

I. **A. Primary Purpose of Organizational Unit:**

The purpose of the Home Health program is to provide a range of individualized and personalized medical, skilled nursing and rehabilitative care to the residents of Northampton County Home Health Agency service area regardless of race, creed and economic status. The services include skilled nursing, infusion nursing, psychiatric nursing, home health aide, physical therapy, speech/language pathology, occupational therapy, and medical social work. A nurse is on-call 24 hours a day, 7 days a week.

B. **Primary Purpose of Position:**

The primary purpose of this position is to plan, organize, direct, supervise and evaluate the services and staff activities of the home health agency. Develop a staffing pattern which provides optimal care which can be performed safely and therapeutically. Establish acceptable levels of care and evaluate by continuing review of records, policies, procedures and objectives. Provide for changes in service delivery in the mix and requirements for home care. Employees supervised: 8-PHN II; 1-LPN II; 1-CHT. Contractual staff: 2-ST; 3-LPT; 6-LPTA; 1-OT; 1 COTA, 1-MSW and 1-Psychiatric Nurse.

C. **Work Schedule:**

The work schedule is 8:30am-5:00pm; Monday-Friday. The home health supervisor is called or beeped at night, weekend and holidays to answer questions and assist with solving any problems which occur. The home health supervisor also participates in on-call duty and administrative on-call.

In the event of a disaster or emergency situation (e.g. hurricanes, flood, severe winter storms, widespread damage or human suffering) affecting any community in Northampton County, employee shall perform after hours duties and special assignments as directed by supervisor or by the health director whether or not such duties or assignments are related to the employee's regular duties.

D. **Change in Responsibilities or Organization Relationship:**

The responsibilities of the home health supervisor increases as new policies and procedures are added and with the addition of new positions. Some of these in the past have been the requirement for the nurses assistants to hold a certificate. Also, CLIA and OSHA regulations were implemented as well as the patient self-determination act. The home health program also has gone through an entire change to become accredited. The home health program also implemented Medicare's OASIS or standardized outcome and assessment information set for home health care which involved many man hours of training to the staff. The home health supervisor also serves on the CAP/DA committee, the Council on Aging, the Home Health Advisory Committee through Area L AHEC, Epi Team and the Management Team. The supervisor also develops Category II procedures and coverage and training for the LPN. The supervisor participates in a monthly billing audit as part of quality monitoring to verify that orders, services and bills are accurate. Added responsibility was implemented when the agency started under the prospective payment system; under this system patient care and services must be balanced financially.

Another added responsibility has been the change of accreditation bodies. The agency changed from JACHO to ACHC. This change required a complete review and change of all policies and procedures.

Other responsibilities are to occur with the implementation of the HIPAA rules and guidelines. This will require a change in the overall operations of the agency as well as updating policies and procedures.

Responsibility was added with the implementation of the Community Care Plan Program or Carolina Access III. With the implementation of electronic records, responsibility will again change.

II. **Description of Responsibilities and Duties:**

1. **Planning - 15%**

Policies and procedures are reviewed and revised as needed to best reflect current operations and goals of the agency. Policies are evaluated for effectiveness in delivery of safe and quality care. Develop short and long-range goals and objectives for home health services. Ensure implementation and evaluation of these goals and objectives. Home health supervisor plans new equipment purchases when needed. The supervisor plans for in-services for staff for next fiscal year making sure that this is budgeted as well as all travel expenses for staff. Educational programs are developed and implemented to address home health staff members' needs. Ensure aides receive 12 hours of continuing education every year. In-services for aides are planned and implemented. Stay abreast economic, technical and programmatic developments and change in guidelines and plan for implementation of any changes. Maintain quality client care while making recommendations or implementing needed changes. Meet collaboratively with Health Director and Nursing Director, Management Team, Home Health Advisory Committee and Board of Health and nursing consultants and IOP Committee to review and evaluate services and policies of the home health agency. The supervisor plans the agency operations according to expected impact of changes in reimbursement as well as upcoming regulatory changes. Planning in this manner requires a strong knowledge of the home health industry as well as current trends. The supervisor also seeks out, coordinates and implements new contracts with the approval of the health director, Advisory Committee and Board of Commissioners.

2. **Administration and Coordination - 40%**

Promotes and maintains an agency environment that is in compliance with federal, state and local regulatory agencies. Federal, state and local rules and regulations are shared with home health agency staff members. Compliance of agency operations with federal, state and local rules and regulations is demonstrated. The supervisor or designee is available at all times during operating hours or is on-call for emergencies involving staff members and clients as well as administrative back-up for the on-call rotation.

Serves as a member of the quarterly record audit team. Serves monthly as a member of the billing audit team. Discuss with each nurse, aide or therapist any areas in which they need to improve such as documentations, completion of records in a timely manner or client care by process of performance appraisals.

Prepare on-call schedule for coverage of skilled nursing care past normal working hours, weekends and holidays, as well as administrative on-call. Ensure rotation of holiday coverage. Meet monthly with staff to discuss clients, identify needed changes or problems and assist with implementation of solutions.

Patient case conferences are conducted per home health agency policy and procedure and are documented in the patient's record. Conduct team case conference of all agency providers monthly.

Review schedule for aide visits and make changes as needed. Ensure each aide is listed with DFS and are informed of communications related to requirements and certification. Prepare aide recertification forms when needed.

Assumes assigned responsibility for home health agency operations in absence of health director and/or nurse director.

Represent the home health agency in local and regional interagency organizations which provide/arrange for home care.

Participate in bi-monthly Management Team and Health Dept staff meetings.

Maintain a license to practice nursing.

Serves as a member of the epi team of Northampton County.

Evaluate daily visit schedule for home health nurses as related to the number of visits made, proximity patients and number of new admissions.

Review patients status, needs for client care and status of program requirements and intermediary regulations.

Assures that adequate and appropriate supplies and equipment are available and maintained at all times. Assures adequate and cost effective inventory of client care supplies are available.

Prepares monthly, quarterly and annual statistical reports and presents to the health director and the advisory board quarterly. The home health supervisor assists the health director in analyzing these reports for adjustments in staffing shifts in requirements for client care and staff needs, for continuing education and in-services.

Home Health Administrative and Clinic Policies and Procedures are reviewed and revised as needed to best reflect the current market, trends and overall operations of the agency.

Evaluate for effectiveness in delivery of quality and safe home health care services.

Ensure compliance with federal, state and local regulatory agencies. Also ensures compliance with accreditation standards and policies and procedures regarding client rights. Accepts and investigates client complaints making reports to the Division of Facility Services or other authorities if needed.

Presents needed information for the surveyor at the time of the recertification survey. Pulls charts, answer questions and have personnel files complete.

Ensures staff member's compliance with infection control and safety policy and procedure. Review infection control data that is transferred to QA nurse quarterly and assures that there are no trends in infections. If any trends are noted, an investigation is conducted.

Ensure client financial records are current and accurate and billing for services provided is presented in a timely manner. Assists with billing audit following completion of monthly billing.

Assist Health Director in developing, implementing and evaluating budget plans. Monitor cost reports and implement corrective action plans as recommended for cost control problems.

Check and approve all time sheets, travel forms, mileage sheets and on-call sheets every month. Approve leave time of staff and ensure staff coverage during this time. Travel time includes home visits, meetings and workshops.

Serves in disaster shelters as needed providing health services coverage to disaster victims. Also assist with scheduling nursing coverage for shelters.

Receives and resolves grievances from patients and/or family members. Involves Health Director and/or Professional Advisory Committee (PAC) in complex issues. All complaints are logged and reported to the PAC quarterly. The home health supervisor serves as liaison between the Community Care Plan staff and the regional coordinator.

3. **Direct Patient Care-20%**

Receive referrals for client home care from area hospitals and health care resources in and out of the county and state. Arrange for appropriate intervention by disciplines; skilled nursing, infusion nursing, psychiatric nursing, ST, OT, PT, MSW, HHA and service agencies in consultation with physician, client and family.

Receive CAP referrals from DSS and opens new cases as well as annual reassessments.

Performs direct patient care which consists of collecting health related data.

Performs physical assessment through inspection, palpation, percussion and auscultation. Identifies system relationships between communities, families/caretakers and clients. Identifies strengths and limitations of client, family/caregiver and community. Identifies data necessary to establish learning needs, recognize readiness for learning of the client, family/caretaker and community.

Develops and implements a plan that specifies action unique to client needs.

Irrigate wounds, change/repack wound dressings and observe and assess healing of wound. Teach family techniques for tube feedings. Teach family techniques or oral-pharyngeal suctioning. Insert/change gastrostomy tubes. Assess client/family aseptic management of Hickman, Broviac catheters, PICC lines and other IV lines. Insert/change foley catheters using aseptic techniques. Teach in and out catheterizations. Perform and teach bladder irrigation and care. Instruct family in proper skin care to prevent skin breakdown. Assess patient for bowel impaction, disimpact, given enemas, teach bowel and bladder management. Insert/change suprapubic catheters. Assess and instruct family/client on colostomy and ileostomy care. Monitor clients with trachs and change and clean inner cannula, evaluate client on home oxygen. Administer infusions in the home via several routes; peripheral, central venous or SQ wound vac.

Instruct about ordered medications and monitor compliance assessing client/family understanding about medications action and side effects. Perform venipuncture to obtain specimen for blood values. Administer injections as ordered. Communicate changes in client body systems to physician to ascertain order for care.

4. **Budgeting and Financial Management-5%**

Assists in evaluating the financial needs of the agency. Budget needs are submitted to the PHN/Health Director. Reviews and monitors the cost of medical supplies in order to stay below cost caps while still assuring that the patient has the needed supplies.

Meets biannually with accountant and monitors cost reports and implements corrective action plans for cost control problems. This may involve staff changes such as discontinuation of use of contractual staff. Implement and monitor budget to ensure operation within the approved budget.

The supervisor is responsible for planning and budgeting new equipment purchases as well as budgeting for inservices for all home health staff as well as travel expenses. Recommendations for capital expenditures are submitted in a timely manner to the health director.

The supervisor assesses workload and alerts the Health Director to potential problems as related to staffing whether under staffed or overstaffed.

Weighs service cost of selected patients against reimbursement and guides and assist visiting staff in making treatment choices that are beneficial to both the agency financially as well as the patient medically.

Keeps professional Advisory Committee abreast of changes in the marketplace and within the agency that will have financial impact to the agency.

5. **Review-15%**

The supervisor ensures quality and safe delivery of home health services.

Patient records are reviewed per policy and procedure.

Quality of home health services given by contract personnel is monitored on a regular basis.

Adequate and appropriate supplies and equipment are available and maintained at all times.

Staff members' job performance is monitored and evaluated on a regular basis.

Evaluate caseloads, audit summary, community needs and performance of staff as it relates to policy and procedures.

Monitors performance of new employees and contract employees. Discuss quality of performance, any areas which need improvements, receive their input and provide guidance.

Review patient records monthly prior to billing for services. This audit is to verify that the physician signs orders, a note is present for each visit billed service as well as an order for the service. If problems are found with this audit, it is the responsibility of the supervisor to address the problems with the responsible party and implement changes as needed.

Perform record audit quarterly.

Review new and existing contracts for changes and/or updating and presents to health director and professional advisory committee.

Review patient records which are tagged by the state OBQI reports and participates in the OBQI meetings. These meetings are designed to assess patient outcomes. It is the responsibility of the team to identify any corrections, which need to be implemented within the agency as a result of the review of outcome data. It is the responsibility of the supervisor to implement these changes.

6. **Personnel-5%**

a. **Orientation, Initial and Ongoing Training**

The supervisor is responsible for planning orientation for each new employee in home health. The orientation form is signed and dated as each item is completed. The supervisor verifies that each employee has adequate skills to perform their job duties through skills checklists and competency evaluations.

The supervisor ensures documentation of ability to perform category II procedures by nursing staff and notifies the State Board of Nursing according to proper procedure.

The supervisor assesses staff member's job performance and documents it on a regular basis through a performance appraisal. Job performance responsibilities are discussed with the employee. Staff counseling and/or warnings are initiated by the supervisor with involvement of the health director. The supervisor assists with the interview process and has input regarding the hiring process.

Home Health Supervisor arranges for new employees who do home visits, to go to the Sheriff's Dept for finger printing for the purpose of a criminal background check/sex offender check.

b. **Work Planning and Performance Review**

Assist staff in planning daily visits. Help organize visits more effectively in order to maintain cost. Review records, make onsite visits or field evaluations and complete an annual performance appraisals. The supervisor request assistance from the Health Director when additional staff is needed and provides justification as why staff or contract needed. The nursing supervisor recommends merit increases according to county policy under Health Directors approval.

c. **Counseling and Disciplining Employees**

Maintain favorable work relationships by resolving minor discipline problems among staff members. Listen to employee problems and help in resolving them. When major problems arise,

discuss with the Health Director prior to dealing with the employee. Issue oral and written warnings if needed. Assure personnel policies are followed. If employees receive a negative performance appraisal, a corrective action plan is devised.

d. **Resolving Grievances**

All employees are required to review the personnel manual. Each employee has the right to present his problems, grievance or adverse action appeal in accordance with the established policy free from interference, coercion, restraints, discrimination or reprisal. Consider and take appropriate action promptly and fairly on a grievance or adverse action appeal as directed by the Health Director.

e. **Selection of Employees**

Potential employees are interviewed in conjunction with the Health Director using a structured interview procedure. Ensure the employee selection is in accordance with the Equal Opportunity Policy, job requirements and education, qualifications and experience of the applicant as well as the American Disability Act. New employees chosen for hire are subjected to a criminal and sex offender check background as well as drug screening. The home health supervisor reviews and proposes new contracts with approval from Health Director, Advisory Board to County Commissioners if needed.

f. **Designing Positions and Preparing Descriptions**

Write new job descriptions. Submit to the Health Director for approval.

g. **Maintaining Accurate and Up To Date Personnel Files on all Contract Employees**--(ie-- professional license, drivers license, annual competency and required health information.)

III. **Other Position Characteristics:**

1. **Accuracy Required in Work:**

Most referrals are received by telephone. Accuracy in taking and recording information is essential and is verified by professional staff.

Adherence to rules and regulations in application of program guidelines are a must and failure to adhere can result in financial penalties to the agency.

Accuracy in work also requires performing direct client care in a skilled manner adhering to accepted standards of client care.

Driving automobile defensively and safely.

Memos must be clear, concise and contain all necessary information.

The supervisor must know and be able to explain federal, state and county guidelines and standards to employees as well as citizens inquiring information. The supervisor must be able to analyze and interpret questions and inquiries independently.

2. **Consequence of Error:**

An error in receiving physician orders could result in harm to a client (medication dosages, activities allowed, treatment, etc.). The consequence could be severe to the client, their family and the home health agency. Correct information must be given to the staff regarding Medicare requirements and coverage. Billing for noncovered services could result in Medicare denials. Consequence of error in patient care or inappropriate billing could result in legal implications as well as financial penalties to the agency. The supervisor must provide accurate information to

families, patients and the general public. Providing inaccurate information could result in loss of trust and result in harm to the agency.

3. **Instructions Provided to Employee:**

Written and verbal instructions are received from the Health Director. Instructions are received frequently from intermediaries, the Division of Medical Assistance, in-service programs and manuals. At times instructions are received from the county attorney, county manager, the Advisory Committee, Board of Health and County Commissioners. Instructions may also come from the court system as in a protective services case. Instructions also come from discharge planners, hospitals and physicians. Through written statistics and reports issues and concerns are discussed with advisory board and Board of Health for possible resolution.

4. **Guides, Regulations, Policies and References Used by Employee:**

Literature review of current trends in home health and nursing practice is demonstrated. Guide used to fulfill this include the Health Insurance Manual (Medicare guidelines), Medicaid Manual, Home Health Policy and Procedure Manual, Blue Cross Training Manual, Physicians Desk Reference, Medical Dictionary, Public Health Nursing Manual, Publication from the Association for Home and Hospice Care of NC and the National Association for Home Care. Medicare advisories, Medicaid bulletins, Northampton County Personnel Manual, ICD-9 Code Book, Nurse Practice Act, Northampton County Health Dept Safety Manual, Infection Control Manual, Mosby's Nursing Drug Reference Book and ACHC standards.

5. **Supervision Received by Employee**

Health Director reviews work through conferences, written statistics and reports. Work is performed with considerable independence. Major changes and plans in work standards are discussed with the Health Director and taken to the Advisory Board/Board of Health by the home health supervisor for approval.

6. **Variety and Purpose of Personal Contacts:**

Daily conferences available with the home health staff to discuss instructions and assignments.

The supervisor also receives reports of all nature on patients. This could include abnormal lab values that must be handled immediately to information regarding a hospital stay.

Conferences with the health director/PHN director regarding the status of home health operations, needs or concerns are available.

The supervisor works closely with the clerk to assure proper billing.

Contact is made with clients and their families, physicians, Board of Health, Advisory Committee, Division of Facility Services surveyor, Accreditation surveyor, salespersons, pharmacists, staff of the Fiscal Intermediary, DSS, Meals on Wheels, Mental Health, Senior Citizens groups, Hospice, EMS, Sheriff Dept, home health supervisor meetings and consultants.

The nursing supervisor compacts and plans with agencies such as AHHC and other vendors to provide in-services.

Staff members have to be contacted to reassign workload.

Contact with the discharge planners from referring hospitals is made frequently.

Home health supervisor also talks with case managers from any HMOs and negotiates care to be provided to the beneficiary.

The supervisor conferences with staff who are having personal conflicts, difficulty working or communicating with other staff members, clients or their families or those with a grievance. The supervisor tries to find a solution to resolve the problems and enable them to work together in a collaborative effort. The supervisor may conference with the health director regarding problems if not able to solve them.

7. **Physical Effort:**

Walking to different offices. Lifting and moving total dependent clients and transferring clients. Lifting and carrying equipment and supplies from storage room to car and from car to client's home which often requires climbing steps.

8. **Work Environment and Conditions**

The home health office is located in the health dept. Visits are made in inclement weather which requires driving on secondary roads as well as primary. Home visits are sometimes unsafe and animals sometime present a hazard. Attends meetings in and out of the county. Transportation to and from shelters during a hurricane is extremely dangerous and can include flooded roads, downed trees and power lines. Manning shelters during a natural disaster is a mandatory requirement of the job.

9. **Machines, Tools, Instruments, Equipment and Materials Used:**

Machines, tools, etc include telephone, computer, copier, fax, calculator, car, all related medical equipment such as blood pressure cuff, stethoscope and insertion trays as well as IV supplies, pumps and wound vacuums.

10. **Visual Attention, Mental concentration and Manipulative Skills:**

Responsible for reading, interpreting and providing inservice on changes in Medicare, Medicaid and state guidelines, new laws and changes in policies or procedures to all home health staff. Review Personnel Manual, Program Manual, Policy and Procedure Manuals, books and articles on management and supervision, nursing journals and Nurse Practice Act. Review patients record and complete forms sent for reimbursement. Check daily logs, travel, time and on-call sheet.

11. **Safety for Others:**

Assist staff in deciding if safe to drive during inclement weather and implement safety or disaster policy if needed. Arrange for two employees to visit at the same time when there is a question of safety. Ensure staff follows Infection Control Policy when performing invasive procedures. Provide sharp containers, gloves, gowns, eye shields and masks. Ensure the staff is competent and knowledgeable of policies and procedures.

12. **Dynamics of Work:**

The most frequent changes are made in the Conditions of Participation from HCFA as well as Medicare criteria. Most of these concern financial reimbursement or documentation and coverage issues. Responsible for reading, interpreting, implementing changes and providing inservice to staff. Plan for attendance of required workshops and provide inservice for the remaining staff. Ensure required changes by HCFA are made. Ensure nurses receive training on new procedures. Responsible for ensuring needed changes in policies and procedures are reported to the health director and/or nurse director and advisory committee for approval by the Board of health. Implement the changes and provide inservice to the staff. Staff resignations and additions

required changes in the coverage of home visits. Time is allowed for orientation and training. The home health supervisor is directly responsible for multiple disciplines providing direct patient care in a geographically large rural county.

IV. A. **Knowledge, Skills and Abilities and Training and Experience Requirements:**

Thorough knowledge and skill in the administration and organization of the home health agency; thorough knowledge of public health nursing and supervision of staff. Knowledge of state, federal and local guidelines pertaining to the home health program; resources and organizations in NC concerned with the home health program and public health work; knowledge of accreditation standards, current social and economic problems pertaining to public health; general knowledge of public health administration at local level; education methods and training techniques; skill in staff management and training and ability to supervise and challenge employees to grow professionally. Ability to prepare written reports, concise for program analysis and planning. Must have ability to get along with coworkers, relate effectively with them and interpret the program to consumers of the service.

Ability to plan, coordinate and supervise the work of others and to present findings, comments and opinions clearly and concisely in oral and/or written form; ability to exercise good judgement in appraising situations and making decisions; ability to plan and execute work effectively and to deal tactfully with the public and other health professionals as well as handle any complaints regarding home health program.

B. 1. **Required Minimum Training**

Graduation from a four-year college or university with a BS Degree in Nursing which includes a public health rotation, three years of public health nursing experience or graduation from an accredited school of professional nursing; four years of professional nursing experience, three of which must have been in public health or an equivalent combination of education and experience.

2. **Additional Training/Experience**

Workshops on management and/or supervision. Attendance of supervisors training workshops if necessary. OSHA/Safety training annually. Attendance to workshops relating to updating program guidelines.

3. **License or Certification Required by Statute or Regulation**

Valid RN license to practice as a Registered Nurse in NC by the NC Board of Nursing.  
Valid NC drivers license.

