

Welcome to **accentCare**.™

Checklist of Materials/Forms Provided by Site

- Completed “Agency Steps for Success” document (see next page)
This contains important names, phone numbers, and more. Contact your hiring manager, or director of business operations (DBO)/business office manager (BOM) if you have not received this.

Forms I Need to Carry

- State Specific Advance Directive forms (MOLST/POLST)
- Revocation Form
- Notice of Medicare Non-Coverage
- Change in Designated Attending Physician Form

Other Materials

- PROGs book
- Hand Sanitizer
- Gone from My Sight Book
- Language Line information
- Site Contact List
 - Staff
 - DME
 - Local Pharmacy
 - Important Numbers
- Head to Toe Assessment/Rapid Assessment of Hemodynamics card
- Medication Dispensing System Login Information

Steps to Success: Agency IPC RN

This document is generally filled out by the hiring manager or director of business operations (DBO)/ business operations manager (BOM) and should be provided to the agency staff member upon arrival.

Agency staff member name: _____

What is my HCHB Agent ID? _____

Your Agent ID will need to be registered with your tablet. To register your agent ID contact your point person.

Will I get an Email Username & Password? Yes No

If so, what are they? Email: _____ Password: _____

Who will be my point person and their backup?

Point person: _____ Backup point person: _____

Phone: _____ Phone: _____

My point person will...

- Coordinate calling MD for orders
- Call Enclara and keep med profile up to date
- Enter new orders into HCHB (Care Plan / Medications)
- Receive regular verbal updates

What is the name of my Team? _____

Who are my team members?

Team MD: _____

Where can I get team members' contact info?

Social Worker: _____

Music Therapist: _____

Are there other important phone numbers?

Chaplain: _____

Hospice Aide: _____

Will I update the Attending MD? Y / N

Who is the off-going nurse that I will receive report from?

Name: _____ Phone: _____

Who will provide the following forms for me to carry? (Or where can I find them?)

- MOLST/POLST form
- Revocation Form
- Notice of Medicare Non-Coverage form
- Change in Designated Attending Physician form

Note: Many forms that need to be discussed and signed by the patient/legal representative are available electronically in HomeCare HomeBase. If an electronic form is not accessible or available when needed, contact your team or clinical director to discuss a paper option. All paper forms should be submitted to the office to have uploaded to the patient's electronic medical record.

Name: _____ Phone: _____

What do I need to know about my facilities?

Where do I park? _____ Do I need a code to enter any facility or specific units? _____

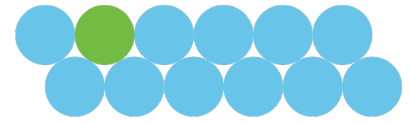
Do I need a badge or temporary ID, and if so, where do I obtain it? _____

What floor is the unit located on? _____

What is my login information for the medication dispensing system? _____

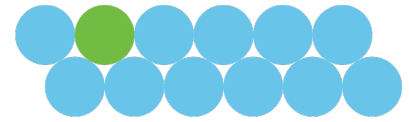
How and where do I order IV infusions? _____

How do I obtain hospital equipment (IV/tube feeding poles and pumps, respiratory equipment, etc.)?



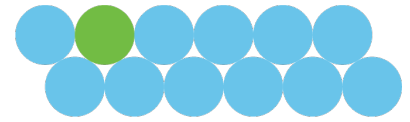
Orientation Plan: Agency IPC RN

DAY ONE: General Orientation	
8:00 am – 12:00 pm	Agency General Orientation - Manual Reading <ul style="list-style-type: none"><input type="checkbox"/> Purpose, Vision, and Values<input type="checkbox"/> Understanding Hospice<input type="checkbox"/> Pain Management<input type="checkbox"/> Symptom Management<input type="checkbox"/> Advanced Directives<input type="checkbox"/> Cultural Considerations in End of Life Care<input type="checkbox"/> Spiritual Care<input type="checkbox"/> The Dying Process<input type="checkbox"/> Grief, Loss, and Bereavement<input type="checkbox"/> Abuse, Neglect, and Restraint<input type="checkbox"/> Quality and Compliance<input type="checkbox"/> HIPAA, Privacy, and Security<input type="checkbox"/> Patient Rights<input type="checkbox"/> Interpretation Service: Language Line<input type="checkbox"/> Advanced Directives and Requirements by State
12:00 – 1:00 pm	Lunch <ul style="list-style-type: none"><input type="checkbox"/> Review Agency Steps for Success document and connect with individuals listed. Ensure all materials/forms from page one of this document have been provided.<input type="checkbox"/> If you do not have a Picture ID badge from your agency, get your AccentCare ID badge picture taken (or set up a time for this) via business operations staff or HR Generalist.
1:00 – 2:00 pm	<input type="checkbox"/> Evaluating & Establishing the Plan of Care video module
2:00 – 5:00 pm	Agency IPC Nurse Discipline Specific Orientation - Manual Reading <ul style="list-style-type: none"><input type="checkbox"/> Documentation<input type="checkbox"/> PERSON Reference Guide<input type="checkbox"/> IPC Flow<input type="checkbox"/> Disease Specific Decline: Case Studies and Outcomes<input type="checkbox"/> Pain and Symptom Management Algorithms<input type="checkbox"/> Medication Resources<input type="checkbox"/> Wound Care Protocols<input type="checkbox"/> Final Hours



Orientation Plan: Agency IPC RN

DAY TWO: HCHB Training + Competency Visits	
8:00 – 9:00 am	<input type="checkbox"/> Introduction to PointCare
9:00 am – 12:00 pm	HCHB Video Training <ul style="list-style-type: none"><input type="checkbox"/> Ensure setup in SeasonsTrn2 on the PointCare Training application to proceed<input type="checkbox"/> A practice patient will need to be assigned. Your site will request this from Clinical Learning & Development<input type="checkbox"/> Play the video and document the visit into the tablet based on the case study and instructor prompts
12:00 – 1:00 pm	Lunch
1:00 – 5:00 pm	Competency Visits <ul style="list-style-type: none"><input type="checkbox"/> Now, you will go out in the field with the RN of the patient(s) that you will be visiting to complete at least 4 patient visits. During these visits, your supervisor will be providing immediate and specific feedback to you. During this patient interaction time, the nurse will perform a competency while observing your care delivery via the Back to the Bedside application (via paper by “Download PDF”). This completed evaluation includes both your name, signature and credentials and is cosigned by the supervising nurse, name and credentials. It will be stored in your agency/HR file on site. Policy and Protocol Review <ul style="list-style-type: none"><input type="checkbox"/> It is important you know where to go for questions regarding organizational values, clinical processes, and accepted practices for safe patient care delivery and documentation. Please work with your site point person or your supervisor during today’s time to review a select list of AccentCare policies and protocols.



Orientation Plan: Agency IPC RN

Attestation of Completion and Understanding

I have completed all of the above Orientation sections. I understand each of these components and have directed my questions, comments to my Orientation Host. I am confident I am prepared to provide the highest quality end of life experience to all of the patients and families we serve.

Phase I – Understanding: “I understand the essentials that create the highest quality end of life experience.”

Initial: _____

Phase II – Passion: “I am passionate about my role and the interdisciplinary process.”

Initial: _____

I have the responsibility to demonstrate and uphold AccentCare’s purpose, vision, and values.

Initial: _____

I recognize my responsibility as a mandated reporter to uphold the safety of all hospice patients. All observed behaviors, alleged allegations, or suspected maltreatment in the form of abuse, neglect, exploitation or restraint will be escalated to my Point Person with an immediate phone call for timely investigation.

Initial: _____

Orientee Name: _____

Signature/Credentials/Title _____ Date: _____

Once completed, turn this orientation plan in to your supervisor, including checkmarks and dates of completion where indicated. Your supervisor should place this in your employee/HR file.