

# TOMBALL REGIONAL MEDICAL CENTER

Education Department  
605 Holderrieth Tomball, Texas 77375  
Phone: 281-401-7786 Fax: 281-357-2267

## Student Orientation Handbook and Post Test



**After reviewing the information in this handbook the student must complete the post test with grade of 90% or better and sign the Confidentiality and Security / Student Orientation Handbook Agreement prior to beginning their clinical rotations at Tomball Regional Hospital.**

**Estimated Completion Time: 1 hour and 50 minutes**

# WELCOME TO TOMBALL REGIONAL MEDICAL CENTER

## About Our Hospital

Recognized for its full continuum of services and remarkable growth over the years, Tomball Regional Medical Center (TRMC) serves a population of 330,000 area residents and services include open-heart surgery, neurosurgery, women's center and Level III neonatal intensive care unit, inpatient rehabilitation, and orthopedic surgery. The 150-acre campus also includes designated specialty centers: the Robert F. Schaper Heart Center, the Texas Wound Center, the Texas Sports Medicine Center, and Cancer Treatment Center.

U.S. News & World Report ranks Tomball Regional Medical Center among the Top 10 Best Hospitals in Houston, Texas list for 2011-12 with recognition in gastroenterology, geriatrics, and pulmonology.

TRMC is also certified Primary Stroke Center and has received the Stroke Bronze Quality Achievement Award from the American Heart Association.

HealthGrades ranks TRMC #1 in Texas for overall pulmonary services and **Tomball is 1 of only 5 hospitals in the Houston region ranked top 5% in the Nation for emergency services.**

TRMC also ranks among the top 5% in the Nation for overall pulmonary services, emergency medicine and women's health with Five-Star Ratings for emergency medicine, gynecologic surgery, overall pulmonary services, chronic obstructive pulmonary disease, treatment of heart failure, treatment of stroke, treatment of pneumonia, treatment of pulmonary embolism, treatment of respiratory failure, and women's health.

We are happy to have you here and hope that your clinical experience at Tomball Regional Medical Center (TRMC) meets your educational needs in a friendly helpful atmosphere. We feel it is important that you understand the importance of service excellence so that you can help us meet the needs of our patients, our visitors our staff, and our physicians.

## **BEHAVIORAL EXPECTATIONS**

- **Serves as a patient advocate and champion; the patient always comes first.**
- **Team Player:**
  - ❖ **Does whatever it takes to get the job done.**
  - ❖ **No excuses.**
  - ❖ **Pitches in and creates a positive environment.**
- **Interacts with employees, physician, patients and their visitors in a professional manner.**
- **Works with others to coordinate care, treatment and/or department services.**
- **Listens and responds to patients in a timely and efficient manner.**
- **Before leaving a patient, always asks “Is there anything else I can do for you?”**

**We are pleased that you are here.  
We will make every effort to help and support you.**

# HOURLY ROUNDING

Hourly Rounding is part of the culture at TRMC to ensure that the needs of ALL our patients and their family are exceeded while they are in our hospital. At least every hour a member of our team will check on each patient.

The five steps of AIDET are used during each patient rounding event.

## **ACKNOWLEDGE THE PATIENT / FAMILY**

- Smile, make eye contact and greet the patient / family in a pleasant manner.

## **INTRODUCE SELF**

- State name and role.
- Set "excellent/very good" as a standard.
- Highlight skill and expertise of self and other healthcare team members.

## **DURATION**

- Give the patient / family a time expectation.
- Keep the patient / family informed as to the amount of time a procedure or process will take.
- Include letting them know if there is a wait time; give time expectation of that wait.

## **EXPLANATION**

- Keep patients / families informed by explaining all processes and procedures.
- Assist patients / families to have clear expectations of what will be occurring.

## **THANK THE PATIENT / FAMILY**

- Consistently thank patients / families for their time and express appreciation that they have chosen TRMC as their healthcare facility.
- Ask if there is anything else you can do for the patient / family before ending the interaction.

**During patient rounding the four Ps are addressed:**

- **Potty:** Can I help you go to the bathroom?
- **Possessions:** Is everything you need close by?
- **Position:** Are you comfortable – do you need to change positions?
- **Pain:** Are you in any pain?

# POLICIES AND PROCEDURES

## ABUSE & NEGLECT (TRMC Policy #HR1.0050 & NS1.0079)

### 1. Domestic Abuse

- a. Domestic violence is defined as a pattern of regularly occurring abuse and violence or the threat of violence in an intimate relationship.
  - 1) Abuse may be physical, sexual, emotional, psychological, or economic, always resulting in an imbalance of power.
  - 2) The abuser learns that coercion "works," that it's effective in controlling the relationship and in reinforcing the power imbalance
- b. Interventions
  - 1) Consider a victim's safety. The immediate and primary focus is the safety of the victim and her children unless medical needs are urgent.
  - 2) Believe her.
  - 3) Confirm her feelings; she may feel hurt, angry, afraid, ashamed or trapped. She may love the abuser.
  - 4) If you see or hear abuse actually occurring, call 911. Assault is a crime.
  - 5) Encourage and help her make her own choices and take control of the situation. Provide her with support while remaining nonjudgmental.
  - 6) Refer a victim to appropriate resources or provide her with a hotline telephone number.

### 2. Child Abuse

- a. Child abuse is non-accidental injury to a child, including:
  - 1) Severe punishment
  - 2) Fractures - broken bones
  - 3) Head injuries
  - 4) Bruises
  - 5) Bites
  - 6) Burns
  - 7) Poisoning
  - 8) Shaken baby syndrome
- b. Neglect is failure to meet a child's most basic needs.
  - 1) Neglect can be intentional or unintentional. If it is unintentional, it often results from poverty or ignorance.
  - 2) Child needs that need to be met include safety, food, love and medical care.
- c. Sexual abuse is involving children and teenagers in sexual activity.
  - 1) Children and teenagers (13 - 17 years) are unable to give legal consent.
  - 2) Sexual abuse can include fondling, rape, incest and pornography.
- d. Emotional abuse is defined as a pattern of behavior that can seriously interfere with a child's positive emotional development.
- e. Interventions
  - 1) If a child chooses to confide in you, it is important to listen carefully, and get as much information as you can in your conversation.
  - 2) If you are the first person a child has told about sexual abuse, your testimony could become very important in possible legal proceedings.
  - 3) Any person who suspects abuse or neglect of a child is required by law to report that information to the Texas Department of Protective and Regulatory Services or a law enforcement agency.

### 3. Elder Abuse

- a. Elder physical abuse is intentionally causing pain and injury and includes:
  - 1) Scratches, cuts, bruises, and burns
  - 2) Welts, scalp injury, and gag marks
  - 3) Sprains, punctures, broken bones, and bedsores

- 4) Confinement
- 5) Rape and other forms of sexual abuse
- b. Elder psychosocial abuse is emotional mistreatment and includes:
  - 1) Verbal abuse
  - 2) Withholding decision-making power
  - 3) Social isolation
  - 4) Lack of affection
- c. Neglect refers to a failure to provide for the basic needs and includes:
  - 1) Malnourishment and dehydration
  - 2) Over or under medication
  - 4) Lack of heat, running water, or electricity
  - 5) Lack of personal hygiene or clothes, unsanitary living conditions
  - 6) Lack of medical care
- d. Exploitation or financial abuse is defined as the illegal or improper use of the resources of an elderly person for monetary or personal benefit and includes:
  - 1) Taking Social Security or Supplemental Security Income (SSI) checks
  - 2) Abusing joint checking accounts
  - 3) Taking property and other resources
- e. Interventions
  - 1 Reporting elder abuse is mandatory - call Adult Protective Services.
  - 2. Maintain confidentiality and privacy.

### CHANNELS OF COMMUNICATION

Students are to use the following chain of command, in the order listed, to communicate clinical, security and administrative needs:

- a. Department staff member
- b. Department supervisor / clinical manager
- c. Department director
- d. Department administrative officer
- e. Chief executive officer

**Note:** Contact your clinical instructor for issues related to your academic program / performance.

### COMMUNICATION: PHONES / PAGERS (TRMC Policy #HR1.0023)

- 1. Personal phone calls or texting during the work hours, regardless of the phone used can interfere with productivity, safety and be distracting to others. On-duty personnel are to make personal calls/texts during breaks and mealtime in a private area such as a break room or outdoors and not in a public area such as a workstation, reception area, elevator, restroom or hallway.
- 2. Hospital Telephones
  - a. **Extensions that begin with "7"** can be dialed directly from outside the hospital by adding 281-401 before the extension.
  - b. **Extensions that begin with "5"** can be dialed directly from outside the hospital by adding 281-401 before the extension.
  - c. **Extensions that begin with "1"** MUST be reached from outside the hospital by dialing 281-401-7500 and requesting the extension. **No direct dialing from outside of the hospital.**
  - d. **Home Health Extensions that begin with "2"** MUST be reached from outside the hospital by dialing 281-401-7680 and requesting the extension. **No direct dialing from outside of the hospital.**
  - e. **Patient Rooms**
    - In House Calls:** Dial "3" followed by room number.  
Example: room 245 - dial 3245.
    - Outside Calls:** Dial "281-401-3" followed by room number.  
Example: Room 245 - dial 281-401-3245

3. Paging Your Instructors
  - a. Please contact your instructor using their pager numbers.
  - b. Limit the use of the overhead pager as much as possible.
4. Faxing
  - a. Only to be used for hospital business purposes.
  - b. Include a completed business fax cover sheet.

## EMERGENCY MANAGEMENT

### CAT Team: Critical Assessment Team (TRMC Policy #NS4.0055)

1. General Information
  - a. The CAT Team is available 24 / 7 to provide assistance with a progressively failing **inpatient at their bedside or in a department within the hospital that has a crash cart** such as Imaging Services.
    - 1) To obtain a CAT Team response employees must:
      - a) Dial 2000 and enter the **inpatient's** 3 digit room number or the 4 digit department extension or
      - b) Call the PBX operator provide their name, the exact location of the inpatient and request that the CAT Team be paged for assistance
    - 2) Upon receiving the call the PBX Operator will:
      - a) Confirm the exact location of the **inpatient**
      - b) Dial 2000 (a pager number) and enter "0000" followed by the # sign indicating that the CAT Team must call the operator
      - c) When the CAT Team calls - the PBX operator will inform the team member of the exact location of the **inpatient**.
    - 3) **Inpatient** families can request a CAT Team response by dialing 2000 and entering the patient's 3-digit room number; signage is posted in the patient rooms.
2. Team
  - a. The team shall comprise of the following members:
    - 1) CCU or SICU - Registered Nurse
    - 2) Cardiopulmonary - Lead Respiratory Therapist
3. Team Responsibilities
  - a. Arrive in the unit / department within 5 minutes of being paged.
  - b. Obtain a report from nurse, family member or employee that requested the CAT Team response.
  - c. Complete a patient assessment.
  - d. After initiating one or more of the approved interventions, notify the **inpatient's** physician of the following:
    - 1) Patient assessment data
    - 2) Interventions
    - 3) Patient response
  - e. Contact the House Supervisor if the **inpatient** requires transfer to a critical care unit.

### CERT Team – Campus Emergency Response Team (TRMC Policy #AD1.0125)

1. General Information
  - a. The CERT Team (Campus Emergency Response Team) is available 24 / 7 via pager to provide assistance with:
    - 1) Seriously injured or ill **visitor or outpatient inside the hospital or within the "Hospital Campus"** which includes structures located within 250 yards of the main building including all parking lots, parking garage, Diagnostic Building and MRI Building.

- 2) Seriously injured or ill **inpatients in a hospital department or area that DOES NOT have a crash cart** such as Physical Therapy.
2. Announcement
    - a. For hospital campus medical emergencies dial “1000” and request a CERT Team response; the exact location of the emergency must be provided.
    - b. The Hospital operator will announce “CERT Team and location” via the overhead paging system three times, then repeat the announcement in 5 minutes.
  3. Team
    - a. The team shall be comprised of the following members:
      - 1) CAT Team members;
      - 2) Emergency Room RN;
      - 3) House Supervisor, or designee; and
      - 4) Security Officer
  4. Team Responsibilities
    - a. Respond to the announced location as soon as announcement made.
    - b. Render basic first aid and transport the patient to the Emergency Department via wheelchair or stretcher for further treatment;
    - c. Call EMS for assistance as deemed necessary.

**Code Amber – Missing / Abducted Patient (TRMC Policy #AD1.0113)**

1. General Information
  - a. Code Amber shall mean an emergency situation initiated when a patient is suspected or determined to be missing and/or abducted from the Hospital.
  - b. When a staff member suspects or is informed that a patient is missing/abducted he/she shall immediately notify his/her immediate Supervisor and department search will be initiated. If after 5 – 10 minutes the patient is not found, a Code Amber will be announced.
2. Announcement
  - a. “Code Amber” will be announced as follows according to the patient age and gender, for example:
    - 1) Code Amber - Female 75
    - 2) Code Amber - Male 88
    - 3) Code Amber - Boy 12
    - 4) Code Amber - Girl 5
3. Team
  - a. The team shall comprise of the following members:
    - 1) All employees in the hospital at the time of the announcement
    - 2) All security guards and plant operations staff
    - 3) House Supervisor
4. Team Responsibilities
  - a. All team members will secure the exits nearest to their department and attempt to prevent anyone from leaving the Hospital that matches the Code Amber announcement; i.e. “Female 75” or “Girl 5”.
  - b. Plant Operations and/or Security will:
    - 1) Immediately proceed to the parking lots adjacent to the Hospital.
    - 2) Attempt to prevent anyone from exiting hospital grounds that matches the Code Amber announcement, i.e. “Female 75”.
    - 3) Notify the Tomball Police Department of the missing / abducted patient.

**Code Blue – Unresponsive Patient (TRMC Policy #AD1.0023)**

1. General Information - an individual has been found apneic, pulseless or unresponsive and requires basic and advanced life support interventions.
2. Announcements - "Code Blue - location" will be announcements two times,



- repeated in three minutes.
3. Code Blue Team
    - a. The Code Blue Team will respond to all "code blue" events within the hospital.
    - b. The Code Blue team shall consist of the following members:
      - 1) Physician
      - 2) Critical Care Nurses
      - 3) Respiratory Therapist
      - 4) House Supervisor
      - 5) Unit Coordinator
      - 6) Patient's Nurse
      - 7) Social Service
  4. Crash Carts: A crash cart must be at the bedside during a code blue event.

**Code D - Disaster (TRMC Policy #AD1.0116)**

1. Definition
  - a. A disaster may be defined as an event that follows a calamity in which a number of patients require medical attention in a relatively short period of time, resulting in normal hospital functions being disrupted.
  - b. A disaster can encompass many scenarios including but not limited to weather events, chemical spill, bomb threat, or hostage situation – the plan activator must be prepared to take additional actions as deemed necessary by the situation and provide instructions to staff and to local, state and/or federal agencies as needed.
2. Classifications
  - a. External - requires a healthcare facility to admit and treat casualties but does not damage the facility or threaten patients or personnel in the facility.
  - b. Internal - causes or threatens to cause injury or damage to TRMC facility, patients and/or staff.
3. Activation - Only the Chief Executive Officer (CEO) or his designated alternate may activate the Emergency Operations Plan.
4. Announcements - "Code D" will be announced two times and repeated in five minutes.
5. Responsibilities
  - a. Department Director or designee will immediately report to the Disaster Control Center for disaster details and instructions.
  - b. Department Director or designee will provide instructions to on-duty staff and activate call list as needed.

**Code Pink - Infant Abduction (TRMC Policy #MC1.0026)**

1. General Information
  - a. Code Pink used to rapidly and effectively respond in the event of an abduction of an infant.
  - b. To ensure that all hospital personnel and outside agencies are notified appropriately, with the goal being to locate and reunite the infant with family as quickly as possible.
2. Announcements
  - a. Initial - "Code Pink - followed by the identity of exit used" (if known), examples are as follows:
    - 1) "Code Pink Stairway E" - if exit known
    - 2) "Code Pink" - if exit unknown
  - b. Cancellation - "Cancel Code Pink" or "Code Pink All Clear".
3. Code Pink Team
  - a. The team shall comprise of the following members:
    - 1) All employees in the Maternal Child Health (MCH) Department
    - 2) All employees on the floors below the 7<sup>th</sup> floor

- 3) All security guards, plant operations staff and House Supervisor.
  - 4) All other available employees in the hospital at the time of the announcement
4. Team Responsibilities
- a. All team members will attempt to prevent anyone who is carrying an infant or who possesses a container (such as a suitcase, backpack, large purse, equipment cart, trash container) that could be used to hide an infant from using exits, stairways and elevators until "Cancel Code Pink" or "Code Pink All Clear" is announced.
  - b. Plant Operations and/or Security will:
    - 1) Immediately proceed to the parking lots adjacent to the hospital.
    - 2) Station themselves at a point in each lot where all exits are visible.
    - 3) Attempt to prevent anyone from exiting hospital grounds carrying an infant or possessing a container that could be used to hide an infant.
  - c. A suspicious person, container or activity must be reported immediately to Plant Operations and Security via the PBX Operator.

**Code Red - Fire (TRMC Policy #AD1.0117)**

1. Staff responsibilities during a fire can be remembered as:
  - R Rescue anyone in immediate danger.
  - A Activate the fire alarm.
  - C Contain the fire.
  - E Extinguish the fire if your safety can be assured.
2. Alarm System - Pull alarms are located throughout the facility along with an automatic system that will alarm if the system detects a fire event.
3. Announcement - "Code Red - location" will be made two times, and then repeated in three minutes.
4. Staff Response
  - a. Employees working in the affected area will assist the Fire Brigade as requested.
  - b. All doors and windows must be closed.
  - c. All hospital employees, not in the affected area, must remain in their department, with the fire doors closed, until the "all clear" is announced or until requested to assist in fire containment or victim removal.
5. Fire Brigade
  - a. The Fire Brigade is a designated group of hospital personnel responsible for responding to all "Code Red" announcements in order to contain the fire and provide direction for employee response.
  - b. Upon arrival, the Tomball Fire Department will assume the responsibility for fire containment.
6. Fire Extinguishers
  - a. All fire extinguishers are labeled with standard symbols for the classes of fires that they can put out.
7. Fire And Smoke Barrier Doors
  - a. When a fire and smoke barrier door is closed due to a fire alarm, no one is allowed go through the door until the over head page "all clear" or "alarms being tested" is made by the PBX operator.
  - b. The following events may necessitate personnel to open a closed fire/smoke barrier door:
    - 1) "Code Blue" - Code Blue team member
    - 2) "Code Red" - Fire Brigade members
    - 3) exiting away from a fire
    - 4) "Code D"
8. Evacuation
  - a. Orders to evacuate a specific area of the hospital must come from the Fire

- Brigade, Fire Department, or the President/CEO or his designated alternate.
  - b. Upon receiving the order, the established evacuation routes must be followed for each unit or department. The Fire Brigade or the Fire Department must indicate which stairway fire exits are safe to use, never the use the elevators unless the Fire Department has approved their use.
9. Victim Removal
- a. Only "life saving" equipment should be moved with patient.
  - b. Assist those that can walk; carry only those victims who must be carried.
  - c. Never remove patients on mattresses.
  - d. Chairs, stretchers, and wheelchairs can be used so long as the victim is secured.
10. All Clear - Once the fire is extinguished or the drill is over, at the direction of the Fire Brigade, Fire Department, or Administration, the PBX operator will announce "Code Red- All Clear", two times, and then repeat in three minutes.

**Code Yellow – Hostile Individual (TRMC Policy #AD1.0025)**

1. General Information
  - a. "Code Yellow" is utilized for situations involving an individual(s) whose actions are hostile or threatening to their own or others safety.
  - b. Any employee who identifies a "Code Yellow" situation may request a "Code Yellow" team response.
2. Announcement - "Code Yellow" announcements and cancellations will be made by a TRMC staff member.
3. Team Member Requirements
  - a. The "Code Yellow" Team shall consist of only those employees who have successfully completed the Crisis Prevention and Intervention course.
  - b. The "Code Yellow" Team is responsible for stabilizing the situation in such a way as to not harm any individual(s).

**DRESS CODE / NAME BADGE (TRMC Policy #HR1.0016)**

1. In order to promote a consistent and positive customer service environment, Tomball Regional Hospital expects all students to be attired in a professional manner while completing clinical rotations or on hospital grounds participating in student activities.
2. School name badges must be worn above the waist with name, title and picture visible at all times during clinical rotations or while on hospital grounds participating in student activities.

**ETHICAL ISSUES (TRMC Policy #AD1.0134)**

1. Ethical issues related to hospitalization and/or treatment may be referred to the Ethics Committee by anyone (patient, family member, employee) by contacting the House Supervisor.
2. Once it has been determine that an ethical issue does exist, the Ethics Committee will investigate and provide written recommendations regarding the referral within twenty-four hours to the person making the referral and others as deemed appropriate.

**EVENT / OCCURRENCE REPORTS (TRMC Policy #QM1.0001)**

1. All unexpected events / occurrences that occur to patients or visitors must be reported to Quality / Risk Management Department for input into the ORCA Electronic Incident Reporting System.
2. Human Resource forms used to record an unexpected employee injury or illness.
3. Any student witnessing, discovering, or having direct knowledge of an event / occurrence will immediately assist with completion of the applicable form(s) or data entry.

**FOREIGN LANGUAGE ASSISTANCE (TRMC Policy #AD1.0017)**

1. When a patient does not communicate using the predominant spoken language of the

- community, he/she will be provided with appropriate language translation services.
2. Contact numbers for professional translation services are available by contacting a TRMC employee or the Hospital Supervisor.
3. Employees and patient families/friends are **NOT** to be used as translators.

## **INFECTION PREVENTION AND CONTROL**

### **Blood/Body Fluid Exposure (TRMC Policy #IC1.0009)**

1. A Blood/Body Fluid Exposure is defined as puncture of the skin with a used needle or other item or a splatter/aerosols into the eyes or mouth (mucous membrane), or contamination of an open wound with blood or body fluids for which Standard Precautions apply.
2. All exposures shall be reported to your clinical instructor and to the department director or their designated alternate prior to the end of the clinical rotation in which it occurred.

### **Hand Hygiene (TRMC Policy #IC5.0006)**

1. The greatest single factor in preventing the transfer of disease causing organisms is the proper washing of hands.
2. When to wash hands:
  - a. Between contact with different patients.
  - b. After touching secretions or excretions, and before touching the patient again.
  - c. Before touching a patient who is susceptible to infection.
  - d. After personal bathroom use.
  - e. Whenever in doubt.

### **Isolation Patient Visitors (TRMC Policy #IC1.0043)**

1. No more than two visitors shall be permitted at a time.
2. Visitors shall be instructed in the established isolation procedures by the patient's primary nurse or the unit charge nurse.
3. Instruction must be adjusted to reflect the type of isolation indicated for the patient.

### **Isolation Precautions (TRMC Policy #IC1.0043)**

1. TRMC currently has five categories of isolation precautions as defined below:
  - a. Airborne
  - b. Airborne *plus*
  - c. Contact
  - d. Contact *plus*
  - e. Droplet
2. Airborne
  - a. **Pink Sign** on patient's door, you must follow entry and exit instructions.
  - b. Used for patients known or suspected to be infected with microorganisms (*such as Mycobacterium Tuberculosis*) that are transmitted by airborne droplet nuclei.
  - c. **The room door is to be kept closed.**
  - d. Respiratory protection must be worn (N95 or HEPA filter mask) when entering room.
  - e. Hand washing with soap & water required before leaving the patients room.
3. Airborne *Plus* Precautions
  - a. **Pink Plus\* Sign** on patient's door, you must follow entry and exit instructions.
  - b. Used for patients known or suspected to be infected with microorganisms (*such as Varicella (Chickenpox) or Rubeola (Measles)*) that are transmitted by airborne droplet nuclei as well as through contact with secretions from pustules.
  - c. **The room door is to be kept closed.**

- d. Respiratory protection is worn when entering room.
  - e. Hand washing with soap & water required before leaving the patients room.
4. Contact Precautions
- a. **Green Sign** on patient's door, you must follow entry and exit instructions.
  - b. Used for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient-care items in the patient's environment.
  - c. Use of gown and gloves is required.
  - d. Hand washing with soap & water required before leaving the patients room.
5. Contact *Plus*\* Precautions
- a. **Green Plus\* Sign** on patient's door, you must follow entry and exit instructions.
  - b. Used for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient-care items in the patient's environment as well as through large particle droplets that can be generated by the patient during coughing or sneezing or the **performance of procedures involving the respiratory tract.**
  - c. Use of mask required if patient is coughing or sneezing or if involved with a procedure involving the respiratory tract.
  - d. Hand washing with soap & water required before leaving the patients room.
6. Droplet Precautions
- a. **Orange Sign** on patient's door, you must follow entry and exit instructions.
  - b. Used for patients known or suspected to be infected with microorganisms transmitted by large particle droplets that can be generated by the patient during coughing or sneezing or the performance of procedures involving the respiratory tract.
  - b. Use of mask is required
  - c. Use of gloves is required when handling infectious secretions or body fluids
  - d. Hand washing with soap & water required before leaving the patients room.

**Standard Precautions (TRMC Policy #IC1.0017)**

1. Standard Precautions means that all body fluids of every individual are considered to be infectious. Therefore, appropriate barrier techniques must be used by all hospital personnel to prevent accidental exposures.
2. Body fluids for which Standard Precautions apply are:
  - a. Blood
  - b. All body fluids, secretions and excretions (except sweat) regardless of whether they contain visible blood.
  - c. Non-intact skin
  - d. Mucous membranes
3. Immediate and thorough hand washing whenever hands become soiled with body fluids, after removal of gloves, and routinely after each contact with every patient or items used and contaminated by patients.

**Transporting Isolation Patient (TRMC Policy #IC1.0043)**

1. Patients infected with virulent microorganisms shall leave their rooms only for essential purposes.
2. Appropriate barriers to prevent transmission of microorganisms shall be used by the patient and transporting personnel.

### **INDIVIDUALS WITH DISABILITIES (TRMC Policy #AD1.0001)**

1. The staff and volunteers of Tomball Regional Medical Center will ensure that individuals with disabilities will have access to the following as needed and deemed appropriate:
  - a. Transportation or guidance to all areas
  - b. Readily available methods for communicating with the staff or their significant others
  - c. Equipment and/or staff support to further the independence of patients with activities of daily living or staff with assigned responsibilities.

### **MISSION STATEMENT (TRMC Policy #AD3.0001)**

Tomball Regional Medical Center is dedicated to providing quality health care to our service area in an ethical, compassionate, cost-efficient manner. The ultimate purpose of the organization is to improve the health status and quality of life for all citizens of our region through delivery of "Professional Care with Warmth."

### **MSDS (TRMC Policy #SC1.0017)**

1. All potentially hazardous materials utilized at this facility must have a Material Safety Data Sheet available in the department specific MSDS Manual where the product is used.
2. The MSDS contains at least the following information:
  - a. product name
  - b. manufacturer and address
  - c. emergency phone number

### **PARKING (TRMC Policy #AD1.0076)**

1. Employees, volunteers and students **are allowed** to park in the following areas in spaces that are not designated for patients only:
  - a. Parking Garage
  - b. Lot A
  - c. Lot B
  - d. Lot C
  - e. Lot E
  - f. Lot F
  - g. Lot H
2. There is no charge for parking at TRMC for employees, students, physicians, patients or visitors.

### **PATIENT RELATED INFORMATION**

#### **Confidentiality (TRMC Policy #AD1.0029)**

1. The state of Texas defines "directory information" as disclosing the presence (room #) of a person who is receiving inpatient, outpatient or emergency services; the nature of the patient's injury (had surgery, was in a car accident); the patient's city of residence, sex, and age; and the patients general health status described in terms such as good, fair, serious or critical which are defined as follows:
  - a. **Good/Excellent** - Vital signs are stable and within normal limits. The patient is conscious and comfortable. (Indicators are excellent).
  - b. **Fair** - Vital signs are stable and within normal limits. The patient is conscious, but may be uncomfortable. (Indicators are favorable).
  - c. **Poor** - Vital signs are unstable and not within normal limits. Patient is acutely ill. (Indicators are questionable).
  - d. **Critical** - Vital signs are unstable and not within normal limits. The patient may be unconscious. (Indicators are unfavorable).
  - e. **Undetermined** - Patient awaiting physician assessment.
2. "Directory information" is the only information that may be released to law

enforcement personnel unless the involved patient has signed a release of medical records or there is a valid subpoena for the medical records.

- a. No Information Patient - upon admission, all patients have the right to request that no information be disclosed regarding their admission or treatment to inquirers; flowers, telephone calls and visitors will be refused on their behalf.
  - b. TRMC will provide identifying information concerning deceased patients only after next of kin have been notified unless an inquiry or proceeding has been authorized by law enforcement officials. Information about the cause of death must come from the patient's physician and the legal representative of the deceased must approve its release.
3. Under HIPAA, "protected health information" is individually identifiable health information. This information includes but is not limited to the patient's age, address, e-mail address and relates to the patient's past, present or future physical or mental health or condition and related health care services. TRMC is required by law to do the following:
- a. Make sure that the patient's protected health information is kept confidential and secured.
  - b. Give the patient notice of our legal duties and privacy practices related to the use and disclosure of their protected health information
  - c. Follow the terms of the notice currently in effect  
Communicate any changes in the notice to the patient
4. All media inquiries will be forwarded to Business Development.
5. All subpoenas must be taken to Medical Records for processing.
6. The Director of Medical Records must be contacted if law enforcement personnel indicate that there is legal cause to release information without a patient release or subpoena.
7. To report a potential HIPAA violation, please call the Confidential Disclosure Program Hotline at 1-800-495-9510.

### **Cultural Diversity**

1. Culture is a shared system of values, beliefs, traditions, behavior, and verbal and nonverbal patterns of communication that hold a group of people together and distinguish them from other groups. Culture determines whether an illness is attributed to natural or unnatural causes and what role the ill patient plays in the illness or its cure. Some cultures believe that illness is caused by fate, God, curses, germs, or eating contaminated foods.
2. Do's and Don'ts
  - a. Don't stereotype people. The information for each culture group is meant to be a general guideline. Each individual may have different beliefs.
  - b. Don't assume lack of eye contact shows disinterest or boredom. For many cultures, it is a way of showing respect.
  - c. Do attempt to understand people's values because they will influence their behavior.
  - d. Do allow patients as many visitors as they would like unless patient's condition warrants otherwise.
  - e. Do respect a patient's religious beliefs and try to accommodate them when possible.
  - f. Do develop a tolerant attitude about beliefs different from your own.

### **Patient Identification (TRMC Policy #AD1.0057)**

1. It is the policy of Tomball Regional Hospital to ensure that all patients are properly identified prior to providing any service or completing any procedure or treatment.
  - a. All patients are properly identified using **two** patient identifiers prior to:
    - 1) Performing surgery or invasive procedures
    - 2) Providing care, treatments or services

- 3) Collecting blood samples and other specimens for clinical testing  
Note: Containers used for blood and other specimens are labeled in the presence of the patient.
- 4) Administering medications
- 5) Administering blood products
- b. The **two** patient identifiers are as follows:
  - 1) Patient name
  - 2) Patient age or patient birth date
2. After the nursing assessing is completed the patient the following colored coded snap-on clasps will be attached to the patient's white perforated wristband to communicate applicable patient safety risks to all health care providers:

CLASP COLOR	COMMUNICATION
Red	<b>ALLERGY</b> – patient is allergic to a medication or food, check patient's chart for details
Purple	<b>DNR</b> – patient has “do not resuscitate/no code blue” orders
Yellow	<b>FALL RISK</b> – nursing assessment has determined that the patient is at risk of falling
Orange	<b>ISOLATION</b> – patient is in airborne, contact or droplet isolation, check patient's chart for details
Pink	<b>LIMB ALERT</b> – example “no blood draws from left arm” or “no blood pressures on right arm”
Green	<b>NO LATEX</b> – patient is allergic to latex

**Patient Rights (TRMC Policy #AD1.0019)**

All patients have the right to:

1. Access to care - shall be treated regardless of race, creed, sex, national origin, religion or source of payment for care.
2. Respect and dignity.
3. Privacy and confidentiality.
4. Personal safety.
5. Identity and professional status of individuals providing service to him.
6. Information concerning his diagnosis (to the degree known), treatment and any known prognosis in terms he can understand.
7. Communication - access to people outside the hospital.
8. Consent - participation in decisions involving his health care.
9. Consultation - consult with a specialist.
10. Refusal of treatment.
11. Transfer and continuity of care.
12. Hospital charges - request and receive an itemized and detailed explanation of his total bill for services rendered in the hospital.
13. Hospital Rules and Regulation - be informed of the hospital rules and regulations applicable to his conduct as a patient.
14. Minor Patients - minors should be allowed to participate in decision-making about their care to the extent possible with regard to their capacity to understand treatment options and outcomes.
15. Resolution of Conflicts
16. Under HIPAA, patients also have the following rights:
  - a. To inspect and copy a designated record set which contains their medical and billing records and any other records that TRMC uses for making decisions about them.
  - b. To request restrictions on how we use and disclose their protected health information.
  - c. To request confidential communications.
  - d. To request amendment to their protected health information if they feel it



is incorrect. TRMC will accept requests for amendment, but is not required to agree to the amendment.

- e. To an accounting of disclosures.

**Restraints (TRMC Policy #NS1.0098)**

1. Clinical Restraints
  - a. Defined as devices that are ordered by the physician in order to ensure the safety of the patient and includes any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.
  - b. The staff will keep restraints time at the minimum required to protect the patient.
  - c. Patients' physical needs/activities of daily living will not be compromised and will be met regardless of restraint used.
2. Administrative Restraints
  - a. Defined as devices ordered by a police officer in order to ensure the confinement of the individual.
  - b. The police officer will be available at all times while an administrative restraint is in place in the event the restraint interferes with medical treatment or patient safety.

**TOBACCO USE (TRMC Policy #AD1.0015)**

1. Tomball Regional Medical Center is a tobacco free facility.
  - a. This applies to everyone, including but not limited to employees, patients, physicians, visitors, vendors, contractors, students, volunteers, and anyone on hospital grounds at TRMC.
  - b. Tobacco use is defined as the burning of any type of tobacco product as well as the use of oral or other tobacco products.
2. The use of tobacco products is prohibited on all properties that are owned, leased, and/or operated by TRMC. This includes, but is not limited to the interior of all buildings such as patient rooms, offices, cafeterias, trailers, clinics, lounges, stairwells, etc. and is also banned from use in hospital-owned or leased vehicles at any time.
3. Enforcement of this policy is the shared responsibility of ALL hospital personnel and TRMC's Security Department. Students violating TRMC's tobacco-free policy shall be reported to their clinical instructor and may not be allowed to complete clinical rotations at TRMC.

**WORPLACE VIOLENCE (TRMC Policy #AD1.0032)**

1. There are "Nine Warning Signs" of potential violence and disruptive behavior in the workplace.
  - a. Threatening statements
  - b. Intimidating behavior
  - c. History of violent behavior
  - d. Alleged fondness of firearms
  - e. Changes in personality
  - f. Major changes in mood or behavior
  - g. Obsessions
  - h. Serious stress in personal life
  - i. Substance abuse
2. Personal safety and the safety of those around you should be your priority when dealing with a potentially violent situation.
  - a. Respond to tension by staying calm, apologizing, listening, asking questions, summarizing, and addressing the problem.
  - b. Respond to disruptive behavior by staying calm, choosing your words carefully, setting clear limits, showing that you want to help. Call a code Yellow (dial 1000); if off campus, call Tomball Police (dial 911).

- c. Personal Space
  - 1) Be aware of your personal space.
  - 2) Know where you are in relationship to escape routes and potential source of danger
- d. **NEVER** touch a disruptive person. Never try to stop a violent person physically.
- e. Report disruptive conduct immediately.

## **CODE OF CONDUCT (TRMC Policy #AD1.0093)**

### **Confidential Information**

1. We understand that the information we obtain from a patient is sensitive and personal information. We strive to maintain the confidentiality of patients in accordance with applicable legal and ethical standards, including the Health Insurance Portability and Accountability Act, known as "HIPAA".
2. We will refrain from accessing or revealing any personal, confidential or protected health information concerning patients unless authorized to do so, as required to perform treatment, payment or healthcare operations, or as required by law.
3. We will release information to business associates only in accordance with legal standards and internal policies, which typically requires express written consent of the patient.
4. We have an obligation to actively protect and safeguard confidential and sensitive information in a manner designed to prevent unauthorized disclosure of information. If an unauthorized disclosure occurs, report this issue to the department Director or Manager, the HIPAA Compliance Officer or the Compliance Officer immediately to remedy the disclosure.
5. We may use confidential information only as required to perform our job duties and shall not share this information with others unless they have a legitimate need to know the information.
6. We must protect the organization's confidential information, even if we leave the organization.
7. We shall not use confidential business information obtained from competitors, including customer lists, price lists, contracts or other information in violation of a covenant not to compete, prior employment agreements, or in any other manner likely to provide an unfair advantage to the Hospital.
8. Salary, benefits and other personal information relating to employees shall be treated as confidential.
9. Any failure to comply with the regulations and Hospital's confidentiality policies will result in disciplinary action.

### **Emergency Treatment**

1. We follow the Emergency Medical Treatment And Labor Act, (commonly called "EMTALA"), which requires an emergency medical screening examination and necessary stabilization of all patients, prior to obtaining financial information and regardless of the ability to pay.
2. We do not admit, discharge, or transfer patients with emergency medical conditions based on their ability or inability to pay or any other discriminatory factor. Patients are only transferred in compliance with Federal and state EMTALA statutory and regulatory provisions.
3. Any failure or refusal to comply with the regulations will result in disciplinary action.

### **Fraud and Abuse**

1. We must refrain from conduct that may violate the fraud and abuse laws.
2. Abuse is defined as payment for items or services when there is no legal entitlement to that payment and the Hospital, physician or supplier has not knowingly and/or intentionally misrepresented facts to obtain the payment.
3. Fraud is defined as intentional deception or misrepresentation, which an individual or entity makes, knowing to be false and the deception could result in some, unauthorized benefit.

4. If any possible fraud or abuse situations arise, we will report the issue to Management, Administration, Compliance or Legal Services.

### **Financial Information**

1. We are responsible for the accuracy and keep complete, clear documents and records.
2. We will prepare and submit accurate claims for payment from government payers, commercial insurance payers and patients. We will comply with all Federal and state laws and regulations concerning proper billing and reimbursement of medical claims.
3. All financial information must reflect actual transactions and conform to generally-accepted accounting principles (GAAP). We do not hide expenditures, funds, assets or liabilities.

### **Health And Safety**

1. We promote a safe and healthy workplace by complying with the governmental health and safety rules and regulations. We follow policies and procedures when handling hazardous materials or dangerous instruments and are informed of their properties. When a situation arises that may cause an injury or accident, we immediately report it to our Director or Manager, Administration or the Safety Officer.
2. We are committed to a safe drug-free workplace. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in your system; or using, possessing, or selling illegal drugs during your clinical rotation or while on hospital property will result in termination of your clinical rotations at TRMC. Prescription and controlled substances must be handled properly and by authorized individuals to minimize risks. Any appearance of mental impairment or drug diversion will be reported to Management, Compliance or Human Resources for follow-up actions.

### **Intellectual Property**

1. We will exercise care to ensure that patents, trademarks, copyrights and software are carefully maintained and managed to preserve and protect their value.

### **No Retaliation**

1. Retaliation is considered a serious violation and will not be tolerated.
2. When an individual raises a good faith concern, calls the Compliance Reporting Line or fully cooperates with an investigation, retaliation against that person is strictly prohibited.
3. Appropriate steps will be taken to protect those who report retaliation.
4. Allegations of retaliation will be promptly investigated and if supported, will result in disciplinary action, up to and including, termination of employment of the individual responsible for the retaliation.

### **Patient Rights**

1. We will treat patients in a manner that preserves their dignity, autonomy, self-esteem, civil rights and involvement in their own care.
2. We do not discriminate among patients based on race, ethnicity, religion, gender, sexual orientation, national origin, age, disability or veteran status. Patients will receive a statement of patient rights, which notifies them of, but not limited to, their right to make decisions regarding medical care, the right to refuse or accept treatment and the right to informed decision-making.
3. We obtain patient's consent for treatment or participation in research, and we will explain available options. We do not conduct medical procedures unless doing so is in accordance with good medical practices. In the promotion and protection of each patient's rights, each patient and his or her representatives are provided with appropriate confidentiality, privacy, security, advocacy and protective services, opportunity for resolution of complaints, and pastoral or spiritual care.

### **Positive Work Environment**

1. We strive to create an environment that supports working in teams and respecting other people, regardless of their position in the organization. We will make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. Undesirable and disruptive behaviors

that intimidate co-workers, patients and/or visitors, decrease morale or increase staff turnover may threaten the safety and quality of services provided and will not be tolerated. These undesirable and disruptive behaviors may be verbal, non-verbal or written and may include, but not be limited to, the following:

- a. rude, abusive language - in person, on the phone or via email;
  - b. making fun of or mocking someone - alone or around others;
  - c. public embarrassment;
  - d. threatening mannerisms/intimidating body language - clenched fists, a raised voice, obscene gestures, snapping fingers, pointing, staring;
  - e. physical abuse;
  - f. blaming others for your actions, reactions, problems; and
  - g. gossiping, spreading rumors.
2. No form of harassment or discrimination on the basis of sex, race, color, disability, age, religion/ethnic origin, in addition to sexual harassment or any other protected classification prohibited by law will be permitted. Each allegation of harassment or discrimination will be promptly investigated in accordance with applicable Human Resources Department policies.

### **Physical Assets**

1. We strive to make prudent effective use of the Hospital's resources including time, materials, supplies, equipment, capital, space and information. As a general rule, the personal use of Hospital resources is prohibited without prior Management approval.
2. Everyone is responsible to ensure that we do not improperly and unreasonably use documents, telephones, computers, copiers, equipment, or Hospital licensed computer programs (e.g., access to inappropriate websites) for personal purposes. We do not use supplies or equipment for personal purposes or remove them from the premises, even just to "borrow" them. Occasional use of facilities and telephones, where the cost is insignificant, is permissible, but limited. To ensure compliance with our duties regarding the use of Hospital assets, periodic audits will be conducted, sometimes without notice, and may result in disciplinary action, up to and including termination.
3. We strive to protect the organization's assets from loss, damage, carelessness, misuse and theft. Our computers and sensitive documents are password protected and/or protected behind physical barriers. We do not discuss sensitive, confidential matters over cellular phones or in public areas. We screen files and downloads to ensure that they are free from viruses and hackers' intentions. We secure assets when they are not in use to prevent any misappropriation.

### **Quality Of Care**

1. Our ultimate goal is to provide "Professional Care with Warmth."
2. We will treat all patients with respect, dignity and provide care that is both necessary and appropriate. We strive to deliver high quality care by utilizing technological advancements, techniques proven to ensure patient safety and an overall culture of service.
3. We have an obligation to report any inappropriate care or treatment of patients, and question any possible activities that may appear to be in violation of our values by using the available channels of communication.

### **Receiving Gifts**

1. We do not solicit tips, personal gratuities or gifts from patients, their family members, or any other business associate.
2. We may not accept cash or its equivalents (checks, gift certificates, stocks, coupons, etc.).

## **COMPLIANCE PROGRAM**

1. The key elements of the Program include: setting written standards (the Code of Conduct and policies and procedures); conducting education and training to further the knowledge base of the organization; monitoring, auditing, investigating and resolution of compliance issues; providing a mechanism for reporting potential exceptions; ensuring

the eligibility of employees and business associates; and maintaining an organizational structure that supports the furtherance of the Program.

2. Reporting Compliance Issues

- a. When we become aware of an issue that does appear inconsistent with the ethics and values of the Hospital, we are encouraged to call Confidential Disclosure Program Hotline.
- b. Calls to the Hotline allow individuals to confidentially disclose information to someone who is not part of the reporting structure of the Hospital.
- c. Any call made to the Hotline has the option to remain anonymous. However, sometimes the only way for an investigation to proceed is if the caller provides details specific to the incident, such as department, location and in limited circumstances, the caller's name. When requested, strict confidentiality of the caller's identity will be maintained to the extent allowed by law.
- d. The Confidential Disclosure Program Hotline is available 24 hours a day, 7 days at 1-800-495-9510.
- e. Any time we do not understand something or have a concern, we need to question others for accurate answers. Often the best person to contact when questions arise concerning appropriate actions is your department Director or Manager. If the Director or Manager is unavailable or is inappropriate to question, then turn to the other resources of the Hospital, such as Administration, the Compliance Officer, the Hotline, members of the Compliance Committee or Human Resources. The important thing is not so much where you obtain help; the important thing is to seek help.
- f. As misconduct or perceived misconduct is observed, it is our responsibility to report the issues to the proper members of the Hospital. Any violations of laws, regulations or our policies and procedures will be disciplined in the proper manner with appropriate authorities. Discipline may also result for those who knew about the issue, but failed to report it. The Hospital will use increasing levels of discipline, up to termination, depending on the severity of the violation. All reports of potential violations must be made in good faith. It is unacceptable to falsify facts or spread rumors to get someone else in trouble. This is a form of retaliation and will not be tolerated.
- g. The Compliance Officer, the Compliance Committee, or proper designee, shall investigate all reported allegations. As part of the investigation, we will ensure that each situation shall be given a good faith inquiry into the allegations set forth and that all of the information necessary to determine the scope of incident have been determined. For alleged improper practices, we will adopt corrective actions to prevent further misconduct. As necessary, the Compliance Officer shall confer with legal counsel to determine if credible evidence of misconduct exists. On-going and specific-to-risk evaluations will be conducted on a regular and/or "as needed" basis in order to determine that corrective actions are effective and to uncover potential areas of non-compliance.

**I understand that I must also:**

- **Review and sign Confidentiality and Security / Student Orientation Handbook Agreement and**
- **Submit it to the TRMC Education Department along with my Student Orientation Handbook Post Test.**

**STUDENT ORIENTATION HANDBOOK**  
**POST TEST**

Use the answer sheet and circle the correct answers.

1. Hourly Rounding:
  - a. includes the five steps of AIDET
  - b. addresses the 4 Ps – potty, possessions, position and pain
  - c. is completed on all patients and their families
  - d. all of the above
  
2. A visitor who asks for a patient by name may receive the following information **except** for:
  - a. Patient is in fair condition
  - b. Patient is in room 232
  - c. Patient has been diagnosed with cervical cancer
  
3. What announcement is made in the event a missing or abducted patient is discovered?
  - a. Code Pink
  - b. Code Blue
  - c. Code Amber
  - d. Code Red
  
4. For many cultures, lack of \_\_\_\_\_ is a way of showing respect.
  - a. touch
  - b. eye contact
  - c. pain
  
5. Which team should be called for a failing patient in a department **without** a crash cart?
  - a. CAT Team
  - b. CERT Team
  
6. Staff responsibilities during a fire can be remembered as:
  - a. RUN
  - b. RACE
  - c. PASS
  - d. RED
  
7. We have an obligation to actively protect and safeguard confidential and sensitive information in a manner designed to prevent unauthorized disclosure of information. If an unauthorized disclosure occurs, report this issue to the department Director or Manager, the HIPAA Compliance Officer or the Compliance Officer immediately to remedy the disclosure.
  - a. True
  - b. False
  
8. The basic needs of children include:
  - a. safety, food, love, and medical care
  - b. two parents
  - c. psychological testing at age three
  - d. toys, immunizations, education, and privacy
  
9. An internal disaster is defined as:
  - a. A disaster that requires a healthcare facility to admit and/or treat casualties but does not damage the facility or threaten patients or staff in the facility.
  - b. A disaster that causes or threatens to cause injury or damage to the healthcare facility, patients and staff.
  
10. Who should be used to translate for a Spanish only speaking patient?
  - a. family member who speaks Spanish
  - b. professional translation services
  - c. employee who speaks Spanish

11. Code Blue is used for an individual who has been found with no pulse or respirations and is not responsive.
  - a. true
  - b. false
  
12. Standard Precautions shall be implemented when contact with any of the following are anticipated:
  - a. blood
  - b. all body fluids, secretions and excretions (except sweat) regardless of whether they contain visible blood.
  - c. non-intact skin
  - d. mucous membranes
  - e. all of the above
  
13. The two patient identifiers used at TRMC include:
  - a. patient name
  - b. birth date
  - c. age
  - d. birth date or age
  - e. a and d
  
14. Which of the following could be used to with a hearing impaired patient?
  - a. Telephone with sound enhancer
  - b. Turn volume down on television when explaining procedures
  - c. Face the patient with speaking to them
  - d. all of the above
  
15. Any person who suspects elder abuse or neglect is required by law to report the information to:
  - a. a law enforcement agency
  - b. Texas Department of Protective and Regulatory Services
  - c. Adult Protective Services
  
16. All blood / body fluid exposures shall be reported to your clinical instructor and to the department director or their designated alternate prior to the end of the clinical rotation in which it occurred.
  - a. true
  - b. false
  
17. Who should be contacted when an ethical issue needs to be referred to the Ethics Committee?
  - a. Director of Human Resources
  - b. Director of Social Services
  - c. Administration
  - d. House Supervisor
  
18. All unexpected events / occurrences that occur to patients or visitors must be reported to Quality / Risk Management Department for input into the ORCA Electronic Incident Reporting System.
  - a. true
  - b. false
  
19. The ultimate purpose of the organization is to improve the health status and quality of life for all citizens of our region through delivery of "Professional Care With Warmth."
  - a. true
  - b. false
  
20. Which of the following isolation precautions required that the patient's room door must be kept closed?
  - a. airborne
  - b. contact
  - c. droplet

21. Abuse is defined as intentional deception or misrepresentation, which an individual or entity makes, knowing to be false and the deception could result in some, unauthorized benefit.
  - a. True
  - b. False
22. When an individual raises a good faith concern, calls the Compliance Reporting Line or fully cooperates with an investigation, retaliation against that person is:
  - a. strictly prohibited
  - b. okay
  - c. required
23. You should never try to physically stop a violent person.
  - a. True
  - b. False
24. Which of the following announcements is made for situations involving an individual whose actions are hostile or threatening to their own or others safety?
  - a. Code Pink
  - b. Code Blue
  - c. Code Yellow
  - d. Code Red
25. It would be appropriate to share protected health information with:
  - a. patient's brother who is a physician
  - b. RN who cared for the patient at another hospital prior to the patient being transferred to TRMC
  - c. TRMC respiratory therapist who is doing an ordered procedure
26. Some of the key elements of the Compliance Program include:
  - a. written Code of Conduct and policies and procedures
  - b. conducting education and training
  - c. monitoring, auditing, investigating and resolution of compliance issues
  - d. all of the above
27. Calls to the Confidential Disclosure Program Hotline at 1-800-495-9510 allow individuals to confidentially disclose information to someone who is not part of the reporting structure of the Hospital.
  - a. True
  - b. False
28. Safety is the immediate and primary focus for the domestic violence victim and her children unless medical needs are urgent.
  - a. true
  - b. false
29. Any person who suspects child abuse or neglect is required by law to report the information to:
  - a. a law enforcement agency
  - b. Texas Department of Protective and Regulatory Services
  - c. a or b
30. I must review and sign the Confidentiality and Security / Student Orientation Handbook Agreement and submit it to the TRMC Education Department along with the Student Orientation Handbook Post Test.
  - a. true
  - b. false



**TOMBALL REGIONAL MEDICAL CENTER**

Education Department  
605 Holderrieth Tomball, Texas 77375  
281-401-7786

**STUDENT ORIENTATION HANDBOOK  
POST TEST ANSWER SHEET**

<b>DATE:</b>	
<b>STUDENT NAME:</b>	
<b>SCHOOL NAME:</b>	
<b>INSTRUCTOR NAME:</b>	
<b>INSTRUCTOR EMAIL OR PHONE #</b>	
<b>PRIMARY TRMC DEPARTMENT CONTACT NAME:</b>	

**The post test will not be graded unless all the above information is complete and legible.**

**INSTRUCTIONS:**

- Submit your completed answer sheet and your dated / signed Confidentiality and Security / Student Orientation Handbook Agreement form to the TRMC Education Department.
- Your clinical instructor and the primary TRMC department contact will be notified of your grade by the Education Department.
- **Clinical rotations may be started:**
  - > After successfully completing the Student Orientation Handbook Post Test
  - > After signing the Confidentiality and Security Student Orientation Handbook Agreement form.

**CIRCLE THE CORRECT ANSWERS.**

- |               |             |
|---------------|-------------|
| 1. a b c d    | 16. a b     |
| 2. a b c      | 17. a b c d |
| 3. a b c d    | 18. a b     |
| 4. a b c      | 19. a b     |
| 5. a b        | 20. a b c   |
| 6. a b c d    | 21. a b     |
| 7. a b        | 22. a b c   |
| 8. a b c d    | 23. a b     |
| 9. a b        | 24. a b c d |
| 10. a b c     | 25. a b c   |
| 11. a b       | 26. a b c d |
| 12. a b c d e | 27. a b     |
| 13. a b c d e | 28. a b     |
| 14. a b c d   | 29. a b c   |
| 15. a b c     | 30. a b     |

<b>TRMC EDUCATION DEPARTMENT:</b>			
<b>Post Test / Attestation submitted to TRMC Education Department on:</b>			
<b>Student Grade: (Successful Completion 90%)</b>			
<b>Post Test Graded on:</b>			
<b>Instructor and TRMC Department notified on / by:</b>			
<b>Signed /dated Attestation received on:</b>			
# Missed = Grade	# Missed = Grade	# Missed = Grade	# Missed = Grade
1 = 96.6%	3 = 90.0%	5 = 83.3%	7 = 76.6%
2 = 93.3%	4 = 86.6%	6 = 80.0%	8 = 73.3%