

RIGHT ACCORD Private Duty-Home Health Care ORIENTATION AND COMPETENCY CHECKLIST

EMPLOYEE NAME: _____

DATE: _____

EVALUATOR: _____

TITLE: _____

Circle which category applies:

1. New Hire 2. 6 Month Interim 3. Annual Evaluation 4. Three year Evaluation

I. GENERAL ORIENTATION	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Introduction to Right Accord				
Completed employee New Hire Paperwork				
Agency Mission & Philosophy				
Organizational Structure				
Responsibilities of Office Staff & Caregivers				
Agency and Client Communication Responsibilities				
eRSP (Schedules, Employee Availability, Email, Hours Report)				
Scheduling / Cancellation Procedures				
Telephony (Time Keeping)				
Voice Broadcasting				
Caregiver Connection				
Caregiver Rewards Program				
Agency ID Badge – provide Right Accord business cards				
Payroll Procedures				
Client Care Plan				
ADL Checklist				

Service Documentation				
Employee Incident Reporting				
Safety Precautions for the Elderly				
Safety & Fire Procedures				
Safe Client Transfers				
Documentation & Follow up of Safety Hazards				
Infection Control				
Personal Protective Equipment				
Reporting Infections				
Fall Prevention				
Emergency Preparedness & Management Plan				
Client Rights				
Standards of Customer Service				
Client Satisfaction Survey				
Complaint/ Compliment Procedures				
Client Consent Forms				
Advanced Directives/ Patient Determination Act 1990				
DNR				
Death & Dying in the home				
Employee Handbook				

Control measures for hand hygiene, respiratory hygiene, and contact precautions according to the client's condition on admission to the service				
Client/Family verbalize knowledge of current health status and prognosis				
Caregiver documentation of health care teaching				
Client/Family is informed of next scheduled visit				

V. MEDICATION MANAGEMENT/ EQUIPMENT MANAGEMENT	YES INITIAL	NO INITIAL	N/A INITIAL	VERBAL KNOWLEDGE
Medication properly and safely stored in home, checked at visit at home				
Medication reconciled on admission (Reviewed Care Plan for medication accuracy)				
Equipment manual available in the home (if medical equipment in use) list: _____				
Client/ Family and caregiver aware of oxygen safety, booklet available in the home (Ask client how they use oxygen safely)				
Report and Document Medication Changes				
Client/ Family aware of caregiver's role in assistance with medications – Evaluate medication administration, cognitive ability, safety, vision (Review medication with patient/caregiver who sets up, what used for, read at least one medication label)				

VI. SAFETY IN THE HOME	YES INITIAL	NO INITIAL	N/A INITIAL	VERBAL KNOWLEDGE
Employee Safety				
Emergency Preparedness Procedure- PSN Documents in the Client Care Plan Book (Ask if client/family aware of the procedure)				
Client Safety- Fire and Safety in the Home (Ask client what their plan is in case of fire, ask staff what they would do if observe smoke coming from home)				
Incident/Occurrence Reporting (Client/Staff)- Client and staff has emergency numbers available or is aware of how to contact agency				
Identify Client "High Risk for Falls" appropriately using Fall Risk Assessment Tool. Safety teaching done at visit				
Assist client with balance exercises and range of motion exercise as specified in the Care Plan (Ask Client what they have been taught regarding fall safety)				
Evaluate safe ambulation, transfer, use of assistive devices, SOB, grooming, bathing, toileting (Request client to walk to the bathroom and step into the tub or shower. Describe how they bathe)				

What is your role in emergency situations such as disasters, evacuation to shelters or multiple admissions in a short time involving infections?

How do you verify information received from verbal communication with other person? (repeat-back for information regarding client's condition and changes or write down and read-back techniques)

Supervisor's Comments:

Supervisor Signature/Date: _____

Employee Comments:

Employee Signature/Date: _____