

Tri-City Medical Center (TCMC) Faculty Clinical Orientation Checklist

All Faculty must review the Student Orientation Manual - TCMC Hospital Orientation for Non-Employees annually and validate that they understand all information provided and will abide by all TCMC policies and procedures. After reading manual, please complete and SIGN this form, and return to the Education Department.

Faculty Name (please print) _____

School _____ Course _____

Rotation Dates _____

1. Hospital Orientation for Non-Employees Manual and Test
 - a. Introduction
 - b. TCMC Background, Mission, Vision, Values
 - c. Electrical Equipment and Safety
 - d. Hazardous Materials and Waste
 - e. MSDS & Chemical Hazards
 - f. Emergency Preparedness—Disaster and Fire
 - g. Radiation Safety
 - h. Infection Control
 - i. HIPAA Privacy Rules & Responsibilities
 - j. Team Building
 - k. Performance Improvement and Risk Management
 - l. Patient Safety
 - m. Ethics—Patient Rights and Responsibilities
 - n. Abuse Reporting
 - o. Cultural Diversity
2. TCMC Policies
 - a. Dress And Appearance Philosophy (Administrative Policy)
 - b. Cellular Phones and Other Wireless Electronic Digital Devices, Use of (Administrative Policy)
3. Introduction to Nursing
 - a. TCMC Nursing Organization and Healthcare Team Members
 - b. TCMC Nursing Departments
 - c. National Patient Safety Goals
 - d. Hospital Emergencies
 - e. Core Measures
 - f. Pharmacy
4. Clinical Orientation
 - a. Compass Training completed on _____
 - b. Nova StatStrip Glucose Meter Training completed on _____
5. Forms to be submitted
 - a. Faculty Orientation Checklist
 - b. Confidentiality Acknowledgement & Agreement
 - c. Social Media Best Practices
 - d. Tri-City Healthcare District Non-Employee Test
 - e. Nova StatStrip Glucose Meter Competency
 - f. Compass System Access Request
 - g. Pyxis System Access Request

My signature indicates that the information listed above has been reviewed and that I am responsible for the information contained in this manual. I understand that failure to complete this process will result in my being out of compliance with this hospital and their orientation standards.

Faculty's Signature _____ Date _____

**TRI-CITY HEALTHCARE DISTRICT
CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT FORM**

PRINT NAME: _____

DEPARTMENT: _____ EXTENSION: _____

During the course of your activity at Tri-City Healthcare District (TCHD) and its affiliates, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with TCHD's policies and procedures. In order for TCHD to properly care for patients and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to TCHD. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about patients.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.
4. Personnel records and employee information.
5. Work Place Investigations
6. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of TCHD and its affiliates which has not previously been released to the public at large by a duly authorized representative of TCHD.

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact the Values Line at 1-800-273-8452.

By reviewing each section and signing this Confidentiality Acknowledgment, I acknowledge and agree that:

1. I will only access business information for which I have a legitimate business purpose. I will not disclose TCHD proprietary, operational, or employee information except when expressly authorized to do so by TCHD.
2. Medical Information is confidential and my access is restricted to my legitimate medical need to know for diagnosis, treatment and care of a particular patient.
3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of TCHD.
4. I will print information from any hospital information system only when necessary for a legitimate business purpose. I understand that patient medical information may only be stored in authorized locations such as the hard copy medical record jacket located in the Health Information Department. Exceptions may be incorporated into departmental policy when the exception is approved in writing by Tri-City Healthcare District's Director of Legal Services.



Tri-City Healthcare District
4002 Vista Way, Oceanside, California 92056

5. I will shred or dispose of all patient or employee identifiable information in a designated locked, confidential disposal bin.
6. Patient medical information available from any hospital information system may not be in final form. Therefore, I will not release printed hard copy to third parties, including parents/guardians, but will refer them to the Medical Records/Health Information Department for assistance. Exceptions may be incorporated into departmental policy so long as the exception is approved in writing by Tri-City Healthcare District's Director of Legal Services. Third parties or employees requesting copies of personnel and employee records will be referred to Human Resources.
7. My access and use of any hospital information system information is subject to routine, random, and undisclosed surveillance by the hospital.
8. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment/educational affiliation by Tri-City Healthcare District and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.
9. Impermissible disclosure of confidential information about a person may result in legal action being taken against me by or on behalf of that person.
10. I understand that licensed health care providers are subject to sanctions for impermissible disclosure under numerous statutes and regulations including revocation, suspension, probation, public reprimand, and arrest.
11. If I am issued a unique password, it is my responsibility to maintain this code in a confidential manner. This password is my signature for accessing authorized on line computer systems. My password will ensure that the data for which I am responsible will not be available to anyone else; therefore, it is mandatory that my password and access data be kept strictly confidential.
12. My confidentiality obligation shall continue indefinitely, including at all times after my association with Tri-City Healthcare District and its affiliates, such as termination of my employment or affiliation with Tri-City Healthcare District and its affiliates.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

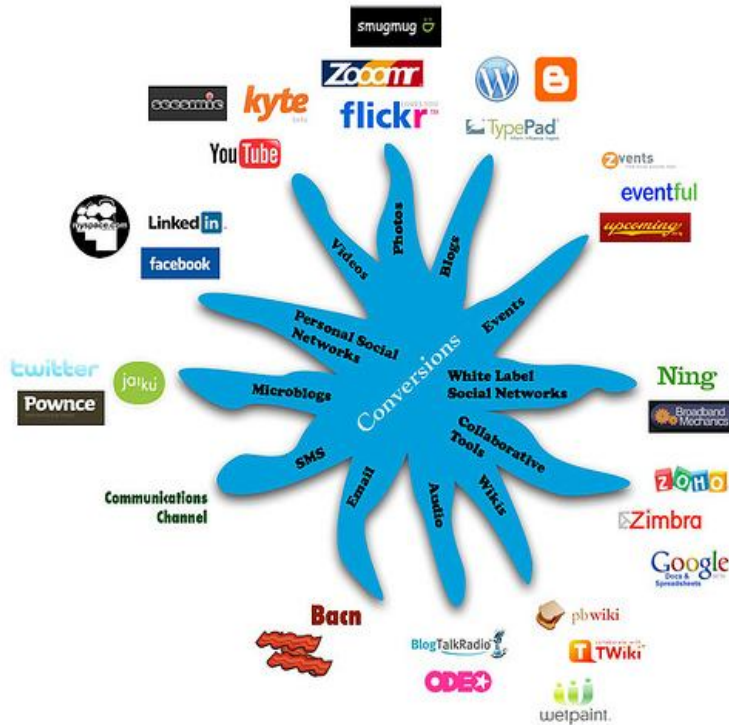
Employee Signature

Date

Print Name

TRI-CITY HEALTHCARE DISTRICT

Social Media Best Practices



There's no such thing as "private" social media sites. Search engines can turn up internet postings years after the original publication date, even when it is believed that such content has been deleted or changed. Comments and postings can be forwarded or copied to hundreds of people.

Tri-City Medical Center employees may not use or disclose any patient information of any kind on any social media without the express written permission granted by the patient.

Remember even if you do not believe that you have identified a particular patient, even if that patient's name is not used or his or her medical record number has not been identified, you may still be disclosing information that allows others to identify the patient. If another individual can identify or presume to believe that the information that you provide has identified a patient at Tri-City Medical Center, then the use or disclosure of this information may constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA). Such violations may be reported to the County Public Health Department, any applicable professional Board and could be referred to the Office of the Inspector General (OIG). Such disclosures would also be reported to the patient.

Caution is recommended in using social networking and media sites such as Facebook, Twitter, MySpace, Yahoo! Groups, Wikis, blogs, when texting, or when using or accessing any other social media. When using Social Media on behalf of Tri-City Medical Center, if you post unprofessional or inappropriate comments or material, then such posts reflect poorly on you and on Tri-City Medical Center. Such postings may become public and could subject Tri-City Medical Center and you to unintended exposure to legal proceedings.

When using social media and networking sites, even for purely personal reasons, remember:

- **Be respectful and professional to fellow employees and business partners;**
- **Never post information about a patient, whether or not the patient is identified by name, in any format, at any time, for any reason; and**
- **When identifying yourself as a Tri-City Medical Center employee or when communicating about or to other employees, avoid ethnic slurs, personal insults, obscenity, or any communications that would not be acceptable at Tri-City Medical Center’s workplace.**

Employees who have concerns regarding workplace conduct or inappropriate use of “Social Media” are encouraged to contact their immediate supervisor or Human Resources for clarification regarding the terms of this policy.

I understand that by signing this agreement I am stating that I will abide by and uphold these communication standards, and that I will be evaluated on these standards on an annual basis.

Print Employee Name

Employee Signature

Date

Manager Signature

Date

Tri-City Healthcare District Non-Employee Test

Name: _____
Dept: _____

Date: _____
Badge Issued: _____ Score: _____

Please circle the correct answer.

1. What is the number to dial at Tri-City Medical Center to activate the emergency codes?
 - a. 9112
 - b. 66
 - c. 6677
 - d. 5000
2. In responding to a fire, what does the acronym RACE stand for?
 - a. Run And Call Engineering
 - b. Rescue, Alarm, Call the Fire Department, Exit the building
 - c. Rescue people from danger, Activate fire alarm, Contain fire by closing doors, Extinguish the fire
 - d. Rush Around, Call Everyone
3. What color electrical outlets are supported by emergency generators during a power outage?
 - a. green
 - b. yellow
 - c. gray
 - d. red
4. What does "Code Orange" indicate?
 - a. poor air quality in the building
 - b. internal or external disaster
 - c. cafeteria is out of orange juice
 - d. an infant has been abducted
5. Hand- Hygiene isn't really important for healthcare workers.
 - a. True
 - b. False
6. If you find a used needle, syringe, or sharp device, you should:
 - a. ask an employee to help dispose of it properly
 - b. hide it under some paper towels
 - c. put it in any trash can
 - d. none of the above
7. You should not enter a room with a precaution sign posted, unless instructed by staff.
 - a. True
 - b. False
8. Influenza Vaccination is offered free of charge.
 - a. True
 - b. False
9. If you see a spill of an unknown substance, you should
 - a. get closer to it, so you can smell it and identify it
 - b. clean it up with paper towels
 - c. call EVS for clean-up
 - d. put a blanket over it
10. MRSA, VRE and C. difficile;
 - a. Are considered Multi-drug resistant organisms
 - b. can be prevented with meticulous hand hygiene
 - c. Can be difficult to treat
 - d. All of the above.
11. The law requiring that patient information be kept confidential is the:
 - a. Health Insurance Portability & Accountability Act (HIPAA)
 - b. Medicare Information Privacy Act (MIP)
 - c. Hospital Information Privacy Act (HIPA)
 - d. Federal Freedom of Information Act
12. Confidentiality and privacy are important concepts in healthcare because:
 - a. They help protect hospitals from lawsuits.
 - b. They allow patients to feel comfortable sharing information with their doctors.
 - c. They avoid confusion of having people other than the physician distributing info about a patient.
 - d. Both a and b
13. The most common breach of confidentiality comes from:
 - a. Loose talk
 - b. The internet
 - c. Misuse of fax machines
 - d. Misuse of cell phones

14. If you suspect someone is violating the facility's privacy policy, you should:
 - a. Say nothing. It's none of your business.
 - b. Watch the individual involved until you have gathered solid evidence against him or her.
 - c. Report your suspicions to the ValuesLine, Privacy Officer, or Manager as outlined in the Confidentiality policy.
15. What should you keep in mind when determining whether you should have access to patient information?
 - a. Disregard all patient information
 - b. Any information out in the open is public record
 - c. Need to know
 - d. All of the above
16. Patients can agree to be included in the Hospital directory or opt out of being included in this listing.
 - a. True
 - b. False
17. Disposal of patient identifiable information can be done using any trashcan.
 - a. True
 - b. False
18. Only employees with access to patient records have to worry about protecting patient privacy and confidentiality.
 - a. True
 - b. False
19. You must be able to prove abuse in order to report it.
 - a. True
 - b. False
20. Which of the following are signs of abuse?
 - a. Malnourishment, poor hygiene, skin ulcers
 - b. Unusual patterns of injury (eg. hairbrush marks)
 - c. Fear of parent or caregiver
 - d. All of the above
21. Religious beliefs rarely impact attitudes regarding healthcare.
 - a. True
 - b. False
22. Which of the following is not important when interacting with other cultures?
 - a. Respect
 - b. Talking louder
 - c. Communication
 - d. Education and teaching
23. Which is not a resource available at Tri-City?
 - a. Cultural info on diet, communication, dying/death
 - b. Reference/Education material in Spanish
 - c. CyraCom phones
 - d. None of the above
24. Patient safety is the job of the doctors and nurses only.
 - a. True
 - b. False
25. Which would not eliminate and/or minimize risks? Compliance with regulatory standards
 - a. Blaming coworkers for mistakes
 - b. Teamwork
 - c. Communication
26. What does "PDCA" in the FOCUS-PDCA stand for?
 - a. Plan improvement, Do the improvement, Check results, Act to continue improvement
 - b. Play games, Design a plan, Cultivate friendships, Ask questions
 - c. Pretend to work, Discuss the problems, Critique each other, Argue about nothing
27. Which type of team would most likely include several departments?
 - a. Problem-Solving Team
 - b. Multi-Disciplinary Team
 - c. Quality Improvement Team
28. Which of the following do teams **not** need?
 - a. Ground rules
 - b. Consensus
 - c. Bad attitudes
 - d. Team Character



TRI-CITY MEDICAL CENTER
COMPASS SYSTEM ACCESS REQUEST FORM
Registry/Temp/Non-District Personnel and Student

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

Start Date: _____ Expiration Date: _____

Upon accessing COMPASS for the first time, I will change my Password to a new confidential password. I understand that my Login Name and Password will be my electronic signature for all COMPASS transactions. I understand that no retrievable record of my new Password exists. All of my COMPASS transactions will be permanently recorded with my User ID and a date and time stamp. These records will be maintained and archived per the policies of Tri-City Medical Center (TCMC); and will be available for inspection by the State Board of Health or other auditing agency.

I will use COMPASS as intended by my assigned Login Name and Password. I understand that all messages and records of COMPASS are official records and are the property of the TCMC, which reserves the right to access and disclose, at any time, all documentation of COMPASS.

TCMC has installed a variety of firewalls, proxies, and Internet address screening programs and other security systems to assure the safety and security of the networks. I will not attempt to disable, defeat or circumvent any security facility.

I understand that my company has signed an agreement with TCMC to assure the privacy and confidentiality of patient information, and that violation of these rules is grounds for corrective action. If necessary, TCMC reserves the right to advise appropriate legal officials of any illegal violations. California Penal Code 502 states that unauthorized use of a computer in the state of California is a felony.

I will report any unauthorized use of COMPASS to the Information Technology Department.

Employee Signature Date

Department(s) employee is Clinically Competent to work in

Director/Supervisor Signature Date

PYXIS SYSTEM ACCESS REQUEST FORM

(To be completed by Area Unit Manager, Unit Director, Administrative-Coordinator, Pharmacy Supervisor, or Pharmacy Lead Technician)

Scheduled for NEO _____

INSTRUCTIONS:

1. Write in job category, stations needing access (may have up to 6 stations at one time), and user name.
2. Check box for access requested – Supply station and/or Med station.
3. Check box for type of nurse status

SYSTEM USER INFORMATION

JOB CATEGORY _____

RN, LVN, Pharm D, Pharm Tech, Anesthesiologist,
R.T., Nurse Instructor, OR Tech, Radiology Tech,
Psych Tech, Pharm. Courier

USER ID _____ (Issued by Material Management)

Which stations will this person need to access? _____

USER NAME _____ (Maximum 20 characters)
Last name, first name, middle initial

TEMPORARY USER PASSWORD _____ (Issued by Pharmacy at Orientation)

Check privileges to be given this user:

Supply Station - RNs, LVNs, CNAs, Techs, Unit Secretary

Med Station

AUM, Charge RN

Station Privileges

- Station log-in/witness ability
- Station report access
- Activate/create temp user
- Credit patients
- Add Temporary patients
- Independent refill

Staff RN, LVN

Station Privileges

- Station log-in/witness ability
- Station report access
- Credit patients
- Add Temporary patients

Temp/Traveler

(12 week expiration)

Privileges = RN/LVN

*Med and override privileges based on user category and area worked

Approval – Signature

Print Name

Date