## ST. VINCENT'S HEALTH SYSTEM GENERAL ORIENTATION CHECKLIST/ACKNOWLEDGMENT FORM

**Date** 

Name (please print)

Facility:			
St. Vincent's Birming	ham St. Vincent's East		
St. Vincent's Blount	St. Vincent's St. Clair		
One Nineteen Health	& Wellness		
Assigned Unit			
Topic Covered			
St. Vincent's Health System: Mission, Vision			
	em: General Orientation Handbook Acknowledgment		
Corporate Responsibility and Ethical Practices (includes PHI/HIPAA) Acknowledgment			
Deficit Reduction & False Claims Act Acknowledgment			
Process Improvement			
Standards of Behavior / Customer Service			
Risk Management			
EMTALA			
2009 Patient Safety Goals			
Patient Rights/Ethics			
High Risk Abbreviations			
TJC Standard: Accreditation Participation F	Requirement (APR) 17		
Infection Control			
OSHA, MSDS and Right to Know			
o Restraints, Pain Management, End of Life Care, Organ Procurement, Adult/Pediatric Abuse, Age Specific Development, Impaired Physicians & LIPs, Diversity, Teambuilding, Suicide			
Cultural Differences			
Age Specific Needs			
Unit Specific Orientation Checklist Signed			
<b>Facility Specific Supplement Information</b>	received (if applicable)		

I have read and completed all materials within the orientation study packet and all other items as noted above.

Signature:		Date:
	Student	
Signature:		Date:
	Clinical Instructor/Department Manager/Staff Resour	ce Member