



Healthcare Facility Onboarding Checklist



Hospitals and other healthcare facilities face significant challenges to quickly onboard additional healthcare providers when hospital admissions and Intensive Care Unit (ICU) occupancy increase rapidly. Surge staffing may be needed in response to natural disasters, public health emergencies (including infectious disease outbreaks or pandemics), and catastrophic environmental events. This Onboarding Checklist is a tool for hospitals and other facilities to assist in streamlining staff acquisition and the onboarding process in times of need.

Framing the lengthy process of hiring with an onboarding checklist ensures new employees complete administrative requirements, become familiar with the mission, overall goals, and organizational culture of the hospital or entity, and orients the new employee to expectations for the department or unit assignment. The checklist that follows utilizes a three-phase approach and includes links to helpful related online resources.

PHASE 1

After Offer Acceptance- Administrative

- Check state office of professions (where applicable for level of hire)
- Check licenses and national certification status (as applicable for role and level of hire)
[ASPR TRACIE COVID-19 Licensure Resource Collection](#)
- Collect copy of candidate degree/transcript (where applicable for level of hire)
- Process background checks (criminal, education, employment, [DHS E-Verify](#))
- Process drug screen, physical examination (if required), and review health history to include required inoculation/prophylaxis requirements
- Process references
Note: [automated online services](#) may decrease time to hire.
- Obtain DEA certificate
- Apply for hospital privileges
- Review providers' experience and skill set
[ASPR TRACIE COVID-19 Scope of Practice Expansions Resource Collection](#)
- Onboarding Paperwork:
 - Employee Handbook (Compliance, etc)
 - [Form I-9](#); DHS Guidance on [Form I-9 compliance during COVID-19](#)
 - [Form W-4](#)
 - Direct Deposit enrollment
 - Personal contact information added to emergency call list/tree and any role-dependent notification systems
 - Review and make benefits selections

PHASE 2

Hospital/Facility Orientation

- Complete new hire hospital/facility provider orientation (on-line if possible)
 - Training on emergency procedures and responsibilities, including emergency codes
 - Enroll new staff in hospital/facility-based emergency notification system (if used)
 - Safety incident/near miss response and reporting requirements
 - Review key facility locations (e.g., locker rooms, pharmacy, ED, cafeteria, lab, blood bank, etc.)
- Review hospital/facility mission, ethics, HIPAA
- Document collaborating/supervising physician and/or practice agreement (where applicable)
- Obtain Medicaid/Medicare provider numbers
- Credential on all insurance plans
- Ensure malpractice/liability coverage
- Plan for the provision of food, water and living space for hospital/facility personnel
- Provide building access & ID/badging
- IT/EHR account setup, passwords, training (where applicable)
- Obtain parking permits
- Complete fit-testing and issue PPE or other special equipment required

PHASE 3

Department/Unit Specific Orientation

- Safety orientation to the unit
- Verification of unit specific clinical competencies
 - [Just-in-time skills training](#) for COVID-19 and special pathogens
 - [Upskilling nurses to fight COVID-19](#)
 - Unit code response expectations
 - Palliative Care orders/processes
- Provide clinical decision support resource tools (Example: [Clinical Effectiveness COVID-19 Resources](#) and American Academy of Medical Colleges [COVID-19 Clinical Guidance Repository](#))
- Orientation to equipment (IV machines, enteral feeding, ventilators)
- Review lab and blood product procedures
- Review medication administration and access to pharmaceutical storage carts (Pharmacy Rx, reorders, standing orders)
- Orientation to communication systems (electronic, telephonic, paging, signage, and any telehealth procedures)
- Review management/chain of command, staffing model and ancillary staff roles supporting the unit
- Review PPE procedures specific to unit, including donning/doffing ([Printed](#), [Video](#))
- Explain hand-off/change of shift protocols, daily rounding practice/composition
- Review record keeping/progress notes (hard copy charting as contingency/EMR downtime procedure)
- Use "buddy system" assignments
 - New staff member schedule mirrors unit mentor (or core mentor group to allow mentor rotation and prevent burnout)