



## ORIENTATION CHECKLIST

Staff Initials \_\_\_\_\_

1. Overview of agency:
  - a. Goals, philosophy, and objectives. **Policy A140**
  - b. Colorado licensure rules
  - c. Medicare and Medicaid regulations -- frequently used terminology.
    - i. SOC- first billable visit, completed as ordered by Dr.
    - ii. POC- Plan of care also called the 485. Guides care provided and includes diagnosis, meds, limitations and safety precautions. If anything changes from POC the Dr must be informed and the contact documented.
    - iii. THERAPY POC- discipline specific plan made after discipline specific assessment. Includes frequency/duration of visits, treatments and modalities with specifics, short and long term goals.
    - iv. LUPA- case with less than 5 billable visits.
    - v. OASIS- special data collection set to be combined with comprehensive assessment and done at SOC, transfers, resumption of care, recertification and discharge.
  - d. History, organizational structure. **Policy B120**
  - e. Conflict of interest (disclosure signed), professional boundaries. **Policy B110**
  - f. Corporate Compliance program / fraud & abuse
    - i. The agency will not tolerate fraud or abuse of the Medicare/Medicaid benefits. We will only provide care as ordered. We will verify orders and visit documentation are on file prior to billing. We will not support/allow "up-coding" or fraudulent documentation made to support increased reimbursement. Our compliance officer is Malik Kuforiji.
  - g. Scope of Services/various disciplines (personnel within each). **Policy C100**
  - h. Overview of functions and coordination between services. **Policy C360**
  - i. Contract Agreement, if applicable.
  - j. Principles and responsibilities related to quality improvement.
    - i. Our QI program is at the data collection stage. We review charts which you may be asked to assist with, look for any possible trends that may compromise patient care and will be developing priorities for improvement projects. As projects are designed you may be asked to possibly sit in a team, do minor data collections at visits or provide trainings that may be indicated by the improvement team.
2. Agency personnel policies.
  - a. Job description review and continued employment requirements (license, CPR, in-services). **Policy D200**
  - b. Responsibilities on cases
    - i. You are responsible to follow the plan of care and discipline specific care plans; to contact the Dr, if you are a licensed professional, when there is a change in patient condition or need that indicates a need to change the plan of care; SNs and therapists advise the office in advance of the schedule of visits with each client, and immediately of any changes; notify the office in advance when you are unable to make a visit, of any complaints or incidents; communicate with others assigned to the case and coordinate care through the office.
  - c. Notification of agency when unable to work **Policy D160**
  - d. Responsibility to maintain license/certification **Policy D200**
  - e. Employee grievance process **Policy D380**
3. Orientation to clinical policies, procedures, and forms:
  - a. Admission (those responsible for admissions will be informed of conveying information on charges), **Policy C120**
  - b. Assessment timelines and forms including OASIS **Policy C145 and Reassessment Policy**
  - c. Plan of Care, including frequency and duration **Policy C580 and C240 for therapy**
  - d. Order writing and forms **Physicians Order and review forms available per discipline**
  - e. Scheduling of visits and missed visits,
  - f. Visit documentation and review samples per discipline provided
  - g. Pain and pain management
  - h. Coordination of care with internal and external providers and forms
  - i. Discharge planning and discharge documentation required **Policy D500 and Discharge summary policy**
4. Infection Control \_\_\_\_\_

- a. Instances when staff are not to see clients
  - i. When actively contagious, when a carrier of communicable disease, when vomiting, with an active respiratory or GI illness, with an open wound that either cannot be kept covered or is infected.
- b. TB surveillance and HBV Vaccine. **Policy D240 and Policy D241**
- c. Hand washing and use of antiseptic gels **Policy D330**
- d. Use of Personal Protective Equipment **Policy D245**
- e. Exposure Control Plan/ OSHA Bloodborne Pathogens **Policy D253**

5. Advance Directives/DNR-DNI/Procedures regarding death and dying **Policy C430 and Policy C435**

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6. Patient Rights and Responsibilities review. Employee to receive copy of form.

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7. Cultural diversity and personal choices of clients/families.

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8. Communication barriers

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9. HIPAA and confidentiality of client, staff and organization information.

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10. Ethical Issues **Code of ethics, Ethic committee policies**

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11. Hazardous materials/waste management.

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12. Patient Safety

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13. Appropriate actions in unsafe situations.

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14. Emergency preparedness plan and situational training. **Policy review, if there is a disaster call the office for instructions**

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15. Safety management and individual employee responsibility: **Policy Safety management, C900, policy on Enviromental safety**

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Including Body mechanics, Workplace fire safety management and evacuation plan: Workplace or office security: if you work after hours lock all outside doors; Personal safety techniques, Common environmental hazards, Office equipment safety.

There are many risk factors that can be associated with an injury of the back. Below are some of the possible risk factors:

- i. lifting, bending and reaching without the tightening of the abdominal muscles that help stabilize the back during lifting
- ii. poor posture in sitting (slouching)
- iii. poor body mechanics when lifting, pushing, pulling or carrying
- iv. bending, twisting, reaching or jerking when lifting
- v. weakness of back or abdominal muscles
- vi. poor flexibility
- vii. deconditioning
- viii. poor design of job or work station
- ix. repetitive lifting of awkward items
- x. lifting items which are too heavy
- xi. maintaining and sustaining certain positions
- xii. insufficient rest breaks or fatigue

Frequently an injury to the back can be avoided simply by utilizing proper lifting mechanics. Listed below are some guidelines for proper mechanics when lifting:

- i. Always plan how you will lift and where you will place the object you will be lifting.
- ii. Always ask for assistance when necessary
- iii. Position yourself close to the object that you will be lifting and utilize a wide base of support by bringing your

legs apart.

iv. During the lift bend with your hips and knees and not with your back.

v. Keep your back straight and in a balanced/stabilized position throughout the lift by tightening your abdominal and buttock muscles.

vi. During the lift keep the load as close to your body as possible.

vii. If you are going to reposition the object that you have just lifted, pivot with your feet instead of twisting your back and follow through with your hips, knees and toes while keeping the object close to your body. Your abdominal muscles should be tight, and your back straight throughout this process.

a. Workplace fire safety management and evacuation plan: Evacuation plans are posted, exits are marked, the agency office has smoke alarms and fire extinguisher. We do run fire drills so be prepared:

RACE: Rescue, Alarm, Contain, Extinguish

Only attempt to extinguish small and contained fires such as those in a trash can. IF you use the fire extinguisher remember to PASS

PASS: Pull the pin, Aim the hose, Squeeze the handle/trigger, Sweep the hose to put the extinguisher fluid at the base of the fire

a. Workplace or office security: if you work after hours lock all outside doors; Personal safety techniques: know where you are going, ask for directions or a map if you are going to a new area; call the office with any questions, concerns about the environment; park in well lit areas, call if you are going to your car after dark – we will stay on the phone with you until you are in your vehicle.

b. Common environmental hazards: the office maintains an MSDS book for materials kept in the agency office to support you in the safe clean up and storage of such items. Do not use step ladders/step stools of greater than 3 steps without another person available to “spot” in case of potential falls, only use these devices on even surfaces. Do not plug more than the initially intended number of electrical plugs into an outlet (do not use expanders on a wall outlet to allow additional electrical devices to be used) You may use a specially designed power strip that will provide such additional plug ins as you may need keep your floorspace clear of clutter as a fall precaution.

c. Office equipment safety – do not reach into office equipment such as the copier, ask for assistance from office staff; do not attempt to repair electrically powered equipment, the office will send for a trained technician; windows open in the office for ventilation when necessary. IF you have not been trained on the office equipment ask for an in-service prior to using it for the first time.

16. Storage, handling and access to supplies and equipment. \_\_\_\_\_  
(covered per responsibilities on job description)

17. Applicable/available community resources. Call the office whenever assistance is needed. \_\_\_\_\_

18. Complaints and how to handle them. **Client complaint policy and complaint form review. Call the office immediately if you don't have the form with you so the resolution can begin.** \_\_\_\_\_

19. Incident (also called variances) reporting **Policy Incident reporting and Call the office immediately if you don't have a form with you so the resolution process can begin.** \_\_\_\_\_

20. Employee rights

21. Screening abuse and neglect and state regulations. \_\_\_\_\_

22. Referral process for additional services **communicate through the DON, you may be requested to call the Dr. for the order, document all communication (Progress note or order form)** \_\_\_\_\_

23. Pain assessment and management

24. Special population training. Specify: \_\_\_\_\_