

## OFF-SITE LOCATIONS

Review all relevant topics and questions. Staff working at off-site or satellite locations, for some questions will need to substitute site-specific information (example, emergency page codes). However, off-site and satellite staff who also come to SMH need to know the SMH-specific information as well as the information for their site.

**Who Should Do Test A:  
Everyone Who Does Not Have Patient Care Responsibilities,  
Enter a Patient Room, or Who Also Does Not Work at  
Highland**

*✍* **PLEASE CIRCLE OR FILL IN THE BEST RESPONSE and  
RETURN THE COMPLETED QUESTIONNAIRE TO YOUR SUPERVISOR**

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

Signature \_\_\_\_\_

Employee ID # \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

### CODE OF ORGANIZATIONAL & BUSINESS ETHICS

1. According to the Code of Organizational and Business Ethics:
  - a. We will provide timely sharing of information about outcomes of care, both expected and unexpected, to patients and their families.
  - b. We limit our care based on age or ability to pay.
  - c. Ethics consultation is not available to patients, their families, our staff, and faculty.
  - d. Disciplines work distinctly separate for the welfare of patients.

### CODE PINK—SMH (SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)

2. What should you do if you hear “Code Pink (age/location)” paged?
  - a. Secure any exits your department is responsible for.
  - b. Allow visitors and staff to leave ground-level exits.
  - c. Report suspicious person(s) to 911, including a complete description.
  - d. Provide information to the press as clearly as you can.

### COMPLIANCE

3. If you become aware of a potentially fraudulent, abusive, illegal, or unethical activity, you have the responsibility to report that activity. You should:
  - a. Discuss the issue with your supervisor or manager.
  - b. Call the Integrity Hotline at 756-8888.
  - c. Contact the Compliance Office.
  - d. Any of the above.

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**DISASTER PREPAREDNESS**

- 4. When a disaster response is required, staff should:
  - a. Follow their department-specific disaster response plan.
  - b. Report to the hospital lobby.
  - c. Respond to the area they feel needs the most help.
  - d. Continue to use the telephone and elevators for routine business needs.

**DIVERSITY AND INCLUSION**

- 5. Diversity means:
  - a. Remaining closed-minded when it comes to respecting the uniqueness of others.
  - b. Everyone is unique and has different talents.
  - c. Only a cultural dimension.
  - d. Creating an environment where some employees may feel uncomfortable.
- 6. Inclusion is defined as:
  - a. Making sure that some staff are included in training.
  - b. Creating an environment where everyone feels they contribute to their fullest potential.
  - c. Another way to define diversity
  - d. Creating an environment where only a select few are comfortable.

**ELECTRICAL SAFETY (SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)**

- 7. In the event of a major power outage:
  - a. Staff should leave the facility immediately.
  - b. An independent power source will be activated.
  - c. Staff should call the Information Desk.
  - d. All patient care equipment should be plugged into gray and brown outlets.

**EMERGENCY PAGE CODES-SMH (SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)**

- 8. Match the code with the explanation of the code by placing the letter of the correct response in the space provided.

- |                                 |  |
|---------------------------------|--|
| ___ Code Pink<br>(age/location) | a. Medical assistance needed for nonpatients.            |
| ___ Condition 3-0               | b. Person out of control; Security assistance needed.    |
| ___ Condition 1-3               | c. Child or infant abduction.                            |
| ___ Condition Gray              | d. Investigation of a fire/smoke alarm.                  |
| ___ Condition Yellow            | e. Confirmed incident: flood, fire, etc.                 |
| ___ HIMS Response               | f. Cardiac or respiratory arrest of a patient.           |
| ___ Pediatric Team              | g. External/internal disaster                            |
| ___ Blue 100                    | h. Cardiac or respiratory arrest of a pediatric patient. |
| ___ MERT                        | i. Hostage situation and/or weapon involved.             |

**FALSE CLAIMS PREVENTION (FALSE CLAIMS ACTS)**

9. An employee can be disciplined for all of the following **except**:
- Taking or giving a kickback for a referral.
  - Knowingly submitting inaccurate claims for services.
  - Disclosing potential billing problems.
  - Billing for services not rendered.

**FIREARMS/WEAPONS (SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)**

10. What action should be taken if staff members discover a firearm or weapon?
- Call the Director's Office.
  - Secure the weapon in a locked locker or closet.
  - Do not touch the weapon and immediately call Security Services.
  - Call a Code Blue 100.

**FIRE SAFETY**

11. What type of fire extinguisher can be used on all classes of fire?
- Type A
  - Type BC
  - Type ABC
  - Type K
12. Upon hearing the fire alarm, staff at SMH should **(SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)**
- Ignore it and proceed with business as usual.
  - Close all doors and clear corridors.
  - Respond to a paged Condition 3-0 or Condition 1-3 in the same manner
  - b and c
13. After a patient room has been evacuated, where would you find the chalk to mark the lower hinged side of the door with a slash? **(SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)**
- Nurses' station
  - In Pyxis
  - In the nearest fire extinguisher cabinet
  - In your pocket

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## 2009 Mandatory In-service Education Off-Site Locations Competency TEST A

### HAZARD COMMUNICATION STANDARD

14. Where can employees obtain a chemical's Material Safety Data Sheet?
  - a. At HH, in their department and Support Services; at SMH, the Poison Center, electronically, and/or contact EH&S.
  - b. At the Information Desk
  - c. At the Director's Office
  - d. Human Resources
  
15. Departments are responsible for:
  - a. Ensuring that all chemical containers are labeled.
  - b. Maintaining ready access to Material Safety Data Sheets (MSDS) for all hazardous chemicals used within their departments.
  - c. Notifying the Director's Office regarding all changes made in chemical products.
  - d. a & b

### HIPAA PRIVACY AND SECURITY, AND CONFIDENTIALITY OF INFORMATION

16. Workforce members must do the following when storing Protected Health Information (PHI) on portable devices such as laptops and PDAs:
  - a. Obtain written authorization from the department head for the specific types of PHI to be stored.
  - b. Encrypt the PHI on the device.
  - c. Password-protect the device.
  - d. All of the above.
  
17. Workforce members may use their access to patient information to look up the records of:
  - a. A family member, if the family member tells the workforce member that it is okay to look up the information.
  - b. A family member for whom the workforce member holds a power of attorney.
  - c. A family member for whom the workforce member holds a health care proxy.
  - d. None of the above.

### INFECTION PREVENTION AND CONTROL

18. The most important method to prevent the spread of infection is:
  - a. Isolation
  - b. Practicing proper hand hygiene before and after direct contact with any patient.
  - c. Using alcohol-based hand sanitizer when hands are visibly soiled with proteinacious material.
  - d. Using alcohol-based hand sanitizer and nonapproved hand lotion.

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## 2009 Mandatory In-service Education Off-Site Locations Competency TEST A

19. All staff who wear N95 masks for respiratory protection must be fit tested:
  - a. Annually.
  - b. Bi-annually.
  - c. Monthly.
  - d. Only upon hire
20. If you experience an exposure to blood or body fluids, you should:
  - a. Cleanse skin with soap and water.
  - b. Fill out an incident report.
  - c. Use the eyewash station if eyes are involved.
  - d. All of the above.

### **INFLUENZA—WHAT YOU SHOULD KNOW**

21. How is the flu spread?
  - a. By droplets sprayed into the air when a person (usually within 3 feet) with flu coughs or sneezes.
  - b. By getting a flu shot.
  - c. By touching surfaces like a doorknob or telephone that have been contaminated with respiratory secretions from a person with flu and then touching your nose or mouth.
  - d. Both a and c
22. How can you help prevent the spread of flu?
  - a. Get a flu shot every five years.
  - b. Cover your cough (nose and mouth) with a tissue and immediately dispose of it.
  - c. Wash your hands frequently, especially after touching a patient.
  - d. Both b and c.

### **INTERPRETER SERVICES**

23. Interpreter services:
  - a. Are available to patients only between 8 am and 5 pm.
  - b. Will interpret everything said in the presence of a patient.
  - c. Are provided at the discretion of the provider.
  - d. When used or offered, do not require documentation in the patient's chart.

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## 2009 Mandatory In-service Education Off-Site Locations Competency TEST A

### JOINT COMMISSION READINESS

24. What can patients or staff do if they have a concern about patient safety or quality of care?
- Notify their manager about the concern.
  - Contact the Medical Director's hotline at URMCM-SMH or the Quality Management Department at HH.
  - Report their concern to the Joint Commission.
  - All of the above.
25. What do all staff need to do to be prepared at all times for a Joint Commission survey?
- Have the emergency codes memorized.
  - Always wear their ID badge and emergency code badge.
  - Be prepared to answer all surveyor questions, even if you have to make up an answer you don't know.
  - Memorize the National Patient Safety Goals.

### LIFTING AND TRANSFERS: POSTURE AND BODY MECHANICS

26. Why is good posture important?
- Prevents muscular pain
  - Decreases injury
  - Decreases stress on joints
  - All of the above
27. When lifting an object or patient:
- Stand back to be out of the way.
  - Keep your legs straight to lift.
  - Use assistive technology.
  - Use your large back muscles for lifting.

### MANAGEMENT OF SUSPECTED ABUSE/NEGLECT

28. In cases of suspected child abuse/maltreatment, which of the following is true?
- Physicians, nurses, dentists, social workers and other health care providers are mandated by NYS Social Services to report to the NYS Child Central Registry.
  - Reporters must have clear evidence of maltreatment, neglect or abuse to make a report.
  - Social Work is notified after patient discharge.
  - A pediatric consultation must be requested after patient discharge.

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## 2009 Mandatory In-service Education Off-Site Locations Competency TEST A

### MEAL AND REST BREAKS

29. Which statement is true?
- Every employee who works a shift of more than six hours must be provided an uninterrupted, 30-minute meal period.
  - Meal breaks are required by New York State law.
  - Scheduling of meal breaks will occur at times convenient to department operations.
  - All of the above.
30. Each University of Rochester Medical Center-Strong or Highland Hospital employee should:
- Report missed or interrupted meal breaks via department procedures.
  - Be paid for all time worked.
  - Contact their supervisor or Human Resources if not getting an appropriate meal break or being properly compensated.
  - All of the above.

### OBTAINING SECURITY SERVICES-SMH (SMH info NOT required for staff working in off-site locations. Instead substitute site-specific information.)

31. When notifying Security Services of an emergency situation, what number should you call?
- x5-0000
  - x-13
  - 911

### OCCURRENCE/CLAIM REPORTING

32. A URMCM Event Reporting System (SRM) Report must be completed:
- By the end of the month if it requires a Root Cause Analysis.
  - And documented in the patient's medical record.
  - For actual or potential situations that could have resulted in an accident.
  - Only for NYS Dept. of Health reporting requirements.
33. The process for reporting all device or equipment-related injuries that result in serious injury or death of a patient, visitor, or employee includes all **except**:
- Supervisor/department manager.
  - Risk Management at SMH or Quality Management at Highland.
  - The manufacturer or the FDA by the designated hospital officer.
  - The patient's medical record.

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## 2009 Mandatory In-service Education Off-Site Locations Competency TEST A

### **PATIENT PRISONER POPULATION-SMH**

34. When caring for patient prisoners, staff should:
- Tell the patient prisoner your personal address and phone number.
  - Discuss the security plan with the nurse caring for the patient, before approaching the patient.
  - Transfer phone inquiries to the patient prisoner.
  - Inform patient prisoners of future follow-up appointments, dates, times, etc.

### **PATIENT RIGHTS/ETHICS/COMPLAINT PROCESS**

35. Patients have the right to complain to and receive a response from:
- Patient Relations Office
  - Department heads, supervisors or managers, or any staff member
  - NYS Department of Health
  - All of the above

### **PATIENT SAFETY, TEAM COMMUNICATION, and MEDICAL-HEALTH CARE ERROR REDUCTION**

36. Per the Joint Commission, the #1 root cause of serious patient events is:
- Staffing.
  - Orientation/training.
  - Ineffective communication.
  - Physical environment.
37. "Do Not Use" abbreviations are:
- Never allowed in medical record documentation.
  - Allowed in medical record documentation when handwriting a note.
  - Allowed in medical record documentation for outpatient records but not inpatient.
  - Never allowed in medical record documentation except for "QD."

### **POLICY AGAINST DISCRIMINATION AND HARASSMENT**

38. What should you do if you feel that you or someone else is being subjected to inappropriate behavior?
- Ignore it.
  - Speak with the individual letting him or her know that the behavior is unwelcome and unacceptable.
  - Speak with a supervisor/manager, Human Resources and/or the University Intercessor.
  - b and c

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**PROFESSIONAL MISCONDUCT REPORTING AND THE IMPAIRED PROFESSIONAL**

39. What is considered professional misconduct?
- a. Using appropriate infection control techniques.
  - b. Practicing while impaired by alcohol or drugs.
  - c. Delegating responsibilities only to professionally qualified staff.
  - d. Not harassing, abusing or intimidating a patient.

**SMOKE-FREE CAMPUS, INSIDE AND OUT**

40. Who is responsible for ensuring compliance with the Smoke-Free Policy? (choose best answer)
- a. All faculty and staff
  - b. Security
  - c. Nursing
  - d. Parking
41. What if a person fails to comply with a request to cease smoking within the perimeter?
- a. Ask the person to take the remainder of their smoking material with them when they are done so others do not think it is okay to smoke at that location.
  - b. Inform them of the policy.
  - c. Inform them that we do have single-dose Nicotine Replacement Therapy (NRT) available for purchase to help them feel more comfortable while they are here.
  - d. All of the above.

**THE STRONG COMMITMENT – SMH**

42. Which statement is **true**?
- a. I should let our patients know when we're short staffed when they have concerns or complaints.
  - b. If I can't solve a problem immediately, I shouldn't get involved.
  - c. No matter what the concern, it is always helpful to apologize for not meeting a customer's expectations.
  - d. It is important to offer an immediate explanation when someone voices a concern.
43. Who is responsible for service "recovery"?
- a. Doctors
  - b. Clinical staff
  - c. Patient Relations
  - d. All staff

## 2009 Mandatory In-service Education Off-Site Locations Competency TEST A

### WASTE MANAGEMENT

44. At SMH, yellow sharps containers are used for:
- Blood and body fluids.
  - Waste from patients suspected or known to have CJD and using a special CJD label on the sharps container.
  - Waste from patients being treated with chemotherapeutic drugs.
  - Both b and c.
45. Dispose of sharps by:
- Placing in clear bags in dirty utility rooms.
  - Leaving on patient trays/tables so Food and Nutrition staff can properly dispose of them.
  - Immediately placing in an approved hard plastic sharps container without recapping the needle.
  - Labeling and separating in your department for pickup.

### WORKPLACE VIOLENCE

46. When you respond to acts or threats of violence:
- If the threat is immediate, call the appropriate on-site security office (x13 at SMH, x1-6666 at HH).
  - If the threat is immediate in an off-site location, call 9-1-1.
  - If the threat is not immediate, call your appropriate security office and/or your supervisor.
  - All of the above.

### YOUR ROLE IN QUALITY/PERFORMANCE IMPROVEMENT

47. Each staff member must be able to explain all the following to surveyors **except**:
- Tell how your job supports the mission of the hospital.
  - Job safety procedures.
  - The hospital's reimbursement and operating margins.
  - Your role in departmental performance improvements and safety activities.

### MANDATORY RESOURCES

48. What resources are available to answer questions about a mandatory topic or procedure?
- Department manager
  - Department Resource Guide
  - URMC SMH/HH websites and policies
  - All of the above