## ICU RNs Contingent Worker

## ORIENTATION, EDUCATION, AND COMPETENCY 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 are found on our website Clinical Facility Temp Worker (intermountainhealthcare.org) URL: 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.

**Initial orientation day/ On-boarding class**

☐ Complete hands-on skills and have instructors sign your competency assessment document.

☐ ID badge

  o Attending a central Contingent worker orientation class, pick up your badge before you leave.

  o Not attending a class, you will need to obtain your badge at your facility.

    ▪ Badge access may take a day or two to be activated. If access is not working after two days, contact the local security department.

☐ Start the on-line modules. These need to be **completed within 2 weeks** of your start date or you will be pulled from the schedule. You will need to sign-yourself off on these modules on your competency assessment.

  o QR code will link you to the Non-Intermountain Clinical worker site.

**Unit Orientation**

☐ Have your "buddy" or charge nurse complete your Department Orientation Tour (DOT) when you arrive on the unit.

  o NOTE: You need to have a new DOT completed and signed every time you first arrive on any unit/facility.

☐ You will be scheduled for one orientation shift to shadow another caregiver/buddy. Your buddy must sign-off your competency assessment documentation.

  o Note: Make sure to bring your competency assessment document with you for your shifts during orientation.

☐ After your orientation shifts you will be receiving your schedules from your dedicated unit manager.

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**NOTE: Return all paperwork within 2 weeks.**
**Contingent Workers** return to intermountainCWM@rightsourcingusa.com
**NURSA nurses** should return to NursaCompliance@imail.org

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**Find information on how to Activate your Intermountain Account on the Website using the above QR code.**

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

Name:                                    Primary Units                                    Buddy:

| COURSE REFERENCE NUMBER | COURSE NAME | TIME | DATE | CW INITIALS | CC INITIALS | N/A |
|---|---|---|---|---|---|---|
| **SELF GUIDED GENERAL "E-LEARNING" MODULES FOR REVIEW**<br>Contingent Worker to initial & date upon completion of e-learning. Manager/Educator/Designated Leader to mark any non-applicable modules. | | | | | | |
| 13785 | Blood Product Administration | 18 min | | | | |
| Review for Hands-On | PT0051 Glucose Monitoring in Whole blood (Nova Stat strip Glucose Monitoring System)<br>PT0051C1 – *Content Test to complete and bring to training* | 15 min | | | | |
| 16329 | N95 and PAPR for Bio Aerosol Protection | 16 min | | | | |
| 13679 | Restraints and Seclusions | 12 min | | | | |
| PREREQUSITE | OSHA Medical Questionnaire_WithSubmit.pdf – complete in preparation for N95 and PAPR trainer – *Completed and submitted digitally on the website.* | 5 MIN | | | | |
| website | **Defibrillator Resources: Access the following modules via Zoll website R** Series Videos (Software Version 14)<br><br>• R series ALS: Brief Overview - Software v 14<br>• Introduction to R Series<br>• Basic Operation<br>• Patient Preparation<br>• Monitoring<br>• Advanced Monitoring Capabilities<br>• Defibrillation<br>• Synchronized Cardioversion<br>• Pacing<br>• Real CPR Help and See-Thru CPR<br>• Support Functions<br>• Pediatric Patients<br>• Closing Summary | 30 min | | | | |
| | **Vocera User Training Videos**<br>Learn a name and a command<br>Phone integration – calling an outside number<br><br>**Vocera Documents for Central Hospitals**<br>Vocera 3000 command pocket card<br>Vocera 3000 reference card | 3:.26 min<br>1 min<br><br>5 min<br>5 min | | | | |
| | Ventilator RN Training Videos - Primary model PB980 | 2:40 min | | | | |
| JOB AID | • Using the Time Clock<br>• Punching on the Web<br>• UKG App Tip Sheet<br>• Checking my Schedule in the Mobile App | 10 min | | | | |

| | | | DATE | CW INITIALS | CC INITIALS | N/A |
|---|---|---|---|---|---|---|
| | • COVID-19 Resources for caregivers: PPE-Masking Toolkit<br>• Standard Precautions: Hand hygiene and PPE<br>• How to wear a mask<br>• How to keep safe in the breakroom<br>• Cleaning your workspace | 6 min<br>5 min<br>5 min<br>5 min | | | | |

**SELF GUIDED GENERAL "E-LEARNING" MODULES TARGETING ELECTRONIC HEALTH RECORD (Cerner = iCentra) FOR REVIEW**

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

| | | | DATE | CW INITIALS | CC INITIALS | N/A |
|---|---|---|---|---|---|---|
| 211053 | • iCentra for Acute Nursing: Care Compass | 10 min | | | | |
| 211055 | • iCentra for Acute Nursing: Search for Pts | 10 min | | | | |
| 211061 | • iCentra for Acute Nursing: Navigate in iView | 10 min | | | | |
| 211063 | • iCentra for Acute Nursing: Medication Administration | 10 min | | | | |
| 211065 | • iCentra for Acute Nursing: Manage Orders | 10 min | | | | |
| **Total online learning time** | | **3 ½ hrs.** | | | | |

**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 | CW INITIALS | CC INITIALS | N/A |
|---|---|---|---|---|---|---|
| **LIVE IN PERSON INSTRUCTOR LED EHR TRAINING (2 hours)** | | | | | | |
| iCentra Trainer | • Introduction and practice to basic functionality and navigation of<br>• Intermountain's EHR Cerner commonly referred to as iCentra. Topics addressed: Dashboard, tasks, assessment (iView), I/O's, blood administration, protocols/standing orders, medication administration<br>• (infusion pump association), orders management (4 hrs.). | | | | | |
| **IN PERSON HANDS ON TRAINING DURING DAY #1 – FOUNDATIONAL EQUIPMENT** | | | | | | |
| Groups of two rotations through each station | | | | | | |
| 4242 | • Communication Device -*Vocera SPO (set-up for unit)* | 10 minutes | | | | |
| 3011 | • Defibrillator – *Zoll R-Series quick review* | 15 minutes | | | | |
| Lab | • Glucometer - *Nova StatStrip* | 20 minutes | | | | |
| 5579 | • Oxygen Equipment (Critical Care) SPO – *Focus High flow NC* | 10 minutes | | | | |
| 20792 | • N95 SPO – *3M mask types 8210, 1860, 1860S and reprocessing Please make sure to bring your completed OSAH Medical Questionnaire – 4 stations* | 15 minutes | | | | |
| 7042 | • PAPR (powered Air Purifying Respirator SPO - *TR600 Versa-flo -*<br>• *2 stations* | 15 minutes | | | | |
| 8796 | • Restraints SPO | 10 minutes | | | | |
| 5563 | • Ventilator SPO – *Primary model PB980* | 10 minutes | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5563 | Ventilator SPO – *Review model Drager/Evita* | 10 minutes | | | | | | |

**Other common equipment that will be used but not trained to due to previous experience and expertise**.
Each unit has a nurse educator to help with any additional training questions. During each shift you will also have a "buddy" assigned to help answer any questions regarding protocols, guidelines, and or procedures that may be different.

- Cardiac Monitors – Philips
- Central Lines (13567)
- Feeding pump - Kangaroo
- Hill-Rom beds – Versa Care, Progressa, and Total Care
- Infusion Pump – CareFusion / Alaris pump
- Medication dispensing machine – AcuDose
- Urinary Catheters

## TOUR FACILITY AND UNITS

| | | | | | | |
|---|---|---|---|---|---|---|
| 8709 | Complete DOT (department orientation and tour) for all ICUs/Facilities (3 ICUs – Respiratory, Shock Trauma, and Coronary). | | | | | |

## UNIT ORIENTATION / SKILL COMFIRMATION

**"BUDDY" ESSENTIAL NURSING SKILLS EVALUATION**
Observed skills in the clinical setting **(peer-to-peer evaluation)**. Clinical Coach/Preceptor to initial & date upon contingent worker completion of skill.

| | | | | | | |
|---|---|---|---|---|---|---|
| Unit Based | General admission process and expectations | | | | | |
| Unit Based | General transfer process and expectations | | | | | |
| Unit Based | Assessment: frequency and expectations | | | | | |
| Unit Based | Documentation expectations | | | | | |
| Unit Based | Intake / Output | | | | | |
| Unit Based | Labs: schedule, status e.g., STAT vs ROUTINE etc. | | | | | |
| Unit Based | Medication Administration: practice barcoding, pump association | | | | | |
| Unit Based | Patient Education diagnosis specific e.g. Patient medication (what they are, side effects….) | | | | | |
| Unit Based | Patient identification: Two patient identifiers | | | | | |
| Unit Based | Interdisciplinary plan of care (IPOC) (Care planning) | | | | | |
| Unit Based | Preoperative and postoperative care | | | | | |
| Unit Based | Unit workflow | | | | | |

**Note: To be completed on the first day scheduled on the unit**

I have completed all the above-listed items and have had the opportunity to ask questions and clarify my understanding. Any and 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 being in compliance 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 [NursaCompliance@imail.org](mailto:NursaCompliance@imail.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: _____

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