Intermountain<sup>®</sup>

**Rehab Therapies 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 <u>Clinical Facility Temp Worker (intermountainhealthcare.org)</u> URL: <u>https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/</u>.

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



#### **Unit Orientation**

- Have your "buddy" or charge nurse complete your <u>Department Orientation Tour</u> (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 Chyna.Walker@imail2.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:

PT/PTA/OT/ST/COTA/Rehab Aide Contingent Work 10/18/2021

COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	Job Role	CW INITIALS	Ed/TL INITI ALS
	D GENERAL "E-LEARNING" MODULES FOR REVIEW /orker to initial & date upon completion of e-learning. Manager/Ed le modules.	ucator/De	esignated	Leader to	o mark any	
16329	N95 and PAPR for Bio Aerosol Protection	16 min		All		
13679	Restraints and Seclusions	12 min		All		
REREQUSITE	OSHA Medical Questionnaire_WithSubmit.pdf – complete in preparation for N95 and PAPR trainer – <i>Completed</i>	5 MIN		All		
	Vocera User Training Videos Learn a name and a command Phone integration – calling an outside number	3:26 mn 1mn 1 mn		All		
	Vocera Documents for Central Hospitals Vocera 3000 command pocket card Vocera 3000 reference card	5 min 5 min		All		
OB AID	<ul> <li>Using the Time Clock</li> <li>Punching on the Web</li> <li>UKG App Tip Sheet</li> <li>Checking my Schedule in the Mobile App</li> </ul>	10 min		All		
	<ul> <li>COVID-19 Resources for caregivers: PPE-Masking Toolkit</li> <li>Standard Precautions: Hand hygiene and PPE</li> <li>How to wear a mask</li> <li>How to keep safe in the breakroom</li> <li>Cleaning your workspace</li> </ul>	6 min 5 min 5 min 5 min		All		
Lippincott Pro	SOURCE: The contingent employees can access the Lippincott Advi ocedures at: <u>https://procedures.lww.com/Inp/home.do</u> , select logi a site for evidenced-based solutions for quality professionals					
COURSE REFERENCE NUMBER	COURSE NAME		DATE	Dept	CW INITIALS	Ed/TL INITIAI S /A
LIVE IN PER	SON HANDS ON AND DIDACTIC TRAINING – FOUNDATIONA	L				
Centra	Introduction and practice to basic functionality and navigation of Intermountain's EHR Cerner commonly referred to as iCentra	F				
	PT/PTA/OT/ST/COTA/Rehab Aide Co	ontingent	Work 10,	/18/2021		

UR FACI	LITY AND UNITS		
8709	Complete DOT (department orientation and tour) for each facility you will be working at.		
	NTATION / SKILL COMFIRMATION		
	SKILLS EVALUATION ills in the clinical setting (peer-to-peer evaluation). Educator/Team Lead to in	itial & date upon contingent	tworker
npletion			Worker
	Demonstrates proper patient verification	All	
	Demonstrates ability to safely transfer and transport patients as instructed by therapist.	PTA/RA/ COTA	
	Demonstrates ability to access and navigate the Electronic Medical Record (EMR).	A11	
	Follows written and/or verbal instruction as outlined by the therapist to assist patient in completing a previously established exercise program.	RA/PTA/ COTA	
	Demonstrates and verbalizes understanding of safe patient handling	All	
	Appropriately applies supportive/orthotic devices.	PT/OT/RA/ PTA	
	Uses all unit communication tools:	All	
	<ul> <li>White boards, handoff tools, schedule, vocera, email, huddle boards, team meetings, etc.</li> </ul>		
	Verbalize understanding of regulations and compliance expectations impacting patient care.	All	
	Describes patient precautions and movement restrictions.	All	
	Demonstrates standard cleaning practices of department and equipment.	All	
	Demonstrate safe use of lifting equipment.	A11	
	Recognizes physical indicators of distress and assesses patient's physiological status. Communicate with therapist regarding patient condition	RA/PTA/ COTA	
	Promotes rehabilitation philosophy of autonomy, respect, dignity and by completing tasks in a positive, appropriate, and private manner.	All	
	Prepares and supports group therapies under direction of a therapist.	RA/PTA/ COTA	
	Encourage patient independence when completing tasks by involving them in their interventions.	All	
	Describe the importance of providing culturally sensitive care and provide examples of how to communicate to our patients in a culturally sensitive manner.	All	
	Demonstrate how to report an event using Safety Net.	All	
	Integrates standard tests and outcome measures for clinical decision making	ST	
	Utilizes, modifies, progresses, or discontinues the appropriate treatment interventions based on evaluation findings, physician (orders, patient diagnosis and patient age.	PT/OT/ST	

Modify treatment plan based on patient performance and participation.	PT/OT/ST	
Identifies available resources for appropriate communication accommodations.	All	
Demonstrates proper use of modalities: Electrical Stimulation (FES, TENS), heat/cold application, contrast baths, ultrasound, etc.	All	
Manages patient's medical devices: Urinary catheters, drains, tubes, O2, IV pumps, etc.	All	
Demonstrates and thorough and complete evaluation	PT/OT/ST	

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) <u>Chyna.Walker@imail2.org</u>

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:	Initial	

# PT/PTA/OT/ST/COTA/Rehab Aide Contingent Work 10/18/2021