

**ANNUAL TRAINING ACKNOWLEDGEMENT AND
ANSWER SHEET 2012**

Please complete this answer sheet and bring to your annual training meeting.

Print Volunteer Name: _____

1. Which of the following is NOT A Core Value?
 - a. Integrity
 - b. Teamwork
 - c. Compassion
 - d. Excellence

2. Group Leaders:
 - a. Elected to a 2-year term
 - b. Help train new volunteers
 - c. Help finding subs
 - d. Part of the Emergency Chain of Command and will contact you if there is a disaster
 - e. All of the above

3. What do you do if you are unable to volunteer for your shift?
 - a. If you are in an area that requires a sub, you should try to get one
 - b. You should alert your immediate supervisor that you will not be in
 - c. You should contact the Volunteer Department.
 - d. Both A & B

4. HIPAA is:
 - a. Health Insurance Portability & Accountability Act
 - b. A set of Federal Regulation with which health care facilities must comply
 - c. Designed to ensure that patient information is used appropriately and discriminately by the right people for the right purpose, and is protected from unauthorized access by the individuals who do not have a need to know such information
 - d. All of the above

5. If a Volunteer will be absent from their shift for a 30 day period:
 - a. They should contact the Volunteer Manager
 - b. Do nothing
 - c. Let the Group Leader know
 - d. Both a and c

6. Who is required to comply with HIPAA Regulations
 - a. Doctors, nurses & patient care professionals
 - b. Clerical staff and support personnel
 - c. Volunteers
 - d. All of the above

7. Community Cares has how many Standards of Behavior
 - a. Three
 - b. Five

- c. Ten
 - d. Twelve
8. AIDET is the acronym for: Acknowledge, Introduce, Duration, Explanation, Thank
- a. True
 - b. False
9. In the Standard “Service Recovery” we use ACT. This stands for:
- a. Apologize/Acknowledge, Correct and Thank
 - b. Approach, Correct and Thank
10. HCAHPS is the acronym for Hospital/Consumer/Assessment of/Healthcare/Providers and/Systems. It is our patient’s perception of the quality of care that we provide.
- a. True
 - b. False
11. Which of the following is not one of the 4 P’s in hourly rounding:
- a. Pain
 - b. Potty
 - c. Procedure
 - d. Personal items
12. No Pass Zone. No one walks by a patient call light – a patient call light is a patient need. Volunteers should respond to call lights but are exempt from answering red call lights – bathroom lights and/or entering isolation rooms. (The nurses will answer call lights for these areas).
- a. True
 - b. False
13. While volunteering, you notice a neighbor of yours is on the census. Would it be OK for you to go and visit them?
- a. Yes, if she is a good friend of yours
 - b. No, this would be a HIPAA violation and grounds for dismissal
14. When reporting an emergency, you should clearly state the following:
- a. Your name and department
 - b. Your name and the location of the emergency
 - c. The type and location of the emergency
15. If a patient’s family member has a concern regarding treatment, who should they contact first:
- a. The patient’s nurse or case manager
 - b. Administration
 - c. Arizona Department of Health Services
16. Alcohol hand sanitizers are not very effective for killing germs on hands and should not be used to decontaminate hands as long as they are not visibly soiled.
- a. True
 - b. False
17. You must wash you hands before entering and upon leaving every patient room.
- a. True
 - b. False

18. If a patient or visitor falls in your area what should you do?
- Call 7111 and let them know what happened. They will dispatch help to your area
 - Immediately take the person to the ER
 - Call 911
19. Someone approaches your desk and asks for the Urgent Care, what should you do?
- Give them directions
 - Ask them if they are seeking treatment, if they are direct them to the ER
20. If you are injured while volunteering and it is not life-threatening, what should you do?
- Inform your supervisor so they can write an incident report
 - Go directly to the ER
 - Leave and go to your family physician
21. What does R.A.C.E. stand for?
- Respond, Act, Close, Extinguish
 - Rescue, Alarm, Call, Evacuate
 - Rescue, Alarm, Confine, Extinguish
22. Elevators are an acceptable means for evacuation during a fire situation
- True
 - False
23. What is the volunteer's role in a fire drill ?
- Info Desk Volunteers should keep people informed and in the area
 - Volunteers in Pt. Care areas should report to their supervisor
 - All other volunteers should avoid the area of the fire.
 - All of the above
24. If you suspect a chemical spill in your area, what should you do?
- Notify a staff member
 - Do nothing you are a volunteer
 - Attempt to clean it up yourself
25. If there is a Utility Failure, we may call what code?
- Code Silver
 - Code Internal Triage
 - Code Black

NORTHWEST MEDICAL CENTER

CHS CODE OF CONDUCT

I acknowledge that I have received, read and understand the Community Health Systems (CHS) Code of Conduct. I agree to abide by the policies summarized in the Code of Conduct and all federal, state and local laws, rules and regulations for the duration of my association with CHS.

I CERTIFY THAT I HAVE RECEIVED, REVIEWED AND AGREE TO ABIDE BY THE FOLLOWING:

- MY POSITION DESCRIPTION,
- THE MANDATORY POLICIES OF THE ORGANIZATION.
- THE CONDITIONS LISTED IN THE MANUAL REGARDING PATIENT CONFIDENTIALITY AND COMPUTER POLICIES
- THE VOLUNTEER HANDBOOK AND TRAINING MANUAL

Volunteer Acknowledgement

Volunteer Signature _____

Printed Name _____

Date _____

Facility: Northwest Medical Center – Tucson Arizona

Workforce Information Security Agreement

I understand that the facility or business entity (the “Company”) in which or for whom I work, volunteer or provide services, or with whom the entity for which I work has a relationship (contractual or otherwise) involving the exchange of health information, has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identifiable health information, “Confidential Information”).

In the course of my employment / assignment at the Company, I understand that I may come into contact with this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company’s Privacy and Security Policies, which are available on the Company intranet. **I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.**

1. I will act in the best interest of the Company and in accordance with its policies, procedures and Code of Conduct at all times during my relationship with the Company.
2. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
3. I understand that I have no right to any ownership interest in any information accessed or created

- by me during my relationship with the Company.
- 4. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
- 5. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
- 6. I will:
 - a. use only my officially assigned user ID, password, etc.
 - b. use only approved licensed software.
 - c. use devices with virus protection software.
 - d. report theft or loss of mobile devices (cell phones, PDAs, laptops, etc.) that store Confidential Information within 24 hrs.
- 7. I will never:
 - a. share or disclose user IDs or passwords, nor will I ask others to do so.
 - b. use tools or techniques to break or exploit security measures.
 - c. connect to unauthorized networks through the Company's systems or devices.
 - d. knowingly include, or cause to be included, any false, inaccurate or misleading entry in any record or report.
- 8. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
- 9. I will not in any way copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
- 10. I will not make unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.
- 11. I will practice secure electronic communications by transmitting Confidential Information only to

authorized entities, in accordance with approved security standards.

- 12. I will only access electronic systems to review patient records for which my job responsibilities have a legitimate need to access for treatment, payment or healthcare operations.
- 13. I will notify my manager or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
- 14. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
- 15. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
- 16. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company's policies.

The following statements apply to physicians and contracted entities using Company systems containing patient identifiable health information:

- 1. I will insure that only appropriate personnel in my office will access the Company's electronic systems and I will annually train such personnel on issues related to patient confidentiality and access.
- 2. I will accept full responsibility for the actions of my employees who may access the Company's electronic systems and Confidential Information.

I acknowledge that I have read this Agreement and I agree to comply with the terms and conditions stated above.

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| Signature (Employee, Consultant, Vendor, Office staff, Physician) | Facility Name | Date |
| Printed Name | Dept. | |