

## Safer Healthcare Now Policies and Procedures

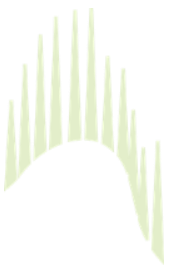
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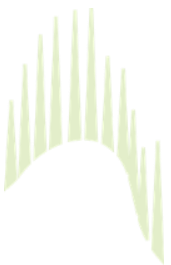
### Instructions

Complete the test on-line by selecting the best answer and entering the corresponding letter next to the question. You can also print this document and fax back to Kathi Kitchen, Quality Improvement Coordinator, Patient Safety and Quality, fax # 709-896-6766

- 1) \_\_\_\_\_ **Who is responsible for following the requirements of nursing policies?**
  - a. Physicians
  - b. Pharmacists
  - c. Nurses
  
- 2) \_\_\_\_\_ **What is the Risk Assessment tool used for Falls Prevention**
  - a. Morse Scale
  - b. Braden Scale
  - c. Diatonic Scale
  
- 3) \_\_\_\_\_ **Who is assessed for Pressure Ulcer Risks In LTC**
  - a. All patients
  - b. Wheel chair bound patients
  - c. Falling patients
  
- 4) \_\_\_\_\_ **When can I ask for a physiotherapy referral?**
  - a. When the Braden Score is 2 or less in the mobility component
  - b. When the Morse Scale risk assessment is high, and it seems needed
  - c. All of the above
  - d. None of the above



- 5) \_\_\_\_\_ **Why do we do chart audits for these Safer Healthcare Now! initiatives?**
- a. We are required by law
  - b. To demonstrate compliance
  - c. To provide data
  - d. None of the above
- 6) \_\_\_\_\_ **What is your responsibility?**
- a. Understand and follow policies and procedures
  - b. Discuss at Unit Council
  - c. Report Falls in CSRS
  - d. All of the above
- 7) \_\_\_\_\_ **How many sources of Medication information do I need to have for the BPMH?**
- a. 1
  - b. 2
  - c. 3
  - d. 0
- 8) \_\_\_\_\_ **What is the DO NOT USE LIST?**
- a. WHMIS
  - b. Abbreviations
  - c. symbols
  - d. Banned substances
  - e. B & C



Match column 1 with the best answer in column 2

Column 1			Column 2
<b>Safer Healthcare Now!</b>		A	Assess patient's risk of Falling
Falls Prevention		B	Best possible Medication History
Employee Declaration		C	Impact on patient safety
Morse Scale		D	13-18
BPMH		E	Across all areas of Healthcare
OD		F	Signed during orientation
Braden Risk level Moderate		G	Banned Abbreviation

Thanks for completing this test. To send it electronically, save it using the following format:

Nursingpolicies\_enter your name.doc for example: Nursingpolicies \_kathikitchen.doc.

You can then email the completed test to me as an attachment. If you prefer, print the completed test and fax to me at 709-896-6766.

I will email you and the VP of Nursing, Chief Nurse your results. A 70% minimum is required for a pass. If you fail you can take the test again, but a failure again will require you retaking the Nursing Policies and Procedures/ Safer Healthcare Now!.

Good Luck!

