

## UW HEALTH JOB DESCRIPTION

### RN - Home Health Primary

Job Code: 800013

FLSA Status: Non-Exempt

Mgt. Approval: S. Ligon Date: 4-17

HR Approval: R. Temple Date: 4-17

#### JOB SUMMARY

The Home Health Primary Nurse is a professional nurse who coordinates and directs the home care patient's care based on individual patient needs. The Primary Nurse is responsible for independent management of the Home Health patient population requiring the use of advanced assessment, teaching and decision-making skills. The nurse is responsible for ensuring that appropriate referrals to other services are made, interdisciplinary conferencing takes place regularly, and appropriate documentation is completed. Relevant knowledge and experience is consistently applied to new patient populations.

The Home Health Primary Nurse cares for a caseload of home health patients by evaluating the patient for appropriateness of home health and developing the home care plan in conjunction with the physician. S/he educates patients, families, caregivers and community providers to safely perform care. S/he provides follow up by evaluating effectiveness of the home care plan, and monitoring patient/family's response to the plan. Each Home Health Primary Nurse belongs to a geographically organized work team. The Home Health Primary Nurse also identifies performance improvement and home health standard of care initiatives, and assists to design or implement programs to address needed changes.

The Home Health Primary Nurse has knowledge of home care regulations and third party reimbursement as it impacts the delivery of services. This position will have on-call responsibilities and is under the general supervision of a Nurse Manager.

#### MAJOR RESPONSIBILITIES

The Home Health Primary Nurse performs his/her job demonstrating technical ability, understanding of job expectations and compliance with organizational policies and procedures. The incumbent performs the following **job responsibilities**:

**Provides comprehensive assessment, planning, implementation and evaluation for a caseload of home care clients as the primary nurse.**

A. Assessment

1. Assesses physical, functional, psychosocial, and cognitive status of the home care patient utilizing interview observations and physical exam techniques.
2. Assesses the home environment for safety, infection control, and community resource needs.
3. Collects information for assessment with the patient, family, physician and other health care team members.
4. Incorporates multidisciplinary data into the nursing assessment of the home care patient.
5. Provides ongoing nursing assessment with the patient, family and home environment to determine physiologic or psychosocial risk. Applies previous nursing experience and base of knowledge and adapts with the patient and family in a home setting.
6. Assesses for the presence of advanced directives and facilitates further action in obtaining information about or implementing advanced directives if indicated.

B. Planning

1. Plans with the patient, family and physician for care which is feasible within the physical, financial and emotional resources of the family.
2. Establishes individualized, measurable goals in consultation with the patient, family and other health care providers.
3. Anticipates home care needs and seeks a wide range of community resources to facilitate problem solving.
4. Develops standards of care for patients in the home setting.
5. Utilizes home care standards and regulatory guidelines in developing an individualized care plan with each patient and family.
6. Maintains a working knowledge of community resources and refers patients and families appropriately.

C. Implementation

1. Provides skilled nursing care, preventative rehabilitative procedures, and prescribed treatments with a variety of patient populations within various potentially complex home situations.
2. Maintains technical skills according to agency standards, as measured by competency assessments during orientation and annually.
3. Implements safe, competent care with home care patients and families within the Home Health Agency's

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policies, procedures and standards of care.

4. Accurately follows established infection control and safety policies and procedures.
5. Directs the use of equipment and supplies in an efficient and cost effective manner.
6. Coordinates and directs the care of a caseload of home patients.
7. Sets priorities of home care caseload adapting to the changing needs of the home care patients and families.
8. Utilizes resources to problem solve new or unfamiliar patient situations.
9. Works collaboratively with multiple community resources to best meet the needs with the home care patient and family.

Documents components of the nursing process to reflect a comprehensive and integrated approach to nursing care.

10. Recognizes potential problems and sets priorities according to change in the home care patients condition.
11. In response to information indicating urgent and/or emergent risk to home care patients, notifies the physician immediately and notifies the supervisor of the action taken.
12. Serves as a role model and resource to other nurses regarding the care with patients and families at home.

### D. Evaluation

1. Evaluates patient's responses to care based on a continuing assessment and analysis of nursing intervention and alternatives for nursing care.
2. Initiates change in the care plan based on this evaluation.
3. Informs the physician, nurse manager, and other appropriate members of the health care team of changes in the patient's condition and needs.
4. Facilitates and coordinates interdisciplinary care conferences with groups of complex patients.
5. Exhibits sound nursing judgment and decision making skills in coordinating patient care.

### E. Patient, family and caregiver education:

1. Identifies and adapts teaching materials with home care patients and families. Creatively uses these tools to maximize the learner's success.
2. Involves the home care patient and family in identification of individual requirements/perceptions of learning needs.
3. Continually assesses patient/family level of understanding and adjusts teaching and plan of care accordingly.
4. Ensures that the home care patient and family demonstrate the knowledge and abilities regarding home care rights and responsibilities, diagnosis, health care status, treatment, skills, medication regime, advance directives, and adaptive behaviors gained as a result of teaching interventions.
5. Develops, implements and evaluates teaching programs with home care patients and families.

### **The Home Health Primary Nurse must possess excellent communication skills, both written and verbal.**

1. Maintains a complete record for the care that is given with the patient. Documents in the clinical record per home health agency policy and procedure.
2. Maintains an updated clinical record on each patient at all times, meeting required deadlines for documentation of certification, re-certification, aide supervision reports, aide care plan updates, routine recording of case coordination, care plan updates, addressing progress toward goals, and verbal orders.
3. Accurately completes admission and revisit documentation, documentation of completed communications, billing and employee statistical information, and payroll documentation.
4. Documents regular contacts with payers.
5. Documents patient, family and caregiver teaching.

### **The Home Health Primary Nurse must demonstrate professionalism and leadership.**

1. Demonstrates accountability for own practice.
2. Assists in creating a positive climate conducive to learning.
3. Works directly with new employees to see that planned orientation to caring with home care patients is carried out.
4. Acts as a resource person on clinical problems for other personnel caring with home care patients.
5. Acts as a role model for professional nursing and allied health students, accompanying them on home visits as assigned.
6. Fosters the professional development of self, clinicians and other home health staff.
7. Evaluates own performance in relation to home care standards.
8. Evaluates performance of peers as appropriate, in relation to home care standards of practice.

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9. Participates in the professional development of UW Home Health and the UW Health Department of Nursing.
10. Acts as a role model in demonstrating commitment to UW Home Health and the UW Health Department of Nursing.
11. Participates in the development of program goals and evaluates progress toward goal achievement.
12. Attends  $\geq 75\%$  of staff meetings, nurse's meetings, agency in-services, and staff development programs.
13. Maintains UW Health/UW Home Health mandatory education requirements.
14. Participates in committees/meetings as delegated or appointed.
15. Participates in training for and implementing specialized leadership roles as available, which may include:
  - Competency assessment of other RNs and/or LPNs via peer review.
  - Organization-specific specialization, such as the UW Health pain resource nurse role.
  - Peer review, including certification and/or re-certification work and other documentation.
  - Specialization in performing patient admissions to the agency.
  - Rotates through a cycle for providing on-call coverage during hours when agency is closed. (4:30 PM – 8 AM weekdays, and all day Saturdays, Sundays, and holidays.)
- Scheduling coverage during on-call or according to agency need. Includes facilitating and ensuring scheduling of pt. visits by all agency services.
- Phone triage coverage as part of the on-call role or according to agency need. Includes being available to patients and other health professionals as a home health resource nurse.
- Intake nurse as part of the on-call role or according to agency need. Includes obtaining intake information on referred patients.
- Serves as a preceptor for new home health employees.
- Participates as an educator in formal education programs.
- Acts as a mentor/preceptor for professional nursing and allied health students with SON faculty and/or Nurse Manager support. Performs the evaluation of student's performance in the clinical setting.

### Productivity and Efficiency

- Maintains productivity according to agency standards after first 3 months of employment.
- Provides care in a geographically logical manner by reading and updating directions to home in the medical record, and using map reading skills.
- Acts to facilitate cost control in scheduling home visits according to geographic location.
- Uses technology effectively to support nursing practice and create efficiencies in care delivery.

### The Home Health Primary Nurse must exhibit teamwork by collaborating with individuals and groups to establish and attain common goals.

- A. Contributes to and supports the effective operation of UW Home Health.
  1. Identifies, documents and assists with resolving home health client, practice, and system issues.
  2. Participates in and assists in the ongoing development of home health policies, procedures, standards of care and documentation systems.
  3. Demonstrates flexibility in adjusting assignments to meet the needs of the unit.
  4. Maintains an updated schedule in the office, checks schedule for changes regularly, and communicates scheduling changes to the office promptly.
  5. Maintains consistent availability throughout the workday, responding to UW Home Health office communications via E-mail, voice mail, and pager within expected timelines.
- B. Demonstrates leadership within the primary nurse role on a geographically organized work team, working with interdisciplinary professional and support personnel who provide care with patients, families and caregivers in the community
  1. Demonstrates responsibility for team relationship development, team task completion, and individual caseload management. Attends team meetings regularly, and may lead the team meeting in the absence of the Nurse Manager.
  2. Effectively delegates and supervises delegated care, e.g., care provided by the home health aide and the LPN.
  3. Initiates interdisciplinary collaboration to positively impact the outcomes of health care provided to patients and their families in the community.
  4. Demonstrates effective strategies in managing stress and resolving conflict.
  5. Participates and supports others in group decision-making.

### The Home Health Primary Nurse must deliver excellent customer service. S/he must recognize and respect the values of self and others.

- A. Customer Service:

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1. Introduces self and addresses patients, families and caregivers by preferred name.
2. Exhibits awareness and respect for the patient and family home or home-like setting as a care environment.
3. Treats all persons with respect and dignity.
4. Understands own behavior and how it affects other people.
5. Notifies patient/family/caregivers by 9 AM of the expected time for that day's visits.
6. Understands and attempts to meet the needs, wants, and expectations of internal and external customers.
7. Addresses concerns or complaints voiced by patients, families, caregivers, or other internal and external customers, and notifies manager.
8. Displays professional attitudes and behaviors of trust, respect, honesty, and caring. Enables co-workers, patients, and families to verbalize their need for assistance.

**B. Values:**

1. Demonstrates understanding of differences in cultural, spiritual, and socioeconomic backgrounds.
2. Able to recognize differences between values of self and others, and administers care impartially regardless of the differences.
3. Identifies ethical conflicts and notifies manager, then participates in related problem solving.
4. Able to identify resources and options for addressing ethical issues and usual agency pattern, including involvement of the manager, primary physician, and social services.
5. Involves the patient and family in the plan of care, incorporating their cultural, spiritual, and other belief systems.
6. Recognizes the importance of respecting individual patient and family choices regarding care and treatment options.
7. Maintains patient privacy and confidentiality.

**The Home Health Primary Nurse is committed to performance improvement and problem solving.**

1. Aware of and participates in current performance improvement activities at UW Home Health, exhibiting effective problem solving skills on an individual basis with each patient situation, and on an overall basis within the UW Home Health agency.
2. Assists leadership in identifying potential clinical practice issues and contributes to the development of specific plans to improve home care patient outcomes.
3. Demonstrates knowledge of research findings related to home health nursing by implementing current practice standards.
4. Incorporates changes in clinical practice to reflect new advances and ensure effectiveness of planned interventions.
5. Utilizes UW Home Health and UW Health resources to problem solve new or unfamiliar patient situations
6. Accesses UW Home Health and UW Health Department of Nursing resources (pain resource nurses, wound resource nurse, UW Health advanced practice nurses) to improve quality and outcomes of patient care.

**ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.**

### JOB REQUIREMENTS

Education	Minimum	
	Preferred	BSN
Work Experience	Minimum	Minimum of one (1) year relevant clinical RN experience
	Preferred	<ul style="list-style-type: none"> <li>• Recent, relevant experience in a Medicare-certified home health agency as a case-manager, primary nurse, or BSN student.</li> <li>• Familiarity and work experience using home health software documentation applications such as Delta Encore.</li> </ul>
Licenses & Certifications	Minimum	<ul style="list-style-type: none"> <li>• Registration as a professional nurse in the State of Wisconsin.</li> <li>• Valid Wisconsin driver's license and current car insurance.</li> <li>• CPR Certified.</li> </ul>
	Preferred	
Required Skills, Knowledge, and Abilities		<ul style="list-style-type: none"> <li>• Current IV Therapy skills, with knowledge of venous access devices and ambulatory pumps.</li> <li>• Knowledge regarding quality improvement and home health standards of care.</li> <li>• Experience in teaching both patient and families self-care skills.</li> <li>• Knowledge regarding the impact of acute and chronic illness on the lives of patients and families in the community.</li> <li>• Functions with a high degree of independence.</li> <li>• Collaborates with other disciplines to provide care.</li> </ul>

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- Has excellent interpersonal and group process skills.

### AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

**Instructions:** Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

<b>X</b>	Infants (Birth – 11 months)	<b>X</b>	Adolescent (13 – 19 years)
<b>X</b>	Toddlers (1 – 3 years)	<b>X</b>	Young Adult (20 – 40 years)
<b>X</b>	Preschool (4 – 5 years)	<b>X</b>	Middle Adult (41 – 65 years)
<b>X</b>	School Age (6 – 12 years)	<b>X</b>	Older Adult (Over 65 years)

### JOB FUNCTION

Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.

- Possesses knowledge of the principles of growth and development.
- Demonstrates the ability to assess data reflective of the patient's status in relation to the appropriate age groups.
- Demonstrates the ability to interpret relevant information needed to identify each patient's nursing care requirements relative to his/her age-specific needs.
- Demonstrates the ability to provide nursing care relative to the patient's age-specific needs.

### PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

Physical Demand Level	Occasional Up to 33% of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time
<b>Sedentary:</b> Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	<b>Up to 10#</b>	<b>Negligible</b>	<b>Negligible</b>
<b>Light:</b> Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.	<b>Up to 20#</b>	<b>Up to 10#</b> or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	<b>Negligible</b> or constant push/pull of items of negligible weight
<b>X</b> <b>Medium:</b> Ability to lift up to 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.	<b>20-50#</b>	<b>10-25#</b>	<b>Negligible-10#</b>
<b>Heavy:</b> Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	<b>50-100#</b>	<b>25-50#</b>	<b>10-20#</b>
<b>Very Heavy:</b> Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	<b>Over 100#</b>	<b>Over 50#</b>	<b>Over 20#</b>

List any other physical requirements or bona fide occupational qualifications:

- Must be able to travel in a vehicle up to 110 miles per day, visiting between 1-7 homes a day, to deliver personal care to patients.
- Environmental status of patient homes and dwellings where care is delivered is variable and unpredictable.
- Must be able to climb stairs and gain access to a variety of different dwellings to deliver care, in various inclement weather conditions including snow and ice.
- Must be able to type on a laptop computer keyboard for medical record data entry associated with each patient visit.