

# Orientation Checklist

## General Orientation

1.  **Introduction**

- Welcome
  - Home Health Overview
  - Agency Mission Philosophy
- Overview of Agency
  - Organizational Chart
  - Scope of Services
  - Geographical Coverage
  - How to Access Agency Policies and Procedures

2.  **Agency/Employee Commitment and Responsibilities**

- Community and Customer Relations
- Discrimination and Harassment
- Reasonable Accommodation
- Drug-Free Workplace
- Smoke-Free Workplace
- HIPAA/Confidentiality
- Professional Conduct
- Attendance
- Professional Appearance
- Dress Code
- Telephone Usage
- Telephone Courtesy
- Quality Assessment Performance
  - Improvement Program (QAPI)
- Patient/Client Complaints
- Fraud and Abuse in Home Care
- Business Ethics
- Patient/ Client Care Ethics
  - Ethics Committee
  - Cultural Diversity
  - Compliance Program
  - Conflict of Interest

3.  **Human Resources/Personnel Administration**

- Personnel File Maintenance
- Background Checks
- Employee Education
- Employee Performance

- Employee Grievance/Complaint Resolution
- Progressive Discipline

4.  **Compensation**

- Work Schedules/Time Records
- Pay Checks/Deductions/Overtime/Holidays
- Family Medical Leave Act (FMLA)
- Jury Duty

5.  **Safety/OSHA**

- OSHA
- Risk Management
- Personal Safety
  - Driving Safety
  - Body Mechanics
- Fire Safety Procedures
  - Office
  - Patient/Client Residence
- Workplace Security
- Workplace Safety
- Workplace Violence Prevention Program
- Exposure Control
  - Standard Precautions
  - Hepatitis B
  - Personal Protective Equipment (PPE)
  - Hazardous Waste
- Infection Control
  - Hand Hygiene
- Emergency Preparedness and Response
- Equipment Safety/Maintenance
- Patient/Client/Employee Occurrence/Violence
  - Incident Reports
- Adverse/Inclement Weather

## Clinical Orientation

6.  **Professional Direct Care Staff**

- Patient/Client Care Policies and Procedures
  - On-Call for Patient/Client Care
  - Alternative Communication
  - Advance Directives
  - Patient/Client Rights/Responsibilities

Employee Signature:

Date: .

Supervisor Signature:

Date: \_\_\_\_\_

# Orientation Checklist

Medical Emergency Management  
Change in Patient/Client Condition/  
Verbal Orders  
Abuse, Neglect, and Exploitation  
Pain  
Supplies and Medical Equipment  
Transfer/Discharge

## Documentation

Documentation Guidelines in Home Care  
Documentation to Support Medical  
Necessity

## Agency Forms

Medication Profile  
Care Coordination  
Communication Notes  
Progress/Summary/Team Conference  
Notes  
Transfer Summary  
Discharge Summary

### 7. Admission and Recertification

Criteria for Admission  
Criteria for Medicare Coverage  
Admission Process  
Documentation  
Consent Form  
Comprehensive Assessment  
Advance Directives  
Home Safety Assessment  
Medication Profile  
Plan of Care (POC)  
Home Health Aide Care Plan  
Recertification Process  
Recertification Documentation

### 8. OASIS Data Collection

Introduction  
Conventions (rules) for Completing OASIS

### 9. Skilled Nursing Services

Medicare Coverage Criteria for Nursing  
Case Management

Nursing Clinical Progress Note  
Medication Safety and Compliance  
Care of the Dying Patient/Client

### 10. Therapy Services

Medicare Coverage Criteria for Therapy  
Assessment/Evaluation  
Goals  
Medical Equipment  
Therapy Progress Note

### 11. Medical Social Services

Medical Social Services Coverage Criteria  
Social Worker Requirements

### 12. Home Health Aide Services

Introduction  
Goals of Home Health Care  
General Guidelines  
In-Services  
Professional Conduction  
Patient/Client Rights  
Confidentiality  
Communication Skills  
Guidelines for Effective Communication  
Barriers to Effective Communication  
Provision of Care  
Home Health Aide Care Plan  
Home Health Aide Visit Note  
Reporting Patient/Client Observations  
Guidelines for Charting  
Approved Medical Abbreviations  
Communication Note  
Tips for Time Management  
Supervision of Aide Services  
Safety  
Personal/Equipment/Oxygen/Bathroom  
Life Threatening Emergency Guidelines  
Abuse, Neglect, and Exploitation  
Exposure Control/Work Practice Controls  
Cleaning Equipment

Employee Signature:

Date: .

Supervisor Signature:

Date:

# Orientation Checklist

Death and Dying

Overview

Death and Dying Summary Sheet

13.  **State Specific Orientation Information**

State Orientation Manual

14.  **Community Health Accreditation Partner  
(CHAP) Specific Orientation Information**

CHAP Orientation Manual

**Tour of Office**

Medical Supplies

Employee Signature

Date:

Supervisor Signature:

Date: