

**Who Should Do Test D:
Faculty and Staff without Patient Care Responsibilities, Who
Do Not Enter A Patient Room, But Who Also Work at HH**

✍ **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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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.

<p>___ Code Pink (age/location)</p> <p>___ Condition 3-0</p> <p>___ Condition 1-3</p> <p>___ Condition Gray</p> <p>___ Condition Yellow</p> <p>___ HIMS Response</p> <p>___ Pediatric Team</p> <p>___ Blue 100</p> <p>___ MERT</p>	<ol style="list-style-type: none">a. Medical assistance needed for nonpatients.b. Person out of control; Security assistance needed.c. Child or infant abduction.d. Investigation of a fire/smoke alarm.e. Confirmed incident: flood, fire, etc.f. Cardiac or respiratory arrest of a patient.g. External/internal disasterh. Cardiac or respiratory arrest of a pediatric patient.i. Hostage situation and/or weapon involved.
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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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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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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 UPMC-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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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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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 URMCM 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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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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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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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 D ADDENDUM FOR URMC-SMH FACULTY AND STAFF WHO ALSO WORK AT HIGHLAND

ABDUCTION OF NEWBORN - HH

49. What should you do if you hear “Code A all buildings” on the overhead announcement?
- Secure any ground-level exits your department is responsible for.
 - Allow visitors and staff to leave ground-level exits.
 - Provide information to the press as clearly as you can.
 - Report suspicious person(s) to 911, including a complete description.

CODE OF ORGANIZATIONAL & BUSINESS ETHICS - HH

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

CONFLICT OF CARE – HH

51. 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.
 - Complete the form in HR requesting official notification to be excused.
 - All of the above.

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EMERGENCY PAGE CODES – HH

52. Match the overhead page with the explanation of the code by placing the letter of the correct response in the space:
- | | |
|------------------------|--|
| ___ 1-2-3 Red | a. Medical assistance needed for nonpatient |
| ___ Code OB | b. External/internal disaster |
| ___ Security STAT | c. Cardiac or respiratory arrest of an adult patient |
| ___ Code A | d. Smoke/fire |
| ___ Baby Blue 100 | e. Patient or visitor combative |
| ___ HIMS Alert | f. Cardiac/respiratory arrest of patient under 18 years of age |
| ___ Code 15 | g. Hostage or weapon involved |
| ___ Blue 100 | h. Neonatal cardiopulmonary arrest |
| ___ Pediatric Blue 100 | i. Newborn abduction |
| ___ Code Silver | j. Imminent birth outside of Family Maternity Unit |
| ___ MERT | k. Stroke Team |
53. At HH, what should you do if there is an acute clinical issue with a patient that is not a code or cardiopulmonary arrest?
- Call a Blue 100 Code
 - Call Security
 - Call the Rapid Response Team, ext. 1-6932
 - Call HIMS at ext. 1-6666

FORENSICS - HH

54. When caring for custodial patients, staff should:
- Direct phone inquiries to the patient prisoner.
 - Provide the forensic staff with the policy *Forensic Staff Orientation/Management of Patients from Custodial Agencies*.
 - Allow forensic staff to assist in patient care activities.
 - Inform the custodial patient of the time and date of discharge as well as treatment/procedures.

HIGHLAND PROMISE STANDARDS AND PERFORMANCE BEHAVIORS

55. The following is a Highland Performance Behavior:
- Provide escort, open and close doors and offer, "Is there anything else I can do for you?"
 - Look away from people when walking down the hall.
 - Always tell the customer where the problem originated.
 - All of the above.

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OBTAINING HIGHLAND SECURITY SERVICES

56. Highland's internal emergency phone number is:
- a. "0"
 - b. 911
 - c. 1-6666
 - d. HELP

SECURITY AND SAFETY MANAGEMENT PROGRAM - HH

57. Two security-sensitive areas of the hospital include:
- a. Front entrance and ramp garage
 - b. Pharmacy and Family Maternity Center
 - c. Information Desk and Gift Shop
 - d. Security Office and Administration

YOUR ROLE IN QUALITY/PERFORMANCE IMPROVEMENT - HH

58. The mission of Highland Hospital is:
- a. Family centered care
 - b. Commitment to service excellence in health care, one person at a time
 - c. Commitment, leadership, discovery, health
 - d. Patient centered care delivery