
Name

Date

Student Orientation Post Assessment

(Print, answer questions and bring with you to Education Resources, Penrose Hospital)

1. List two (2) of the seven (7) Centura Core Values and describe their relationship to your student rotation.

2. Match the statements listed with the SHARE behavior.
 - a. "I understand that you're having a great deal of pain."
 - b. "Let me close the door so you and your family can talk about the news the doctor shared."
 - c. "Do you need help locating the cafeteria?"
 - d. "Dr. Brown has ordered an Upper GI. Let me tell you about the test."
 - e. "Let me take Mrs. Jones to the bathroom while you get pain medication for Mr. Smith."

_____ Sense people's needs before they ask

_____ Help each other out

_____ Acknowledge people's feelings

_____ Respect the dignity and privacy of others

_____ Explain what is happening

3. In the "Focus-PDCA" quality improvement process used by PSF, what does the "P" stand for?

4. List 4 occurrences that must be reported immediately to the ***Patient Safety Manager/designee***, in order to meet the reporting requirements, as mandated by the ***Colorado Department of Health***.

5. What number do you call for an emergency in the hospital?

6. Please match the following armband color with its designated use.

- | | |
|------------------|-------------------------|
| _____ Red | a. Fall Risk |
| _____ Purple | b. Restricted Extremity |
| _____ Yellow | c. Allergy |
| _____ Green | d. OSA (Sleep Apnea) |
| _____ Pink | e. Latex Allergy |
| _____ /checkered | f. DNR |

7. A friend of yours knows a patient that is being treated at Penrose Hospital and asks you to find out his prognosis. What should you do?

- As a nurse on the floor how the patient is doing and pass the information along to your friend
- Ask your friend how well she knows the patient and then decide how much to tell her
- Explain that it is a violation of the patient's privacy for you to discuss the patient's condition
- None of the above

8. Under what circumstances are you free to repeat to others private health information that you hear on the job?

- After you no longer work at PSF
- After a patient dies
- Only if you know the patient would not mind
- When your job requires it
- None of the above

9. Which documents describes how patient's medical information may be used and disclosed and how they can get access to this information?

- Notice of Privacy Practices
- Consent for Medical Treatment
- Authorization to Disclose Protected Health Information
- Patients' Rights and Responsibilities
- None of the above

10. Which of the examples below is not a common work practice that protects the confidentiality of patient information?

- a. Keeping computers logged out of the patient information system when not in use
- b. Storing paper records in a locked file room
- c. Limiting the number of visitors who can see a patient
- d. Pointing computer screens away from the public

11. Abuse need to be reported. Neglect does not.

True or False

12. You are suspicious that a patient has been abused or neglected. Who would you report this to?

13. Only associates who do patient care are responsible for recognizing and reporting abuse or neglect.

True or False

14. Please match the description on the right with the appropriate description on the left.

- | | |
|--|-----------------------------------|
| _____ Hazardous Materials Spill | a. Missing Infant |
| _____ Code Blue | b. External Disaster |
| _____ Fire Alarm | c. OB Emergency |
| _____ Command Center Standby
Or Activation | d. Cardiac or Respiratory Arrest |
| _____ Phases of a Command Center
Announcement | e. ED or Facility-Wide Lockdown |
| _____ Code Black | f. Chemical Spill |
| _____ Code Pink | g. Combative Person |
| _____ Security Alert | h. Standby, Activation, All Clear |
| _____ Code White | i. Fire or Fire Drill |
| _____ Controlled Access | j. Bomb Threat |

15. What is the phone number to activate all emergency codes and obtain emergency assistance from Security?

16. In the event of a tornado warning or alert, hallways and bathrooms are probably the safest areas.

True or False

17. In the event of a bomb threat, there will be an immediate all out evacuation of the building.

True or False

18. What is the most common cause of a death in a fire? (2 words)

19. What are the four (4) basic steps to follow in the event of a fire?

20. What are the four (4) steps to follow in using a fire extinguisher?

21. To announce Fire Alarm in the event of a fire, what two steps should be taken?

22. In the event of a fire, under whose direction would you shut off or close an oxygen valve?

23. Fire Alarm is announced in the event of a fire or

24. If medical equipment is not functioning properly, what three steps should be taken?

25. All medical equipment used for patient care should be inspected at least every two (2) years.

True or False

26. Extension cords used at PSF must be hospital grade (identified by a green dot) and may be any length.

True or False

27. Portable heaters may be used in patient areas.

True or False

28. Emergency electrical receptacles, identified by red templates and used for all critical patient related functions, will still have power in the event of a power failure.

True or False

29. If a coworker is being electrocuted by a piece of electrical equipment, the first step would be to disconnect the power source.

True or False

30. _____ is the system of isolation to be used by all personnel regardless of the patient's diagnosis and provide barriers against exposure to blood, secretions and excretions.

31. _____ is the single most important measure to reduce the risk of transmitting microorganisms from one person to another or from one site to another on the same patient.

32. List the five (5) reasons to wash hands with soap and water instead of alcohol gel.

33. Blood or body fluid exposures should be reported how soon?

34. You can obtain a Blood/Body Fluid Exposure Packet from the Occupational Health Office, the Emergency Department, the Lab or the OR at Penrose Hospital and SFMC.

True or False

35. Transmission Based Precautions consist of Airborne Precautions, Droplet Precautions and Contact Precautions and are used _____ to Standard Precautions.

36. Individuals with HIV or Hepatitis may not have any noticeable symptoms.

True or False

37. Alcohol-based Instant Hand Sanitizer should be used: before and after any direct patient contact, after contact with inanimate objects in the immediate vicinity of the patient and after contact with body fluids or excretions.

True or False

38. Healthcare workers caring for a patient with active TB must wear an N95 Respirator.

True or False

39. Detailed information about infection control issues and any personal protective equipment necessary for you to perform your job are available in your work area.

True or False

40. Which sections of an SDS sheet would provide you with the following information about a chemical? (Please provide the name of the section.)

- a. Health effects and symptoms of exposure: _____
- b. Protective equipment needed: _____
- c. Proper handling of the substance or chemical: _____

41. A "0" rating listed in the red "Fire Hazard" section of the multi-colored diamond indicates a high degree of flammability.

True or False

42. A "4" rating listed in the blue "Health Hazard" section on the multi-colored diamond indicates normal health hazard.

True or False

43. Culture does not play a role in Health Care.

True or False

44. Centura defines integrity as honesty, directness, respect for commitments made and an adherence to a code of ethical and moral conduct.

True or False

45. Due to your Centura affiliation, you are allowed to review any patient's medical record.

True or False

46. We may periodically discount services in exchange for referrals.

True or False

47. An insider of the organization is any employee, physician or individual ***providing direct patient care.***

True or False

48. We may ***routinely*** accept gifts from patients as long as each gift is nominal in value, i.e. under \$100.

True or False

49. We may never accept cash gifts or cash equivalent such as a gift card from a vendor or patient.

True or False

50. Which of the following is a ***National Patient Safety*** goal? Select all that apply.

Prevent Infection

Use alarms on medical equipment safety

Prevent patient falls

Use medications safely

Identify patients at risk for suicide

Prevent mistakes in surgery

Identify patients at risk for abuse and neglect

Improve staff communication



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Centura Health (“Centura”) recognizes the importance of protecting sensitive, confidential, and proprietary information concerning its patients and their families, its associates, and its business operations, transactions, and relationships (“Confidential Information”). To protect the trust of our customers and patients, maintain respect for all persons, and comply with legal and regulatory requirements, it is the obligation of every associate, care provider, student, volunteer, contractor, and other non-employee (“User”) to safeguard Confidential Information. **As a User, I agree to the following:**

1. I will protect the security and confidentiality of all Confidential Information shared with me or acquired by me. I will not use Confidential Information or disclose Confidential Information to any third party, within or outside Centura, except to the extent necessarily required to perform my assigned job duties and as authorized by law or Centura policy. I will not discuss Confidential Information outside of the facility, in public areas, or any place where I may be overheard, or with any other individual not involved in the scope and performance of my duties.
2. I will not access or attempt to access Confidential Information other than that information that I have been authorized to access and have a need-to-know in order to perform my job.
3. If I will have access to Centura’s computer systems, applications, and network, I also agree that:
 - a. I may be issued a computer user-ID and password. This user-ID and password is unique to me. I will not share my user-ID and password with any other person, nor will I attempt to use any other person’s user-ID. All system accesses and entries that I make are monitored. I am responsible for any and all activity performed using my user-ID.
 - b. I will log off of any systems that contain or provide access to Confidential Information as soon as I am finished using such system in order to prevent unauthorized access. I will not print or copy Confidential Information unless specifically authorized to do so.
 - c. If at any time I believe my password security may have been violated, I will immediately contact the Centura Customer Support/Help Desk or Data Security Team.
4. There are various security codes and passwords belonging to Centura’s physical premises or equipment that I may be given in the course and scope of my duties. These codes and/or passwords are confidential and are subject to the terms of this Agreement.
5. I understand that my failure to comply with applicable laws and hospital policies or unauthorized or indiscriminate use or disclosure of Confidential Information, user-IDs or passwords, access codes, or any violation of this Agreement, may subject me to corrective action up to and including termination of my employment, contract, or status at Centura and/or suspension or loss of privileges. In addition, violations of law may be reported to law enforcement officials and may lead to civil and criminal penalties under HIPAA and other State and federal laws.
6. Centura routinely monitors its computer systems, applications, and networks. I understand that I should have no expectations of privacy in the use of these resources. By using Centura computer systems, applications, and networks, I am expressly consenting to such monitoring.
7. Centura may modify or revoke my access to its systems, applications, and network at any time for any reason.
8. My obligation to safeguard Confidential Information continues even after leaving Centura.

By my signature below, I am indicating that I have read, understand, and agree to adhere to all terms of this Confidentiality Agreement, as well as all applicable privacy and confidentiality laws and hospital policies.

Signature

Date

Name (Please Print)

Acknowledgement of Centura Health Integrity Standards

I acknowledge that I have reviewed the Centura Health Integrity Standards and understand it represents mandatory policies of the organization. I agree to abide by the Integrity Standards.

Signature

Print Name

Department

Facility

School Name

Date
