

## Job Description/Performance Evaluation

**Title:** RN Case Manager

**Job Summary:**

Primary functions are to administer skilled nursing care for clients of all ages in their place of residence, coordinate care with the interdisciplinary team, patient/family and referring agency; and assumes the responsibility for coordination of care.

**Job Classification:** Clinical

**Lines of Authority:** Reports to Supervising Nurse

**Job Qualifications:**

- Education: Graduate of an accredited Diploma, Associate or Baccalaureate School of Nursing
- Licensure: Current State license as a Registered Nurse, current State Drivers License.
- Experience: One year of experience as an Registered Nurse in a clinical care setting required, hospice experience preferred.
- Skills: Nursing skills as defined as generally accepted standards of practice. Good interpersonal skills. Specialized skills preferred in palliation and end-of-life. Proof of current CPR. Must read, write and comprehend English.
- Transportation: Reliable transportation. Valid and current auto liability insurance

**Environmental and Working Conditions:**

Works in patients home in various conditions; possible exposure to blood and bodily fluids and to 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**

Initial and ongoing comprehensive assessments of the impact of the terminal disease on the patients physical, functional, psychosocial, and environmental needs and ADLs, i.e., risk for grief, cultural and spiritual, verbal and non-verbal.	
Implement the individualized POC and recommend revisions to the plan as necessary.	
Consulting with and educating the patient and family regarding disease process, self-care techniques, end-of-life care, nutrition and dietary needs. Providing training to other staff as needed.	
Initiating appropriate preventive and rehabilitative nursing procedures.	
Preparing clinical and progress notes that demonstrate progress toward established goals.	
Coordinating all patient and family services and prioritization of needs with the members of the IDT.	
Use of case management approach and referring to other services as needed.	
Informing physician and other personnel of changes in the patient's needs and outcomes of intervention, while evaluating patient/family response to care.	
Determining scope and frequency of services needed based on acuity and patient/family needs.	
Assessing ability of the caregiver to meet the patient's immediate needs upon admission and throughout care.	
Evaluating own needs for support and using identified systems to meet the need	
Communicating information using current process and technology available to the organization.	
Applying specific criteria for admission and re-certification to hospice care to establish appropriate levels of care and the patient's eligibility.	
Perform on-call responsibilities and provide on-call service 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 requirements  
 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:** \_\_\_\_\_

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**Employer/Employee Mutual Goals set for the next evaluation period:** \_\_\_\_\_

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**Employee Comments/Response:** \_\_\_\_\_

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(For Employer Evaluation/Employee Self Evaluation)

**Evaluator/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_