



# Hunterdon Health

## STATUS FORM

Name: \_\_\_\_\_  
*Last, First (Clearly PRINT complete name)*

Affiliation/School Name: \_\_\_\_\_

Status (check one) :  Contract Employee  Intern/Extern  Student

Affiliation Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### GENERAL INFORMATION

Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Duration of Program From: \_\_\_\_\_ To: \_\_\_\_\_

HMC Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

### PRE-PLACEMENT INFORMATION

Criminal Background Check: \_\_\_\_\_ PPD: \_\_\_\_\_

Licensure: \_\_\_\_\_ Immunizations: \_\_\_\_\_

Certification: \_\_\_\_\_ Registration: \_\_\_\_\_

### PERSONAL INFORMATION

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

### IN CASE OF EMERGENCY

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last, First (Clearly PRINT complete name)*

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_



**STATEMENT OF UNDERSTANDING AND COMPLIANCE WITH  
HUNTERDON HEALTH'S CODE OF ETHICS  
Student Orientation**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

As a student/intern of Hunterdon Health, I certify that I have been educated on the Corporate Compliance Program, and agree to abide by it during the entire term of my internship. I acknowledge that I have a duty to report any alleged or suspected violation of the Code of Ethics, or the Corporate Compliance Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

NAME \_\_\_\_\_ DEPT \_\_\_\_\_ DATE \_\_\_\_\_ SCORE \_\_\_\_\_

### **Compliance Module Questions**

**1) You are working one day and are not sure if what you are doing is permitted under federal regulation (e.g. False Claims, HIPAA, etc.) or policy. What should you do?**

- a. Google It
- b. Ask you manager, a member of the Compliance Department and/or check Hunterdon's policies.
- c. Take a guess and if you are wrong, you can always apologize later

**2) Your spouse needs to schedule an appointment with a doctor. You have access to the scheduling system. There are other staff in the office who could schedule the appointment. Should you schedule the appointment?**

- a. Yes
- b. No

**3) A vendor offers you tickets to a broadway show in exchange for using their services. Their services are more money than some other vendors. However, they are giving you free tickets. What should you do?**

- a. Go with one of the less expensive options since they provide the same services and have a great reputation. Accepting the event tickets could be viewed as a conflict and kickback and bring into question your objectivity.
- b. Go with this vendor. The tickets to the event are expensive but are worth the organization paying a higher price for services than their competitors.
- c. Ask the other, less expensive companies which you are considering, if they can also include event tickets or additional perks.

**4) Which of the following situations raise(s) serious concerns about fraud, waste and abuse?**

- a. A provider billed for services that were never provided.
- b. A beneficiary's medical history didn't support the services requested.
- c. A doctor paid for a patient referral in exchange for ordering tests.
- d. All of the above

**5) Sarah noticed that her boss, Nate sometimes altered claim forms and billed for services not provided. Since Nate has never asked Sarah to assist, she hadn't mentioned his fraudulent actions to anyone. When Nate's fraud is eventually discovered, what could happen to Sarah?**

- a. Nothing, she did not alter any of the claims or billed for services not performed.
- b. She'll be questioned about Nate's activities but not disciplined.
- c. She will be questioned about Nate' activities and likely be disciplined for knowing there was non-compliance but not reporting it to the Compliance department.

**6) You are at your desk working and need to step away, what should you do to keep protected health information secure?**

- a. Turn your computer monitor away from public view and lock protected health information in your desk drawers, file cabinet or closet.
- b. Take all paperwork containing protecting health information with you so you can keep an eye on it.
- c. Nothing, you will only be gone for a few minutes and that is not enough time for something truly bad to happen.

**7) Attestation #1: I have read the Corporate Compliance Module and attest to:**

- I have been educated on and understand Hunterdon's Code of Ethics;
- I agree to abide by them during the entire term of my employment;
- I acknowledge that I have a duty to report any alleged or suspected violations of the Code of Ethics, the Corporate Compliance Program or an actual or perceived conflicts of interest which may include Hunterdon's policies, procedures, or government regulations to my supervisor, as appropriate, and the Corporate Compliance department immediately. Also, any HIPAA violations will be reported to the Compliance Department immediately.
- I acknowledge that by reporting a suspected problem or concern in good faith, that I will be protected from retribution or retaliation.
- Corporate Compliance will follow-up with you if you disagree.

- a. Yes
- b. No



# Hunterdon Health

## CONFIDENTIALITY AND SECURITY AGREEMENT

[www.Hunterdonhealth.org](http://www.Hunterdonhealth.org)

Human Resources: 908-788-6159

Information about Hunterdon Health, its employees, and its patients should be released only on a "need to know" basis, when related to a business need, patient care need, or internal/external reporting. Individuals with access to Hunterdon Health's records and information systems (PCs, network, internet, intranet, email, telephones, pagers, PDAs, fax machines, etc.) have a legal and ethical responsibility to protect the confidentiality and security of information related to Hunterdon Health, its employees, and its patients. Information that is deemed "confidential" includes, but is not limited to, the following: an employee's compensation and history of disciplinary action, financial information, strategic planning information, other proprietary business information, and patient information described as PHI under the Health Insurance Portability and Accountability Act (HIPAA). Protected Health Information (PHI) is defined as any past, present, or future information (whether verbal, written, or electronic) that defines an individual, such as name, address, social security number, medical record number, health insurance information, credit card number, and birthdate.

By signing this form, you agree: 1) to adhere to Hunterdon Health's confidentiality, privacy, and security policies as a condition of receiving access to Hunterdon Health's information; 2) that any confidential information that comes into your possession will be accessed and used only when necessary to perform your assigned job duties; 3) that your obligations under this Agreement will continue after your relationship ceases with Hunterdon Health; 4) that upon termination, you must return all documents and media containing confidential information to Hunterdon Health; and 5) 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 Hunterdon Health, in accordance with its policies and procedures and possible legal action.

### Confidentiality:

- I will not access, disclose or discuss any Confidential Information with others, including fellow co-workers, friends or family, who do not have a legitimate business need to know. I will not use my access to demonstrate Hunterdon Healthcare's computer systems and/or to reveal confidential information to unauthorized individuals.
- I will not access my own patient information. I understand that I am required to follow Hunterdon Health's policies for requesting my own patient information from the Health Information Management (Medical Records) Department.
- I will not in any way access, divulge, copy, release, sell, loan, alter, or destroy any Confidential Information for curiosity or personal gain.
- I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.
- I will not make any unauthorized transmissions, inquiries, modifications, or purging's of Confidential Information.
- I understand that I have no right to any ownership interest in any information accessed or created by me during and in the scope of my relationship with Hunterdon Health.
- I understand that Hunterdon Health's email system is to be used primarily for business and is the property of Hunterdon. I understand that my personal use of Hunterdon Health's email system shall be limited so that it does not impede my productivity.
- I agree to store confidential information in a location physically secure from access by unauthorized persons.
- I agree to never remove confidential information from my work area without authorization.
- I agree to dispose of confidential information utilizing an approved method of destruction, appropriate for the information's format. I must never dispose of Confidential Information in a wastebasket.
- I agree to safeguard passwords and user codes provided to me and will not disclose these codes to anyone, nor post them in any area of Hunterdon Health.
- I understand I will be held accountable for all work performed under my password or user code and that it is strictly prohibited for anyone to access my computer using my password or user code.
- I will practice good workstation security measures such as locking my workstation during brief periods away, logging off when my computer is not in use, and positioning screens away from public view.
- Under no circumstances am I to download, upload, or alter data or software (including virus scan software) from any system unless authorized by Information Services.
- I will notify my manager or the Information Services Help Desk if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement or Hunterdon Health's privacy and security policies.

### Security:

- I acknowledge that I have received Information Security Awareness training, as provided within Hunterdon Health's policies.
- I will only access or use systems or devices I am officially authorized to access.
- I understand that I should have no expectation of privacy when using Hunterdon Health's information systems. Hunterdon Health reserves the right to log, access, or review my usage of a Hunterdon Health computer system. Improper usage will be brought to my attention of my supervisor.

Name (PRINT):	Name (SIGNATURE):	DATE:
Human Resources Representative (PRINT):	Human Resources Representative (SIGNATURE):	DATE:

**2023 Education Express Questions**

**1) Hunterdon Health's core values are Accountable, Adaptive, Authentic, Inclusive, Committed, and Empowered.**

- a. True
- b. False

**2) Hunterdon Health's Mission statement contains which of the following:**

- a. Embrace people
- b. Elevate care
- c. Cultivate healthier communities
- d. All of the above

**3) Joint Commission surveys are unannounced:**

- a. True
- b. False

**4) Which Performance Improvement methods does Hunterdon Health use:**

- a. Plan-Do-Check-Act
- b. Lean Six Sigma
- c. All of the above
- d. None of the above

**5) How can you prevent Sepsis?**

- a. Manage chronic conditions
- b. Use antibiotics as prescribed and get recommended vaccines
- c. Wash your hands
- d. All of the above

**6) The Americans with Disabilities Act (ADA) requires that we provide individuals with limited English proficiency and hearing loss with an effective means of communication.**

- a. True
- b. False

**7) Emotional abuse is a form of domestic violence.**

- a. True
- b. False

**8) NICHE stands for:**

- a. Nurses Improving Care for Health System Employees
- b. Nurses Improving Care for Health System Elders

**9) What are the two types of Human Trafficking.**

- a. Sex
- b. Labor
- c. All of the above
- d. None of the above

**10) What does “B.E. F.A.S.T.” stand for?**

- a. Balance, EKG, face, assessment, speech, time
- b. Balance, eyes, face, arms, speech, time
- c. Balance, ears, face, arms, speech, time
- d. Blood sugar, extinction, face, antibiotics, speech, triggers

**11) If you see someone having stroke like symptoms but you are not clinical, you must find a clinical person before activating an RRT.**

- a. True
- b. False

**12) The goal of Hunterdon Health is to eliminate harm to patients and staff. We can achieve this by using the safety behaviors that spell ‘STRONG’ to prioritize safety and identify and reduce human and system failures.**

- a. True
- b. False

**13) The STAR safety behavior assists in eliminating errors before performing automatic actions by reminding us to Stop – Think – Act – Review.**

- a. True
- b. False

**14) EMTALA allows hospitals to refuse treatment if the patient cannot pay for it.**

- a. True
- b. False

**15) Informed Consent must be obtained for all procedures performed in the Operating Room.**

- a. True
- b. False

**16) How do employees fill out an incident report in Clarity?**

- a. Paper form
- b. Online
- c. Both
- d. Neither

**17) When do employees need to fill out an incident report?**

- a. Immediately
- b. Within 24 hours
- c. Whenever they want
- d. Never

**18) What is the key to Patient Experience?**

- a. Not keeping the patient informed
- b. Communication
- c. Not actively listening

**19) Service Recovery is the art of returning a dissatisfied customer to a state of satisfaction.**

- a. True
- b. False

**20) Medical Professionals agree that patients receive better medical care when they are able to be honest and open with their healthcare providers. Information about a patient's sexual orientation and gender identity is often relevant, and sometimes crucial, to the provision of quality healthcare.**

- a. True
- b. False

**21) We can achieve health equity by simply treating everyone the same.**



- a. True
- b. False

**22) An example of harassment may be:**

- a. Sexually explicit or crude jokes
- b. Discussing sexual activity
- c. Repeatedly calling someone “sweetheart”
- d. All of the above

**23) Hostile environments and harassment can involve the following types of behavior:**

- a. Physical conduct
- b. Verbal conduct
- c. Visual conduct
- d. All of the above

**24) Which of these is considered a good information security practice?**

- a. Sharing your passwords
- b. Opening emails that appear to be suspicious
- c. Creating a secure password of at least 8 characters in length with upper and lower case letters, numbers, and special characters
- d. Downloading software without Information Services’ permission

**25) Reusing the same password across multiple sites is a good idea, since it is convenient.**

- a. True
- b. False

**26) The single most effective way to prevent the spread of infectious organisms is hand hygiene.**

- a. True
- b. False

**27) If you’re sick, you can protect patients and co-workers if you:**

- a. Stay home
- b. Report symptoms to Occupational Health
- c. Throw used tissues away right after use and wash your hands
- d. All of the above

**28) All of the following principles of lifting are true except:**

- a. Plan ahead
- b. Push, not pull
- c. Lift with your back
- d. Avoid overhead lifting

**29) Some ways to prevent injury are:**

- a. Maintain proper body weight
- b. Exercise to keep back, abdominal and leg muscles strong and flexible
- c. Use correct lifting techniques
- d. All of the above

**30) Hunterdon Health has an Emergency Operations Plan and may implement a Hospital Command Center Activation.**

- a. True
- b. False

**31) Who can activate an RRT?**

- a) The nurse who is caring for the patient
- b) The physician who finds the patient in distress
- c) The patient, a family member, healthcare provider or anyone who has concerns for the patient's condition.

**32) The new Emergency Codes will change to:**

- a) Facility Alert
- b) Medical Alert
- c) Security Alert
- d) All of the above

**33) R.A.C.E. stands for: Rescue-Alarm-Contain-Extinguish.**

- a. True
- b. False

**34) To properly use a fire extinguisher, remember PASS (Pull-Aim-Squeeze-Sweep).**

- a. True
- b. False

**35) If you discover a suspicious package in your work area within the hospital, you should:**

- a. Do nothing and continue working
- b. Open the package
- c. Take the package to the Security Office
- d. Contact Security immediately at extension 6199 or by dialing the hospital operator

**36) All electrical equipment must have the appropriate inspection sticker.**

- a. True
- b. False

**37) Where is the most effective location for your SwipeSense badge to be worn for accurate information to be captured?**

- a) In your back pocket
- b) On your key chain
- c) With your ID at chest level
- d) Clipped to your waistband

**38) What should you always do before entering or exiting a patient's room regardless of the circumstance?**

- a. Welcome the patient to Hunterdon Healthcare
- b. Always wash in and always wash out
- c. Bring clean sheets and pillows into the room
- d. Explain the Patient Bill of Rights to the patient

**39) Even if you only have one COVID symptom you should remain out of work and contact Occupational Health Services.**

- a. True
- b. False

**40) All employees who miss 3 or more shifts need to call Occupational Health Services for a return to work clearance.**

- c. True
- d. False

## Clinical Module

### **1. Who can request an ethics consult?**

- a. Physician
- b. Nurse
- c. Patient/Family
- d. Social Worker
- e. Anyone involved with the medical case.

### **2. The Ethics Committee exists to judge how ethical staff members are acting with regards to their patients.**

- a. True
- b. False

### **3. Is a restraint order required when removing one type of restraint patient with vest and soft wrist restraint; i.e. soft wrist restraints removed?**

- a. Yes
- b. No

### **4. What type(s) of restraint orders require 1:1 continuous monitoring?**

- a. Medical/nonviolent
- b. Behavioral/Violent
- c. Both a & b
- d. None of the above

### **5. Which statement best describes the focus of the NPSG?**

- a. Reduce the risk of medical errors and to increase patient safety.
- b. To prevent sentinel events which have been reported to the Joint Commission.
- c. NPSGs allow hospitals to submit alternative approaches to the requirements.
- d. Encourages patient's active involvement in their own care as a patient safety strategy.

### **6. Which intervention should the nurse implement when taking a telephone order from the healthcare provider?**

- a. The nurse must have another nurse listen on the phone.

- b. The nurse must “read back” the complete order.
- c. The nurse should refuse to take a telephone order.
- d. The nurse must have the order co-signed within 8 hours.

**7. Fatigue can result in:**

- a. Memory Lapse
- b. Indifference and loss of empathy
- c. Compromised problem solving
- d. All of the above

**8. What are some healthy ways you can deal with fatigue?**

- a. Engaging in conversations with others
- b. Take care of yourself, eat healthy, get plenty of sleep, exercise
- c. Recognize signs and symptoms and give yourself a break
- d. All of the above

**HUNTERDON HEALTH**  
**STUDENT ORIENTATION RECORD**

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Dept.: \_\_\_\_\_ Position: \_\_\_\_\_

<u>TOPICS</u>	<u>TOPICS</u>
<p><b>Hunterdon Health Mission/Vision</b> Employee/Patient Culture Strategic Initiatives Service Excellence</p> <p><b>Infection Control:</b> Infection Control Program Bloodborne Pathogens TB Control</p> <p><b>IS/Telecommunications:</b> HHS Intranet On-line directory Computer Training Email</p> <p><b>Security:</b> MSDS/ Hazardous Chemicals and Communication OSHA Parking Policy and Map Emergency Management Plan (MCI) Fire Safety/ RACE/ Emergency Codes Workplace Violence Equipment Safety</p> <p><b>Corporate Compliance</b> Preventing Fraud &amp; Abuse HHS Corporate Compliance Program</p>	<p><b>Patient Safety:</b> Incident Reporting Policy Risk Management/Patient Safety</p> <p><b>Human Resources:</b> HHS and HMC Organizational Structure Healthy Neck &amp; Back Work Related Illness or Injury / Occupational Health Svc Resignation Notice / Procedures Confidentiality/ Privacy/ HIPPA Education Express (Annual Education DOH, DHHS, Joint Commission JCAHO) Cultural Diversity Exclusion from Patient Care Requests Advance Directives/Living Will Patient Bill of Rights EMTALA</p>

I confirm that the topics listed above were explained during the orientation program:

\_\_\_\_\_  
Student/Intern/Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources and Development

\_\_\_\_\_  
Date

**Hunterdon Health Student/Intern/Contractor COVID-19 Fever and Symptom Monitoring Log**

**All Students Directions:** Students should self-monitor for symptoms of COVID-19 illness everyday starting 14 days **before** clinical rotation and daily during clinical rotation. Early recognition of disease will help protect our patients and colleagues. Complete the log shown each week. Take your temperature once before leaving for work and once after returning home.

**All Students:** Are responsible for sharing the symptom log form with their clinical instructor. If students report any symptoms they may not report for clinical rotation until medically cleared following current CDC guidelines for healthcare workers.

**All Clinical Instructors:** Are responsible for reviewing their students' symptom logs, removing students with symptoms from rotation, clearing based on CDC guidelines for healthcare workers for returning to rotation. Instructors are required to self-monitor and follow the same guidelines as students.

**Report any Travel in the past 14 Days:** \_\_\_\_\_

Student: \_\_\_\_\_ Instructor: \_\_\_\_\_ School: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

Day	Date	Time	Temperature
1	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F
2	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F
3	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F
4	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F
5	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F
6	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F
7	_____/_____ MONTH DAY	_____AM	_____°F
		_____PM	_____°F

Symptom Monitoring					
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No			Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No			Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No			Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No			Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No			Muscle - Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**\*Note: Additional symptoms to monitor: nausea, fatigue, congestion/runny nose, chills, shivering and new loss of taste or smell.**