



Name: _____
Emp. # (Required) _____
Unit: _____

2010 Mandatory Clinical Answer Sheet for Unlicensed Personnel

Mission/Core Values/Ministry Transformation Test

- | | | |
|--|------|-------|
| 1. CHW's new initiative is called Ministry Transformation (See letter from Sisters) | True | False |
| 2. SJRMC/SJPVH's mission is to deliver high quality, compassionate, affordable health services. | True | False |
| 3. Collaboration means respecting the inherent value and worth of each person. | True | False |
| 4. Justice includes advocating for social change. | True | False |
| 5. The three foundational expectations of CHW are top quartile quality performance, successful financial performance and employer of choice recognition. | True | False |

Advance Healthcare Directives, Patient Rights, Ethics, Donation, Spiritual Care Test

- | | | |
|---|---------------------|-------|
| 1. Which of the following decisions may be included in your Advanced Healthcare Directive (AHCD)? | | |
| a) end of life treatment | c) organ donation | |
| b) resuscitation decisions | d) all of the above | |
| 2. An AHCD is exactly the same as a "DNR" order. | True | False |
| 3. A Durable Power of Attorney for Healthcare can direct your financial decisions if you are unable. | True | False |
| 4. Life supporting measures keep your heart and lungs going, like CPR. | True | False |
| 5. In the state of California, EMS are required to perform resuscitation unless you have a DNR form completed, signed by your doctor and in your home/possession. | True | False |
| 6. St. Johns follows the Ethical and Religious Directives for Catholic Health Care Services. | True | False |
| 7. The Ethics Committee can be contacted through Chaplain Services. | True | False |
| 8. It is a Medicare requirement to call a procurement agency for all deaths or imminent deaths within 30 minutes of the time the patient meets the criteria. | True | False |
| 9. Staff must support the patient's faith, belief and values to meet their spiritual care needs. | True | False |
| 10. A book about spiritual and religious competencies is available through Chaplain Services. | True | False |

Privacy and Data Security

Circle the correct answer

- 1) It is okay to share your CHW network login and password with a co-worker so that they can access information on the network. TRUE FALSE
- 2) When it is not part of your job duties, it is permissible to use CHW resources to look up information on:
 - A. Celebrities
 - B. Yourself
 - C. Co-Workers
 - D. Friends/Family
 - E. None of the above
- 3) You receive a fax with a patient's personal health information, but you are not the correct recipient the fax was intended for. You should:
 - A. Throw it away
 - B. Shred it
 - C. Pick it up and report it to your supervisor or Facility Privacy Official (FPO)
 - D. Contact the patient.
- 4) Protected Health Information (PHI) includes name, social security number, medical record number and birth date. True False
- 5) AB211 places liability directly on Individuals who knowingly, willfully or negligently obtain, disclose or use medical information inappropriately:
 - A. True
 - B. False

National Patient Safety Goals

1. Use at least two patient identifiers (Name & Date of Birth) when providing care, treatment and services. True False
 2. Label all medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. True False
 3. Comply with current CDC hand hygiene guidelines. (Foam In-Foam Out). True False
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1. Important components to prevent Central Line Blood Stream Infections (CLBSI) include:
 - a. Education of staff, LIPs and patients
 - b. Hospital wide risk assessment
 - c. Standardized protocol for sterile barrier
 - d. All of the above
 2. The procedural time-out should include:
 - a. Review of x-rays and lab work
 - b. Marking of the site by the patient
 - c. Agreement by all team members on correct patient, site and procedure
 - d. Discharge instructions
 3. "Minimal Use" medication reconciliation is a modified medication reconciliation process.

True or false

4. NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification requires that:: Circle all that apply

- a. Two qualified staff members participate in the verification process; one of which will be the transfusionist
- b. The blood must be hung only between the hours of 8am and 10am
- c. The patient must participate in the verification process
- d. The blood or blood component must be matched to the order and to the patient

5. An acceptable length of time between a critical result and report to the physician or action taken is ≤ 30 minutes.

True or False

Population-Specific Competency

- 1. Population-specific competency includes methods to serve the age specific, sociocultural and pain-specific patient care needs. True False
- 2. Being afraid of life and death is the primary cause of stress for the following age group:
 - (a) geriatric
 - (b) adolescent
 - (c) adult
 - (d) child
- 3. A genuine passion to be open to others, accept and respect differences, and be willing to learn is part of cultural:
 - (a) awareness
 - (b) knowledge
 - (c) skill
 - (d) desire

Restraints & Abuse

- 1. There were 104 documented restraint and seclusion deaths between 1999 and 2004. True False
- 2. Behavioral management restraints are used when a patient becomes self-destructive or assaultive. True False
- 3. Alternatives to the use of restraints may include bed alarms, safety sitters, camera beds, and asking family to sit with patient ? True False
- 4. A physician may write a PRN order for restraints. True False
- 5. Family violence occurs in all age groups, gender and economic levels. True False
- 6. Licensed nurses are among the health practitioners who MUST report known or observed instances of abuse to the appropriate authorities. True False
- 7. Employees are required to document in the medical record physical assessment & any information pertinent to the suspicion of abuse/neglect. True False

Emergency Preparedness, Fire & Electrical Safety

- Codes are provided on a laminated card similar to your name badge. True False
- Please refer to the back of your name badge. RACE stands for:
R - Rescue the patient
A - Alarm
C - Confine
E - Extinguish or Evacuate True False
- Please refer to the back of your name badge. PASS stands for:
P - Pull the pin
A - Aim the extinguisher at the base of the fire
S - Squeeze/press the handle
S - Sweep from side to side aiming at the base of the fire until it is out.
Stand about 6-10 feet away. True False
- You should yank on the cord to remove the plug. True False
- Please refer to your code badge. A person with a weapon and/or hostage situation is a code:
(a) red
(b) gray
(c) silver
(d) yellow
- In case of fire, the operator is called at _____ and a code _____ is announced:
(a) 3000 and red
(b) 4000 and blue
(c) 4000 and red
(d) 4000 and gray

Blood Borne Pathogens

- There is a vaccine for Hepatitis C. True False
- HIV can be passed from a mother to her baby during pregnancy, delivery or breast feeding. True False
- Hepatitis B vaccination consists of _____ injections over _____ months.
a). 1 over 6
b). 2 over 12
c). 3 over 6
d). 4 over 3

Infections Control

- Hospital Acquired Infections account for how many deaths per year?
a) 90
b) 900
c) 9000
d) 99,000
- The color of the contact sign for C. Difficile is _____.

3. The contamination zone for droplets during suctioning or bronchoscopy is:
- a). 6 inches
 - b). 1 foot
 - c) 3 feet
 - d). 2 feet
4. Which of the following occurs in the infection prevention cycle?
- a) When a test result is positive, lab notifies the RN taking care of the patient via phone call
 - b) The nurse taking care of the infected patient must call Central Supply for an isolation cart
 - c) The nurse taking care of the infected patient must place an isolation wristband on the patient, place the appropriate isolation sign on the patient's door, educate the patient/visitors about isolation requirements, place an isolation sticker on the chart, and fill in the SBAR Ticket to Ride with the type of isolation and the correct organism
 - d) Transporters must look at the SBAR Ticket to Ride to see what precautions are required prior to transporting the isolation patient. They must notify the receiving department of the patient's isolation status.
 - e) All of the above

Safe Patient Handling

1. American Nurses Association (ANA) estimates that 12% of nurses leave the profession annually due to back injuries. True False
2. Risk factors for lower back pain are constant vibration, continuous works, poor posture, to name a few. True False
3. Eliminating or modifying lifting activities is an effective way to modify the job to fit the worker. True False



Ministry Transformation

To respond to any of the reflection questions, write your response on the page attached to the answer sheet and turn it in with your MNR/ Reorientation answer sheet.

- 1. What positive transformation, or change, in your work or the hospital have you experienced in the last year?
- 2. What are some areas of responsibility that could use some transformation/improvement in your area of work?
- 3. How might your team improve the patient experience, operating performance, and the environment in which you work?
- 4. What is one change that you or your team would like to commit to in the coming year that will help us change to advance our St. John's vision?

Ministry Transformation Question # Selected (Please Circle): 1 2 3 4

Answer: _____

READ and SIGN!

I certify that I have completed reorientation via the on-line MCR or the hardcopy MCR manual.

The following subject areas were covered: Mission, Core Values, Ministry Transformation, Advanced Health Care Directives, Patient Rights, Ethics, Organ/Tissue Donation, and Spiritual Care, Catholic Healthcare West Privacy and Data Security Program, Informed Consents, Nursing Process, Nursing Bundle, Nursing Care Initiatives & Procedural Sedation, National Patient Safety Goals (NPSG), Population-Specific Competency, Pain, Restraints, Abuse, Point of Care Testing (POCT), Emergency Preparedness, Fire & Electrical Safety, Blood Borne Pathogens, Infection Control, Nursing Leadership, Teamwork and Communication, Safe Patient Handling.

Please sign below to verify your completion of reorientation. Return this form to Nursing Education no later than the last day of your hire month. This form will be graded and sent to Human Resources to be included in your official personnel file.

Employee Name (Print) _____

Employee ID number (Required) _____

Employee Signature _____

Department _____

Date _____

Educator's Signature _____