



CM Orientation Check off list

Name:	Preceptors: CM Lead:	Start Date: Go Live:
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The objective of the orientation check off list is to ensure the Care Manager is knowledgeable and responsible for the information presented to them during the orientation process. Throughout the orientation please date and initial all objectives with supervision of preceptor all items Observed, Completed, or Confident by the New Care Manager. When completed please sign and date at the bottom along with CM Preceptor or CM Lead. A full review the document and questions prior to the Care Manager's Go-Live date.

Admits & Discharge	Observe	Complete	Confident	EPM	Observe	Complete	Confident
Check eligibility				Scheduling CM / PCP			
Depart Note				Alerts			
Discharge Summary				Moving /Canceling App			
Remove from Discharge list				Printing schedule			
CM Templates	Observe	Complete	Confident	E-HR	Observe	Complete	Confident
Master Panel & HICM List				Inbox			
Print Panel				Sending/completing Task			
Enroll & Close				Ordering Labs			
Creating Encounter				Ordering Referrals			
Comprehensive Ass. (CA)				Medication Module			
Transition of Care (TOC)				Dispense History			
Plan & Interventions				Viewing Appointments			
Goal Setting				Electronic faxing			
Med. Reconciliation				Communication Template			
Billing				Telephone Call summary			
Care Team Meetings				Editing Encounters			
Advance Directives				History & Categories			
Health Maintenance				Lab results			
Sliding Insurance				Idocument library			
IT	Observe	Complete	Confident	Tools for Success	Observe	Complete	Confident
Dual monitors				Daily Tracker sheet			
Headset				SBAR			
Outlook Calendar				Organized Workflow			
Email				Learning Requirements			
Saving In Archives				Medical Home Meetings			

Phone Message /Out of Office				Missed Guidelines			
Use of Skype & contacts to IM				Approving time Card			
ShoreTel- phone				Requesting time off			
Experience	Observe	Complete	Confident				
Hospital discharge Phone Call							
Follow up Phone Calls							
CA Phone call							
CA face to face							
HICM encounter							
Care Team Meetings							
Medical Home Meeting							



Signature of New Care Mangers	Date:	Signature of Preceptor	Date:
Signature of Care Mangers Lead	Date:		