

## **Northwest Colorado Health**

### **Registered Nurse – Aging Well Foot Care**

#### **General Statement of Duties:**

The Aging Well Program provides comprehensive community-based healthcare and social services that promote health and wellness for older adults in rural areas. The Foot Care Program provides foot care and foot health education, to screen and make appropriate referrals for foot problems such as foot ulcers and loss of protective sensation; to enable case finding among the senior population and those with chronic disease for other problems, and to make appropriate referrals when additional care is needed.

#### **Supervision Received:**

Works under the general supervision and direction of the Prevention Services Nurse Manager.

#### **Supervision Exercised:**

Provides specified supervision as assigned.

#### **Essential Functions:**

1. Identifies the physical, social and emotional health needs of clients through systematic assessment utilizing professional skills including health history, physical evaluation, community assessment and other diagnostic tools.
2. Foot care management to administer foot care to clients at designated community sites or home visits (for patients with mobility problems). At the first visit and annually, all patients will be given a copy of the HIPAA policy, and sign consent forms which specify that the patient is responsible for all follow-up care. All patients will be screened at each visit for pedal pulse, and open wounds, including foot ulcers. Patients will be screened annually or more often if needed for peripheral neuropathy with the Monofilament Test. If toenail fungus is detected, the RN will provide information on treatments and the prevention of spread of infection. RNs will cut and file toenails with no foot soak, buff calluses and corns, and perform a lotion rub of the feet. Non-disposable equipment will be cleaned and disinfected/sterilized per attached instructions.
3. Collect data from participants as determined by Aging Well staff:
  - All participants complete health history/registration forms and sign liability release and photo release prior to the start of class and on a yearly basis for updated records.
  - SAMS forms are to be completed for participants upon request from Aging Well administration staff.

- Participant visits tracked on Rosters. Foot care roster and fees/donations are turned in by the 3rd day of the following month.
  - All documents are accurate and legible.
  - Labeled donations jars and donation receipts need to be visibly placed during each class.
  - All contributions and/or class fees are collected and submitted to the Aging Well administrative office by the 3rd day of the following month
4. Develops and implements a comprehensive nursing care plan, involving the client, community agencies. . Understands the importance of providing accurate and timely documentation with patient care utilizing Foot Care specific nursing documentation. Uses, clear concise and professional written and verbal communication
  5. Delegates appropriate functions.
    - Teaches and counsels clients.
    - Participates in intra and interagency policy development.
    - Pursues and continues professional development.
  6. Participates in Performance Improvement process by:
    - Using data to implement programs to meet client needs.
    - Identifying health care standards and outcomes to measure compliance with standards.
    - Utilizing results of satisfaction surveys and audits to improve performance and implement change.

This description of responsibilities is intended to provide only basic guidelines for meeting each responsibility. Additional responsibility may be added, as appropriate.

### **Education:**

A Baccalaureate Degree in nursing by a school accredited by the National League of Nursing is preferred.

### **Experience:**

Proven physical assessment skills.

### **Requirements:**

1. Active Colorado RN license.
2. If car is used, must provide proof of adequate insurance coverage totaling a combined \$300,000 and valid Colorado driver's license.
3. Current CPR certification.
4. Annual TB Testing and/or Screening.

### **Skills:**

1. Psychomotor skills to provide nursing care, including repetitive pinching, grasping, and manipulating (i.e. filling syringes) injections, in rapid succession.
2. Daily standing, squatting, walking, bending, and maneuvering in worksites, clinics which may not be barrier free.

**Knowledge:**

1. Thorough knowledge of nursing theory and practice.
2. Knowledge of public health practice.
3. Knowledge of agency and community resources.

**Abilities:**

1. heavy lifting over 50 pounds to carry supplies into clinic site and to transfer or turn pediatric and/or adult with or without assistive devices is required.

**Equipment:**

1. Equipment to be utilized may include oral thermometer, sphygmomanometer, syringes, and scales.
2. Office equipment includes telephone, computer, copier, fax machine on daily basis.
3. Other equipment as needed to perform foot care for clients.

**Working Conditions:**

1. Work environment is variable, as care is performed in clinics, public locations, and non-medical facilities or in homes. Lighting, acoustics, air quality, temperatures, and environmental hazards are not predictable.
2. This position has been classified as Patient-Facing, a position in which the incumbent could reasonably be expected to routinely interact with patients and/or patient family members. Employees in Patient-Facing positions are exposed to healthcare conditions that may require additional training, immunizations, and use of Personal Protective Equipment (PPE).

*This description is intended to describe the essential job functions and the essential requirements for the performance of this job. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time.*

I, \_\_\_\_\_ acknowledge that on this date, I have received the following job description for my present position.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_