

Agency Department Orientation Checklist

Kind Guest: Check "discussed" as you complete the checklist. Indicate N/A (Not Applicable) as appropriate. **PLEASE NOTE:** This completed Orientation Checklist **must be returned to Michael.Mattes@Ascension.org within 30 days** of the assignment start date of transfer to another facility.

Name		Start Date	Network ID:	
Work Site:	Department Name	Due Date:	<input type="checkbox"/> Agency	
Department Orientation		<input checked="" type="checkbox"/> Discussed	Department Orientation	
			<input checked="" type="checkbox"/> Discussed	
<input type="checkbox"/> Department Overview <ul style="list-style-type: none"> ○ Scope and Hours of Service ○ Department Strategic Goals ○ Patient & Family Experience/Living the Values at the department level ○ Key People/Contacts in Department ** ○ Department Discussion of HIPAA issues ○ Patient Rights & Responsibilities ○ Current Performance Improvement/Quality Goals and initiatives ○ Dress Code and Uniforms <input type="checkbox"/> Facility Tour <ul style="list-style-type: none"> ○ Building & Department Tour ** ○ Restrooms & Lockers ** ○ Parking ○ Disposal Containers ** ○ Work Station & Supplies ** <input type="checkbox"/> Communications <ul style="list-style-type: none"> ○ Computer (Access, Training and Policies) ○ Intranet/Internet ○ The Learning Link (Learning Management System) ○ Telephone, Cell phone & Paging System Use ** ○ Pneumatic Tube System ** ○ Unit/Staff Meetings ○ Communication Boards <input type="checkbox"/> Job Specific Orientation <ul style="list-style-type: none"> ○ Job Description ○ Performance Management Process Overview ○ Review Orientation Competencies (Competency Based Orientation Tool if applicable) 			<input type="checkbox"/> Work Schedule – Time Recording <ul style="list-style-type: none"> ○ Normal Start and End Times, Overtime ○ Procedures for being away from work station ** ○ Breaks and Lunch ** ○ Vacation Requests ○ Call-In Procedure <input type="checkbox"/> Safety & Department Procedures Related to National Patient Safety Goals <ul style="list-style-type: none"> ○ General Policy & Procedure (P&P) resources* ○ Safety & Infection Control P&P resources* ○ Safety Data Sheets* ○ Needle Disposal* ○ Personal Protective Equipment (PPE)* ○ Occurrence/Incident Reports ○ Emergency Procedures Reference Chart*/Department Specific Procedures ** <ul style="list-style-type: none"> ● Utility Failure Procedures, nearest power failure phone ** ● Fire Extinguishers, Pull Stations, Exits ** ● Eyewash Station Use ** ● Panic Buttons & Security Alarms ** ● Flashlights & Batteries ** ● Emergency Preparedness ● Active Shooter ● Weather Alerts <input type="checkbox"/> Supplies – Security & Storage ** <input type="checkbox"/> Equipment Care & Maintenance	
Trainee Signature		Date	Validator #2 Signature	
Validator #1 Signature		Date	Validator #3 Signature	
			Date	

Supervisor: All items with a * must be completed prior to the associate starting work in the department.

All items with a ** must be completed prior to an Agency floating to work in a different department.