

KENTUCKY PERSONNEL CABINET POSITION DESCRIPTION (PD)

Cabinet	Department	Division	Branch	Section	Unit	Employee
31	074	02	06	03	00	

1. Nature of the request: Establishment Reclassification Reallocation Other _____
2. Full-time Part-time Interim
3. Current Title Code and Title 4321-Nurse Registered
4. Proposed Title Code and Title _____
5. If filled, name of incumbent _____
6. Statement of Duties: Briefly state the main function of the job. Do not write more than two statements.

Provides professional nursing services to residents at THVC utilizing the nursing process, Supervises, coordinats and callaborates with multidisplinary team to meet resident needs.

7. List up to seven (7) primary tasks and duties performed by the position. Begin with the **most important** duty. Be specific as to the duties and responsibilities of the position.

Average % of Time

- | | | |
|-----------|--|--------------|
| a. | <u>Assess, plans, implements, and evaluates care for the residents.</u> | <u>30.</u> % |
| b. | <u>Supervises, provides guidance and direction to subordinate staff.</u> | <u>25.</u> % |
| c. | <u>Participates in all aspects of direct care including responding to emergency situations.</u> | <u>15.</u> % |
| d. | <u>Documents, comments and reports clinical issues in clear, concise manner to apprioapiate personnel. Insures up dates are clear specific and timely.</u> | <u>20.</u> % |
| e. | <u>Participates in staff education and serves as preceptor in new employer oreintation and services as preceptor in new employee orientation, performs other duties as required.</u> | <u>10.</u> % |
| f. | _____ | _____ % |
| g. | _____ | _____ % |

TOTAL 100. %



8. Does the incumbent of this position conduct performance appraisals on subordinate employees? Yes No

If yes, please list the class title(s) and number of positions in each class, or title and number of contractual employee(s):

9. Are there any essential functions of this position that require an incumbent to:

This indicates the essential functions of an incumbent for Americans with Disabilities Act (ADA) to ensure communication accessibility for individuals with visual and speech impairments. NOTE: IF THIS JOB DOES NOT REQUIRE THE ESSENTIAL ELEMENTS LISTED BELOW, DO NOT CHECK.

- (A) Drive a licensed vehicle?
- (B) Use a firearm?
- (C) Lift heavy objects or work in uncomfortable positions for extended periods of time?
- (D) Be exposed to hazardous working conditions?
- (E) Frequently communicate in person or by telephone?
- (F) Spend a major portion of time using a keyboard?
- (G) Be exposed to any hazards such as traffic or persons with contagious diseases?
- (H) Visually inspect documents and/or activities and make decisions from those inspections?
- (I) Other -- please describe Typically, work involves considerable walking, stretching, stooping, bending,
and lifting. Much mobility is required to monitor resident care. Must be able to physically lift
up to 50 pounds. The flexibility to work overtime is an essential function of this position.

10. SUPERVISOR

I certify that the information listed above is, to the best of my knowledge, complete and accurate, and if the position is filled, the employee has reviewed the information contained herein.

Signature of Supervisor _____ Date 04/10/2002

Title of Supervisor Nurse Shift Supervisor

NOTE: If submitted electronically, typed name serves as signature. **If the position is filled, do not submit the PD form until it has been reviewed by the employee.** It is no longer necessary for the employee to sign the PD since the job duties are assigned by the supervisor. KRS 12.060 states in part "All departments to such positions shall be under the supervision, direction and control of the heads of the respective departments and shall perform such duties as the heads of the departments prescribe."

FOR PERSONNEL CABINET PROCESSING ONLY:

ANALYST _____ DATE _____ APPROVED CLASS _____

DENIED _____

The Commonwealth of Kentucky does not discriminate on the basis of race, color, national origin, sex, religion, age, political affiliation or disability in employment or the provision of services. This document is available in an accessible format upon request to the Division of Classification and Compensation, Kentucky Personnel Cabinet.

Scope of Practice

Position: Registered Nurse

Main Function of the Job: Provides professional nursing services to residents at the Thomson-Hood Veterans Center and supervises licensed practical nurse's and sub professional nursing staff in the implementation of nursing policies and procedures.

Primary tasks and duties: Supervises and assists licensed practical nurse's and sub professional staff in executing physicians orders and proper nursing procedures. Supervises and assists in the administering of medications and injections. Implements bedside procedures such as oxygen, therapy, blood pressure, start IV's, colostomy irrigation and catheters. Checks lab work orders and specimen prior to submission to lab. Serves as member of resident's individual treatment team. Ensures MDS and care plans are completed as required. Coordinates and directs care plan conference. Communicates care plans to staff. Investigates and reports unusual incidents involving resident care. Reports resident abnormal physical and mental reactions to Doctor. Performs nursing assessments on new admissions. Monitors and directs assigned staff in compliance with set nursing standards. Makes medical nursing rounds. Interacts with residents and families and explains treatments. Responds to emergency situations. Maintains safe resident environment and work environment. Ensures staff follows established infection control practices.

I am qualified with education and training to fulfill the above scope of practice.

Employee Signature

Date

Director of Nursing Signature

Date

Administrator Signature

Date

LICENSURE HISTORY, SELF-ATTESTATION

I hereby authorize the *Thomson-Hood Veterans Center, 100 Veterans Drive, Wilmore, Kentucky 40390*, to make inquiries and consult with all persons, places of employment, education, malpractice carriers, State licensing boards, or other similar government and non-governmental entities who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the scope of practice/privileges I have requested. I authorize release of such information and copies of related records and/or documents to these officials.

I authorize the *Thomson-Hood Veterans Center*, to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable them to make such inquiries.

I release from liability all those who provide information to the *Thomson-Hood Veterans Center*, in good faith and without malice in response to such inquiries.

Signature

Date

Have any of the following ever been, or are they in the process of being; on a voluntary or involuntary basis-denied, revoked, suspended, reduced, limited, placed on probation, not renewed, withdrawn, or relinquished while under investigation or for disciplinary reasons? **Each "yes" response requires a complete explanation.** *If additional space required for answer, attach separate sheet.*

1. Professional Registration/License in any State?
Explanation:

Yes

No

2. Have you ever been convicted of a felony?
Explanation:

Yes

No

3. Have you ever been involved in administration, or judicial proceedings in which professional malpractice on your part has been alleged?

Explanation:

Yes

No

4. Have you ever had any problems with your health Status, that might interfere with your ability to perform the procedures and essential function of the position for which you have applied, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to other staff and patients?

Explanation:

Yes

No

5. Within the last 5 years have you been discharged from any position for any reason?

Explanation:

Yes

No

6. Within the last 5 years have your resigned or retired from a position after being notified you would be disciplined or discharged, or after question about your clinical competence was raised?

Explanation:

Yes

No

All information and documentation submitted by me in this questionnaire is accurate, complete, and made in good faith, to the best of my knowledge.

Signature

Date

Print name