

**MOUNTAINVIEW MEDICAL CENTER
JOB SUMMARY**

POSITION TITLE: CERTIFIED NURSING ASSISTANT

DEPARTMENT: Nursing-General

HOURS: 12 Hour Shifts

JOB SUMMARY:

Provides basic, direct patient care. Functions as a member of the health care team, taking direction and guidance from RNs and LPNs. Care is provided in compliance with and according to department policy/procedures and standards of care. Participates in assessing and reporting patients' needs and change of conditions and communicates with the health care team. Participates in continuous Quality Assurance and Performance Improvement activities. Participates in facility programs, committees, and education/training.

EDUCATION, TRAINING AND EXPERIENCE; CERTIFICATION/LICENSURE:

Currently certified by the State of Montana. Basic Life Support certification or completed within 12 months of hire.

SPECIAL EQUIPMENT, SKILLS OR OTHER REQUIREMENTS:

Knowledge in the use of typical clinical equipment utilized in a critical access hospital. Basic understanding of computers and able to learn software applications.

Demonstrates collaborative, supportive, and caring behaviors in communication with patients/residents, families, visitors, and the interdisciplinary care team.

Adheres to facility safety standards, policies and procedures, and anticipates and identifies problems and safety issues, then initiates appropriate action. Adheres to facility infection control policies and practices.

Utilize facility performance improvement principles to assess and improve the quality of patient/resident care. Performs every day work in accordance with the facility quality assurance and improvement plan, departmental goals, and benchmarks.

WORK ENVIRONMENT AND HAZARDS:

Work areas include the entire facility with concentration in the day room, dining room, patients' room, clean and soiled utility rooms and the nursing departments. Interaction with patients/residents who may be physically debilitated and mentally or psychologically disturbed and particularly the elderly.

Hazards include risk of exposure to communicable disease and risk of physical injury from lifting/transferring/ assisting patients and operation of equipment. May be exposed to blood-borne pathogens. Risk of exposure to toxic substances, chemicals, and sharps.

WORK CONTACT GROUP:

All hospital departments, patients, families, visitors, nursing personnel, medical staff and vendors.

SPECIAL PHYSICAL DEMANDS:

Must be able to lift a minimum of 25 pounds, lift and transport patient/residents. Must be able to bend, stoop, push, and pull. Walk and stand for most of the work day.

SUPERVISED BY: LPN, RN, DON

Supervisee: _____

Supervisor: _____

Date of Hire: _____

Appraisal Date: _____

PERFORMANCE STANDARDS- Certified Nursing Assistant/Nursing Assistant

1= POOR; 2= INCONSISTENT, NEEDS IMPROVEMENT; 3= MEETS REQUIREMENT, AVERAGE;
4= ABOVE AVERAGE OR EXCEEDS EXPECTATIONS

1	DELIVERY OF CARE: Standards, Comfort and Safety, Quality of care, knowledgeable, respond to needs and evaluates care, identifies changes in patient condition, skill level, understands and operates within the patient's plan of care	1 2 3 4
2	COMMUNICATION: report and hand-offs, up to date with Emails and information, handles conflicts appropriately between other staff/departments, attitude and behavior is professional/courteous/respectful/friendly, accepts direction and correction	1 2 3 4
3	WORK PERFORMANCE: proficient in job duties, competent, complete tasks/duties and assignments completely and accurately, timely and efficient, asks for help appropriately, confidence in skill and able to help or teach others. Adheres to safety protocols and infection control principles and policies.	1 2 3 4

4	DOCUMENTATION: completeness, accuracy, thorough, proficiency with EMM	1 2 3 4
5	QUALITY, TRAINING AND EDUCATION: completes quality checklists and requirements, participates in facility training that is offered, maintains appropriate education certifications, reviews or opportunities, participates in facility performance improvement when applicable	1 2 3 4
6	MISC: committee participation, challenging assignments, willingness to perform extra duties, etc.	1 2 3 4

SUMMARY

STRENGTHS AND ACCOMPLISHMENTS:
AREAS OF IMPROVEMENT:
IMPROVEMENT PLAN:
GOALS OR NEEDS FOR THE YEAR:
EMPLOYEE COMMENTS:

The performance evaluation was verbally discussed between employee and supervisor as attested by the following signatures.

Employee Signature

Date

Supervisor Signature

Date