

ROSEBUD HEALTH CARE CENTER  
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Clinic	Clinic and Community Health Programs Manager	CEO
<b>Written or Revised:</b> 5/2017; 2/2018;4/2022	<b>Supervisor Signature/Date:</b>	
<b>Position Grade:</b>	<b>Administration Signature/Date:</b>	
<b>Status:</b> Exempt	<b>Human Resources Signature/Date:</b>	

<b>Employee Name:</b>	
<b>Hire Date</b>	Evaluation Due in Human Resources on:
Reason for Evaluation: 6 Month _____ Annual _____ Special _____	

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**POSITION SUMMARY STATEMENT:** (in 1 or 2 sentences, describe why the job exists)

The Clinic and Community Health Programs Manager provides effective leadership and accountability for the daily operations of the Rural Health Clinic. This individual will participate in marketing and community outreach programs to support the growth of the facility in alignment with the RHCC Strategic Plan and Community Health Needs Assessment and Plan.

**ESSENTIAL DUTIES & RESPONSIBILITIES:**

1. Ensures appropriate daily staffing and coordinates changes in staff schedules.
2. Serves as a resource person to assist with design and issues related to EHR.
3. Serves as a resource to the medical staff, regarding clinic operations, and helps to facilitate the implementation of medical staff requests.
4. Models, inspires, and hold staff accountable to the RHCC Mission and Vision Statement and Standards of Performance.
5. Conducts staff meetings to facilitate timely communication amongst all team members.
6. Collaborates with Human Resources on recruiting, selecting, orienting/training and evaluations.
7. Works collaboratively with Human Resources to provide appropriate and timely follow up on performance and other staff issues to optimize staff retention.
8. Optimizes healthcare delivery processes to streamline an efficient patient flow.
9. Helps identify and coordinates outpatient programs for needed services.
10. Participates in development of patient care delivery models.

11. Participate in marketing and community outreach programs to support the growth of the facility in alignment with the RHCC Strategic Plan and Community Health Needs Assessment and Plan (Health fair, provider events, school events, etc....).
12. Research grant opportunities to support and promote community programs.
13. Actively participate in Revenue Cycle management activities as they relate to clinic operations.
14. Directs the internal practice operations, creates benchmarks, tracks and reports progress, research process improvement/efficiencies, recommends and implements changes.
15. Monitors and ensures compliance with regulatory requirements in relation to the Rural Health Clinic.
16. Develops, reviews, and updates policies and procedures related to the Rural Health Clinic.
17. Monthly monitoring of clinic operations ensuring compliance of RHCC policies and procedures.
18. Oversight of employee timekeeping such as time edits, timecard approval, time off requests, etc.
19. Completes monthly quality assurance data for clinic and records it in a timely manner for monthly QA meetings. Looks at ways of improving quality and tracking quality assurance.
20. Practices lean process improvement principles to assess and improve the quality of the service/care provided within the department.
21. Responsible for the development and oversight of the clinic budgets. Manages clinic expenses to remain in budget.
22. Orders and maintains clinic supply inventory.
23. Monitors clinic efficiencies, productivity and cost savings and looks for opportunities to improve in each of these areas.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures.

**Education, Experience and Licensure/Certification Requirements:** Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. Bachelor's degree in Business, Healthcare Administration, Nursing Degree, or related field.
2. Three years or more of management experience, preferably in healthcare or equivalent education and experience preferred. If management experience does not include healthcare, position will require completion of medical assistant certification after hire.
3. Experience working with medical providers and nurses in a clinic setting.
4. Must possess strong personnel management skills. Ability to motivate and influence the clinical teams to achieve consistently high quality of work and an excellent customer service environment.

**Reporting Relationship: CEO**

**Employees Supervised: Clinic staff**

**Physical Demands**

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

- Occasionally 0-33% of the work shift
- Frequently 34-66% of the work shift
- Constantly 67-100% of the work shift
- N/A Not Applicable for this position

<b>Physical Factors</b>	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Environmental Factors**

Exposure to Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Bloodborne Pathogens** Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue

Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks

Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

**Protective Equipment** Checked is the equipment that may be required to be worn in this position

Not Applicable

Hearing Protection     Gloves     Goggles     Safety Glasses     Face Shields

Face Masks-Surgical, N95, Respirator     Moisture Resistant-Gown/Lab Coat

**I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.**

Name \_\_\_\_\_

Date \_\_\_\_\_

# PERFORMANCE EVALUATION

Employee Name: \_\_\_\_\_ Position: Clinic Manager

Department: Clinic

Evaluated By: \_\_\_\_\_ Position: CEO

Period of Review: \_\_\_\_\_ to: \_\_\_\_\_

## PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

### PERFORMANCE LEVELS

- 5 Exceeds all requirements      4 Exceeds many requirements      3 Meets normal requirements  
2 Improvement is needed to meet normal requirements      1 Fails to meet requirements

1. **Duty/Responsibility:** Responsible for daily operations of the clinic

**Performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Duty/Responsibility:** Serves as a resource to the medical staff, regarding clinic operations, and helps to facilitate the implementation of medical staff requests.

**Performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Duty/Responsibility:** Completes monthly quality assurance data for clinic and records it in a timely manner for monthly QA meetings. Looks at ways of improving quality and tracking quality assurance.

**Performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>4. <b>Duty/Responsibility:</b> Maintains and updates provider insurance certifications. Completes or oversees completion of paperwork necessary for proper licensure, certification and billing of physician services.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>		
<p>5. <b>Duty/Responsibility:</b> Helps to develop clinic department budget. Makes decisions and offers input that is fiscally responsible.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>		
<p>6. <b>Duty/Responsibility:</b> Works with design and maintenance of clinic computer module, ensuring functionality and ease of use for providers, nursing staff, billing, and registration of patients.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>		
<p><b>TOTAL SCORE:</b></p>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

**PART TWO - GENERAL PERFORMANCE FACTORS**

The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

**PERFORMANCE LEVELS**

- 5 Exceeds all requirements      4 Exceeds many requirements      3 Meets normal requirements  
 2 Improvement is needed to meet normal requirements      1 Fails to meet requirements

- |  |  |
|--|--|
| <p>1. <b>Quality of Work:</b> Ensures accuracy and completeness of work performed. <b>Work Ethic:</b> When assigned work is complete, seeks additional tasks to be done.<br/>                 Remarks: _____<br/>                 _____</p>  |  |
| <p>2. <b>Initiative:</b> Ability to originate / develop / implement constructive ideas and solutions to problems. <b>Judgment/Decision-Making:</b> Ability to analyze situations and arrive at logical, practical decisions.<br/>                 Remarks: _____<br/>                 _____</p>                                |  |
| <p>3. <b>Dependability:</b> To what extent can he/she be counted on to fulfill responsibilities?<br/>                 Remarks: _____<br/>                 _____</p>  |  |
| <p>4. <b>Communication Skills:</b> Provides oral or written information in a clear, concise manner.<br/>                 Remarks: _____<br/>                 _____</p>   |  |
| <p>5. <b>Teamwork:</b> Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately.<br/>                 Remarks: _____<br/>                 _____</p>   |  |
| <p>6. <b>Ethics and Integrity:</b> Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information.<br/>                 Remarks: _____<br/>                 _____</p>     |  |
| <p>7. <b>Attitude:</b> Consistently displays behavior that enhances the image of the organization.<br/>                 Remarks: _____<br/>                 _____</p>  |  |
| <p>8. <b>Education/Development:</b> Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis.<br/>                 95-100% = 5    85-95% = 4    80-85% = 3    70-80% = 2    Below 70% = 1<br/>                 Remarks: _____<br/>                 _____</p> |  |

9. **Attendance/Reliability:** Absence/Tardy occurrences are within policy guidelines:

90 day: Perfect Attendance = 5

1 or less day = 3

2 days = 1

3 days = possible termination

Annual: Perfect Attendance = 5

2 or less days = 3

3 - 5 days = 2

6 or more days = possible termination

Remarks: \_\_\_\_\_

\_\_\_\_\_

10. **Quality Assurance and RIP Projects:** Monthly Quality Assurance Reports have been submitted on time. Rapid Improvement Projects have been submitted quarterly and completed on time or within time extension.

All QA and RIPs submitted/completed on time (including extensions) = 5

Missing/Not Completed QA and/or RIP (not including RIP extensions) = 0

**TOTAL SCORE:**



**PART THREE - DETERMINING THE OVERALL EVALUATION**

Add the Total Scores of the performance level for each criteria in Parts One and Two.  
Divide the Total Scores from Parts One and Two by the total number of criteria (16) to determine the average or Overall Evaluation Score.

Indicate the Overall Evaluation Score here: \_\_\_\_\_

**Strengths/Accomplishments:** List areas of job performed well during the past year

**Goals for coming year:**

**Skills Improvement/Performance Improvement Plan**

List areas for improvement and identify resources available or needed to attain improvement

**Manager/Supervisor Comments**

**Manager/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

**Employee's Comments:**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL FOR YOUR RECORDS**