



UNHS New Employee Orientation

Employee Name: _____

Title: _____

Hire Date: _____

Welcome! At UNHS, YOU play a crucial role in helping to heal our patients and improve their quality of life. As you begin your fulfilling career with UNHS, the following material will get you started on the right track. By completing these tasks, you will develop as an employee and have the confidence to do amazing work.

UNHS is the largest private employer in San Juan County. We are quickly approaching 300 employees and we see 13,000 patients each year. We thoughtfully developed this material over the years to help our patients receive the safest, highest quality care, while maintaining a fun, friendly, and orderly work environment.

Mission Statement—“We exist to improve your quality of life through comprehensive, self-empowered, culturally-sensitive healthcare, and amazing customer service.” Thank you for all that you do and for choosing to be a part of UNHS!

Our hope is to have each new employee:

- Feel at ease and welcome at UNHS.
- Obtain a clear grasp of UNHS’s organizational history, mission, and values.
- Understand what the organization expects in terms of work and behavior.
- Know the policies and procedures of UNHS and of the new employee’s department.

FIRST DAY-HIGH PRIORITY DOCUMENTS

Employee should initial once completed and understood:

1. _____ Reviewed, signed, and understands their Job Description and has a copy
2. _____ Employee Personnel Policy has been received
3. _____ HIPAA Confidentiality & Security Agreement
4. _____ Received a copy of Key Contacts List, & Organizational Chart
5. _____ Picked up their UNHS ID badge and is wearing it
6. _____ Received their TB test (must have it checked before any patient interaction)
7. _____ CPR card active or scheduled for upcoming class
8. _____ Understands how to access PolicyStat online for all company policies
9. _____ A completed Competency, matched to their PD, on file before working

POLICIES AND PROCEDURES

Employee should initial once completed and understood:

1. _____ Incident & Accident Reporting (from the website, and reporting adverse events)
2. _____ Hazard Communication
3. _____ Back Safety
4. _____ Fire Escape Plan
 - a. _____ P.A.S.S.
 - b. _____ R.A.C.E.
5. _____ Equipment Safety
6. _____ Disaster Plan
7. _____ Safety Codes
8. _____ Biohazard Waste
9. _____ Emergency procedures and Codes
10. _____ Sexual Harassment Policy
11. _____ Patient Rights, Abuse, and Ethics Policies
12. _____ Cultural Diversity and Sensitivity
13. _____ Infection Control and Hand washing

Fire Emergency Response



Remember the P A S S Word



14. _____ Drug testing Policy
15. _____ E-mail, Internet, and Cell Phone usage Policy
16. _____ Corporate Compliance Policy
17. _____ Pain Management Policy and philosophy
18. _____ Driving Safety
19. _____ HEP B waiver form

90-DAY REVIEW & COMPETENCY REVIEW *Ensure the employee understands the following schedules:*

1. **Competency Assessments (within first 90 days AND at least every 3 years)**
2. **Employee Performance evaluations (90 days AND Annually)**

THE NEW JOB *Ensure the employee understands the following:*

1. Explain their job classification (exempt or non-exempt; Part-time, Full-time, PRN)
2. Studer Group Intro: Behavioral Standards, Rounding, AIDET, Amazing Customer Service
3. License Verifications- Personal responsibility to be licensed, turn in to HR.
4. Explain dress code (No open-toe shoes, no shorts)
5. Probationary period is 90 days
6. Review payroll timing, time cards (if applicable), and policies and procedures.

WORK SCHEDULE *Ensure the employee understands the following:*

1. Confirm work hours, lunch, breaks, time off and overtime policies
2. Clocking in and out/Time keeping (TimeForce)
3. Review procedures for requesting time off, and holiday schedule
4. Paid Time Off, Overtime, Vacation Leave, FMLA, Funeral (Bereavement) Leave Attendance
5. Attendance Policy
 - a. Reporting off or being late (Minimum of 1-hour call-in notice to supervisor before your shift.)

WORK TOOLS & RESOURCES *Ensure the employee understands the following:*

1. Logins and passwords received, check email daily.
2. WEBSITE: Occurrence Report Form, Calendar, Human Resources Forms, HELP Desk
3. “G: Drive”, SAGE, Microix (Dara).
4. Abbreviations commonly used: HRSA, The JC, PCMH, MCC, BFP, etc.
5. Telephone-Answering etiquette, Dialing, Forwarding a call, paging.
6. UNHS SPECIAL DESIGNATIONS
 - a) Accreditation from The Joint Commission, Primary Care Medical Home (PCMH)
 - b) IHS-638
 - c) Federally qualified health centers (FQHC) with the U.S. Department of Health and Human Services (HRSA)

I agree to abide by the policies I initialed above, including UNHS’ Personnel Policy, and other policies. I have received access and had a chance to review the policies and I agree to follow them.

I also authorize UNHS to make investigation of my personal background including references, past employment, education, and criminal history, whether or not those records are held privately or in the public domain.

Employee Signature: _____

Printed Name: _____

Date: _____

****The employee should get a copy of these two pages; the original goes to HR****

Confidential Employee Hire Information

| | | | |
|--|---------------|------------------|-------------|
| Employee Full Name: | | Hire Date: | Birth Date: |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | Ethnicity: | |
| Veteran: No <input type="checkbox"/> Yes <input type="checkbox"/> Service: | | | |
| Home Ph. # Cell #: | | SSN: | |
| Personal Email Address: | | | |
| Current Home/Mailing Address: | | | |
| Driving License # & State: | | Expiration Date: | |
| Emergency Contact Person 1: | | Cell Phone #: | |
| Relationship: | Email Address | | |
| Emergency Contact Person 2: | | Cell Phone #: | |
| Relationship: | Email Address | | |

| | |
|--|-----------|
| Job Title: | Wage: |
| Department: | Facility: |
| Job Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Contracted (W-9) <input type="checkbox"/> Temp (W-2) <input type="checkbox"/> Student/Intern <input type="checkbox"/> Other: | |

UNHS- Direct Deposit Form

Return this form to Human Resources.
To initiate or terminate Direct Deposit, a 10-day time period is required.

Your Name (as it appears on Bank Account): _____

Bank Name: _____

Routing #: _____

Account #: _____

State in which account was opened (e.g., UT): _____

I certify that I am an authorized owner of the above referenced account and therefore authorize UNHS or their authorized transaction agent to debit my bank account indicated above for payroll *and* reimbursements received as an employee of UNHS.

Signature: _____ Date: _____

****For Human Resources Office Only****

Employee Name: _____

Job title: _____

Department: _____

Start Date: _____

Status

- Full-time
- Part-time
- Contractor(W-9)
- Temp/PRN

Pre- Employment

- Drug Screen
- HireRight.com Background check (include criminal, and sexual)
- For licensed positions, DOPL license printed and expiration date entered into SAGE HR
- Education and Competency verified before start
- Position Description and matching Competency before start

Paperwork

- Job Application/ Resume on file
- Signed Job Description
- W-4
- I-9 completed (E-verify.uscis.gov/emp)
- Name Badge created
- Drivers Lic. Sent in to Mahoney Group (Elaine S. Selby <eselby@mahoneygroup.com>)

Orientation

- Policies Signed-off
- Meet CEO, CFO, HR Director
- Safety Tour of Facility
- Emergency Codes

Benefits

- Medical (min. 30 hrs.)
- Life (min. 30 hrs.)
- 403b (min. 1000 hrs./ yr.)
- AFLAC (min. 1000 hrs./ yr.)

Personnel info Entered into HR Sage and TimeQuest:

CPR Training Scheduled:

Computer Access:

Healthcaresource info created:

Orientation proudly completed by HR employee: _____