

**Job Title/Position:** *Certified Hospice Aide*

**Reports To:** *Clinical Supervisor or Case Manager*

## **JOB DESCRIPTION SUMMARY**

The hospice aide is a paraprofessional member of the interdisciplinary group who works under the supervision of a registered nurse and performs various services for a patient as necessary to meet the patient's personal needs and to promote comfort. The hospice aide is responsible for observing the patient, reporting these observations and documenting observations and care performed.

The hospice aide will be assigned in a manner that promotes quality, continuity and safety of a patient's care.

## **ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES**

Responsibilities of the hospice aide include, but are not limited to, the following:

1. Performing personal care needs after given a patient's assignment and attending to his/her requests promptly. If unable to perform a certain task, report to the Case Manager immediately.
2. Meeting safety needs of patient and using equipment safely and properly (foot stools, side rails, O<sub>2</sub> etc.)
3. Giving personal care including baths, back rubs, oral hygiene, shampoos and changing bed linen as often as assigned.
4. Assisting in dressing and undressing patients as assigned.
5. Planning and preparing nutritious meals, including shopping, as assigned.
6. Assisting in feeding the patient as assigned.
7. Taking and recording oral, rectal and axillary temperatures, pulse, respiration and blood pressure when ordered with appropriate completed/demonstrated skills competency.
8. Providing proper care and observation of patient's skin to prevent breakdown of tissue over bony prominence.
9. Reporting on patient's condition and significant changes to the Case Manager. Also aware of the caregiver or other individuals living with the patient and interpersonal issues.
10. Assisting in ambulation and exercise as instructed by the hospice nurse or therapist.

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11. Offering and assisting with bedpans and urinals. Providing assistance as assigned with light laundry needs.
12. Performing range of motion and other simple procedures as an extensional therapy service as ordered with appropriate completed/demonstrated skills competency.
13. Providing respite for patient's/family/caregiver when on-site, as appropriate.
14. Keeping patient's living area clean and orderly, as assigned.
15. Adhering to the organization's documentation and care procedures and standards of personal and professional conduct.
16. Participates in quality assessment performance improvement teams and activities.
17. Respectful of patient and family/caregiver environment and patient's personal needs.

The above statements are only meant to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job related tasks other than those stated in this description.

**POSITION QUALIFICATIONS**

1. Meets the training requirements of the State.
2. Effective August 14, 1990, a person who has successfully completed a state established or other training program that meets the requirements of S 484.36(a) and a competency evaluation program, or state licensure program that meets the requirements of S 484.36(b), or a competency evaluation program or state licensure program that meets the requirements of S 484.36(b).
3. At least 18 years of age.
4. Ability to read and follow written instructions and document care given.
5. Understands hospice philosophy, comfortable providing specialized care to the terminally ill.
6. Satisfactory references from previous employers.
7. Is self-directing with the ability to work with little direct supervision. Secure with issues of death/dying. Provides a calm manner when in a patient's home.
8. Has empathy for the needs of the ill, injured, frail and the impaired.
9. Possess and maintains current CPR certification.
10. Demonstrates tact, patience and good personal hygiene.

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11. Licensed driver with vehicle that is insured in accordance with organization requirements and is in good working order.

## **JOB LIMITATIONS**

The hospice aide will not function in any manner viewed as the practice of nursing according to the Nurse Practice Act. Specifically, the hospice aide will not administer medications, take physician's orders or perform procedures requiring the training, knowledge and skill of a licensed nurse, such as sterile techniques.

## **SKILLS REQUIRED**

1. Good oral and written communications
2. Good organizational skills

## **WORKING CONDITIONS**

1. Community home environment
2. Exposure to infectious diseases
3. In and out of vehicle

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Employee Signature

Date



**ADDENDUM A**

**PERFORMANCE EVALUATION FOR  
THE CERTIFIED HOSPICE AIDE**

*(Template)*



## PERFORMANCE EVALUATION

<b>Job Title/Position:</b> <i>Certified Hospice Aide</i>	
<b>Date:</b>	
<b>Reviewer:</b> <input type="checkbox"/> Annual <input type="checkbox"/> 90 Day <input type="checkbox"/> Other	
<b>Page 1</b>	
<b>Key:</b> 4 = Superior Performance    3 = Satisfactory Performance    2 = Inconsistent Performance    1 = Unacceptable Performance	
<p><b>A. <u>Patient Care Responsibilities</u></b></p> <p>Responsibilities of the hospice aide include, but not be limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Providing personal care including:             <ol style="list-style-type: none"> <li>A. Baths</li> <li>B. Back rubs</li> <li>C. Oral hygiene</li> <li>D. Shampoos</li> <li>E. Changing bed linen</li> <li>F. Assisting patients with dressing and undressing</li> <li>G. Skin care to prevent breakdown</li> <li>H. Assisting the patient with toileting activities</li> <li>I. Keeping patient's living area clean and orderly, as appropriate</li> </ol> </li> <li>2. Planning and preparing nutritious meals.</li> <li>3. Assisting in feeding the patient, if necessary.</li> <li>4. Taking and recording oral, rectal and axillary temperatures, pulse, respiration and blood pressure when ordered (with appropriate completed/demonstrated skills competency).</li> <li>5. Assisting in ambulation and exercise according to the plan of care.</li> <li>6. Performing range of motion and other simple procedures as an extensional therapy service as ordered (with appropriate completed/demonstrated skills competency).</li> <li>7. Assisting patient in the self-administration of medication.</li> <li>8. Doing patient's laundry, as appropriate.</li> <li>9. Meeting safety needs of patients and using equipment safely and properly (foot stools, side rails, etc.).</li> <li>10. Reporting on patient's condition and significant changes to the assigned nurse.</li> <li>11. Adhering to the Organization's documentation and care procedures and standards of personal and professional conduct.</li> </ol> <p><b>Targeted Goals For Next Review Cycle:</b></p> <p>_____</p> <p>_____</p> <p><b>Comments:</b></p> <p>_____</p> <p>_____</p>	<p><b>Rating</b></p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p> <p>1 2 3 4</p>

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

**PERFORMANCE EVALUATION**

<b>Job Title/Position:</b> <i>Certified Hospice Aide</i> <b>Date:</b> <b>Reviewer:</b> <input type="checkbox"/> Annual <input type="checkbox"/> 90 Day <input type="checkbox"/> Other		<b>Page 2</b>
Key: 4 = Superior Performance 3 = Satisfactory Performance 2 = Inconsistent Performance 1 = Unacceptable Performance		
<b>B. <u>Organizational Responsibilities</u></b>	<b><u>Rating</u></b>	
1. Accepts direction and responds appropriately	1 2 3 4	
2. Maintains an acceptable work record. _____ Days Tardy            _____ Days Absent	1 2 3 4	
3. Accepts responsibility for behavior and activity.	1 2 3 4	
4. Is respectful of individuals' rights in interacting with patients, families/caregivers and coworkers.	1 2 3 4	
5. Follows organization guidelines in practice of: (a) Infection Control (b) Fire/Safety (c) Patient Care Stds.	1 2 3 4	
6. Displays appropriate management of equipment and supplies (acquisition to distribution).	1 2 3 4	
7. Participates in organization quality assessment activities to improve organizational performance.	1 2 3 4	
8. Interacts collaboratively with all team members.	1 2 3 4	
<b>Targeted Goals For Next Review Cycle:</b> _____ _____ _____ _____		
<b>Comments:</b> _____ _____ _____		

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

### PERFORMANCE EVALUATION

**Job Title/Position:** *Certified Hospice Aide*

**Date:**

**Reviewer:**             Annual             90 Day             Other

**Page 3**

**Key:** 4 = Superior Performance 3 = Satisfactory Performance 2 = Inconsistent Performance 1 = Unacceptable Performance

**C. Education/Inservice Responsibilities**

**Rating**

1. Completes CPR program annually.

1 2 3 4

2. Fire/Safety, Emergency Preparedness, Infection Control, Ethics, and Performance Improvement programs are attended annually.

1 2 3 4

3. Attends inservices quarterly and identifies self-learning goals.

1 2 3 4

4. Completes annual competency skills checklist.

1 2 3 4

**Targeted Goals For Next Review Cycle:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Personnel: \_\_\_\_\_ Date: \_\_\_\_\_



**ADDENDUM B**  
**HOSPICE AIDE TRAINING AGREEMENT**  
*(Sample)*



## HOSPICE AIDE TRAINING AGREEMENT

THIS AGREEMENT between (hereinafter "Organization") and the supplier of health care services identified as the Contractor on Attachment A ("Contractor"), WITNESSETH:

1. **Purpose.** The purpose of this Agreement is to make available to the staff of the Organization the Home Health Aide/Hospice Aide training of the Contractor.
2. **Term.** The term of this Agreement will begin and end on the date set forth on Attachment A.
3. **Termination Prior to Expiration of Term.** This Agreement may be terminated by the Organization at any time, effective upon written notice to the Contractor, if, in the sole and unreviewable opinion of the Organization: (i) services provided by the Contractor are not consistent with applicable professional standards, HHS rules and the Organization's standards, or (ii) Contractor has committed one or more breaches of this Agreement which endanger Organization staff or patients or indicate inability or unwillingness of Contractor to fulfill its obligations hereunder. The Contractor may terminate this Agreement upon sixty (60) days written notice to the Organization.
4. **Organization and Contractor Management.**
  - a. To the extent required by applicable rules of the United States Department of Health and Human Services (hereinafter "HHS Rules"), and to no greater extent, general authority over the activities performed on the Organization's behalf by the Contractor will be retained by the Organization Executive Director/Administrator or designee.
  - b. Day-to-day supervision and control of individuals performing services under this Agreement (including the Contractor, if the Contractor is an individual) will be the sole responsibility of the Contractor, and may not be delegated.
  - C. The Organization may refuse to accept services provided by any individual supplied by the Contractor, if the Organization finds in its sole and unreviewable opinion that the services provided by that individual do not meet the standard required of the Contractor

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## HOSPICE AIDE TRAINING AGREEMENT *continued*

in this Agreement. The Organization bears no authority or responsibility with respect to the hiring, training or supervision of any individual performing Contractor's obligations under this Agreement.

5. **Planning and Delivery of Services.** The Contractor will provide those home care aide training services, and will perform those other activities, described in detail on Attachment B.
- a. The Contractor will assure that every individual who performs services to Organization under this Agreement
    - (1) Adheres to all laws of the State applicable to the services provided.
    - (2) Is fully trained for the duties required of him or her, and maintains without interruption or citation the licensure or certification described on Attachment A hereto, and reports to Organization any adverse action against the individual.
    - (3) Learns and adheres to all HHS Rules, and the objectives, policies, procedures and programs of the Organization.
  - b. All services performed by Contractor under this Agreement will be performed in a manner consistent with the requirements of HHS, and Organization policies.
  - c. The Contractor will make and submit to the Organization training schedules, outlines, and attendance records with respect to Organization staff.
  - d. The Contractor is responsible for scheduling training sessions that complement the staff's day, evening, and weekend work schedules. The Organization may not determine the hours of work of the Contractor or its employees.
6. **Evaluation of Contractor Performance.**
- a. HHS Rules require the Organization to ensure that all services to Organization are within acceptable professional standards. Organization personnel will evaluate the Contractor during training sessions from time to time, for the purpose of monitoring Contractor's compliance with HHS requirements.

**HOSPICE AIDE TRAINING AGREEMENT** *continued*

- b. Organization personnel will conduct reviews of the records of the services of the Contractor for the purpose of determining whether the services provided meet the requirements of HHS Rules.
7. **Billing and Payment.** The Contractor's sole compensation for services to Organization will be that described on Attachment C.
8. **Insurance.** The Organization provides no insurance of any kind for injuries or losses to, or caused by, the Contractor, its servants, employees, agents, or subcontractors. The Contractor will provide such workers' compensation insurance as may be required by law for any person who performs any portion of the duties of the Contractor under this Agreement. The Contractor will provide general liability and malpractice insurance in amounts no less than those set forth on Attachment A, for any person who performs any portion of the duties of the Contractor under this Agreement. The Contractor will provide proof of insurance covering each individual performing services under this Agreement before such individual provides services, and at any time upon the Organization's request. In the event any individual or organization asserts a claim against the Organization based wholly or partly upon the Contractor's actions or failure to act, the Contractor will indemnify the Organization for all of the Organization's costs incurred as a result thereof, including payment of any settlement, judgment, award or other payment, as well as actual fees, costs, and attorney fees incurred in the defense of the claim.
9. **Performance by Agents, Employees, Independent Contractors, Etc.** Except as provided on Attachment B, Contractor will perform all services required of it under this Agreement personally or through individuals who are employees of Contractor and who meet all applicable requirements of this Agreement and all applicable HHS Rules. Organization will have no authority to select Contractor's employees.

**HOSPICE AIDE TRAINING AGREEMENT** *continued*

10. **Relationship of the Parties**. This Agreement creates a relationship of independent contracting parties, and does not comprise either party as the employee, agent, coventurer, or employer of the other. The Contractor will select its own employees, and will perform all services required of it by its own methods, without supervision of the Organization except as set forth in this Agreement. The Contractor will exercise independent judgment in the performance of its assigned tasks under this Agreement. The Contractor will not, and will assure that its employees do not, represent themselves as employees of the Organization, but will identify themselves to Organization patients as the Contractor or Contractor's employees, respectively.
11. **Nonexclusivity**. This Agreement will not be exclusive as to Contractor or Organization.
12. **Equipment and Supplies**. Except as provided in Attachment D, the Organization will provide no equipment or supplies to the Contractor for the Contractor's performance of services under this Agreement.
13. **Nondiscrimination**. The Contractor will not discriminate against any Organization patient on grounds of race, color, national origin, religion, age, sex, sexual orientation, height, weight, marital status, or disability.
14. **Records**. Until the expiration of four (4) years after the last date on which services are furnished pursuant to this Agreement, the Contractor will make available upon written request of the Secretary of Health and Human Services, or upon request of the Comptroller General, or any of their duly authorized representatives, this Agreement, and any books, documents, or records that are necessary to certify the nature and extent of the services provided by Contractor under this Agreement, in compliance with Part 420, Subpart C of Chapter 42 of the Code of Federal Regulations.

**HOSPICE AIDE TRAINING AGREEMENT** *continued*

- 15. **Third Parties and Assignment.** This Agreement is for the benefit of the Organization and the Contractor, and no other person will be construed to be a beneficiary thereof. This Agreement may not be assigned.
- 16. **Complete Agreement.** This written Agreement (with its attachments) reflects the complete agreement between the parties. Any previous written, oral or implied contractual relationship between the parties is hereby rescinded. No oral undertakings or representations not set forth herein will be binding on either party. No agent, employee, or representative of either party has authority subsequently to modify the terms of this Agreement except in a writing signed by the party to be charged.
- 17. **Pronouns.** Masculine, feminine, and neuter pronouns in this Agreement will be deemed to include each other, as the context and application of this Agreement may require.
- 18. **Construction.** This Agreement will be construed in accordance with the State laws, and will be interpreted as if mutually drafted by Organization and Contractor.
- 19. **Additional Provisions.** The terms set forth in Attachment D, if any, will apply between the parties. When such a provision conflicts with a provision in paragraphs 1-18, the provision in Attachment B will control.

IN WITNESS WHEREOF, the parties have set their hands unto this Agreement this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By \_\_\_\_\_

By \_\_\_\_\_  
its Director

**CONTRACTOR**

By \_\_\_\_\_

Its \_\_\_\_\_

**ATTACHMENT A**

- 1. The name and address of the Contractor is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. Contractor's EIN: \_\_\_\_\_ - \_\_\_\_\_

- 3. This Agreement will be effective from and including \_\_\_\_\_, through and including \_\_\_\_\_, unless terminated under the provisions hereof.

- 4. Notices:

To Organization:

ATTENTION: \_\_\_\_\_ Director

To Contractor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A notice required to be in writing will be effective when delivered to the address above or, if mailed, at 9:00 a.m. on the next business day after deposit in the U.S. mail, certified mail/return receipt requested, postage attached.

- 5. The Contractor will maintain workers compensation insurance (when required by law) and general liability and malpractice insurance having the following limits, covering all individuals performing services under this Agreement:

Malpractice:

Per occurrence \$1,000,000; aggregate \$1,000,000

General Liability:

Per Occurrence \$1,000,000; aggregate \$1,000,000

- 6. All individuals performing services to Organization patients under this Agreement will maintain State licensure or registration as a \_\_\_\_\_.

## ATTACHMENT B

The Contractor will provide the following services for the agency:

1. Competency Evaluation (skills testing) for each new orientee hired by the agency at a time deemed appropriate and feasible to both parties but in accordance to applicable law and regulation.
2. Competency Testing (written testing) for each new orientee hired by the agency at a time deemed appropriate and feasible to both parties but in accordance to applicable law and regulation.
3. Competency Evaluation (skills testing) for each hospice aide employed by the agency on a yearly basis at a time deemed appropriate and feasible to both parties but in accordance to applicable law and regulation.
4. Inservice training for hospice aides, with topics appropriate to the type and level of skills and care provided.
  - a. The topics will be mutually agreed upon by both the contractor and agency
  - b. The times will be mutually agreed upon by both the contractor and agency.
  - c. The number of inservices will be, at a minimum, twelve (12) one-hour sessions per year.
5. Documentation of the above activities on documents and in the format required by the agency.

The contractor will provide the above services in accordance with the Medicare Conditions of Participation 484.36 for Home Health Aide Training as referenced for Hospice in 418.76.