td>104</td>
<td>60</td>
</tr>
<tr>
<td>1990 Annual</td>
<td>Grand Hotel</td>
<td>A Visionary Profile for the 90’s</td>
<td>209</td>
<td>79</td>
</tr>
<tr>
<td>1990 Fall</td>
<td>Shanty Creek</td>
<td>Here’s To Your Health in the 90's</td>
<td>258</td>
<td>67</td>
</tr>
<tr>
<td>1991 Annual</td>
<td>Amway Grand</td>
<td>At Your Request</td>
<td>347</td>
<td>90</td>
</tr>
<tr>
<td>1991 Fall</td>
<td>Sheraton Inn, Lansing</td>
<td>MAHA - Insights</td>
<td>244</td>
<td>72</td>
</tr>
<tr>
<td>1992 Gift Shop</td>
<td>Grand Traverse Resort</td>
<td></td>
<td>154</td>
<td>52</td>
</tr>
<tr>
<td>1992 Annual</td>
<td>Grand Hotel</td>
<td>Changing Paradigms</td>
<td>306</td>
<td>82</td>
</tr>
<tr>
<td>1992 Fall</td>
<td>Stouffer Hotel, Battle Creek</td>
<td>MAHA- New Beginnings</td>
<td>224</td>
<td>68</td>
</tr>
<tr>
<td>1993 Annual</td>
<td>Grand Hotel</td>
<td>Changes &amp; Challenges</td>
<td>342</td>
<td>92</td>
</tr>
<tr>
<td>1993 Fall</td>
<td>Troy Marriott, Troy</td>
<td>Focus THE TEAM</td>
<td>253</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Together Everyone Achieves More)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994 Gift Shop</td>
<td>Grand Traverse Resort</td>
<td></td>
<td>162</td>
<td>56</td>
</tr>
<tr>
<td>1994 Annual</td>
<td>Grand Hotel</td>
<td>Setting Your Sights &amp; Charting the Course</td>
<td>316</td>
<td>83</td>
</tr>
<tr>
<td>1994 Fall</td>
<td>Holiday Inn, Marquette</td>
<td>Bridging the Gap</td>
<td>282</td>
<td>72</td>
</tr>
<tr>
<td>1995 Annual</td>
<td>Grand Hotel</td>
<td>A Vision for Volunteers</td>
<td>317</td>
<td>88</td>
</tr>
<tr>
<td>1995 Fall</td>
<td>Crowne Plaza, Gr. Rapids</td>
<td>The Winning Team</td>
<td>260</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MAHA-MCDVS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1996 Gift Shop</td>
<td>Grand Traverse Resort</td>
<td></td>
<td>155</td>
<td>54</td>
</tr>
<tr>
<td>1996 Annual</td>
<td>Grand Hotel</td>
<td>Capture the Spirit</td>
<td>317</td>
<td>84</td>
</tr>
<tr>
<td>1996 Fall</td>
<td>Valley Plaza Resort, Midland</td>
<td>Just For the Health of It</td>
<td>275</td>
<td>73</td>
</tr>
<tr>
<td>1997 Annual</td>
<td>Grand Hotel</td>
<td>Make It Happen - Volunteer</td>
<td>325</td>
<td>88</td>
</tr>
<tr>
<td>1997 Fall</td>
<td>Shanty Creek</td>
<td>Into The Future</td>
<td>286</td>
<td>73</td>
</tr>
<tr>
<td>1998 Gift Shop</td>
<td>Holiday Inn, Traverse City</td>
<td></td>
<td>169</td>
<td>56</td>
</tr>
<tr>
<td>1998 Annual</td>
<td>Grand Hotel</td>
<td>Changes &amp; Challenges in Health Care</td>
<td>325</td>
<td>87</td>
</tr>
<tr>
<td>1998 Fall</td>
<td>Radisson Plaza, Kalamazoo</td>
<td>Honoring Our Past - Celebrating Our Future</td>
<td>355</td>
<td>78</td>
</tr>
<tr>
<td>1999 Annual</td>
<td>Grand Hotel</td>
<td>Volunteers - Reaching Beyond Hospital Walls into Communities</td>
<td>316</td>
<td>83</td>
</tr>
<tr>
<td>1999 Joint Fall</td>
<td>Somerset Inn, Troy</td>
<td>Sharing Rainbows, DVS</td>
<td>266</td>
<td>86</td>
</tr>
<tr>
<td>2000 Gift Shop</td>
<td>Holiday Inn, Traverse City</td>
<td></td>
<td>130</td>
<td>46</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
<td>Location</td>
<td>Theme</td>
<td>Pages</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------</td>
<td>------------------------------------</td>
<td>--------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>2000</td>
<td>Annual</td>
<td>Grand Hotel</td>
<td>The Other Side of 2000</td>
<td>324</td>
</tr>
<tr>
<td></td>
<td>Fall</td>
<td>Kewadin Conference Ctr</td>
<td>U.P. 2000</td>
<td>263</td>
</tr>
<tr>
<td>2001</td>
<td>Annual</td>
<td>Grand Hotel</td>
<td>One Size Doesn’t Fit All</td>
<td>308</td>
</tr>
<tr>
<td></td>
<td>Fall</td>
<td>Crowne Plaza, Gr. Rapids</td>
<td>Volunteering - the New Frontier</td>
<td>291</td>
</tr>
<tr>
<td>2002</td>
<td>Annual</td>
<td>Grand Hotel</td>
<td>Somewhere in Time… Volunteers, This is Our Time Frontier</td>
<td>290</td>
</tr>
<tr>
<td></td>
<td>Fall</td>
<td>Bavarian Inn, Frankenmuth</td>
<td>MAHA Oktoberfest</td>
<td>337</td>
</tr>
<tr>
<td>2003</td>
<td>Annual</td>
<td>Grand Hotel</td>
<td>Grand Volunteers… Great Expectations</td>
<td>274</td>
</tr>
<tr>
<td></td>
<td>Fall</td>
<td>Grand Traverse Resort</td>
<td>55 Years… Illuminating the Future</td>
<td>374</td>
</tr>
<tr>
<td>2004</td>
<td>Annual</td>
<td>Grand Hotel</td>
<td>55 Years of Grand Volunteers</td>
<td>264</td>
</tr>
</tbody>
</table>

NOTE: NAME CHANGE TO: Michigan Association of Healthcare Advocates

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Location</th>
<th>Theme</th>
<th>Pages</th>
<th>Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Fall</td>
<td>56th Fall Conference October 19-21, 2004 Radisson Plaza Hotel, Kalamazoo SWD “The Magic of Volunteers”</td>
<td>250</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>June</td>
<td>56th Annual Meeting June 14-16, 2005 Grand Hotel, Mackinac Island “A New Name – A new Vision”</td>
<td>276</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>First male president installed for 05-06 year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Fall</td>
<td>57th Fall Conference October 18-20, 2005 Hyatt Regency, Dearborn SED “Team MAHA” <em>Banquet: Team colors</em></td>
<td>225</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Central location for fall conference tried but keeping rotation for host district</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Fall</td>
<td>58th Fall Conference October 17-19, 2006 Soaring Eagle, Mt. Pleasant UPD host “Soaring to New Heights”</td>
<td>291</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>June</td>
<td>58th Annual Meeting June 12-14, 2007 Grand Hotel, Mackinac Island “Treasure Island”</td>
<td>200</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
<td>Location</td>
<td>Host</td>
<td>Theme</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------</td>
<td>-------------------</td>
<td>------------</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>2007 Fall</td>
<td>59th Fall Conference</td>
<td>Soaring Eagle, Mt. Pleasant</td>
<td>WCD host</td>
<td>“Whoooo are you?” Banquet: Halloween costumes</td>
<td></td>
</tr>
<tr>
<td>2008 June</td>
<td>59th Annual Meeting</td>
<td>Grand Hotel, Mackinac Island</td>
<td>“Bridging the Past with the Future Through Volunteers”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Held “Reunion Retreat” at St. Francis in DeWitt</td>
<td>July 16-17, 2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008 Fall</td>
<td>60th Fall Conference</td>
<td>Soaring Eagle, Mt. Pleasant</td>
<td>ECD host</td>
<td>“Diamond Jubilee” Banquet: 1st night: Denim &amp; Diamonds, 2nd night: dressy</td>
<td></td>
</tr>
<tr>
<td>2009 June</td>
<td>60th Annual Meeting</td>
<td>Grand Hotel, Mackinac Island</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009 Fall</td>
<td>61st Fall Conference</td>
<td>Soaring Eagle, Mt. Pleasant</td>
<td>NCD host</td>
<td>Theme:</td>
<td></td>
</tr>
<tr>
<td>2010 June</td>
<td>61st Annual Meeting</td>
<td>Grand Hotel, Mackinac Island</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>