



**NORTON SOUND
HEALTH CORPORATION**

POSITION DESCRIPTION

EMPLOYEE NAME:

POSITION TITLE: Staff Audit Registered Nurse

JOB CODE: 33025

GRADE: 59

RELOCATION: YES

EXEMPT: No

TRAVEL REQUIRED: No

PREPARED BY: Human Resources

DATE: 2.06

APPROVED BY: Corporate Officer

DATE: 2.06

DEPARTMENT: Quayanna Care

DIVISION: Hospital Services

REPORTS TO: QCC Director

**SUPERVISES: Limited supervisory responsibility (charge nurse supervises C N A's). what does this mean??
Do they supervise only when they are charge nurse?**

PURPOSE OF POSITION: To provide patient and family focused care in accordance with NSHC's mission, philosophy, policies, and procedures while applying standards for professional nursing practice in the clinical setting. The Staff Audit RN will also ensure QCC is compliant with state and federal regulations.

NOT
APPLICABLE

MET
STANDARD

DID NOT MEET
STANDARD

MAJOR RESPONSIBILITIES:

I. Core Competencies:

I. A. Nursing Process and Professionalism:

- Utilizes the nursing process of assessment, diagnosis, planning, intervention, and evaluation when: assessing the patient's condition and needs; setting outcomes; implementing appropriate nursing actions to meet the patient's/family's physical, emotional, spiritual, social, intellectual and safety needs; and evaluating patient's progress.
- Represents NSHC in a professional manner while acting as an advocate for patients/families, physicians, and other staff members.
- Maintains quality and efficiency standards as set by the immediate supervisor and makes recommendations for improvements.
- Participates in activities that promote professional growth and self-development. Attends pertinent in-services, departmental and other meetings as requested by the immediate supervisor.
- Adheres to all NSHC dress codes, personnel and safety policies.
- Upholds NSHC's vision, mission and corporate values.

B. Problem Solving/Critical Thinking:

- Identifies work-related problems with possible solutions and implements solution(s), when appropriate.
- Maintains constant awareness of the legal aspects of nursing and demonstrates this in decisions regarding patient care within the Registered Nurse scope of practice.

C. Assessments and Interventions: Demonstrates MDS based assessments identifying patient problems and needs with appropriate interventions to achieve desirable outcomes.

D. Procedures, Therapies, and Treatments: Maintains an in-depth knowledge of nursing principles, practices, standards, and techniques and applies this knowledge in accordance with NSHC policies and procedures and in compliance with State and federal laws/regulations.

E. Care Management: Functions to assure nursing care is accomplished effectively and efficiently in a cost effective manner, discharge planning is carried out, and the medical regime for each patient is implemented when properly prescribed by the physician. Delegates/assigns tasks/duties to other members of the department as appropriate.

F. Documentation: Gathers data and accurately documents information in a timely manner demonstrating the utilization of the nursing process to promote patient outcomes.

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<p>MAJOR RESPONSIBILITIES:</p> <p>G. Safety:</p> <ul style="list-style-type: none"> • Maintains and demonstrates a thorough knowledge of departmental and corporate safety policies and procedures as they pertain to the job, including the fire and disaster plans. • Performs CPR according to policy. • Maintains a safe environment for patients, guests and staff. • Maintains confidentiality of information deemed confidential. <p>H. Teamwork Expectation:</p> <ul style="list-style-type: none"> • Maintains harmonious and cooperative relations with fellow employees, management, patients and guests. • Promotes healing by maintaining a peaceful, orderly and clean environment. • Acts as a role model in maintaining a professional atmosphere. <p>I. Family/Patient Education: Participates in facilitating patient's and family's learning throughout the LTC experience in preparation for discharge. Reinforces patient's continued health care through teaching and/or referral to community agency follow-up.</p> <p>J. Medication Administration: Calculates dosages and administers medications accurately.</p> <p>K. IV/Enteral Therapy: Provides safe and accurate IV and enteral therapy.</p> <p>II. Performs other related work as directed by immediate supervisor (i.e. participates in orientation of new personnel, attends meetings and court hearings when needed, and completes assigned tasks in a timely manner).</p> <p>III. Department/Area Specific: Quynna Care Center</p> <p>A. Customer population specific</p> <ul style="list-style-type: none"> • Demonstrates ability to work with and provide appropriate service and information to the clients, general public, outside agencies, departments, employees and management. <p>1. Provides care to the following age groups: <input type="checkbox"/> Embryo <input type="checkbox"/> birth <input type="checkbox"/> infant (0-2yrs) <input type="checkbox"/> child <input type="checkbox"/> pre-adolescent <input type="checkbox"/> Adolescent <input type="checkbox"/> adult <input checked="" type="checkbox"/> geriatric <input type="checkbox"/> maternal/neonate</p> <p>B. Demonstrates ability to care for long term care resident populations according to policy and procedure. Uses the nursing process to assess, plan, implement, and evaluate the care of these patients.</p> <p>C. Supervisory Responsibilities:</p> <ul style="list-style-type: none"> • Limited supervisory responsibilities of C N A's while in charge nurse capacity. <p>IV. Staff Audit Nurse Professionalism and Standards.</p> <ul style="list-style-type: none"> • Maintain good communication with staff, residents, resident's family, and IDC team, QA extensively, maintain standards of nursing practice, and be familiar with the QCC policy and procedure manual. • Conduct daily, weekly, and monthly audits to ensure QCC is compliant with state and federal regulations. Will also prepare (monthly/quarterly) audit status reports for QCC Director and VP of HS review This is only a recommendation but seems important <p>V. Staff Audit Nurse Responsibilities:</p>				

- Notifying Medical Director of QCC and residents physicians when 30 and 60 day visits are due. Follow up audits to make sure the visit was done and that the H&P was received and put in the resident's medical record.
- Follow up to make sure verbal or telephoned M.D. orders are signed in a timely manner.
- Audit transcription of orders are put on MAR/TAR correctly. **Recommend word change**
- **Audit transcription of orders and ensure they are documented on MAR/TAR correctly.**
- **Follow up that Change to Ensure** M.D. orders are implemented as well as laboratory and x-ray departments have received labs, or x-ray orders, tests are completed and results have been put in the resident's medical record.
- QA at least monthly and as needed psychotropic medications and that chemical restraints are signed prior to resident receiving them. Educating and ensuring licensed staff is documenting the usage of anti-psychotic, anti-anxiety, and anti-depressant medications, if the medication is or is not effective, giving examples of behavior and if any side effects are noted. AIMS to be done quarterly on anti-psychotic medications.
- **Auditing for physical restraint usage. If appropriate them making sure consent Change to Ensure all resident physical restraint usage has consent and is appropriate.**
- Auditing that resident's weights and vital signs are done by the 5th of the month.
- If weight loss or gain is noted, then implementing measures along with the IDC team.
- Auditing falls, looking for reasons the resident is falling, for trends, time of day, is the resident getting adequate sleep, what medications resident is receiving, what behaviors are present, does the resident need a physical therapy evaluation, updating resident's nursing restorative program, and implementing preventative measures as well as attempting to correct the problem.
- Audit incident reports, fall or incident documentation in nurses note, and the fall assessment forms are completed and put in medical record. Incident reports need to be given to the appropriate designated NSHC employee in a timely manner.
- Auditing the care given to the residents to ensures safe, quality care is being received.
- Ongoing staff education to make sure state and federal regulation are being observed. For example: resident safety, infection control procedures, hand washing, vital signs, promote skin integrity, transfers, documentation, confidentiality, resident rights, resident dignity, etc.
- Audits that ensure monitoring and updating the infection control log. Looking for nosocomial infections and trends. Implementing measures and educating staff to attempt at correcting problem areas.
- Audit nursing and C.N.A. care plans monthly and as needed. Initiate, revise, and update care plans. Involve the IDC team.
- Audit monthly and as needed for chronic or acute pain, monitor what pain
- medication resident receive and is the resident's pain under control or at an
- acceptable level.
- Involve the restorative aide and ;the resident, to implement a maintenance a nursing restorative program. The goal is to promote or maintain the resident's highest level of function, and keep the resident as independent as possible, enhancing their dignity and self esteem. Evaluate the program and plan of care monthly and as needed. To ensure restorative aide receives continuing education.
- Audit monthly and as needed that the restorative aide is following the plan of care.
- **Audit per QCC protocol that nursing and other departments have completed their monthly summaries. What other departments?**
- Audit weekly water, refrigerators, and freezers temperature log are done and in the correct range. Notify maintenance if temperatures not in compliance.
- Coordinate monthly psychotropic drug/restraint meetings with the IDC team, that also include assessing falls, pain, and possible abuse issues. The IDC team will will update nursing and C.N.A. care plan as well.
- Coordinate with social service assistant, resident quarterly care conference.
- Coordinate weekly Medicare Part A/B meetings with IDC team.
- Audit and keep survey book updated.
- Assist D.O.N. with administrative functions, supervising, staff education, and providing direct quality resident care.

QUALIFICATIONS:

Education and experience: Graduate of an accredited school of nursing. Must be a licensed RN in

<p>the State of Alaska. One year long term care experience is required and experience in departmental auditing is preferred.</p> <p>Registration/Certification: BLS certification is required. ACLS is preferred.</p> <p>Skills: This position requires good organizational skills with attention to detail. Must be able to communicate effectively (oral and written). Possess ability to follow detailed written and oral instruction. Demonstrate professionalism, consideration and confidentiality towards others in stressful situations.</p> <p>Physical Requirements: Must be in good general health. Must be physically able to talk, hear, type, file, write, bend, stoop, reach and frequently lift 40% of own body weight or more. Continuous amount of walking and/or standing is required.</p> <p>Personal Traits: Must be courteous, accountable, and responsible for self and actions; dependable, honest, cooperative, adaptable, versatile, mature, good listener, objective and able to remain calm under stress. Must have ability to adapt emotional responses to the needs of people of varying temperament and disability.</p> <p>Working Conditions: Well-lighted and ventilated work area. Must be willing to work varied hours with flexible schedules and shifts.</p> <p>Work Hours: Monday – Friday, 8 am – 4:30 pm. Must be willing to work other shifts when needed.</p>				
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