

Master Checklist

HMH

- HR Orientation (non-transfer employees)
- Introductions & office tour
 - Punch clocks
 - Fire extinguisher
 - Bathrooms
- Office equipment (for non-transfer employees)
 - Phones
 - Email
- Community Case Management Overview (new employee check list)
 - Department Structure
 - History of Program & Future
 - Goals (Triple Aim)
 - Improved outcomes
 - Better experience
 - Save health care dollars.
 - Supervision- individual, group, and train the trainer model
- Workflow (Pre-assignment engagement to Case Management) and training topics
 - HMH
 - Hospital Discharge, 24 Hr call, and CTM-15 survey & Allscripts
 - PVP report
 - Purpose and workflow
- HH Databases and Documentation
 - eCW training
 - Allscripts training
 - LMC- PVP Report
- Client Case Load overview/Field visit shadowing
- Overview of Health Home contents on S Drive (Shared)
- PSYCKES database
- Training Topics
 - Motivational Interviewing <http://www.cucs.org/academy-for-justice-informed-practice>
 - Wellness and Disease Management
 - Benefits Training

NEW/TRANSFER EMPLOYEE

DEPARTMENT ORIENTATION CHECKLIST

Employee Name (Print) _____ Hire Date _____

Employee ID# _____

Department _____ Supervisor's Name _____

Date Orientation _____ Date Completed _____

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Instructions: Please enter a check mark on the line next to each item as it is completed. If not applicable please enter N/A. Return this completed form within 2 weeks of new hire arrival for duty.

INTRODUCTIONS

_____ Introduced new employee to Department Head and management staff.

_____ Introduced new employee to department employees.

_____ Introduced new employee to personnel in other departments with whom he/she must relate on a regular basis.

DEPARTMENT TOUR

_____ Toured department to become familiar with layout.

_____ Reviewed Fire Safety Program: (R.A.C.E.): Rescue-Alarm-Confine-Extinguish procedure and emergency escape routes.

_____ Showed department's fire alarm system and portable fire extinguisher(s).

_____ Showed Hazardous Chemicals Information/Material Safety Data Sheets (MSDS).

_____ Showed location of assigned desk/work area.

_____ Showed location where personal protective attire (i.e. gowns, gloves, masks, eyewear and goggles) is stocked.

_____ Showed departments specific facilities, e.g. locker room, supply room.

GENERAL KNOWLEDGE

_____ Reviewed department mission and objectives.

_____ Reviewed department structure and activities.

_____ Discussed department's organization chart and the reporting relationships.

_____ Reviewed relationships with other departments.

_____ Discussed department's role in internal and external customer service.

POLICIES AND PROCEDURES

_____ Explained timekeeping procedures.

_____ Explained work hours, lunch period, and break time.

_____ Reviewed telephone operations/functions and explained procedures for its use.

_____ Explained Universal Precautions specific to assigned tasks and identified personal protective attire, which must be worn.

_____ Provided necessary safety and protective equipment and training, including body mechanics.

_____ Explained waste disposal and identified waste, which must be disposed of in a red bag or sharps container.

_____ Provided safety instructions for employees working with or around potentially harmful materials.

_____ Explained workplace emergency procedures.

_____ Explained department security regulations.

_____ Reviewed HIV Confidentiality Law.

_____ Explained other department specific policies and procedures.

PERFORMANCE COMPETENCIES AND EXPECTATIONS

_____ Employee received a copy of his/her job description.

_____ Discussed employee's job description and immediate assigned tasks, including customer service.

_____ Discussed the employee's role in achieving the mission.

_____ Reviewed the performance evaluation form and explained the standards of performance for the specific position.

_____ Reviewed Age Specific Competencies.

_____ Reviewed Language Assistance/Interpreter Services for persons with limited English proficiency or hearing limitations.

_____ Reviewed Patient Safety Guidelines from departmental and employee perspective.

_____ Employee signed and returned Hepatitis B Consent/Declaration Form.

_____ Employee received TB Mask Fit Test Training _____

(Date)

Employee Name _____ Department _____

DEPARTMENT COMMUNICATION

_____ Explained policy concerning management's availability to discuss employee's concerns.

_____ Discussed department meetings, e.g., content, frequency.

_____ Discussed department specific methods of communication.

Supervisors please initial:

_____ This staff member has passed initial assessment and is qualified to begin performing all aspects their job during the full probationary review period.

Supervisor Signature/Date Employee Signature/Date

Distribution: Original: Organizational Learning (for employee file)

Copy: Organizational Learning (education record)

Copy: Department file

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Organizational Learning