

FACILITY AGENCY NURSE ASSIGNED:

- SJH AMG
 EMH
 SFH
 ASH
 Franklin/MOSH



NAME	TITLE
Specialty:	
Orientator:	

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

✓ = REVIEWED NA = NOT APPLICABLE

Complete self-study items below prior to reporting first day	Complete and bring all items listed below to orientation	
<p>http://wisconsinmeded.org/careers/agency-and-allied-health/acute-care-hospitals/nursing Reviewed 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 <input type="checkbox"/> OSHA <input type="checkbox"/> Facility/Parking information <input type="checkbox"/> MSDS <input type="checkbox"/> Krames On-Demand Quick Start Guide </p>	<p> <input type="checkbox"/> IV Site Care <input type="checkbox"/> IV Rate Chart <input type="checkbox"/> Ethical and Religious Directives <input type="checkbox"/> How to access Policies <input type="checkbox"/> IV Pump and PCA Prework <input type="checkbox"/> Hazardous Meds List <input type="checkbox"/> Unacceptable Abbreviations List <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"/> Medication Management <input type="checkbox"/> Abuse, Neglect, and Exploitation <input type="checkbox"/> Pain Management PowerPoint <input type="checkbox"/> Occurrence Report PowerPoint <input type="checkbox"/> Caregiver Misconduct </p> <p>https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/</p> <p>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 RN/LPN responsibilities <input type="checkbox"/> Confidentiality (provided) <input type="checkbox"/> Glucose Meter (Print Screen) sign & date <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"/> Competency Validation Tool <ul style="list-style-type: none"> • EPIC • Glucose Meter • Restraints <input type="checkbox"/> Contract Staff Evaluation All completed forms must be returned to: </p> <p>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>

B. Complete Agency RN/LPN Orientation complete with facility preceptor ✓ = REVIEWED NA = NOT APPLICABLE

Orientation Items Covered		
<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"/> Shift-to-shift report <input type="checkbox"/> Electronic Health Record Applications as appropriate <input type="checkbox"/> Patient Care Assessment Standards/Structured Care Methodologies <input type="checkbox"/> Charging Procedure (n/a for ED) <input type="checkbox"/> Medication Policy and Procedure/Medication Reconciliation <input type="checkbox"/> ADU/Diebold (Medication Dispensing Unit) <input type="checkbox"/> ADU/Diebold Tip Sheet Given <input type="checkbox"/> Documentation of controlled substances and discrepancies </p>	<p>Equipment, policies, and procedures: <input type="checkbox"/> Restraints <input type="checkbox"/> Return demonstrations of application and quick release knot <input type="checkbox"/> Restraint Tip Sheet Given <input type="checkbox"/> Special Care Companion Role (sitter) <input type="checkbox"/> PCA Pump <input type="checkbox"/> Return demo (n/a for ED) <input type="checkbox"/> Code Cart Review <input type="checkbox"/> IV pump <input type="checkbox"/> IV Therapy Policy and Procedure <input type="checkbox"/> Blood Administration Policy and Procedure <input type="checkbox"/> Enteral feeding pump (n/a for ED) <input type="checkbox"/> Care of the Deceased Policy <input type="checkbox"/> Blood Glucose Competency <input type="checkbox"/> Krames </p>	<p><input type="checkbox"/> Evaluation Process Reviewed:</p> <ul style="list-style-type: none"> • First Shift

Verification

1. This Agency RN/LPN has completed all orientation requirements.

Agency RN/LPN Signature _____

Date _____

Orientator Signature _____

Date _____

Directions:

After completing Part B, turn in this form to the orientation instructor or preceptor, All signature forms MUST be returned to Central Staffing Office within 30 DAYS (FAX 414-465-3491)

C. The Agency RN/LPN Unit Orientation and Competency Form is to be completed the first shift scheduled at a Ascension Healthcare facility

1. Previous completion of Parts A **must** be verified by staffing office OR supervisor when an agency RN/LPN is scheduled to work for the first time at a Ascension Healthcare facility.
2. The agency RN/LPN should arrive 1/2 hour early for the first shift and, with the charge RN or designee, complete the Unit Orientation Checklist Part B.
3. During the shift, the RN/LPN should be signed off on the Core Clinical Competencies. (Patient Care Supervisor, Charge RN, or designated RN/LPN to sign off the competencies.)
4. Patient Care Supervisor or Charge Nurse to fax completed form to the Staffing office:
 - (414)-465-3491 (Milwaukee) or to
 - (262)-687-5007 (Racine).
5. Staffing office to file and distribute copies as needed to any Ascension Wisconsin site where agency RN/LPN will be working..