

ROSEBUD HEALTH CARE CENTER
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Hospital Medical 6100	Hospital Nursing Assistant	Director of Nursing
Effective Date: 5/2013 Revised: 8/2016; 5/2017	Supervisor Signature/Date:	
Position Grade: 25b	Administration Signature/Date:	
Status: Non-Exempt	Human Resources Signature/Date:	

Employee Name:	
Hire Date:	Evaluation Due in Human Resources on:
Reason for Evaluation: 6 Month _____ Annual <u>X</u> _____ Special _____	

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

POSITION SUMMARY STATEMENT: In this position, the **Hospital Nursing Assistant** is responsible for the personal care of the patients in the hospital as delegated by the Registered Nurse.

ESSENTIAL DUTIES & RESPONSIBILITIES:

1. Responsible for care/ADLs of hospital patients. Makes patient safety and patient comfort a priority. Follows designated shift duties.
 - Pass meal trays in a timely manner, assist patients in eating, record meal intakes, record intake and output appropriately. Distribute drinking water and snacks to patients.
 - Toilet patients before and after meals, as needed, and as patient condition allows. Assist in use of bedpan, commode or urinal.
 - Assist patient in bathing (daily for acute care patients and 2x weekly for skilled patients).
 - Assist patient with AM and PM cares: brushing teeth, wash face and hands, back rubs, etc.
 - Assist patients with handling of clothing and other personal items: dentures, hearing aids, glasses, and prosthetics.
 - Assure call light is within reach.
 - Know patient's fall risk status and assist in implementing fall risk interventions such as bed alarm, tabs unit.
 - Answer call lights in a timely manner.
 - Assist patients in positioning, transferring, lifting and turning. Assist patient in ambulating with use of gait belt.
 - Responsible for seeking assistance when moving or transferring a patient cannot be safely done with one person.
 - Obtain vital signs including: temperature, pulse, respirations, blood pressure, and pulse oximetry.
2. Assist in the admission, transfer, and discharge of patients.
 - Will make up room once cleaned for patient admission. All rooms should have an IV pole and commode cleaned and ready for patient use.

- Will assist in admitting patient to the hospital. Obtains admission vital signs, height, and weight. Assists in having patients sign admission paperwork. Completes belonging lists. Orients patient to hospital room. Obtains a list of food likes/dislikes and beverage preferences.
 - Responsible for stripping room when patients are discharged.
 - Clean equipment and place back in rooms once cleaned.
 - Assist with transporting patients to and from various departments and activities.
3. Assist RN in the emergency room.
- Obtain vital signs
 - Complete registration forms
 - Photocopy driver's license/insurance cards.
 - Assists in stocking of ER
4. Communication
- Reports any change in patient condition or behavior, change in vital signs, patient concerns, and/or patient questions to charge nurse and as needed the DON.
 - Exhibits respectful, willing, and cooperative behavior toward patients, family members, visitors, and other employees.
 - Assist with answering facility telephone after hours when business office is closed.
 - Maintains confidentiality of all information regarding patients.
 - Knows and follows chain of command.
 - Responsible for attending all mandatory in-services, staff meetings, and keeping current on education hours.
 - Attends report and is knowledgeable about the patient's condition.
 - Responsible for knowing infection control and safety policies and procedures.
5. Responsibility
- Will arrive at work as scheduled and ready to attend report at scheduled start time.
 - Will be on-call as designated, being available by telephone, and able to come in during assigned call shift in a timely manner.
 - Will keep absences to a minimum. Responsible for requesting needed days off prior to the posting of schedule. If not requested, must find own replacement for shift. Requests for the same or overlapping days off will be honored as schedule allows. Requests off at an earlier date will have priority.
 - Maintains work area in a clean and orderly manner.
 - Dispenses items as used in care of patient for patient charges.
 - Any other duties as assigned by Charge Nurse or DON.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures.

Education, Experience and Licensure/Certification Requirements: Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. High School Graduate or GED, 18 years of age
2. Certified Nursing Assistant Certificate (Preferred)
3. BLS

Reporting Relationship: Reports to DON

Employees Supervised: N/A

Physical Demands

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

Occasionally 0-33% of the work shift Frequently 34-66% of the work shift
Constantly 67-100% of the work shift N/A Not Applicable for this position

Physical Factors	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Factors				
Exposure to Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood borne

Pathogens Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue
- Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks
- Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

Protective Equipment Checked is the equipment that may be required to be worn in this position

- Not Applicable
- Hearing Protection Gloves Goggles Safety Glasses Face Shields
- Face Masks-Surgical, N95, Respirator Moisture Resistant-Gown/Lab Coat

I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.

Name _____

Date _____

PERFORMANCE EVALUATION

Employee Name: _____ Position: Hospital Nursing Assistant

Department: Hospital Medical

Evaluated By: Jeanne Maciag, RN Position: DON

Period of Review: _____ to: _____

PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

PERFORMANCE LEVELS

- | | | |
|---|-----------------------------|------------------------------|
| 5 Exceeds all requirements | 4 Exceeds many requirements | 3 Meets normal requirements |
| 2 Improvement is needed to meet normal requirements | | 1 Fails to meet requirements |

1. Duty/Responsibility: Responsible for care/ADLs of hospital patients. Follows designated shift duties.

Performance: _____

2. Duty/Responsibility: Makes patient safety and patient comfort a priority.

Performance: _____

3. Duty/Responsibility: Assists in the admission, transfer, and discharge of patients.

Performance: _____

4. Duty/Responsibility: Communication/Documentation as listed above.

Performance: _____

<p>5. Duty/Responsibility: Maintains work area in a clean and orderly manner.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>6. Duty/Responsibility: Dispenses items as used in care of patient for patient charges.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>TOTAL SCORE:</p>	

<p>PART TWO - GENERAL PERFORMANCE FACTORS</p>	
<p>The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.</p> <p>PERFORMANCE LEVELS</p> <p>5 Exceeds all requirements 4 Exceeds many requirements 3 Meets normal requirements 2 Improvement is needed to meet normal requirements 1 Fails to meet requirements</p>	
<p>1. Quality of Work: Ensures accuracy and completeness of work performed. Work Ethic: When assigned work is complete, seeks additional tasks to be done. Remarks: _____</p> <p>_____</p> <p>2. Initiative: Ability to originate / develop / implement constructive ideas and solutions to problems. Judgment/Decision-Making: Ability to analyze situations and arrive at logical, practical decisions. Remarks: _____</p> <p>_____</p> <p>3. Dependability: To what extent can he/she be counted on to fulfill responsibilities? Remarks: _____</p> <p>_____</p> <p>4. Communication Skills: Provides oral or written information in a clear, concise manner. Remarks: _____</p> <p>_____</p> <p>5. Teamwork: Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately. Remarks: _____</p> <p>_____</p>	

6. **Ethics and Integrity:** Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information.

Remarks: _____

7. **Attitude:** Consistently displays behavior that enhances the image of the organization.

Remarks: _____

8. **Education/Development:** Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis.

95-100% = 5 85-95% = 4 80-85% = 3 70-80% = 2 Below 70% = 1

Remarks: _____

9. **Attendance/Reliability:** Absence/Tardy occurrences are within policy guidelines:

90 day: Perfect Attendance = 5

1 or less day = 3

2 days = 1

3 days = possible termination

Annual: Perfect Attendance = 5

2 or less days = 3

3 - 5 days = 2

6 or more days = possible termination

Remarks: _____

TOTAL SCORE:

PART THREE - DETERMINING THE OVERALL EVALUATION

Add the Total Scores of the performance level for each criterion in Parts One and Two.
Divide the Total Scores from Parts One and Two by the total number of criteria (15) to determine the average or Overall Evaluation Score.
Indicate the Overall Evaluation Score here: _____

Strengths/Accomplishments: List areas of job performed well during the past year

Goals for coming year:

Skills Improvement/Performance Improvement Plan

List areas for improvement and identify resources available or needed to attain improvement

Manager/Supervisor Comments

Manager/Supervisor Signature: _____ **Date:** _____

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

Employee's Comments:

Employee's Signature: _____ Date: _____

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL
FOR YOUR RECORDS**