



**EIS**  
**New Employee**  
**Onboarding Guide**  
**(Manager version)**

## Onboarding Checklist

### Prior to Start

- Complete **welcome letter** for new employee and obtain signature from the employee's direct supervisor (forward original to Cindy Shelton)
- Complete and submit **CARS** request for computer accounts, and an **EISR** to order equipment (computer, cell phone, etc.). These are online request forms
- Print one (1) copy of the new employee's **job description**, **Protected Healthcare Information (PHI)** and **Patient Safety Addendum** and **Job Hazard Analysis** forms for your review with the new hire on their first day in the department
- Assign a team member to be the new employee's "**Onboarding Advisor**" and inform them of the assignment. Instruct advisor to **call the new employee** to welcome them, tell them where to park, where to go after NEO, etc.
- Order an employee name plate** (contact your Division's MA) and order business cards if appropriate (business card form is attached)

### On the first day, or following New Hire Orientation

- Review and complete the **EIS Department Orientation Checklist** with the employee. Forward copy to Darren Holman for inclusion in the employee's file.
- Introduce** the new employee to peers and department leaders
- Review **job description, PHI, PSA, JHA** with new hire. Sign as appropriate and send copies to D. Holman.
- Discuss basic job requirements and **set short-term performance goals** (for first 30 days). Short-term goals should include introductory meetings, reading, training and "early win" assignments. Recap short-term goals to the employee in an email.
- Demonstrate resources available on the **EIS Sharepoint site**, show seating charts, org charts, etc.
- Provide employee with **username and password**, provide short demo on Intranet and Outlook/email and how to update contact information in the GAL
- Send an **email announcement** to Group EIS Staff welcoming/introducing the new employee
- Send an email to Walter Booty requesting that the employee be set up for on-line Kronos swiping which will also give the employee the ability to review his/her bi-weekly Kronos report.
- Send an email to Darren Holman and Cindy Shelton requesting that the new employee be added to the various Group EIS email lists.
- Contact Cindy Shelton (PACT) or Darren Holman (Wilshire) to arrange **suite security card access**
- Have employee complete **emergency/disaster contact form**
- Provide **VOIP** manual (phone) and give short tutorial of phone and voicemail and provide departmental phone list(s)
- Ask employee for health clearance form, NEO completion form and Safety Test certification forms, send these and **all other completed forms** to Darren Holman
- Help employee register online for **Fire Safety Class**



- Schedule 30-60-90** day follow-up meetings on your Outlook calendars now (30-60-90 form attached)
- Before six (6) month date**, complete EIS New Hire Evaluation form (and Congratulatory Memo if appropriate) and send completed to Darren Holman (form attached)



# EIS Department Orientation Checklist

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

**General Information:**

- Hours of work, lunches, breaks Reviewed on: \_\_\_\_\_
- Attendance and PTO Reviewed on: \_\_\_\_\_
- Important Policies (i.e. cell phone use, internet use and reimbursement, dress code, etc.) Reviewed on: \_\_\_\_\_
- Performance Appraisal Process and timing Reviewed on: \_\_\_\_\_
- Process for reporting Injury on the Job Reviewed on: \_\_\_\_\_

**Department Specific Information:**

- Overview of the Department Reviewed on: \_\_\_\_\_
  - Organization Structure
  - Scope of Service
  - EIS' place in the Medical Center Structure
  - EIS' relationship with Other Departments
- Disaster Plan Reviewed on: \_\_\_\_\_
  - Location of fire extinguishers
  - Emergency exits and stairwells
- Use of Time Sheet Application Reviewed on: \_\_\_\_\_

**Other Division Specifics: (itemized by manager)**

- \_\_\_\_\_ Reviewed on: \_\_\_\_\_
- \_\_\_\_\_ Reviewed on: \_\_\_\_\_
- \_\_\_\_\_ Reviewed on: \_\_\_\_\_

My manager has reviewed the above information with me and therefore I hereby acknowledge that I fully understand the items listed and my associated responsibilities.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

## 30-60-90 Meeting Guidelines

Schedule these meetings in Outlook

### 30 – day Manager/Employee discussion checklist:

- Discuss if important relationship building is going well
- Discuss progress on first 30 day goals and assignments
- Discuss performance goals for the balance of the performance year, and enter those into Cornerstone. For assistance, contact [EISPMCSupport@cshs.com](mailto:EISPMCSupport@cshs.com)
- Discuss how they are progressing into the new role and as a member of the team. Discuss these from both your perspective and theirs
- Discuss any constructive or positive observations or feedback that you have
- Discuss any additional training that they want/need
- Consider setting goals for the rest of the performance year at this point. If you do, document them appropriately (at minimum in email)
- Ask them if you have been accessible enough up to this point and if there is anything they are wondering about or know that they need from you?

### 60 – day Manager/Employee discussion checklist:

- Ask them about their comfort level communicating with team members, peers and customers
- If you set annual goals already, discuss progress/questions. If not, set them now (see 30 day meeting guidance)
- Discuss how they are progressing into the new role and as a member of the team. Discuss these from both your perspective and theirs
- Discuss any constructive or positive observations or feedback that you have
- Discuss whether they have a thorough understanding of the role and the performance expectations of the role

### 90 – day Manager/Employee discussion checklist:

- Discuss how they feel they are progressing in the role and give your perspective
- Ask them what they feel they have accomplished so far
- Discuss any constructive or positive observations or feedback that you have
- Ask them if they have any suggestions for process improvement at this point

## EIS Onboarding Advisor Guide

This program matches the new employee with a POC for general queries regarding day-to-day operational issues. This program introduces the new employee to someone who is familiar with our culture, work ethic and expectations.

By providing this relationship, it is intended that:

1. The new employee will feel more at home in the EIS department within a shorter period of time
2. The new employee can get basic questions answered in a timely manner
3. The initial confusion and uncertainty faced by all new employees and transferees is lessened
4. Other orientation activities, such as on-the-job training can be related to actual real world activities and basic questions can be resolved
5. New employees can find out how to best acclimate and maneuver within Cedars-Sinai and EIS, in a supportive and low risk environment and will begin to add value more quickly, leading to increased confidence and self-esteem
6. Onboarding advisors are actively involved in making EIS a better place to work and our new employees more productive

### Selection and pairing

This is a volunteer program however employees may be nominated by their supervisor on the basis of the following criteria:

1. The employee's interpersonal skills and their understanding and commitment to our organizations vision and values
2. The employee has been here long enough themselves to really know their way around (recommend at least 6 months)

### Role and Responsibilities of the Advisor

The advisor is not a "mentor." They are someone who knows how to do their job, how to get things done in our department and in the greater healthcare system. They are not responsible for the new hires performance or professional development. They are someone who should make themselves available and accessible to the new employee to answer questions. They may be asked to explain some policies and procedures. The advisor should escalate any issues they are not sure about to the supervisor.

### Frequency of meetings

The advisor should meet with the new employee immediately after the New Employee Orientation session ends, or early on their first day (whichever is appropriate), depending on the new employee's schedule. The first meeting should be introductory in nature. The advisor can show them their workspace, show them around the work area (floor) where he/she will work. The advisor can show them where copiers, printers, scanner, restrooms, supply cabinets, breakrooms, etc. are located and introduce them to a few of their co-workers. The advisor should make sure that the new employee knows how to contact them during the day, this includes where you are seated, phone number and email address. Use good judgment regarding the frequency and timing of future meetings. For urgent matters, the new employee may need to contact you right away. For most other matters, we suggest that the new hire compile a list of questions and set up a time to meet once a day for a few days, then maybe once a week for a while after. All advisor-employee meetings should be held during working hours. We imagine that the formal "advisor" relationship will last no more than three months.

### Summary

The advisor's relationship with the new employee should be open, confidential, positive and supportive. There is no requirement to report on the content of the meetings. If there is a personality mismatch between the new employee and the advisor, we hope that one of the parties will bring that issue to the supervisor so that we can adjust the pairing.

## **Prior to Start Forms**



***Welcome to the EIS Department at Cedars-Sinai Health System***

Date

[First and Last Name]  
[Address]  
[City, State Zip]

Dear [Employee's first name]:

Welcome to Cedars-Sinai and the Enterprise Information Services (EIS) team! I am delighted you are joining us as a [new employee's job title]. Your role is critical in fulfilling the mission of our department and Cedars-Sinai.

The EIS department is ready to support your transition to Cedars-Sinai. Please call on any of us to assist you. We are looking forward to a long-term relationship and your success at Cedars-Sinai.

Sincerely,

[Supervisor Name]

[Supervisor Title]

[Supervisor phone number]





Job Descriptions are available on EIS Operations Sharepoint Site



**PROTECTED HEALTHCARE INFORMATION ADDENDUM**

ADDENDUM TO JOB DESCRIPTION AND ACKNOWLEDGEMENT

**PATIENT INFORMATION MINIMUM ACCESS REQUIREMENTS**

Pursuant to the Minimum Necessary Information Access policy (#ADM00127), the minimum access to individually identifiable patient information permitted for this position is that for EIS Staff \_\_\_\_\_

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\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

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## PATIENT SAFETY ADDENDUM

<b>Employee:</b>		<b>Hire Date:</b>		<b>Employee #:</b>	
<b>Job Title:</b>		<b>Job Code:</b>			

### **ORGANIZATIONAL EXPECTATIONS AND COMPETENCIES**

I understand that Patient Safety is a crucial component of my job responsibilities whether or not I have direct patient care responsibilities.

<b>PATIENT SAFETY – <i>demonstrates and provides commitment to patient safety.</i></b>					
<ul style="list-style-type: none"> <li>▪ Demonstrates knowledge of the National Patient Safety Goals.</li> <li>▪ Applies each National Patient Safety Goal as it relates to his/her own job responsibilities.</li> <li>▪ Demonstrates knowledge of the Cedars-Sinai Patient Safety program and plan.</li> <li>▪ Can describe Cedars-Sinai’s Significant Adverse Event process.</li> <li>▪ Demonstrates understanding and utilizes the chain of command as it relates to his/her own job.</li> <li>▪ Demonstrates understanding of Cedars-Sinai’s Culture of Safety.</li> </ul>					

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### JOB HAZARD ANALYSIS FOR GENERAL AND SPECIFIC JOB CATEGORIES



Department/Section \_\_\_\_\_  
 General Area or Specific Job Category \_\_\_\_\_  
 Date Prepared \_\_\_\_\_ Preparer \_\_\_\_\_  
 Description of Job/Task \_\_\_\_\_

Department Director \_\_\_\_\_ Director's Signature \_\_\_\_\_

Potential Safety/Security Hazard	Codes of Safe Work Practices, Security Procedures and/or Required Personal Protective Equipment
Existence of unsafe conditions of which management may not be aware.	Require reporting of all unsafe conditions to Supervisor, Manager, and/or Director. Also report unsafe condition to Environmental Health & Safety. Report all accidents, injuries, and illnesses.
Hazards associated with Fire	Follow "SKATE" procedures Safety of Life – Remove People in Danger Keep Fires from Spreading – Close Doors Activate Fire Alarms Telephone x5511 – Give exact location Extinguish fire if safe to do so or Evacuate
Fire extinguishers blocked by storage or debris.	Fire extinguishers shall be kept clear at all times.
Means of egress blocked, doors locked.	Employees shall keep means of egress open during work hours and inspections shall verify ability to easily egress.
Aisles and/or hallways blocked with storage.	Aisles and hallways shall be kept clear at all times.
Storage of excess combustibles present a fire hazard.	Excess amounts of combustible materials will not be stored in the work place.
Tripping and falling over; and bumping into office furniture.	Keep work areas clear of debris, electrical cords, and assure adequate aisle space.
Unauthorized electrical equipment.	All unauthorized electrical equipment (including coffee pots, space heaters, etc) will be removed from Medical Center occupied space.
File cabinets falling over onto employees	Open and close only one drawer at a time. Ensure that filing cabinet is anchored to the wall to prevent falling over during use and during an earthquake.
Musculoskeletal injuries due to poor workstation design and/or work practices.	Provide adjustable chairs, keyboard drawers, and foot rests. Provide employee training in use of equipment.
Type III workplace violence: A physical or verbal assault by an individual associate with the workplace or the assaulted individual.	Call the Security Command Post and report incident. If assistance is required, use Code Gray as a means to expedite security response to incident location. Ensure that security is advised of the circumstances involved in the incident so that they can properly respond.

Rev. 1/10



## CEDARS-SINAI HEALTH SYSTEM.

## Job Hazard Analysis and Safe Work Practices Acknowledgement

I have read the Job Hazard Analysis for my job description and understand the hazards to which I may be exposed. Additionally, I understand the safe work practices that must be employed when exposed to those hazards, including security procedures and appropriate personal protective equipment required to safely perform the prescribed tasks. I also understand that I may review the job hazard analysis at any time and that copies are maintained in the Department's Injury and Illness Prevention Plan and also in the Environmental Health and Safety Office. I further acknowledge that if I become aware of any new hazard while performing my job responsibilities, that I will notify my supervisor so that it may be included in the Job Hazard Analysis and Safe Work Practices.

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**Employee Name (Please Print)**

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**Department**

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**Date**

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**Employee Signature**

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**Employee Number**



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**BUSINESS CARD REQUEST FORM**

- Please complete the request form and submit to Reprographics by e-mail or fax. No additional print request is required.
- Please be accurate and specific in spelling, spacing and capitalization. What you approve will be printed.
- The design of the business cards is a standardized format. Please do not add extra information.
- Please allow 7-10 business days to complete your order.
- Please double-check your order before submitting.

**Reprographics**

Office: (310) 967-1921  
Fax: (310) 967-1999  
E-mail: [Reprographics@cshs.org](mailto:Reprographics@cshs.org)



**CEDARS-SINAI**<sup>®</sup>  
MEDICAL CENTER



**CEDARS-SINAI**<sup>®</sup> (recommended)

NAME (45 CHARACTERS MAXIMUM. EXACTLY AS YOU WOULD LIKE THEM PRINTED)

TITLE (45 CHARACTERS MAXIMUM)

DEPARTMENT (45 CHARACTERS MAXIMUM)

**ADDRESS (PLEASE CHECK ONE)**

- 8700 Beverly Boulevard, Los Angeles, CA 90048
- 444 S. San Vicente Boulevard, Los Angeles, CA 90048
- 8730 Alden Drive, Los Angeles, CA 90048
- 150 N. Robertson Boulevard, Los Angeles, CA 90048
- Other: \_\_\_\_\_

BUILDING

SUITE or ROOM NUMBER

**CONTACT NUMBERS (CHOOSE 2 OPTIONS FROM THE CHOICES BELOW)**

- Direct: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Office: \_\_\_\_\_
- Mobile: \_\_\_\_\_

**DELIVERY INSTRUCTIONS  
(MUST BE FILLED OUT COMPLETELY TO PROCESS ORDER)**

DEPARTMENT	COST CENTER (Mandatory)	
DATE SENT	DATE DUE	QUANTITY (Minimum 500)
NAME OF ADDRESSEE	PHONE	
SIGNATURE OF MANAGER OR DIRECTOR (Mandatory)		E-MAIL PROOF TO
BUILDING	ROOM NUMBER	

The recommended layout for e-mail addresses is [john.smith@cshs.org](mailto:john.smith@cshs.org).  
E-MAIL ADDRESS \_\_\_\_\_@cshs.org

All cards will have [cedars-sinai.edu](mailto:cedars-sinai.edu) at the bottom of the card

**REPROGRAPHICS USE ONLY**

DATE RECEIVED	JOB NUMBER
DATE SHIPPED	SHIPPED BY

## **Other Forms**

# Emergency Contact Form

**Employee Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Birth date: (optional)** \_\_\_\_\_

## Emergency Contact #1:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact #2:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact #3: (optional)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_



## Disaster Packet Contact Information Form

This information will be used in the event of a disaster (such as an earthquake, fire, etc.) to contact you with instructions on reporting for work.

### **Personal Contact Information:**

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_

Manager: \_\_\_\_\_

Employee City of Residence: \_\_\_\_\_

Employee Home Phone Number: \_\_\_\_\_

Employee Cell Phone Number (if any): \_\_\_\_\_

Employee Pager Number (if any): \_\_\_\_\_



# CEDARS-SINAI HEALTH SYSTEM®

## EIS New Hire Probation Evaluation

<b>Employee Name:</b>	<b>Employee Number:</b>
<b>Job Title:</b>	<b>Job Code:</b>
<b>Department Name:</b>	<b>Hire Date:</b>
<b>Supervisor Name:</b>	<b>Date of Evaluation:</b>

<<<PLEASE INSERT QUALIFICATIONS SECTION FROM JOB DESCRIPTION HERE>>>

1. Has demonstrated the skills and abilities necessary to perform competently in the position as described in the job description?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

2. Has demonstrated the behaviors necessary to be successful working with his/her customers, co-workers and supervisors:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

3. Has completed all new hire orientation, training and compliance items that are required at this time?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

This employee has performed satisfactorily during this probation period and has successfully satisfied our new hire probation requirements.

This employee has not satisfactorily demonstrated performance that proves competent for this position. His/Her probation will be extended with a new probation ending date of: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



CEDARS-SINAI HEALTH SYSTEM.

Date:

To:

From:

Subject: New Hire Probation Period

Congratulations! You have successfully met all our requirements for new hire probation. Your probation period has expired.

Thank you for your hard work, dedication and commitment to being a competent, contributing member of our team. We look forward to growing with you and sharing success with you as your career progresses here at Cedars-Sinai.