

## 2019 REGISTRATION FORM POWELL RIVER GENERAL HOSPITAL (PRGH)

Employee Start Date (mm/dd/year):

Employee:	Employee ID:	EMPLOYEE'S COMMUNITY OF CARE (COC):
Email:	Job Title:	<input type="checkbox"/> Coastal – Powell River
Phone:	Site/Dept.:	<input type="checkbox"/> Other: _____
Union: <input type="checkbox"/> BCGEU <input type="checkbox"/> BCNU <input type="checkbox"/> CUPE <input type="checkbox"/> HEU <input type="checkbox"/> HSA <input type="checkbox"/> UFCW <input type="checkbox"/> *Excl		<input type="checkbox"/> Acute <input type="checkbox"/> Community <input type="checkbox"/> Residential
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual		<input type="checkbox"/> Internal Hire <input type="checkbox"/> External Hire
Manager:	Educator:	Requester:

Please SELECT all applicable date(s)/session(s) requested for new hire.

DATE (MONDAY)	SELECT	TIME	SESSIONS (DAY 1)	TARGET AUDIENCE
<input type="checkbox"/> Jan 07 <input type="checkbox"/> Jul 15	<input type="checkbox"/>	0800 – 1045	<b>Welcome to VCH! (All Staff Session)</b> <ul style="list-style-type: none"> <li>Welcome from Senior Leaders</li> <li>Patient/Client/Resident Lived Experience</li> <li>Exploring VCH Values (Employee Engagement)</li> <li>Taking Care of Me (Employee Wellness)</li> <li>Infection Control</li> <li>Union &amp; Management Meet &amp; Greet</li> </ul>	ALL STAFF
<input type="checkbox"/> Feb 04 <input type="checkbox"/> Aug 19				
<input type="checkbox"/> Mar 04 <input type="checkbox"/> Sep 16				
<input type="checkbox"/> Apr 01 <input type="checkbox"/> Oct 21	<input type="checkbox"/>	1045 – 1200	Best Practice, Best Care (Professional Practice)	ALL CLINICAL STAFF
<input type="checkbox"/> May 13 <input type="checkbox"/> Nov 18				
<input type="checkbox"/> Jun 10 <input type="checkbox"/> Dec 09				
	<input type="checkbox"/>	1200 – 1530	Promoting a Culture of Safety at VCH	
	<input type="checkbox"/>	1530 – 1600	Site Tour & Powell River History	

DATE (TUESDAY)	SELECT	TIME	SESSIONS (DAY 2)	TARGET AUDIENCE
<input type="checkbox"/> Jan 08 <input type="checkbox"/> Jul 16	<input type="checkbox"/>	0900 – 1000	Online Learning – Alaris Pumps & IV Therapy	ACUTE NURSING STAFF (as required): RN, LPN, ESN & RPN
<input type="checkbox"/> Feb 05 <input type="checkbox"/> Aug 20	<input type="checkbox"/>	1000 – 1100	IV Therapy Care and Maintenance / Saline Locks	
<input type="checkbox"/> Mar 05 <input type="checkbox"/> Sep 17	<input type="checkbox"/>	1100 – 1200	Pump It Up!: Infusion & PCA/Epidural Pumps	
<input type="checkbox"/> Apr 02 <input type="checkbox"/> Oct 22	<input type="checkbox"/>	1245 – 1330	Mock Code Blue	
<input type="checkbox"/> May 14 <input type="checkbox"/> Nov 19	<input type="checkbox"/>	1330 – 1430	Online Learning – Learning Hub Modules <b>Part 1*</b>	
<input type="checkbox"/> Jun 11 <input type="checkbox"/> Dec 10	<input type="checkbox"/>	1430 – 1500	VCH Network/Intranet (PID) & Omnicell Access	
	<input type="checkbox"/>	1500 – 1700	MEDITECH Training	

DATE (WEDNESDAY)	SELECT	TIME	SESSIONS (DAY 3)	TARGET AUDIENCE
<input type="checkbox"/> Jan 09 <input type="checkbox"/> Jul 17	<input type="checkbox"/>	0900 – 1030	Medication Safety / Medication Reconciliation	ACUTE NURSING STAFF (as required): RN, LPN, ESN & RPN
<input type="checkbox"/> Feb 06 <input type="checkbox"/> Aug 21	<input type="checkbox"/>	1030 – 1045	Charting System	
<input type="checkbox"/> Mar 06 <input type="checkbox"/> Sep 18	<input type="checkbox"/>	1045 – 1130	Safe Transfusion	ACUTE NURSES: RN
<input type="checkbox"/> Apr 03 <input type="checkbox"/> Oct 23	<input type="checkbox"/>	1230 – 1300	Bladder Scan	ACUTE NURSING STAFF: RN, LPN, ESN & RPN
<input type="checkbox"/> May 15 <input type="checkbox"/> Nov 20	<input type="checkbox"/>	1300 – 1500	Hello...Let's Go!: Safe Patient Handling	<b>PROVIDING HANDS-ON PATIENT CARE</b> RN, LPN, ESN & RPN
<input type="checkbox"/> Jun 12 <input type="checkbox"/> Dec 11	<input type="checkbox"/>	1500 – 1700	Online Learning – Learning Hub Modules <b>Part 2</b> <i>Continued from <u>Online Learning Part 1</u>: completion of modules)</i>	<b>*ALL NURSING STAFF REGISTERED FOR ONLINE LEARNING PART 1</b>

### To Submit:

1. Download (hover over top right corner of page and click the download icon) and save the form to your desktop.
2. Open the document with Adobe Acrobat Reader.
3. Complete the form.
4. Click the submit button below and follow the prompts to email the form.
5. If step 4 fails, attach the completed form to an email addressed to [VCHOrientation@vch.ca](mailto:VCHOrientation@vch.ca)