



JOB DESCRIPTION

POSITION TITLE:	Nurse Practitioner
FLSA CLASSIFICATION:	Exempt
EEO -1 CLASS:	Professionals
DEPARTMENT:	Medical
REPORTS TO:	Medical Director and Assigned Covering Physician
SUPERVISION OF:	None

POSITION SUMMARY

The Nurse Practitioner provides primary nursing and medical services to individuals, families, children and groups with an emphasis on health promotion and disease prevention while involved in the diagnosis and management of acute and chronic disease.

QUALIFICATIONS

Successful completion of an accredited Nurse Practitioner training program which has been approved by the American Medical Association. Certification from State Board. Active DEA license. Active RN license. Current CPR certification including BCLS

ADDITIONAL QUALIFICATIONS

- Clear, concise, oral and written communication
- Ability to interpret diagnostic testing and analyze scientific literature
- Must be insurable for malpractice coverage or insurance
- Knowledge of medical terminology, HIPAA compliance and basic clinical exam procedures
- Experience using an Electronic Medical Records or Electronic Health Record Software

JOB RESPONSIBILITIES

- Provides quality comprehensive preventive and primary health care services to patients.
- Responsible for a panel of patients.
- Adheres to the highest standards of medical practice, ethic, and professionalism at all times.
- Assess the health status of Center patients through history taking, physical examination, and diagnostic procedures and address treatment options with patients. Discuss areas of concern with Center physicians.
- Explains medical care and medications in an easy to understand why. Provide clear instructions related to care and treatment.
- Listens to patients' feelings and questions about their health.
- Counsels patients and involve them in their individual management plans, encouraging independent positive health behaviors and negating health risk factors.
- Makes arrangements for additional testing or evaluation as needed.
- Makes appropriate referral to specialists as needed.
- Records findings and create a management plan in the EMR system that provides data as well as facilitating quality care for patients.
- Active participant in Medical Home Care Team.
- Work with the Chief Executive Officer, Medical Director, and staff physicians to establish clinic protocols and policies.

- Follows clinical protocols, establish interventions that maintain, restore and/or improves the health of families and individuals that come to the Center.
- Work with Clinical Director, Physicians, Case Manager and other healthcare professionals for ideal continuity of patient care and appropriate referral mechanisms - addressing all aspects of the patient's healthcare needs.
- Assist in healthcare management of patients in off-site locations as agreed upon by the Medical Director. This may include schools, nursing homes, hospital and other community healthcare facilities.
- Provide patient or community outreach activities to include education, screening sessions, health fairs and presentations.
- Responsible for research and selecting approved CME courses to maintain the required training hours for medical specialty.
- Takes required training courses as assigned by administration or direct supervisor, including but not limited to providing culturally competent care, care coordination, referring to community self-management resources.
- Participates in Medical Peer Review.
- Provides scheduled "on-call" rotation as directed by the Clinical Director.
- Perform other duties as assigned.

PHYSICAL/MENTAL DEMANDS:

- Requires prolong standing, walking, use of hand, fingers, handling of objects, stooping, kneeling, talking, etc.
- Requires lifting up to 50 pounds.
- Requires close vision, distance vision, peripheral vision, depth perception, and the ability to focus.
- Requires versatility.
- Requires ability to work under stressful conditions.
- Requires ability to work under pressure with a diverse population, including staff, physicians, clients, patients, insurance companies and other members of the public.
- Working conditions may result in exposure to communicable diseases and bodily fluids.
- Requires ability to work variable schedules in addition to meetings, conferences and community events.
- Requires traveling between multiple facilities.



Performance Review and Development Form

Associate's Name: _____ Manager's Name: _____
Position Title: Nurse Practitioner Review Date: _____

It is our goal for all of us within DHC
to provide superior quality, competitive value,
and outstanding service to our patients and customers.

"We are committed to the success and satisfaction of our team members and to creating an environment in which each can serve our patients with the highest level of professionalism. We are committed to open and honest communication throughout our organization and to an equitable and consistent process of performance review."

General Instructions:

1. Check each performance standard in the **"Exceeds Expectations, Satisfactory"** or **"Improvement Required"** box that best describes the Associate's performance of the standard as listed in the Diversity Health Center, Inc. job duties and responsibilities.
2. Use the Comments Section listed next to each performance standard to document examples of how the Associate is satisfactory or needs to improve.
3. Any performance standard checked as **"Improvement Required"** must be accompanied by a plan of action, jointly developed by Manager and Associate, which must be documented in the Growth and Development Section of this review form.

Please discuss the Associate's performance for each objective by checking one of the following for each performance standard:

"Exceeds Expectations or Great Job" — Overall performance exceeds expectations. Contributions and results contribute to the successful accomplishment of Diversity Health Center, Inc. goals and objectives. Or, during the review period, Associate has been on the assigned job at least 12 full months and has made excellent progress toward meeting performance expectations.

"Satisfactory or Does Well" — Overall performance meets basic expectations. Contributions and results contribute to the accomplishment of Diversity Health Center, Inc. goals and objectives. Or, during the review period, Associate has been on the assigned job at least 12 full months and is making satisfactory progress toward meeting performance expectations.

"Improvement Required" — Overall performance does not consistently meet expectations. Improvement is required to attain expected level of performance.

Section I

Performance Standards — Expected Behaviors/Commitments

Please check the category which best represents the Associate's performance as it relates to each standard.

Accountability	Great Job	Does Well	Imprv Req'd	Comments
Sets the example as a team player. Comes to work prepared to respond to those served. When an issue falls outside their responsibility or expertise, seeks advice and assistance from others.				
When presented with a problem, finds a solution. Does not lay blame or criticize others.				
Values the ownership of the ideas of others and respects and acknowledges their contributions.				
Understands and adheres to all Diversity Health Center policies and procedures and incorporates them into their daily work life.				
Attitude	Great Job	Does Well	Imprv Req'd	Comments
Is courteous, tactful, and professional.				
Gives positive reinforcement, and values cultural and ethnic diversity.				
Understands attitude is a state of mind – a personal choice they can control. Acknowledges their attitude affects everyone around them.				
Takes pride in this organization as if they own it. Lives the values of this organization.				
Has zero tolerance for negative talk and victim mentality.				
Finds the strength to go the extra mile; behaves in ways that leave an unforgettable, genuinely kind impact on others.				
Communication	Great Job	Does Well	Imprv Req'd	Comments
Always introduces themselves to others (name and role).				
Communicates clearly, concisely, and with factual information. Speaks in a concerned and caring tone.				
Is an active listener and allows others to ask questions and communicate their needs.				
Maintains eye contact and appropriate body language.				
Does not argue in front of others, despite disagreements. Communicates fairly and professionally.				
Confidentiality and Etiquette	Great Job	Does Well	Imprv Req'd	Comments
Understands patients/customers expect and deserve privacy.				
Does not discuss internal policies, management, or operational issues in the presence of patients, visitors or other Associates unauthorized to obtain the information.				
Understands and adheres to all policies and procedures regarding confidentiality.				
Environment	Great Job	Does Well	Imprv Req'd	Comments
Contributes to our safe and clean work environment and follows all applicable policies and procedures in this area.				
People Care	Great Job	Does Well	Imprv Req'd	Comments
Commits 100% to providing the highest quality care for our patients, their families, and our customers. Shows understanding, warmth, and human-kindness at all times. Respects and honors the <i>Patient's Bill of Rights</i> .				
Team Work	Great Job	Does Well	Imprv Req'd	Comments
Treats fellow Associates as professionals – courteously, honestly and with respect. Works well with others, breaks down barriers and strives to be the best as a team member.				
CQI	Great Job	Does Well	Imprv Req'd	Comments
Participates in activities that improve Department operations and/or support the Department so quality improvement can occur.				

Section II

Principle Duties & Responsibilities

Specific Job Duties and Responsibilities:

List main position specific duties; select 4-8 responsibilities; at least 50% should have quantifiable standards. Please add as many supporting comments as possible.

Performance Standards Nurse Practitioner	Great Job	Does Well	Imprv Req'd	Comments
Complies with DHC dress standards (e.g. ID badge, appropriate attire, etc.)				
Consistently arrives on time and maintains good attendance.				
Demonstrates the ability to collaborate and communicate effectively with other members of the clinical team.				
Accurately enter diagnoses into eClinicalWorks .				
Communicates effectively with patients in respect to diagnosis and treatment plans.				
Participates in Quality Improvement activities.				
Provides care in an efficient fashion, maintains predetermined productivity levels (to be calculated monthly, based on an 8 hour work day and at least 18 appointment slots.)				
Participates in Provider Staff Meetings and attends Clinical level meetings.				
Commits professional time to community outreach activities to promote DHC Wellness				
Participates in the documentation standards to provide data for grants, federal reporting, and documentation of patient care.				
Compliant with patient document completion policy. Completes patient chart within established standards. Verifies chart for completeness. Enters all applicable data into eClinicalWorks, with 95% compliance with desktop audits.				

Section III Annual Conduct Review

Conduct Review (Over Past 12 Months)	Circle One		
Attendance (Days Absent)	Yes, 6+ Days	Yes, 5 Days	5 or Less Absences
Punctuality (Days Late)	Yes, 6+ Days	Yes, 5 Days	5 or Less Late Days
Coaching Memo?	Yes, 2+ On Record	Yes, 1 On Record	None On Record
Disciplinary Action Notice?	Yes, 2+ On Record	Yes, 1 On Record	None On Record
Verbal Warning?	Yes, 2+ On Record	Yes, 1 On Record	None On Record

Reviewer's Comments:

Section IV Growth and Development

Performance Goals/Present Position	Target Date	Action(s) Required

Professional/Career Goals	Target Date	Action(s) Required

Reviewer's Comments:

Section V Annual Checklist Items

Checklist Items	Circle One		
Required Training (Safety, HIPPA, Workplace Bloodborne Pathogens, 340-B Program, Cultural Competence, ACO Compliance, VFC Training)	Not Completed	Completed, Not Compliant	Completed and Compliant
CPR/BLS Certification	Expired	Renewal In Progress	Clear and Active
Board Certification (In Specialty)	Expired/Not Attained	In Progress (Application Submitted or Exam Scheduled)	Attained and Active
Georgia Medical License (MD/DO or ARNP)	Expired	Renewal In Progress	Clear and Active
Drug Enforcement Agency (DEA) License	Expired	Renewal In Progress	Clear and Active
Chart Review	Needs Improvement	Adequate	Exemplary
Encounter Review	Needs Improvement	Adequate	Exemplary
Productivity	Less Than 16 Pts/Day	16-17 Pts/Day	18-21 Pts/Day
Chart Completion Score (Percentage completed within 48 hours of encounter)	> 20%	> 10%	67%-100%
Current Quality Measures/Health Disparity Goals (4 Total)	Met > 1 Goal	Met 2-3 Goals	Met 4 Goals

I have completed my annual checklist items _____ (please check)

Associate's Comments:

Associate's Signature

Date

Reviewer's Comments:

Reviewer's Signature

Date



Diversity Health Center Chart Review

Provider Name: _____

Overall Score: Needs Improvement Adequate Exemplary

Review Date: _____

Number of Charts Reviewed: _____

Rating Key	
1=	Unsatisfactory
2=	Improvement Needed
3=	Meets Expectations
4=	Exceeds Expectations
5=	Exceptional

Circle One

Chief Complaint (CC)

Documented Appropriately?	1	2	3	4	5	N/A
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History of Present Illness (HPI)

Onset	1	2	3	4	5	N/A
Location	1	2	3	4	5	N/A
Duration	1	2	3	4	5	N/A
Character	1	2	3	4	5	N/A
Alleviating/Aggravating Factors	1	2	3	4	5	N/A

Review of Symptoms (ROS)

Present	1	2	3	4	5	N/A
Personalized To Reflect HPI	1	2	3	4	5	N/A

Medical History

Allergies/Medications	1	2	3	4	5	N/A
Past Medical History	1	2	3	4	5	N/A
Past Surgical History	1	2	3	4	5	N/A
Family History	1	2	3	4	5	N/A
Social History	1	2	3	4	5	N/A

Physical Exam

Complete & Relevant to HPI	1	2	3	4	5	N/A
Texted Specifics Present (Individualized)	1	2	3	4	5	N/A
Vitals	1	2	3	4	5	N/A

Assessment & Plan

Assessment: Appropriate Representation of Issues Addressed in HPI	1	2	3	4	5	N/A
Plan (To Include Differential, Portion of Assessment Based on Current EMR)	1	2	3	4	5	N/A
Further Diagnostic Tests Noted	1	2	3	4	5	N/A
Therapy Recommended	1	2	3	4	5	N/A
Education	1	2	3	4	5	N/A
Counseling/Preventive	1	2	3	4	5	N/A
Follow Up Documented	1	2	3	4	5	N/A
Utilization of Resources	1	2	3	4	5	N/A

Billing /Coding Review

Actual _____%

Optimal _____%

Consistent	1	2	3	4	5	N/A
Concise	1	2	3	4	5	N/A
Comprehensive	1	2	3	4	5	N/A
Needs Improvement	1	2	3	4	5	N/A

Additional Comments

Provider Signature

Date

Manager Signature

Date



**Diversity Health Center, Inc. Clinical Operations
Competency Assessment/Skills Checklist**

Associate Name: _____
 Job Title: Nurse Practitioner
 Date: _____
 Associate Signature: _____

The core competencies with criteria appropriate to each competency are listed below. Competent means able to perform the procedure safely, correctly, effectively and legally. The Method Key should be used to document how the performance assessment rating was determined.

Self Assessment Rating Key
 1 = Never done
 2 = Performed with supervision
 3 = Performs independently
 4 = N/A

Performance Rating Key
 1 = Exceeds Expectations
 2 = Satisfactory
 3 = Needs Improvement
 4 = N/A

Method Key
 C = Cont. Education
 O = Observation
 V = Verbal Test
 D = Documentation
 W = Written Test

Core Competency	Self Assessment	Method	Performance Rating	Evaluator's Initials
DEMONSTRATES APPROPRIATE USE OF eClinicalWorks				
Ability to complete orientation and training in eClinicalWorks				
Ability to accurately enter diagnoses into eClinicalWorks				
Ability to collaborate and communicate effectively with other members of the clinical team.				
Ability to communicate effectively with patients in respect to diagnosis and treatment plans.				
Ability to participate in Quality Improvement activities.				
Trained in providing care in an efficient fashion, maintains predetermined productivity levels (to be calculated monthly, based on an 8 hour work day and at least 18 appointment slots.)				
Ability to participate in Provider Staff Meetings and attend Clinical level meetings.				
Ability to commit professional time to community outreach activities to promote DHC Wellness				



Job Description Acknowledgment

I have received a copy of the job description for my position as Nurse Practitioner
I have read it and understand the content. *(Position Title)*

I have read this job description and I completely understand all my job duties and responsibilities. I am able to perform the essential functions as outlined. I understand that my job duties may change according to the needs of my location or department without it being specifically included in the job description. If I have any questions about job duties not specified on this description that I am asked to perform, I should discuss them with my immediate supervisor or a member of the HR staff.

I further understand that future performance evaluations and merit increases to my pay are based on my ability to perform the duties and responsibilities outlined in this job description to the satisfaction of my immediate supervisor.

I have discussed any questions I may have had about this job description prior to signing this form.

Associate Name (Please Print)

Associate Signature

Date



CONFIDENTIALITY AGREEMENT

I have reviewed the Center's HIPPA Privacy and Security Policies and Procedures and understand that the Center has a legal responsibility to protect patient privacy. To do that, it must keep patient information confidential and safeguard the privacy of patient information and the privacy of electronic health information.

In addition, I understand that during the course of my employment or other work at the Center, I may see or hear other Confidential Information, including operational and financial information, pertaining to the Center that the Center must maintain as confidential.

Regardless of the capacity, I understand that I must sign and comply with this Agreement in order to continue to work with the Center.

By signing this Agreement, I understand and agree that:

I will keep patient information confidential, and I will disclose patient information only under the conditions described in the HIPPA Privacy and Security Policies and Procedures. Regarding other types of important information to the Center, I will keep such information confidential and will only disclose such information if it is required for the performance of my job. Additionally, I will only use the Center equipment for business purposes which are related to my job functions.

I will not discuss any information, either patient-related or relating to the Center's operations, in public areas (even if specifics such as patient's name are not used), unless that public area is an essential place for the performance of my job.

I will keep all security codes and passwords used to access the facility, equipment or computer systems, confidential at all times. I will not share my passwords with anyone and will safeguard my passwords at all times.

I will only access or view patient information, including my own, for that which is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for the Center's Privacy Officer for assistance.

I will not disclose copy, transmit, inquire, modify, or destroy patient information or other System confidential information without permission from my supervisor or the Center's Privacy Officer. This especially includes transmissions from the Center to my home.

I recognize that I have a duty to report any suspicious activity to Security, the Help Desk, the Privacy Officer, or to the Security Officer immediately. I recognize that I have duty to report anyone who violates the HIPPA Privacy and Security Policies and Procedures to the Privacy Officer or the Security Officer. I will escort anyone who does not have an ID Badge to the Information Desk immediately. I also recognize that I have a duty to report activity suspicious for identity theft (Red Flags) to the Security Officer.

Once my job with the Center is terminated, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to the Center. Even after my job is terminated, I agree to meet my obligations under this Agreement.

I understand that violation of this Agreement of the HIPPA Privacy and Security Policies and Procedures may result in disciplinary action, up to and including termination of my employment or relationship with the Center, and this may include civil and criminal legal penalties as a result of the final Privacy and Security Rules issued by the federal government.

I have read the above agreement and the HIPPA Privacy and Security Policies and Procedures and agree to comply with it so that I can continue to work with the Center.

Signature

Date

Print Your Name

Title