POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Ambulatory Care Services Nurse Manager
Supervised by: Ambulatory Care Services Director
Prepared by: ________________________________
Approved by: ______________________________
Date: ______________________________
Date: ______________________________

Job Summary: Responsible for direction of patient care in the ambulatory care setting. Manages _____ staff members. Consults with staff, physicians and Ambulatory Care Services Director on nursing problems and interpretation of facility policies to ensure patient needs are met. Maintains performance improvement activities within the department and participates in CQI activities. Assists in formulating budget.

DUTIES AND RESPONSIBILITIES:  
3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Coordinates and directs patient care to ensure patients’ needs are met and facility policy is followed.  3  2  1

Decisions made reflect knowledge of facts, knowledge of diseases/surgical conditions, care required and good judgment.  3  2  1

Ability to perform a head-to-toe preoperative assessment on all patients and reassess, as needed postoperatively. This includes infant to geriatric and the general patient population.  3  2  1

Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.  3  2  1

Knowledge of medications and IV fluids and their correct administration, based on age of the patient and their clinical condition.  3  2  1

Follows the seven (7) medication rights and reduces the potential for medication errors.  3  2  1

Performance reflects knowledge in all areas of care specific to outpatient surgery, (i.e., GI, autologous, sedation).  3  2  1

Knowledge of cardiac monitoring; can identify dysrhythmias.  3  2  1

Ability to formulate an individualized plan of care, as indicated, and evaluate for effectiveness.  3  2  1

Formulates a teaching plan, based on identified patient learning needs, and evaluates effectiveness of learning. Family is included in teaching, as appropriate, from preop to discharge.  3  2  1

Ability to perform waived testing (point-of-care testing) per Clinical Laboratory’s and the patient care unit’s policies and procedures.  3  2  1

Ability to interpret results of waived tests; take appropriate action on waived tests results.  3  2  1

Demonstrates an ability to assist physicians with procedures both in the OPS/GI department and other departments, as needed.  3  2  1

Organizes and manages nursing activities reflecting due consideration for patients’ needs and the needs of facility and staff. Flexibility is maintained.  3  2  1
PURPOSE:

- Privileging refers to the process where a healthcare organization determines what specific medical procedures a physician may do within that organization. Although many parts of the privileging process parallel and overlap with the credentialing process, the specific part of the privileging process is the determination of a practitioner’s ability to do certain procedures based on training and experience.

- Occasionally, however, an applicant may be granted privileges but not medical staff membership. For example, a dentist may be granted privileges to do the appropriate dental work but not qualify as a member of the medical staff since he or she does not have a medical degree.

- This privileging process is facility-specific as well as practitioner-specific. The healthcare organization must determine what medical procedures can be done with the facility’s resources, support staff and equipment. The specific regulations that apply to the privileging process come from the Joint Commission and NCQA as well. In the Joint Commission standards, the privileging and credentialing regulations are linked.

POLICY:

- Privileges shall be granted for a period not to exceed two (2) years (TJC).

- Gender, race, creed and national origin shall not be used in making decisions regarding the granting or denying of clinical privileges.

- Responsibilities for the privileging process:
  - Governing Body shall grant privileges based on the organized medical staff’s recommendations.
  - The Governing Body shall be responsible for:
    - Reviewing recommendations made by the organized medical staff
    - Reviewing documentation that the recommendation is based on
POLICY:

- The population utilizing healthcare services of __________________ (organization name) shall consist of the newborn to the geriatric patient. Each patient care service department shall have a defined scope of care which includes:
  - Types (such as most frequent diagnosis) and ages of patients served
  - Types of services most frequently provided (such as procedures, services, etc.)
  - Goals and/or objectives for optimal delivery of patient care

DEFINITION OF PATIENT SERVICES, PATIENT CARE AND PATIENT SUPPORT:

- Patient services at this facility are provided through an organized and systematic process designed to ensure the delivery of safe, effective and quality care and treatment in an atmosphere that promotes respect and caring.

- The provision of patient care delivery requires specialized knowledge, judgment and skill derived from the principles of physical, biological, behavioral, psychosocial and medical sciences. As such, patient services shall be planned, coordinated, and provided, delegated and supervised by professional healthcare providers. A registered nurse shall assess each patient’s need for nursing care in all settings in which nursing care is to be provided.

- Patient care encompasses the recognition of both disease and health, patient education and advocacy, recognizing the unique physical, emotional and spiritual needs of each person. A cohesive unit is formed with organizational administrative leaders, medical staff, nursing staff and other healthcare professionals functioning collaboratively as a multidisciplinary team to achieve positive patient outcomes.

STAFFING PLANS:

- Staffing plans for patient care service departments shall be developed based upon the level and scope of care that needs to be provided, the frequency of the care to be provided, and a determination of the level of staff who can most appropriately provide the type of care needed.

- Staffing plans are department specific, developed to address the needs of the facility patient population and are available in each department.
PURPOSE:

- ________________ (organization name) shall ensure that the Governing Body, medical staff and professional service staff demonstrate a consistent endeavor to deliver safe, effective, optimal patient care and services in an environment of minimal risk.

- In keeping with this facility's mission; to foster, nurture and perpetuate the concept of a family centered, quality conscious and cost-effective medical center of excellence, the organizational Performance Improvement Plan shall allow for a systematic, coordinated, continuous data driven approach to improving performance focusing upon the processes and mechanisms that address these values.

- As patient care is a coordinated and collaborative effort, the approach to improving performance shall involve multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the performance improvement activities at this facility. The organizational program, established by the medical staff and interdisciplinary Performance Improvement Committee, with support and approval from the Governing Body, shall have the responsibility for monitoring every aspect of patient care and service (including contracted services), from the time the patient enters the facility through diagnosis, treatment, recovery and discharge in order to identify and resolve any breakdowns that may result in suboptimal patient care and safety, while striving to continuously improve and facilitate positive patient outcomes.

- This facility shall participate in a quality improvement organization (QIO) cooperative project or ensure its own performance projects are comparable to a QIO in scope and quality.

- Examples of quality improvement projects and indicators that this facility may focus on shall include (organization should insert specific initiatives, examples below):
  - Centers for Medicare and Medicaid Core Measures
  - Joint Commission National Patient Safety Goals
POLICY:

- ________________ (organization name) shall identify those procedures that require markings of the incision or insertion site.

- The correct patient, procedure and site shall be verified by the patient and/or family, the patient care RN, LIP performing the procedure, and the anesthetist as applicable immediately prior to the initiation of the invasive procedure.

PROCEDURE:

- The invasive procedure and site/side shall be verified by the following means:
  
  - Patient identified using two (2) patient identifiers
  
  - Verbal identification by the patient and/or family
  
  - Invasive procedure informed consent
  
  - History and Physical
  
  - Physician’s orders

- The above documents along with patient/family identification must indicate the same type and site/side of procedure.

- The LIP and patient care RN shall identify the patient and verify the invasive procedure and site/side in the department where the procedure is to be performed.

  - The patient’s identity is re-established if the practitioner leaves the patient’s location prior to initiating the procedure.