

Contingent Worker Name \_\_\_\_\_ Hire Date \_\_\_\_\_

**Homecare Clinical Contingent  
Worker  
ORIENTATION, EDUCATION, AND SKILLS 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 can be on our website [Clinical Facility Temp Worker \(intermountainhealthcare.org\)  
https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/](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.

**Department Orientation: (Print out and give to manager/educator to fill out)**

A [department orientation](#) must be completed within two weeks of the worker's start date.

**Account Activation:**

Workers, participating in patient charting or requiring access to Intermountain systems, should receive an Intermountain account or user ID. This account is temporary and must be activated by the worker prior to their first day. Instructions for [activating an Intermountain account](#).

- Initial where indicated.
  - Key to abbreviations in the table: **CW** =Contingent Worker and **Ed/TL**=Educator/Team Lead.

**Name:** \_\_\_\_\_ **Primary Units** \_\_\_\_\_ **Buddy:** \_\_\_\_\_

**Assigned Hire Date:** \_\_\_\_\_

**All educators/team leads must sign at bottom of form as Intermountain representative.**

Once completed the caregiver needs to send completed document to:

Margaret Stocking [intermountaincwm@rightsourcingusa.com](mailto:intermountaincwm@rightsourcingusa.com). **Must be completed within 2 weeks of starting.**

QR code to website:



Contingent Worker Name \_\_\_\_\_ Hire Date \_\_\_\_\_

ITEM NAME	TIME*	DATE	CW INITIALS	ED/TL INITIALS	N/A
<b>ORIENTATION ITEMS</b> Contingent Worker to initial & date upon completion.					
Meet with Manager to review job expectations and orientation requirements.					
Complete Intermountain Orientation & Department Tour and Checklist					
<b>SELF-GUIDED "E-LEARNING" FOR REVIEW</b> Contingent Worker to initial & date upon completion. Manager/Educator/Team Lead to mark any non-applicable modules.					
<b>HOME HEALTH RN</b>					
Introduction to Homecare & Home Visit Basics	45 min				
Home Health Routine Visits	1 hr				
Homecare Electronic Medical Records & Orders	1 hr				
Homecare Medication Management & Reconciliation	45 min				
Aide Delegation	35 min				
Home Health First Visit	40 min				
Skills Pass-off Prerequisite Learning:					
<ul style="list-style-type: none"> <li>CoaguChek Instructional Videos for Homecare</li> <li>Watch CADD-Solis VIP Ambulatory Infusion Pump Training Video found at <a href="https://www.smiths-medical-education.com/">https://www.smiths-medical-education.com/</a> <ul style="list-style-type: none"> <li>Create New User Account using registration code: 2014-138</li> <li>Print certificate and retain for Skills Pass-offs</li> </ul> </li> <li>KCI Wound Vac <ul style="list-style-type: none"> <li>Vac Application</li> <li>Bridging Technique</li> <li>Reviewing VAC Pump Usage History</li> <li>Starting VAC Therapy</li> <li>Indication for Use</li> <li>Contact Layer</li> <li>Foam Types &amp; Uses</li> <li>Ordering Supplies</li> </ul> </li> <li>3M Coban 2-Layer Compression System: <ul style="list-style-type: none"> <li>Training Video</li> <li>3M Coban™ 2-Layer Compression-System Basic-Application Training Video found at <a href="https://youtu.be/SACziL238Sc">https://youtu.be/SACziL238Sc</a></li> </ul> </li> </ul>	30 min 90 min  35 min       15 min 10 min				
<b>HOSPICE RN</b>					
Introduction to Homecare & Home Visit Basics	46 min				
Hospice Routine Visits	48 min				
Homecare Electronic Medical Records & Orders	54 min				
Homecare Medication Management & Reconciliation	43 min				
Aide Delegation	34 min				
Skills Pass-off Prerequisite Learning:					
<ul style="list-style-type: none"> <li>CoaguChek Instructional Videos for Homecare</li> <li>Watch CADD-Solis VIP Ambulatory Infusion Pump Training Video found at <a href="https://www.smiths-medical-education.com/">https://www.smiths-medical-education.com/</a> <ul style="list-style-type: none"> <li>Create New User Account using registration code: 2014-138</li> <li>Print certificate and retain for Skills Pass-offs</li> </ul> </li> <li>KCI Wound Vac <ul style="list-style-type: none"> <li>Vac Application</li> <li>Bridging Technique</li> </ul> </li> </ul>	30 min 90 min  35 min				

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ITEM NAME	TIME*	DATE	CW INITIALS	ED/TL INITIALS	N/A
<ul style="list-style-type: none"> <li>○ Reviewing VAC Pump Usage History</li> <li>○ Starting VAC Therapy</li> <li>○ Indication for Use</li> <li>○ Contact Layer</li> <li>○ Foam Types &amp; Uses</li> <li>○ Ordering Supplies</li> <li>• 3M Coban 2-Layer Compression System: <ul style="list-style-type: none"> <li>○ Training Video</li> <li>○ 3M Coban™ 2-Layer Compression-System Basic-Application Training Video found at <a href="https://youtu.be/SACziL238Sc">https://youtu.be/SACziL238Sc</a></li> </ul> </li> </ul>	15 min 10 min				
<b>HOMECARE AIDE</b>					
Introduction to Homecare & Home Visit Basics	46 min				
Aide Delegation	34 min				
Skills Pass-off Prerequisite Learning: <ul style="list-style-type: none"> <li>• Homecare Aide Bowel and Bladder Management</li> </ul>	15 min				
<b>ESSENTIAL SKILLS EVALUATION</b> Observed skills in the clinical setting (peer-to-peer evaluation). Educator/Team Lead to initial and date to confirm completion of skill. If the skill will not be performed in the home, Manager to mark with N/A.					
<b>PRACTICE RESOURCE:</b> Please be sure to complete the prerequisites shown above in the E-Learning section prior to doing your skills pass-off. You can access the <b>Lippincott Advisor and Procedure</b> resources by opening Lippincott Procedures at: <a href="https://procedures.lww.com/lnp/browse.do?disciplineId=10294#/all">https://procedures.lww.com/lnp/browse.do?disciplineId=10294#/all</a> >> Select Login >> Use the Self-Enroll option.					
<b>HOME HEALTH/HOSPICE RN SKILL CONFIRMATIONS</b>					
PT/INR Machine	10 min				
IV Pumps	30 min				
Wound Vac	30 min				
2-layer Compression	30 min				
<b>HOMECARE AIDE SKILL CONFIRMATIONS</b>					
Bowel Management	20 min				
Bladder Irrigation	20 min				

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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](mailto:intermountaincwm@rightsourcingusa.com)

Contingent Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

**\*\*All Educators/Team Leads must also sign as “Intermountain representative”. \*\***

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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