BROCKTON VISITING NURSE ASSOCIATION
JOB DESCRIPTION

TITLE: **COMMUNITY HEALTH NURSE**

REPORTS TO: **CLINICAL MANAGER**

Join us as a new graduate with an opportunity for a $20,000.00 Sign-On Bonus. Contact us for complete details.

POSITION SUMMARY: Utilizing the nursing process, provides skilled nursing care and management of patients in their homes or other health care facilities. Adheres to all agency policies including, but not limited to, the Confidentiality Agreement, Personnel Policies, and Clinical Policies and Procedures.

RESPONSIBILITIES:

- At the time of a referral to the BVNA for services, the Admission CHN must visit the patient and complete a comprehensive assessment of the patient's/family's medical/psychosocial status, nutritional needs and safety.

- The CHN will verify the doctor and insurance coverage. When the CHN is unable to schedule a visit according to the frequency noted on the physician's order, the CHN must notify the patient and his/her physician. This information must be documented in the patient's record.

- The CHN establishes a plan of treatment which includes the various services required to maintain the patient safely in the home or other residence(s). The Plan of care includes quantifiable goals based on desired outcomes.

- Involves patient/family in the development of the Plan of care. Makes appropriate referral(s) for home health aide, social and/or rehabilitation service(s).

- It is the responsibility of the CHN to review the proposed Plan of care before it is sent to the physician for signature.

- The CHN may be required to transfer patients as needed, using Hoyer lifts, wheelchairs, sliding boards, hospital beds, and/or draw sheet transfers. In such cases where a two-person assist is required, the CHN will attempt to schedule the visit during a Home Health Aide's scheduled visit or may call upon a family member, if and when possible.

- The CHN will identify the educational needs of patient/ significant other(s) through the use of the assessment tool.

- The CHN will instruct patient/significant other(s) in a manner that is understandable to the patient/significant other(s). Education will include, but is not limited to: disease process, prognosis, medications, procedures and treatments, personal care, emergency plans, infection control and safety.

  - Initially and during subsequent home visits, the CHN will assess current knowledge and ability of the patient/significant other(s) and the need for re-education regarding the specific knowledge and/or skills required to meet the patient's ongoing health care needs.

  - The CHN will observe the patient/significant other perform return demonstration(s) and document the patient/significant other's ability to perform what was taught to the patient/significant other.

  - The CHN will begin discharge planning at the patient's first visit by explaining that the service(s) provided by the Brockton VNA are intermittent and temporary.

  - The CHN will prepare the patient/significant other(s) for discharge with verbal and written information regarding community services, medication usage and follow-up visits for medical care.

  - CHN will be responsible for the initiation of the patient's home health care needs and will collaborate with other members of the multidisciplinary team who are involved in the care of the patient and document same in the clinical record. He/she is responsible for communicating with the Case Manager or designee as well as other disciplines regarding the case

  - The CHN will participate in and document case conferences. The CHN will assure that information regarding patient care is relayed to appropriate personnel so that optimal patient care will be provided during his/her absence. Assists in the orientation of new staff and in the education of students. Attends and participates in team meetings. Obtains minutes of missed team meeting(s) and follows up with Manager if he/she has any questions. Attends internal/external in-services and presents information to peers.

  - The CHN will document on the day of the visit all care provided including clinical findings and education provided to the patient/significant other(s). The CHN will submit on a timely basis all required documents in accordance with Agency documentation guidelines.

  - The CHN will complete all documentation according to Agency guidelines.

  - The CHN will abide by Agency policy to submit the OASIS Assessment within 24 hours for a Start of Care. The OASIS will be completed accurately according to Agency and OASIS guidelines.

  - Is responsible for maintaining state licensing that is current and in good standing

- Responsible for interdisciplinary assessment

- The CHN is required to participate in Quality Assessment Performance Improvement Program and HHA sponsored in-service Training

JOB QUALIFICATONS:

- The CHN must possess and active Registered Nurse license in the State of Massachusetts that is in good-standing to practice profession nursing.

- The CHN must possess 1-2 years of experience as a Registered Nurse preferably with home care and/or hospice experience and provide timely documentation with the plan of care. Oasis experience is preferred.

- The CHN must possess a valid driver's license and possess reliable automobile transportation.