

FACILITIES WILL WORK AT:

- SJH Franklin/MOSH
 EMH AMG
 SFH
 ASH
 Glendale Corporate



**AGENCY STAFF
ORIENTATION CHECKLIST
(Use for All Non-Nursing)**

NAME	JOB TITLE	DEPT.
LICENSE/CERTIFICATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
LICENSE/CERTIFICATION VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
CPR <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: EXPIRATION DATE:		

A. Self-Study

Print this form and Review orientation materials **prior** to precepted orientation (See Part B). Items may be viewed at the following Web-sites: <http://wisconsinmeded.org> and <https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/>. Please use Google Chrome or Firefox
 ✓ = ORIENTED or N/A=NOT APPLICABLE

Complete self-study items below prior to reporting to first day	Complete and bring all items listed below to orientation	
<p>http://wisconsinmeded.org/careers/agency-and-allied-health/acute-care-hospitals/non-clinical Review Online Orientation Materials: <input type="checkbox"/> Contract and Allied Health Staff Orientation <ul style="list-style-type: none"> • Organizational Overview • Mission, Vision, Values • Service Excellence • Corporate Responsibility Program • Ethics • Gratuities • Diversity and Cultural Competence • Team Dynamics • Patient safety • Falls Prevention • Occurrence reports • Risk Management • Safety and Security • Harassment/Violence in the Workplace • Smoking Regulations • Alcohol and Controlled Substances • Dress Code / I.D. Badge • EMTALA • Patient's/Resident's Rights • Pain Management • Infection Control • Emergency Medical Services • Abuse, Neglect, and Exploitation • Caregiver Misconduct <input type="checkbox"/> HIPAA <input type="checkbox"/> Corporate responsibility Program </p>	<p> <input type="checkbox"/> OSHA <input type="checkbox"/> Facility/Parking information <input type="checkbox"/> MSDS <input type="checkbox"/> Ethical and Religious Directives <input type="checkbox"/> how to access Policies <input type="checkbox"/> Review/complete pre-work for appropriate E.H.R. applications <input type="checkbox"/> Statewide Trauma Program <input type="checkbox"/> Orientation to Ascension Mission <input type="checkbox"/> National Patient safety Goals PowerPoint <input type="checkbox"/> Falls Prevention PowerPoint <input type="checkbox"/> Abuse, Neglect, and Exploitation <input type="checkbox"/> Occurrence Report PowerPoint <input type="checkbox"/> Caregiver Misconduct https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/ Ministry Site <input type="checkbox"/> Ascension Welcome <input type="checkbox"/> Cultural Diversity Module <input type="checkbox"/> Safety, Emergency Management and Environment of care Module <input type="checkbox"/> Infection Prevention Module <input type="checkbox"/> Intro to IT Privacy and Security <input type="checkbox"/> Intro to Ascension's Compliance Program <input type="checkbox"/> Workplace Violence Prevention <input type="checkbox"/> Attestation from ministry site: <i>(Print and bring with you)</i> </p>	<p>On-site on-boarding: <input type="checkbox"/> ID Badge <input type="checkbox"/> KRONOS Time clock functions <input type="checkbox"/> Network Access: <ul style="list-style-type: none"> • E-mail (if requested) • System Portal (My Ascension) • My Learning <input type="checkbox"/> System Overview of responsibilities <input type="checkbox"/> Confidentiality (provided) <input type="checkbox"/> Prior EPIC experience (yes or no) <input type="checkbox"/> EPIC Training Scheduled _____ <input type="checkbox"/> First day reporting instructions <input type="checkbox"/> Attestation from ministry site </p> <p>Signature Sheets: <input type="checkbox"/> Initial Clinical Orientation and Evaluation Form(s) Given: <input type="checkbox"/> Site/Department orientation checklist <input type="checkbox"/> Contract Staff Evaluation All completed forms must be returned to: E-Mail: Michael.Mattes@Ascension.org Fax: 414-465-3491 Mail: 400 W River Woods Parkway Glendale, WI 53212 Inter-departmental: Glendale Corporate Attn: Central Staffing Office </p>
CLINIC STAFF TO COMPLETE (IF APPLICABLE)		
<p>Overview: <input type="checkbox"/> Advance Directives (Federal Law) <input type="checkbox"/> System Overview of RN responsibilities <input type="checkbox"/> Dress Code/ID Badge <input type="checkbox"/> Electronic Health Record Applications as appropriate <input type="checkbox"/> Other (List): </p>	<p>On-Site Department Specific Information: <input type="checkbox"/> Facility/Dept. tour <input type="checkbox"/> Department Overview <input type="checkbox"/> Supplies and Equipment <input type="checkbox"/> Resource Person <input type="checkbox"/> Specific Job Duties/Routines <input type="checkbox"/> Communications: Computer Access, Intranet, telephone, paging system, etc. <input type="checkbox"/> Evaluation process <input type="checkbox"/> Policies and procedures specific to job duties and department (List): </p>	

Verification

1. This Agency personnel has completed all orientation requirements.

Agency Signature _____ Date _____ Orientator Signature _____ Date _____