

**CARE COORDINATOR
ORIENTATION CHECKLIST**

Employee Name _____ **Supervisor** _____

	<u>Supervisor Initials</u>	<u>Employee Initials</u>	<u>Date</u>
1. <u>Introduction to:</u>	_____	_____	_____
<input type="checkbox"/> Supervisory staff			
<input type="checkbox"/> Service Chief/Product or Service Line Manager			
<input type="checkbox"/> Clerical staff			
<input type="checkbox"/> Service/Product line peers			
<input type="checkbox"/> Interdisciplinary team members			
2. <u>Review of:</u>	_____	_____	_____
<input type="checkbox"/> Position description/Functional statement			
<input type="checkbox"/> Performance standards/competencies			
<input type="checkbox"/> Job responsibilities			
<input type="checkbox"/> Productivity standards			
<input type="checkbox"/> Supervisory expectations			
<input type="checkbox"/> Clinical privileges/Scope of practice			
<input type="checkbox"/> Licensure requirements			
<input type="checkbox"/> Mandatory training			
<input type="checkbox"/> Continuing education requirements			
<input type="checkbox"/> VHA Practice Guidelines			
<input type="checkbox"/> VHA Nursing Qualification Standards(<i>as appropriate</i>)			
<input type="checkbox"/> VA HQ "Windows to Primary Care SWS Field Guide" (<i>as appropriate</i>)			
<input type="checkbox"/> Policy manual/protocols			
3. <u>VA Organizational Overview:</u>	_____	_____	_____
<input type="checkbox"/> Department of Veterans Affairs			
<input type="checkbox"/> VHA Headquarters			
<input type="checkbox"/> VISN structure			
<input type="checkbox"/> Medical Center organization			
<input type="checkbox"/> Community-Based Outpatient Clinics			
4. <u>Overview of:</u>	_____	_____	_____
<input type="checkbox"/> Medical Center mission and vision			
<input type="checkbox"/> Service/Program mission, vision and functions			
<input type="checkbox"/> Director's Performance Measures			
<input type="checkbox"/> Managed Care & VHA strategic initiatives			
5. <u>Overview of Services:</u>			
<input type="checkbox"/> Medical Programs (<i>as appropriate</i>) :	_____	_____	_____
- Primary Care			
- Ambulatory Care clinics/programs			
- Inpatient care			
- Surgery programs			
- Medicine programs			
- Neurology			
- Rehabilitation			
- Emergency Department			
- Persian Gulf Veterans			
- Ex-POW Program			
- SCI Unit/Coordinator			
- Observation/lodger beds			
- Other _____			

CASE MANAGER ORIENTATION (cont.)

Supervisor
Initials **Employee**
Initials **Date**

- () Extended Care Programs *(as appropriate)* : _____
- Extended Care/Nursing Home Care Unit
- Geriatric Program/Clinics
- Domiciliary
- Respite Care
- Home-Based Primary Care (HBPC)
- Community Nursing Home Program (CNH)
- Homemaker/Home Health Aide (H/HHA) Program
- Contract Adult Day Health Care (ADHC)
- Other _____

- () Mental Health Programs *(as appropriate)* : _____
- Psychiatry Primary Care
- Mental Health Clinic
- Trauma/PTSD Program
- Substance Abuse Treatment
- Inpatient Psychiatry
- Transitional living programs
- Other _____

6. Overview of Other Programs/Services *(as appropriate)* : _____

- () Emergency welfare fund for indigent veterans
() Home Telehealth
() Hoptel or other overnight accommodations programs
() Advance directives
() Compensation & Pension (C&P) exams
() (Visual Impairment Services) VIST/Blind Rehab
() Women Veterans program/coordinator
() VA attorneys/Regional Counsel (guardianship)
() Public Affairs/Marketing Office
() Patient Representatives/Advocates
() Use of GSA vehicles
() After hours coverage
() VA Benefits and Eligibility:
- VA Enrollment System (7 enrollment groups)
- SC compensation and priority for services
- NSC status and pension
- Aid & Attendance, Housebound status
- CHAMPUS & CHAMPVA
- Prosthetics & Equipment (incl HISA grants)
- Home Oxygen
- Dental & Eye Clinics
- Fee Basis Care
- Inpatient admissions/InterQual standards
- Beneficiary travel
- VA Regional Office (Veterans Benefits Counselors)
() Community Resources:
- Voluntary Service and volunteers
- Veterans Service Organizations (American Legion, DAV, VFW, VVA, PVA, etc.)
- State department of veterans affairs
- State department of human/social services
- State veterans homes/domiciliaries
- State psychiatric hospitals
- Public hospitals
- Private hospitals/clinics/services
- Affiliations with schools of medical/nursing/social work/other allied health
- State, county and/or city offices of senior affairs/services

CASE MANAGER ORIENTATION (cont.)

Supervisor
Initials

Employee
Initials

Date

- () Community Resources:
 - Meals on Wheels
 - Assisted living facilities
 - Board and Care/Residential Care homes
 - Rape crisis/domestic abuse resources/shelters
 - Homeless services/shelters
 - HUD & other subsidized housing
 - Hospice programs/services

7. Tour of Facility and Program Area:

8. Instructions:

- () Telephone system (local and FTS)
- () Paging system
- () Consulting other providers/programs

9. Instructions on using VISTA:

- () Mailman & mail groups
- () Electronic progress notes, CPRS, GUI
- () Entering workload/Event Capture
- () Accessing patient data
- () Electronic consults
- () Electronic leave requests
- () Use of printers
- () FORUM
- () MS Exchange/Outlook

10. Workload & Productivity:

- () CDR reports
- () DSS labor mapping
- () HCFA diagnostic & procedure codes
- () Work units & RVUs
- () Practitioner-specific workload reports
- () Billing and MCCF

11. Applicable Medical Center Policies:

- () Performance appraisals/proficiencies
- () Leave usage (incl Family Friendly Leave)
- () Incentive awards program
- () State laws on adult/children abuse and neglect reporting
- () Medical Center patient abuse policy
- () Breaks and lunch
- () On-the-job injuries
- () Documentation standards
- () Ethics referrals
- () Confidentiality
- () Employee health
- () Smoking policy
- () Program specific policies

12. Review of meeting schedules:

- () Staff meetings
- () Program area meetings (treatment/discharge rounds, patient conferences, etc.)
- () Inservice training
- () Journal club

CASE MANAGER ORIENTATION (cont.)

	<u>Supervisor Initials</u>	<u>Employee Initials</u>	<u>Date</u>
13. <u>Committees:</u>	_____	_____	_____
<input type="checkbox"/> Service/Product Line Committees			
<input type="checkbox"/> Medical Center Committees			
14. <u>Orientation to Performance Improvement</u>	_____	_____	_____
<input type="checkbox"/> Mandatory PI training hours			
<input type="checkbox"/> Medical Center PI Committee			
<input type="checkbox"/> Chartering teams			
<input type="checkbox"/> Practice evaluation			
<input type="checkbox"/> Supervisory chart audits/Peer review			
<input type="checkbox"/> JCAHO standards & surveys			
<input type="checkbox"/> CARF standards & surveys			
15. <u>Mandatory Training:</u>	_____	_____	_____
<input type="checkbox"/> Fire and Safety			
<input type="checkbox"/> Hazardous Communication			
<input type="checkbox"/> Utility Management			
<input type="checkbox"/> Disaster Plan			
<input type="checkbox"/> Universal Precautions			
<input type="checkbox"/> Security			
<input type="checkbox"/> Patient Rights			
<input type="checkbox"/> HIV/AIDS			
<input type="checkbox"/> Customer Service			
<input type="checkbox"/> Standards of Ethical Conduct Review			
<input type="checkbox"/> EEO (including complaint process)			
<input type="checkbox"/> Sexual Harassment			
<input type="checkbox"/> Other			

EMPLOYEE SIGNATURE: _____ **Date:** _____

SUPERVISOR SIGNATURE: _____ **Date:** _____