

Job Description / Performance Evaluation

Title: Nurse Practitioner

Employer Evaluation

Employee Self Evaluation

Job Summary:

Primary functions are to assist in overseeing the clinical care and treatment of patients and families; to consult with the patients' attending physician, in consultation with the hospice physician; provide clinical direction to the Interdisciplinary Team to assure quality care.

Job Classification: Clinical

Lines of Authority: Reports to Administrator and Medical Director

Job Qualifications:

- Education: Graduate of an accredited Diploma, Associate or Baccalaureate School of Nursing
- Licensure: Current State license as a Registered Nurse and as an Advanced Practice Nurse. Current Driver's License
- Experience: Two years experience as an APN, clinical care setting preferred; hospice or home health preferred.
- Skills: Nursing skills as defined as generally accepted standards of practice. Comprehensive knowledge of pharmacology, palliative care, and end-of-life. Good interpersonal skills. Proof of Hepatitis consent/declination. .
- Transportation: Reliable transportation. Valid and current auto liability insurance

Environmental and Working Conditions:

Works in patients' homes in various conditions; possible exposure to blood and bodily fluids and infectious diseases; ability to work flexible schedule; ability to travel locally; some exposure to unpleasant weather; PRN emergency call.

Physical and Mental Effort:

Prolonged standing and walking required, with ability to lift up to 50 lbs and move patients. Requires working under some stressful conditions to meet deadlines and patient needs, and to make quick decisions and resource acquisition; meet patient/family individualized psycho social needs. Requires hand-eye coordination and manual dexterity.

Essential Functions:

Evaluation

Collaborates with the IDT in assuring appropriate evaluation and palliative treatment of terminal disease.	
Consults with and assists in the IDT's development of patient/family plan of care to assure quality care is provided.	
Consults with and educates the patient/family regarding disease process, self-care techniques, end-of-life care. Provides training to other staff as needed.	
Performs and documents visits to patient/family based on plan of care and patient/family need.	
Interacts with attending and consulting physicians as necessary regarding palliative care, in collaboration with hospice physician	
Consults with and provides education to other IDT members on a prn basis for clinical issues relating to palliation.	
Actively participates in the IDT. Communicates effectively, timely, and appropriately at all times.	
Informs physicians and other personnel of changes in the patient's needs and outcomes of intervention, while evaluating patient/family response to care.	
Completes face-to-face encounters with patients, as assigned, prior to 3 rd benefit period and each period afterwards.	
Provides clinical assessment results to hospice physician after making face-to-face encounters with patients, as assigned.	
Uses standard precautions at all times, and per agency policy.	
Adheres to agency policies regarding protected health information.	
Keeps up with and maintains education/knowledge in pharmacology and palliative medicine.	
Provides on-call services to patients/families as assigned.	

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:** _____