POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Hospice Registered Nurse

Supervised by: Clinical Nurse Manager

Prepared by: ________________________________

Approved by: ______________________________

Date: ________________________________

Job Summary: A Registered Nurse who is responsible for the planning, coordinating, providing and documenting care for terminally ill patients from day of admission through day of discharge. Utilizing physicians’ orders and professional skills, the Hospice RN develops and implements a hospice plan that meets each patient’s specific needs and is in compliance with accrediting organization standards, federal and state regulations, reimbursement guidelines as well as the organization’s policies and procedures.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

- Performs physical and psychosocial assessment on all hospice patients.
  - 3 2 1
- Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.
  - 3 2 1
- Assists in developing a pain management and symptom management plan to keep the patient as comfortable as possible. Reassess pain and notifies the primary care physician when pain is not manageable on the current medications.
  - 3 2 1
- Develops a written plan of care for each patient.
  - 3 2 1
- Provides skilled nursing care.
  - 3 2 1
- Responds to the physical, mental, social and emotional needs of terminally ill patients and their families. Offers ongoing support and palliative care.
  - 3 2 1
- Assesses patient’s condition, initiates plan of care, re-evaluates and updates as necessary.
  - 3 2 1
- Follows up with obtaining lab results and notifying physician of any significant results.
  - 3 2 1
- Performs patient care responsibilities considering needs specific to the standard of care for patient’s age and clinical condition.
  - 3 2 1
- Demonstrates knowledge of medications and their correct administration based on age of the patient and patient’s clinical condition.
  - 3 2 1
- Follows the seven (7) medication rights and reduces the potential for medication errors.
  - 3 2 1
- Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.
  - 3 2 1
- Supports and maintains a culture of safety and quality.
  - 3 2 1
- Obtains all necessary physician orders and collaborates with physician as patient’s needs dictate.
  - 3 2 1
- Initiates needed referrals to other disciplines and/or community resources.
  - 3 2 1
- Supervises Hospice Aides on an every other week basis at minimum.
  - 3 2 1
- Provides coordination of care with interdisciplinary group.
  - 3 2 1
PURPOSE:
Hospice shall have qualified volunteers to help meet the patient’s needs and to follow the Interdisciplinary plan of care.

POLICY:
• Hospice shall have volunteer services under the direction of the hospital’s Volunteer Department. ________________ is the coordinator of volunteers providing Hospice services.

• The Hospice shall use volunteers to provide assistance in the Hospice’s ancillary and office activities, as well as in direct patient care services, and/or help patients and families with household chores, shopping, transportation and companionship.

• Volunteers may work in a variety of capacities, including:
  • Patient care volunteers provide emotional support and practical assistance that enhance the comfort and quality of life for patients/families/caregivers. These services include being available for companionship, listening, simply “being there” and preparing meals.
  • Bereavement volunteers provide anticipatory counseling and bereavement support to families and caregivers.
  • Errands and transportation volunteers offer a type of practical support often needed by Hospice patients, families and caregivers. These duties may include picking up needed prescriptions or supplies or grocery shopping.
  • Office volunteers lend their services working in Hospice’s office. These activities may include assembling information packets, filing, photocopying and assisting with mailings.

• Volunteers who are qualified to provide professional services shall meet all standards associated with their specialty area. If licensure or registration is required by the state, the volunteer must be licensed or registered.

• Surviving family members following the death of a patient shall be considered for volunteer positions after a bereavement period of at least one year.
**PURPOSE:**

To ensure physician certification of terminal illness and authorization of Hospice services according to applicable state and federal regulations and payer requirements.

**POLICY:**

- The Hospice shall admit a patient only on the recommendation of the Medical Director in consultation with, or with input from, the patient’s attending physician (if any).

- In reaching a decision to certify that the patient is terminally ill, the Hospice Medical Director must consider at least the following information:
  - Diagnosis of the terminal condition of the patient
  - Other health conditions, whether related or unrelated to the terminal condition
  - Current clinically relevant information supporting all diagnoses

- Certification of terminal illness for Hospice benefits shall be based on the clinical judgment of the Hospice Medical Director or physician member of the interdisciplinary group (IDG) and the individual’s attending physician, if he/she has one, regarding the normal course of the individual’s illness.
  - No one other than a medical doctor or doctor of osteopathy can certify or re-certify a terminal illness.

- Certifications may be completed no more than 15 calendar days prior to the effective date of election.

- Recertifications may be completed no more than 15 calendar days prior to the start of the subsequent benefit period.

- All certifications and recertifications must be signed and dated by the physician(s), and must include the benefit period dates to which the certification or recertification applies.
PURPOSE:

To provide guidelines for a comprehensive and ongoing patient assessment and reassessment within the Hospice setting.

POLICY:

- The comprehensive assessment and reassessment shall identify the physical, psychosocial, emotional and spiritual needs related to the terminal illness that must be addressed in order to promote the patient’s well-being, comfort and dignity throughout the dying process.

- The update of the comprehensive assessment must be accomplished by the Hospice interdisciplinary group (in collaboration with the individual’s attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient’s progress toward desired outcomes, as well as a reassessment of the patient’s response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.

- Data elements that allow for measurement of outcomes shall be included in all assessments, such as outcomes of treatment for pain, dyspnea, nausea, vomiting, constipation, emotional distress and spiritual needs.

  - The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient. The data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the Hospice’s quality assessment and performance improvement program.

- This assessment process continues throughout the Hospice encounter and is terminated either upon patient death or discharge/transfer from the Hospice’s service.
Patients who are eligible for Medicare Part A or Medicaid Hospice Benefits and have met the criteria for Hospice care must sign a Hospice Election Statement. The Election Statement explains the Medicare or Medicaid Hospice Benefit coverage, and the signature of the patient/patient’s legal representative gives agreement to care.

The Election Statement must include the following:

- Identification of the particular Hospice that will provide care to the individual
- The individual's or representative's acknowledgment that he or she has been given a full understanding of the palliative rather than curative nature of Hospice care, as it relates to the individual's terminal illness
- Acknowledgment that certain Medicare services are waived by the election
- The effective date of the election, which may be the first day of Hospice care or a later date, but may be no earlier than the date of the Election Statement
- The signature of the individual or representative

Duration of Hospice Care Coverage - Election Periods (§418.21):

- Subject to the conditions set forth, an individual may elect to receive Hospice care during one (1) or more of the following election periods:
  - An initial 90-day period
  - A subsequent 90-day period or
  - An unlimited number of subsequent 60-day periods
- The periods of care are available in the order listed above and may be elected separately at different times.