IOWA CITY HOSPICE
Nurse, On-call, Weekend nights, Every other weekend

General Description:
Responsible for providing nursing care to patient during evening, weekend and holiday hours. Work Saturday/Sunday and Sunday/Monday 8 p.m. – 8 a.m. every other weekend. On-call 24 hours and paid for 12. No benefits.

Team:
Participate as a member of the On-Call Team

Supervision:
Receive supervision from the Clinical Leader, Nursing Services

Employment Status:
Salary, Exempt

Essential Job Functions (including but not limited to):
1. Provide direct care to patients as needed to address acute/crisis symptom management needs.
2. Facilitate admission of hospice patient/family when necessary
3. Assess acute care needs and gather data on physical, social, spiritual, economic and cultural factors that may influence the patient’s quality of life.
4. Communicate with primary physician as needed to implement needed interventions.
5. Provide assistance and support to patient and family during physical and emotional crisis situations.
6. Teach and counsel patients/families on care giving techniques.
7. Document care and services provided to patient/family and report to primary team for follow up.
8. Meet with Care Team Manager and/or primary team as needed to review patient care needs and quality of services.
9. Ensure effective use of resources
10. Serve as educational source to Care Partners and Community.
11. Ensure implementation of strategic goals
12. Adhere to the practice of confidentiality regarding patients, families, staff and the organization.
13. Participate in Iowa City Hospice’s success by ensuring access to our exceptional care.
14. Support and promote Iowa City Hospice’s mission to lead in providing exceptional patient-centered end-of-life care and grief support to anyone affected by a terminal illness.
15. Participate in the organization’s quality assessment and performance improvement program.
16. Perform other duties as assigned.

Qualifications:
Licensure: Current Iowa license as a Registered Nurse in the State of Iowa.
Education: Nursing degree
Experience: Home Health, hospital and/or long term care experience preferred.
Schedule: On-call, hours as agreed upon
Driving: Proof of license and current insurance coverage.
Physical: Attached

11/14/2007, 11/08, 01/09
Date: ________________

I, ___________________________________ am able to meet the following requirements/activities of my job:

**Physical Requirements**

Medium work – exerting up to 30 pounds of force occasionally, and up to 10 pounds of force constantly to move objects.

Work Monday through Friday, on-call positions work weekends, evenings and nights.

**Physical Activities**

<table>
<thead>
<tr>
<th>Stooping</th>
<th>Crouching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaching</td>
<td>Walking</td>
</tr>
<tr>
<td>Fingering</td>
<td>Feeling</td>
</tr>
<tr>
<td>Kneeling</td>
<td>Standing</td>
</tr>
<tr>
<td>Lifting</td>
<td>Grasping</td>
</tr>
</tbody>
</table>

**Visual/Perception Activity**

Performs activities such as viewing a computer terminal, reading data and figures, visual inspection of patients. Required to have visual acuity to operate motor vehicles.

**Working Conditions**

Both inside and outside environmental conditions.
Atmospheric conditions – fumes, odors, dust, poor ventilation, or smoking

**Cognitive Requirements**
Solve practical problems; variety of variables with limited standardization; interprets instructions.
Please verify any limitations to perform the functions of this position and outline limitations, if appropriate:

__________________________________________________________________________________________
__________________________________________________________________
______________________________________________________________________________ Please verify communicable diseases, if any. Do you have any of the following? (Please circle those appropriate)

Chicken Pox/Shingles
Cytomegalovirus
Diphtheria
Hepatitis A
Hepatitis B**
Herpes (cold sore, whitlow)
Influenza
Measles
Mumps
Pneumococcus (pneumonia)
Polio
Rubella
Tetanus
Tuberculosis**
Other: ___________________________________________________________

**
New employees will be required to signify if they have received Hepatitis B Vaccination previously, consent to receive it now, or refuse it.
New employees will be required to take a TB test or to provide documentation of a recent TB Test.

__________________________________________________________________________________________

Signature

8/04, 2/09