



NORTHERN REGIONAL HOSPITAL

Choose Well. Choose Northern.

Contract Orientation Safety Review

Completing this Orientation Self Study will satisfy the requirements and objectives for Northern Regional Hospital Orientation for Contract Staff

**This Self Study needs to be completed before you begin
working in your department**

Orientation Self Study Instructions

1. **Review** the Orientation Safety Review Self Study material.
2. **Print and Complete** the Answer Sheet
3. **Print and Sign All Forms**
 - Signature Authentication Form
 - Compliance Agreement
 - Confidentiality Agreement

**If you have any questions about this self-
study, contact Debbie Moser in Staff
Development by calling 336-719-7052 Or
Human Resources by calling
336-719-7116**



Date:

To All Staff and Physicians:

Northern Regional Hospital is committed to providing high quality, safe patient care to its patients. We continuously look for ways to improve quality and safety in our patient care processes and actively seek feedback and input from our patients, their families, and the physicians who serve them. We also seek and appreciate input from all staff and physicians. As an employee or physician, you should share concerns you may have about patient care for the benefit of patient or patients in question, as well as others we will care for in the future.

In order to resolve quality and safety issues as quickly as possible, you are encouraged to discuss your concerns with the director of the department. Often specific problems can be resolved while a patient is still here. Also, process changes can be quickly implemented to address these needs.

No retaliatory actions will be taken against those who report safety or quality of care concerns. In addition to the department director, there are others avenues you may use to report patient care quality or safety concerns:

1. Any Senior Leader or Senior Director of Quality Services;
2. **Direct Line** input boxes located in the cafeteria, other locations in the hospital and in off-site offices;
3. **Healthcare Values Line** 1-800-273-8452;
4. Joint Commission 1-800-994-6610

Thank you for your ongoing commitment to making Northern Regional Hospital and the care it provides the best it can be!



Self-Study Questionnaire Answer Sheet

Name	Date
Department	Agency

Customer Service

1. True False
2. True False
3. True False

Security Management

1. a b c d
2. True False
3. a b c d
4. True False

Safety

1. True False
2. a b c d
3. a b c d
4. True False
5. True False

Compliance & Code Business Ethics

1. True False
2. True False
3. True False
4. True False
5. True False

Fire Safety

1. a b c d
2. a b c d
3. a b c d

Bloodborne Pathogens

1. a b c d
2. a b c d
3. a b c d
4. True False

Healthcare Safety

1. a b c d
2. a b c d
3. True false

Electrical Safety

1. a b c d
2. a b c d
3. a b c d

Infection Control

1. a b c d
2. a b c d
3. a b c d

Computer Security

1. a b c d
2. True False
3. True False

Hazardous Communications

1. True False
2. a b c
3. a b c



STATEMENT OF CONFIDENTIALITY

In the process of performing your duties at Northern Regional Hospital, it is possible to become aware of and/or overhear many things regarding our patient’s confidential health information. **All** of the information concerning patients or hospital business must be held in the strictest confidence and must not be discussed with others in the hospital who do not have a “need to know” or with any individual outside the hospital, or used by employees for personal reasons.

Employees who violate the confidentiality of NRH information and/or patient information **will be subject to disciplinary action up to and including IMMEDIATE termination of employment.**

General inquiries concerning patients should be referred to the information desk or the nurse in charge of the unit who will only release information about the general condition of the patient. Calls from the media should be forwarded to the Director of Physician/Community Relations or the Administration Office.

It is your responsibility as an employee or affiliate of NRH to protect our patients and their families at all time by adhering to this statement.

I have read and/or heard an explanation of this confidentiality statement and understand the high degree of confidentiality of patient and/or hospital information and agree to hold such information in strictest confidence.

Signature Date Witness Date

Employee Printed Name Dept/Unit



NORTHERN REGIONAL HOSPITAL

SIGNATURE AUTHENTICATION FORM

Please sign below as you would when making entries into the medical record. Include your full written signature on one line and your short signature or initials on the following line.

Last Name	First Name	Middle	Title
-----------	------------	--------	-------

Full Written Signature

Short Signature and / or Initials



EMPLOYEE CERTIFICATION AND AGREEMENT OF COMPLIANCE

I certify that I have reviewed 'Northern Regional Hospital's Code of Business Ethics' and have been oriented regarding Northern Regional Hospital's Compliance Program. I fully understand the requirements set forth in the program and I agree to act in accordance with the organizational policies. I understand that I will be subject to disciplinary action, up to and including termination, for violating those policies or failing to report violations of which I have knowledge of.

Signature

Date