HOSPICE

HUMAN RESOURCES

MANUAL

Accurate QA Solutions

HUMAN RESOURCES TABLE OF CONTENTS-HOSPICE

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GUIDANCE FOR HUMAN RESOURCES - HOSPICE

1. Personnel File Checklist:
    a. Initial: for New Hires
    b. Annual: for items to be updated annually
2. Employment Application:
    a. Complete, all sections.
    b. Includes diplomas and/or educational transcripts.
    c. Signed and dated by both the applicant and agency representative.
3. Reference Checks:
    a. Agencies must have 2 reference checks or proof of the attempts on each employee
4. Pre-employment interview:
    a. Questionnaire
    b. Instructions
5. Texas New Hire Reporting Form:
    a. This is the law in Texas for all new hires and must be filed within 20 days of employment
    b. Agency may complete the forms online but must document the completion in the employee file.
    c. http://employer.oag.state.tx.us
6. Criminal Background Check Authorization Form
    a. Form Must be signed upon hire
    b. Required for all employees prior to hire and annually.
    c. https://publicsite.dps.texas.gov
    d. $3.00 per report as of 1/2025
7. Statement of Employability:
    a. Companion to criminal history check
    b. Must be signed
8. Employee Acknowledgement
    a. Agreement to Abide by Agency Policies and Procedures
    b. Signed/Dated by all employees
    c. Must have proof all employees understand the agency policy & state/federal regulations
    d. Confirms receipt of agency policies and agreement to follow them
        i. Confidentiality Policy
        ii. Drug Testing Policy
        iii. Harassment Policy
        iv. Non-Solicitation/Illegal Remuneration Policy
        v. Non-Discrimination Policy
        vi. Abuse, Neglect & Exploitation Policy
        vii. Workers' Compensation Policy
        viii. Progressive Discipline Policy
        ix. Agency Policies
9. Professional Services Agreement:
    a. Skilled employees only
10. Individual Confidentiality Agreement:
    a. Signed/dated by all employees
11. Timely Clinical Documentation (Skilled employees)
    a. Signed/dated by all skilled employees
12. IRS Forms:
    a. W-4
        i. Mandatory for Medical Director, MSW, Chaplain, Supervising Nurse
    b. W-9
        i. Contact your tax professional to choose appropriate form

13. Inservice Records:
    a. Mandatory in-services (indicated by an *) must be completed upon hire for and annually for all employees.
    b. Documentation should be in the HR file or in-service manual.
14. Orientation checklist:
    a. Mandatory for all new employees
    b. Must be signed by new employee and agency HR manager or department manager.
    c. Clinical staff will also have a clinical orientation checklist
15. Job description/Initial Self-Evaluation:
    a. There must be a signed job description for every position held in the agency
16. Performance Evaluations:
    a. For CHAP accredited agencies, all new employees must have a 90-day evaluation. Documentation should be in the HR file.
    b. ALL employees must have a performance evaluation annually on each position held at the agency.
        i. It must be signed by both the employee and the department manager or per agency policy.
17. Written Exams:
    a. Mandatory for Nurses & HHA's.
18. Employee Exposure Training Record:
    a. Proof face-to-face employees have been trained on proper use of PPE.
19. Skills Checklist/Competency:
    a. For Attendants with no documented experience, the agency must have a competency; maybe completed at orientation, and the agency should also have the written competency evaluation in the HR file.
    b. HHA's must have an on-site competency of all the state and Medicare required elements.
        i. Must be graded by an RN.
        ii. Must be completed on a person/patient.
        iii. Must be completed prior to providing face-to-face care of an agency patient and annually.
    c. LVN's must be evaluated by an RN on-site prior to providing care to agency patients and annually
    d. If the LVN or RN is going to perform High Skilled/Complex Care (PICC line, Wound Vac, Trach etc.) you MUST have proof of competency and evaluation by the agency DON or designated RN.
20. Administrator Training Certificates:
    a. First time Administrators and Alternate Administrators must complete 8 hours of state approved CEU's from a state approved provider prior to being designated for the position.
    b. They must complete an additional 16 hours within the next 12 months. Documentation should be in the HR file.
    c. Administrators and Alternate Administrators must complete 12 hours of state approved CEU's from a state approved provider CEU's every 12 months. Documentation should be in the HR file.
21. Administrator Modules:
    a. Upon hire.
        i. Hospice Skilled only: 1,2,4,6
        ii. Hospice Skilled & PAS: 1,2,3,4,6
22. Office of Inspector General (OIG):
    a. State and Federal OIG websites
        i. Medicare only agencies: prior to hire and annually
        ii. Medicare and Medicaid agencies: prior to hire and monthly
    b. State checks: https://oig.hhsc.texas.gov/exclusions
    c. Federal checks: https://exclusions.oig.hhs.gov/
23. Employee Misconduct Registry (EMR)
    a. Unlicensed personnel
    b. Prior to Hire and annually
    c. https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp
24. Nurse Aide Registry (NAR)
    a. CNAs only
    b. Prior to Hire and annually
    c. https://txhhs.my.site.com/TULIP/s/public-search

25. Documentation of licensure:
    a. For nurses in Texas, the Board of Nurse Examiners no longer provides paper certificates.
    b. The agency must check the license online.
    c. https://txbn.boardsofnursing.org/licenselookup
    d. Texas CNA's certificate numbers will show on the EMR/NAR checks.
    e. Physical therapists, Occupational Therapists, Speech Therapists and Social Workers must also have their licenses on file. These can be also found online.
        i. https://www.tdlr.texas.gov/licensesearch/
26. CPR:
    a. Mandatory for face-to-face caregivers:
        i. RN's. LVN's, HHA's, Therapists etc.
        ii. NOT REQUIRED FOR ATTENDANTS
    b. Must be current or the clinician CANNOT provide care.
    c. Online CPR classes not accepted.
27. Proof of Driver's License:
    a. Mandatory for any employee driving on agency business
    b. If the employee does not have a driver's license, there must valid, picture ID issued by the state.
28. Proof of Liability Insurance:
    a. Mandatory for any employees driving on agency business.
29. TB Screening:
    a. Baseline skin or blood test Upon hire only
        i. Can be a test previously done and does not need to be new
        ii. Employee must provide a copy
        iii. Chest X-Rays not accepted
    b. TB Screening Questionnaire required annually.
30. Hepatitis B:
    a. All face-to-face providers should have a proof of Hepatitis B vaccination.
    b. If the clinician does not have proof of Hep B vaccination, the agency should offer to provide or facilitate the vaccination.
    c. If the employee declines the vaccination, there should be documentation of the declination in the HR file.
31. Employment Eligibility Verification Form (I-9):
    a. Required by federal law on all employees.
    b. Must be completed with proof of identification & filed.
        i. Agency must be aware of list A – one form of ID.
        ii. Agency must be aware of list B – 2 forms of ID.
    c. https://www.uscis.gov/i-9
32. Social Security Card:
    a. Copy for employee folder
33. Miscellaneous Health Records:
    a. COVID-19 Vaccination Card (not required); Flu Shot Record (not required)
    b. Any other specific health condition that is relevant to the employee's job performance must be documented (specific debilities etc.) in the HR file. If the agency is adjusting to facilitate the employee's ability to be employed, these must be documented in the employee's file.
34. Criminal Background Check:
    a. Required for all employees prior to hire and annually
        i. Include any state lived in the last 3 years
    b. https://publicsite.dps.texas.gov
    c. $3.00 per report as of 1/2025
35. NATIONAL Sex Offender Registry Check
    a. ALL employees prior to hire and annually
    b. https://www.nsopw.gov/search-public-sex-offender-registries
36. Exit Interview:
    a. Best practice for all agencies when possible

ACTIVE PERSONNEL FILE CHECKLIST-HOSPICE

Employee Name: _____ Hire Date:

Position: _____ _____

SECTION 1	
	Completed & Signed Application for Employment Including: Individual Job Qualifications
	Reference Checks: Past Employment Verification or Personal Reference (Minimum of 2)
	Texas Employer New Hire Reporting Form (Complete & Submit within 20 days of Employment)
	Criminal Background Check Authorization Form (Upon Hire Only)
	Statement of Employability
	Employee Acknowledgement
	Professional Services Agreement
	Confidentiality/Conflict of Interest Disclosure Statement
	Timely Clinical Documentation Agreement
	W-4 Form (Company is Withholding) or W-9 Form (No Withholding)
SECTION 2	
	Inservice Record (Upon Hire & Annually)
	Signed Orientation Checklist (add Clinical Orientation Checklist for Clinical Staff)
	Signed Job Description for Each Position Held at the Agency/Initial Self-Evaluation
	Performance Evaluation for Each Position Held at the Agency (Annually on Anniversary of Hire)
	Written Exams (HHA, Nursing)
	Employee Exposure Training Record
	Skills Checklist/Competencies (Upon Hire & Annually)
	Administrator Training Certificates (Initial 8 Hours+Additional 16 Hours, Annual 12 Hours)
	Administrator Modules (Upon Hire Only) (Skilled Only: 1,2,4,6) (Skilled & PAS: 1,2,3,4,6)
SECTION 3	
	State OIG (All Employees & Vendors Prior to Hire & Annually) (Monthly if Medicaid Provider)
	Federal OIG (All employees & Vendors Prior to Hire & Annually) (Monthly if Medicaid Provider)
	Employee Misconduct Registry Check (Unlicensed Personnel: Prior to Hire & Annually)
	Nurse Aide Registry Check (CNAs Only; Prior to Hire & Annually)
	License Verification (Upon Hire & at Time of Renewal): Expiration Date: _____
	Current CPR Certification (Renewal Every 2 Years): Expiration Date: _____
	Copy of Current Driver's License: Expiration Date: _____
	Copy of Current Auto Insurance: Expiration Date: _____
SECTION 4	SECURED FOLDER
	TB Screening Form (Baseline skin or blood test Upon Hire Only, Screening Form Only- Annually)
	Hepatitis B Vaccination Form (Upon Hire Only)
	Employment Eligibility Verification Form I-9 (Completed & Signed)
	Copy of Social Security Card
	Miscellaneous Health Related Items: COVID Vaccine Card, Flu Shot Record etc. (not mandatory)
	SEPARATE FOLDER UNDER LOCK & KEY
	Criminal History Check (Prior to Hire & Annually) [Include any state lived in the last 3 years]
	National Sexual Offender Check (Prior to Hire & Annually)

ANNUAL PERSONNEL FILE CHECKLIST-HOSPICE

Employee Name: _____ Hire Date:

Position: _____ _____

SECTION 2	
	Inservice Record (Upon Hire & Annually)
	Performance Evaluation for Each Position Held at the Agency (Annually on Anniversary of Hire)
	Annual Skills Competency
	Administrator Training Certificates (Annual 12 Hours)
SECTION 3	
	State OIG (All Employees & Vendors Prior to Hire & Annually) (Monthly if Medicaid Provider)
	Federal OIG (All employees & Vendors Prior to Hire & Annually) (Monthly if Medicaid Provider)
	Employee Misconduct Registry Check (Unlicensed Personnel: Prior to Hire & Annually)
	Nurse Aide Registry Check (CNAs Only; Prior to Hire & Annually)
	License Verification (Upon Hire & Time of Renewal): Expiration Date: _____
	CPR Certification (Renewal Every 2 Years): _____
	Copy of Current Driver's License: Expiration Date: _____
	Copy of Current Auto Insurance: Expiration Date: _____
SECTION 4	SECURED ENVELOPE
	TB Screening Form (Upon Hire & Annually)
	SEPARATE FOLDER UNDER LOCK & KEY
	State Criminal History Check Upon Hire & Annually
	(Include all other states of residence in the 3 years prior to hire)
	National Sexual Offender Check

CONTRACT STAFF PERSONNEL FILE CHECKLIST

Contract Employee Name: _____ Date: _____

- ☐ Confidentiality Statement
- ☐ Orientation Checklist
- ☐ TB Screening and testing as required by agency policy
- ☐ CPR certification
- ☐ License and License Verification
- ☐ Office of the Inspector General (OIG) Exclusion List Check
- ☐ Hepatitis B Consent/Declination
- ☐ Criminal Background Check (if applicable)
- ☐ Compliance Pledge
- ☐ System for Award Management (SAM) Exclusion List Check
- ☐ Competency Skills Checklist, as appropriate

_____

_____

_____

_____

Note: All health files may be maintained in a sealed envelope in the personnel file or in a separate folder/binder in a secure location.

HOSPICE ORIENTATION CHECKLIST

1. Introduction
- Welcome
  - Hospice Overview
  - Agency Mission/Philosophy
- Overview of Agency
  - Organizational Chart
  - Scope of Services
  - Geographical Coverage
  - How to Access Agency Policies and Procedures

2. Agency/Employee Commitment and Responsibilities
- Community and Customer Relations
- Discrimination and Harassment
- Reasonable Accommodation
- Drug Free Workplace
- Smoke Free Workplace
- HIPAA/Confidentiality
- Professional Conduct
- Attendance
- Professional Appearance
- Dress Code
- Telephone Usage
- Quality Assessment Performance
  - Improvement Program (QAPI)
- Patient Complaints
- Fraud and Abuse in Hospice
- Business Ethics
- Patient Care Ethics
- Ethics Committee
- Cultural Diversity

3. Human Resources/Personnel Administration
- Personnel File Maintenance
- Background Checks
- Employee Education
- Employee Performance
- Employee Grievance/Complaint Resolution
- Progressive Discipline

4. Compensation
- Work Schedules/Time Records
- Pay Checks, Deductions, Overtime, Holidays
- Family Medical Leave Act
- Jury Duty

5. Safety/OSHA
- OSHA
- Risk Management
- Personal Safety
  - Driving Safety
  - Body Mechanics
- Fire Safety Procedures
  - Office
  - Patient Residence
- Workplace Security
- Workplace Safety
- Workplace Violence
- Exposure Control
  - Standard Precautions
  - Hepatitis B
  - Personal Protective Equipment
  - Hazardous Waste
  - Infection Control
  - Hand Hygiene
- Emergency Preparedness and Response
- Equipment Safety/Maintenance
- Incident/Occurrence Reports
- Adverse/Inclement Weather
- Equipment Safety/Safe Medical Device Act
- Location of SDS Information
- Occurrence/Incidence Reports

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

CLINICAL ORIENTATION CHECKLIST

6. Professional Direct Care Staff
- Patient Care Policies and Procedures
  - On Call for Patient Care
  - Alternative Communication
  - Advance Directives
  - Patient Rights & Responsibilities
  - Rights of the Elderly
  - Medical Emergency Management
  - Disposal of Controlled Substances
  - Change in Patient Condition/Verbal Orders
  - Abuse, Neglect and Exploitation
  - Pain
  - Supplies and Medical Equipment
  - Transfer/Discharge
- Documentation
  - Documentation Guidelines in Hospice
  - Documentation to Support Medical Necessity

7. Admission and Recertification
- Criteria for Admission
- Criteria for Medicare Coverage
- Admission Process
- Documentation
  - Consent Form
  - Comprehensive Assessment
  - Advance Directives
  - Home Safety Assessment
  - Medication Profile
  - Plan of Care (POC)
  - Hospice Aide Care Plan
  - Certification/Recertification

8. Hospice Quality Reporting Program
- Introduction to HQRP & Hospice Item Set (HIS)
- Hospice CAHPS

9. Hospice Core Services/Therapies/Volunteer Services
- Physician Services
- Nursing Services
- Medical Social Services
- Counseling Services
- Therapists
- Volunteers

10. How Hospice Cares
- History of End-of-Life Care
- Levels of Care
- Grief & Bereavement
- What to Expect in the Final Stages of a Patient's Life

11. Pain Assessment & Symptom Management
- Overview
- Pain Assessment
- Symptom Management

12. Hospice Aide Services
- Introduction
  - Goals of Hospice Care
  - General Guidelines
  - In-Services
  - Professional Conduct
  - Patient Rights
  - Confidentiality
  - Communication Skills
    - Guidelines for Effective Communication
    - Barriers to Effective Communication
- Provision of Care
  - Hospice Aide Care Plan
  - Hospice Aide Visit Note
  - Reporting Patient Observations
  - Guidelines for Charting
  - Approved Medical Abbreviations
  - Communication Note
  - Tips for Time Management
  - Supervision of Aide Services
- Safety
  - Personal/Equipment/Oxygen/ Bathroom
  - Life Threatening Emergency Guidelines
  - Abuse/Neglect/Exploitation
  - Exposure Control
  - Cleaning Equipment
- Death and Dying
  - Overview
  - Death and Dying Summary Sheets

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

13. Texas Specific Orientation

Employee Education
Jury Duty
Advance Directives
Patient Rights & Responsibilities
Abuse, Neglect & Exploitation
Documentation Guidelines in Hospice
Medical Social Services

14. ACHC Specific Orientation

Accreditation Commission for Health Care

Compliance Program
Conflict of Interest
Professional Boundaries
Personnel Administration
Staff Performance
Staff Training
Staff Grievance Reporting
Background Checks
Recruitment/Hiring/Retention
Support for Psychosocial/Spiritual Issues
Stress Management
Exposure Control
Signs of Abuse, Neglect & Exploitation
Admission & Recertification
Diseases & Medical Conditions Common to Hospice
Conveying Charges
Supervisory Visits
Hospice Aide Care Plan

15. Tour of Office

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SECTION ONE

APPLICATION

REFERENCE CHECKS

PRE-EMPLOYMENT INTERVIEW

EMPLOYMENT APPLICATION

WE ARE AN *EQUAL-OPPORTUNITY* EMPLOYER

NAME: _____ **DATE:** _____
LAST FIRST MI

ARE YOU 18 YEARS OF AGE OR OLDER? **[ ]** YES **[ ]** NO DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____HOME PHONE: _____CELL PHONE: _____

CURRENT ADDRESS: _____

PRIOR ADDRESS: _____

APPLICANT NOTE: This application form is for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. The company reserves the right to determine an applicant's eligibility for employment or termination of employment while governed by state and federal statutes regarding equality without discrimination of sex, creed, race, natural origin, religious preference or disability. Reasonable accommodation may be available to persons otherwise able to fulfill job responsibilities.

AVAILABILITY: For which position are you applying? _____
Professional License Number (If applicable) _____ Expiration Date: _____
What date can you start? _____What category would you prefer? [ ] Full Time [ ] Part Time [ ] Temporary
For which schedule are you available?

EDUCATION: Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+

NAME	CITY/STATE	GRADUATE?
High School:		YES NO
College:		YES NO
Trade, Business or Correspondence:		YES NO
Other:		YES NO

List any job-related, military training, experience or related courses of study:

EXPERIENCE: Provide information regarding your three most recent employers.

Employer #1:				Employer #2:				Employer #3:			
Address:				Address:				Address:			
City, State, Zip:				City, State, Zip:				City, State, Zip:			
Telephone:				Telephone:				Telephone:			
Supervisor:		May we contact?		Supervisor:		May we contact?		Supervisor:		May we contact?	
Dates Employed		Salary/Pay Rate		Dates Employed		Salary/Pay Rate		Dates Employed		Salary/Pay Rate	
Start:	End:	Start:	End:	Start:	End:	Start:	End:	Start:	End:	Start:	End:
Position/Duties:				Position/Duties:				Position/Duties:			

SECURITY In which state have you lived in the past seven years? _____

Have you used any names or social security numbers other than those on page one? Yes No

If yes, please list: _____

Have you ever been convicted, fined, imprisoned, placed on probation or given a suspended sentence by any court, including court martial, or have forfeited bail in connection with any offense? Do not include: (1) juvenile offenses if the record has subsequently been sealed by court order; (2) traffic violations unless an issuance of a warrant resulted. [ ] Yes [ ] No

Criminal convictions do not necessarily bar the applicant from employment. If yes, give the following information for each offense:

OFFENSE & DATE	CITY/STATE	SENTENCE &/OR DISPOSITION

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE/EMAIL	RELATIONSHIP/YEARS KNOWN

EMERGENCY CONTACT NAME: _____ NUMBER: _____

RELATIONSHIP: _____

QUALIFICATIONS Include a combination of education, experience and other personal abilities you feel make you qualified for the position):

_____
_____
_____

[ ] I am familiar with the mental and physical requirements of the job for which I am applying.
[ ] I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.
[ ] I request the following accommodation to explain, demonstrate or continue the employment application process:

_____
___

CERTIFICATON AND RELEASE: I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to: criminal history and motor vehicle records, NAR/EMR if appropriate, OIG state and federal. I release all persons, schools, companies and law enforcement authorities from any liabilities for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I understand by signing this form, I agree to abide by agency policies and procedures while under agency employment.

Signed:	**Date:**

The agency is an equal employment opportunity employer dedicated to an employment policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

This application will remain active for 45 days.
If you desire continued consideration for employment,
you may reapply after that time.

REFERENCE REQUEST

DATE: _____

APPLICANT NAME: _____

The individual named above is applying for a position as _____ and has given you as a reference. We would appreciate your prompt and thoughtful response. We place great importance on the thorough screening of all our applicants. Information provided will be treated in confidence.

Thank you in advance_____
(Company Representative)

APPLICANT RELEASE

Applicant: _____ _____
Last First MI Maiden

Position Held: _____

Social Security #: _____ Dates Employed: _____ to _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need-to-know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

_____ _____
Applicant's Signature Date

1) Please confirm the applicant's employment. From _____to _____
Date Date

2) Is the applicant eligible for rehire? [ ] YES [ ] NO If no, please explain: _____
_____

3) Optional:

Please comment on the applicant's attributes using the following scale:

4=Excellent 3=Good 2=Fair 1=Poor N/A=Not applicable

Quality of Work: _____ Knowledge & Skills: _____

Reliability & Attendance: _____ Cooperation: _____

Competence: _____ Supervisory Ability & Capacity: _____

Grooming: _____

Please attach any additional comments.

_____ _____ _____
Signature Position/Title Date

INTERVIEW QUESTIONNAIRE

Every interviewee needs to be asked the following questions, as well as, any department-specifically designed questions.

Applicant Name:			Days available:
Position interviewed for:			Hours available:
Written test (s) completed?	HHA competency	Medication test	Other:

All interview questions must be directly job-related. If the applicant volunteer's information about age, race, sex, pregnancy, children, childcare, marital status, health, etc., do not inquire further or indicate interest in the information. Confirm that references will be verified.

Provide the applicant with the copy of the job description and describe the requirements/duties for the position.
Are you capable of performing the required tasks with or without reasonable accommodations?
[ ] Yes, with or without accommodation [ ] No, explain:

Do you have a reliable method of getting to work and can you meet the attendance requirements? [ ] Yes [ ] No

What training, experience and/or skills do you possess that qualifies you for this position?	Skilled Disciplines	[] Informed of Competency Evaluation
		[] Verified License [] Checked sanction List
	Clerical Skills	[] Informed of Competency Evaluation

Have you ever been convicted of a felony? A positive answer may not disqualify you. [ ] YES [ ] NO
If YES, explain:

Why did you leave your last job?

When we contact your former employer, what reason do you think he/she will give for your leaving?

Skilled Disciplines:

After the interview: Rate each characteristic using the following scale:
1-2 Poor/Unacceptable 3-4 Below Average 5-6 Average 7-8 Good/Very Good 9-10 Excellent/Exceptional

Characteristics	Rating	Comments
Appearance: General impression created by dress/grooming.		
Relationships: Ability to work with co-workers.		
Personality: Personal qualities, temperament, disposition.		
Expression: Ability to express self.		
Education: As applies to position.		
Knowledge: Relationship between experience and job duties.		
Initiative: Ambition, motivation, confidence		
Achievement: Habit of applying self to continued improvement.		
Advancement: Perceived ability to advance.		

Applicant offered position? [ ] YES Start Date:

If not hired, explain:

_____ _____

Interviewer Signature/Date (Optional) Second Interviewer Signature/Date

INTERVIEW QUESTIONNAIRE

INSTRUCTIONS

PURPOSE: To have a format for documentation of personal interview while complying with applicable regulations.

PROCEDURE:

1. Complete applicant name, position, days and hours available.

2. First interviewer enters his/her name in the 'Initial Interviewer' box and date of interview.

3. Applicant should have already completed any applicable written test(s) in a satisfactory manner.

4. Provide the applicant with the job description and allow time for the applicant to read qualifications and abilities required by the job. Ask the question, "Are you capable of performing the required tasks?" The applicant does not have to state that accommodations must be made so that he/she can perform the job. If the applicant discloses a disability, the interviewer may ask how the company might reasonably accommodate the disability or ask the applicant to explain or demonstrate how the disability will not interfere with the essential functions of the job.

5. Describe the regular hours, number of hours to complete the job, requirement of on-call for full-time employees, etc. and attendance requirements and then ask if the applicant can meet the attendance requirements and has a reliable method of getting to work. The interviewer may not ask questions regarding the ability to drive.

6. Ask the applicant if he/she can prove legal right to work and proof of age.

7. Talk to applicant regarding job, the applicant's past experience, etc. Interview applicant regarding qualifications, etc. Ask for explanation regarding gaps, short-term employment, reasons for leaving previous employment, etc.

8. Notify skilled disciplines of skills evaluations as appropriate for discipline. All licenses must be verified prior to offering a position. Notify applicants of clerical positions of competency evaluation. Check box to indicate that applicant was informed.

9. Inform HHA's of the requirement of a criminal history check and checking of the nurse aide registry and the employee misconduct registry and make sure the *Statement of Employability* is signed.

10. All employees must be checked on the OIG sanction list.

11. Inform the applicant of the requirement of signing *Professional Service Agreements* (PSA's). Note any applicant response in the comments.

12. Have applicant sign consent form for reference. Have the appropriate person check reference.

13. If appropriate, talk to the applicant about benefits, salary, etc.

14. After the interview, rate the applicant as to appearance, relationships, personality, expressions, education, knowledge, initiative and assertiveness, achievement, and advancement in the first rating column.

15. Write any comments on back of page and sign name.

16. Second interviewer documents his/her name in the 'Second Interviewer' box, and the date of second interview.

17. Second interviewer gives overview of benefits and discusses salary if interested in applicant and not already discussed by First Interviewer.

18. Second interviewer gives overview of benefits and discusses salary if interested in applicant and not already discussed by First Interviewer.

19. If applicant is offered the position, check 'Yes' and write in start date if he/she accepts.

20. If applicant is not offered the position, check the 'No' box and document short explanation, such as 'not enough experience.'

21. The completed *Interview Questionnaire* for applicants that are not offered a position or applicants made an offer who don't accept are kept for a period of one year along with the application in a personnel file drawer (if applicable). After one year, dispose of the documents.

22. File the *Interview Questionnaire* in the personnel file of applicant who is hired.

SECTION TWO

BACKGROUND CHECKS

RELEASE OF INFORMATION

TEXAS NEW HIRE REPORTING

EMPLOYMENT ELIGIBILITY (I-9)

BACKGROUND CHECK LINKS

Criminal History Check (Required for all unlicensed applicants):
Prior to hire
https://publicsite.dps.texas.gov

Employee Misconduct Registry (EMR) Checks (Required for unlicensed employees):
Prior to hire and annually
https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp

Nurse Aide Registry Public Search:
Prior to hire and annually
https://txhhs.my.site.com/TULIP/s/public-search

Office of Inspector General (Required for all applicants: state and federal websites)
Medicare only agencies: prior to hire and annually
Medicaid agencies: prior to hire and monthly

- State checks: https://oig.hhsc.state.tx.us/oigportal2/Exclusions
- Federal checks: https://exclusions.oig.hhs.gov/

National Sex Offender Database: (For ACHC/CHAP accredited agencies)
Prior to hire & annually
https://www.nsopw.gov/

Texas Public Sex Offender Website: (For ACHC/CHAP accredited agencies)
Prior to hire & annually
https://publicsite.dps.texas.gov

CRIMINAL BACKGROUND CHECK

RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize _____
(Agency)
through the Texas Department of Public Safety, to perform a criminal history record information check relative to my application for employment or volunteer services. I also authorize the agency to perform a state and federal OIG check.

Please print legibly or type the following information:

Name: _____
Last First Middle Maiden

Previous name(s) including previous married name(s) and aliases: _____
_____

Address:
_____
_____

If applicant has lived at the above address for less than two (2) years, please list previous address(es) below.
_____
_____

Social Security #: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____
City County State Country

I understand that the Texas Department of Public Safety and its official and employees shall not be held legally accountable in any way for providing this information to the above-named healthcare provider and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the healthcare provider cannot provide me with a copy of the results of this criminal history record check.

Applicant's Signature: _____ Date: _____

This request form must be accompanied by a transmittal letter from the authorized official or individual requesting criminal history record information. This request must be mailed to:

State Bureau of Investigation
DCI/Identification Section

TEXAS NEW HIRE REPORTING

SUBMIT WITHIN 20 CALENDAR DAYS OF NEW EMPLOYEE'S FIRST DAY OF WORK.

This document is found on-line.

1. **http://employer.oag.state.tx.us**
2. **https://employer.oag.texas.gov/employerportal/s/new-hire-reporting-methods**
3. No account creation required—this form can be faxed
4. Under 'Forms', click on Texas Employer New Hire Reporting Form.
   It is available in English and Spanish
5. The form will open in PDF format and can either be saved or printed from the screen.
6. An instruction sheet for filling in the form, and how to submit, is attached.
7. May be submitted by fax, US mail, telephone or internet.

Texas Employer New Hire Reporting Form

Submit within 20 calendar days of new employee's first day of work to:

ENHR Operations Center, P.O. Box 149224
Austin, TX 78714-9224
Phone: 1-800-850-6442 FAX: 1-800-732-5015
Online: www.employer.texasattorneygeneral.gov

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C

1	2	3

Employer Information

1. Federal Employer ID Number (FEIN):
Please use the same FEIN that appears on quarterly wage reports.

2. State Employer ID Number (Optional):

3. Employer Name:

4. Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

5. Employer City (if US):

6. State (if US):

7. ZIP Code (if US): –

8. Province/Region (if foreign):

9. Country (if foreign):

10. Postal Code (if foreign):

11. Employer Telephone (Optional):

12. Employer FAX (Optional):

13. New Hire Contact Person (Optional):

Employee Information

14. Social Security Number (SSN):

15. Date of Hire (MM/DD/YYYY):

16. Employee First Name:

17. Employee Middle Name:

18. Employee Last Name:

19. Employee Home Address:

20. Employee City (if US):

21. State (if US):

22. ZIP Code (if US): –

23. Province/Region (if foreign):

24. Country (if foreign):

25. Postal Code (if foreign):

26. State Where Employee Was Hired (Optional):

27. Employee DOB (MM/DD/YYYY) (Optional):

28. Employee's Salary (Dollars and Cents) (Optional):

29. Salary Frequency (Check One ONLY) (Optional):

☐ Hourly ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Annually

INSTRUCTIONS FOR COMPLETING THE TEXAS EMPLOYER NEW HIRE REPORTING FORM

The purpose of the Texas New Hire Reporting Form is to allow employers to fulfill new hire reporting requirements. You may enter your employer information and photocopy a supply and then enter employee information on the copies.

REPORTING OF NEW HIRES IS REQUIRED:

All required items (numbers 1, 3, 4, 5, 6, 7, 14, 15, 16, 17, 18, 19, 20, 21, 22) on this form must be completed.

Box 1: Federal Employer ID Number (FEIN). Provide the 9-digit employer identification number that the federal government assigns to the employer. This is the same number used for federal tax reporting. Please use the same FEIN that appears on quarterly wage reports.

Box 2: State Employer ID Number (Optional). Identification number assigned to the employer by the Texas Workforce Commission.

Box 3: Employer Name. The employer name as listed on the employee's W4 form. Please do not provide more than one employer name (for example, "ABC, Inc DBA. John Doe Paint and Body Shop" is not correct).

Box 4: Employer Address. Please indicate the address where the Income Withholding Orders should be sent. Do not provide more than one address (for example, P.O. Box 123, 1313 Mockingbird Lane is not correct).

Box 8: Employer Province/Region (if foreign). Provide this information if the employer address is not in the United States.

Box 9: Employer Country (if foreign). Provide the two letter country abbreviation if the employer address is not in the United States.

Box 10: Postal Code (if foreign). Provide the postal code if the employer address is not in the United States.

Box 13: New Hire Contact Person (Optional). Providing the name of a contact staff person will facilitate communication between the employer and the Texas Employer New Hire Reporting Program.

Box 15: Date of Hire. List the date in month, day and year order. Use four digits for the year (for example, 2001). This should be the first day that services are performed for wages by an individual. If you are reporting a rehire (where a new W-4 is prepared) use the return date, not the original date of hire.

Box 23: Employee Province/Region (if foreign). Provide this information if the employee does not reside in the United States.

Box 24: Employee Country (if foreign). Provide the two letter country abbreviation if the employee address is not in the United States.

Box 25: Postal Code (if foreign). Provide the postal code if the employee address is not in the United States.

Box 26: State Where Employee was Hired. Use the abbreviation recognized by the U.S. Postal Service for the state in which the employee was hired.

Box 27: Employee DOB (Date of Birth) (Optional). List the date in month, day and year order. Use four digits for the year (for example, 1985).

Box 28: Employee Salary (Optional). Enter employee's exact wages in dollars and cents. This should correspond to the salary pay frequency indicated in Box 29.

Box 29: Salary (Check One ONLY) (Optional). Check the appropriate box relating to the employee's salary pay frequency. Check " Bi-weekly" if the salary is based on 26 pay periods. Check "Semi-monthly" if the salary is based on 24 pay periods. Check "Annually" if salary payment is a one-time distribution.

SUBMISSION OF NEW HIRE REPORTS. The Texas Employer New Hire Reporting Program offers a variety of methods that employers can use to submit new hire reports. For further information on which method may be best for you, call 1-800-850-6442. Employers are encouraged to keep photocopies or electronic records of all reports submitted. When the form is completed, send it to the Texas Employer New Hire Reporting Program using one of the following means:

- **FAX:** 1-800-732-5015
- **U.S. Mail:**

ENHR Operations Center
P.O. Box 149224
Austin, TX 78714-9224

- **Telephone Submissions:** 1-800-850-6442
- **Internet Submissions: www.employer.texasattorneygeneral.gov**

Employers must provide all of the required information within 20 calendar days of the employee's first day of work to be in compliance. State law provides a penalty of $25 for each employee an employer knowingly fails to report, and a penalty of $500 for conspiring with an employee to 1) fail to file a report or 2) submit a false or incomplete report.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

SECTION THREE

STATEMENT OF EMPLOYABILITY
EMPLOYEE ACKNOWLEDGEMENT
CONFIDENTIALITY AGREEMENTS
COMPLIANCE PLEDGE
TIMELY DOCUMENTATION
EQUIPMENT LOAN AGREEMENT
ANNUAL TB SCREENING
HEPATITIS B
EMPLOYEE EXPOSURE TRAINING
COUNSELING FORM

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by the agency and agree that the agency may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253; of if listed as unemployable in the Office of the Inspector General's List of Excluded Individuals and Entities (LEIE) pursuant to sections 1128 and 1156 of the Social Security Act.

Criminal History Check

I have informed this agency of all names (i.e. maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact or have access to patient records until results are returned. I will be notified of results.

CONVICTIONS BARRING EMPLOYMENT

(A) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20. Penal Code (kidnaping and unlawful restraint);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.11, Penal Code (indecency with a child);
- An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- An offense under Section 21.15, Penal Code (improper photography or visual recording);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual or a disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- An offense under Section 22.05, Penal Code (deadly conduct);
- An offense under Section 22.07, Penal Code (terroristic threat);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- An offense under Section 32.53, Penal Code (exploitation of a child, elderly individual or disabled individual);
- An offense under Section 33.021, Penal Code (online solicitation of a minor);
- An offense under Section 34.02, Penal Code (money laundering);
- An offense under Section 35A.02, Penal Code (Medicaid fraud);
- An offense under Section 36.06, Penal Code (obstruction or retaliation);
- An offense under Section 42.09, Penal Code (cruelty to livestock animals);
- An offense under Section 42.092, Penal Code (cruelty to non-livestock animals); or
- A conviction under the laws of another state, federal law or the substantially similar to the elements of an offense listed by this subsection.
- An offense the agency determines to be contraindicated to employment with the consumers the agency serves.

(B) A person may also be barred from employment the duties of which involve direct contact with a client in a facility if convicted of any of the following crimes within the past 5 years:

- An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as a felony);

-
- An offense under Section 30.02, Penal Code (burglary);
- An offense under Chapter 31, Penal Code (theft that is punishable as a felony);
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
- An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony).
- An offense under Section 37.12, Penal Code (false identification as a peace officer); or
- An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).

(C) In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

- Of an offense under Section 30.02, Penal Code (burglary); or
- Under the laws of another state, federal law or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

(D) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment, I understand that all information obtained by this agency regarding any criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

_____ _____

Signature of Applicant Date

For agency use only: Criminal History, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR), and LEIE checks completed:

☐ Criminal History Check completed on-line
☐ Other Convictions identified on Criminal History (document reason hiring in comments below)
☐ NAR
☐ EMR checked online at **https://emr.dads.state.tx.us/DadsEMRWeb/**
☐ LEIE
☐ Applicant employable
☐ Applicant not employable
☐ Comments:

_____
_____
_____
_____

Verified By: _____ Date: _____

EMPLOYEE ACKNOWLEDGEMENT

Confidentiality: Agency maintains confidentiality of operations, activities, and business affairs of the Agency and the clients according to 1996, Health Information Portability and Accountability Act (HIPAA). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members. The health care professional safeguards the client's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, he/she should consult with his/her supervisor.

Drug Testing Policy: Agency does not conduct drug testing of its employees, except for cause. Agency maintains a drug free workplace policy with regard to the possession, use, distribution and sale of drugs/alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispending, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on company paid time. Violation of this policy can result in disciplinary action, up to and including, termination of employment. I acknowledge I have received a copy of the agency's policy on drug testing.

Harassment Policy: This agency is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment, including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager of Human Resources.

Non-Solicitation/Illegal Remuneration: Agency does not reimburse or provide incentives to physicians, durable equipment providers, family or other referral entities for patient referrals for home health services. Employees may not solicit patients for the agency. Employees found in violation of this non-solicitation policy will be subject to discipline up to and including termination of employment.

Non-Discrimination: Agency does not discriminate against clients or employees based on race, color, religion, age, sex, nation origin, marital status or disability.

Abuse, Neglect and Exploitation: Agency employees will report suspected abuse, neglect and/or exploitation to the state departments of the Texas Department of Family and Protective Services, the Department of Aging and Disability Services and Agency management. Agency employees suspected of abuse, neglect or exploitation will be suspended immediately, an investigation will be conducted and if the investigation validated the claim, the employee will be terminated.

Workers' Compensation: Agency is a non-subscriber to workers' compensation insurance. An employee who incurs an injury on the job that requires emergency medical treatment or is life-threatening, should proceed to the nearest emergency room. Emergency medical treatment (non-life threatening) or non-emergency treatment should be referred to the agency's designated clinic. Notify the agency of an injury within 24 hours to complete paperwork. Medical expenses for injuries are covered with the exception of the following: employee's willful intent to hurt self or others, intoxication or drug use, horseplay, acts of God and/or acts of a third party.

Progressive Discipline Policy: The agency utilizes a progressive discipline process in case of misconduct or unacceptable performance. This includes: verbal warning, written warning and final warning. Disciplinary action may begin at an advanced state of the process or may result in immediate termination based upon the nature and severity of the offense, employees past record and other circumstances.

Agency Policies: I acknowledge that I have read, understand, and will comply with all applicable agency policies and guidelines.

Employee: _____ **Date**: _____

INDIVIDUAL CONFIDENTIALITY AGREEMENT

AGENCY NAME: _____

INDIVIDUAL NAME: _____

DATE: _____

CONFIDENTIALITY: The agency maintains confidentiality of operations, activities and business affairs of the agency and the patients/clients according to the 1996 Health Information and Accessibility Act (HIPAA).

Due to the nature of our business, external entities or individuals may gain, directly or indirectly, sensitive and protected health information (PHI)/confidential information on patients/clients and staff members. I agree to safeguard the patient's/client's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient/client information, etc.

If the external entity or individual is in doubt as to whether or not certain information may be shared, he or she should consult with the Agency Administrator.

_____ _____

Individual Signature Date

_____ _____

Agency Administrator Date

CONFLICT OF INTEREST

The Board of Directors must avoid any situation involving a conflict between their personal interests and the interests of the Agency.

1. Any financial or personal obligation which might affect or appear to affect personal judgement in dealing for the company is considered to be a conflict of interest.

2. Areas of actual or potential conflict of interest include:

    a. The employment of relatives where direct supervisory authority or where significant influence can be exerted;
    b. A dating relationship where direct supervisory authority exists or where significant influence can be exerted;
    c. A business or financial interest in a company doing business with the Agency.
    d. A business or financial interest in a company competing against the Agency.
    e. Personal gain resulting from participating in a company decision;
    f. Relationships with suppliers and referral sources resulting in personal gain;
    g. The acceptance of gifts from anyone with whom the Agency does or proposes to do business.

3. It is the responsibility of each staff member to report any situation that appears to be a conflict of interest to the immediate supervisor. Strict confidentiality will be maintained.

4. All Board Members are expected to comply with the Code of Conduct and Business Ethics. Violation of these policies is grounds for disciplinary action up to and including termination/dismissal.

Board Member Name: _____
(print name)

Board Member Signature: _____
(signature)

Date: _____

CONFIDENTIALITY OF PATIENT INFORMATION

- I plan to utilize electronic documentation of patient care.
- I will ensure confidentiality and security of patient information by password protecting the device or program utilized.
- I agree to change the password at least quarterly or following a breach of security.
- I will not provide my password to anyone.
- I will use an electronic signature, if acceptable to payor source. Authentication will be available if requested by the agency.
- I have been informed of the Agency's Confidentiality Policy and Safeguarding of Medical Records Policy and I agree to abide by these policies.

_____
Printed Name

_____
Signature

_____
Date

COMPLIANCE PLEDGE

(to be completed upon hire & annually)

The undersigned is a current Governing Body member, owner, officer, director, or person who performs billing or coding functions on behalf of the Agency or an employee of the Agency. In this capacity, the undersigned hereby affirms that:

I have received the Agency Standards of Conduct, have had an opportunity to have questions regarding the Standards of Conduct answered, and agree to conduct myself in accordance with same in all dealings with or on behalf of the Agency;

I have completed the Compliance Training and Education Program as required by the Agency Compliance Program;

I am not aware of any actual or potential unreported activity by any person or entity acting for or in conjunction with the Agency which is known or believed by me to be in violation of any applicable federal or state law, rule or regulation;

I understand the importance of compliance with applicable laws, rules, and regulations to the Agency and to the government, and third parties;

I understand that all Agency representatives are expected to report any suspected violations of these laws, regulations, or rules to their supervisor or the Compliance Officer. I understand that I must report any suspected violations of the policies or the standards and procedures of the program and that I may anonymously report suspected violations through the Compliance Dropbox or the Hotline # _____. I understand that conduct in accordance with the Agency Compliance Program will be a condition of my continued relationship with the Agency. I understand that failure to comply with the program may subject me to sanctions or discipline, including by not limited to terminations of employment, and/or privileges; and

I am not currently and have not been subject to any criminal charge or conviction involving any government business nor any conviction, exclusion action, disciplinary action, debarment or proposed debarment, or loss or limitation of licensure, privilege, or employment as a result of any alleged violation of applicable state or federal law, rule or regulation.

Signed this _____ day of _____, 20____.

_____
Name (printed)

_____
Signature

_____
Title or Job Description

TIMELY CLINICAL DOCUMENTATION

Dear Clinician,

We welcome you to our agency. We know you have employment options and we are happy you chose us. You will be satisfied working for our agency for multiple reasons. One reason is the confidence you can have that you are working for an agency that is regulatory-driven and committed to compliance with all state and federal regulations as well as the board overseeing your discipline.

A key part of our compliance strategy is a zero-tolerance policy regarding late documentation.

Documentation submission costs the agency funds, delays the plan of care for the field staff, and is cause for state and Medicare citations. Forms are due in 5 days.

Late notes cost the agency funds, delay the coordination of care, and are cause for state and Medicare citations. Notes are to be submitted, QA'd, signed, and completed in the patients' charts in 14 days.

"I have received this notice and understand that I am required to turn in the patient documentation to the agency in a timely manner."

Signature: _____ Date: _____

Resources:
"The Agency will ensure timely provision of service and services to meet the client's needs in compliance with all federal and state laws and regulations. Agency will also establish timely parameters for all client record information." -*Policy and Procedure Manual*

"The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted…(D) Accurately and completely report and document the client's status including signs and symptoms; (i) Contacts with other health care team members concerning significant events regarding client's status." -*TAC 217.11*

"Improper management of client's records, by turning in incomplete notes, notes that do not provide an accurate picture of the patient's health status and having outstanding notes on completed patient visits." -*TAC 217.12*

Rule 558.249 under Abuse, Neglect, and Exploitation.

If an agency has cause to believe that a client served by the agency has been abused, neglected, or exploited by an agency employee, the agency must report the information immediately to:

(1) The Department of Family and Protective Services (DFPS); and
(2) Texas Department of Health and Human Services (HHSC)

ANNUAL TUBERCULOSIS SCREENING

NAME: _____ **DATE**: _____

THIS FORM IS USED TO SCREEN FOR POSSIBLE INFECTION WITH TB.
PLEASE ANSWER QUESTIONS TRUTHFULLY

DO YOU HAVE:	**YES**	**NO**
A. PRODUCTIVE COUGH (FOR MORE THAN 3 WEEKS.)		
B. PERSISTENT WEIGHT LOSS WITHOUT DIETING		
C. PERSISTENT LOW-GRADE FEVER		
D. NIGHT SWEATS		
E. LOSS OF APPETITE		
F. SWOLLEN GLANDS, USUALLY IN THE NECK		
G. RECURRENT KIDNEY OR BLADDER INFECTIONS		
H. COUGHING UP BLOOD		
I. SHORTNESS OF BREATH		

DO YOU KNOW OF ANY POSSIBLE EXPOSURE TO TB IN THE PAST YEAR EITHER AT WORK OR ELSEWHERE?

☐ YES ☐ NO

IF YOU WOULD LIKE TO HAVE A TB MANTOUX TEST PERFORMED, YOU MAY REQUEST A TEST BY CHECKING BELOW. THE TEST WILL BE PROVIDED FOR YOU AT NO EXPENSE.

☐ **I WOULD LIKE TO HAVE A TB TEST**

☐ **I DO NOT FEEL THAT I NEED A TB TEST AT THIS TIME**

EMPLOYEE SIGNATURE: _____ **DATE**: _____

AGENCY REPRESENTATIVE: _____ **DATE**: _____

IF THE EMPLOYEE REQUESTS A TB TEST, COMPLETE A FORM AND PROVIDE A TEST.

HEPATITIS B VACCINATION

Due to your occupational exposure to blood or other potentially infectious materials, you may be at risk for acquiring hepatitis B viral (HBV) infection. The vaccination series is available, at no cost to you. Please indicate below your declination or acceptance to receive the vaccine.

Hepatitis B is a blood borne virus which can cause a range of symptoms from mild to serious and possibly result in fatal liver damage to health care workers who become infected. The virus can be transmitted through contact with infectious fluids of a client who has hepatitis B virus. You have been taught the concepts of Universal Precautions concerning safe client care and the use of equipment to avoid unnecessary exposure.

Synthetic hepatitis B vaccine is derived from yeast cells. It is not composed of human blood or plasma. It is given as a series of three injections into the arm muscle at prescribed intervals (initial shot, one month later and six months later). It is proven to be over 80-90% effective in protecting against the disease. There may be hypersensitivity to the vaccine and there may be soreness and swelling of the injection arm. Other side effects may occur at an incidence of under 3% of injections.

The vaccine will not be given to persons with known sensitivity to aluminum hydroxide, thimerosal, yeast or hepatitis antigen and will only be given with your personal physician's recommendations in the cases of pregnancy or presence of other infection of immunosuppressive state. The vaccine does not grant 100% assurance of immunity.

ACCEPTANCE:

I have read the above information describing the risks and benefits of receiving the vaccination. I understand that the decision to receive the vaccination series is mine and I wish to receive the hepatitis B vaccine.

_____ _____
Employee Signature Date

_____ _____
Witness Date

DECLINATION:

☐ I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. I decline the vaccination series. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis B. If I continue to have occupational exposure to blood or other potentially infectious material (OPIM) and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I have already received the hepatitis vaccine at an earlier date.
☐ I am ☐ I am not providing a copy of the record to the agency.

_____ _____
Employee Signature Date

_____ _____
Witness Date

EMPLOYEE EXPOSURE TRAINING RECORD

This is to verify that, today, I have been given training information regarding the agency's Infection and Exposure Control Program.

I. The following policies with procedures and in-services, have been presented, reviewed and distributed to me:

A. _____Infection Control/Exposure Control

B. _____Transmission Precautions

C. _____Pandemic/COVID Specific Pandemic

D. _____Proper Use of PPE

E. _____Care of the COVID+ Patient/Client

F. _____COVID screen self/Pt./Client

G. _____Handwashing

H. _____Reporting Patient Infections.

II. I have received the following Personal Protective Equipment (PPE):

_____Gloves
_____Mask
_____Goggles/Protective Eye Wear
_____Gown
_____Biohazard Bag
_____Shoe Cover
_____Cap
_____Hand Sanitizer

III. I have received my personal protective equipment and demonstrated appropriate use. I understand it is my responsibility to myself, my patients/clients, their household members and my fellow agency employees to be vigilant in stopping the spread of COVID-19 and other contagious diseases.

Employee Name: _____ Date: _____

Supervisor Name: _____ Date: _____

COUNSELING FORM

Employee Name: _____ **Date**: _____

☐ Verbal Warning ☐ Written Counseling ☐ Termination

Identified Area Needing Improvement/and or Incident/Problem Area (include dates):

_____
_____
_____
_____
_____
_____

People Involved:

_____
_____
_____

Employee Input:

_____
_____
_____
_____
_____

Recommended Plan for Improvement/Disciplinary Action:

_____
_____
_____
_____

Date Improvement Expected: _____

Comments: _____

_____
_____
_____
_____

☐ Undesirable behavior may lead to termination of employment from the agency.

_____ _____
Supervisor Signature: Date:

_____ _____
Employee Signature: Date:

SECTION FOUR

JOB DESCRIPTIONS

JOB DESCRIPTION: ADMINISTRATOR/ALTERNATE

JOB SUMMARY:

The Administrator ensures quality and safe delivery of Hospice services; coordinates services that reflect Hospice's philosophy and standards of care; and plans, develops, implements, and evaluates Hospice services, programs and activities.

QUALIFICATIONS:

1. A person who is a licensed physician, or
2. Is a registered nurse, or
3. Has training and experience in health services administration and at least two (2) years of supervisory or administrative experience in Hospice or related health programs.
4. Demonstrated ability in or application of organizational/communication skills.
5. Ability to deal effectively with high levels of stress.
6. Ability to enlist the cooperation of many people in furthering a program.

JOB DUTIES:

1. Organizes and directs Hospice's ongoing liaison among the Governing Body and staff.
2. Employees qualified personnel and ensure adequate staff education and evaluations.
3. Ensures the accuracy of public information materials and activities.
4. Implements an effective budgeting and accounting system; assures accuracy for billing procedures.
5. Shares copies of philosophy with all employees.
6. Consistently follows Hospice policies and procedures to set an example for employees.
7. Negotiates required contracts and ultimately oversees contract provisions.
8. Assesses employees on an ongoing basis to ascertain their understanding of policies and procedures.
9. Assists employees to support policies and achieving necessary changes.
10. Uniformly enforces policies and procedures.
11. Maintains two-way communication with employees and fair administration of personnel policies.
12. Documents employee problems in personnel files.
13. Disciplines employees as necessary.
14. Directs Hospice's ongoing functions.
15. Monitors budget hours and does not exceed allowance each year.
16. Monitors equipment abuse and takes steps to keep it to a minimum.
17. Evaluates the effectiveness and efficiency of Hospice.
18. Uses statistical data to determine the quality and quantity of services.
19. Maintains compliance with applicable federal, state, and local rules and regulations and accreditation standards.
20. Supervises all business affairs.
21. Develops, implements, and evaluates financial policies and procedures, and records.
22. Develops, implements, and evaluates budget plans and cost control policies and procedures.
23. Develops and implements salary programs within approved policies and procedures.
24. Participates in personal professional growth and development.
25. Plans and directs operations to ensure the provision of adequate and appropriate care and services.
26. Fiscal planning, budgeting, and management.
27. Recruits employees and retains qualified personnel to maintain appropriate staffing levels.
28. Establishes and maintains effective channels of communication.
29. Ensure personnel has current clinical information and current practices.

30. Evaluates services and programs.
31. Ensures staff development including orientation, inservice education, and continuing education.
32. Coordinates with other program areas and management as appropriate.
33. Maintains current knowledge of local trends and issues.
34. Ensures that appropriate service policies are developed and implemented.
35. Directs staff in the performance of their duties including admission, discharge, and provision of service to patients.
36. Assures appropriate staff supervision during all operating hours.
37. Ensures the accuracy of public information materials and activities.
38. Establishes and oversees the Quality Assessments/Performance Improvement Program.
39. Appoints a similarly qualified alternate to be available at all times during operating hours in the absence of the Administrator.

JOB RELATIONSHIPS:

1. **Supervised by**: Governing Body
2. **Workers Supervised**: All Hospice staff and Contracted Services.

WORKING ENVIRONMENT & RISK EXPOSURE:

1. Works indoors in the Hospice office.
2. Low risk.

PHYSICAL & MENTAL EFFORT:

Ability to perform the following tasks if necessary:

- Ability to participate in physical activity.
- Ability to work for extended periods of time while standing and being involved in physical activity.
- Moderate lifting.
- Ability to do extensive bending, lifting, and standing on a regular basis.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as an Administrator, I will perform these duties to the best of my knowledge and ability. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate employment at any time for failure to perform satisfactorily.

_____ _____

ADMINISTRATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION: ADMINISTRATOR/ALTERNATE

JOB DUTIES	1	2	3	4
Organizes and directs Hospice's ongoing liaison among the Governing Body, Professional Advisory Committee and staff.				
Employees qualified personnel and ensures adequate staff education and evaluations.				
Ensures the accuracy of public information materials and activities.				
Implements an effective budgeting and accounting system and assures accuracy for billing procedures.				
Shares copies of philosophy with all employees.				
Consistently follows Hospice policies and procedures to set an example for employees.				
Negotiates required contracts and ultimately oversees contract provisions.				
Assesses employees on an ongoing basis to ascertain their understanding of policies and procedures.				
Assists employees to support policies and achieve necessary changes.				
Uniformly enforces policies and procedures.				
Maintains two-way communication with employees and fair administration of personal policies.				
Documents employee problems in personnel files.				
Disciplines employees as necessary.				
Directs Hospice's ongoing functions.				
Monitors budgeted hours and does not exceed allowance each year.				
Monitors equipment abuse and takes steps to keep it to a minimum.				
Evaluates effectiveness and efficiency of Hospice.				
Uses statistical data to determine quality and quantity of services.				
Maintains compliance with applicable federal, state, and local rules and regulations and accreditation standards.				
Supervises all business affairs.				
Develops, implements and evaluates financial policies and procedures and records.				
Develops, implements and evaluates budget plan and cost control policies and procedures.				
Develops and implements salary program within policies and procedures.				
Participates in personal and professional growth and development.				
Provides strategic, operational, programmatic and other plans and policies to achieve the mission of Hospice.				
Designs/redesigns care and services to respond to the needs and expectations of patients/caregivers.				
Fosters communication between and among individuals and components of Hospice.				
Oversees and directs activities to assess and improve organizational performance through a Hospice ongoing Quality Assessment/ Performance Improvement program.				
Plans and directs operations to ensure the provision of adequate and appropriate care and services.				
Fiscal planning, budgeting, and management.				
Recruits employees and retains qualified personnel to maintain appropriate staffing levels.				
Establishes and maintains effective channels of communication.				
Ensure Hospice personnel has current clinical information and current practices.				

Evaluates services and programs.				
Ensures staff development including orientation, inservice education, and continuing education.				
Coordinates with other program areas and management as appropriate.				
Maintains current knowledge of local trends and issues.				
Ensures that appropriate service policies are developed and implemented.				
Directs staff in the performance of their duties including admission, discharge, and provision of service to patients.				
Assures appropriate staff supervision during all operating hours.				
Ensures the accuracy of public information materials and activities.				
Appoints a similarly qualified alternate to be available at all times during operating hours in the absence of the Administrator.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

_____

_____

_____ _____

ADMINISTRATOR/ALTERNATE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: ADMINISTRATIVE VOLUNTEER

JOB SUMMARY:

Provides administrative services to Hospice as assigned and requested. The AV participates in coordination of care.

QUALIFICATIONS:

Educational/Degree: High school graduate or GED, preferred.

Training/Licensure: Completes Hospice training program.

Knowledge/Skills/Ability: Willingness to work as a Hospice team member. Demonstrated knowledge and well-developed communication skills. Prefer typing, computer, filing or fund-raising skills.

Experience: N/A

Transportation: Must have a current valid driver's license, auto liability insurance and reliable transportation.

JOB DUTIES:

The Hospice volunteer provides assigned administrative services. Communicates at the appropriate level. Documents services provided. Coordinates efforts with the Volunteer Coordinator.

WORKING ENVIROMENT & RISK EXPOSURE:

Work primarily in Hospice office and community. They must be able to work a flexible schedule, travel locally and there may be some exposure to unpleasant weather.

PHYSICAL & MENTAL EFFORT:

Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to function at a level required to meet the essential duties of the position. Must be flexible, innovative and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING:

I have read the above job description and understand the duties and responsibilities associated with the position. I can perform the essential functions of this position without specific accommodations. 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.

_____ _____

ADMINISTRATIVE VOLUNTEER SIGNATURE: **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION: ADMINISTRATIVE VOLUNTEER

JOB DUTIES	1	2	3	4
Serves as a member of IDG when requested.				
Provides assigned services.				
Documents services provided. Submits documentation according to Hospice policy.				
Reports incomplete work assignments to the Volunteer Coordinator.				
Demonstrates listening skills.				
Attends position-related inservices and meetings.				
Demonstrates understanding of Hospice philosophy.				
Demonstrates volunteer role in Hospice care.				
Demonstrates effective communication skills.				
Demonstrates understanding of bereavement, if applicable.				
Demonstrates understanding of the concept of the Hospice family.				
Demonstrates understanding of patient confidentiality.				
Demonstrates understanding of applicable infection control policies.				
Demonstrates appropriate stress management techniques.				
Appearance is always within Hospice standards; is clean and well groomed.				
Demonstrates sound judgment and decision-making.				
Performs other duties as assigned.				

1- Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

_____

_____

_____

_____ _____

ADMINISTRATIVE VOLUNTEER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: BEREAVEMENT COORDINATOR

JOB SUMMARY:

To provide supportive services to help meet the needs of the terminally ill Hospice patient and family as needed. To provide assistance and understanding to the family in time of bereavement. To work as a member of the Hospice team in providing Hospice care. Responsible for developing, implementing, and supervising the bereavement program and for the delivery of related services. The BC participates in coordination of care.

QUALIFICATIONS:

Educational/Degree: Graduate from an accredited institution of social work, preferred.

Knowledge/Skills/Ability: Ability to work independently, make accurate, and at times, quick judgments. Ability to supervise others appropriately. Ability to respond appropriately to crisis outside of a hospital setting. Acceptance of and adaptability to different social, racial, cultural and religious modes.

Experience: Minimum 2 years of experience in a related field, preferred. Must have experience or education in grief or loss counseling. Active patient contact within past three years, preferred.

Transportation: Must have a current valid driver's license, auto liability insurance and reliable transportation.

JOB DUTIES:

1. Manage the bereavement services program utilizing professional staff and volunteers.
2. Oversee adequacy and appropriateness of bereavement programs for patient and family members.
3. Develop new bereavement programs and services as needed.
4. Develop educational programs and materials for patients/families, staff and the community regarding loss, grief and coping with bereavement.
5. Assist Hospice in educational training program.
6. Design materials for distribution to families eligible for and/or receiving Hospice bereavement services.
7. Plan, implement and supervise bereavement group events.
8. Supervise support staff involved in bereavement program.
9. Oversee bereavement follow-up by patient care staff and volunteers.
10. Oversee the volunteer component of the bereavement services.
11. Conduct the bereavement section of the IDG conference.
12. Participate in the maintenance of the bereavement component of the community and staff resource libraries.
13. Participate in the orientation and training of new employees and volunteers working in the Hospice program.
14. Prepare reports as requested by management.
15. Attends IDG conferences.
16. Works with IDG concept of patient care.
17. Other duties as assigned by Director/Manager of Patient Services.

WORKING ENVIRONMENT & RISK EXPOSURE:

Requires minimal physical effort most of the day including kneeling, squatting, reaching, twisting, climbing, walking, exposure to temperature and humidity changes and minimal assist in lifting and/or transferring of a 200-pound patient. Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to function at a level required to meet the essential duties of the position. Must provide evidence of annual TB test and other state-required tests or examinations.

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids and excrements, adverse environmental conditions and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must be able to work independently, make judgments based on assessments and data available and act accordingly. Must be flexible, innovative and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING:

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Bereavement Coordinator, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

BEREAVEMENT COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: BEREAVEMENT COORDINATOR

NAME: _____ Initial Completion Date: _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Performs initial bereavement assessment			
Performs ongoing bereavement reassessments			
Develops bereavement plan of care			
Assures implementation of the bereavement care plan			
IDG care planning role			
Manages bereavement support groups			
Manages bereavement educational programs and materials			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: BEREAVEMENT COORDINATOR

JOB DUTIES	1	2	3	4
Manage the bereavement services programs utilizing professional staff and volunteers as appropriate.				
Oversee adequacy and appropriateness of bereavement programs for patient and family members.				
Develop new bereavement programs and services as needed.				
Develop educational programs and materials for patients/families, staff and the community regarding loss, grief and coping with bereavement.				
Assist Hospice in educational training program.				
Design materials for distribution to families eligible for and/or receiving Hospice bereavement services.				
Plan, implement and supervise bereavement group events.				
Supervise support staff involved in bereavement program.				
Oversee bereavement follow-up by patient care staff and volunteers.				
Oversee the volunteer component of the bereavement services.				
Conduct the bereavement section of the IDG conference.				
Participate in the maintenance of the bereavement component of the community and staff resource libraries.				
Participate in the orientation and training of new employees and volunteers working in the Hospice program.				
Prepare reports as requested by management.				
Attends IDG conferences.				
Works with IDG concept of patient care.				
Follows the policies and procedures of Hospice. Observes confidentiality and safeguards all patient-related information in compliance with HIPAA regulations.				
Completes documentation and paperwork in a timely manner as per Hospice policy; prepares clinical and progress notes.				
Immediately reports to Manager of Patient Services/Director any patient incidents/variances or complaints.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to Director/Manager of Patient Services.				
Appearance is always within Hospice standard; is clean and well groomed.				
Exhibits Hospice philosophy in all job-related roles.				
Maintains clean and neat work environment.				
Complies with Hospice infection control policies and procedures.				
Demonstrates sound judgment and decision making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned by Director/Manager of Patient Services.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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BEREAVEMENT COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ONGOING COMPETENCY: BEREAVEMENT COORDINATOR

NAME: _____

COMPETENCY ASSESSED ON-SITE: PT HOME _____ LAB SETTING _____

SKILLS:	COMPETENCY	NEEDS IMPROVEMENT
Patient rights/responsibilities		
Hospice complaint mechanism		
Respect of patient property		
Basic home safety		
Infection control/standard precautions		
Communicating with patient		
Patient education		
Emergency operations plan		
Hospice record documentation		
CARE OBSERVED		
Initial bereavement assessment		
Bereavement care plan implementation		

Employee competent to provide care? YES____ NO____
Needs improvement? YES____ NO____

If needs improvement, explain:

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_____ _____
QUALIFIED OBSERVER SIGNATURE/TITLE **DATE**

_____ _____
EMPLOYEE SIGNATURE **DATE**

JOB DESCRIPTION: BILLER

JOB SUMMARY:

The Biller reports to the Administrator and possesses knowledge, training and experience in insurance and billing.

QUALIFICATIONS:

1. High school graduate or equivalent (GED).
2. Preferably one year's experience in healthcare billing and Hospice.

KNOWLEDGE AND ABILITY:

1. Knowledge of Medicare, Medicaid and third-party reimbursement requirements.
2. Ability to provide knowledge and skills to billing.
3. Knowledge of Hospice policies and procedures.
4. Ability to exercise independent judgment.
5. Ability to work with individuals.
6. Ability to deal effectively with high levels of stress.

JOB DUTIES:

1. Verifies that all required patient information is present prior to preparing claims.
2. Utilizes appropriate forms for billing submission.
3. Submits timely billing of all patient accounts including Medicare, Medicaid, third-party payors, and patient co-pays.
4. Knowledgeable of intermediary billing policies and requirements.
5. Promptly follows up with each denial claim.
6. Submits required documentation for each denied claim within the established time frame.
7. Assists in the implementation of policies and procedures.
8. Displays a willingness to support policies and procedures and uses appropriate channels for changes in such policies.
9. Serves as a role model for all colleagues by setting an example of high standards in dress, conduct, cooperation, and job performance.
10. Observes confidentiality and safeguards all patient-related information.
11. Accepts responsibility for regular attendance and punctuality.
12. Serves as a resource person to all employees.
13. Responsible for answering telephone and forwarding calls to appropriate personnel.
14. File documentation/paperwork in the appropriate chart.

WORKING ENVIRONMENT & RISK EXPOSURE

- Moderate lifting may be required.
- Low risk for exposure to blood or bodily fluids.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Biller, I will perform these duties to the best of my knowledge and ability. 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 for failure to perform satisfactorily.

_____ _____

BILLER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION: BILLER

JOB DUTIES	1	2	3	4
Verifies that all required patient information is present prior to preparing claims.				
Utilizes appropriate forms for billing submission.				
Submits timely billing of all patient accounts including Medicare, Medicaid, third-party payers, and patient co-pays.				
Knowledgeable of intermediary billing policies and requirements.				
Promptly follows up with each denial claim.				
Submits required documentation for each denied claim within the established time frame.				
Assists in the implementation of policies and procedures.				
Displays a willingness to support policies and procedures and uses appropriate channels for changes to such policies.				
Serves as a role model for all colleagues by setting an example of high standards in dress, conduct, cooperation, and job performance.				
Observes confidentiality and safeguards all patient-related information.				
Accepts responsibility for regular attendance and punctuality.				
Serves as a resource person to all employees.				
Responsible for answering telephone and forwarding calls to appropriate personnel.				
File documentation/paperwork in the appropriate chart.				

1 - Does Not Meet Standards **2 - Needs Improvement** **3 - Meets Standard** **4 - Exceeds Standards**

Comments

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BILLER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: CHAPLAIN/SPIRITUAL COUNSELOR

JOB SUMMARY:

To provide spiritual and emotional support when needed to the Hospice patient/family and to members of the Hospice team. To aid at the time of the patient's death and support of the family during the bereavement period.

QUALIFICATIONS:

Educational/Degree: Graduate of an accredited seminary or school of theology or appropriate certification in a hospital or pastoral ministry.

Training/Licensure: Certificate or degree in pastoral ministry.

Knowledge/Skills/Ability: Ability to work independently, and make accurate, and at times, quick judgments. Ability to respond appropriately to crises outside of a hospital setting. Acceptance of and adaptability to different social, racial, cultural, and religious modes.

Experience: Minimum 2 years of experience as a chaplain/spiritual counselor, preferred. Active patient contact within the past three years is preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Provide direct spiritual support and/or counsel to patients/families in keeping with
2. patients/families' beliefs.
3. Work with staff, clergy, and community groups to enhance their sensitivity to the spiritual
4. concerns of patients/families experiencing terminal illness and loss.
5. Participate in the IDG conference by exploring and assessing the potential spiritual needs of
6. patients/families and reporting on services as indicated.
7. Provide bereavement follow-up services as assigned.
8. Maintain proper records of visits to patients/families.
9. Contact clergy or appropriate representatives of patients/families as indicated.
10. Perform occasional liturgical assignments, e.g., memorial services for staff.
11. Conduct or make arrangements for funeral or memorial service when indicated.
12. Develop and maintain a resource group of clergy to whom specific aspects of spiritual
13. care may be delegated.
14. Arrange for on-call availability of spiritual services.
15. Provide educational programs for community clergy, religious and lay representatives as
16. resources allow.

REPORTING RELATIONSHIP:

Supervised by: Manager of Patient Services
Interrelationships: Patients, family, IDG, and other health team members.

WORKING ENVIRONMENT & RISK EXPOSURE:

Requires minimal physical effort most of the day including kneeling, squatting, reaching, twisting, climbing, walking, exposure to temperature and humidity changes, and minimal assistance in lifting and/or transferring a 200-pound patient. Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to function at a level required to meet

the essential duties of the position. Must provide evidence of annual TB tests and other state-required tests or examinations.

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids
And excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must be able to work independently, make judgments based on assessments and data available and act accordingly. Must be flexible, innovative, and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Chaplain/Spiritual Counselor, I will perform these duties to the best of my knowledge and ability. 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.

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CHAPLAIN/SPIRITUAL COUNSELOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: CHAPLAIN/SPIRITUAL COUNSELOR

NAME: _____ **INITIAL COMPLETION DATE**: _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Provides spiritual support to patient and/or family			
Provides counseling to patient and/or family			
Participates with IDG			
Assists and/or makes funeral arrangements as requested			
Coordinates patient care with community clergy			
Provides bereavement follow-up			
Performs liturgical assignments			
Ability to establish an authentic, primary chaplaincy relationship with patient/family; ability to communicate appropriate elements of the relationship to the team; ability to establish potential complicated bereavement issues and provide appropriate and timely intervention			
Ability to assess the patient/family's underlying spiritual issues, determine how those issues impact the plan of care and use appropriate interventions for resolution			
Demonstrates an awareness of cultural and theological diversity and effectively communicates the impact of that diversity on the plan of care to the IDG			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: CHAPLAIN/SPIRITUAL COUNSELOR

JOB DUTIES	1	2	3	4
Provide direct spiritual support and/or counsel to patients/families in keeping with patients'/families' beliefs.				
Work with staff, clergy and community groups to enhance their sensitivity to the spiritual concerns of patients/families experiencing terminal illness and loss.				
Participate in IDG conference by exploring and assessing the potential spiritual needs of patients/families and reporting on services as indicated.				
Provide bereavement follow-up services as assigned.				
Maintain proper records of visits to patients/families.				
Make contact with clergy or appropriate representatives of patients/families as indicated.				
Perform occasional liturgical assignments, e.g., memorial services with staff.				
Conduct or plan for funeral or memorial service when indicated.				
Develop and maintain a resource group of clergies to whom specific aspects of spiritual care may be delegated.				
Arrange for on-call availability of spiritual services.				
Provide educational programs for community clergy, religious and lay representatives as resources allow.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Follows the policies and procedures of Hospice. Observes confidentiality and safeguards all patient-related information in compliance with HIPAA regulations.				
Completes documentation and paperwork in a timely manner per Hospice policy.				
Immediately reports to Manager of Patient Services any patient incidents/variances or complaints.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to Manager of Patient Services.				
Demonstrates sound judgment and decision making.				
Appearance is always within Hospice standard; is clean and well groomed.				
Participates in inservice programs and presents inservices as assigned.				
Performs other duties as assigned by Manager of Patient Services.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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CHAPLAIN/SPIRITUAL COUNSELOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ONGOING COMPETENCY: CHAPLAIN/SPIRITUAL COUNSELOR

NAME: _____

COMPETENCY ASSESSED ON-SITE: PT HOME _____ LAB SETTING _____

SKILLS:	COMPETENCY	NEEDS IMPROVEMENT
Patient rights/responsibilities		
Hospice complaint mechanism		
Respect of patient property		
Basic home safety		
Infection control/standard precautions		
Communicating with patient		
Patient assessment/reassessment		
Patient education		
Emergency operations plan		
Hospice record documentation		
CARE OBSERVED		
Provision of spiritual support		
Participate with IDG		

Employee competent to provide care? YES____ NO____
Needs improvement? YES____ NO____

If needs improvement, explain:

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_____ _____
QUALIFIED OBSERVER SIGNATURE/TITLE **DATE**

_____ _____
EMPLOYEE SIGNATURE **DATE**

JOB DESCRIPTION: DISASTER COORDINATOR/ALTERNATE

JOB SUMMARY:

The Disaster Coordinator/Alternate Disaster Coordinator provides oversight of compliance with the agency's policies and procedures related to Emergency Preparedness and Response Planning per federal and state regulations.

QUALIFICATIONS:

Educational/Degree: High school diploma or GED. College graduate is preferred.

Training/Licensure: Completed Hospice orientation.

Knowledge/Skills/Ability: Ability to establish and maintain professional and effective relationships with all segments of the staff, the lay & professional public, the Governing Board, Agency Business Associates, third party payors, and Hospice Medical Director as appropriate. Ability to develop effective training programs on emergency preparedness and response. Must keep abreast of changes in health care law pertaining to emergency preparedness and response. Must maintain agency/program compliance with local, state, and federal laws and accreditation standards.

Experience: Experience in the health care arena, is preferred. Active patient contact within the past three years is preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Demonstrate an in-depth knowledge of, interpret and ensure compliance with, all local, state, and federal regulations relating to the operations of the hospice and emergency preparedness and response, in order to implement comprehensive policies and procedures.
2. Assist in fostering awareness of the importance of emergency preparedness and developing an organizational culture committed to it by providing leadership in compliance with regulations.
3. Serve as the designated contact person for the hospice regarding emergency preparedness. Act as the hospice liaison to the federal, state, regional, and local emergency preparedness officials, emergency medical services, and local community support systems in a disaster; also, keeping a list of emergency contact numbers.
4. Develop systems and processes for ensuring the hospice's ability to provide care to patients and families throughout an emergency.
5. Ensure that the hospice's daily operations, and actual practice, conform to requirements as defined in the hospice's policies and procedures, HHSC (TAC §97.256), and the Centers for Medicare and Medicaid Services (CMS).
6. Develop and conduct training on emergency preparedness and response and ensure that all hospice employees, volunteers, and contracted staff receive adequate and appropriate training at orientation and annually.
7. Conduct drills and exercises, twice per year, to test the emergency plan and monitor and evaluate responses. Revise policies and procedures as appropriate.
8. Ensure the hospice maintains a current patient list prioritized by care needs.

9. Responsible for the monitoring of public information systems for disaster-related news 24/7 and informing the hospice as soon as possible.
10. Document all aspects of a disaster as part of the recovery phase for further inspection/review. Develop a disaster recovery plan following a disaster.
11. Other duties as assigned by the administrator.

WORKING ENVIRONMENT & RISK EXPOSURE:

The Disaster Coordinator/Alt. Disaster Coordinator works in an office environment, promoting efficient functioning and coordination of all hospice activities to ensure the highest level of professional patient care. Ability to work a flexible schedule; ability to travel locally; some exposure to unpleasant weather

PHYSICAL & MENTAL EFFORT:

Requires ability to handle stressful situations in a calm and courteous manner at all times. Requires working under some stressful conditions to meet deadlines and hospice needs. Knowledge of hospice operations and process of communications throughout the hospice. Understanding of federal and state laws and regulations pertaining to emergency preparedness and response

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Disaster Coordinator, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

DISASTER COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION: DISASTER COORDINATOR

JOB DUTIES	1	2	3	4
Demonstrates in-depth knowledge of, interprets and ensures compliance with, all local, state and federal regulations relating to the operations of the hospice and emergency preparedness and response, in order to implement comprehensive policies and procedures				
Assists in fostering awareness of the importance of emergency preparedness and developing an organizational culture committed to it by providing leadership in compliance with regulations				
Serves as the designated contact person for the hospice regarding emergency preparedness. Act as the hospice liaison to the federal, state, regional, and local emergency preparedness officials, emergency medical services, and local community support systems in a disaster; also, keeps a list of emergency contact numbers.				
Develops systems and processes for ensuring the hospice's ability to provide care to patients and families throughout an emergency.				
Ensures that the hospice's daily operations, and actual practice, conform to requirements as defined in the hospice's policies and procedures, HHSC (TAC §97.256), and the Centers for Medicare and Medicaid Services (CMS).				
Develops and conducts training on emergency preparedness and response and ensures that all hospice employees, volunteers, and contracted staff receive adequate and appropriate training at orientation and annually.				
Conducts drills and exercises, twice per year, to test the emergency plan and monitor and evaluate responses. Revises policies and procedures as appropriate.				
Ensures the hospice maintains a current patient list prioritized by care needs.				
Monitors public information systems for disaster-related news 24/7 and informs the hospice as soon as possible				
Documents all aspects of a disaster as part of the recovery phase for further inspection/review. Develops a disaster recovery plan following disasters.				
Completes other duties as assigned by the administrator.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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DISASTER COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: DIRECTOR OF NURSES/ALTERNATE DIRECTOR OF NURSES

JOB SUMMARY:

The Director of Nurses/Alternate Director of Nurses is a registered professional nurse who ensures the quality of patient care in the home. The primary function is for the overall administration of the clinical departments and monitoring of appropriate staffing and productivity. The DON/Alt. DON coordinates care with the interdisciplinary team, patient/family, and referring agency.

QUALIFICATIONS:

Educational/Degree: Graduate of an accredited Diploma, Associate or Baccalaureate School of Nursing

Training/Licensure: Current Texas State license as a Registered Nurse. Completed Hospice orientation.

Knowledge/Skills/Ability: Nursing skills as defined as generally accepted standards of practice. Demonstrates advanced interpersonal skills, proven decision making & organizational skills. Has the ability to respond to common inquiries or complaints, regulatory agencies, or members of the community. Ability to supervise in accordance with agency policy and applicable laws

Experience: Minimum 2 years of experience as a Registered Nurse in a clinical care setting preferred. Home health preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Directs and coordinates clinical departments and branches; assumes responsibility for continuity, quality, and safety of service delivery in compliance with state and federal regulations (conditions of participation).
2. Participates in activities relevant to professional services including development of qualifications and assignment of hospice personnel.
3. Supervises and provides direction to subordinates, in an effort to ensure quality, compliance with Plan of Care, and assessment and reassessment of patient's needs and continuity of services by appropriate health care personnel.
4. Monitors QAPI Program and assures appropriate corrective measures are performed.
5. Promotes compliance with all fiscal intermediary and/or other party payors, through education, coaching, and other assistance as necessary.
6. Monitors systems and identifies problem areas to the hospice administrator both verbally and through written reports.
7. Meets mandatory continuing education requirements of the hospice/licensing board.
8. Promotes and educates regarding the concepts of infection control and universal precautions in coordinating/performing patient care activities to prevent contamination and transmission of disease.
9. Uses effective interpersonal relations and communication skills; facilitates the use of these skills by other team members to achieve the desired outcomes.

WORKING ENVIRONMENT & RISK EXPOSURE:

The DON/Alt. DON works in an office environment during business hours. When required to make patient visits, the DON/Alt. DON may work in a patient's home in various conditions; proof of current CPR, and Hepatitis consent/declination; possible exposure to blood and bodily fluids and infectious diseases; ability to work a flexible schedule; ability to travel locally; some exposure to unpleasant weather; PRN emergency call.

PHYSICAL & MENTAL EFFORT:

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

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a DON/Alt. DON, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

DIRECTOR OF NURSES/ALTERNATE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION: DIRECTOR OF NURSES/ALTERNATE DIRECTOR OF NURSES

JOB DUTIES	1	2	3	4
Directs and coordinates clinical departments and branches; assumes responsibility for continuity, quality, and safety of service delivery in compliance with state and federal regulations (conditions of participation).				
Participates in activities relevant to professional services including development of qualifications and assignment of hospice personnel.				
Supervises and provides direction to subordinates, in an effort to ensure quality, compliance with Plan of Care, and assessment and reassessment of patient's needs and continuity of services by appropriate health care personnel.				
Monitors QAPI Program and assures appropriate corrective measures are performed.				
Promotes compliance with all fiscal intermediary and/or other party payors, through education, coaching, and other assistance as necessary.				
Monitors systems and identifies problem areas to the hospice administrator both verbally and through written reports.				
Meets mandatory continuing education requirements of the hospice/licensing board.				
Promotes and educates regarding the concepts of infection control and universal precautions in coordinating/performing patient care activities to prevent contamination and transmission of disease.				
Uses effective interpersonal relations and communication skills; facilitates the use of these skills by other team members to achieve the desired outcomes.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____ _____

DIRECTOR OF NURSES/ALT SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: HOSPICE AIDE

JOB SUMMARY:

To provide personal care services to the terminally ill hospice patient as needed, under the direction of the RN. To provide assistance and understanding to the family in times of bereavement. To work as a member of the Hospice team in providing Hospice care within the guidelines of the IDG care plan. The HA participates in the coordination of care.

QUALIFICATIONS:

Educational/Degree: High school diploma or GED.

Training/Licensure: Graduate from an approved training and competency course.

Knowledge/Skills/Ability: Must meet state or federal (in absence of state) Home Health Aide training and competency requirements. Ability to work independently, and make accurate, and at times, quick judgments. Ability to respond appropriately to crises outside of a hospital setting. Acceptance of and adaptability to different social, racial, cultural, and religious modes.

Experience: Minimum 2 years of experience as a nursing assistant, preferred. Active patient contact within the past three years is preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Under the direction and ongoing supervision of the registered nurse provides essential personal care assistance to the patient:

    - Bath, care of mouth, skin, and hair.
    - Bathroom or in using bedpan or commode.
    - Bed transfers as well as ambulation activities as ordered under the care plan.
    - Range of motion exercises which the Aide has been taught by appropriate professional personnel.
    - Performing such incidental household services as are essential to the patient's well-being at home.
    - Preparing meals including a special diet.
    - Takes a patient's temperature, pulse, respiration, and blood pressure if assigned by a registered nurse.
    - Assists with shopping if the patient has no other resources available.

2. Provides emotional support and compassionate care to the patient and family unit.

    - Demonstrates listening skills.
    - Offers encouragement when appropriate.
    - Practices patience in voice and manner.

3. Maintains required competency and skills.

    - Documented initial and ongoing every 14-day supervision and evaluation by RN on each case assignment.
    - Participates in annual performance review

4. Reports any changes in the patient's condition or family situation immediately by calling the Hospice office and notifying the RN.
5. Practices Standard Precautions according to OSHA regulations and policy.
6. Adheres to all policies and procedural guidelines.
7. Attends at least twelve (12) hours of inservice education programs per year.
8. Maintains current certification as required by the State.
9. Maintains current knowledge and practice of infectious disease protocols.

WORKING ENVIRONMENT & RISK EXPOSURE:

Requires considerable physical effort most of the day including kneeling, squatting, reaching, twisting, climbing, walking, exposure to temperature and humidity changes, and maximal assistance in lifting and/or transferring of a 100-pound patient. Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to function at a level required to meet the essential duties of the position. Must provide evidence of annual TB tests and other state-required tests or examinations.

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids and excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must be able to work independently, make judgments based on assessments and data available, and act accordingly. Must be flexible, and innovative and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING:

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Hospice Aide, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

HOSPICE AIDE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL COMPETENCY: HOSPICE AIDE

NAME: _____ **COMPLETION DATE:** _____

SKILLS	COMPETENT		COMMENTS	DATE & INITIAL
	YES	NO		
T, P, R, BP: reading & recording				
Bed Bath				
Sponge, tub & shower bath				
Shampoo: sink, tub & bed				
Oral hygiene				
Toileting & elimination				
Normal range of motion				
Positioning				
Safe transfer techniques				
Ambulation				
Fluid intake				
Adequate nutrition				
Communication skills				
Complies with infection control: policies & procedures				
Observing & reporting changes in pt condition & care furnished				
Documenting pt status & care furnished				
Maintenance of clean, safe & healthy environment				
Elements of body function & changes to report to supervisor				
Recognition of emergencies				
Knowledge of emergency procedures				
Physical, emotional & developmental needs & ways to work with patients				
Follows care plan				
Creates successful interpersonal relationships with pt & family				

Observed in home with patient: YES _____ NO _____

Hospice Aide Competent to Provide Care: YES _____ NO _____

_____ _____

QUALIFIED OBSERVER SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: HOSPICE AIDE

JOB DUTIES	1	2	3	4
Assists professional staff by performing patient care duties assigned.				
Provides personal care and bath as directed by RN.				
Shampoos hair as ordered/directed by RN.				
Bed linen change as needed/patient/family requests and/or is RN directed.				
Takes accurate temperature, pulse, respiration, blood pressure, as assigned.				
Reports any unusual findings, changes in patient's condition to RN.				
Assists with placement of bedpan and urinal.				
Administers enemas as directed by the RN.				
Collects specimen as directed by RN; reports immediately to RN any unusual specimens.				
Leaves patient's room in order, disposing of papers, cups and other items in trash.				
Performs household services essential to Hospice care in the home as RN directed.				
Uses safety rules and regulations regarding assistive ambulatory devices.				
When assisting patients, uses good body mechanics.				
Performs simple procedures as an extension of service as directed.				
Follows Hospice policy for cleaning equipment between patient use.				
Carries out, reports and documents care given in an effective, timely manner as observed by the RN and through periodic record reviews.				
Realizes when help is needed and asks RN for assistance when appropriate.				
Understands responsibility for own actions and omissions.				
Completes all work assigned by the RN.				
Does not accept assignments for a patient with special needs for which he/she has not received appropriate training.				
Observes confidentiality and safeguards all patient related information.				
Attends staff meetings and IDG conferences as scheduled.				
Any variance, accident or unusual occurrence is reported to the RN, who is then responsible for initiating a variance report.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Understands and adheres to established policies/procedures.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports incomplete work assignments to RN.				
Appearance is always within Hospice standard; is clean and well groomed.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Attends position related inservices. Attends all mandatory inservice programs as scheduled; minimally 12 hours/year.				
Maintains clean and neat work environment.				
Demonstrates sound judgment and decision making.				
Maintains current CPR certification, if required.				
Provides emotional support and compassionate care to the patient and family unit.				
Demonstrates listening skills.				
Offers encouragement when appropriate.				
Practices patience in voice and manner.				
Performs other duties as assigned.				

1- Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____ _____

HOSPICE AIDE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ONGOING COMPETENCY: HOSPICE AIDE

NAME: _____

ON-SITE LOCATION: **PT HOME ___** **LAB SETTING ___**

ANNUAL COMPETENCIES:	SATISFACTORY	NEEDS IMPROVEMENT
Reporting changes in patient condition		
Hospice complaint mechanism		
Respect of patient property		
Basic home safety		
Complies with infection control: policies & procedures		
Creates successful interpersonal relationships with patient & families		
Follows plan of care for completion of tasks assigned by RN		
Hospice record documentation		
CARE OBSERVED		
Bath: type:		
Vital signs		
Other care observed:		

Demonstrated competency with assigned task? YES_____ NO_____
Employee competent to provide care? YES_____ NO_____
Needs improvement? YES_____ NO_____

If needs improvement, explain:

_____

_____

_____ _____

QUALIFIED OBSERVER SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

JOB DESCRIPTION: LICENSED PRACTICAL/VOCATIONAL NURSE (LPN/LVN)

JOB SUMMARY:

A qualified Licensed Practical/Vocational Nurse administers nursing care to terminally ill Hospice patients as needed. This is performed in accordance with physician orders and IDG plan of care under the direction and supervision of the Registered Nurse. Services are furnished in accordance with Hospice policies.

QUALIFICATIONS:

1. Graduate of a state-approved school of practical (vocational) nursing and currently licensed in the state(s) in which practicing.
2. Minimum of one (1) year of experience in nursing, preferred.
3. Acceptance of philosophy and goals of this Hospice.
4. Ability to exercise initiative and independent judgment.
5. Completion of a Hospice training program prior to providing care.

JOB DUTIES:

1. Understands and adheres to established policies and procedures.
2. Implements the IDG nursing care plan for each patient.
3. Provides nursing services, treatments, and diagnostic and preventive procedures as assigned.
4. Observes signs and symptoms and report to the physician and RN reactions to treatments, including drugs and changes in the patient's physical or emotional condition.
5. Teaches and counsels the patient and family/significant others regarding the nursing care needs and other related problems of the patient at home.
6. Evaluates with the registered nurse the effectiveness of the LPN's/LVN's nursing service to the patient and family under the guidance of the registered nurse.
7. Maintains accurate and complete records of observations, treatments, and care of patients.
8. Participates in medical record audit as assigned.
9. Attends staff meetings, IDG conferences, and inservices as scheduled.
10. Takes on-call duty, nights, weekends, and holidays as assigned.
11. Is responsible for:
    - Submitting any changes in schedule to the Director or Manager of Patient Services on a daily basis.
    - Participating in IDG conferences to discuss the need for involvement of other members of the health team.
12. Prepares clinical and progress notes.
13. Assists the physician and RN in performing specialized procedures.
14. Prepares equipment and materials for treatments.
15. Observes aseptic technique as required.
16. Assists the patient/family in learning appropriate self-care techniques.

JOB RELATIONSHIPS:

1. **Supervised by**: Director or Manager of Patient Services

WORKING ENVIRONMENT & RISK EXPOSURE:

- Works indoors in Hospice offices and patient homes and travels to/from patient homes.
- High risk

PHYSICAL & MENTAL EFFORT

Ability to perform the following tasks if necessary:

- Ability to participate in physical activity.
- Ability to work for an extended period of time while standing and being involved in physical activity.
- Heavy lifting.
- Ability to do extensive bending, lifting, and standing on a regular basis.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Licensed Practical/Vocational Nurse, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

LICENSED PRACTICAL/VOCATIONAL NURSE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL COMPETENCY: LICENSED PRACTICAL/VOCATIONAL NURSE

NAME: _____ **Initial Completion Date:** _____

SKILLS	COMPETENT		COMMENTS	DATE & INITIAL
	YES	NO		
Foley insertion–male/female				
Enteral Feedings:				
Bolus				
Continuous				
Removal/insertion PEG tubes				
Equipment:				
IV pumps				
Enteral pumps				
Oxygen concentrator				
Oxygen tank				
Nebulizer				
IV therapy:				
Peripheral/INT				
Hydration/medications				
Dressing change				
Irrigations:				
Bladder				
Colostomy				
Venipunctures				
Transporting lab specimens				
Suctioning				
Tracheostomy care				
Wound care				
IDG care planning				
Reassessment skills				
Spiritual reassessment				
Psychosocial reassessment skills				
Effectively manages pain				
Care and comfort measures				
Dietary counseling				
Role in bereavement				
Standard Precautions				

_____ _____

REGISTERED NURSE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: LICENSED PRACTICAL/VOCATIONAL NURSE (LVN)

JOB DUTIES	1	2	3	4
Performs nursing reassessment and evaluates findings every visit.				
Prepares clinical and progress notes.				
Assists the physician and RN in performing specialized procedures.				
Prepares equipment and materials for treatments.				
Observes aseptic technique as required.				
Assists the patient/family in learning appropriate self-care techniques.				
Accepts, writes and executes orders; orders are cosigned by RN.				
Carries out the interventions and actions specified in the patient's IDG care plan.				
Assures that patient/family is involved in implementing the IDG care plan.				
Implements the IDG care plan for the patient as established.				
Assists in reviewing and evaluating the patient IDG care plan as appropriate.				
Provides nursing services, treatments, and diagnostic and preventive procedures as assigned.				
Observes signs and symptoms and report to the RN and physician reactions to treatments, including drugs and changes in the patient's physical or emotional condition.				
Maintains accurate and complete records of observations, treatments, and care of patients.				
Documents in nurses' visits report actions/interventions as outlined in the IDG plan of care.				
Initiates preventive and nursing procedures as appropriate for the patient's care and safety.				
Teaches and counsels the patient/family regarding the nursing care needs and other related problems of the patient at home.				
Administers medications and treatments as ordered.				
Submits any changes in schedule to RN on a daily basis.				
Attends and participates in IDG patient care conferences to discuss the need for involvement of other members of the health team.				
Evaluates with RN the effectiveness of the LPN's/LVN's nursing service to the patient and family under the guidance of the RN.				
Provides appropriate information regarding the patient to other agencies/individuals involved in the patient's care as needed.				
Participates in after-hour on-call duty as assigned.				
Observes confidentiality and safeguards all patient-related information.				
Completes documentation and paperwork in a timely manner as per Hospice policy.				
Immediately reports to RN/Manager of Patient Services/Director any patient incidents/variances or complaints.				
Demonstrates competent performance of technical skills according to established procedures before performing new skills.				
Participates in peer review and PI activities as assigned.				
Participates in utilization review of medical records as assigned.				
Understands and adheres to established policies/procedures.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to RN/Manager of Patient Services.				
Appearance is always within Hospice standards; is clean and well groomed.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Participates in inservice programs and presents inservices as assigned.				
Maintains a clean and neat work environment.				
Demonstrates sound judgment and decision-making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned.				

1 - Does Not Meet Standards **2 - Needs Improvement** **3 - Meets Standards** **4 - Exceeds Standards**

Comments _____

_____

_____ _____ _____ _____

LVN SIGNATURE DATE AGENCY REPRESENTATIVE DATE

ONGOING COMPETENCY: LICENSED PRACTICAL/VOCATIONAL NURSE

NAME: _____

COMPETENCY ASSESSED ON-SITE: PT HOME ___ LAB SETTING ___

SKILLS:	COMPETENCY	NEEDS IMPROVEMENT
Patient rights/responsibilities		
Hospice complaint mechanism		
Respect of patient property		
Basic home safety		
Infection control/standard precautions		
Communicating with patient		
Patient/family reassessment		
Patient education		
Emergency operations plan		
Hospice record documentation		
CARE OBSERVED		
Reassessment		
IDG care planning		
Effectively manages pain		

Employee competent to provide care? YES_____ NO_____
Needs improvement? YES_____ NO_____

If needs improvement, explain:

_____

_____

_____ _____
REGISTERED NURSE SIGNATURE/TITLE **DATE**

_____ _____
EMPLOYEE SIGNATURE **DATE**

JOB DESCRIPTION: MEDICAL DIRECTOR/ALTERNATE MEDICAL DIRECTOR

JOB SUMMARY:

Directs the medical aspects of the Hospice's patient care program. Serves as consultant and advisor to the Director, offering his/her expertise to assess and interpret medical problems. The Hospice physician serves as a consultant to the primary physician of Hospice patients but does not take over the medical direction of the patient's care. Serves as a consultant to the Interdisciplinary Group. The Medical Director participates in the coordination of care.

QUALIFICATIONS:

Educational/Degree: Graduate from an accredited school of medicine and is a Doctor of Medicine or osteopathy.

Training/Licensure: Practicing physician currently licensed under the provisions of the State Board of Medicine.

Knowledge/Skills/Ability: Approved for admitting privileges and treatment of patients in the hospital of their locality of practice. Understanding of the principles of Hospice care. Willingness to work as a Hospice team member.

Experience: Demonstrated knowledge and well-developed skills in medicine, oncology, pharmacology; pain and symptom control; psychology of loss; and acceptance of Hospice principles of care.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Oversees the implementation of the entire physician, nursing, social work, therapy, and counseling areas within Hospice to ensure that these areas consistently meet patient and family needs.

2. The Hospice Medical Director, physician employees, and contracted physicians, in conjunction with the patient's attending physician, are responsible for the palliation and management of terminal illness and conditions related to the terminal illness.

3. The Medical Director assumes overall responsibility for the medical component of the Hospice patient care program, functions as part of the Hospice IDG, and acts as a consultant for medical care.

4. The duties and responsibilities of the Medical Director include, but are not limited to:
   - Oversees the implementation of the entire physician, nursing, social work, therapy and counseling areas within Hospice to ensure that these areas consistently meet patient and family needs.
   - Responsibility for the medical component of the Hospice's patient care program.
   - Participates in and acts as a medical resource to the IDG and Hospice leadership.
   - The Medical Director or physician designee reviews the clinical information for each Hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination:
     - The primary terminal condition.
     - Related diagnosis(es), if any.
     - Current subjective and objective medical findings.
     - Current medication and treatment orders.
     - Information about the medical management of any of the patient's conditions unrelated to the terminal illness.
   - Before the recertification period for each patient the Medical Director or physician designee must review the patient's clinical information.
   - Participates in the establishment and implementation of the plan of care, which is coordinated with the

attending physician and IDG prior to providing care.

- Participates in conjunction with the attending physician and IDG to review, update and sign the plan of care when changes are made and at least every fifteen days.
- Consults with attending physicians, if requested.
- Is available to patients on a 24-hour basis to manage their terminal illness and medical needs to the extent that the attending physician is absent or not able to meet these needs.
- Acts as a liaison with other physicians in the community serviced by Hospice and facilitates communication.
- Participates in educational programs for staff, when requested.
- Is a member of and participates in designated interdisciplinary group activities.
- Provides advice, guidance, and assistance to Hospice staff until a satisfactory resolution is reached when a medical order:
  - Is of a questionable nature.
  - Contains a discrepancy.
  - Lacks clarity.
  - Continues to be a concern for the staff after consultation with the primary physician.
- Provides medical consultation and direction when the attending physician or their designee cannot be reached and there is a change in the patient's condition requiring medical attention.

5. When the Medical Director is not available, a physician designated by Hospice assumes the same responsibilities and obligations as the Medical Director.

WORKING ENVIRONMENT & RISK EXPOSURE

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids And excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to Function at a level required to meet the essential duties of the position.

Must be able to work independently, make judgments based on assessments and data available and act accordingly. Must be flexible, and innovative and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability**.**

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Medical Director, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

MEDICAL DIRECTOR/ALTERNATE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

PERFORMANCE APPRAISAL/EVALUATION: MEDICAL DIRECTOR/ALTERNATE

JOB DUTIES	1	2	3	4
Oversees the implementation of the entire physician, nursing, social work, therapy, and counseling areas within Hospice to ensure that these areas consistently meet patient and family needs.				
Responsible for the palliation and management of terminal illness and conditions related to the terminal illness.				
Assumes overall responsibility for the medical component of the Hospice patient care program, functions as part of the Hospice IDG, and acts as a consultant for medical care.				
Oversees the implementation of the entire physician, nursing, social work, therapy and counseling areas within Hospice to ensure that these areas consistently meet patient and family needs.				
Responsibility for the medical component of the Hospice's patient care program.				
Participates in and acts as a medical resource to the IDG and Hospice leadership.				
Reviews the clinical information for each Hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course.				
Before the recertification period, each patient must review the patient's clinical information.				
Participates in the establishment and implementation of the plan of care, which is coordinated with the attending physician and IDG prior to providing care.				
Participates in conjunction with the attending physician and IDG to review, update and sign the plan of care when changes are made and at least every fifteen days.				
Consults with attending physicians, if requested.				
Is available to patients on a 24-hour basis to manage their terminal illness and medical needs to the extent that the attending physician is absent or not able to meet these needs.				
Acts as a liaison with other physicians in the community serviced by Hospice and facilitates communication.				
Participates in educational programs for staff, when requested.				
Is a member of and participates in designated interdisciplinary group activities.				
Provides medical consultation and direction when the attending physician or their designee cannot be reached and there is a change in the patient's condition requiring medical attention.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Demonstrates sound judgment and decision-making.				
Performs other duties as assigned.				

1- Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____

_____ _____

_ MEDICAL DIRECTOR/ALTERNATE SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: MEDICAL SOCIAL WORKER

JOB SUMMARY:

To deliver varied social work services to Hospice patients and their families. To provide initial emotional, spiritual, and psychosocial assessments, ongoing counseling, bereavement services and community education, outreach, and referral. The Hospice social worker is an integral part of the Hospice IDG. The MSW participates in the coordination of care.

QUALIFICATIONS:

Educational/Degree and Training/Licensure:

A Hospice Medical Social Worker must at least meet one of the following criteria:

1. Have an MSW degree from a school of social work accredited by the Council on Social Work Education (CSWE), and one year of experience in a healthcare setting.
2. Have a baccalaureate degree in social work (BSW) from a school of social work accredited by the CSWE, and one year of experience in a health care setting and be supervised by an MSW from a school of social work accredited by the CSWE and who has one year of experience in a health care setting. If the BSW is employed by the Hospice before December 2, 2008, he/she is exempted from the MSW supervision requirement.
3. Have a baccalaureate degree in psychology, sociology, or another field related to social work, and at least one year of social work experience in a health care setting and be supervised by an MSW from a school of social work accredited by the CSWE and who has one year of experience in a health care setting.

The hospice must also defer to State law regarding social work requirements. If State requirements are more stringent, Hospice must comply with the State requirements. For example, if the State requires a social worker to have a BSW or an MSW, the Hospice may not employ a person with a baccalaureate degree in psychology, sociology, or another field related to social work to work as a Hospice Medical Social Worker.

The hospice must employ or contract with at least one MSW to serve in the supervisor role as an active advisor, consulting with the BSW on assessing the needs of patients and families, developing, and updating the social work portion of the plan of care, and delivering care to patients and families. Supervision may occur in person, over the telephone, through electronic communication or any combination thereof. Hospice will allow time for the supervision to happen on a regular basis and provide documentation as to the nature and scope of supervision. Hospice also ensures that non-social work trained bachelor's prepared employees filling the role of a social worker is supervised by an MSW who graduated from a school of social work accredited by the CSWE and who has at least one year of experience in a health care setting.

Social workers with a baccalaureate degree from a school of social work accredited by the CSWE and who are employed by Hospice before December 2, 2008, are exempted from the MSW supervision requirement. If Hospice hires a new Social Worker with a baccalaureate degree and one year of experience in a health care setting after December 2, 2008, then the baccalaureate Social Worker must be supervised by an MSW who has one year of experience in a health care setting.

Knowledge/Skills/Ability: Ability to work independently, make accurate, and at times, quick judgments. Ability to respond appropriately to crises outside of a hospital setting. Acceptance of and adaptability to different social, racial, cultural, and religious modes.

Experience: Minimum 2 years of experience as a medical social worker, preferred. Active patient contact within the past three years is preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Performs initial psychosocial, emotional, spiritual, and bereavement assessments and assists in the development and implementation of a goal directed IDG care plan.
2. Conducts ongoing reassessments of patient/family needs and counseling as required.
3. Provides short-term crisis intervention and individual or family counseling when indicated.
4. Provides services, under the direction of a physician (who approves the plan of care).
5. Participates as a member of the Bereavement Team as assigned.
6. Observes, assesses, and brings to IDG conferences information regarding psychosocial, emotional, spiritual, physical, and financial conditions affecting the patient and family.
7. Assumes the active role of advocate for the patient/family unit.
8. Develops and maintains contact with appropriate community agencies and services to promote interagency cooperation and facilitates related referrals.
9. Documents comprehensive psychosocial, emotional, and spiritual assessment clearly and concisely in timely manner.
10. All patient/family visits, telephone contacts and referral actions are recorded in the patient record per policy.
11. Provides ongoing counseling related to issues of death and dying to the patient and family as needed.
12. Attends staff meetings, IDG, and other meetings as assigned and appropriate.
13. Participates in the orientation program as assigned.
14. Adheres to all Hospice policies.
15. Assumes responsibility for own personal and professional development and maintenance of skills in social work.
16. Exhibits Hospice philosophy in all job-related roles.
17. Other duties as assigned by Director/Manager of Patient Services.

REPORTING RELATIONSHIP:

Supervised by: Director/Manager of Patient Services/Medical Director
Interrelationships: Patients, family, IDG, and other healthcare team members.

WORKING ENVIRONMENT & RISK EXPOSURE:

Requires minimal physical effort most of the day including kneeling, squatting, reaching, twisting climbing, walking, exposure to temperature and humidity changes, and minimal assistance in lifting and/or transferring a 200-pound patient. Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to function at a level required to meet the essential duties of the position. Must provide evidence of annual TB tests and other state-required tests or examinations.

Must be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids and excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must be able to work independently, make judgments based on assessments and data available, and act accordingly. Must be flexible, innovative, and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING:

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Social Worker/Social Work Assistant, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

MEDICAL SOCIAL WORKER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: MEDICAL SOCIAL WORKER

NAME: _____ **INITIAL COMPLETION DATE:** _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Provides initial comprehensive psychosocial and bereavement assessments			
Ongoing counseling related to issues of death and dying			
Evaluates home/family situation			
Provides short term crisis intervention			
Promote community services & provide education			
Provide advocacy, referral & linkage with community services			
Counsel & assist with financial problems and entitlements			
Provide goal-oriented intervention directed toward management of a terminal illness			
Assist with strengthening the family support system			
Assist with resolution of conflict related to illness			
Identify & advocate for patients at risk for physical or mental abuse and/or neglect			
Identify & evaluate patients at high risk for suicide			
Identify & evaluate patients with inadequate food, medications and/or medical supplies			
Assists in developing IDG care plan according to patient needs & physician orders			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: MEDICAL SOCIAL WORKER (MSW)

JOB DUTIES	1	2	3	4
Documents all patient/family services provided as required by Hospice policy; works with the family.				
Provides input into revision and implementation of Hospice policies and procedures as requested.				
Informs the IDG of changes in the patient's condition and needs.				
Follows the policies and procedures of the Hospice. Observes confidentiality and safeguards all patient-related information in compliance with HIPAA regulations.				
Attends staff meetings and IDG conferences as scheduled.				
Completes documentation and paperwork in a timely manner as per Hospice policy; prepares clinical and progress notes.				
Immediately reports to the Manager of Patient Services/Director any patient incidents/variances or complaints.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains an acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to the Director/Manager of Patient Services.				
Appearance is always within Hospice standards; is clean and well groomed.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Performs initial psychosocial, emotional, spiritual, and bereavement assessments and assists in the development and implementation of goal directed IDG care plan.				
Conducts ongoing reassessments of patient/family needs and counseling as required.				
Provides short-term crisis intervention and individual or family counseling when indicated.				
Participates as a member of the Bereavement Team as assigned.				
Observes, evaluates, and brings to IDG conferences information regarding psychosocial, emotional, spiritual, physical, and financial conditions affecting the patient and family.				
Assumes the active role of advocate for the patient/family unit.				
Documents psychosocial and emotional information clearly and concisely in a timely manner.				
All patient/family visits, telephone contacts, and referral actions are recorded in the patient record per policy.				
Provides ongoing counseling related to issues of death and dying to the patient and family as needed.				
Attends staff meetings, IDG, and other meetings as assigned and appropriate.				
Participates in the orientation program as assigned.				
Acts as a consultant to other Hospice personnel.				
Assumes responsibility for own personal and professional development and maintenance of skills in social work.				
Exhibits Hospice philosophy in all job-related roles,				
Attends and participates in inservice education programs as assigned.				
Maintains a clean and neat work environment.				
Complies with Hospice infection control policies and procedures.				
Demonstrates sound judgment and decision-making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned by Director.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____ _____

MEDICAL SOCIAL WORKER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: OFFICE MANAGER

JOB SUMMARY:

The Office Manager assumes the responsibility of coordinating office functions in accordance with state, federal, and local regulations.

QUALIFICATIONS:

Educational/Degree: High school diploma or GED.

Training/Licensure: Completed Hospice orientation.

Knowledge/Skills/Ability: Knowledge of office machines preferred, computer skills required, excellent interpersonal and organizational skills. Light typing is preferred.

Experience: Two years of general office management and human resource experience preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Responsible to manage all office functions and processes including clerical, personnel, medical records, office machines, and payroll.
2. Assists in the billing process and financial functions as needed.
3. Oversees the hospice communications including pagers, telephones, mail, and tracking of physician orders.
4. Promotes compliance with all state and federal regulations.
5. Uses effective interpersonal relations and communication skills.
6. Stays current with changes in home health regulations.
7. Promotes the hospice's philosophy and mission by presenting a positive image to customers.
8. Performs other duties as required.

WORKING ENVIRONMENT & RISK EXPOSURE:

Works in a routine office environment. Noise level may be moderately high, ability to work a flexible schedule and extended hours. Ability to travel locally and some exposure to inclement weather.

PHYSICAL & MENTAL EFFORT:

Prolonged sitting and some standing are required. Occasional need to lift, pull, carry and push items weighing up to 50 lbs. Frequent need to stoop, kneel and reach while accessing files. Requires working under some stressful conditions to meet deadlines and employer and employee needs. Requires hand-eye coordination and manual dexterity. Requires excellent problem-solving skills.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as an Office Manager, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

OFFICE MANAGER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION: OFFICE MANAGER

JOB DUTIES	1	2	3	4
Responsible to manage all office functions and processes including clerical, personnel, medical records, office machines and payroll.				
Assists in the billing process and financial functions as needed.				
Oversees the hospice communications including pagers, telephones, mail and tracking of physician orders.				
Promotes compliance with all state and federal regulations.				
Uses effective interpersonal relations and communication skills.				
Stays current with changes in home health regulations.				
Promotes the hospice's philosophy and mission by presenting a positive image to customers.				
Performs other duties as required.				

1- Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____ _____

OFFICE MANAGER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: OCCUPATIONAL THERAPIST

JOB SUMMARY:

An Occupational Therapist (OT) administers occupational therapy to patients in their place of residence. This is performed in accordance with physician orders and IDG plan of care under the direction and supervision of the Manager of Patient Services/Director. Participate in the coordination of care.

QUALIFICATIONS:

1. Is licensed or otherwise regulated, if applicable, as an OT by the State in which practicing, unless licensure does not apply.
   - Graduated after successful completion of an OT education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organization of ACOTE; and
   - Is eligible to take or has successfully completed the entry-level certification examination for OT developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

   On or before December 31, 2009:
   - Is licensed or otherwise regulated, if applicable, as an OT by the State in which practicing; or

   When licensure or other regulation does not apply:
   - Graduated after successful completion of an OT education program accredited by the Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organization of ACOTE; and
   - Is eligible to take or has successfully completed the entry-level certification examination for OT developed and administered by the National Board for Certification in Occupational Therapy, Inc., (NBCOT).

   On or before January 1, 2008:
   - Graduated after successful completion of an OT program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
   - Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.

   On or before December 31, 1977:
   - Had 2 years of appropriate experience as an OT; and
   - Had achieved a satisfactory grade on an OT proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

   If educated outside the U.S., must meet both of the following:
   - Graduated after successful completion of an OT education program accredited as substantially equivalent to OTA entry-level education in the U.S. by one of the following:
     - The Accreditation Council for Occupational Therapy Education (ACOTE).
     - Successor organizations of ACOTE.
     - The World Federation of Occupational Therapists.
     - A credentialing body approved by the American Occupational Therapy Association.
   - Successfully complete the entry-level certification examination for OT developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

   On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as OT by the State in which practicing.
2. One (1) year experience, preferred.

JOB DUTIES:

1. Minimizes residual physical disabilities of the patient.
2. Periodically participates with the IDG and all other health care personnel in patient IDG care planning.
3. Provides prescribed occupational therapy.
4. Directs and supervises personnel as required.
5. Performs all procedures as ordered by physician and IDG according to the therapy plan of care.
6. Consults with physicians and IDG regarding the change in treatment.
7. Instructs patients and family members in home programs and fine motor movement exercises.
8. Periodically presents an inservice to Hospice staff.
9. Assists the physician in IDG evaluating the level of function.
10. Prepares clinical and progress notes.
11. Advises and consults with the family and other Hospice personnel.

12. Participates in inservice programs.

JOB RELATIONSHIP:

Supervised by: Manager of Patient Services/Director
Workers Supervised: Occupational Therapy Assistant

WORKING ENVIRONMENT & RISK EXPOSURE:

- The OT works indoors in a health care facility or and patient homes in various conditions
- Possible exposure to blood & bodily fluids and infectious diseases
    - The OT needs proof of current CPR & Hepatitis profile.
- Ability to work a flexible schedule, travel locally to/from patient homes, and some exposure to unpleasant weather.

PHYSICAL & MENTAL EFFORT:

The OT must have the ability to perform the following tasks if necessary:

- Ability to participate in physical activity, work for an extended period while standing
- Moderate lifting, extensive bending, lifting, and standing on a regular basis.
- Working under some stressful conditions to meet deadlines and client/family individualized psychosocial needs.
- Hand-eye coordination & manual dexterity.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as an Occupational Therapist, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

OCCUPATIONAL THERAPIST SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: OCCUPATIONAL THERAPIST

NAME: _____ **Initial Completion Date**: _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Eval & perform: Active & passive ROM			
Eval & perform: Muscle strengthening activities			
Eval & train: ADLS/IADLS			
Eval & train home management tasks			
Eval & train leisure activities			
Eval & recommend home modifications			
Eval & train cognitive skill related to ADLS/IADLS			
Eval, train &/or fabricate adaptive equipment			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: OCCUPATIONAL THERAPIST

JOB DUTIES	1	2	3	4
Provides all occupational therapy services according to physician orders and IDG plan of care.				
Assists the physician and IDG in evaluating the level of function.				
Informs the attending physician, IDG, and other team members of changes in the patient's condition and needs.				
Involves patient/family in updating of the plan of care.				
Interacts with IDG and other health care providers for coordination of patient care.				
Continually reevaluates needs of patient/family.				
Prepares therapy notes/progress notes for each patient visit in a timely manner.				
Directs and supervises the performance of OTA.				
Advises and consults with the family and other Hospice personnel.				
Reviews patients' medical records and identifies those patients' conditions relevant to the anticipated treatment program.				
Plans and coordinates the therapy aspects of patient care.				
Maintains medical record notes that reflect patient/family progress/ response to treatment.				
Instruction to patient/family in the home program with documentation in medical record notes.				
Consults with attending physician and IDG to determine whether treatment plan should be continued, changed, or terminated.				
Observes confidentiality and safeguards all patient-related information.				
Attends staff meetings and IDG patient care conferences as scheduled.				
Completes documentation and paperwork in a timely manner per Hospice policy; prepares clinical and progress notes.				
Immediately reports to the Manager of Patient Services/Director any patient incidents/variances or complaints.				
Demonstrates competent performances of technical skills according to established procedures.				
Participates in QAPI activities as requested.				
Understands and adheres to established policies and procedures				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Reports all incomplete work assignments to Manager of Patient Services/Director.				
Appearance is always within Hospice standards; is clean and well groomed.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Participates in inservice programs and presents inservices as assigned.				
Maintains clean and neat work environment.				
Demonstrates sound judgment and decision making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned.				

1 – Does Not Meet Standards **2 – Needs Improvement** **3 – Meets Standards** **4 – Exceeds Standards**

Comments _____

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_____ _____

OCCUPATIONAL THERAPIST SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: PATIENT CARE VOLUNTEER

JOB SUMMARY:

Serves as a member of the Hospice IDG. Provides respite services to assigned patients and families. The PCV participates in the coordination of care.

QUALIFICATIONS:

Educational/Degree: High School graduate or GED, preferred.

Training/Licensure: Completes Hospice training program.

Knowledge/Skills/Ability: Willingness to work as a Hospice team member. Demonstrated knowledge and well-developed communication skills.

Experience: Previous experience with volunteering, grief, and/or bereavement, preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Serves as a member of the IDG as requested.
2. Provides assigned respite services to patients and/or families.
3. Understands and implements appropriate interventions for death and dying.
4. Provides emotional support and compassionate care to the patient and family unit.
5. Communicates at the appropriate level with each patient and family.
6. Documents services provided to each patient and family.
7. Coordinate efforts with the Volunteer Coordinator if not able to provide assigned services.
8. Consult with team members for issues relating to the patient/family plan of care.

WORKING ENVIRONMENT & RISK EXPOSURE:

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids and excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must be able to work independently, make judgments based on assessments and data available, and act accordingly. Must be flexible, innovative, and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING:

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Patient Care Volunteer, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

PATIENT CARE VOLUNTEER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: PATIENT CARE VOLUNTEER

NAME: _____ **INITIAL COMPLETION DATE:** _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Demonstrates understanding of Hospice philosophy			
Demonstrates volunteer role in Hospice care			
Demonstrates understanding of concepts of death and dying			
Demonstrates effective communication skills			
Demonstrates understanding of bereavement			
Demonstrates understanding of psychosocial and spiritual issues related to death and dying			
Demonstrates understanding of the concept of the Hospice family			
Demonstrates understanding of patient confidentiality			
Demonstrates understanding of patient rights			
Demonstrates understanding of patient safety issues			
Demonstrates understanding of applicable infection control policies			
Demonstrates understanding of care and comfort measures			
Demonstrates appropriate stress management techniques			
Provides assigned respite services			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: PATIENT CARE VOLUNTEER

JOB DUTIES	1	2	3	4
Serves as a member of IDG when requested.				
Provides assigned respite services to patient and/or family.				
Understands and implements appropriate interventions for death and dying.				
Provides emotional support and compassionate care to the patient and family unit.				
Communicates at the appropriate level with each patient/family.				
Documents services provided. Submits documentation according to Hospice policy.				
Reports incomplete work assignments to Volunteer Coordinator.				
Consult with team members for issues relating to the patient/family plan of care.				
Demonstrates listening skills.				
Attends position related inservices and meetings.				
Demonstrates understand of Hospice philosophy.				
Demonstrates volunteer role in Hospice care.				
Demonstrates effective communication skills.				
Demonstrates understanding of bereavement.				
Demonstrates understanding of psychosocial and spiritual issues related to death and dying.				
Demonstrates understanding of the concept of the Hospice family.				
Demonstrates understanding of patient confidentiality.				
Demonstrates understanding of patient rights.				
Demonstrates understanding of patient safety issues.				
Demonstrates understanding of applicable infection control policies.				
Demonstrates understanding of care and comfort measures.				
Demonstrates appropriate stress management techniques.				
Appearance is always within Hospice standard; is clean and well groomed.				
Demonstrates sound judgment and decision making.				
Performs other duties as assigned.				

1- Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____ _____

PATIENT CARE VOLUNTEER SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: PHYSICAL THERAPIST

JOB SUMMARY:

A Registered Physical Therapist (PT) administers physical therapy to patients in their place of residence and is performed in accordance with physician orders and IDG plan of care under the direction and supervision of the Director/Manager of Patient Services. The PT participates in the coordination of care.

QUALIFICATIONS:

1. Graduated after successful completion of a PT education program approved by one of the following:
   - The Commission on Accreditation in Physical Therapy Education (CAPTE).
   - Successor organizations of CAPTE.
   - An education program outside the U.S. is determined to be substantially equivalent to PT entry-level education in the U.S. by a credential evaluation organization approved by the American Physical Therapy Association.
   - Passed an examination for PTs approved by the State in which physical therapy services are provided.

   On or before December 31, 2009:
   - Graduated after successful completion of a PT curriculum approved by the CAPTE; or
   - Meets both of the following:
     - Graduated after successful completion of an education program determined to be substantially equivalent to PT entry-level education in the U.S. by a credential evaluation organization approved by the American Physical Therapy Association.
     - Passed an examination for PTs approved by the State in which physical therapy services are provided.

   Before January 1, 2008:
   - Graduated from a PT curriculum approved by one of the following:
     - The American Physical Therapy Association.
     - The Committee on Allied Health Education and Accreditation of the American Medical Association.
     - The Council on Medical Education of the American Medical Association and the American Physical Therapy Association.

   On or before December 31, 1977, was licensed or qualified as a PT and meets both of the following:
   - Has 2 years of appropriate experience as a PT.
   - Has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

   Before January 1, 1966:
   - Was admitted to membership by the American Physical Therapy Association;
   - Was admitted to registration by the American Registry of Physical Therapists; and
   - Graduated from a PT curriculum in a 4-year college or university approved by a State department of education.

   Before January 1, 1966, was licensed or registered, and before January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of PT in which services were rendered under the order and direction of attending and referring Doctor of Medicine or osteopathy.

   If trained outside the U.S. before January 1, 2008, meets the following requirements:
   - Was graduated in 1928 from a PT curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy.
   - Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.
2. Currently licensed in the state(s) in which practicing (unless licensure does not apply).
3. Two (2) years' experience, preferred.
4. Acceptance of philosophy and goals of Hospice.
5. Ability to exercise initiative and independent judgment.

JOB DUTIES:

1. Understands and adheres to established policies and procedures.
2. Provides physician and IDG-prescribed physical therapy.
3. Improves or minimizes residual physical disabilities of the patient.
4. Performs home safety assessments.
5. Participates with all other health care personnel in patient IDG care planning.
6. Directs and supervises personnel as required.
7. Performs all procedures as ordered by a physician.
8. Consults with physicians and IDG regarding a change in treatment.

9. Instructs caregiver in the use of good body mechanics for turning and lifting patients.
10. Instructs patients and family/significant others in-home programs and activities of daily living.
11. Participates in inservice programs and presents inservice programs as assigned.
12. Participates in QAPI activities as assigned.
13. Attends all patient care conferences as scheduled.
14. Prepares clinical and progress notes.
15. Trains patient/family in the use of adaptive equipment.
16. Helps develop the plan of care and revise it as necessary.
17. Consults with family and Hospice personnel.

JOB RELATIONSHIP:

Supervised by: Director/Manager of Patient Services
Workers Supervised: Physical Therapy Assistant

WORKING ENVIRONMENT & RISK EXPOSURE:

Works indoors in the Hospice office and patient homes and travels to/from patient homes. Possible exposure to blood and bodily fluids and infectious diseases. Ability to work a flexible schedule, ability to travel locally, and some exposure to unpleasant weather.

PHYSICAL & MENTAL EFFORT:

Ability to do heavy lifting, bending, pulling, pushing, and standing. Prolonged standing and walking are required. Requires working under some stressful conditions to meet deadlines and client needs and to meet client/family individualized psychosocial needs. Requires hand-eye coordination and manual dexterity.

STATEMENT OF UNDERSTANDING:

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Registered Physical Therapist, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____
PHYSICAL THERAPIST SIGNATURE **DATE**

_____ _____
AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: PHYSICAL THERAPIST

NAME: _____ **TITLE:** _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
I. Eval & Treatment			
1. ROM			
2. Strength			
3. Balance			
4. Coordination			
5. Functional mobility:			
a. Bed mobility			
b. Transfers			
c. W/C mobility			
d. Gait			
6. Sensation			
7. Muscle tone			
8. Endurance			
9. Positioning			
10. Pt teaching			
11. Body mechanics			
II. Equipment:			
1. Gait devices:			
a. Walker			
b. Crutches			
c. Hemiwalker			
d. Quad cane			
e. Straight cane			
f. Platforms for walker/crutches			
2. Other:			
a. Wheelchair			
b. Sliding board			
3. Modalities:			
a. Ultrasound			
b. TENS			
c. Hot pack			
d. Cold pack			
e. Splints			
f. AFO			
g. Back brace:			
h. Cervical collar			
i. Knee immobilizer			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: PHYSICAL THERAPIST

JOB DUTIES	1	2	3	4
Instructs caregiver in the use of good body mechanics for turning and lifting patients.				
Consults with family and Hospice personnel.				
Provides all physical therapy services according to physician orders and IDG care plan.				
Informs the attending physician, IDG, and other team members of changes in the patient's condition and needs.				
Informs patient/family of the physical therapy portion of the plan of care.				
Performs home safety assessments.				
Interacts with other health care providers for coordination of patient care.				
Continually reevaluates needs of patient/family.				
Directs and supervises the performance of LPTA.				
Performs supervisory visits on each patient seen by the LPTA and documents supervisory visit in medical records.				
Teaches patient/family in the use of adaptive equipment.				
Reviews patient's medical records and identifies those patients' conditions relevant to the anticipated treatment program.				
Plans and coordinates the therapy aspects of patient care.				
Maintains medical record notes that reflect patient/family progress/response to treatment.				
Consults with attending physician and IDG to determine whether treatment plan should be continued, changed, or terminated.				
Observes confidentiality and safeguards all patient-related information.				
Attends staff meetings and participates in IDG care conferences as scheduled.				
Prepares and submits clinical and progress notes in a timely manner as outlined in Hospice policy.				
Instructs caregiver in the use of good body mechanics for turning and lifting patients.				
Immediately reports to RN/Director any patient incidents/variances or complaints.				
Demonstrates competent performances of technical skills according to established procedures.				
Participates in peer review and QAPI activities as requested.				
Understands and adheres to established policies/procedures.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to the Manager of Patient Services/Director.				
Appearance is always within Hospice standards; is clean and well groomed.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Attends and participates in inservice education programs as assigned.				
Maintains a clean and neat work environment.				
Demonstrates sound judgment and decision-making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments _____

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_____ _____

PHYSICAL THERAPIST SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: LICENSED PHYSICAL THERAPY ASSISTANT

JOB SUMMARY:

A Licensed Physical Therapy Assistant (LPTA) administers physical therapy to patients in their place of residence. This is performed in accordance with physician orders and IDG plan of care under the direction and supervision of the Registered Physical Therapist (PT). The LPTA participates in the coordination of care.

QUALIFICATIONS:

1. Graduated from a physical therapist assistant (PTA) curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the U.S. or trained in the U.S. military, graduated from an education program determined to be substantially equivalent to a PTA entry-level education in the U.S. by a credential's evaluation organization approved by the American Physical Therapy Association; and
   - Passed a national examination for physical therapist assistants.

   On or before December 31, 2009, meets one of the following:
   - Is licensed, or otherwise regulated in the State in which practicing.
   - In States where licensure or other regulations do not apply, graduated before December 31, 2009, from a 2-year college-level program approved by the American Physical Therapy Association.

   Before January 1, 2008, when licensure or other regulation does not apply, graduated from a 2-year college-level program approved by the American Physical Therapy Association.
   On or before December 31, 1977, was licensed or qualified as a PTA and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
2. Currently licensed in the state(s) in which practicing.
3. Two (2) years' experience, preferred.
4. Acceptance of philosophy and goals of Hospice.

JOB DUTIES:

1. Understands and adheres to established Hospice policies and procedures.
2. Provides physician and IDG prescribed physical therapy under the supervision of a PT.
3. Participates with IDG and all other health care personnel in patient care planning.
4. Performs all procedures as ordered by physician and IDG and according to the plan of care for therapy established by the PT.
5. Consults with PT regarding a change in treatment.
6. Instructs patients and family members in home programs and activities of daily living.
7. Participates in inservice programs and presents inservice programs as assigned.
8. Participates in QAPI activities as assigned.
9. Attends all patient care conferences as scheduled.
10. Prepares IDG progress notes for each patient visit in a timely manner as per Hospice policy.
11. Performs services planned, delegated, and supervised by the PT.
12. Participates in educating the patient and family.

JOB RELATIONSHIP:

Supervised by: Physical Therapist/Manager of Patient Services/Director.

WORKING ENVIRONMENT & RISK EXPOSURE:

The LPTA works in a health care facility or patient's residence in various conditions. There is the possibility of exposure to blood and bodily fluids and infectious diseases. The LPTA needs proof of current CPR and Hepatitis profile. They must be able to work a flexible schedule, and travel locally and there may be some exposure to unpleasant weather.

PHYSICAL & MENTAL EFFORT:

The Licensed Physical Therapy Assistant must have the ability to do heavy lifting, bending, pulling, pushing, and standing. Prolonged standing and walking required. Requires working under some stressful conditions to meet deadlines and patient needs and to meet patient/family individualized psycho-social needs. Requires hand-eye coordination and manual dexterity.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Licensed Physical Therapy Assistant, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

PHYSICAL THERAPY ASSISTANT SIGNATURE: **DATE:**

_____ _____

AGENCY REPRESENTATIVE **DATE:**

INITIAL COMPETENCY: PHYSICAL THERAPY ASSISTANT

NAME: _____ **TITLE:** _____

SKILLS	COMPETENT		COMMENTS	DATE & INITIAL
	YES	NO		
I. Re-eval & Treatment				
1. ROM				
2. Strength				
3. Balance				
4. Coordination				
5. Functional mobility:				
a. Bed mobility				
b. Transfers				
c. W/C mobility				
d. Gait				
6. Sensation				
7. Muscle tone				
8. Endurance				
9. Positioning				
10. Pt teaching				
11. Body mechanics				
II. Equipment:				
1. Gait devices:				
a. Walker				
b. Crutches				
c. Hemi walker				
d. Quad cane				
e. Straight cane				
f. Platforms for walker/crutches				
2. Other:				
a. Wheelchair				
3. Modalities:				
a. Ultrasound				
b. TENS				
c. Hot pack				
d. Cold pack				
e. Splints				
f. AFO				
g. Back brace:				
h. Cervical collar				
i. Knee immobilizer				

_____ _____

PHYSICAL THERAPIST SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: LICENSED PHYSICAL THERAPY ASSISTANT

	1	2	3	4
Provides all physical therapy services according to physician orders, IDG and plan of care established by the PT for therapy services.				
Performs services planned, delegated and supervised by the PT.				
Assists in preparing clinical and progress notes.				
Participates in educating the patient and family.				
Informs the PT, IDG and other team members of changes in the patient's condition and needs.				
Instructs patient/families in use of adaptive equipment.				
Instructs caregivers in use of good body mechanics for turning and lifting patients.				
Interacts with IDG and other health care providers for coordination of patient care.				
Coordinates the therapy aspects of patient care with the PT.				
Maintains medical record notes that reflect patient/family progress/ response to treatment.				
Consults with PT to determine whether therapy treatment plan should be continued, changed or terminated.				
Observes confidentiality and safeguards all patient related information.				
Attends staff meetings and participates in IDG patient care conferences as scheduled.				
Completes and submits progress notes and paperwork in a timely manner per Hospice policy.				
Immediately reports to PT/Manager of Patient Services/Director any patient incidents/variances or complaints.				
Demonstrates competent performances of technical skills according to established procedures.				
Participates in peer review and QAPI activities as requested.				
Understands and adheres to established policies/procedures.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to PT.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Attends and participates in inservice education programs as assigned.				
Maintains clean and neat work environment.				
Demonstrates sound judgment and decision making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned.				

1 – Does Not Meet Standards 2 – Needs Improvement 3 – Meets Standards 4 – Exceeds Standards

Comments _____

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_____ _____

PHYSICAL THERAPY ASSISTANT SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT COORDINATOR

JOB SUMMARY:

A professional who assists the Director/Administrator with the development and ongoing administration of the Quality Assessment/Performance Improvement (QAPI) program. The QAPI Coordinator participates in the coordination of care.

QUALIFICATIONS:

1. Graduate of an approved school of professional nursing and currently licensed in the state(s) in which practicing; or
2. A qualified health care professional.
3. Three to five (3-5) years of health care experience, preferred.
4. One (1) year of experience in QAPI, is preferred.
5. Ability to exercise initiative and independent judgment.
6. Ability to work with individuals, to enlist the cooperation of many people to perform/achieve a common goal.

JOB DUTIES:

1. Understands and adheres to established Hospice policies and procedures.
2. Understands and promote principles of continuous QAPI.
3. Responsible for the orientation of new staff to Hospice's QAPI program.
4. Assists in the planning and consultative needs of staff.
5. Assists in the preparation and implementation of policies and procedures which meet Medicare, Medicaid, accreditation standards, and state and local laws.
6. Participates in studies and other administrative functions as assigned.
7. Serves as a role model for all colleagues by setting an example of high standards in dress, conduct, cooperation, and job performance.
8. Observes confidentiality and safeguards all patient-related information.
9. Accepts responsibility for regular attendance and punctuality; fulfills job-related requirements without regard to the time involved.
10. Serves as a resource person to employees.
11. Investigates and report any problem relating to patient care and/or employee well-being.
12. Immediately reports any accident, incident, lost articles, or unusual occurrence to the Director/Manager of Patient Services.
13. Attends pertinent continuing education programs other than routine inservices and shares information with staff.
14. Assists in the development of QAPI activities with appropriate data collection, aggregation, analysis, taking action, and reporting of results according to the Hospice's QAPI plan.
15. Reviews patient medical records for compliance with federal, state, and local laws, accreditation standards, and Hospice policies and guidelines
16. Chairs QAPI committee; prepares QAPI reports/minutes of meetings; forwards reports according to QAPI plan.
17. Assists in the identification of goals and related patient outcomes.
18. Coordinates, participates, and reports activities and outcomes.
19. Other duties as assigned by the Director/Administrator.

JOB RELATIONSHIPS:

1. **Supervised by:** Director/Administrator/Governing Body
2. **Workers Supervised:** QAPI Committee

WORKING ENVIRONMENT & RISK EXPOSURE:

- Works indoors
- Low Risk

PHYSICAL & MENTAL EFFORT:

Ability to perform the following tasks if necessary:

- Ability to participate in physical activity.
- Ability to work for an extended period of time while sitting or standing and being involved in physical activity.
- Moderate lifting.
- Ability to do extensive bending, lifting, and standing on a regular basis.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as QAPI Coordinator, I will perform these duties to the best of my knowledge and ability.
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.

_____ _____

QAPI COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

ANNUAL PERFORMANCE EVALUATION QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT COORDINATOR

JOB DUTIES	1	2	3	4
Organizes and acts as chairman of Hospice's QAPI committee. Schedules meetings; notifies appropriate staff of date/time/location.				
Oversees/manages the QAPI program. Assures implementation of program organization-wide according to the current QAPI plan.				
Assists in the ongoing evaluation and revision of the QAPI plan.				
Prepares reports of QAPI activities and committee meetings and forwards reports to appropriate staff according to the QAPI plan.				
Orients new staff and Governing Body members to the PI program.				
Assists the Director/Administrator in the allocation of Hospice staff time, resources, and information management for QAPI activities.				
Assists QAPI teams as indicated, requested, and assigned in the facilitation of QAPI principles.				
Assists in the development and prioritization of process improvement and outcome activities for all of the Hospice's functions.				
Maintains QAPI program in compliance with Medicare, Medicaid, accreditation standards, and other federal or state rules and/or regulations.				
Assists in the planning and consultative needs of staff.				
Assists in the preparation and implementation of policies and procedures which meet Medicare, Medicaid, accreditation standards, and state and local laws.				
Displays a willingness to support policies and procedures and uses appropriate channels for changes to such policies.				
Participates in studies and other administrative functions as assigned.				
Investigates and report any problems relating to patient care and/or staff well-being.				
Observes confidentiality and safeguards all patient-related information.				
Immediately reports any accident, incident, lost articles, or unusual occurrence to the Director/Manager of Patient Services.				
Participates in peer review and QAPI activities as requested.				
Understands and adheres to established policies/procedures.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Reports all incomplete work assignments to Director/Administrator.				
Appearance is always within Hospice standards; is clean and well groomed.				
Demonstrates effective time management skills through infrequent overtime for routine assignments.				
Participates in inservice programs and presents inservices as assigned.				
Maintains a clean and neat work environment.				
Demonstrates sound judgment and decision-making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned.				
Assists in the identification of goals and related outcomes.				
Coordinates participates and reports activities and outcomes.				

1 - Does Not Meet Standards **2 - Needs Improvement** **3 - Meets Standard** **4 - Exceeds Standards**

Comments

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_____ _____

QAPI COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

JOB DESCRIPTION: REGISTERED NURSE

JOB SUMMARY:

To provide nursing care to the terminally ill Hospice patient as needed. To provide assistance and understanding to the family in the home care situation and in times of bereavement. To work as a member of the Hospice team in providing Hospice care.

QUALIFICATIONS:

Educational/Degree: Graduate from an accredited school of nursing

Training/Licensure: Currently licensed as a registered nurse to practice in the state.

Knowledge/Skills/Ability: Ability to work independently, and make accurate, and at times, quick judgments. Ability to supervise others appropriately. Ability to respond appropriately to crises outside of a hospital setting. Acceptance of and adaptability to different social, racial, cultural, and religious modes. Completes Hospice training program.

Experience: Minimum 2 years of experience as a registered nurse, preferred. Active patient contact within the past three years is preferred.

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. Regularly assesses and reassesses the nursing needs of the Hospice patient.
2. Provides dietary counseling.
3. Provides Hospice nursing services, treatments, and preventive procedures.
4. Initiates nursing procedures appropriate for the patient's Hospice care and safety.
5. Observes signs and symptoms and reports to the physician and IDG members any unexpected changes in the patient's physical or emotional condition.
6. Teaches, supervises and counsels the Hospice patient and family members about providing care for the patient.
7. Supervises and trains other nursing service personnel.
8. Develops and re-evaluates the patient/family care plan in conjunction with IDG to meet needs and maintain continuity of care.
9. Performs specific nursing procedures as needed (e.g., treatments, management of symptoms) following doctor's orders.
10. Attends team conferences.
11. Maintains records as required by Hospice.
12. Follows the policies and procedures of Hospice. Observes confidentiality and safeguards all patient-related information in compliance with HIPAA regulations.
13. Always communicates to the supervisor if unable to meet a patient's need or perform a procedure.
14. Participates in the on-call system and is responsible for providing on-call coverage when unavailable for assigned duties.
15. Maintain skills and knowledge.
16. Works with interdisciplinary group concept of patient care.
17. Coordinates the implementation of the plan of care for patients residing in SNF, NF, ICF or MR.
18. Organizes work schedule and utilizes time management to be able to attend all required meetings.
19. Complies with agency infection control policies and protocols.
20. Assist with orientation, teaching, and training as requested.
21. Other duties as assigned by Director.

WORKING ENVIRONMENT & RISK EXPOSURE:

Requires considerable physical effort most of the day including kneeling, squatting, reaching, twisting, climbing, walking, exposure to temperature and humidity changes, and maximal assistance in lifting and/or transferring a 100-pound patient. Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses to function at a level required to meet the essential duties of the position. Must provide evidence of annual TB tests and other state-required tests or examinations.

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids and excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:

Must be able to work independently, make judgments based on assessments and data available, and act accordingly. Must be flexible, innovative, and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Staff Nurse (RN), I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

STAFF NURSE (RN) SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: REGISTERED NURSE

NAME: _____ **DATE:** _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Foley insertion–male/female			
Enteral Feedings:			
Bolus			
Continuous			
Removal/insertion PEG tubes			
Equipment:			
IV pumps			
Enteral pumps			
Oxygen concentrator			
Oxygen tank			
Nebulizer			
IV therapy:			
Peripheral/INT			
Hydration/medications			
Dressing change			
Central line maintenance			
Irrigations:			
Bladder			
Colostomy			
Venipunctures			
Transporting lab specimens			
Suctioning			
Tracheostomy care			
Wound care			
IDG care planning			
Assessment skills			
Reassessment skills			
Spiritual assessment			
Psychosocial assessment skills			
Effectively manages pain			
Care and comfort measures			
Dietary counseling			
Role in bereavement			
Standard Precautions			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

REGISTERED NURSE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: REGISTERED NURSE

JOB DUTIES	1	2	3	4
Provides services in accordance with the plan of care.				
Performs initial assessments per time frame.				
Initiates appropriate preventive and nursing procedures.				
Prepares clinical and progress notes for each patient visit and summaries of care conferences on his/her patients in a timely manner as per Hospice policy.				
Informs personnel of changes in the condition and needs of the patient.				
Counsels with the patient and family in meeting nursing and related needs.				
Participates in and presents inservice programs.				
Processes orders and notifies physician of patient needs and changes in condition.				
Implements and documents in nursing notes actions/interventions as outlined in the plan of care.				
Determines the amount and type of nursing needed for the patient.				
Involves the patient/family in developing the plan of care.				
Supervises the Hospice Aide's work every fourteen days, either in the presence of or absence of the Aide and completes supervisory visit form.				
Participates in after hour on-call duty as assigned.				
Obtains knowledge and supervised practice of new skills.				
Coordinates the implementation of the plan of care for patients residing in SNF, NF, ICF or MR.				
Attends staff meetings and patient care conferences as scheduled.				
Completes documentation and paperwork in a timely manner per Hospice policy.				
Immediately reports to the Manager of Patient Services/Director any patient incidents/variances or complaints.				
Demonstrates competent performance of technical skills according to established procedures.				
Participates in peer review and QAPI activities as requested.				
Understands and adheres to established policies/procedures.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains acceptable level of tardiness, per Hospice policy.				
Reports all incomplete work assignments to the Manager of Patient Services/Director.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Provides dietary counseling.				
Maintains a clean and neat work environment.				
Demonstrates sound judgment and decision-making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned by the Manager of Patient Services/Director.				
Regularly assesses and reassesses the nursing needs of the patient.				
Provides Hospice nursing services, treatments, and preventive procedures.				
Observes signs and symptoms and reports to the physician and IDG members any unexpected changes in the patient's physical or emotional condition.				
Teaches, supervises, and counsels the patient and family members about providing care for the patient.				
Supervises and trains other nursing service personnel.				
Performs specific nursing procedures as needed (e.g., treatments, management of symptoms, preventive measures) following physician's orders.				
Attends team conferences.				

Maintains records as required by the agency.				
Observes confidentiality and safeguards all patient-related information in compliance with HIPAA regulations.				
Always communicates to the Manager of Patient Services/Director if unable to meet a patient's need or perform a procedure.				
Maintains skills and knowledge.				
Works with IDG concept of patient care.				
Organizes work schedule and utilizes time management to be able to attend all required meetings.				
Complies with infection control policies and protocols.				
Assist with orientation, teaching, and training as requested.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards

Comments

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_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

JOB DESCRIPTION: SPEECH LANGUAGE PATHOLOGIST

JOB SUMMARY:

A Speech Language Pathologist administers speech therapy to patients in their place of residence. This is performed in accordance with physician orders and IDG plan of care under the direction and supervision of the Director/Manager of Patient Services. The Speech Language Pathologist participates in the coordination of care.

QUALIFICATIONS:

1. A person who has a master's or doctoral degree in Speech Language Pathology, and is licensed as a Speech Language Pathologist by the state where they furnish services, or
2. A person who has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of completing), at least nine months of supervised full-time SLP experience, and has successfully completed a national examination approved by the Secretary.
3. Currently licensed in the state(s) in which practicing.
4. Two (2) years' experience, preferred.

JOB DUTIES:

1. Improves or maximizes the communication of the patient.
2. Periodically participates with all other health care personnel in patient IDG care planning.
3. Provides full range Speech Language Pathology Services as ordered by physician and IDG.
4. Takes initial history and makes an initial evaluation.
5. Performs all procedures.
6. Consults with physicians and IDG regarding change of treatment.
7. Instructs patients and family members in home programs.
8. Periodically presents an inservice to Hospice's staff members.
9. Assists the physician and IDG in evaluating the level of function.
10. Prepares clinical and progress notes.
11. Advises and consults with the family and other Hospice personnel.
12. Participates in inservice programs.

JOB RELATIONSHIP:

Supervised by: Director/Manager of Patient Services.

WORKING ENVIRONMENT & RISK EXPOSURE:

The Speech Language Pathologist works in a health care facility or patient's residence in various conditions. There is the possibility of exposure to blood and bodily fluids and infectious diseases. The SLP needs proof of current CPR and Hepatitis profile. They must be able to work a flexible schedule, and travel locally and there may be some exposure to unpleasant weather.

PHYSICAL & MENTAL EFFORT:

The Speech Language Pathologist must have the ability to do heavy lifting, bending, pulling, pushing, and standing. Prolonged Standing and walking are required. Requires working under some stressful conditions to meet deadlines and patient needs and to meet patient/family individualized psycho-social needs. Requires hand-eye coordination and manual dexterity.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Speech Language Pathologist, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

SPEECH LANGUAGE PATHOLOGIST SIGNATURE: **DATE:**

_____ _____

AGENCY REPRESENTATIVE **DATE:**

INITIAL SELF-ASSESSMENT: SPEECH LANGUAGE PATHOLOGIST

NAME: _____ Initial Completion Date: _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
ABLE TO EVALUATE & PROVIDE A THERAPEUTIC PLAN FOR:			
1. VOICE DISORDERS:			
A. ELECTROLARYNX			
B. ESOPHAGEAL SPEECH			
2. DYSPHASIA			
3. LANGUAGE DISORDERS			
4. NONORAL COMMUNICATION			
5. ARTICULATION DISORDERS			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: SPEECH LANGUAGE PATHOLOGIST

JOB DUTIES	1	2	3	4
Completes initial history and evaluation visit notifies physician and IDG of patient's needs and submits orders for physician approval.				
Provides all speech-language pathology services according to physician orders and IDG.				
Assists the physician and IDG in evaluating level of function.				
Informs the attending physician and other team members of changes in the patient's condition and needs.				
Involves patient/family in updating IDG plan of care.				
Interacts with IDG and other health care providers for coordination of patient care.				
Continually reevaluates the needs of patient/family.				
Prepares therapy notes/progress notes for each patient visit in a timely manner.				
Periodically presents an inservice to the staff members as assigned.				
Plans and coordinates the therapy aspects of patient care.				
Advises and consults with the family and other Hospice personnel.				
Maintains medical record notes that reflect patient/family progress/ response to treatment.				
Instruction to patient/family on in home program with documentation in medical record notes.				
Consults with the attending physician and IDG to determine whether the treatment plan should be continued, changed, or terminated.				
Observes confidentiality and safeguards all patient-related information.				
Attends staff meetings and IDG patient care conferences as scheduled.				
Completes documentation and paperwork in a timely manner per Hospice policy; prepares clinical and progress notes.				
Immediately reports to the Manager of Patient Services/Director any patient incidents/variances or complaints.				
Demonstrates competent performances of technical skills according to established procedures.				
Participates in QAPI activities as requested.				
Understands and adheres to established policies/procedures.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Maintains acceptable attendance status, per Hospice policy.				
Reports all incomplete work assignments to Manager of Patient Services/Director.				
Appearance is always within Hospice standards; is clean and well-groomed.-.				
Demonstrates effective time management skills through daily documentation and infrequent overtime for routine assignments.				
Attends and participates in inservice education programs as assigned.				
Maintains a clean and neat work environment.				
Demonstrates sound judgment and decision-making.				
Maintains current CPR certification, if required.				
Performs other duties as assigned.				

1 - Does Not Meet Standards **2 - Needs Improvement** **3 - Meets Standards** **4 - Exceeds Standards**

Comments _____

_____

_____ _____

SPEECH LANGUAGE PATHOLOGIST SIGNATURE **DATE**

_____ _____

HOSPICE REPRESENTATIVE/TITLE **DATE**

JOB DESCRIPTION: VOLUNTEER COORDINATOR

JOB SUMMARY: To maintain and coordinate the volunteer program for Hospice. Responsible for the orientation training and coordination of all Hospice volunteers, for volunteer program administration and development in all service areas. The VC participates in the coordination of care.

QUALIFICATIONS:

Educational /Degree: High School diploma.

Training/Licensure: Completes Hospice training program**.**

Knowledge/Skills/Ability: Ability to work independently, make accurate, and at times. Quick judgments. Ability to respond appropriately to crises outside of a hospital setting. Acceptance of and adaptability to different social, racial, cultural, and religious modes.

Experience: Minimum two years of experience in a related field, volunteer activity preferred

Transportation: Must have a current valid driver's license, auto liability insurance, and reliable transportation.

JOB DUTIES:

1. To maintain and coordinate the volunteer program for Hospice. Responsible for the orientation, training, and coordination of all Hospice volunteers, and for volunteer program administration and development in all service areas.
2. Plan and supervise the delivery of all volunteer services.
3. Assign volunteers to service based on program needs and the volunteers' interests and skills.
4. Assess and monitor a record-keeping system that includes services delivered and actual time involved.
5. Recruit, interview, and select volunteers.
6. Design and supervise the orientation and training of volunteers.
7. Monitor and evaluate volunteers' performance.
8. Assure volunteers' compliance with Hospice policies and procedures.
9. Plan and conduct volunteer support meetings.
10. Prepare services reports as required by the Director.
11. Facilitate community awareness and support of the Hospice volunteer program.
12. Maintain relationships with other program leaders.
13. Attend Hospice IDG meetings and act as a liaison between volunteers and IDG.
14. Adhere to Hospice standards and consistently interpret and accurately perform all assigned responsibilities.
15. Comply with Hospice infection control policies and protocols.
16. Works with IDG concept of patient care.
17. Participate in inservice programs and present inservices as assigned.
18. Completes Hospice training program.
19. Performs other duties as assigned by Director.

WORKING ENVIRONMENT & RISK EXPOSURE:

Be able to tolerate exposure to elements including, but not limited to, odors, blood, body fluids and excrements, adverse environmental conditions, and hazardous materials.

PHYSICAL & MENTAL EFFORT:
Requires minimal physical effort most of the day including kneeling, squatting, reaching, twisting, climbing, walking, exposure to temperature and humidity changes, and minimal assistance in lifting and/or transferring of a 200-pound patient. Must possess sight/hearing senses or use appropriate adaptive devices that will enable senses

to function at a level required to meet the essential duties of the position. Must provide evidence of annual TB test and other state-required tests or examinations.

Must be able to work independently, make judgments based on assessments and data available and act accordingly. Must be flexible, and innovative and possess good interpersonal skills. Must be able to cope with mental and emotional stress and demonstrate emotional stability.

STATEMENT OF UNDERSTANDING

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Volunteer Coordinator, I will perform these duties to the best of my knowledge and ability. 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.

_____ _____

VOLUNTEER COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

INITIAL SELF-ASSESSMENT: VOLUNTEER COORDINATOR

NAME: _____ **INITIAL COMPLETION DATE:** _____

SKILLS	COMPETENT		COMMENTS
	YES	NO	
Assesses patient needs for volunteers			
Demonstrates understanding of Hospice philosophy			
Demonstrates volunteer role in Hospice care			
Demonstrates understanding of concepts of death and dying			
Demonstrates effective communication skills			
Demonstrates understanding of bereavement			
Demonstrates understanding of psychosocial and spiritual issues related to death and dying			
Demonstrates understanding of the concept of the Hospice family			
Demonstrates understanding of patient confidentiality			
Demonstrates understanding of patient rights			
Demonstrates understanding of patient safety issues			
Demonstrates understanding of applicable infection control policies			
Demonstrates understanding of care and comfort measures			
Demonstrates appropriate stress management techniques			

_____ _____

HOSPICE REPRESENTATIVE SIGNATURE/TITLE **DATE**

_____ _____

EMPLOYEE SIGNATURE **DATE**

ANNUAL PERFORMANCE EVALUATION: VOLUNTEER COORDINATOR

JOB DUTIES	1	2	3	4
Plan and supervise the delivery of all volunteer services.				
Assign volunteers to service based on program needs, patient/family's needs and the volunteer's interests and skills.				
Assess and monitor a record-keeping system that includes services delivered and actual time involved.				
Recruit, interview, and select volunteers.				
Design and supervise the orientation and training of volunteers.				
Monitor and evaluate volunteers' performance.				
Assure volunteers' compliance with Hospice policies and procedures.				
Plan and conduct volunteer support meetings.				
Prepare services reports as required by the Director.				
Facilitate community awareness and support of the Hospice volunteer program.				
Maintain relationships with other program leaders.				
Attend Hospice IDG meetings and act as a liaison between volunteers and IDG.				
Adheres to Hospice standards and consistently interprets and accurately performs all assigned responsibilities.				
Follows the policies and procedures of the Hospice. Observes confidentiality and safeguards all patient-related information in compliance with HIPAA regulations.				
Complies with Hospice infection control policies and procedures.				
Completes documentation and paperwork in a timely manner per Hospice policy.				
Immediately reports to the Manager of Patient Services/Director any patient incidents/variances or complaints.				
Maintains acceptable attendance status, per Hospice policy.				
Maintains an acceptable level of tardiness, per Hospice policy.				
Organizes work schedule and utilizes time management to be able to attend all required meetings.				
Reports all incomplete work assignments to Director.				
Demonstrates sound judgment and decision-making.				
Works with IDG concept of patient care.				
Appearance is always within Hospice standard; is clean and well groomed.				
Participates in inservice programs and presents inservices as assigned.				
Performs other duties as assigned by Director.				

1 - Does Not Meet Standards 2 - Needs Improvement 3 - Meets Standards 4 - Exceeds Standards.

Comments

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_____

_____ _____

VOLUNTEER COORDINATOR SIGNATURE **DATE**

_____ _____

AGENCY REPRESENTATIVE **DATE**

SECTION FIVE

SKILLS CHECKLISTS
AND
COMPETENCIES

HOSPICE AIDE COMPETENCY EVALUATION

COMPETENCY ASSESSMENT

I. OBSERVATION AND REPORTING:

1. Mr. Jones pulse rate is usually 64-70. When you take it today, it is 52. You should:

    a. Wait 30 minutes and recheck it.
    b. Tell the patient to go to the doctor.
    c. Call the nurse or supervisor immediately.

2. Mr. Smith tells you he feels as if he is going to vomit after taking his new medicine the doctor ordered so he is not taking it. You should:

    a. Tell him he must take it if he wants to get well.
    b. Tell his wife to make him take it.
    c. Tell him to take it with 7-Up.
    d. Tell him you will call the supervisor about what he should do.

3. While bathing the patient the home health aide has an opportunity to:

    a. Talk about your personal life.
    b. Think about your personal life.
    c. Visit with the family.
    d. Observe the skin condition, mobility and movement of the patient.

4. When reporting the change in your patient's pulse, temperature or respiration, you need to specify all the following **except**:

    a. Method of measuring the body temperature (oral, rectal, axillary).
    b. The exact time the temperature, pulse and respirations were taken.
    c. Any other complaints the patient may be expressing (pain, stress, etc.)
    d. Why you were late getting to the patient's home.

5. When reporting or recording information it is important to:

    a. Report and record exactly how you feel about the situation.
    b. Report and record exactly what you see.
    c. Report and record what the family feels is wrong.
    d. Report and record what the nurse feels is wrong.

II. INFECTION CONTROL

1. Good hand washing technique is important because:

    a. It prevents the spread of germs.
    b. It is required by the health department.
    c. It's good for the patient's morale.

2. The perineal area is washed:

    a. From front to back.
    b. From back to front.
    c. It doesn't matter.

3. Wearing disposable gloves while giving person care:

    a. Means your patient has an incurable disease.
    b. Protects both you and your patient from the spread of germs.
    c. Is never necessary unless the patient has AIDS.

4. When handling dirty linens and clothing it is best to:

    a. Put the dirty linens and clothing on the floor.
    b. Shake the linens and clothing before washing them.
    c. Place dirty linens and clothing in clothes hamper or plastic bag until they can be washed.

5. When considering the home health aide's role in reducing the spread of germs, the home health aide would do all of the following except:

    a. Cover nose and mouth when sneezing or coughing.
    b. Go to work even when you are ill.
    c. Wash hands after handling soiled items such as linens, clothing, garbage, etc.
    d. To protect self, clean and cover cuts and breaks in the skin.

III. BASIC ELEMENTS IN THE BODY FUNCTIONING & ABNORMALITIES REPORTED TO THE RN

1. The five (5) pound weight gain in two days:

    a. Is normal and nothing to be worried about.
    b. Shows that the patient has been eating too many sweets.
    c. Should be reported to the nurse

2. Mrs. Smith's catheter bag contains a very large amount of dark red urine. You should:

    a. Encourage her to drink more fluids.
    b. Empty the bag.
    c. Call your supervising nurse as soon as possible.

3. A red spot over the patient's hip joint:

    a. Might develop into a bedsore.
    b. Is a normal sign of old age.
    c. Should be treated with a heat lamp.

4. When observing the patient's bowel habits, the following should be reported to the nurse immediately:

    a. Symptoms of pain, abdominal swelling or cramping.
    b. Patient not passing gas.
    c. Bowel movements occurring every other day.

5. Ms. Whit, who lives alone, is usually talkative during her bath. Today she says very little, appears anxious and worried and has difficulty speaking. When would you report Ms. Whit's change of condition to your supervisor?

    a. At the next case conference.
    b. At the end of the day.
    c. As soon as possible after making the observation.

IV. MAINTENANCE OF A CLEAN, SAFE AND HEALTHY ENVIRONMENT

1. Before transferring a patient from the bed to a wheelchair, it is always necessary to:

    a. Put a pillow in the seat.
    b. Put a blanket over the seat and back.
    c. Lock the wheelchair brakes.
    d. Unlock the wheelchair brakes.

2. Prior to assisting the patient into the tub or the shower, as a safety factor, you should check for:

    a. A rubber mat for the tub or shower.
    b. Lotion for his/her skin.
    c. Comfortable water temperature.
    d. Both A & C

3. Regardless of the type of bath given to the elderly, the temperature of the water is important because:

    a. You cannot get them clean unless it is hot enough.
    b. You have to follow the procedure manual.
    c. Elderly skin is more delicate and burns easily.
    d. We have to keep the family happy.

4. Wrinkles in the patient's bed linens may cause:

    a. No problems.
    b. The linens to wear out.
    c. Contractures.
    d. Bedsores.

5. Which one of the following statements is **not** true:

    a. Puddles of water or other liquids should be mopped up immediately to avoid falls.
    b. Always be sure electrical cords are not laying in open walk areas.
    c. If someone in a house uses a cane or a walker, it is a good idea to cushion the floor by using lots of throw rugs.
    d. Cleaning supplies and other dangerous substances should be kept in a safe, secure cabinet or area.

V. RECOGNIZING EMERGENCIES & KNOWLEDGE OF EMERGENCY PROCEDURES

1. Mr. Jones lives alone and never goes out of the house. When you arrive at his home, the door is locked, and although it is the middle of the day, you can see the lights turned on in the living room. When you knock, you can hear a low moan coming from somewhere in the house. You should:

    a. Come back later.
    b. Get to the nearest phone and call your home health agency.
    c. Break a window and climb in.
    d. Keep knocking until he opens the door.

2. Fire safety instruction is important because:

    a. The supervisor says it is.
    b. The patient will think you are great.
    c. It prepares you to know proper emergency action in case of fire.
    d. It will look good on your visit record.

3. Upon arriving at your patient's home, she tells you that she spilled boiling water on her hand while trying to cook. You should:

    a. Cover the area with Vaseline.
    b. Apply cold water or ice to the area if there is no break in the skin and notify the supervisor.
    c. Scold the patient for being in the kitchen.

4. Your patient who is awake and alert, begins to complain of heaviness in the chest and nausea. You should:

    a. Run to the neighbors for help.
    b. Begin CPR
    c. Call your supervisor immediately and follow instructions given by the supervisor.
    d. Give him some heart medicine you know he used to take for chest pain.

5. If your patient falls while you are in the home, you should **not** do which of the following:

    a. If excessive bleeding occurs, apply a pressure dressing with a clean cloth or sterile gauze.
    b. Move the patient to the bed to make him more comfortable.
    c. Watch for symptoms of shock—paleness, skin cold and clammy, weak, nausea, etc.
    d. Call your supervisor immediately.

VI. PHYSICAL, EMOTIONAL & DEVELOPMENTAL NEEDS—RESPECT FOR PRIVACY & PROPERTY

1. Mr. Dodd is eating lunch when you arrive at his home. Your assignment is to take his vital signs and assist him in and out of the bathtub. Which of the following answers is correct?

    a. Tell him to finish his lunch later because you have three more patients to see today.
    b. Allow him to finish his lunch, then do the bath and take his vital signs last.
    c. Allow him to finish his lunch, rest for at least (10) minutes, take the vital signs and then do the bath.

2. When performing any procedure in which a part is exposed, keep the patient covered with a blanket as much as possible.

    a. This is important because the patient has the right to dignity and privacy.
    b. It is not necessary to do this because it is easier to give care without having blankets get in the way.
    c. It is better to just turn up the heat to keep the patient warm.

3. A patient, Miss Green, tells you she is very upset with you and demands you to tell her the supervisor's name so she can call and report you. The correct action is:

    a. Tell her you are doing the best you can.
    b. Leave her home and go to the next patient.
    c. Refuse to see her again.
    d. Giver her the supervisor's name and phone number.

4. Your patient asks you what his diagnosis is and if he is going to die. You should:

    a. Ignore the question.
    b. Tell him that you do no know the answer, but that you will have your nursing supervisor come talk to him.
    c. Tell him to call his doctor.

5. When caring for a patient who is from another culture than yours, remember that:

    a. The patient lives in Texas now and could change their ways to conform to Texas culture.
    b. The patient's response to grief and pain should be the same as yours.
    c. Family habits and religious practices will affect the way the patient responds to the are you provide.

VII: ADEQUATE NUTRITION AND FLUID INTAKE

1. Elderly patients may not eat a well-balanced diet due to:

    a. Improperly fitting dentures.
    b. Loss of the ability to taste good well.
    c. Weakness and fatigue.
    d. All of the above.

2. Fiber or roughage in the diet:

    a. Has no effect on the digestive tract.
    b. Helps food move through the digestive tract.
    c. Helps people to chew food better.
    d. Adds lots of cholesterol to the diet.

3. Very good sources of protein are:

    a. Beans, peanut butter and eggs.
    b. Green salads and cooked greens.
    c. Potatoes and noodles.
    d. Apples and oranges.

4. Which one of the following statements is correct?

    a. Always feed a patient. Never let him feed himself.
    b. All food served to the patient should be lukewarm.
    c. Before serving the meal, it is important to be sure the patient is clean and comfortable.

5. When the plan of care requires you to increase fluids, the following food would **not** be encouraged:

    a. Milkshakes
    b. Gelatin
    c. Potato chips
    d. Broth

VIII. DNR/ADVANCE DIRECTIVES

1. Your patient is watching '911' on T.V. when you arrive. He tells you that 'nobody better put all those machines on me'. He has already mentioned this on several occasions. You should:

    a. Tell him to stop talking like that.
    b. Bring a DNR form with you to your next HCA visit.
    c. Call the doctor to inform him of the patient's wishes.
    d. Notify the primary care nurse.

2. You arrive at your patient's house and find him on the kitchen floor, not breathing or responding to your voice. You remember that your primary care nurse had told you that the was a DNR even though it is not written on your assignment sheet. You should:

    a. Honor his wishes—do nothing.
    b. Call the office and have them discharge him from the service because he is dead.
    c. Call 911, activate the emergency medical system and begin CPR.
    d. Go on to your next patient.

3. If you know your patient is a DNR but it is not written on your assignment sheet:

    a. Notify the primary care nurse to write 'DNR' on the assignment sheet because you know that the HCA is legally obligated to begin CPR if it is not on your assignment sheet.
    b. Just write 'DNR' on your copy of the assignment sheet so you won't forget.
    c. It is no big deal.
    d. Be sure you tell any other HCA's that see the patient.

4. What do you do if a patient has a DNR order, but the daughter from out-of-town whispers to you as you leave one day, 'Just don't pay attention to what dad says he wants, I want everything done to keep him alive?'

    a. Start CPR but only I the daughter is there.
    b. Respect the patient's wishes.
    c. Tell the daughter she will need to call the doctor.
    d. Report to primary nurse.

5. DNR means:

    a. Activate the emergency medical system by calling 911 and start CPR immediately.
    b. Patient does not want tube feedings and surgery should he become really ill.
    c. The patient does not want to be resuscitated should his hear and breathing stop.

IX. PATIENT RIGHTS/OR RESPONSIBILITIES

1. You are at a patient's house and your patient says, 'I heard you are also taking care of Mr. Jones down the street. How is he doing?' You reply:

    a. 'Oh, he complains about hurting all the time since his hip surgery and he can barely get around even with his walker, but he is doing okay.'
    b. You lie and tell your patient that Mr. Jones is not really your patient.
    c. You ignore the patient.
    d. You explain to your patient that you are bound by confidentiality laws to protect the patient's right to privacy including hers and you cannot say.

2. You arrive at a patient's house and she refuses your visit. After several attempts to convince her, she gets irritable and still refuses your visit. You should:

    a. Leave and notify your primary care nurse. Complete a missed visit form (notification to physician).
    b. Continue to try to convince her.
    c. Do the visit anyway—she is old and really doesn't know what is good for her.
    d. Complete a daily visit note so you can get paid for the visit.

3. You are assisting another HCA, Brenda, with a bedbound patient. As you are turning the patient so she can wash his backside, Brenda starts talking about a patient that she has to do next. You should:

    a. Tell her to shut up.
    b. Quickly interrupt her and tell her that perhaps now is not a good time to talk about it.
    c. Just ignore her—the patient is probably not listening anyway.

4. When doing an HCA visit you should do all the following except:

    a. Make sure the shades or curtains are open to let light in so you can see better during their bath.
    b. Use a towel or sheet to keep the patient covered.
    c. Let the patient do as much as they can.
    d. Observe the patient and report anything unusual.

5. The patient's son has a big dog who jumps at the fence and barks ferociously at you when you visit the patient. Lately the dog has been in the house and meets you at the front door in the same manner. What do you do?

    a. Go around to the back door.
    b. Take a treat for the dog next time you visit.
    c. Tell the patient's son to put his dog up when you visit or you won't come to visit his mother any more.
    d. Contact the primary nurse and report the problem.

X. PATIENT ABUSE/NEGLECT/RESTRAINTS

1. You have been assigned to Mrs. Johnson who is a recent stroke victim. Since the stroke she has left-sided weakness and has not been able to talk. She seems to understand what you are telling her and does everything you ask her to do. The daughter has hired someone to help with her care during the day when the daughter is working. After taking care of her for a couple of weeks you notice that every time the care giver comes in the room the patient gets very anxious and upset and appears very frightened. You should:

    a. Call the daughter and let her know what is going on.
    b. Notify the primary care nurse and document that you called on your note.
    c. Call the doctor for a sedative.
    d. Confront the caregiver and ask her why the patient is so scared of her.

2. You have a bed/chair bound patient that is confused and disoriented and needs help with almost all of his ADL's. This is the third time this week that you have found him home alone without available food or drink and even if he could use the phone, it is in the other room. You should:

    a. Wait until the wife returns and chew her out for leaving him alone.
    b. Go on to your next patient when you get through with him.
    c. Wait until the wife gets home and say nothing—after all, taking care of him is hard work and she needed a break.
    d. Notify the primary care nurse and document you called on your note.

3. Restraints can be used anytime that the caregiver or family member wants to use them especially if they want the patient to stay put while they do other things such as household chores.

    a. TRUE
    b. FALSE

4. A patient keeps on getting up from their wheelchair and the patient's wife says, 'Just tie him in the chair with this sheet. He's going to fall down otherwise.' What do you do?

    a. Tie the patient in the chair because the wife is the legal guardian.
    b. Report the wife to the RN so that the wife can be turned in to Adult Protective Services.
    c. Call the doctor for an order so that you can get proper restraint like a Posey vest.
    d. All of the above.
    e. None of the above.

5. Your patient has bruises on her back one week and she states that she fell. The next week, she has bruises across the back of her thighs and says she fell. You:

    a. Write about the places you observed and your patient's explanations on your note.
    b. Call the primary nurse and ask for a safety assessment.
    c. Report to the primary nurse and write down your observations and the patient's explanations.
    d. Write down on your note, 'appears to have been beaten by husband' because you know from case conference that her husband has beaten her previously.

WRITTEN/ORAL EXAM ANSWER SHEET
HOSPICE CARE AIDE COMPETENCY EVALUATION

Circle the letter corresponding to the correct answer for each question.

SECTION I

1. A B C
2. A B C D
3. A B C D
4. A B C D
5. A B C D

SECTION II

1. A B C
2. A B C
3. A B C
4. A B C D
5. A B C D

SECTION III

1. A B C
2. A B C
3. A B C
4. A B C
5. A B C

SECTION IV

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D

SECTION V

1. A B C D
2. A B C D
3. A B C
4. A B C D
5. A B C D

SECTION VI

1. A B C
2. A B C
3. A B C D
4. A B C
5. A B C

SECTION VII

1. A B C D
2. A B C D
3. A B C D
4. A B C
5. A B C D

SECTION VIII

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C

SECTION IX

1. A B C D
2. A B C D
3. A B C
4. A B C D
5. A B C D

SECTION X

1. A B C D
2. A B C D
3. A B
4. A B C D E
5. A B C D

_____ _____

Applicant's Printed Name Score

_____ _____

Applicant's Signature Date

_____ _____

RN Signature Date

WRITTEN/ORAL EXAM KEY
HOSPICE CARE AIDE COMPETENCY EVALUATION

Three (3) of five (5) questions must be answered correctly in each section in order to pass. Any questions incorrectly answered should prompt additional training of the HCA.

SECTION I

1. A B **C**
2. A B C **D**
3. A B C **D**
4. A B C **D**
5. A **B** C D

SECTION II

1. **A** B C
2. **A** B C
3. A **B** C
4. A B **C** D
5. A **B** C D

SECTION III

1. A B **C**
2. A B **C**
3. **A** B C
4. **A** B C
5. A B **C**

SECTION IV

1. A B **C** D
2. A B C **D**
3. A B **C** D
4. A B C **D**
5. A B **C** D

SECTION V

1. A **B** C D
2. A B **C** D
3. A **B** C
4. A B **C** D
5. A **B** C D

SECTION VI

1. A B **C**
2. **A** B C
3. A B C **D**
4. A **B** C
5. A B **C**

SECTION VII

1. A B C **D**
2. A **B** C D
3. **A** B C D
4. A B **C**
5. A B **C** D

SECTION VIII

1. A B C **D**
2. A B **C** D
3. **A** B C D
4. A B C **D**
5. A B **C**

SECTION IX

1. A B C **D**
2. **A** B C D
3. A **B** C
4. **A** B C D
5. A B C **D**

SECTION X

1. A **B** C D
2. A B C **D**
3. A **B**
4. A B C D **E**
5. A B **C** D

HOSPICE AIDE SKILLS COMPETENCY CHECKLIST

Aide Name: _____ Date: _____

TASK	DATE	SATISFACTORY	UNSATISFACTORY	INITIALS
Ability to communicate and report clinical information to patients, representative, HHA staff and caregivers. Communication includes verbal, written, reading comprehension.				
Reading and recording temperature, pulse and respiration.				
Temperature (at least one type required) • Oral • Rectal • Axillary				
Pulse (at least one type required) • Radial • Apical • Other:				
Respirations				
Appropriate and safe techniques in performing hygiene and grooming tasks that include:				
Bed Bath Comments:				
Bath (all are required) • Sponge • Tub • Shower • Comments:		Sponge: Tub: Shower:	Sponge: Tub: Shower:	
Blood Pressure				
Shampoo (all are required) • Sink • Tub • Bed • Comments		Sink: Tub: Bed:	Sink Tub Bed	
Nail and Skin Care Comments:				
Oral Hygiene Comments:				

Toileting and Elimination: Comments				
Normal Range of Motion and Positioning Comments:				
Safe Transfer and Ambulation Comments:				
Other Skills. (optional as permitted by law) The agency is responsible for training aides, as needed, for skills not covered in the above checklist. The agency is also responsible for verifying competency. Examples of optional skills include, shaving, trimming of facial hair, etc. The Aide will not be assigned these tasks until successful demonstration of competency.				

Each of the tasks listed above must be evaluated in its entirety to confirm the competence of the Aide. The task may not be simulated, and the use of a mannequin or other alternative is not an acceptable substitute.

Score: _____/11 (all 11 tasks must be successfully completed)

RN Name: _____ Date: _____

RN Signature: _____ Date: _____

This competency evaluation must be performed by a RN in consultation with other skilled professionals, as needed.

SKILLED NURSING COMPETENCY CHECKLIST

Staff name: _____ Position: _____ Hire Date: _____

Evaluator Name: _____ Initial: _____ Date: _____

Check one: ☐ Orientation ☐ Annual/Periodic Review ☐ Other: _____

Self-Assessment: Use the following key to indicate the extent of your previous experience. (check one)

☐ 1-Need instruction/supervision ☐ 2- Need review ☐ 3- Competent to perform without assistance/supervision

☐ 4- Competent to orient others ☐ N/A

Skills/Experience	Position: RN	Position: LVN	Proof of competency required (check type of competency completed)						
			Verbal/Situational Analysis/case studies	Clinical Observation	Skills Lab Review	Written Test 80%	Initial/Date competency validated	Satisfactory Competence? Yes	No
Knowledge of Nursing Process									
Knowledge of nursing process	1 2 3 4 N/A	1 2 3 4 N/A							
Development of problem list	1 2 3 4 N/A	1 2 3 4 N/A							
Development/revision of care plan	1 2 3 4 N/A	1 2 3 4 N/A							
Assesses response to treatment	1 2 3 4 N/A	1 2 3 4 N/A							
Establishes and revises goals	1 2 3 4 N/A	1 2 3 4 N/A							
DC Planning	1 2 3 4 N/A	1 2 3 4 N/A							
Conducts complete initial evaluation	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Accurate, Timely and Complete Documentation									
Incident/Adverse Event Reporting	1 2 3 4 N/A	1 2 3 4 N/A							
Plan of Care (485)	1 2 3 4 N/A	1 2 3 4 N/A							
Clinical/progress notes	1 2 3 4 N/A	1 2 3 4 N/A							
OASIS Assessment	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Adheres to Plan of Care									
Reviews POC prior to care	1 2 3 4 N/A	1 2 3 4 N/A							
Performs services as ordered	1 2 3 4 N/A	1 2 3 4 N/A							
Documents according to POC	1 2 3 4 N/A	1 2 3 4 N/A							
Communicates appropriately	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							

Knowledge of Medicare Guidelines									
Face-to-face criteria	1 2 3 4 N/A	1 2 3 4 N/A							
Criteria for participation (homebound/medical necessity)	1 2 3 4 N/A	1 2 3 4 N/A							
Skilled Reimbursable visit	1 2 3 4 N/A	1 2 3 4 N/A							
Effective Care Coordination									
Reports/documents information to physician, case manager or supervisor	1 2 3 4 N/A	1 2 3 4 N/A							
Reports/documents information to team members. (HHA, OT, ST, PT.)	1 2 3 4 N/A	1 2 3 4 N/A							
Reports/Documents information to community resources, HME lab and other services	1 2 3 4 N/A	1 2 3 4 N/A							
Submits summary reports as indicated	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Supervision of ancillary staff	1 2 3 4 N/A	1 2 3 4 N/A							
Supply requisition and management	1 2 3 4 N/A	1 2 3 4 N/A							
HME requisition and management	1 2 3 4 N/A	1 2 3 4 N/A							
Knowledge of community resources	1 2 3 4 N/A	1 2 3 4 N/A							
Infection Control									
Hand Hygiene	1 2 3 4 N/A	1 2 3 4 N/A							
Proper bag technique, If applicable	1 2 3 4 N/A	1 2 3 4 N/A							
Safe needle technique	1 2 3 4 N/A	1 2 3 4 N/A							
Use of personal protective equipment	1 2 3 4 N/A	1 2 3 4 N/A							
Exposure plan	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Home safety and patient/client vulnerability	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							

Patient/Client Education									
Determines learning needs	1 2 3 4 N/A	1 2 3 4 N/A							
Sets goals	1 2 3 4 N/A	1 2 3 4 N/A							
Develops/implements teaching plan	1 2 3 4 N/A	1 2 3 4 N/A							
Evaluates effectiveness of teaching	1 2 3 4 N/A	1 2 3 4 N/A							
Revises teaching plan when needed	1 2 3 4 N/A	1 2 3 4 N/A							
Documents patient/client responses	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Waived Laboratory Tests									
Verbalizes purpose of test, correctly performs specimen collection, preservation, instrument calibration, quality control mechanism and correctly performs and interprets the following:									
Home glucose monitoring	1 2 3 4 N/A	1 2 3 4 N/A							
Finger stick PT/INR	1 2 3 4 N/A	1 2 3 4 N/A							
Venipuncture	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
General Clinical Skills									
Demonstrates principles of aseptic technique	1 2 3 4 N/A	1 2 3 4 N/A							
Vital signs	1 2 3 4 N/A	1 2 3 4 N/A							
Medication assessment and teaching	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Pulmonary System									
General exam and auscultation	1 2 3 4 N/A	1 2 3 4 N/A							
Pulses (apical, radial, femoral and pedal)	1 2 3 4 N/A	1 2 3 4 N/A							
Edema assessment and management	1 2 3 4 N/A	1 2 3 4 N/A							
Supine and orthostatic blood pressure	1 2 3 4 N/A	1 2 3 4 N/A							
NTG use	1 2 3 4 N/A	1 2 3 4 N/A							
CPR certification	1 2 3 4 N/A	1 2 3 4 N/A							
TED Hose	1 2 3 4 N/A	1 2 3 4 N/A							

Energy conservation techniques	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Neurological System									
General exam (pulses, LOC and grasps)	1 2 3 4 N/A	1 2 3 4 N/A							
Aphasia care	1 2 3 4 N/A	1 2 3 4 N/A							
Mental exam	1 2 3 4 N/A	1 2 3 4 N/A							
Seizure precautions	1 2 3 4 N/A	1 2 3 4 N/A							
Spinal/head injury care	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Gastrointestinal System									
General exam and auscultation	1 2 3 4 N/A	1 2 3 4 N/A							
Abdominal girth	1 2 3 4 N/A	1 2 3 4 N/A							
Ostomy care:	1 2 3 4 N/A	1 2 3 4 N/A							
Irrigation	1 2 3 4 N/A	1 2 3 4 N/A							
Stoma care	1 2 3 4 N/A	1 2 3 4 N/A							
Care and feeding:	1 2 3 4 N/A	1 2 3 4 N/A							
J-tube and G-tube	1 2 3 4 N/A	1 2 3 4 N/A							
Dysphagia precautions	1 2 3 4 N/A	1 2 3 4 N/A							
Ileostomy care	1 2 3 4 N/A	1 2 3 4 N/A							
Bowel training program	1 2 3 4 N/A	1 2 3 4 N/A							
Impaction removal/enema administration	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Integumentary System									
General exam	1 2 3 4 N/A	1 2 3 4 N/A							
Sterile dressing change	1 2 3 4 N/A	1 2 3 4 N/A							
Suture/staple removal	1 2 3 4 N/A	1 2 3 4 N/A							
Pressure ulcer/injury care	1 2 3 4 N/A	1 2 3 4 N/A							
Assessment and staging	1 2 3 4 N/A	1 2 3 4 N/A							

Prevention	1 2 3 4 N/A	1 2 3 4 N/A							
Wound treatment modalities	1 2 3 4 N/A	1 2 3 4 N/A							
Documentation of wound	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Genitourinary System									
General exam	1 2 3 4 N/A	1 2 3 4 N/A							
Urinary cath care and patient/client education:	1 2 3 4 N/A	1 2 3 4 N/A							
Male	1 2 3 4 N/A	1 2 3 4 N/A							
Female	1 2 3 4 N/A	1 2 3 4 N/A							
Condom catheter	1 2 3 4 N/A	1 2 3 4 N/A							
Incontinence care	1 2 3 4 N/A	1 2 3 4 N/A							
Bladder training	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Musculoskeletal System									
General exam	1 2 3 4 N/A	1 2 3 4 N/A							
ROM (active and passive)	1 2 3 4 N/A	1 2 3 4 N/A							
Total knee care	1 2 3 4 N/A	1 2 3 4 N/A							
Total hip care	1 2 3 4 N/A	1 2 3 4 N/A							
Cast assessment and care	1 2 3 4 N/A	1 2 3 4 N/A							
Devices:	1 2 3 4 N/A	1 2 3 4 N/A							
Cane	1 2 3 4 N/A	1 2 3 4 N/A							
Walker	1 2 3 4 N/A	1 2 3 4 N/A							
Wheelchair	1 2 3 4 N/A	1 2 3 4 N/A							
Transfer board	1 2 3 4 N/A	1 2 3 4 N/A							
Hoyer Life	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Metabolic System									
Diabetic teaching	1 2 3 4 N/A	1 2 3 4 N/A							

Insulin types and teaching	1 2 3 4 N/A	1 2 3 4 N/A							
Use, care and teaching of glucose monitoring systems	1 2 3 4 N/A	1 2 3 4 N/A							
Diet, exercise and sick-day teaching	1 2 3 4 N/A	1 2 3 4 N/A							
S/S of glycemic reactions/skin care	1 2 3 4 N/A	1 2 3 4 N/A							
Foot care	1 2 3 4 N/A	1 2 3 4 N/A							
Coumadin therapy	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Psychiatric									
General assessment	1 2 3 4 N/A	1 2 3 4 N/A							
Suicide precautions	1 2 3 4 N/A	1 2 3 4 N/A							
Psychotropic drugs	1 2 3 4 N/A	1 2 3 4 N/A							
Care of the demented patient/client	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Medications									
Administration techniques:									
Oral	1 2 3 4 N/A	1 2 3 4 N/A							
Rectal	1 2 3 4 N/A	1 2 3 4 N/A							
IM	1 2 3 4 N/A	1 2 3 4 N/A							
SQ	1 2 3 4 N/A	1 2 3 4 N/A							
Medication (route, dosage, freq, SE, adverse reactions, indications and drug/food interactions)	1 2 3 4 N/A	1 2 3 4 N/A							
Other:	1 2 3 4 N/A	1 2 3 4 N/A							
Self-Care techniques	1 2 3 4 N/A	1 2 3 4 N/A							
Emergency care	1 2 3 4 N/A	1 2 3 4 N/A							
Diet and nutrition	1 2 3 4 N/A	1 2 3 4 N/A							
Wound vac	1 2 3 4 N/A	1 2 3 4 N/A							
Anodyne therapy	1 2 3 4 N/A	1 2 3 4 N/A							
Advance Directives and Patient/Client Rights	1 2 3 4 N/A	1 2 3 4 N/A							

Evaluator: Initials: _____ Date: _____

Evaluator: _____ Initials: _____ Date: _____

Evaluator: _____ Initials: _____ Date: _____

New Competencies (any area of precious experience score of 1 or 2. Unsatisfactory rating by evaluator or test score below 80%)

Development Plan:

_____

_____

_____

_____

_____

_____

_____

Comments:

_____

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_____

_____

_____

_____

Development plan proposed to employee by: _____

Staff Signature: _____ Date: _____

MEDICATION TEST

1. The physician has ordered Ampicillin 500mg caps PO TID. The patient has, on hand, Ampicillin 250mg caps. How many capsules would the patient take daily?

    a. 2
    b. 4
    c. 6
    d. 8

2. When getting NPH Insulin out of a patient's refrigerator, you notice that it has separated. You should:

    a. Throw it away and open a new bottle.
    b. Don't worry about it. Draw up the insulin like it is.
    c. Ask the patient what he/she did to it.
    d. Gently rotate the bottle until it's mixed again.

3. The physician has ordered Tetracycline 500mg caps PO BID for a URI. What should you include in your patient teaching about this drug?

    a. Avoid prolonged exposure to direct sunlight.
    b. Take as ordered until gone.
    c. Avoid taking with milk or dairy products.
    d. All of the above.

4. You are to give a one-time dose of Penicillin G 1,000,000 units IM. You have available a 10ml vial labeled 250,000 units/ml. How many cc should you give?

    a. 4
    b. 3
    c. 5
    d. The entire vial

5. You have a patient that has frequent anginal attacks for which he takes NTG sublingual. Your patient tells you that he doesn't want to keep taking this when he has chest pain because it gives him a burning feeling under his tongue and a headache. You should:

    a. Tell him that he is probably having an allergic reaction to the medicine.
    b. Instruct him that these are common side effects that indicate the drug is still effective and he should continue to take it for his chest pain.
    c. Tell him that his pills are probably out of date and have him get a refill.
    d. Instruct him that he is probably taking too much medicine and that he should only take ½ of a tablet.

6. The physician has ordered Elavil for a patient with depression. After taking the medication for 1 week, the patient tells you that she stopped taking it because it wasn't making her feel any better. You should:

    a. Call the physician to inform him that the patient refuses to take the medication.
    b. Record this in your notes but do not say anything to the patient because it might upset her further.
    c. Tell the patient that she has to take what the doctor ordered.
    d. Instruct the patient that antidepressants take up to 3 weeks to achieve therapeutic effects.

7. The physician has ordered 5ml of Dimetane syrup every 4 hours for cough. The patient only has, on-hand, household measuring spoons. How much do you instruct the patient to take?

    a. ½ tsp.
    b. 1/8 tsp.
    c. 1 T.
    d. 1 tsp.

8. People who have an allergic reaction to penicillin can also have a cross-sensitivity to cephalosporins.

    a. TRUE
    b. FALSE

9. An ounce is how many milliliters?

    a. 15ml
    b. 20ml
    c. 25ml
    d. 30ml

10. Your patient is experiencing blurred vision, weakness and is seeing yellow-green halos. You check his list of medications and notice he is taking Digoxin, Lasix, Micro K and ASA. What should you do?

    a. Call the doctor for an order for a STAT Digoxin level to be drawn.
    b. Do nothing; these are common non-life-threatening side effects of Digoxin.
    c. Draw a Lytes+.
    d. Ask the patient if he has recently fallen and hit his head.

11. How many cc's are in a teaspoon?

    a. 3
    b. 4
    c. 5
    d. None of the above.

12. How many teaspoons are in a tablespoon?

    a. 3
    b. 4
    c. 5
    d. None of the above.

13. Your patient has been placed on Coumadin 5mg every day by mouth. A protime level has been ordered in 7 days. On the third day, you notice that the patient has bruises to the extremities and abdomen. The patient denies falling or bumping into anything. You should:

    a. Call a social-services consult for possible spousal abuse.
    b. Find out why the patient is lying to you about falling.
    c. Notify the physician
    d. Both A and B

14. Because your patient has difficulty swallowing, the physician has ordered Cephalexin elixir 500mg PO TID. The syrup contains 125mg/5ml. How many milliliters should the patient take with each dose?

    a. 5
    b. 7
    c. 8
    d. 20

15. In the above question, how many teaspoons should the patient take per dose?

    a. 2
    b. 4
    c. 6
    d. 8

16. You have a patient that has been started on ferrous sulfate supplements. When teaching the patient on this medication, what should you include?

    a. Iron is best absorbed when taken with a vitamin C rich food or drink.
    b. May cause constipation thus patient should take steps to avoid this, i.e., increasing food intake.
    c. May turn stool black.
    d. Some foods such as milk and other dairy products may inhibit absorption.
    e. All of the above

17. When instructing a patient regarding SL NTG, you should include:

    a. Take up to 3 doses, 5 minutes apart and if chest pain is not relieved, call 911.
    b. May be kept in any container that is convenient, regardless of color or transparency.
    c. Keep NTG tablets with you at all times.
    d. Both A and C.

18. A patient has Pilocarpine Ophthalmic GTTS ordered to be administered QID OD. Instructions to the patient should include:

    a. Wash hands before instilling GTTS to the right eye only and hold gentle pressure to lacrimal sac for 1 minute after instillation.
    b. Wash hands before instilling GTTS to both eyes and hold gentle pressure to lacrimal sac for 1 minute after instillation.
    c. Wash hands before instilling GTTS to left eye only and hold gentle pressure to lacrimal sac for 1 minute after instillation.
    d. Wash hands before instilling GTTS to each eye and hold gentle pressure to lacrimal sac for 1 minute after instillation.

19. The physician has ordered 1% Mycelex cream to be applied to affected area BID. The patient has been using this for the past 2 weeks and although the area appears somewhat better, the patient is complaining that it is not healed yet.

    You should:
    a. Call the physician and have him order something else.
    b. Have the patient apply more often than twice a day.
    c. Tell the patient that there are several other OTC creams that could be tried.
    d. Reassure the patient that fungal infections sometimes take up to 8 weeks to resolve completely.

20. Your patient has been taking Prednisone 10mg by mouth daily for some time. She is beginning to display some signs of Cushingold Syndrome (the 'Moonface', weight gain). The patient threatens to just quit taking these 'horrid, little white pills.' You respond:

    a. Tell the patient to stop taking the pills immediately.
    b. Instruct the patient regarding the life-threatening effects of sudden withdrawal from Corticosteroid.
    c. Call and inform the physician of the swelling and weight gain.
    d. Both B and C

21. Your patient has Prosom 1mg daily at bedtime ordered to help him sleep. During your visit, you notice he is more lethargic than usual. Upon questioning his wife, you find out that the wife has been giving the patient double what he should be receiving. You should do all of the following except:

    a. Start a pill pack.
    b. Make note of how many pills are left in the prescription bottle.
    c. Call the physician for dosage change.
    d. Instruct the wife in following physician's orders regarding dosage and why this is important.

22. What should you include in your instructions for a patient who has been recently placed on Procardia XL 30mg by mouth daily for hypertension?

    a. Take the medication at the same time daily.
    b. Take it only if you feel like your blood pressure is up.
    c. Swallow these tablets without chewing, breaking or crushing.
    d. Both A and C.

23. If you have a patient that is taking an antiarrhythmic and/or antianginal, it is a good idea to always check an apical pulse and report any changes to the physician, especially sign and symptoms of CHF.

    a. TRUE
    b. FALSE

24. You have a patient taking a medication for hypertension. Other than the medication instructions, what else should you include in your teaching?

    a. Drink plenty of fluids.
    b. Limit salt intake.
    c. Go mall walking at least twice daily.
    d. None of the above.

25. You have a patient recently placed on a Ventolin inhaler. When teaching him/her to use an oral inhaler, you should include all of the following except:

    a. Clear nasal passages and throat.
    b. Breathe out, expelling as much air from lungs as possible.
    c. Place mouthpiece well into mouth as dose is released and inhale deeply.
    d. Immediately exhale quickly.

26. Your patient tells you that he has had a lot of nasal congestion for which he has purchased 4-way nasal spray per physician's instructions. Your instructions should include:

    a. Hold head upright when using to minimize swallowing of medication.
    b. Use only when needed as prolonged use may have a rebound congestion effect.
    c. Both A and B
    d. Neither A nor B

27. You have orders to give Humulin R 3units and Humulin N 18units subcutaneously every morning for your patient. Which do you draw up first?

    a. It doesn't matter
    b. Neither one. You should give them separately.
    c. Humulin R first, then Humulin N
    d. Humulin N first, then Humulin R

28. Your patient is being treated for pernicious anemia with B12 injections. The physician has ordered 300mcg to be given IM daily for 3 days, then 1000mcg IM every month. The pharmacy sends a vial labeled 1000mcg/ml. How much should you give?

    a. 3cc
    b. ½cc
    c. 0.03cc
    d. 0.3cc

29. If a patient is having problems with constipation, it is OK to suggest some over-the-counter medications to try.

    a. TRUE
    b. FALSE

30. Your patient needs a refill of Vicodin tablets. The bottle says there are no refills left. What do you do?

    a. Call the pharmacy and have them refill it.
    b. Call the physician's office and see if they will give approval for a refill and call the pharmacy.
    c. Tell the patient that you don't think the physician wants to continue this medication or he would have ordered more refills.
    d. None of the above.

MEDICATION
QUIZ

Circle the letter corresponding to the correct answer for each question.

1. A B C D	16. A B C D E
2. A B C D	17. A B C D
3. A B C D	18. A B C D
4. A B C D	19. A B C D
5. A B C D	20. A B C D
6. A B C D	21. A B C D
7. A B C D	22. A B C D
8. A B	23. A B
9. A B C D	24. A B C D
10. A B C D	25. A B C D
11. A B C D	26. A B C D
12. A B C D	27. A B C D
13. A B C D	28. A B C D
14. A B C D	29. A B C D
15. A B C D	30. A B C D

Applicant's Printed Name: _____ Score: _____/30

Applicant's Signature: _____ Date: _____

23/30 is the minimum passing score

MEDICATION QUIZ
ANSWER KEY

23 out of the 30 questions must be answered correctly in order to pass. Any questions incorrectly answered should prompt additional review.

1.	A	B	**C**	D	16.	A	B	C	D	**E**
2.	A	B	C	**D**	17.	A	B	C	**D**	
3.	A	B	C	**D**	18.	**A**	B	C	D	
4.	**A**	B	C	D	19.	A	B	C	**D**	
5.	A	**B**	C	D	20.	A	B	C	**D**	
6.	A	B	C	**D**	21.	A	B	**C**	D	
7.	A	B	C	**D**	22.	A	B	C	**D**	
8.	**A**	B			23.	**A**	B			
9.	A	B	C	**D**	24.	A	**B**	C	D	
10.	**A**	B	C	D	25.	A	B	C	**D**	
11.	A	B	**C**	D	26.	A	B	**C**	D	
12.	**A**	B	C	D	27.	A	B	**C**	D	
13.	A	B	**C**	D	28.	A	B	C	**D**	
14.	A	B	C	**D**	29.	A	**B**	C	D	
15.	A	**B**	C	D	30.	A	**B**	C	D	

COMPETENCY STANDARD SKILLS CHECKLIST-PICC LINES

Flushing the PICC Line		YES	NO	Comments
1	Clean hands with antibacterial soap or alcohol-based hand rub and apply non-sterile gloves.			
2	Scrub the top of adaptor of the PICC with alcohol swab for minimum 15 seconds with a juicing action.			
3	Attach 10 mL prefilled syringe normal saline to the adaptor of the PICC; open clamp.			
4	Determine patency by pulling gently on the plunger of the syringe to verify blood return.			
5	Using push-pause-push flush, inject one 10 mL prefilled saline syringe; close clamp during the last mL; remove syringe from adaptor.			
6	Clean hands.			
7	Document in the EMR.			
Administer Infusion using S-A-S-H		YES	NO	Comments
1	Wash hands with antibacterial soap or alcohol-based hand rub and apply non-sterile gloves and mask.			
2	Place extended arm with the PICC at a 45- to 90-degree angle.			
3	Thoroughly friction swab access site with alcohol for 15 seconds.			
4	Attach 10 mL syringe of normal saline to access, and flush and aspirate to check for latency and blood return.			
5	Administer infusion or medication as ordered.			
6	After infusion is completed, flush port with 10 mL normal saline and 5 mL heparin and close catheter clamp.			
7	Clean hands.			
8	Document in the EMR.			
Changing the PICC Dressing		YES	NO	Comments
1	Wash hands with antibacterial soap or alcohol-based hand rub and apply non-sterile gloves and mask.			
2	Set up sterile dressing tray and add supplies. Or prepare equipment maintaining asepsis.			

3	Remove old dressing; stabilize hub with one hand.			
4	Assess insertion site for signs of inflammation or infection.			
5	Remove securement device.			
6	Perform hand hygiene and apply clean gloves.			
7	Using swab sticks, clean the catheter with antiseptic solution. Clean the insertion site by scrubbing over the catheter in a horizontal pattern and then the vertical pattern. Cleanse the skin beginning at the insertion site with the circular motion (middle to outward) extended to 5cm diameter coverage. Repeat in the other direction. Minimum total of 1 minute cleansing.			
8	Next clean the line to include the wings of the PICC. Beginning at the insertion site top of the catheter down the line. Then clean the back of the catheter from insertion site down. Keeping the catheter elevated from skin, allow for complete drying.			
9	Perform hand hygiene and apply sterile gloves.			
10	Apply skin protectant to securement site; allow to dry. Place catheter wings into posts of securement device, close retainer doors, and peel away paper backing. Then apply securement device to skin.			
11	Apply a transparent dressing, ensuring the exit site and securement device is covered.			
12	Clean hands.			
13	Document in the EMR.			
Changing the PICC Adaptor		YES	NO	Comments
1	Wash hands with antibacterial soap or alcohol—based hand rub and apply non-sterile gloves and mask.			
2	Ensure lumen clamp is closed.			
3	Prime new adaptor.			
4	Scrub connection of the PICC with alcohol swab and allow to dry without putting the line down once cleansed.			
5	Remove old adaptor and immediately attach new adaptor tightly using sterile technique. Aspirate for blood return and flush using turbulent technique with two 10 mLs prefilled normal saline syringes. Close clamp during the last mL and disconnect syringe.			
6	Clean hands.			
7	Document in the EMR			

I confirm that I have completed the training and have been allowed to observe and perform the tasks and feel competent in this procedure.

_____	_____	_____
Employee Name (Print)	Signature	Date

Employee Category: ☐ RN ☐ LVN ☐ Other _____

I confirm that the above employee has completed this training and I have observed the performance of the task and feel that he/she is comfortable in completely the tasks.

_____	_____	_____
Trainer Name (Print)	Signature	Date

HAND HYGIENE COMPETENCY CHECKLIST

Staff name:_____ Job Title: _____

Evaluator Name:_____ Date: _____

Check one: ☐ Orientation ☐ Annual/Periodic Review Other: _____

SKILLS	COMPETENCY		
	YES	NO	COMMENTS
Verbalizes &/or demonstrates when hand hygiene is indicated:			
1. Prior to initial entry in the supply bag			
2. Before having direct contact with the patient			
3. After direct contact with the patient			
4. After contact with body fluids or excretions, mucus membranes, wound dressings and used supplies (PPE)			
5. After known or suspected exposure to infections or infectious disease			
6. Before handling or preparing medication			
7. Before moving from contaminated-body site to a clean-body			
8. After having contact with inanimate objects (including medical equipment) in the patient's environment			
9. Before contact with or the preparation of food items and beverages			
10. After removing gloves			
Verbalizes &/or demonstrates when hand hygiene indicates using soap and water:			
1. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids			
2. Before eating and after using the restroom			
3. After known or suspected exposure to clostridium difficile, infectious diarrhea during norovirus outbreaks, or if exposure to *Bacillus anthracis* is suspected or proven.			
HAND HYGIENE WITH SOAP AND WATER:			
1. Identifies and gathers appropriate supplies			
2. Wets hands with water using temperature that is comfortable.			
3. Applies an amount of product recommended by the manufacturer to hands, and rubs hands together vigorously for at least 20 seconds, covering all surfaces of hands, fingers and nail beds.			
4. Rinses thoroughly with water			
5. With hands held upright, dries thoroughly with a clean paper towel			
6. Turns off the faucet using a dry paper towel, protecting clean hands from the contaminated handle.			
HAND HYGIENE WITH ALCOHOL-BASED (60-95%) HAND RUB:			
1. Applies product to palm of one hand (Follows the manufacturer's recommendations regarding the volume of product to use)			
2. Rubs hands together covering all surfaces of hands and fingers until hands are dry. This should take around 20 seconds.			

Signature of Staff: _____ Date: _____

Signature of Evaluator: _____ Date: _____

EXIT INTERVIEW

1. What factor(s) contributed to your decision to terminate your employment?

   _____

   _____

2. Would you consider working at the agency again? If no, include reason.

   _____

   _____

3. Would you recommend the agency as a place of employment? If no, include reason.

   _____

   _____

4. Were the expectations of the agency met during your employment? If no, include reason.

   _____

   _____

5. Before making a decision to leave, did you look at other job opportunities in the agency?

   _____

6. Do you have any suggestions on making the agency a better place to work?

   _____

   _____

   _____

7. If you are going to another job, what does that job offer that this agency did not?

   _____

   _____

Additional Comments:

_____

_____

_____

Employee Signature/Date: _____

Comments by management staff based on employee interview:

_____

_____

_____

Management staff signature/date: _____