

**2012 Mandatory Hospital Orientation / Annual Education Post-Test**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company /Organization / School Affiliation with TRH \_\_\_\_\_

**Please mark ALL correct choices.**

**Some questions may have more than one answer.**

1. Your role regarding Transylvania Regional Hospital Corporate Philosophy includes:  
\_\_\_\_\_ Performing job tasks in an outstanding and safe manner  
\_\_\_\_\_ Caring about the dignity, rights and professional needs of others  
\_\_\_\_\_ Providing quality and excellent service
  
2. Quality improvement involves everyone noticing processes that could be improved to provide better safety, effectiveness, timeliness, efficiency, equity or patient centeredness and then discussing these needs with the appropriate manager. True \_\_\_\_\_ False \_\_\_\_\_
  
3. Which of the following is not a unique patient identifier based upon safety goals for use in verifying the identity of a patient when a patient is registered or admitted and at any time when patient identification is needed in order to provide care, treatment or services?  
\_\_\_\_\_ Full patient name                      \_\_\_\_\_ Social Security Number  
\_\_\_\_\_ Room Number                              \_\_\_\_\_ Date of Birth
  
4. All staff, volunteers, healthcare students and physicians are responsible for using safe work practices, maintaining a safe environment and keeping patients safe.  
True \_\_\_\_\_ False \_\_\_\_\_

To prevent injury to your back, check only the things you should do:

5. \_\_\_\_\_ Push instead of pulling objects
6. \_\_\_\_\_ Squat and lift objects from the floor using your legs and not your back
7. \_\_\_\_\_ Hold objects close to your body using good body posture and body mechanics
8. \_\_\_\_\_ Get help or use assistive lifting devices with anything too awkward or heavy to lift
9. \_\_\_\_\_ Exercise regularly to improve or maintain body strength, conditioning and fitness
10. \_\_\_\_\_ Bend knees and hips, not your back when bending over
11. \_\_\_\_\_ Position yourself close to object for best leverage when lifting
12. \_\_\_\_\_ Remember that back injury is not preventable
13. \_\_\_\_\_ Make good posture, correct body mechanics, proper lifting techniques and safe work practices a habit
  
14. Information about how to use, handle and store hazardous chemicals and toxins that can be found in the workplace, such as bleach, can be obtained as needed by calling the toll-free number for the 3E Company Paperless Compliance Service to get a Material Safety Data Sheet (MSDS).  
True \_\_\_\_\_ False \_\_\_\_\_

15. Wearing one's identification badge is required, however for security one may cover their photo to allow only their name to show or wear their ID below the waist where it may not be so visible.

True\_\_\_\_\_ False\_\_\_\_\_

16. If someone is carrying a weapon, screaming and cursing at someone, making violent gestures with their hands, and appears out of control, the safest thing to do would be:

\_\_\_\_\_ Phone "888" to report "Code Silver" in the hospital or "911" if off-campus

\_\_\_\_\_ Yell loudly for help while running to the person to tell them to stop the inappropriate behavior.

\_\_\_\_\_ Approach the person and ask politely what you can do to help

17. Code "0" Zero stands for \_\_\_\_\_.

18. In the hospital to report any emergent situation, what phone number would you call?

\_\_\_\_\_

19. If an emergent situation should occur in Home Care, Rehab, Physician Offices or other off-campus locations, what phone number would you call? \_\_\_\_\_

In case of a fire, what does each letter in the acronym RACE remind you to do:

20. **R** = \_\_\_\_\_

21. **A** = \_\_\_\_\_

22. **C** = \_\_\_\_\_

23. **E** = \_\_\_\_\_

24. How will you know that an emergent situation in the hospital, such as "Code Stork", is resolved or under control?

\_\_\_\_\_

25. The best way to protect oneself from exposure to bloodborne infections is to use standard precautions (treat all human blood and human fluids, except sweat, as if potentially infected).

True\_\_\_\_\_ False\_\_\_\_\_

26. What is the most important thing that you can do to prevent the spread of infection?

\_\_\_\_\_

27. Name one popular song you can sing or hum, twice, while washing your hands that lasts 15-20 seconds:

\_\_\_\_\_

28. Before entering a patient's room, check the door for an \_\_\_\_\_ precautions sign.

29. It is acceptable to eat lunch at the nurses' station, volunteers' desk, reception or registration office areas in all departments.

True\_\_\_\_\_ False\_\_\_\_\_

30. If someone's blood gets on your skin, what should you do immediately before reporting this exposure?

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31. The Transylvania Regional Hospital approved standards for hospital wide and for departments are called 'Policies and Procedures' that can be found in the Meditech Computer Library, but if one does not have computer access, the department manager can provide needed P&Ps. True \_\_\_\_\_ False \_\_\_\_\_

32. All staff must maintain Corporate Compliance which is doing what is right regarding ethical conduct and practices, such as honoring patient rights, maintaining patient privacy and confidentiality, abiding healthcare safety laws and regulations, maintaining legal business practices, etcetera. Using these three words may help to assure your compliance:

- \_\_\_\_\_ Stop, Listen, Ask
- \_\_\_\_\_ Stop, Think, Clarify
- \_\_\_\_\_ Stop, Ask, Report

33. Suspected or known corporate compliance violations should be reported to your manager, or any management/leadership staff, Human Resources, or by calling the Mission Integrity Line at 1-877-ETHICS1 (if you prefer to report anonymously).

True \_\_\_\_\_ False \_\_\_\_\_

34. Failure to maintain or protect patient privacy and confidentiality or releasing patient health information (PHI) inappropriately is punishable by possible fines, loss of licensure, suspension or termination of employment due to what federal law known by this five letter acronym?

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35. What question should you ask yourself regarding any patient information to be sure you are not in violation of this law?

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36. If a patient does not speak English or has limited English proficiency, TRH staff must provide interpreter services at no cost to the patient in order to be compliant with Title VI of the Federal Civil Rights; patient has a right to refuse an interpreter, but must sign a refusal to interpreter form. True \_\_\_\_\_ False \_\_\_\_\_

37. Interpreters may be provided by:

- \_\_\_\_\_ Using Meditech library listing of approved staff, contract or volunteer interpreters to arrange for an interpreter **or** by calling toll-free number to Cyacom International Interpreter Services
- \_\_\_\_\_ Contacting the hospital chaplain to coordinate through the Ethics Committee
- \_\_\_\_\_ Getting a laptop computer to access a language interpreter website

38. To be compliant with Title VI, sign language interpreters, pocket talkers and/or TTY phones are available for staff to provide to hearing impaired patients.

True \_\_\_\_\_ False \_\_\_\_\_

39. Harassment—physical, verbal, sexual, or any intimidating, offensive or hostile conducts are not tolerated at TRH and should be reported to a supervisor or manager, Human Resources, Corporate Compliance Ethicsline, or hospital President/CEO. True\_\_\_\_\_ False\_\_\_\_\_
40. What committee can be requested for consultation with a patient, family or staff if there are ethical situations of concern that require decision making (i.e... End of life issues like feeding tube placement)?  
\_\_\_\_\_
41. Who should you contact to arrange a consultation with a patient, family or staff if there are ethical situations of concern that require decision making (i.e., end of life issues like feeding tube placement)?  
\_\_\_\_\_
42. Patients are asked if they have Advanced Directives and if they do not, are asked if they would like more information. They are given a booklet called “Five Wishes”. The “Five Wishes” contain:  
(Check all applicable)
- \_\_\_\_\_ Patient Bill of Rights
  - \_\_\_\_\_ Living Will
  - \_\_\_\_\_ Health Care Power of Attorney
43. If someone asks you where to find a copy of an Advance Directives or “Five Wishes” which contains Living Will and Healthcare Power of Attorney, you could:
- \_\_\_\_\_ Take them or direct them to the kiosks in the closest lobby
  - \_\_\_\_\_ Contact the Communications / Marketing Office at 883-5435 for a copy
  - \_\_\_\_\_ Advise them that the Living Will and Health Care Power of Attorney forms are available on the TRH website: [www.trhospital.org](http://www.trhospital.org)
  - \_\_\_\_\_ Ask them to go to the public library, a funeral home or the Court House
44. After the nurse calls LifeShare of the Carolinas for a patient death in the hospital and the patient is determined to be a candidate for organ donation, who will talk with the family about this option for TRH compliance with “Required Request” legislation?
- \_\_\_\_\_ Any Nurse
  - \_\_\_\_\_ The patient’s doctor
  - \_\_\_\_\_ A designated requestor
  - \_\_\_\_\_ A LifeShare Coordinator

List 2 of the Patient Rights that would be important and you would expect staff to honor if you were hospitalized or in Home Care

45. \_\_\_\_\_
46. \_\_\_\_\_

47. Patients have the right to choose their visitors even if they are not direct relatives.  
\_\_\_\_\_ True \_\_\_\_\_ False

Based upon the Mission of TRH, staff should incorporate in their work the Core Values of:

48. \_\_\_\_\_

49. \_\_\_\_\_

50. \_\_\_\_\_

51. \_\_\_\_\_

52. \_\_\_\_\_

53. Who are your customers? \_\_\_\_\_

\_\_\_\_\_

54. Communication that is relationship centered can create connections between you and your customer. It is important to recognize your customer's \_\_\_\_\_ and respond with a supportive statement from \_\_\_\_\_.

What does each letter stand for in the acronyms PEARLS?

55. **P** = \_\_\_\_\_

56. **E** = \_\_\_\_\_

57. **A** = \_\_\_\_\_

58. **R** = \_\_\_\_\_

59. **L** = \_\_\_\_\_

60. **S** = \_\_\_\_\_

List the 9 HOSPITALity Service Standards expected of all staff:

61. \_\_\_\_\_

62. \_\_\_\_\_

63. \_\_\_\_\_

64. \_\_\_\_\_

65. \_\_\_\_\_

66. \_\_\_\_\_

67. \_\_\_\_\_

68. \_\_\_\_\_

69. \_\_\_\_\_

70. HOSPITALity includes these principles: Play, Be There, Make Their Day and choose your \_\_\_\_\_.

There are 3 parts to a proper telephone greeting. Please write below what you will state when you answer the phone in your department.

- 71. \_\_\_\_\_
- 72. \_\_\_\_\_
- 73. \_\_\_\_\_

Respiratory Hygiene / Cough Etiquette is a way to target patients and visitors with undiagnosed contagious respiratory infections and prevent the spread of illness.

List 4 of the things we do to encourage this:

- 74. \_\_\_\_\_
- 75. \_\_\_\_\_
- 76. \_\_\_\_\_
- 77. \_\_\_\_\_

List 3 of the safe work practices to protect you and the patients:

- 78. \_\_\_\_\_
- 79. \_\_\_\_\_
- 80. \_\_\_\_\_

81. In which age group is self-neglect often seen?

- Children
- Adolescence
- Young Adults
- The Elderly

82. Which of the following findings is NOT a sign of abuse?

- Stay at Home Mom
- Multiple abrasions around the wrist
- Obvious discomfort when questions are asked about bruises
- The domineering presence of the spouse during the visit

83. If the health care provider suspects abuse, he or she should do all of the following EXCEPT:

- Report the abuse to DSS or discuss with the case manager.
- Ignore the abuse to prevent becoming involved.
- Provide a safe and comfortable environment for the victim of abuse.
- Thoroughly and objectively document the suspected abuse.

## **NONDISCLOSURE OF CONFIDENTIALITY AGREEMENT**

Transylvania Regional Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at Transylvania Regional Hospital, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence. As a condition of my assignment, I hereby agree that I will not at any time during or after my assignment with Transylvania Regional Hospital disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents coming into my possession, or under my control, or use patient information, other than as necessary in the course of my assignment.

When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the patient's care.

I understand that violation of this agreement may result in corrective action, up to and including termination of my assignment / employment.

Your signature of agreement: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Acknowledgement of Completion of Annual Mandatory Education. This must be completed by every new employee, volunteer or student prior to their first day of work.**

#### **Check all that apply:**

- I understand the application of the information covered in the CBLs as it pertains to my job role or know that at anytime I have questions, I can ask my manager, preceptor, resource persons listed in the CBL or Staff Development.
- I have read the Employee Mandatory Hospital Orientation / Annual Education booklet, completed the post test, and understand the application of the information as it pertains to my job role. I understand that it is my responsibility to ask the resource persons listed, management, or TRH Staff Education to clarify further questions that arise.

Your signature of acknowledgement: \_\_\_\_\_

Print your name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

#### **New Employees and contract:**

**Return completed form to Human Resources on date of completion**  
**Interoffice mail: HR #3 or Fax: 883-5455**

#### **Students:**

**Return to Instructor for grading and forward this page to Staff Development**  
**Interoffice mail: #37**

#### **Volunteers:**

**Return to the volunteer coordinator thru interoffice mail #63**

Compliance verification of completion of all required AME's.

AME Test Score: \_\_\_\_\_ Patient Safety test score: \_\_\_\_\_

Name and Title of HR Authorized Verifier: \_\_\_\_\_

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