

**Who Should Do Test B:
Everyone, Including Faculty and Staff with Patient Care
Responsibilities**

✍ **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

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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2009 Mandatory In-service Education Competency Test B
University of Rochester Medical Center — SMH

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

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

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

- | | |
|------------------------------|----------------------------------------------------------|
| ___ Code Pink (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. |

2009 Mandatory In-service Education Competency TEST B
University of Rochester Medical Center — SMH

FALSE CLAIMS PREVENTION (FALSE CLAIMS ACTS)

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

FIREARMS/WEAPONS

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

FIRE SAFETY

11. What type of fire extinguisher can be used on all classes of fire?
- a. Type A
 - b. Type BC
 - c. Type ABC
 - d. Type K
12. Upon hearing the fire alarm, staff at SMH should:
- a. Ignore it and proceed with business as usual.
 - b. Close all doors and clear corridors.
 - c. Respond to a paged Condition 3-0 or Condition 1-3 in the same manner
 - d. 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?
- a. Nurses' station
 - b. In Pyxis
 - c. In the nearest fire extinguisher cabinet
 - d. In your pocket

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

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2009 Mandatory In-service Education Competency Test B
University of Rochester Medical Center — SMH

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.
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.

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2009 Mandatory In-service Education Competency TEST B
University of Rochester Medical Center — SMH

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.

JOINT COMMISSION READINESS

24. What can patients or staff do if they have a concern about patient safety or quality of care?
- a. Notify their manager about the concern.
 - b. Contact the Medical Director's hotline at URMCM-SMH or the Quality Management Department at HH.
 - c. Report their concern to the Joint Commission.
 - d. All of the above.

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2009 Mandatory In-service Education Competency Test B
University of Rochester Medical Center — SMH

25. What do all staff need to do to be prepared at all times for a Joint Commission survey?
- a. Have the emergency codes memorized.
 - b. Always wear their ID badge and emergency code badge.
 - c. Be prepared to answer all surveyor questions, even if you have to make up an answer you don't know.
 - d. Memorize the National Patient Safety Goals.

LIFTING AND TRANSFERS: POSTURE AND BODY MECHANICS

26. Why is good posture important?
- a. Prevents muscular pain
 - b. Decreases injury
 - c. Decreases stress on joints
 - d. All of the above
27. When lifting an object or patient:
- a. Stand back to be out of the way.
 - b. Keep your legs straight to lift.
 - c. Use assistive technology.
 - d. 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?
- a. Physicians, nurses, dentists, social workers and other health care providers are mandated by NYS Social Services to report to the NYS Child Central Registry.
 - b. Reporters must have clear evidence of maltreatment, neglect or abuse to make a report.
 - c. Social Work is notified after patient discharge.
 - d. A pediatric consultation must be requested after patient discharge.

MEAL AND REST BREAKS

29. Which statement is true?
- a. Every employee who works a shift of more than six hours must be provided an uninterrupted, 30-minute meal period.
 - b. Meal breaks are required by New York State law.
 - c. Scheduling of meal breaks will occur at times convenient to department operations.
 - d. All of the above.

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2009 Mandatory In-service Education Competency TEST B
University of Rochester Medical Center — SMH

30. Each University of Rochester Medical Center-Strong or Highland Hospital employee should:
- a. Report missed or interrupted meal breaks via department procedures.
 - b. Be paid for all time worked.
 - c. Contact their supervisor or Human Resources if not getting an appropriate meal break or being properly compensated.
 - d. All of the above.

OBTAINING SECURITY SERVICES-SMH

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

OCCURRENCE/CLAIM REPORTING

32. A URM Event Reporting System (SRM) Report must be completed:
- a. By the end of the month if it requires a Root Cause Analysis.
 - b. And documented in the patient's medical record.
 - c. For actual or potential situations that could have resulted in an accident.
 - d. 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**:
- a. Supervisor/department manager.
 - b. Risk Management at SMH or Quality Management at Highland.
 - c. The manufacturer or the FDA by the designated hospital officer.
 - d. The patient's medical record.

PATIENT PRISONER POPULATION-SMH

34. When caring for patient prisoners, staff should:
- a. Tell the patient prisoner your personal address and phone number.
 - b. Discuss the security plan with the nurse caring for the patient, before approaching the patient.
 - c. Transfer phone inquiries to the patient prisoner.
 - d. 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:
- a. Patient Relations Office
 - b. Department heads, supervisors or managers, or any staff member
 - c. NYS Department of Health
 - d. All of the above

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2009 Mandatory In-service Education Competency Test B
University of Rochester Medical Center — SMH

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

36. Per the Joint Commission, the #1 root cause of serious patient events is:
- a. Staffing.
 - b. Orientation/training.
 - c. Ineffective communication.
 - d. Physical environment.
37. “Do Not Use” abbreviations are:
- a. Never allowed in medical record documentation.
 - b. Allowed in medical record documentation when handwriting a note.
 - c. Allowed in medical record documentation for outpatient records but not inpatient.
 - d. 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?
- a. Ignore it.
 - b. Speak with the individual letting him or her know that the behavior is unwelcome and unacceptable.
 - c. Speak with a supervisor/manager, Human Resources and/or the University Intercessor.
 - d. b and c

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

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2009 Mandatory In-service Education Competency TEST B
University of Rochester Medical Center — SMH

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

WASTE MANAGEMENT

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

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2009 Mandatory In-service Education Competency Test B
University of Rochester Medical Center — SMH

WORKPLACE VIOLENCE

46. When you respond to acts or threats of violence:
- a. If the threat is immediate, call the appropriate on-site security office (x13 at SMH, x1-6666 at HH).
 - b. If the threat is immediate in an off-site location, call 9-1-1.
 - c. If the threat is not immediate, call your appropriate security office and/or your supervisor.
 - d. 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**:
- a. Tell how your job supports the mission of the hospital.
 - b. Job safety procedures.
 - c. The hospital's reimbursement and operating margins.
 - d. 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?
- a. Department manager
 - b. Department Resource Guide
 - c. UPMC SMH/HH websites and policies
 - d. All of the above

TEST B - FOR FACULTY AND STAFF WITH PATIENT CARE RESPONSIBILITIES OR WHO ENTER A PATIENT ROOM

CONFLICT OF CARE - SMH

49. What should you do if you do not wish to participate in the care or treatment of a patient based on your ethical, religious or cultural beliefs?
- Ask the manager to be excused from providing care or treatment except in emergency situations.
 - Never compromise patient care if you cannot ask a manager or supervisor to be excused.
 - Abandon patient care.
 - a and b

CONTINUITY OF CARE THROUGH INTERDISCIPLINARY COMMUNICATION

50. Continuity of care is supported by:
- Interdisciplinary communication between the levels of care and the patient and family.
 - Making care decisions regarding discharge independent of the patient/family.
 - Waiting to discuss transfer plans with the patient/family until immediately before discharge to another facility.
 - Providing names of the treatment team only when the patient/family asks.

DO NOT RESUSCITATE (DNR)

51. Which statement is **true** about DNR orders?
- They must be reviewed daily.
 - They can be revoked by the patient or surrogate at any time.
 - DNR orders apply only to hospitalized patients.
 - The family can determine lack of capacity regarding the patient.

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END OF LIFE CARE

52. Key issues to address at the end of life include all the following **except**:
- Pain control and symptom management.
 - Restricted visiting hours to avoid upsetting the family.
 - Designation of a health care agent in the event the patient is unable to make medical decisions.
 - Respect for the dignity, privacy and confidentiality of the patient and family.

HEALTH CARE PROXY

53. A Health Care Proxy (Agent) can make decisions for the patient when:
- The patient is sleeping.
 - The patient is being transferred to another facility.
 - The patient no longer has capacity to make decisions.
 - The family disagrees with the patient.

HIV/AIDS CONFIDENTIALITY REQUIREMENTS

54. What form needs to be completed to release HIV test results to another provider of care?
- SH 48MR Authorization for release of medical care.
 - NYS DOH 2557
 - a and b
 - None of the above

INFORMATION for CLINICAL DECISION MAKING

55. UPMC-Strong and Highland Hospital expect that providers will:
- Use the best available evidence when caring for patients.
 - Stay current with new evidence in their fields.
 - Know how to find specific evidence-based information for patient care.
 - All of the above
56. UPMC-Strong and Highland Hospital expect that providers will:
- Perform a literature search in PubMed prior to every patient encounter.
 - Have personal subscriptions to all the important journals in their field.
 - Use the best available evidence when caring for patients.
 - All of the above.

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MEDICAL EQUIPMENT

57. To ensure patient safety, the medical equipment you are using:
- Should be stored on your unit to make sure it is accessible when needed.
 - Must be checked for a current inspection sticker or Approved for Use sticker every time it is used.
 - Should be locked in a storage closet if it is not working so that no one uses it.
 - Should be sent to Clinical Engineering to check it after every patient use.

MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

58. Which of the following is **true** regarding the MOLST form?
- The presence of a MOLST form in a patient's record means that the patient's status is DNR.
 - The presence of a MOLST form means that the patient's status is DNI.
 - The presence of a MOLST form means that there is information about the patient's current preferences about life-sustaining therapies.
 - MOLST forms are used only in University of Rochester Medical Center-Strong and Highland facilities.
59. Which of the following is **true** regarding the MOLST form?
- Patients admitted with an existing MOLST form need to have a new MOLST form completed.
 - When a patient is admitted with an existing MOLST form, the admitting team should confirm that the MOLST form still reflects the patient's preferences, update it if needed, sign and date the "Review of the MOLST" section of the form, and place it in the patient's current medical record.
 - Patients admitted with an existing MOLST form should have the form placed in the patient's old medical record.
 - All patients admitted should have a MOLST form executed.

MEDICATION RECONCILIATION/ADR REPORTING

60. Medication reconciliation does NOT involve which of the following?
- Obtaining and documenting a list of the current medications the patient is taking at home.
 - Comparing the Home Medication list with the medications ordered once the patient has entered the healthcare system.
 - Getting a list of all medications that the patient has ever taken in their life.
 - Communicating updates to the Home Medication List to the next provider once the patient is discharged.

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61. Which of the common medication errors is the Medication Reconciliation Process meant to avoid?
- a. Duplication of the same medication ordered by different (brand AND generic) name.
 - b. Harmful drug-drug interactions between newly ordered medications and the patient's current home medications.
 - c. Omission of orders for medications that the patient took at home.
 - d. All of the above
62. Examples of ADRs include:
- a. Fever
 - b. Hives
 - c. Trouble breathing
 - d. All of the above

ORGAN AND TISSUE DONATION

63. Who can conduct the consent process for organ, eye and tissue donation at Highland and Strong Memorial Hospital?
- a. Unit secretary
 - b. Physician
 - c. Only procurement agency personnel from the Finger Lakes Donor Recovery Network and Rochester Eye & Tissue Bank.
 - d. Hospital administrator.
64. Why is the Rochester Eye & Tissue Bank Condolence Card or ICU Grief brochure provided to the family?
- a. To help the doctor pronounce the patient dead.
 - b. To prepare families for Rochester Eye & Tissue Bank contact to offer tissue donation.
 - c. To make staff call the Donor Hotline.
 - d. To check if the patient has next-of-kin.
65. According to Federal Law, when a ventilated patient meets Clinical Triggers for organ donation they must be referred to the:
- a. Donor Hotline only if you think they will be a viable organ donor.
 - b. Finger Lakes Donor Recovery Network's office after extubation.
 - c. Donor Hotline within two hours of meeting the Clinical Triggers regardless of diagnosis prior to extubation.
 - d. Donor Hotline only if they have a donor card.

PAIN MANAGEMENT

66. Effective pain management is best achieved by:
- a. Timely pain assessments and interventions
 - b. Ongoing reassessment of pain.
 - c. Patient/family education about how to manage pain.
 - d. All of the above.

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PATIENT SELF-DETERMINATION RIGHTS

67. In New York State, which of the following is true regarding advance directives?
- Members of the health care team do not need to honor the advance directive of a competent patient if they disagree with the advance directive.
 - Patients cannot revoke the advance directive once given.
 - Hospital and health care providers must give patients a statement of the patient's right to make an advance directive.
 - The original of the advance directive must be placed in the patient's medical record.

RADIATION SAFETY

68. Considerations that can minimize employee exposure to radiation include:
- Maximizing your distance from the radiation, decreasing the amount of time you are by the radiation source, and using shielding.
 - Carrying radiation canisters next to your body.
 - Disposing of radioactive sources in clear or red bags.
 - Standing in front of x-ray tubes.

RESTRAINT USE

69. When ordering a restraint, a face-to-face assessment must be performed by a Physician, Nurse Practitioner, or Physician Assistant:
- Not necessary
 - Within 8 hours
 - Within 24 hours
 - Within an hour
70. All of the following are safe uses of restraints **except**:
- Tying the restraints to the moveable part of the bed frame (not side rails).
 - Using the least restrictive method.
 - Releasing restraints every 2 hours for assessment and evaluation.
 - Releasing the restraints once per shift.