

**BEAUMONT HEALTH HOSPICE ANNUAL EDUCATION CHECKLIST 2018
FOR DEARBORN, TAYLOR, TRENTON AND WAYNE SITES**

NAME: _____ HOSPICE: _____

Directions: Orientation information is available at www.beaumont.edu. Click on “Other Education” then click “Training” and select “Hospice Orientation”. This form and all related annual education resources can be located at that site. This form and the required modules/post-tests must be completed with the following information documented into **Shiftwise: Annual Education 2018 Requirements Met**

This form, license verification printed from <http://www.michigan.gov/lara> and any post-tests are to retained on file by the hospice agency and must be faxed to 313-436-2783 within one (1) hour of any request by Beaumont Health or its regulatory/accrediting agencies.

I understand the contents of the “Hospice Partner Information Guide” and the “Clinical Site Guide”. Initial below

Source: Hospice partner information guide	Initial		Initial
Important phone numbers		Abuse and Neglect	
Emergency Codes 2018		End of Life Care	
Fire & Safety		Patient and Family Centered Care	
Smoking policy		Limited English Proficiency	
Electrical Safety		Patient Confidentiality/IT security	
Hazardous Materials		Electronic Access	
MSDS		Arm Bands	
Medical Waste			
TB Exposure Control Plan			
Infection Control		Source: Hospice Partner Site Guide	
Handwashing		Dress Code	
OHSA Bloodborne Pathogen Standard		Access	
Personal Protective Equipment (PPE)		Communication	
Isolation		Site specific: parking, facilities	
Body Mechanics/Back Safety			
Cultural Diversity		Environment of Care Module	score ≥ 80%
Conflict Resolution		Infection Control Module	score ≥ 80%
Ethical Issues		Keeping Patient Data Safe Module	score ≥ 80%

HOSPICE PARTNER CONFIDENTIALITY STATEMENT: I shall respect the confidentiality of the patient information obtained in providing care and treatment including information contained in the medical record. I will not indulge or disclose patient information obtained in care and treatment, or the contents of the medial record except as permitted under Beaumont Health(“Beaumont”) policy and procedure. This includes, but is not limited to, the patient’s name, dates of service, diagnosis, or any other patient identifying information. I will, at all times and in all places, put into practice Beaumont’s policies and procedures that govern confidentiality located in the corporate policy manual. I know it is my responsibility to be familiar with these policies and procedures and any changes to these policies and procedures. I understand that unauthorized access, ordering, possession, use, copying, discussion, or release of patient information, medical records or personnel files is cause for immediate revocation of patient care privileges at Beaumont Health. I know that unauthorized acquisition, release and /or discussion of any information relating to Beaumont’s business/activities, patient information, current and past employees, job applications, and computerized data is a most serious matter and will be grounds for immediate dismissal from patient care at Beaumont Health.

Hospice employee signature and title

Date

Failure to meet above requirements is subject to suspension of hospice partner privileges