

## TRI-CITIES CHAPLAINCY

**JOB TITLE:** In-Home Hospice RN

**ORIGINAL DATE:** May 7, 2001 **REVISED:** May 19, 2004, October 18, 2005

**REPORTS TO:** Clinical Nursing Supervisor. **LABOR CATEGORY:** Non-Exempt

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**Accountable to:** Clinical Nursing Supervisor

### **Policy**

- Responsible as a member of the interdisciplinary team under the supervision of the Clinical Nursing Supervisor and the patient's attending physician.
- Provide skilled nursing assessment, planning and care in order to maximize the comfort and health needs identified by the patient/family unit.
- Coordinate services to provide preventive and supportive care to the terminally ill and their families in accordance with approved care plans and Hospice policies and procedures.
- Direct the work of the LPN and NAC
- Demonstrate commitment to the philosophy, goals and objectives of the hospice concept by utilizing teaching, assessment, and intervention skills to maximize the quality of life of patients and families in the patient's home setting

### **Knowledge/Abilities/Skills Required**

1. Ability to accept a wide variety of assignments and adjust to changing situations.
2. Ability to read and write clearly, concisely, and legibly.
3. Ability to work cooperatively with others and function as a member of a team.
4. Ability to follow written and oral instructions.
5. Ability to communicate effectively with and respond appropriately to patients and families in both routine and crisis situations.
6. Ability to maintain a neat and clean appearance in accordance with dress policy.
7. Ability to perform personal patient care and maintain a mature, sensitive, and caring attitude toward patients and their families.

### **Qualifications**

1. Current Washington State license as a professional registered nurse
2. At least two years nursing experience, preferably with one year oncology, home health or hospice nursing.

## **Agency Requirements**

1. Reliable car for daily transportation;
2. Satisfaction of state and agency requirements for Tuberculin testing, AIDS Training, and criminal background screening.
3. Physical Demands: be able to transfer, lift, and position patients.
4. Have the Hepatitis B immunization series, proof of having series, or sign declination.
5. Complete the In-Home orientation and training program
6. Certified in American Heart Basic Life Safety
7. Be available to work evenings, nights, weekends, and holidays as part of the on-call nursing staff.

## **Essential Duties**

1. Assume primary responsibility for a patient/family caseload that includes the assessing, planning, implementing, and evaluating phases of the nursing process.
2. Initiate communication with attending physician(s), other hospice staff members and other agencies as needed to coordinate optimal care and use of resources for the patient/family.
3. Maintain regular communication with the Clinical Nursing Supervisor to review caseload.
4. Maintain regular communication with the attending physician concerning patient/family care needs and response to interventions.
5. Obtain data on physical, psychological, social, and spiritual factors that may influence patient/family health status and incorporate that data into the Plan of Care.
6. Seek input from other team members regarding the patient's Plan of Care to obtain additional knowledge and support.
7. Maintain up-to-date patient records so that problems, plans, actions, and goals are accurately and clearly stated and changes are reflected as they occur.
8. Instruct primary caregivers, volunteers, and employed caregivers to provide care as indicated.
9. Meet regularly with the Interdisciplinary Team members to review problems or unique issues from caseloads, share professional support, and exchange feedback aimed toward enhancing professional growth.
10. Attend patient care conference and facilitate discussion of issues from caseload for full staff discussion, consultation, and evaluation.
11. Supervise and document observance of the Certified Nursing Assistant's delivery of care every two weeks, actual on-site observation every two months.
12. Inform the Clinical Nursing Supervisor of unusual, or potentially problematic, patient/family issues.
13. Assist other registered nurses including assuming primary responsibility for patients, when necessary.
14. Share in providing 24-hour, seven-day/week on-call coverage to patients/families when necessary.
15. Provide appropriate support at time of death and perform bereavement assessment if requested.
16. Participate in the Tri-Cities Chaplaincy Hospice's orientation and in-service training programs for professional staff.
17. Participate in agency and community programs as requested to promote professional growth and understanding of hospice care.

18. Demonstrate familiarity with policies of the Tri-Cities Chaplaincy Hospice, rules and regulations of Washington State, and Federal regulations that aid in determining policies.
19. Accept other assignments as appropriate.
20. Participates in new staff orientation as requested by Clinical Nursing Supervisor.

### **Essential Duties When Serving On-Call**

1. Assume responsibility for evening, weekend, and holiday on-call duty as scheduled and consistent with the Tri-Cities Chaplaincy Hospice policies and procedures.
2. Assume primary responsibility for the Tri-Cities Chaplaincy Hospice's total care census including assessing, planning, and implementing and evaluating phases of the nursing process.
3. Maintain up-to-date patient records so that problems, plans, actions and goals are accurately and clearly stated and changes are reflected as they occur.
4. Respond to medical or emotional crisis and/or death of patient and make home visit to provide direct care as appropriate.
5. Provide appropriate counsel at time of death.

**PHYSICAL REQUIREMENTS/ENVIRONMENTAL CONDITIONS**

<b>FREQUENCY DEFINITIONS</b>
Majority (M) = More than 50% of shift
Frequently (F) = Between 25% and 50% of shift
Sometimes (S) = Between 5% and 25% of shift
Infrequent (I) = Less than 5% of shift or not anticipated

**STRENGTHS:**

<b>INDIVIDUAL PHYSICAL FORCE REQUIREMENTS</b>	<b>FREQUENCY</b>			
<b>LIFT/PUSH/PULL</b> up to 10 pounds of force	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
<b>LIFT/PUSH/PULL</b> 10.1 up to 25 pounds of force	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
<b>LIFT/PUSH/PULL</b> 25.1 up to 55 pounds of force	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
<b>LIFT/PUSH/PULL</b> 55.1 up to 75 pounds of force	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
<b>LIFT/PUSH/PULL</b> more than 75 pounds of force State average weight:	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
<b>CARRY</b> up to 10 pounds of force more than 3 ft	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
<b>CARRY</b> 10.1 up to 20 pounds of force more than 3 ft	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
<b>CARRY</b> 20.1 up to 30 pounds of force more than 3ft	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
<b>CARRY</b> 30.1 up to 40 pounds of force more than 3 ft	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
<b>CARRY</b> 40.1 up to 50 pounds of force more than 3 ft	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
<b>CARRY</b> 50.1 up to 60 pounds of force more than 3 ft	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
<b>CARRY</b> more than 60 pounds of force more than 3ft State average weight:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M

**MANUAL DEXTERITY, COORDINATION AND SENSORY REQUIREMENTS:**

<b>INDIVIDUAL PHYSICAL REQUIREMENTS</b>	<b>FREQUENCY</b>			
Standing on hard surfaces	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Climbing stairs or ladders	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Walking on hard surfaces	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Sitting	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Ability to kneel	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Ability to squat/crouch	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Reaching above the shoulder	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Pinching 2+ pound object or 4+ pound force	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Repetitive Motion (neck, shoulders, elbows, wrists, hands)	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Good manual dexterity	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Gripping 10+ pound object or force per hand	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Back bent >30°	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Activating foot pedals while standing	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Neck bent >45°	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M

Ability to speak clearly and make self understood	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Ability to see, read small print distinguish colors, etc.	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Ability to hear, answer phone, distinguish sounds, etc.	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Ability to smell	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Ability to taste	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M

**ENVIRONMENTAL CONDITIONS:**

<u>INDIVIDUAL PHYSICAL REQUIREMENTS</u>	<u>FREQUENCY</u>			
Exposure to blood, body tissue or fluids	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Exposure to radiation	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Exposure to hazardous materials, i.e. chemicals	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Exposure to bodily injury	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Exposure to loud noises	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Exposure to electrical and/or mechanical hazards	<input type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Exposure to burns	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Work on or with moving machinery	<input type="checkbox"/> I	<input type="checkbox"/> S	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Work at unprotected heights	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Gases: Normally formless fluids	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Dusts: Generated by handling, crushing, grinding, and/or rapid impact of materials	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Odors: Noxious, non-toxic, or toxic	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Fumes: Generated from condensation of gases	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Mists: Generated from gases becoming liquid, or breathing up liquids in dispersed state	<input type="checkbox"/> I	<input checked="" type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M
Work with exposure to marked changes in temperature and humidity	<input checked="" type="checkbox"/> I	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> M

**ADDITIONAL REQUIREMENTS/COMMENTS:**

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