

## 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 <u>Clinical Facility Temp Worker (intermountainhealthcare.org)</u> URL: <a href="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/</a>.

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 cla
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	Comple	te hands-on skills and have instructors sign your competency assessment document.
	ID badg	e e
	0	Attending a central Contingent worker orientation class, pick up your badge before you leave.
	0	Not attending a class, you will need to obtain your badge at your facility.
		<ul> <li>Badge access may take a day or two to be activated. If access is not working after two days, contact the local security department.</li> </ul>
	Start th	e on-line modules. These need to be <b>completed within 2 weeks</b> of your start date or you will be pulled from the
		e. You will need to sign-yourself off on these modules on your competency assessment.
	0	QR code will link you to the Non-Intermountain Clinical worker site.
Unit Or	ientation	
	Have yo	our "buddy" or charge nurse complete your <u>Department Orientation Tour</u> (DOT) when you arrive on the unit.
	0	NOTE: You need to have a new DOT completed and signed every time you first arrive on any unit/facility.
		be scheduled for one orientation shift to shadow another caregiver/buddy. Your buddy must sign-off your ency assessment documentation.
	0	Note: Make sure to bring your competency assessment document with you for your shifts during orientation.
	After yo	our orientation shifts you will be receiving your schedules from your dedicated unit manager.
	0	Note: For nursing only: If you do not have a dedicated unit, your schedule will come from rusty.carlson@imail.org.
		NOTE: Return all paperwork within 2 weeks.
		Contingent Workers return to intermountain CWM@rightsourcingusa.com
		NURSA nurses should return to Chyna.Walker@imail2.org
Find in	nformatio	on on how to Activate your Intermountain Account on the Website using the above QR code.

Buddy:

Key to abbreviations in the table: CW =Contingent Worker and Ed/TL=Educator/Team Lead.

**Primary Units** 

Name:

Initial where indicated.

COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	CC INITIALS	N/A		
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.								
13785	Blood Product Administration	18 min						
Review for Hands-On	PT0051 Glucose Monitoring in Whole blood (Nova Stat strip Glucose Monitoring System) PT0051C1 – Content Test to complete and bring to training	15 min						
16329	N95 and PAPR for Bio Aerosol Protection	16 min						
PREREQUSITE	OSHA Medical Questionnaire_WithSubmit.pdf – complete in preparation for N95 and PAPR trainer – <i>Completed and submitted digitally on the website</i> .	5 min						
	Vocera User Training Videos Learn a name and a command Phone integration – calling an outside number	3:.26 min 1 min						
	Vocera Documents for Central Hospitals  Vocera 3000 command pocket card  Vocera 3000 reference card	5 min 5 min						
JOB AID	Using the Time Clock Punching on the Web UKG App Tip Sheet Checking my Schedule in the Mobile App	10 min						
15302	Ephedrine Administration by the RN in L/D Fact Sheet	6 min						
15874	EOS: new fact sheet	15 min						
190328	Risk Stratification and Management of Postpartum Hemorrhage	20 min						

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

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

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		
220388	iAware	5 min		
Total online learning time				

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

COURSE REFERENCE NUMBER	COURSE NAME		DATE	CW INITIALS	CC INITIALS	N/A		
IN PERSON HANDS ON TRAINING- FOUNDATIONAL EQUIPMENT								
4242	Communication Device -Vocera SPO (set-up for unit)	10 minutes						
3011	Defibrillator – Zoll R-Series quick review	15 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 - 2 stations	15 minutes						
Lab	Nitrazine							
Lab	Glucometer - Nova StatStrip	20 minutes						
<ul><li>assigned to he</li><li>Fetal Mon</li><li>Affinity B</li></ul>	a nurse educator to help with any additional training questions. Duelp answer any questions regarding protocols, guidelines, and or pronitors eds - Stirrups erming Beds (Panda, Ohio)							
<ul> <li>Neopuff/Neo-Tee</li> <li>Infusion Pump – CareFusion / Alaris pump</li> <li>Medication dispensing machine – AcuDose</li> <li>Sequential Compression Devices</li> <li>Surgicount</li> <li>FSE and IUPC (if currently trained to the skill)</li> </ul>								
<ul><li>Blood Wa</li><li>Cautery E</li></ul>	armer / Rapid Infuser equipment for C/S							
TOUR FACILI	TY AND UNITS							
8709	Complete DOT (department orientation and tour) for each unit where you will be working.							
UNIT ORIEN	TATION / 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	<ul> <li>General admission process and expectations including:</li> <li>Triage Form /Admit Workflow Documentation in iCentra</li> <li>Medical Screening Exam (MSE) requirements for triage patient</li> <li>Physician contact info and saved favorite powerplans</li> <li>Bridge Labels</li> </ul>							
Unit Based	General discharge / transfer process and expectations							

	<ul> <li>Nursing Discharge Workflow Documentation in iCentra</li> </ul>			
	<ul> <li>2<sup>nd</sup> RN strip review for undelivered patient</li> </ul>			
Unit Based	Assessment: frequency and expectations (refer to Lippincott and Powerplans)  • fetal monitoring  • epidural management  • oxytocin management  • intrapartum diabetes  • preeclampsia/severe HTN)  • magnesium sulfate  • external cephalic versions  • Pain assessments and labor coping algorithm  Documentation expectations for  • Intrapartum (iView, MAR, iAware)			
Unit Based	<ul> <li>Vaginal Delivery (Delivery Band)</li> <li>C/S Delivery (C-Section Prep Band, OB Operative Procedures, Delivery Band)</li> <li>Results Copy</li> <li>Recovery (iView)</li> <li>L&amp;D Charging Tab in WHO</li> <li>TOLAC/VBAC Consent</li> </ul>			
Unit Based	<ul> <li>Delivery Process</li> <li>Supplies and delivery set up</li> <li>Provider preferences</li> <li>High Risk Delivery Attendance Policy / NICU Attendance</li> <li>Delayed Cord Clamping</li> <li>Specimen collection and labelling at delivery (cord gas, cord, placenta)</li> </ul>			
Unit Based	<ul> <li>Newborn at Delivery</li> <li>Personnel for newborn at delivery</li> <li>iCentra Admit baby/Results copy</li> <li>Assessment Process</li> <li>Skin to Skin</li> <li>EOS Scoring (Fact Sheet)</li> <li>TotGuard (Learning Links Wiki, Lippincott)</li> </ul>			
Unit Based	Medication Administration  Barcoding  Pump association  iAware Signing			
Unit Based	Patient identification			
Unit Based	Emergency Checklists (for OB Emergencies)			

Unit Based	OB Blood Administration Orders/Checklist			
Unit Based	<ul> <li>C/S Delivery Process</li> <li>Pre-op (labs, consents, checklist, antibiotics, etc)</li> <li>Intra-op (Time-out poster, surgicount, instrument counts, surgical preps, charging for specialty items, s/o attendance)</li> <li>Post-op (Modified Aldrete, Motor Function Score, Location for recovery)</li> </ul>			
Unit Based	<ul> <li>Recovery and Transfer</li> <li>Two-hour recovery period</li> <li>Epidural D/C: (catheter removal, waste of epid meds, key return)</li> <li>Transfer in Totguard</li> <li>Discontinue labor orders in iCentra</li> <li>Communication for hand-off with postpartum</li> </ul>			
Unit Based	Unit workflow  Induction and C/S Scheduling			

## 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 Chyna Walker (imail2) <a href="mail2.org">Chyna.Walker@imail2.org</a>

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:	_
Intermountain Representative Signature:		Date:
Printed Name:	Initials:	