

Job Description / Performance Evaluation

Title: Bereavement Coordinator

Employer Evaluation

Employee Self Evaluation

Job Summary:

Primary function is to provide coordinated care for hospice families of all age groups and provide counseling and referrals to meet the needs of the hospice family.

Job Classification: Clinical

Lines of Authority: Reports to Director of Nursing

Job Qualifications:

Education: High School Graduate, Degree/License in counseling preferred.

Licensure: State Drivers License

Experience: Experience in bereavement and grief counseling.

Skills: Working knowledge of community resources. Good interpersonal skills.

Transportation: Reliable transportation. Valid auto liability insurance.

Environmental and Working Conditions:

Works in office and homes in various conditions. Occasional exposure to infectious diseases; ability to travel locally; some exposure to unpleasant weather. Must have Hepatitis profile .

Physical and Mental Effort:

Prolonged standing, walking and sitting required; requires working under some stressful conditions to meet deadlines and patient/family needs; and to make quick decisions and resource acquisition; meet family bereavement needs.

Essential Functions:

Evaluation

Assess hospice family to identify bereavement needs as evidenced by documentation, and community resource referrals.	
Use effective interpersonal relations and communication skills.	
Meet mandatory continuing education requirements of the agency.	
Demonstrate commitment, professional growth and competency by maintaining a working knowledge of public and private eligibility standards.	
Promote Agency philosophy and administrative policies to ensure quality of care.	
Collaborate with interdisciplinary team to promote coordination of bereavement care.	
Provides continued bereavement support to hospice families as evidenced by documentation.	

Statement of Understanding: I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate my employment at any time for failure to perform satisfactorily.

Employee Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

(For Job Description)

Evaluation Codes: 1-Does not meet job requirements/expectations 2-Occasionally meets job requirement

3 -Normally meets job requirements 4-Meets and occasionally exceeds job requirements 5-Regularly exceeds job requirements

Performance Evaluation Addendum

90 Day

Annual

Date On Site Supervisory Visit Completed: _____ (form attached).

Comments/Goals Met or Not Met for this evaluation period: _____

Employer/Employee Mutual Goals set for the next evaluation period: _____

Employee Comments/Response: _____

Employee Signature: _____ **Date:** _____

(For Employer Evaluation / Employee Self Evaluation)

Evaluator/Title: _____ **Date:** _____