



Wound Care RN 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 \(intermountainhealthcare.org\)](https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/) 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
 - Attending a central Contingent worker orientation class, pick up your badge before you leave.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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 intermountainCWM@rightsourcingusa.com

NURSA nurses should return to jen.chandio@imail.org

Find information on how to [Activate your Intermountain Account](#) on the Website using the above QR code.

- Initial where indicated.
 - Key to abbreviations in the table: CW =Contingent Worker and Ed/TL=Educator/Team Lead.
- | | | |
|-------|---------------|--------|
| Name: | Primary Units | Buddy: |
|-------|---------------|--------|

All educators/team leads must date and initial each item on the skills assessment and sign at bottom of form as Intermountain representative.

| COURSE REFERENCE NUMBER | COURSE NAME | TIME | DATE | CW INITIALS | Ed/TL 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. | | | | | | |
| | 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 | | | | |
| JOB AID | UKG/KRONOS <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 | | | | |
| | 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 | | | | |
| PRACTICE RESOURCE: The contingent employees can access the Lippincott Advisor and Procedure resources by opening Lippincott Procedures at: https://procedures.lww.com/lmp/home.do , select login and then the self-enroll option. | | | | | | |
| COURSE REFERENCE NUMBER | COURSE NAME | DATE | CW INITIALS | Ed/TL INITIALS | N/A | |
| SELF GUIDED GENERAL “E-LEARNING” MODULES TARGETING ELECTRONIC HEALTH RECORD (Cerner = iCentra) FOR REVIEW | | | | | | |
| 211053 | iCentra for Acute Nursing: Search for Pts | | | | | |
| 211055 | iCentra for Acute Nursing: Navigate in iView | | | | | |
| 211063 | iCentra for Acute Nursing: Manage Orders | | | | | |
| PRACTICE RESOURCE: The contingent employees can access the Lippincott Advisor and Procedure resources by opening Lippincott Procedures at: https://procedures.lww.com/lmp/home.do , select login and then the self-enroll option | | | | | | |
| TOUR FACILITY AND UNITS | | | DATE | CW INITIALS | Ed/TL INITIALS | N/A |
| 8709 | Complete DOT (department orientation and tour) for each facility you will be working at. | | | | | |
| | Acute inpatient department tour and introductions | | | | | |
| | | | | | | |

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.

| | | | | | |
|---|--|--|--|--|--|
| Department | Outpatient check-in process and expectations e.g., patient screening, labs, treatment, and documentation | | | | |
| Department | Inpatient process e.g., evaluate orders, labs, treatment, and documentation | | | | |
| Department | Inpatient assessment: frequency of dressing changes, differentiate between wound care dressings changes and bedside RN dressing changes, communication with bedside RN | | | | |
| Department | Documentation expectations: census task list, patient list, template | | | | |
| Department | G-tube process and patient education | | | | |
| Department | Negative Pressure Wound Therapy (Wound Vacs) | | | | |
| Department | Unit workflow and Kardex | | | | |
| Department | Billing and Charging | | | | |
| Department | Patient Education | | | | |
| Department | Inpatient and outpatient general discharge process and expectations | | | | |
| | | | | | |
| BELOW: OTHER SPECIALTY SKILLS/EQUIPMENT AS IDENTIFIED BY MANAGER/EDUCATOR ON UNIT. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 jen.chandio@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: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____