

## HCHB New Hire Training Checklist – Therapy

**Instructions:** Use this checklist as a guideline for training new staff on Homecare Homebase. Print this document and follow the step by step instructions below. Refer to <http://hchb.bayada.com/> for **Resources** listed below.

1. Complete the **Modules** and **Training Objectives** in the order listed below.
2. Check the **✓Demo Trainer** check box when trainer has completed demonstrations and instructions.
3. Check the **✓Hands-on Employee** check box when employee has completed the hands-on practice.
4. Trainer and employee **Sign and Date** the checklist when all modules are complete and employee has demonstrated proficiency completing tasks.

Module 1	Training Objectives	✓Demo Trainer	✓Hands-on Employee	Resources/Location
<b>Device training</b>	Power on/off Device maintenance Device support options	<input type="checkbox"/>	<input type="checkbox"/>	Android User Manual <ul style="list-style-type: none"> <li>• In R2 &gt; Resource Center &gt; PointCare Manager &gt; Android User Manual.</li> </ul> <a href="#">Video</a> - Device Start Guide  <a href="#">DOC</a> - Valet, Refresh, Renew Cheat Sheet - Android
<b>Bayada email</b>	Set-up Bayada email Access Bayada email	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">How to Set-up email</a>
<b>PointCare</b>	Login to Point Care Basic navigation	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Video</a> - PointCare Device – Keyboard Settings <a href="#">Video</a> - PointCare Rolling Calendar

Questions/Notes:

Module 2	Training Objectives	✓Demo Trainer	✓Hands-on Employee	Resources/Location
<b>Synch Address Visits</b>	<b>S</b> ynch the device <b>A</b> ccept the visit(s) <b>S</b> ynch the device	<input type="checkbox"/>	<input type="checkbox"/>	2-3 client assignments in TRN
<b>Client Information</b>	Review client history	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Video</a> – Introduction to HCHB Part 2a
<b>Routine Visit</b>	Start the visit Mileage Vital signs Physical Assessment Interventions Order(s) Supplies Therapy Goals/Status Therapy Assessment/Plan	<input type="checkbox"/>	<input type="checkbox"/>	HCHB User Guide – Therapy <ul style="list-style-type: none"> <li>• <a href="#">Subsequent Visit Guide - Therapy - Android</a></li> <li>• <a href="#">Rehab Evaluation Visit Guide - Android</a></li> </ul> HCHB “Cheat” Sheet of Interventions and Service Codes <ul style="list-style-type: none"> <li>• <a href="#">Service and Exception Codes Cheat Sheet</a></li> </ul>
<b>Other</b>	Client calendar Coordination notes	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sign out</b>	Complete/incomplete visit Synch device	<input type="checkbox"/>	<input type="checkbox"/>	

Questions/Notes:

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Module 3	Training Objectives	✓Demo Trainer	✓Hands-on Employee	Resources/Location
<b>Synch Address Visits</b>	<u>S</u> ynch the device <u>A</u> ccept the visit(s) <u>S</u> ynch the device	<input type="checkbox"/>	<input type="checkbox"/>	HCHB User Guide – Therapy 2-3 client assignments in TRN
<b>Client Information</b>	Review client information	<input type="checkbox"/>	<input type="checkbox"/>	HCHB User Guide – Therapy <a href="#">Video</a> – Introduction to HCHB Part 2a
<b>Start of Care Visit</b>	Start the visit Mileage Demographics Entitlement Vital signs Physical Assessment Diagnosis Pathways Interventions Order(s) Supplies Goals Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	HCHB User Guide – Therapy <ul style="list-style-type: none"> <li>• <a href="#">SOC Visit Guide - Android</a></li> </ul> HCHB “Cheat” Sheet of Interventions and Service Codes <ul style="list-style-type: none"> <li>• <a href="#">Service and Exception Codes Cheat Sheet</a></li> </ul> <a href="#">Video</a> – Introduction to HCHB Part 2b, 2c
<b>Other</b>	Client calendar Coordination notes Therapy Goals/Status Therapy Assessment/Plan	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Video</a> – Introduction to HCHB Part 2c
<b>Sign out</b>	Complete/incomplete visit Synch device	<input type="checkbox"/>	<input type="checkbox"/>	

Questions/Notes:



**Sign and date below when training modules are complete and employee is proficient in all appropriate tasks. File the signed checklist for future reference.**

\_\_\_\_\_  
Trainer/Super User Date

\_\_\_\_\_  
Employee Date