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| **Job Description**  **Hospice and Palliative Care APN** | | | | | | | | |
| Reports to: Clinical Director | | | | | Agency: Life Touch | | | Location Code: 4 |
| The Mission of SHARE is to identify, develop and foster programs and services that further the health and well- being of the people of our community and surrounding areas. | | | | | | | | |
| **Position Summary** | | | | | | | | |
| Coordinate all aspects of the Life Touch Palliative Care Program; perform hospice patient visits to include rounding in the JRWHH and Face-to-Face visits; provide clinical staff education. | | | | | | | | |
| **Position Classifications** | | | | | | | | |
| Primary Classification:  Non-Exempt | Pay Type:  Hourly | | | | | | Safety Sensitive:  Yes | |
| Benefits Eligible: Yes | Driver Status:  Routine | | | | | | Random Testing:  Yes | |
| EEOC Classification:  Professional | SOC Code:  29-1171 | | | | | | Job Title ID:  176 | |
| **Qualifications** | | | | | | | | |
| Possess a Master’s Degree in Nursing, current license as an APN in good standing by the Arkansas State Board of Nursing and Prescriptive Authority are required. Geriatric primary care, long term care, and/or hospice and palliative care experience preferred. Must obtain billing privileges as a nurse practitioner. | | | | | | | | |
| **Certifications** | | | | | | | | |
| None | | | | | | | | |
| **Physical and Mental Requirements** | | | | | | | | |
| **Light Work:** Sitting/standing, exerting up to 20 lbs. occasionally and/or 10 lbs. frequently  **The minimum requirements of this position require this individual to:**   * Hear alarms/telephone/normal speaking voice * Have good manual dexterity * Have clarity of vision with/without corrective lenses * Must be able to walk up or down steps or stairs * Work in a constant state of alertness and in a safe manner   This position is considered Safety Sensitive under applicable Arkansas laws pertaining to the use of marijuana for medicinal purposes. This position includes as part of the job duties performing life-threatening procedures and regularly working with controlled substances, foods, medicine and highly sensitive and confidential medical information. This position is one in which a lapse of attention could result in injury, illness, or death. For the safety of the employee and others, the employee must be able to work in a constant state of alertness and concentrate for long periods of time while performing life-threatening procedures and working with controlled substances, foods, medicine and confidential medical information. | | | | | | | | |
| **Other Requirements for Continued Employment** | | | | | | | | |
| * Valid current driver’s license * Must maintain current automobile insurance coverage at all times * Must provide and use personal transportation * Have and maintain clean motor vehicle report * Must maintain professional licensure * Named not present on federal and state office of inspector general registry * Sex offender registry clearance * HIPAA training * Availability to work as scheduled during hours of operation | | | | | | | | |
| **SHARE IMPACT Values** | | | | | | | | |
| The values of SHARE are:  **Integrity - Motivated - Professionalism - Adaptability - Compassion - Teamwork**  Your behavior and the values you demonstrate in the workplace have a direct IMPACT on mission fulfillment, the work environment and the people you serve. You will be evaluated on the demonstration of these values in the performance of your work and in your daily interaction with others. You must be successful in both the demonstration of these values and the successful performance of the essential job functions required on this job description. | | | | | | | | |
| **Evaluation Instructions**  **Evaluation Key**: Met **(M)** Needs Improvement **(NI)** Not Met **(NM).**Complete electronically or in ink. Do not erase or use white out and initial any corrections. Give a key for all requirements. Include documentation for NI or NM keys in the comments field. Document any goals that are set during the evaluation. Give employees the opportunity to make comments or to respond in writing. Complete the recommendations section. Signatures are required from the supervisor and the employee. | | | | | | | | |
| **Requirement** | | | | **Key** | | | **Evaluation Comments** | |
| **Essential Job Functions** | | | | | | | | |
| **Palliative Care** | | | | | | | | |
| Provide consultation as requested in palliative care, symptom management and supportive care to meet the general medical needs of the patient. | | |  | | | |  | |
| Facilitate clarification of patient and family goals of care. | | |  | | | |  | |
| Facilitate access to appropriate support models of care. | | |  | | | |  | |
| Inform primary physician of recommended services and collaborate with other physicians as needed. | | |  | | | |  | |
| Educate staff, co-workers and the community on all aspects of palliative care and the services provided by Life Touch. | | |  | | | |  | |
| Prepare and maintain accurate patient records, charts and documents to support the medical practice and reimbursement for services provided. | | |  | | | |  | |
| Prescribe medications including controlled substances to the extent delegated and licensed and after appropriate physician collaboration. | | |  | | | |  | |
| Order diagnostics / treatments as needed after appropriate physician collaboration. | | |  | | | |  | |
| Assist with developing clinical practice guidelines / standards in support of quality palliative care and consistent with regulatory requirements and ensure compliance with these guidelines and standards. | | |  | | | |  | |
| Identify opportunities to improve the patient and family experience of care and to improve the efficiency and effectiveness of resource utilization. | | |  | | | |  | |
| Provide consultation as requested in palliative care, symptom management and supportive care to meet the general medical needs of the patient. | | |  | | | |  | |
| **Hospice Care** | | | | | | | | |
| Prescribe medications including controlled substances to the extent delegated and licensed and after appropriate physician collaboration. | | |  | | | |  | |
| Work in a collaborative team approach with the Team. | | |  | | | |  | |
| Provide physician back up and coverage responsibilities as needed. | | |  | | | |  | |
| Ensure adherence to the Hospice Conditions of Participation and State Rules and Regulations for Hospices in Arkansas. | | |  | | | |  | |
| As needed, conduct rounds on patients in the inpatient unit; record pain/symptom management changes/outcomes as appropriate. | | |  | | | |  | |
| Complete the face to face visit prior to the 180th day of recertification and prior to each subsequent recertification | | |  | | | |  | |
| Complete a face to face visit within 30 days preceding the patient’s re-certification date as communicated by medical records | | |  | | | |  | |
| When a patient is admitted to Life Touch Hospice in a 3rd or later benefit period, complete a face to face visit encounter within 2 days after admission | | |  | | | |  | |
| Attest in writing , including the date of the encounter, that the visit took place | | |  | | | |  | |
| Sign the attestation statement | | |  | | | |  | |
| Provide billing information to the Administrative Manager if medically necessary physician services were provided to the patient during the visit if listed as the attending physician on record | | |  | | | |  | |
| Document a narrative of the clinical findings that support hospice eligibility. | | |  | | | |  | |
| Possess an understanding of reimbursement and coding for all levels of hospice and palliative care services – home, nursing home, assisted living, JRWHH, office, etc. | | |  | | | |  | |
| Submit accurate coding and billing information for each patient visit to the Billing Coordinator | | |  | | | |  | |
| Perform other duties and assignments as requested | | |  | | | |  | |
| **Adhere to Policies and Procedures** | | | | | | | | |
| Demonstrate an understanding of how SHARE’s IMPACT values help achieve our mission to identify, develop and foster programs and services that further the health and well-being of the people of our community and surrounding areas. Demonstrate those values on a daily basis and be willing to overcome behaviors that negatively impact relationships with co-worker’s and the people we serve. | | |  | | | |  | |
| Adhere to all SHARE Foundation and Life Touch Policies and Procedures | | |  | | | |  | |
| Comply with the HIPPA Privacy Policy maintaining confidentiality requirements. | | |  | | | |  | |
| Provide proof of current valid driver’s license and current automobile insurance to SHARE administration each time documents are requested. | | |  | | | |  | |
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| **Evaluation Summary** | | | | | | | | |
| **Met last year’s goals:** | | | | | | | | |
| **Evaluation Goals for Up Coming Year:** | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| **Recommendations:** | | | | | | | | |
| **Employee Comments:** | | | | | | | | |
| By signing this job description I understand that it is a summary of the typical functions of the job, not an exhaustive or comprehensive list of all the possible job responsibilities, tasks, and duties I may be asked to perform. I will be required to perform other responsibilities, tasks and duties that may differ from those outlined in this job description when they are assigned. This job description should not be construed to imply that these requirements and functions are the exclusive standards of this position. The essential functions or primary responsibilities of this position are subject to change at any time without notice. I understand that I will be expected to fulfill the essential functions, responsibilities, tasks, behavioral expectations and other duties when assigned to my employer’s satisfaction and at its discretion. This job description is not an employment contract and employment is for no fixed term and may be discontinued with or without cause or notice, by me or my employer, at any time.  **Employee Signature: Date:** | | | | | | | | |
| **Supervisor Signature:** | | | | | | **Date:** | | |
| **ED Review:** | | **Date:** | | | | **HR Review:** | | |