

BEAUMONT HEALTH HOSPICE ORIENTATION CHECKLIST FOR DEARBORN, TAYLOR, TRENTON AND WAYNE SITES 2018

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 orientation 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: *Orientation Requirements Met*

Upon completion of all orientation requirements an e-mail notification must be sent with the “Hospice Partners Additions” completed. (See Liaison Quick Reference for detailed instructions) Upon receipt, requests will be submitted for badge and IT access. **This form, license verification printed from <http://www.michigan.gov/lara> and any post-tests are to be 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
Phones		Culture of Safety/Just Culture	
Emergency Numbers		Conflict Resolution/Chain of Command	
Emergency Codes		Ethical Issues	
Fire Safety		Abuse and Neglect	
Smoking policy		End of life care	
Electrical Safety		Relationship oriented care	
Hazardous Materials		Service First	
MSDS		Patient Confidentiality/IT security	
Medical Waste		Electronic Access	
TB Exposure Control Plan			
Infection Control		Source: Hospice Partner Site Guide	
Handwashing		Dress Code	
OHSA		Access	
Personal Protective Equipment (PPE)		Communication	
Isolation		Site specific: parking, facilities	
Body Mechanics/Back Safety			
Arm bands		Environment of Care Module	score ≥ 80%
Cultural Diversity		Infection Control Module	score ≥ 80%
Limited English Proficiency		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 medical 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