



**ECM Contingent Worker
ORIENTATION, EDUCATION, AND SKILLS ASSESSMENT**

Welcome, we are excited to have you come support our team. The following document lists self-learning and on-line activities to help prepare you for our hands-on training and transition to caring for patients in our patient care areas.

The learning materials can be on our website [Clinical Facility Temp Worker \(intermountainhealthcare.org\)
https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/](https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/). We recommend that you bookmark the website for reference during your stay. The website will have additional resources that you will find helpful during your stay in Utah if you are coming to us from outside the area.

Department Orientation: (Print out and give to manager/educator to fill out)

A [department orientation](#) must be completed within two weeks of the worker's start date.

Account Activation:

Workers, participating in patient charting or requiring access to Intermountain systems, should receive an Intermountain account or user ID. This account is temporary and must be activated by the worker prior to their first day. Instructions for [activating an Intermountain account](#).

- Initial where indicated.
 - Key to abbreviations in the table: **CW** =Contingent Worker and **Ed/TL**=Educator/Team Lead.

Name: _____ **Primary Units** _____ **Buddy:** _____

Assigned Hire Date: _____

All educators/team leads must sign at bottom of form as Intermountain representative.

Once completed the caregiver needs to send completed document to:

Margaret Stocking intermountaincwm@rightsourcingusa.com. **Must be completed within 2 weeks of starting.**

NURSA nurses should return skills assessments and other orientation documents to Chyna Walker (imail2)

Chyna.Walker@imail2.org

Key - IP = Inpatient, ED = Emergency Dept., PCH = Primary Children's

QR code to website:



_____ Contingent Work _ECM 1/2022_____

COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	DEPT.	CW INITIALS	Ed/TL INITIALS
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SELF GUIDED GENERAL “E-LEARNING” MODULES FOR REVIEW

Contingent Worker to initial & date upon completion of e-learning. Manager/Educator/Designated Leader to mark any non-applicable modules.

	Vocera User Training Videos Learn a name and a command Phone integration – calling an outside number Vocera Documents for Central Hospitals Vocera 3000 command pocket card Vocera 3000 reference card	3:26 min 1 min 5 min 5 min		All		
JOB AID	<ul style="list-style-type: none"> Using the Time Clock Punching on the Web UKG App Tip Sheet Checking my Schedule in the Mobile App 	10 min		All		
	COVID-19 Resources for caregivers: PPE-Masking Toolkit <ul style="list-style-type: none"> Standard Precautions: Hand hygiene and PPE How to wear a mask How to keep safe in the breakroom Cleaning your workspace 	6 min 5 min 5 min 5 min		All		

PRACTICE RESOURCE: The contingent employees can access the **Lippincott Advisor and Procedure** resources by opening Lippincott Procedures at: <https://procedures.lww.com/lnp/home.do>, select login and then the self-enroll option.

COURSE REFERENCE NUMBER	COURSE NAME	DATE	DEPT.	CW INITIALS	Ed/TL INITIALS
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LIVE IN PERSON HANDS ON AND DIDACTIC TRAINING – FOUNDATIONAL

iCentra & NaviHealth	Introduction to ECM practice of basic functionality and navigation of Intermountain’s EHR, iCentra.	60 min		All		
	Manager orientation meet and greet	10 min		All		
	Discuss RN/SW Dyad	10 min		IP RN/SW		
	ECM assessment frequency and expectations	10 min		All		
	Documentation expectations	30 min		All		
	Criteria for patients that should be referred to a SW	5 min		IP RN		
	Criteria for patient that should be referred to an RN	5 min		IP SW		

	Discuss patient choice and IMM	10 min		IP RN/SW		
	Discuss CM screen expectations	30 min		All		
	Discuss TST expectations	30 min		All		
	Discuss TOC expectations	30 min		All		
	Discuss role in trauma I, II, III	10 min		PCH ED ED		
	Discuss role in full arrest	10 min		All		
	Discuss if drugs or weapons are found	10 min		All		
	Discuss managing patient's belongings	5 min		PCH ED ED		
	Discuss IRF referral	10 min		All		
	Discuss skilled nursing facility/QII referral non COVID and COVID + patient including PASRR	10 min		All		
	Discuss Castell House Calls process of referral	5 min		All		
	Discuss managing uninsured patients	10 min		All		
	Discuss palliative care referral	10 min		All		
	Discuss accounting of disclosure	10 min		All		
	Discuss Advance Care Planning and POLST	10 min		All		
	Discuss Mandated Reporting	5 min		All		
	Discuss Human Trafficking	5 min		All		
	Discuss Safe and Healthy Families	5 min		PCH ED		
	Discuss SW role in fetal demise	5 min		IP SW ED SW		
	Discuss PHQ-9 Assessment (facility specific)	5 min		IP SW		
	Discuss SW role in Code Green	5 min		IP SW ED SW		
	Discuss criteria for substance abuse assessment, ASSIST, CRAFFT and interventions	5 min		IP SW		
TOUR FACILITY AND UNITS						
8709	Complete DOT (department orientation and tour) for each facility you will be working at.			All		
UNIT ORIENTATION / SKILL CONFIRMATION						
ESSENTIAL SKILLS EVALUATION						
Observed skills in the clinical setting (peer-to-peer evaluation). Educator/Team Lead to initial & date upon contingent worker completion of skill.						
	Complete CM screen			All		
	Complete CM assessment			All		

	Complete documentation on patient in the EHR			All		
	Complete Transition Screening Tool (TST)			All		
	Complete Transition of Care (TOC)			All		
	Complete Home Health referral			All		
	Complete DME referral			All		
	Complete Patient Choice			IP RN/SW		
	Complete IMM					

I have completed all the above-listed items and have had the opportunity to ask questions and clarify my understanding. All questions have been answered to my satisfaction. I understand the information presented in the above listed materials and understand that I am accountable for complying with these and with all Intermountain policies, procedures, and guidelines. I will not perform any treatment or use any type of equipment with which I am unfamiliar or uncertain. If I need further assistance with performance of my job, I will request assistance from my manager(s), educator(s), or appointed ambassador.

Once completed send completed document to Margaret Stocking intermountaincwm@rightsourcingusa.com

NURSA nurses should return skills assessments and other orientation documents to Chyna Walker (imail2) Chyna.Walker@imail2.org

Contingent Worker Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

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