

COMMUNITY MEDICAL CENTER  
HOSPITAL ORIENTATION  
POST TEST

PLEASE PLACE YOUR ANSWERS ON THE ANSWER SHEET PROVIDED.  
BE SURE TO INCLUDE: YOUR NAME, DEPARTMENT AND THE DATE OF COMPLETION

1. In the event of a fire, the caregiver should first:
  - a. Dial "O" for the operator
  - b. Close the door and leave the building
  - c. Pull the fire alarm
  - d. Rescue the patient as in "RACE"
  
2. If you discover a defect in a piece of electrical equipment
  - a. Discard it immediately
  - b. Continue using the equipment until it is repaired
  - c. Tag the equipment, call clinical engineering and discontinue use.
  - d. List the equipment for a routine check by maintenance
  
3. Standard precautions should be used
  - a. only with patients known to have an infectious disease
  - b. with all patients
  - c. only when contact with infected blood is likely
  - d. only with patients suspected of having a blood borne disease
  
4. Risk and Quality Worksheets (incident report) must be filled out:
  - a. in the event of any unusual occurrence
  - b. only when a lawsuit is probable
  - c. and the fact that it was filled out documented on the patient's chart
  - d. only when a patient is injured
  
5. If you encounter a potentially contaminated patient (biologic, chemical, radiological etc.) you must:
  - a. Escort them through the hospital lobby and to the Emergency department.
  - b. Do not allow the patient to enter the hospital unless through the ambulance entrance
  - c. Call the Rapid Response Team (RRT)
  - d. Evacuate the building
  
6. Staff and visitors at CMC are allowed to smoke in which of the following areas:
  - a. School of Nursing Patio
  - b. Outside of the front entrance
  - c. Arthur Avenue smoking enclosure
  - d. None of the above
  
7. When disposing of sharps, you should:
  - a. dispose of them in the regular trash if they were not used for a patient
  - b. re-cap needles to avoid punctures
  - c. break or cut needles before discarding
  - d. place them in a designated sharps container
  
8. CMC's Tuberculosis Exposure control plan includes
  - a. always wear a respirator mask when you might be exposed to TB
  - b. change the respirator mask if it becomes damp
  - c. keep the door closed whenever you enter or exit an isolation room
  - d. all of the above

9. Regulated waste is
  - a. disposed of in the regular trash
  - b. composed only of waste from isolation patients
  - c. items that may be contaminated with infectious material
  - d. only items contaminated with blood
  
10. When dealing with patients of different cultural backgrounds, it is important to:
  - a. treat every person exactly the same
  - b. understand that religion is important to everyone
  - c. respect the individual person's cultural practices
  - d. involve Social Service in every case
  
11. Which of the following statements are true?
  - a. Patients do not have the right to amend their medical record.
  - b. HIPAA does not apply to those personnel who do not provide patient care.
  - c. HIPAA is meant to provide for the privacy and security of patient records.
  - d. Protected Health Information (PHI) can be released without authorization for any reason.
  
12. The goals patient safety program at CMC includes all of the following except:
  - a. maximize patient safety through education of hospital staff
  - b. terminate the employment staff who make errors
  - c. promotes risk reduction
  - d. reports and tries to eliminate medication errors and patient falls
  
13. To improve accuracy of patient identification, what two identifiers are checked prior to giving medications or doing procedures?
  - a. Date of birth
  - b. Patient name
  - c. Patient billing number
  
14. Prior to the start of any invasive procedure, staff must conduct a final verification process to confirm the correct patient, procedure, site and availability of appropriate documents such as consent, X-Ray films etc. Which of the following is true?
  - a. This is only necessary in the operating room before a procedure
  - b. This must be done on a nursing floor if invasive procedures are being done.
  - c. This is the responsibility of the nurse only.
  - d. This is only necessary if the patient is under 18.
  
15. CMC staff who encounter a parent who wishes to hand over their baby should:
  - a. call Security immediately
  - b. call the Scranton Police
  - c. Notify the Child Advocacy Center
  - d. Take the baby to the Emergency Department
  
16. Staff receiving a baby may ask all of the following questions except:
  - a. Is there any medical history that we should know?
  - b. Do you need any medical attention?
  - c. What is your name/ how can we contact you?
  - d. Were there any problems during the birth?
  
17. Age specific competencies are
  - a. unnecessary unless you are a pediatric nurse
  - b. a means of treating every patient the same
  - c. a way to address the special needs of each patient
  - d. none of the above

18. When an employee feels that they have been a victim of sexual harassment, he/she should:
  - a. discuss it with all of your co workers
  - b. confront the offending individual publicly
  - c. Ignore the person, they will probably stop.
  - d. report it immediately
  
19. When an employee sustains a work related injury, he/she should:
  - a. Refer it to their private physician
  - b. Do nothing unless it is a serious injury
  - c. Refer it to the employee health office.
  - d. In every case, go to the ED for immediate treatment.
  
20. The fire extinguisher to use for an electrical fire should be labeled:
  - a. E extinguisher
  - b. ABC extinguisher
  - c. Water extinguisher
  - d. AB/B extinguisher
  
21. When an interpreter is needed to communicate with a patient
  - a. you should always use a family member
  - b. contact the hospital operator to access an interpreter
  - c. tell the family to hire a translator
  - d. the patient will be billed for the service
  
22. When lifting a patient, it is important to:
  - a. Keep your spine balanced and use your weight to move the patient.
  - b. Keep the weight load as far away from you as possible.
  - c. Bend at the waist and use your back.
  - d. All of the above.
  
23. Material safety data Sheets (MSDS):
  - a. are only kept on materials proven to be hazardous
  - b. can only be obtained from the risk manager
  - c. contain information about the products used in your workplace
  - d. all of the above
  
24. The Employee Assistance Program:
  - a. can only be accessed with a physician referral
  - b. is available to employees only
  - c. is available to employee and their family members
  - d. will notify your supervisor when you call
  
25. Which of the following statements about quality improvement is NOT true?
  - a. Employees are encouraged to participate in the quality improvement process
  - b. Only the management staff is involved in the process
  - c. The Quality Improvement (QI) Department is a department that encompasses the areas of Quality, Risk Management, Infection Control, JCAHO and Dept. of Health Accreditation.
  - d. CMC uses the Plan, Do Check, Act model.

**ORIENTATION POST TEST**

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

	A	B	C	D		A	B	C	D
1	( )	( )	( )	( )	13	( )	( )	( )	( )
2	( )	( )	( )	( )	14	( )	( )	( )	( )
3	( )	( )	( )	( )	15	( )	( )	( )	( )
4	( )	( )	( )	( )	16	( )	( )	( )	( )
5	( )	( )	( )	( )	17	( )	( )	( )	( )
6	( )	( )	( )	( )	18	( )	( )	( )	( )
7	( )	( )	( )	( )	19	( )	( )	( )	( )
8	( )	( )	( )	( )	20	( )	( )	( )	( )
9	( )	( )	( )	( )	21	( )	( )	( )	( )
10	( )	( )	( )	( )	22	( )	( )	( )	( )
11	( )	( )	( )	( )	23	( )	( )	( )	( )
12	( )	( )	( )	( )	24	( )	( )	( )	( )
					25	( )	( )	( )	( )

I certify my intention to act in conformity with the CMC PA Act 13 Patient Safety Plan as a condition of employment. I understand and agree to comply with the plan

I certify that I have received a copy of the Corporate Integrity Plan and the Code of Conduct Policy of Community Medical Center. I have read, understand and have been instructed in the details of the plan and code, been given the opportunity to ask questions and I agree to comply with the Integrity Plan and Code of Conduct.

I certify that it is my intention to act in conformity with the code of conduct and integrity plan and where necessary, seek from the Corporate Compliance officer appropriate actions that I may need to take in order to comply.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**APPENDIX C  
EMPLOYEE/PHYSICIAN CERTIFICATION OF  
CONFORMITY WITH CMCHS's CORPORATE  
COMPLIANCE PLAN, CODE OF CONDUCT, AND THE DEFICIT  
REDUCTION ACT OF 2005**

**I certify that I have received a copy of the Corporate Compliance Plan of Community Medical Center Health Care System, the Code of Conduct Policy and Procedures, and the Deficit Reduction Act of 2005, that I have read, understand, and have been instructed in the details of these documents, and have been given the opportunity to ask questions, and I agree to comply with these documents.**

**I certify my intention to act in complete conformity with these documents and, where necessary, to seek assistance from the Administrative and Deputy Corporate Compliance Officers concerning appropriate actions that I may need to take in order to comply with these documents.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date