

## Position Description, Responsibilities for Provider of Services

Provider name:

- Primary Areas of Responsibility—All Providers
  - > Provide the services as identified in the Receiver's Service Plan
    - Be knowledgeable about all 360 SHS services
    - Be knowledgeable about senior resources available in the community
    - Be knowledgeable about senior-related health issues
    - Follow established procedures when working with Receivers
    - Participate in relevant in-service presentations whenever possible
    - Meet or exceed customer service expectations
    - Maintain high standards of customer service and professionalism set by 360 SHS
    - Maintain positive relationships and follow-up with customers
  - ➢ Help promote 360 SHS
    - Be aware of promotional opportunities and promote 360 SHS strategically
    - Help distribute promotional handouts
    - Participate in 360 SHS promotional events
    - Participate in any 360 SHS organizational activities
  - Provide quality services
    - For new Receivers, gather and maintain information to enhance the relationship
    - Contact new Receiver prior to starting service as a way of introduction
  - Reports, communication, documentation
    - Daily (or as service is provided)
      - Maintain documentation of services provided on Provider Service Record (General Comments)
      - <sup>°</sup> Monitor Receiver's satisfaction with service and communicate any scheduling or service issues to the Care Management Team.
      - <sup>o</sup> Communicate any significant changes to the Client Coordinator as soon as possible via phone or text.
      - <sup>°</sup> Follow up with Receivers regarding satisfaction and communicate to the Care Management Team any need for additional services
    - Monthly
      - <sup>°</sup> Submit any requested days off or days unavailable for service (in advance).
      - <sup>°</sup> Participation in in-service program(s) and/or Provider meetings is encouraged
- Additional Areas of Responsibility—For Personal Care Providers/LNA's
  - Basic personal care and grooming

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- Sponge bathing
- Gathering and handing the client materials related to bathing
- Regulating the bath or shower water temperature and running the water
- Hair care including shampooing
- Skin care to include application of preventive skin care products
- Filing of nails
- Assisting with oral hygiene
- Shaving of client using an electric razor
- Dressing to include putting on or removing clothing, shoes and stockings
- Assisting others in transfer of client
  - Weight bearing assistance such as steadying the client and arranging items to assist the transfer of client.
  - Non-weight bearing assistance on a case-by-case basis as specified in care plan
- > Assistance with toileting and toileting hygiene measures as follows
  - Assistance with the use of the toilet, commode, bedpan and urinal
  - Assistance with the use of products related to hygiene care such as disposable incontinent briefs or pads
  - Assisting with cleaning the client after instances of vomiting, diarrhea and incontinence
  - Assistance with ostomy care in a long term, well healed, trouble free ostomy, such as assisting in application of the stoma bag on a case-by-case basis as individually trained by the Client Coordinator or Mentor.
- Assistance with catheter care only by emptying the urinary drainage bag on a case-by-case basis as individually trained by the Client Coordinator or Mentor. Assistance with application of braces, splints, slings and prostheses on a case-by-case basis as determined by, and individually trained by, the Client Coordinator or Mentor.
- Assistance with nutrition and hydration as follows:
  - Filling the client's fork or spoon
  - Feeding the client by hand on a case-by-case basis as determined by, and individually trained by 360 SHS Client Coordinator or Mentor.

## I understand my relationship with 360 SHS will be as a Temporary Employee. I also understand that 360 SHS is an "at will employer." The information stated above is for clarification, and is not a contract of employment, nor is intended to suggest otherwise.

**Signature of Provider** 

Date