

Certificate of Completion of Training 2015 Mandatory Program Self-Learning Booklet

I, _____
(Print Name)

Hereby acknowledge that I have completed the 2017 Annual Corporate Compliance and HR Mandatory Topics Program as required by Northwell Health System. I further acknowledge that I have read, understood and shall abide by the health system's Code of Ethical Conduct. I agree to abide by all federal and state laws and regulations governing health care and health system policies.

Signature: _____

Date: _____

Dept/Facility: _____

Please forward this completed form to your manager.

Thank You.

FACILITY COMPETENCY AND ORIENTATION FORM

Name:	Dept:	Unit:
Date of Hire:	Title:	
Reference(s):	Department P&P Manual	Infection Control Manual
	Emergency Management & Safety Manual	Other:

Date	ORIENTATION TOPICS	
	<ul style="list-style-type: none"> ➤ DIVERSITY AWARENESS ➤ EMERGENCY PREPAREDNESS ➤ FIRE SAFETY ➤ HAZCOM ➤ SAFE MEDICAL DEVICES ACT ➤ LOCK-OUT/ TAG-OUT DEVICE ➤ SAFETY ➤ SAFETY AWARENESS ➤ SECURITY ➤ UTILITY MANAGEMENT ➤ PERFORMANCE IMPROVEMENT ➤ IMPAIRMENT IN HEALTHCARE PROFESSIONALS ➤ PATIENT RESIDENT RIGHTS ➤ HIPPA ➤ INFECTION CONTROL ➤ TEAM DYNAMICS COMPETENCY ASSESSMENT ➤ HARASSMENT PREVENTION ➤ VIOLENCE PREVENTION ➤ DEFICIT REDUCTION-FALSE CLAIMS ACT ➤ SUICIDE PREVENTION ➤ RESPIRATORY PROTECTION ➤ TOBACCO/SMOKE FREE CAMPUS ➤ PERSONAL COMMUNICATION DEVICE POLICY ➤ EMERGENCY MANAGEMENT ACKNOWLEDGEMENT ➤ HIV TESTING/ RECORD KEEPING/CONFIDENTIALITY ➤ REPORTING REASONABLE SUSPICION OF A CRIME ➤ SANCTUARY MODEL 	
	EMPLOYEE COMMENTS	

2015 Mandatory Education Competency Assessment Answer Sheet		
	Name:	Date:
	Department/Area:	Write or circle the correct response below.
1	<p>SAFETY AWARENESS: As a team member of the health system, you share responsibility for security by doing the following <u>except</u>:</p> <p>A. Wearing your official ID badge B. Reporting any security-related observations, no matter how insignificant they may seem C. Staying alert for signs of workplace violence D. Wearing or carrying a weapon to protect self and staff</p>	
2	<p>SECURITY & SAFETY For immediate security assistance, in the event of a violent or potentially violent situation, a Code _____ should be initiated.</p>	
3	In the event of a serious emergency requiring an internal lockdown, such as a chemical spill or hostage situation, security will implement Code _____.	
4	<p>TJC (Joint Commission) 2013 National Patient Safety Goals include:</p> <p>a. Use of 2 patient identifiers b. Improve staff communication c. Prevent infection d. All of the above</p>	
5	<p>QUALITY Quality (P.I.) is about looking at how things are done and making changes to achieve <u>better outcomes</u>. The purpose is to improve the quality of care delivered to our patients, residents and families.</p>	True or False
6	<p>CULTURAL DIVERSITY & INCLUSION. We need to be open to learning about different cultures and to understand how culture may impact communication so it does not negatively impact healthcare outcomes.</p>	True or False
7	<p>Diversity and Inclusion is important because diverse groups:</p> <p>a. Have better decision making and problem solving skills b. Are more creative c. Deal more effectively with complex challenges d. All of the above</p>	
8	<p>EMERGENCY PREPAREDNESS The correct procedure for reporting an emergency is:</p> <p>a. Dial "0", state the color code, name the building or unit, and room location. b. Dial "222", state the color code or other emergency, state the building, unit, and room location. c. Dial "222", state the color code or other emergency, name the building, unit, room location and stay on the line until the operator acknowledges your message.</p>	

9	HAZMAT & HAZCOM When information about hazardous chemicals is needed, what information can be obtained from the Material Safety Data Sheet? a. Safety Precautions b. First aid measures c. Personal Protection d. All the above	
10	SAFE MEDICAL DEVICES ACT In the event a patient, visitor, or worker is injured as a result of a medical device, the first priority is to disassemble the device to find out what was wrong.	True or False
11	UTILITY MANAGEMENT PROGRAM What equipment will continue to operate when the facility is on Emergency Power? a. Emergency Lighting b. Fire Alarm System c. One Elevator Per Building d. Emergency Communications System e. All of the above	
12	IMPAIRMENT IN HEALTHCARE PROFESSIONALS Some of the ways to recognize an impaired co-worker/healthcare professional is that they are unreliable in keeping appointments and meeting deadlines, frequent absences or disappearances from work or progressive deterioration in personal appearance.	True or False
13	HIPAA Confidential information includes: a. Patient Identity b. Age c. Address d. Social Security number e. All of the above	
14	Typical ways to protect confidentiality includes: a. Do NOT leave your computer on b. Computer should not be in view of the public c. Keep all written documents out of public view d. Discussions kept private e. Do not share your password f. All of the above	
15	DEFICIT REDUCTION – FALSE CLAIMS ACT Any person who has knowledge or a good faith suspicion as to the existence of fraud, waste, or abuse by an employee, vendor, or contractor has rights to be protected as Whistleblowers.	True or False
16	HIV TESTING / RECORDKEEPING / CONFIDENTIALITY No hospital/Nursing Home employee is permitted access to information about any individual's HIV status unless s/he is a designated member of the patient's treatment team. Violation of confidentiality regulations may also violate state law and lead to arrest and criminal prosecution.	True or False
17	INFECTION PREVENTION & CONTROL You must wash your hands: a. Before and after each patient / resident contact b. Before meals c. After removal of gloves d. After picking up anything off the floor e. All of the above	
18	If you experience a "high risk" exposure to blood or body fluids: a. Fill out an incident report b. Notify your supervisor and Employee Health Services c. Immediately wash the area exposed d. All of the above	
19	The following types of vaccines are available, free of charge, to employees, interns and contract workers in Employee Health (Ext 5313): Varicella, Pneumovac, Tetanus, Diphtheria, Measles, Mumps, Rubella, Influenza, Pertussis, Hepatitis B and Shingles.	True or False
20	A "Stop Sign" located outside a patient/resident's room means: a) Avoid the room completely (*more options on next page)	

	b) Check with the Charge Nurse to see specific precautions needed c) Go in any way to perform your job, the sign does not apply to you d) None of the above	
21	Alcohol based hand sanitizers are a good substitute for hand washing in most circumstances (<i>Exception</i> : When hands are visibly or noticeably soiled or if caring for a patient or resident with GI illness, such as, C-Diff, or vomiting/diarrhea, hands must be washed with soap and water).	True or False
22	It is not necessary to perform hand hygiene after coughing or sneezing if you used a tissue.	True or False
23	Patients with respiratory symptoms should sit at least 3 feet away from others, if at all possible	True or False
24	Droplet precautions should be observed when in close contact with a patient who exhibits signs of a respiratory infection, especially if they have a fever.	True or False
25	NON-HARASSMENT NON-DISCRIMINATION The Facility has a zero tolerance policy for harassment on the basis of race, color, ethnicity, disability, religion, national origin, age veteran status, sexual preference, citizenship, marital status, or any other category protected by law.	True or False
26	SUICIDE PREVENTION Some important steps to take to prevent suicide include: Take the concern seriously; Do not provoke the person, Listen and try to be understanding; and Communicate with members of the treatment team or the supervisor.	True or False
27	PATIENT RIGHTS / RESIDENT RIGHTS Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish. Examples include the following behaviors toward residents: Sexual harassment and coercion, Striking, pinching, kicking, and derogatory comments.	True or False
28	It is considered neglect if a staff member fails to follow the plan of care and harm is caused to the patient/resident.	True or False
29	WANDERING - ELOPEMENT PREVENTION Elopement is when a resident successfully leaves the facility undetected or unsupervised.	True or False
30	Only nursing staff are responsible to respond to the alarm on the Roam Alert system.	True or False
31	REPORTING REASONABLE SUSPICION OF A CRIME All employees that work in Broadlawn Manor are required to report suspicion of a crime against a resident to the police and Department of Health.	True or False
	Number Correct:	

THE LONG ISLAND HOME - CONFIDENTIALITY STATEMENT

I understand that, in the performance of my duties as an employee of The Long Island Home, I may be required to have access to or be involved in the processing of patient/resident data. I understand that I am obliged by law to maintain the confidentiality of this data at all times, both at work and off duty.

The disclosure of information regarding the diagnosis and/or other treatment of any patient/resident receiving services from The Long Island Home is a breach of confidentiality. Only the persons directly responsible for the care of the patient/resident should discuss this information.

The disclosure of the fact that any person is, in fact, a patient/resident at or receiving services from The Long Island Home is prohibited. If a person wished their neighbors, their religious community, employers or fellow employees to know that they have been hospitalized or are undergoing treatment, they will have to inform those persons themselves.

I understand that a violation of these confidentiality considerations may result in disciplinary action/dismissal. I further understand that I could be subject to legal action/financial penalties as well.

I certify by my signature that I understand this Confidentiality Statement, and will abide by its terms.

Signature: _____ Date: _____

CORPORATE COMPLIANCE QUIZ

1. The following patient information is considered protected health information (PHI):
 - a. Date of birth
 - b. Email address
 - c. Driver's license number
 - d. All of the above
2. PCI of Payment Card Industry standards state that you should never provide a customer receipt showing more than the last four digits of the credit card number:
 - a. True
 - b. False
3. You may access an electronic medical record if you are concerned about a co-workers health status:
 - a. True
 - b. False
4. HIPAA violations:
 - a. Have to be reported to the federal government
 - b. Can cause the health system to incur large fines
 - c. If suspected, should be reported to Corporate Compliance immediately
 - d. All of the above
5. The Health system policy on Gifts and Interactions with Industry prohibits which of the following:
 - a. Employees accepting gifts from vendors
 - b. Physicians receiving compensation from health care industry representatives that is above fair market value
 - c. Employees giving each other celebratory gifts
 - d. A & B only
6. Which of the following are examples of false claims:
 - a. Billing for services that are not medically necessary
 - b. Billing for services provided by an unlicensed provider
 - c. Submitting a claim under one patient's name when services were provided to another person
 - d. All of the above
7. A patient MUST sign The Notice of Privacy Practices (NPP):
 - a. True
 - b. False
8. PHI may be disposed in:
 - a. Any trash receptacle
 - b. The recycle bin
 - c. Properly secured receptacles- NOT A TRASH RECEPTACLE OR RECYLCE BIN!
 - d. None of the above
9. If you are not sure about a Health System policy, you can find them on our intranet.
 - a. True
 - b. False
10. If you believe that there is a HIPAA issue in the Health System, who should you report to?
 - a. Your manager
 - b. Your site Compliance Director
 - c. The Corporate Compliance Helpline
 - d. All of the above

South Oaks Hospital/Broadlawn Manor Nursing Care Center

HIV Testing / Records Keeping / Confidentiality and Infection Control

In compliance with the state and federal law, South Oaks Hospital/Broadlawn Manor Nursing Care Center developed policies and procedures to protect both its patients/residents and employees to the maximum degree possible. These policies and procedures as well as pertinent regulations are in the Hospital/Nursing Home manuals and may be inspected in detail upon request. Important points to keep in mind as you encounter inpatients, outpatients and family members at South Oaks/Broadlawn include:

HIV is the virus that causes AIDS. It is spread through contact between human blood and other body fluids through sexual intercourse, the sharing of infected needles, transfusion or tissue transplantation or contact between infected body fluid and broken skin.

The Hospital/Nursing Home admission policy does not discriminate against persons who are HIV positive, nor is HIV testing required for admission.

South Oaks/Broadlawn Manor offers voluntary testing and counseling to patients who wish to be tested. This is handled by the medical staff.

No Hospital/Nursing Home employee is permitted access to information about any individual's HIV status unless he/she is a designated member of the patient's treatment team.

No staff member may reveal any information about the HIV testing or status of a patient (even if the patient is HIV negative), or about the fact that the patient is receiving alcoholism/drug treatment, to any person not a designated member of the treatment team without a signed consent specifically for HIV information, or as otherwise permitted by law.

No employee shall:

1. Examine documents or computer data containing HIV related information unless required to in the course of his or her duties and responsibilities.
2. Remove or copy any such documents or computer data unless he/she is acting within the scope of his/her assigned duties
3. Discuss the content of any such document or computer data with any person unless that person has authorized access to such document or data.
4. Disclose the alcoholism patient status of the patient unless necessary and in compliance with federal confidentiality regulations when HIV related information is properly disclosed pursuant to this part.
5. Disclose HIV related information unless necessary and in compliance with applicable regulation when alcoholism treatment information is properly disclosed.

Any employee who violates this policy may be subject to disciplinary action by criminal prosecution.

Violation of confidentiality regulations may also violate state law and lead to arrest and criminal prosecution.

All patients who may be at risk are educated about safe living procedures to avoid HIV infections.

Employees are required to follow the Hospital/Nursing Home infection control standards (attached) for their own protection and to report any accidental exposure (i.e. needle stick, bite) that might involve contamination by body fluid.

I have read the above information and the attached infection control standards and have addressed any questions I may have to my supervisor. I have received education regarding HIV, Hepatitis B, Hepatitis B vaccine and tuberculosis.

Print Name

Signature

Date

TOBACCO & SMOKE FREE CAMPUS

As a result of a new OASAS (Office of Alcoholism and Substance Abuse Services) regulation, effective July 1, 2008 The Long Island Home will be a Tobacco/Smoke Free Campus. All areas, including the exterior grounds and parking lots including cars parked in lots, will be considered tobacco/smoke free zones.

I am aware that The Long Island Home is a Tobacco/Smoke free campus

Initial _____

PERSONAL COMMUNICATIONS – CELL PHONE/ELECTRONIC DEVICE POLICY

Employees are not permitted to receive personal phone calls during working hours, unless there is an emergency. Use of electronic devices such as cellular phones, beepers/pagers, portable radios/CD/tape players, (with or without headphones) is not permitted during work time. Unauthorized use of cellular phones is prohibited in patient / resident buildings at any time.

Personal Cell phones must be turned off at ALL times and may not be carried on your person while on duty.

- Staff may not wear headpiece, ear plugs, or head phones while in any patient/resident car buildings.
- Personal cell phones & other electronic devices are only permitted in authorized break areas i.e. Cafeteria (Oakroom) or BLM Staff Lounge (across from the pharmacy) and may only be used when off duty.
- Personal cell phones should be secured in lockers, purses, desks, or in your car. This applies to iPods and other MP3 players as well.
- For emergency contact, use your department phone number.

**** ONLY FACILITY AUTHORIZED CELL PHONES ARE PERMITTED****

Initial _____

EMERGENCY MANAGEMENT ACKNOWLEDGEMENT

This is to acknowledge that I have been informed of the Long Island Home's Emergency Management Policy. As a staff member, I understand that I am expected to assist as needed during any emergency or disaster. In addition, I understand that I may be required to come in when not scheduled, and/or stay beyond my scheduled shift. The care of patients and residents is one of The Long Island Home's top priorities.

Name: _____ Signature: _____

Date: _____

To be maintained in HR personnel file.