

PACE NURSE PRACTITIONER

POSITION REQUIREMENTS:

1. Graduate of accredited nurse practitioner program.
2. License and current registration to practice as a nurse practitioner in Virginia; specialty certification in Adult, Family, or Geriatric practice.
3. Minimum of one year's experience working with a frail or elderly population.
4. Compliance with any State or Federal requirements for direct patient care staff in their respective settings.
5. Medically cleared of communicable diseases and up-to-date with immunizations.
6. Current valid state driver's license.

SUMMARY: The Nurse Practitioner manages Program of All-inclusive Care for the Elderly (PACE) participants, providing primary health care and case management, focusing on disease prevention, wellness and management of minor, chronic and acute illness in collaboration with the primary care physicians. The Nurse Practitioner will work with the Medical Director to coordinate the 24/7 PACE Model of Care.

DUTIES AND RESPONSIBILITIES:

1. Performs health histories and physical exams.
2. Evaluates participants' physical complaints and orders appropriate diagnostic and therapeutic procedures.
3. Interprets and follows up on lab tests and results.
4. Prescribes medications within the scope of practice agreement and licensure.
5. Provides comprehensive, coordinated care to program participants in day health center, nursing home or participant home, as appropriate.
6. Conducts periodic assessments and evaluations of each participant according to the plan of care developed by the team.
7. Works closely with the Medical Director, physicians, and nursing staff to meet medical needs of participants, according to the 24/7 PACE Model of Care.
8. Acts as physician extender per license and standard care agreement with the Medical Director being ultimately responsible for oversight of care for the PACE participant.
9. Acts as liaison between the community-based primary care physicians and other healthcare professionals providing services to participants with the Medical Director being ultimately responsible for liaison of care for the PACE participant.
10. Requests consultations from all services needed in collaboration with the primary care physician and/or established protocols.
11. Provides relevant participant education. Educates and trains family and caregivers in appropriate care and interventions.
12. Participates as a member of the Interdisciplinary team (IDT) to develop and revise the participant plan of care.
13. Manages medical emergencies.
14. Coordinates and schedules appointments and referrals to community based physician offices.
15. Ensures timely, complete communication of referral services into the medical record.
16. Utilizes supplies and equipment economically.

17. Keeps confidentiality of participant records, reports and discussion.
18. Assists with staff development and training.
19. Performs other duties as assigned by the Medical Director and the Program Director.

KNOWLEDGE, SKILLS AND ABILITIES:

1. Skilled in establishing and maintaining effective working relationships with participants, clinical and professional staff, and family caregivers.
2. Demonstrated problem solving skills.
3. Broad knowledge of medical conditions and appropriate management of conditions.
4. Ability to teach effectively to the needs of an educationally diverse population.
5. Possess good organizational and supervisory skills.
6. Strong interest and knowledge of the medical and social needs of the frail elderly.
7. Able to function well in a team environment.

REPORTS TO:

Reports to the PACE Medical Director