XYZ VALLEY HOME HEALTH CLINICAL ORIENTATION CHECKLIST

EMPLOYEE:	JOB TITL	E:
START DATE:	COMPLE	TION DATE:
 Documentation of admissions, dicare Advance Directives Development of a Plan of Care Active participation and collabora Participation and attendance at I Review and audit of the client's of Conducting home visits safely incommodate and Infection Control commodate Implementation of the computer Case management Scheduling visits, time management 	ation with other members interdisciplinary Treatmen clinical record cluding bag/supplies/equippliance with established processes	t team meetings pment techniques
TASK	DATE COMPTENCY ACCOMPLISHED	PRECEPTOR COMMENTS
Completion of Admission		
Documentation		
Completion of Discharge		
Documentation		
Completion of Reassessment		
Documentation		

DATE COMPTENCY ACCOMPLISHED

PRECEPTOR COMMENTS

Completion of scheduled visit Documentation Changes in the Plan of Care Documentation Development of a Plan of Care Documentation Participation and collaboration with other members of the care team Documentation Participation/attendance at IDT Documentation Review and audit of clinical record Documentation Conducting home visit safely

Bag/supply/equipment technique

TASK

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TASK

DATE COMPTENCY ACCOMPLISHED

PRECEPTOR COMMENTS

Safety and Security compliance
Infection Control compliance
Implementation of computer processes
Case Management
Scheduling/time management
Performance Improvement activities
Resources and utilization
Appropriate delivery of patient care Type: