

# 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

- Hospice Visit Communication Form
- State Specific Advance Directive forms (MOLST/POLST)
- Change in Billing Form
- Notice of Medicare Non-Coverage Form
- Revocation Form
- Funeral Home Listing
- Hospice Calendars
- Five Wishes
- Photo Release/Media Release Form
- Financial Assessment Forms
- Consent Book

### Other Materials

- PROGs book
- Hand Sanitizer
- Gone from My Sight Book
- Language Line information
- Site Contact List
  - Staff
  - DME
  - Local Pharmacy
  - Important Numbers

# Steps to Success: Agency Patient Experience

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...**

- 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 (move line)

Team Director: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Are there other important phone numbers?

Music Therapist: \_\_\_\_\_

Chaplain: \_\_\_\_\_

Hospice Aide: \_\_\_\_\_

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

- Hospice Visit Communication form
- State Specific Advance Directive forms (MOLST/POLST)
- Change in Billing Form
- Notice of Medicare Non-Coverage Form
- Revocation Form
- Funeral Home Listing
- Hospice Calendars
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*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.*

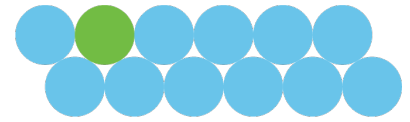
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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? \_\_\_\_\_

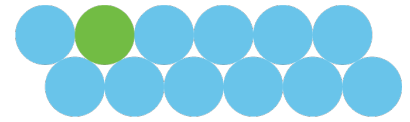
What floor and room numbers are my patients in? \_\_\_\_\_

**Reimagining care, together.**



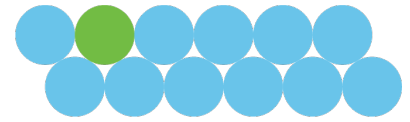
# Orientation Plan: **Agency PE**

<b>DAY ONE: General Orientation</b>	
8:00 am – 12:00 pm	<b>Agency General Orientation - Manual Reading</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Purpose, Vision, and Values</li><li><input type="checkbox"/> Understanding Hospice</li><li><input type="checkbox"/> Pain Management</li><li><input type="checkbox"/> Symptom Management</li><li><input type="checkbox"/> Advanced Directives</li><li><input type="checkbox"/> Cultural Considerations in End of Life Care</li><li><input type="checkbox"/> Spiritual Care</li><li><input type="checkbox"/> The Dying Process</li><li><input type="checkbox"/> Grief, Loss, and Bereavement</li><li><input type="checkbox"/> Abuse, Neglect, and Restraint</li><li><input type="checkbox"/> Quality and Compliance</li><li><input type="checkbox"/> HIPAA, Privacy, and Security</li><li><input type="checkbox"/> Patient Rights</li><li><input type="checkbox"/> Interpretation Service: Language Line</li><li><input type="checkbox"/> Advanced Directives and Requirements by State</li><li><input type="checkbox"/> Abuse, Neglect</li></ul>
12:00 – 1:00 pm	<b>Lunch</b> <ul style="list-style-type: none"><li><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.</li><li><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.</li></ul>
1:00 – 2:00 pm	<input type="checkbox"/> <b>Evaluating &amp; Establishing the Plan of Care video module</b>
2:00 – 5:00 pm	<b>Agency Patient Experience Discipline Specific Orientation - Manual Reading</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Information</li><li><input type="checkbox"/> Evaluations</li><li><input type="checkbox"/> Patient Financials</li><li><input type="checkbox"/> Documentation</li><li><input type="checkbox"/> IPC/GIP Care Issues</li><li><input type="checkbox"/> Abuse and Neglect</li><li><input type="checkbox"/> Communication</li><li><input type="checkbox"/> Interdisciplinary Group Meetings</li><li><input type="checkbox"/> Other important information</li></ul>



# Orientation Plan: **Agency PE**

<b>DAY TWO: HCHB Training + Competency Visits</b>	
8:00 – 9:00 am	<input type="checkbox"/> <b>Introduction to PointCare</b>
9:00 am – 12:00 pm	<b>HCHB Video Training</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure setup in SeasonsTrn2 on the PointCare Training application to proceed</li><li><input type="checkbox"/> A practice patient will need to be assigned. Your site will request this from Clinical Learning &amp; Development</li><li><input type="checkbox"/> Play the video and document the visit into the tablet based on the case study and instructor prompts</li></ul>
12:00 – 1:00 pm	<b>Lunch</b>
1:00 – 5:00 pm	<b>Competency Visits</b> <ul style="list-style-type: none"><li><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.</li></ul> <b>Policy and Protocol Review</b> <ul style="list-style-type: none"><li><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.</li></ul>



# Orientation Plan: **Agency PE**

## **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.*