JORDAN VALLEY MEDICAL CENTER
and/or
JORDAN VALLEY MEDICAL CENTER, WEST VALLEY CAMPUS

Student Orientation
2015

PLEASE RETURN PAGES 23-34 TO THE EDUCATION DEPARTMENT

Name: ________________________________
Dates in facility: _______________________
Unit: _________________________________
School: ______________________________
Program: _____________________________
**HUMAN RESOURCES/ POLICIES AND PROCEDURES**

1. **T  F** Offensive, intimidating, or bullying behaviors are prohibited and are considered a violation of IASIS’ Standards of Conduct and HR Policy 401.

2. **T  F** It is helpful for the victim of sexual harassment to directly inform the harasser that the conduct is unwelcome and must stop.

3. Leering, dirty jokes, unwelcome and/or offensive touching, and requests for sexual favors may all be considered S_________________ H__________________.

4. **T  F** Jordan Valley Medical Center/Jordan - West Valley has a No-Smoking on Campus Policy that applies to everyone.

5. **T  F** You may call the 1-800 compliance/alert line anonymously 24 hours a day, 7 days a week?

6. **T  F** The best source of information regarding unit and hospital/medical center practices, policies, and procedures can be found online through I-REPP.

7. **T  F** Jordan Valley Medical Center/Jordan-West Valley allow outside companies and individuals to solicit on campus?

8. List (in order) the individuals to notify in case of an issue or grievance:
   A.________________________________ B.________________________________
   C.________________________________ D.________________________________

9. **T  F** Full or Part time employees who meet the eligibility requirements for FMLA, can apply for an FMLA leave by calling Matrix Absence Management or going on-line to www.matrixeservices.com.

10. Overtime is based on a(n)
    a. 40 hour work week  b. 8 hour work day  c. 80 hour pay period  d. 36 hour work week

11. **T  F** The time clock will automatically clock a lunch if you work 5 or more hours?

12. **T  F** If you do not have 30 minutes of uninterrupted time during your shift for a lunch, you must clock a “No-Lunch” at the end of your shift.

13. What is the correct procedure if you forget to clock a “No-Lunch” at the end of your shift?
   a. call manager  b. turn in a “No-Lunch” form, & enter “No-Lunch” in API  c. forget about it  d. none of the above

14. JVMC and WVC will assume that an employee has quit without notice if the employee misses _____ consecutive shifts without notifying his/her department manager.

15. **T  F** Benefit eligible employees have 30 days from their hire date to enroll in benefits.

**STAR PERFORMANCE/ CARING COMMITMENTS**

1. I commit to Service, Teamwork, Accountability, and Respect through…(name three of our Caring Commitments)
   1.____________________________________________________________________________
   2.____________________________________________________________________________
   3.____________________________________________________________________________

2. What does “STAR” stand for?
   S_________________ T_______________ A____________________ R____________________
RISK MANAGEMENT

1. Which of the following are events that should be reported as an incident report?
   a. Falls
   b. Medical errors
   c. Test or procedural complications or errors
   d. All of the above

2. How do you fill-out an incident report?
   a. Fill out a paper incident and put it with the chart
   b. Give a verbal report to the charge nurse
   c. Through the electronic incident reporting link on the main Intranet page, top left corner.
   d. Talk to your supervisor only, you then do not need to fill-out a report.

3. What do you do if you cannot submit the report through the electronic incident reporting link on the Intranet?
   a. Forget about it, you tried.
   b. Tell your supervisor and let him/her handle it.
   c. Make a notation in the patient medical record.
   d. You may call extension 3662 at either campus to report the incident through a secure line.

4. Which of the following is not part of our Fall Prevention Program?
   a. CareView system, where available and according to policy.
   b. Use restraints without considering alternatives.
   c. Hourly rounding or frequent checks on patients, particularly to address toileting needs.
   d. Place a yellow armband and sign on the door.

QUALITY

1. What are the two types of quality?
   1) __________________________________________________________
   2) __________________________________________________________

2. What is our quality model? D__________, M______________, A ____________, I ____________, C ____________.

3. Name two elements of Healthcare Quality Programs:
   1) __________________________________________________________
   2) __________________________________________________________

4. Name two National Patient Safety Goals:
   1) __________________________________________________________
   2) __________________________________________________________

5. What is ISO 9001? And what does it stand for?
   a. Quality Money System
   b. Quality Management System
   c. Quality Maximum System
   d. All of the above
   I__________________, S__________________, O__________________
1. Employees can receive the Hepatitis B vaccine from Employee Health for free if they want it.
   a. True   b. False

2. TB testing, annual influenza vaccination and other vaccinations/titers are required to work at Jordan Valley Medical Center and Jordan - West Valley.
   a. True   b. False

3. If I want to have a copy of the Exposure Control Plan or have questions about the plan, I can.
   a. Look on the OSHA web site for a copy.
   b. Pull it up on I REPP or Ask Infection Prevention for a copy.
   c. Call the MSDS number on the phone and ask for a copy.
   d. Administration is the only one allowed to view the plan.

4. Hand washing is part of the Exposure Control Plan and saves lives.
   a. True   b. False

5. Which of the following is a Biohazard sign

6. If I am injured on the job I should
   a. Wait 24 hours to see if I feel better tomorrow.
   c. Tell my supervisor, fill out an Injury Packet and get a drug screen.
   d. Go to the X-ray department and have them check me out.

7. After an exposure to blood the staff member should
   a. Report the exposure to Employee Health and my supervisor
   b. Fill out the Exposure packet
   c. Do a urine drug screen
   d. All of the above.

8. We did not use all the bottles of formaldehyde today but we have a patient we will need it for first thing tomorrow. It will be alright if we put it in a secure cupboard overnight.
   a. True   b. False

9. Which of the following may go through the tube system?
   a. A needle biopsy in formalin.
   b. A urine sample with a leaky lid
   c. An intact tube of blood
   d. Tubes of Cerebral Spinal Fluid

10. Hand washing is critical to prevent the spread of infections.
    a. True   b. False
11. Twisting, jerking or awkward movements are more likely to cause back injuries
   a. True   b. False

12. To prevent back injuries when lifting I should do the following EXCEPT
   a. Make sure everyone involved with the lift knows what we are doing.
   b. I am proper lifting technique so if everyone is busy I can do it myself.
   c. Bend at knees, tighten my abdomen and lift with my legs
   d. Get help for something heavy.

13. Alcohol hand rub is an approved method for hand hygiene.
   a. True   b. False

14. Artificial nails are allowed as long as they look clean and there are no gems or stickers that can fall off.
   a. True   b. False

15. Isolation precautions do not apply if I am only sticking my head in the door or I will not touch anything in the room.
   a. True   B. False

16. Use of standard precautions and personal protective equipment is not required if
   a. I am very careful not to get blood on myself.
   b. The patient is a nice old lady why does not have any diseases.
   c. The box of gloves is empty and I don’t have time to walk down the supply room for a new box.
   d. They are ALWAYS required.

17. I am taking a piece of equipment out of a room
   a. If I put it outside the door the aide will clean it when he/she makes rounds
   b. The next nurse will clean it before he/she uses it
   c. EVS clean all the equipment daily
   d. I must clean it when I take it out of the room.

18. When I walk into an empty room I know The IV pumps are clean because
   a. They look clean.
   b. They have a green “Clean” sticker on them.
   c. The cords are wrapped up and tied with a blue zip tie.
   d. The rest of the room is clean.

19. One of the best ways to stop the spread of infection is with good hand hygiene.
   a. True   b. False

20. I can call Infection Prevention or Employee Health when I have a question.
   a. True and if I leave a message I should speak slowly, clearly and leave my full name.
   b. False and I do not need to leave a message, they have caller ID and will call back.

### SAFETY/ SECURITY/ BIOMED

1. List the meaning of the following codes:
   - Code Red
   - Code Blue
   - Code Yellow
   - Code Pink
   - Code Adam
   - Code Silver
   - Code Black
   - Code Gray
   - Code Green
   - Code Orange
   - Code Purple
   - Code Silver
   - Code Stemi

2. The number to dial the hospital operator in an emergency is ____________.
3. During preventive maintenance checks, BioMed:
   a. Inspect for damage
   b. Inspect for proper operation
   c. Calibrate the equipment
   d. Replace worn parts
   e. All of the above
4. The _____________________ is _____________________ !!!

**COMPLIANCE/HIPAA**

1. T F Employees of JVMC and WVC are allowed to discuss patient issues with anyone they choose.
2. T F Confidentiality is a very important issue in dealing with both patient and employee information.
3. T F My access rights to patient information apply only to those patients and portions of the medical record that is required to perform my job duties.
4. T F My access rights allow me to access my own medical records whenever I want
5. T F Violation of the HIPAA Privacy Rule may result in civil and/or criminal penalties

**INFORMATION SYSTEMS/INFORMATION SECURITY**

1. T F If you believe someone has inappropriately used your user ID or password, change your password immediately and notify your FSO or Information Systems (IS) department.
2. What makes a strong compliant password?
   a. A minimum of 7 alpha (upper & lower case) & numeric selection
   b. Includes symbols or special characters when possible
   c. Based on something besides personal information.
   d. All of the above
3. T F There is no limit to the amount of patient information you can include when sending emails.
4. What should you always do when you leave a workstation?
   L___________ T_____ C____________________
5. ___________________ and your actions are the most important part of keeping our sensitive information secure.

**RADIOLOGY**

1. What are the three cardinal rules for radiation safety?
   1.___________________ 2.___________________ 3.___________________
2. What does ALARA stand for?
   A______ L__________ A______ R_____________________ A________________________
3. How is radiation monitored for workers that work with radiation?
   a. Dosimeter badges
   b. Employee ID badge
   c. Kilometer badges
   d. None of the above
HAZARDOUS MATERIALS MANAGEMENT

1. When a hazardous spill occurs fill in the blanks for the steps to be taken using the acronym I-S-C-A-R-E-D.

I__________________________________________________________________________________________
S__________________________________________________________________________________________
C__________________________________________________________________________________________
A__________________________________________________________________________________________
R__________________________________________________________________________________________
E__________________________________________________________________________________________
D__________________________________________________________________________________________

2. MSDS refers to M___________________ S____________________ D____________ S______________

ABUSE AND NEGLECT

1. T F The law requires everyone to report actual or suspected abuse, neglect, or exploitation.

2. Within the JVMC or WVC setting you should first report suspected or actual abuse to:
   a. The family.
   b. Immediate supervisor or the appropriate authorities based on where you work.
   c. You are not required to report domestic violence or abuse.
   d. The crisis center.

3. List four things that should be documented in the patient medical records if the injuries were due to Abuse or Neglect:

4. According to Utah Law definitions, abuse includes (circle all that apply)
   a. Physical Abuse
   b. Sexual Abuse
   c. Emotional Abuse
   d. Neglect

5. T F You, as an employee, can be held liable for reporting suspected abuse.

6. RADAR stands for:
   R____________________
   A____________________
   D____________________
   A____________________
   R____________________

AGE SPECIFIC CARE

1. T F The infant (birth to one year) has a faster metabolism, so pain medications work more quickly.

2. Which of the following is a major fear/anxiety of the toddler (one to three years)?
   a. Separation
   b. Loss of control
   c. Abandonment
   d. All of the above

3. When helping the pre-schooler (three to six years) involve them in planning and carrying out
4. Name four things the school-age child (ages 6-12) likes:
________________________________________________________________________
________________________________________________________________________

5. When working with adolescents (ages 12-18), it is important to assess for and instruct in (circle all that apply):
   a. Depression/Suicide
   b. Auto Safety
   c. Sports
   d. Eating disorders
   e. Self-esteem issues

6. An adult (ages 18-65), will have fear/anxiety about which of the following?
   a. Nutrition
   b. Family
   c. Privacy
   d. Loss of control
   e. Both b and d

7. Give two examples the elderly (65 years +) may have difficulty adjusting to:
   1. __________________________________________________________________________
   2. __________________________________________________________________________

CULTURAL DIVERSITY IN THE WORKPLACE

1. Name three reasons why it is important to have Cultural Diversity Training:
   1. __________________________________________________________________________
   2. __________________________________________________________________________
   3. __________________________________________________________________________

2. If each of us treats everyone we meet with _________ and _________, we will all have a part in improving our workplace and changing lives for the better…and that’s good healthcare!

3. T F Regardless of your job, YOU and only you, are responsible for your attitude and actions towards co-workers, patients, families, and visitors.

WORKPLACE VIOLENCE

1. Some of the most common forms of workplace violence are (circle all that apply)?
   a. Use of weapons
   b. Physical attacks
   c. Verbal and/or written threats
   d. Body language

2. Give three examples of Risk Factors that may contribute to workplace violence:
   1. __________________________________________________________________________
   2. __________________________________________________________________________
   3. __________________________________________________________________________

3. T F One method to diffuse or resolve a potentially dangerous situation is to move suddenly and speak calmly.

4. Our _________ of _________ supports IASIS’ commitment to ensure a safe workplace and communicates this responsibility to everyone.
1. Name the seven skills that communicate caring:
   1. ______________________________ 2. ______________________________
   3. ______________________________ 4. ______________________________
   5. ______________________________ 6. ______________________________
   7. ______________________________

2. Even though we are caring, the people we serve don’t know it unless we C________________________ it!

3. T F It’s not about taking more time, it’s about making the most of the time you have!

______________________________ __________________________
Employee/Volunteer/Contractor/Student Signature Date

Thank you for completing the orientation packet for Jordan Valley Medical Center and Jordan - West Valley.

Please continue by reading the following agreements on the pages that follow, and sign on the appropriate signature lines.
HEALTH INFORMATION CONFIDENTIALITY AGREEMENT

This Health Information Confidentiality Agreement ("Agreement") applies to all members of IASIS's workforce including staff, employees, volunteers, independent contractors, trainees and others who, in the performance of work for IASIS, are under IASIS's direct control and who have access to protected health information ("PHI") maintained, received, or created by IASIS and/or its facility(ies).

Please read all sections of this Agreement, in addition to IASIS’s privacy and security policies and procedures, before signing below.

IASIS and its facilities have a legal and ethical responsibility to safeguard the privacy of all IASIS facilities’ patients and to protect the confidentiality of their health information. In the course of your employment, whether or not you are directly involved in providing patient services, you may hear information that relates to a patient’s health, read or see computer or paper files containing PHI and/or create documents containing PHI. Because you may have contact with PHI, IASIS requests that you agree to the following as a condition of your employment:

1. **Confidential PHI.**
   I understand that all health information which may in any way identify a patient or relate to a patient’s health must be maintained confidentially. I will regard confidentiality as a central obligation of patient care.

2. **Prohibited Use and Disclosure.**
   I agree that, except as required under my job responsibilities or as directed by IASIS and/or its facility(ies), I will not at any time during or after my work for IASIS and/or its facility(ies) speak about or share any PHI with any person or permit any person to examine or make copies of any PHI maintained by IASIS and/or its facility(ies). I understand and agree that personnel who have access to health records must preserve the confidentiality and integrity of such records, and no one is permitted access to the health record of any patient without a necessary, legitimate, work-related reason. I shall not, nor shall I permit any person to, inappropriately examine or photocopy a patient record or remove a patient record from any IASIS facility.

3. **Safeguards.**
   When PHI must be discussed with other healthcare practitioners in the course of my work for IASIS and/or its facility(ies), I shall make reasonable efforts to avoid such conversations from being overheard by others who are not involved in the patient’s care.

   I understand that when PHI is within my control, I must use all reasonable means to prevent it from being disclosed to others, except as otherwise permitted by this Agreement. I will not at any time reveal to anyone my confidential access codes to IASIS’s and/or its facility(ies)’ information systems, and I will take all reasonable measures to prevent the disclosure of my access codes to anyone. I also understand that IASIS and/or its facility(ies) may, at any time, monitor and audit my use of the electronic/automated patient record and information systems.

   Protecting the confidentiality of PHI means protecting it from unauthorized use or disclosure in any form: oral, fax, written, or electronic. If I keep patient notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use. Should I need to send patient identifiable health information in an email, or email attachment, I agree that it will be sent in compliance with IASIS policies and procedures.

4. **Training and Policies and Procedures.**
   I certify that I have read IASIS’s policies and procedures, completed the training courses offered by IASIS, and shall abide by IASIS’s policies and procedures governing the protection of PHI.

5. **Return or Destruction of Health Information.**
   If, as part of my job responsibilities, I must take PHI off the premises of any IASIS facility, I shall ensure that I have IASIS’ and/or its facility(ies)’ permission to do so, I shall protect the PHI from disclosure to others,
and I shall ensure that all of the PHI, in any form, is returned to IASIS and/or its facility(ies) or destroyed in a manner that renders it unreadable and unusable by anyone else.

6. Termination.
At the end of my employment with IASIS and/or its facility(ies), or when my assignment for IASIS and/or its facility(ies) is otherwise terminated, I will make sure that I take no PHI with me, and that all PHI in any form is returned to IASIS and/or its facility(ies) or destroyed in a manner that renders it unreadable and unusable by anyone else. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality of PHI and to return or destroy any such PHI in my possession.

7. Sanctions.
I understand that my unauthorized access or disclosure of PHI may violate state or federal law and cause irreparable injury to IASIS and its facility(ies) and harm to the patient who is the subject of the PHI and may result in disciplinary and/or legal action being taken against me, including termination of my employment.

8. Reporting of Non-Permitted Use.
I agree to immediately report to IASIS and/or its facility(ies) any unauthorized use or disclosure of PHI by any person. The person to whom I report unauthorized uses and disclosures at an IASIS facility is the Facility Privacy Officer for that facility. The person to whom I report unauthorized uses and disclosures at the IASIS corporate office is the Corporate Privacy Officer, IASIS Healthcare Corporation, 117 Seaboard Lane, Building E, Franklin, TN 37067, 615-844-2747.

I understand that I am not authorized to share or disclose any PHI with or to anyone who is not part of IASIS’s workforce, unless otherwise permitted by this Agreement.

10. Agents of the Department of Health and Human Services.
I agree to cooperate with any investigation by the Secretary of the U.S. Department of Health and Human Services (“HHS”), or any agent or employee of HHS or other oversight agency, for the purpose of determining whether IASIS and/or its facility(ies) are in compliance with federal or state privacy laws.

11. Disclosures Required by Law.
I understand that nothing in this Agreement prevents me from using or disclosing PHI if I am required by law to use or disclose PHI.

By my signature below, I agree to abide by all the terms and conditions of this Agreement.

Signature of Workforce Member: ________________________________________________

Printed Name: ________________________________________________________________

Title/Position: ________________________________________________________________

Date: ________________________________________________________________________

Address: _____________________________________________________________________

(Street, Apt #)

____________________________________

(City, State, Zip)

Phone: ________________________________________________________________________

Revised October 21, 2015
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CONFIDENTIALITY STATEMENT

Information concerning patients, fellow employees, and other Jordan Valley Medical Center or Jordan - West Valley business of a confidential nature must not be discussed with persons not concerned with such information.

I understand and agree that in the performance of my duties as an employee, volunteer, contractor or student of Jordan Valley Medical Center or Jordan - West Valley, I must hold patient, employee, or employer business in confidence. Further, I understand that intentional or involuntary violation of such confidentiality could result in possible civil action, or employer disciplinary action up to and including termination of my employment or services.

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PATIENT RIGHTS

To receive considerate and respectful care
To be well-informed about your illness, possible treatments, likely outcomes and to discuss this information with your physician and other healthcare providers
To know the names and roles of the people treating you
To be informed about the outcomes of care including unanticipated outcomes
To consent to or refuse a treatment as permitted by law
To have an Advance Directive such as a Living Will or Special Power of Attorney
To privacy during your stay in the hospital
To expect that treatment records are private unless you have given permission to release information
To expect that this facility will provide you with necessary health care services to the best of its ability.
To review your medical records and to have the information explained, except when restricted by law.
To have care in a safe setting and access protective services while you are hospitalized and to be free from all forms of abuse or harassment.
You have the right to know if this facility has relationships with outside parties that may influence your treatment and care.
To consent or decline to take part in research affecting your care
To be told of realistic care alternatives when hospital care is no longer appropriate.
To know about policies that affect you and your treatment and about charges and payment methods
To discuss ethical issues with this facility’s Ethics Committee
To an accurate hospital bill and to timely settlement of conflicts associated with your hospital bill
To voice your concerns regarding any part of the care you receive at this facility.
To be informed about pain and pain relief options.
To be cared for by staff concerned about and committed to pain prevention and management, who respond quickly and efficiently to your requests, and who believe your reports of pain.
To be free from mental and physical abuse, and to be free from chemical and physical restraints except as authorized in writing by a licensed practitioner for a specified and limited period of time or
when necessary to protect you from injuring yourself or others.

**PATIENT RESPONSIBILITIES**

For providing information about your health, including past illnesses, hospital stays, and use of medications, drugs and alcohol.

For reporting perceived risks in your care and unexpected changes in your condition.

For asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment, you are responsible for telling your physician.

You are responsible for the outcomes if you do not follow the care, service or treatment plans.

For understanding the end result of failing to follow the recommended course of treatment, or of using other treatments. (you and your family)

For being considerate of the needs of other patients and employees of the hospital by helping to promote a safe environment (you and your visitors)

For respecting the property of others and also the property of the hospital (you and your visitors)

For providing information for insurance purposes and for working with the hospital to arrange payment, when needed.

For recognizing the effect of lifestyle on your personal health.

Your health depends not just on your hospital care, but in the long-term, on the decisions you make in your daily life.

To ask your doctor or care provider what to expect regarding pain, pain management, and available pain relief options.

To provide a copy of your Advance Directive (if you have one) to the hospital so that the care provided can be consistent with your wishes.

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**Jordan Valley Medical Center**  
3580 West 9000 South  
West Jordan, Utah 84088

**Jordan - West Valley Campus**  
3460 S Pioneer Parkway  
West Valley City, UT 84120

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I have read and understand Jordan Valley Medical Center & Jordan - West Valley’s Statement of Patient Rights and Responsibilities

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