

OROVILLE HOSPITAL  
JOB DESCRIPTION

**TITLE:** UNIT CLERK

**DEPARTMENT:** GOLDEN VALLEY HOME HEALTH

**REPORTS TO:** DIRECTOR OF GOLDEN VALLEY HOME HEALTH/  
PATIENT CARE SERVICES

The unit clerk person performs clerical duties as necessary to facilitate the clinical and clerical staff's quality performance and generation of cost effective services.

QUALIFICATIONS

- High school education or GED equivalent or other credential as required for the position.
- Accurate typing of 50 WPM, minimally.
- General working knowledge and ability to use hospital AS400 computer system, Text 38, Lotus spreadsheet, documentation plus and other software programs. Experience preferred.
- Ability to plan and carry through a complete cycle of activities and multiple tasks simultaneously.
- Excellent communication skills and ability to develop rapport and contribute to team work with co-workers.
- Ability to handle difficult situations with composure and tact and maintain patient confidentiality.
- Sedentary: Up to 6 hours a day generally lifting no more than 10 pounds maximum.

OROVILLE HOSPITAL HOME CARE JOB DESCRIPTION  
AND EMPLOYEE EVALUATION

NAME \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

DEPARTMENT GV HOME HEALTH POSITION: UNIT CLERK

STANDARDS OF PERFORMANCE

(0) DOES NOT MEET STANDARD

(1) MEETS STANDARD

RESPONSIBILITIES

STANDARDS OF PERFORMANCE

	0	1
Assists with processing incoming telephone calls cordially and appropriately, including patient referrals from discharge planners, physicians and others. Routes verbal order calls to licensed staff.	___	___
Work with Haven computer program for management of all Oasis date- encoding and transmitting.	___	___
Oversees all clerical functioning and deals with clerical issues- paperwork, coverage for sick/vacation days, etc, and informs the director of ongoing issues. Follows through with recommendations from the director.	___	___
Maintains Haven updates. Prepares charts for clinical chart review, makes assignments with clinical staff.	___	___
Maintains medical and office supplies and provides clinical staff with requested supplies.	___	___
Prepares nurse on call schedule and provides communication to other departments as required.	___	___
Maintains all disaster manual personnel list, medical waste transportation list and department phone lists as needed.	___	___
Facilitates clinical staff in providing maximum patient service.	___	___
Prepares daily census sheet with past/current patients marked and sends copies to case managers and discharge planners.	___	___
Maintains medical equipment sign out lists and arranges for repairs, etc.	___	___

RESPONSIBILITIES

STANDARDS OF PERFORMANCE

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	<u>0</u>	<u>1</u>
Provides orientation of new staff to clerical systems.	___	___
Assures and documents HAG prepared for clinicians.	___	___
Maintains infection control supplies and logs for clinical staff.	___	___
Audits clinical visit note to charge record on a quarterly basis and prn.	___	___
All related duties as required.	___	___
Attends staff meetings.	___	___
Safety review/pass yearly test.	___	___
Mails and summaries responses to patient quarterly satisfaction surveys and yearly physician survey.	___	___

PROFESSIONAL COMMITMENT:

Reports for duty on time 95%	___	___
Attendance: Ill not more than 12 days per year.	___	___
Age specific competency/passes annual test.	___	___
Demonstrates cost effective use of supplies and equipment.	___	___
Demonstrates efficient and cost effective practices.	___	___
Safety review/pass yearly test.	___	___
Demonstrates cooperative team practices.	___	___
Demonstrates mission statement knowledge and practices.	___	___
Safety review/pass yearly test.	___	___
Demonstrates cooperative team practices.	___	___
Demonstrates mission statement knowledge and practice.	___	___
Meets or exceeds standards on annual evaluation.	___	___
Attends staff meetings as required 75%.	___	___
Follows dress code and inspires confidence in her care by her professional appearance and behavior.	___	___

EMPLOYEE GOALS AND

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLINICAL SUPERVISOR/CHARGE

NURSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLINICAL SUPERVISOR/CHARGE NURSE: \_\_\_\_\_

DATE: \_\_\_\_\_