



St. John's Regional Medical Center
St. John's Pleasant Valley Hospital

Name: _____

Emp. # (Required) _____

Unit: _____

Mandatory Nursing Answer Sheet for Non-Licensed 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. A Durable Power of Attorney for Healthcare can direct your financial decisions if you are unable. True False
3. Life supporting measures keep your heart and lungs going, like CPR. True False
4. 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
5. St. Johns follows the Ethical and Religious Directives for Catholic Health Care Services. True False
6. The Ethics Committee can be contacted through Chaplain Services. True False
7. Staff must support the patient's faith, belief and values to meet their spiritual care needs. True False
8. 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. Contact the sender and report it to your supervisor or Facility Privacy Official (FPO)
 - D. Contact the patient.
- 4) You receive a phone call from an upset patient who says their privacy has been violated.. You should:
 - A. Put the caller on hold until they calm down.
 - B. Transfer the call back to the operator.
 - C. Take the contact information and refer the message to the Facility Privacy Official.
 - D. None of the above.
- 5) You discover that a medical report has inadvertently been sent to an incorrect physician office. You should:
 - A. Find out the correct address so that this does not happen again.
 - B. Notify the patient.
 - C. Contact your supervisor or Facility Privacy Official (FPO) immediately.
 - D. Call the physician's office to get it back before anyone finds out.
- 6) AB211 places liability directly on Individuals who knowingly, willfully or negligently obtain, disclose or use medical information inappropriately:
 - A. True
 - B. False
- 7) You should use fax coversheets and visually verify fax numbers before sending.
 - A. True
 - B. False

Nursing Bundle (Required only for direct patient care-givers)

1. The Nursing Bundle consist of hourly rounding, individualized patient care, bedside shift report and discharge phone calls. True False
2. Hourly rounding is the most important component of the bundle. True False
3. Some of the rounding behaviors that reduce call lights include using key words to reduce anxiety, performing scheduled tasks, addressing the 3 P's, and conducting an environmental assessment. True False

4. The 3 P's of hourly rounding are pain, position and productivity. True False
5. AIDET stands for acknowledge, introduce, duration, explanation and thanks. True False

Nursing Care Initiatives (Required for Cardiac/Surgical Techs Only)

1. Adult smoking cessation is indicated for both Congestive Heart Failure and Acute Myocardial Infarction patients. True False
2. According to SCIP Indicators, razors are the preferred method of hair removal. True False

National Patient Safety Goals

1. The two primary patient identifiers used within our organization are:
(a) Name and Medical Record Number
(b) Visit Number and Date of Birth
(c) Name and Date of Birth
(d) Visit Number and Medical Record Number
2. The procedural department completes which section of the Ticket-to-Ride?
(a) S
(b) B
(c) A
(d) R
3. If you are preparing the sterile field for a bedside procedure and have only one basin filled with normal saline, you must still label the basin. True False
4. It is not necessary to perform hand hygiene prior to insertion of a urinary catheter because the area is not clean. True False
5. It is okay to leave patients at risk for falls alone in diagnostic or treatment areas as long as the side rails of the gurney are up and the wheels are locked. True False
6. As part of NPSG 13: Encourage patient's active involvement in their care, the hospital will provide patients/family with information regarding infection control measures for hand hygiene practices, respiratory hygiene practices, and contact precautions according to the patient's condition as soon as possible. True False

Population-Specific & Pain 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

4. The five areas of the N-PASS-Neonatal Pain Agitation and Sedation Score are crying/irritability, nutritional state, facial expression, extremities/tone and vital signs. True False

5. The Wong-Baker pain rating scale is good for patients over the age of three or cognitively impaired patients because it uses easy to understand faces to represent pain intensity. True False

6. In addition to the Wong-Baker pain rating scale, PAINAD is another tool for use with the cognitively impaired patient. The PAINAD scale was developed for patient's with dementia. True False

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. Family violence occurs in all age groups, gender and economic levels. True False

Point of Care Testing (POCT) Questions by Lab (Required only for direct patient care givers)

1. I must date strips and controls when opened. True False

2. I do not need to be trained and have documented competency prior to performing a Point of Care Test. True False

3. I will use the bar code number on my employee badge as the Operator ID for the SureStepFlexx glucose meter. True False

4. I do NOT need to match the lot of strips I am using to perform a glucose test with the lot number displayed in the SureStepFlexx meter. True False

5. I am required to clean the SureStepFlexx meter daily prior to performing QC with 10% bleach which is then removed from the instrument with a cloth or cotton tip applicator dampened with water. True False

Emergency Preparedness, Fire & Electrical Safety

1. Codes are provided on a laminated card similar to your name badge. True False

2. 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

3. 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
4. You should yank on the cord to remove the plug. True False
5. 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
6. 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/Infection Control

1. There is a vaccine for Hepatitis C. True False
2. HIV can be passed from a mother to her baby during pregnancy, delivery or breast feeding. True False
3. Hepatitis B vaccination consists of _____ injections over _____ months.
- a). 1 over 6
 - b). 2 over 12
 - c). 3 over 6
 - d). 4 over 3
4. Hospital Acquired Infections account for how many deaths per year?
- a) 90
 - b) 900
 - c) 9000
 - d) 99,000
5. The color of the contact sign for C. Difficile is _____.
6. The contamination zone for droplets during suctioning or bronchoscopy is:
- a). 6 inches
 - b). 1 foot
 - c) 3 feet
 - d). 2 feet

7. 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

Nursing Leadership, Teamwork and Communication

1. The characteristics of teamwork consist of building a culture of trust, collaboration, mutual evaluation, team building and SBAR communication. True False
2. Teamwork can help build the following in your unit:
- a). Trust and cooperation on the unit
 - b). Employees who want to come to work
 - c). Completion of patient care activities
 - d). Decreased turnover
 - e). Reduction of errors in patient care
 - f). All of the above.
3. SBAR is the formal process for HAND-OFF communication. 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 MNR or the hardcopy MNR 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 Bundle, Nursing Care Initiatives, 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.

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 (Required) _____

Employee Signature _____

Department _____

Date _____

Educator's Signature _____