

**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 (red bag) 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. Hand washing reduces the risk of infections. Hands must be washed:
 - a. routinely before and after each patient contact and after the removal of gloves
 - b. after handling contaminated material or equipment
 - c. after using a restroom/toileting
 - d. all of the above

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. Whistleblowers have the following attributes:
 - a. An employee, former employee or member of an organization who reports misconduct
 - b. Reports fraud anonymously
 - c. Is protected from retaliation or retribution
 - d. All of the above

20. Examples of the Anti-kickback Statute include;
 - a. Accepting payment in exchange for referrals
 - b. Accepting gifts, such as trips, for prescribing a certain drug
 - c. Accepting money each time you send a patient to a specific provider
 - d. All of the above.

21. Suspected Compliance violations may be reported to:
 - a. Supervisor or department head
 - b. Hot Line 1-800-345-8382
 - c. Medicare at 1-800-HHS-TIPS
 - d. All of the above

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. Some ways you can protect electronic Protected Health Information (PHI) is to:
 - a. Leave your password in an area where everyone can have access to it.
 - b. Ensure proper disposal of materials that contain PHI
 - c. Stay logged on to your computer even when you are away from your workstation
 - d. All of the above

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.

26. Information about Patient Rights and responsibilities can be located:
 - a. in the Emergency Department
 - b. in all patient rooms
 - c. in admissions & outpatient departments
 - d. all of the above

27. 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

28. The CMCHS Compliance Program includes:
 - a. All staff must abide by the letter and spirit of all applicable laws and regulations.
 - b. All staff must accept the requirements of the CMCHS Compliance Program.
 - c. When a situation does not appear to comply with the Compliance Plan, staff must report this to their supervisors or Hot Line.
 - d. All of the above

29. The definition of Health Care Fraud includes:
 - a. Billing Medicare for services that were not provided
 - b. Altering claims to obtain higher payments
 - c. Offering or receiving a "kickback".
 - d. All of the above

30. The definition of Health Care Waste includes:
 - a. Spending that can be eliminated without reducing the quality of care
 - b. Overuse of resources
 - c. Ineffective use of resources
 - d. All of the above

31. 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.

32. 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

33. When an interpreter is needed to communicate with a patient
 - a. the patient will be billed for the service
 - b. you should always use a family member
 - c. contact the hospital operator to access an interpreter
 - d. tell the family to hire a translator

ORIENTATION POST TEST

Name	_____				Dept.	Date	_____			
	A	B	C	D			A	B	C	D
1	()	()	()	()		17	()	()	()	()
2	()	()	()	()		18	()	()	()	()
3	()	()	()	()		19	()	()	()	()
4	()	()	()	()		20	()	()	()	()
5	()	()	()	()		21	()	()	()	()
6	()	()	()	()		22	()	()	()	()
7	()	()	()	()		23	()	()	()	()
8	()	()	()	()		24	()	()	()	()
9	()	()	()	()		25	()	()	()	()
10	()	()	()	()		26	()	()	()	()
11	()	()	()	()		27	()	()	()	()
12	()	()	()	()		28	()	()	()	()
13	()	()	()	()		29	()	()	()	()
14	()	()	()	()		30	()	()	()	()
15	()	()	()	()		31	()	()	()	()
16	()	()	()	()		32	()	()	()	()
						33	()	()	()	()

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