



## **POSITION DESCRIPTION**

### **Kidney Palliative Care Program Manager**

Reports to: VP of Patient Care Services/CNO  
Palliative Care Medical Advisor

Position Status: Exempt

Supervises: Palliative Care Social Worker  
Palliative Care Program Coordinator

Effective Date: 5/1/24

#### **GENERAL SUMMARY**

The Kidney Palliative Care (KPC) team utilizes the principles of palliative care to improve patient quality of life in advanced kidney disease. The KPC Team Program Manager (Program Manager) plans and delivers care to patients utilizing the nursing process of assessment, planning, interventions, implementation, and evaluation. This role requires effectively interacting with patients, families, and their support system, physicians, as well as interdisciplinary team members, including participation in interdisciplinary team review of patient care. This individual will have liaison responsibilities with nephrology clinics, dialysis facility staff, hospital staff, and staff members of community organizations and other health care organizations.

This position requires expert assessment of the needs of end-stage renal disease (ESRD) patients and families, with special attention to quality of life and advance care planning. This includes, but is not limited to, addressing the symptoms and comfort of patients on dialysis, goals of care, patient values, and end-of-life issues.

The Program Manager is responsible to the Senior Clinical Director of Hospital Services & Transitions of Care and KPC Medical Director for the development and management of the Northwest Kidney Centers (NKC's) KPC program.

#### **DUTIES AND RESPONSIBILITIES**

1. Ensures a high level of quality services within the KPC program.
2. Meets with patients at dialysis facilities, primary place of patient residence (i.e., home, assisted living, adult family home or nursing home), professional office space, hospital or other offsite locations as needed, and performs full palliative care assessments.

Responsible for identifying and coordinating patient/family care to support end-stage renal disease patients on dialysis as well as their families and social support system. Frequency of patient/family contacts will be at the discretion of the Nurse and their assessment of need.

The Nurse will utilize empathic listening, teaching, assessment, problem solving and intervention skills to provide comfort and maximize quality of life for patients and families. Provides outpatient symptom evaluation and treatment recommendations for end-stage renal disease (ESRD) patients on dialysis at Northwest Kidney Centers. Including:

- a) Performs comprehensive patient assessments, including identification of physical, emotional, and spiritual needs. Gathers data on social, economic, and cultural factors which may influence health, well-being, and quality of life, with special attention to the physical symptoms and comfort of the patient. Makes recommendations to primary nephrologist and interdisciplinary care team for relief of symptom needs, and where appropriate, provides direct patient care to relieve stress and symptoms of the patient.
- b) Assists patients, family members, and friends with concern and empathy; respects confidentiality and privacy and communicates in a courteous and respectful manner.
- c) Performs ongoing assessments, revises initial written plan of care with Renal Supportive Care Team members as the needs and conditions of the patient/family change, and helps implement plan of care to maintain the highest level of comfort and quality of life.
- d) Coordinates care across the continuum of care to meet the needs of patients and their families.
- e) Maintains excellent, ongoing effective communication with the interdisciplinary Renal Supportive Care team members, multidisciplinary dialysis facility staff, and primary nephrologist.
- f) Provides bereavement support resources to the family as appropriate.

3. Documents in the medical record including:

- a) Patient care reflecting the nursing assessment, interventions, patient response to care, patient needs, problems, capabilities, limitations, and progress toward goals. Documentation includes evidence of appropriate patient/caregiver teaching, and the understanding of these instructions is noted in the medical record.
- b) Maintains up-to-date charts and records on patient care and regular communication with the patient's nephrologist and multidisciplinary dialysis team regarding recommendations and changes in the patient's plan of care in accordance with established policies and procedures.

4. Communicates effectively with patients and families, as well as on an interdisciplinary level throughout the continuum of care.

- a) Consistently displays sensitivity and the ability to support patients/families in living well with dialysis.
- b) Adjusts work schedule as needed to meet the needs of the patients/families.
- c) Demonstrates understanding of the burden of complex illness and the effects on patients and family members, and as needed,

participates in advance care planning.

- d) Regularly shares nursing assessments, recommendations, and interventions with the Kidney Palliative Care team.
- e) Participates actively as a team member in meetings and demonstrates a professional working relationship with all levels of staff.
- f) Hiring, supporting, and evaluating staff that are committed, competent, and accountable.
- g) Regularly acts as a liaison between the patient, multidisciplinary medical staff, nephrology clinic staff, and outside agencies.
- h) Coordinates with community services and other agency disciplines participating in patient care.
- i) Assesses the needs of a patient during a phone conversation with a staff member or patient, and then plan, coordinate, implement, and revise the treatment plan, as necessary.
- j) Evaluates outcomes in collaboration with Medical Advisor and Senior Clinical Director

5. Maintains and increases knowledge of palliative care and its benefit to patients and families; assists in educating NKC staff on Palliative Care program and initiatives.

6. Maintains current knowledge of symptom management and shares resources with other staff members.

7. Participates in NKC quality improvement initiatives to promote organizational primary palliative care.

8. Leads development of the Kidney Palliative Care team

- a) Functions as a palliative care resource for dialysis staff.
- b) Promotes the development of primary palliative care amongst dialysis staff through coaching and education.
- c) Provides effective and innovative management of KPC Team staff.
- d) Coordinates and support quality improvement for the Kidney Palliative Care team, including:
  - Planning, coordination and implementation of the program and its activities.
  - Helps develop, revise, and implement policies and procedures through the quality improvement process.
  - Perform activities necessary to support the growth and development of the program.
  - Actively supports change management by continued improvement of his/her own leadership and management skills by team building and implementing departmental wide quality improvement and evaluation systems.
  - Monitors budget within established guidelines, coaching and counseling staff, track and analyze data to contribute to quality improvements and equitable care for NKC patients.

## **SUPERVISION and COORDINATION**

This position collaborates with the Senior Clinical Director and the Palliative Care Medical Advisor, as well as the Interprofessional KPC Team members, multidisciplinary dialysis facility staff, and primary nephrologist.

This position supervises the Palliative Care Team Social Worker and Palliative Care Program Coordinator.

### **EXTERNAL CONTACTS**

This individual will have contact with nephrology clinics, dialysis facility staff, hospital staff, and with staff members of community organizations and other health care organizations.

### **DECISIONS**

### **CUSTOMER SERVICE STANDARDS**

Staff are responsible for demonstrating good customer service and professionalism.

1. **CONSIDERATION:** Greet customers promptly; show courtesy; recognize customer's needs; respect privacy.
2. **CONCERN:** Listen to customers; express appreciation, be non-judgmental; take responsibility.
3. **CONFIDENCE:** Show a positive attitude; take personal initiative; inform; educate and reassure; provide prompt follow-up.
4. **CONDUCT:** Hold appropriate conversations; maintain a professional appearance; establish teamwork; show professional competency.

### **JOB CONDITIONS**

Must be able to communicate effectively in English over the telephone, in writing, and in person. Duties and responsibilities are performed in a clinical/office/patient home setting. Must have transportation available and a current Washington State Driver's license to travel to dialysis facilities, hospitals, and patient homes. Requires travel throughout King, Pierce, and Clallam Counties on a regular basis. This position may provide oversight to students.

May be exposed to chemicals, blood, and body fluids. Physical activities require the ability to stand, walk, stoop, kneel, crouch, reach, lift; fingering, grasping, talking, hearing, and repetitive motions of hands, wrists, and fingers. Requires a high-level of hand-eye coordination. Must have strong visual acuity to read, inspect information on monitors technical documents.

Physical requirements include the ability to lift/move objects weighing up to 25 pounds occasionally, and up to 5 pounds frequently. The individual in this position operates the phone, computer, copier, and other office equipment as required. Demonstrated skills in Microsoft Office Products and knowledge of clinical software programs are required.

## **EDUCATION AND EXPERIENCE**

- Current WA RN license
- Five (5) years nursing experience
- At least two (2) years nursing experience in a hospice or palliative care setting and eligibility to become certified as Hospice or Palliative Care within 12 months of employment.
- Demonstrated skills in clinical nursing assessment, critical thinking skills, and ability to function independently.

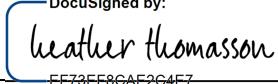
### **Preferred qualifications for this position include:**

- Bachelor's degree in nursing (BSN)
- Hospice certification or advanced certification

**The above statements are intended to describe the general nature and level of work performed by people assigned to this classification. They are not to be considered as an exhaustive list of all job tasks performed by people so classified.**

## **REVIEW AND APPROVAL**

DocuSigned by:

  
heather thomasson

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Vice President of Patient Care Services/CNO

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Date