CS-214 REV 8/2007

1. Position Code PLNURSEED24R

## State of Michigan **Civil Service Commission**

Capitol Commons Center, P.O. Box 30002 Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

## POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

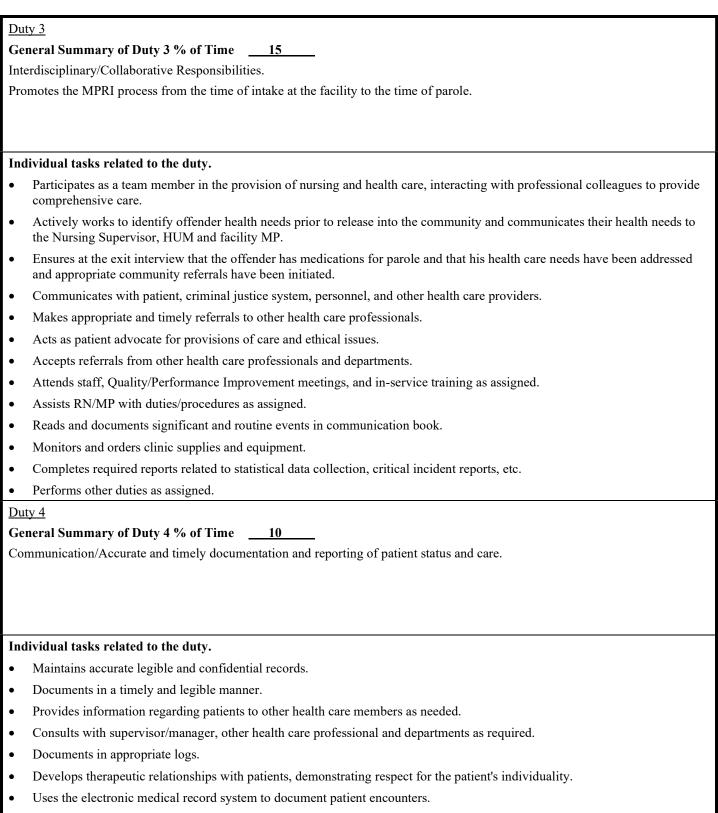
This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD

| CO  | COMPLETE THIS PAGE.   |     |   |  |  |  |
|-----|---|-----|---|--|--|--|
| 2.  | Employee's Name (Last, First, M.I.)   | 8.  | Department/Agency   |  |  |  |
|     |   |     | Corrections   |  |  |  |
| 3.  | Employee Identification Number  | 9.  | Bureau (Institution, Board, or Commission)                          |  |  |  |
|     |   |     | Bureau of Health Care Services                                      |  |  |  |
| 4.  | Civil Service Classification of Position  | 10. | Division  |  |  |  |
|     | Practical Nurse Licensed E  |     | * Region Health Care  |  |  |  |
| 5.  | Working Title of Position (What the agency titles the   | 11. | Section   |  |  |  |
|     | position)   |     | Nursing   |  |  |  |
|     | Practical Nurse Licensed  |     |   |  |  |  |
| 6.  | Name and Classification of Direct Supervisor  | 12. | Unit  |  |  |  |
|     |   |     | Macomb Correctional Facility (MRF)                                  |  |  |  |
| 7.  | Name and Classification of Next Higher Level Supervisor   | 13. | Work Location (City and Address)/Hours of Work                      |  |  |  |
|     | Erin Parr-Mirza, Registered Nurse Manager 4   |     | 34625 26 Mile Road, Lennox Township, MI 48048;<br>40 hours per week |  |  |  |
| 14. | General Summary of Function/Purpose of Position   |     |   |  |  |  |
|     | This employee performs a full range of practical nurse assignments. The work requires considerable knowledge of the proper methods and procedures for performing assignments as well as considerable knowledge of basic nursing techniques and methods. He/she works under the supervision of a Registered Nurse at all times |     |   |  |  |  |

and methods. He/she works under the supervision of a Registered Nurse at all times.

For Civil Service Use Only

| 15.   | 15. Please describe your <u>assigned</u> duties, percent of time spent performing each duty, and explain what is done to complete each duty.  |  |  |  |
|---|---|--|--|--|
|   | List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.   |  |  |  |
| Ge  | ty 1  neral Summary of Duty 1 % of Time35  dication Administration  |  |  |  |
| Ind   | lividual tasks related to the duty.   |  |  |  |
|   | Sorts medications as received by pharmacy.  |  |  |  |
|   | Administers medication (oral, SQ, IM, rectal).  |  |  |  |
|   | Is familiar with medication doses, actions, and side effects.   |  |  |  |
|   | Monitors patients for effectiveness of medications.   |  |  |  |
|   | Completes medication tracking record and medication administration record.  |  |  |  |
|   | Refers patients to MP for noncompliance as appropriate.   |  |  |  |
| •   | Tracks chronic care clinic medication needs and assures that medications are ordered in a timely manner.  |  |  |  |
| •   | Coordinates receipt of medication from pharmacies.  |  |  |  |
| •   | Provides back up support for the pharmacy assistant, completing the refill process, receiving and sorting meds, completing medication forms, inventorying medications and ordering, preparing orders for OTC medications. |  |  |  |
| Duty 2  General Summary of Duty 2 % of Time35  Performs emergency first aid, routine nursing procedures, and routine health care tasks. |   |  |  |  |
| Ind   | lividual tasks related to the duty.   |  |  |  |
| •   | Picks up requests for services from designated sites.   |  |  |  |
| •   | Assists RN with emergency situations.   |  |  |  |
| •   | Completes lab requisitions and other paperwork.   |  |  |  |
| •   | Preps patients for laboratory and other diagnostic studies and other procedures.  |  |  |  |
| •   | Completes AHS and intake screens.   |  |  |  |
| •   | Assists with telemedicine appointments.   |  |  |  |
| •   | Provides patient education.   |  |  |  |
| •   | Performs a variety of patient appointments (lab draws, dressing changes, measure and dispense equipment, apply splints, EKG's Vital signs, CPR, gives PPD's, and other injections, etc.)                                  |  |  |  |
| •   | Assists RN as needed.   |  |  |  |
| •   | Assists MP as needed.   |  |  |  |



- Attends case management meetings as assigned.
- Enters special accommodations into OMNI as appropriate.
- Assists with reviewing off-site specialty services documents and schedules appointments as needed.

| Duty 5  |  |  |
|---|--|--|
| General Summary of Duty 5 % of Time5  |  |  |
| Quality Assurance/Improvement.  |  |  |
| Maintains safe environment.   |  |  |
|   |  |  |
|   |  |  |
| Individual tasks related to the duty.   |  |  |
| <ul> <li>Participates in quality assurance/improvement on ongoing basis, including systematic review of records and treatment plans evaluating the quality and effectiveness of the nursing process.</li> </ul> |  |  |
| Maintenance of current knowledge by attending educational programs.   |  |  |
| Maintenance of licensure in compliance with current state law.  |  |  |
| • Complies with Michigan Department of Corrections policies, procedures, and applicable guidelines.   |  |  |
| Demonstrates competency as required annually.   |  |  |
| Maintains standards of nursing practice.  |  |  |
| Maintains safe environment including control of keys, narcotics, and critical tools.  |  |  |
| • Maintains accurate tool count (critical tools, controlled drugs, caustics/flammable, and emergency bag/emergency equipment).  |  |  |
| Maintains standard precautions related to infectious disease control.   |  |  |
| • Recognizes, takes appropriate action and reports risk issues to supervisor/manager.   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Duty 6  |  |  |
| General Summary of Duty 6 % of Time   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Individual tasks related to the duty.   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| 16.  | Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.  |  |   |                                    |
|------|--|--|---|------------------------------------|
|      | Basic nursing decisions.   |  |   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
| 17   | D  | 41 -4                                  |   |                                    |
| 17.  | Describe the types of decisions that require your supervisor's review.  Those that have potential legal or financial impact on the agency.   |  |   |                                    |
|      | Those that have potential i  | egar of financial impact on the ag     | ency.   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
| 10   | What bind of abovious officer  | 4 J                                    | .4  |                                    |
| 18.  | What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2. |  |   |                                    |
|      |  |  | on and with prisoners. The job du   |                                    |
|      |  |  | distances, stand for prolonged per<br>lk up and down two flights of stair |                                    |
|      |  |  | Work involves shift, weekend, a<br>ble to work longer than eight hour     |                                    |
|      |  | e perimeter of a correctional facility |   | is in a day, if required. Tosition |
| 10   | List the names and classifie   | ation titles of alassified ampleyees y | vhom you immediately supervise or   | oversee on a full time on going    |
| 19.  |  |  | mber of employees in each classifica                                      |                                    |
|      | <u>NAME</u>  | CLASS TITLE                            | <u>NAME</u>   | CLASS TITLE                        |
| None | e  |  |   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
| 20.  | My responsibility for the above-listed employees includes the following (check as many as apply):  |  |   |                                    |
|      | Complete and sign se   | ervice ratings.                        | Assign work.  |                                    |
|      | Provide formal writt   | en counseling.                         | Approve work.   |                                    |
|      | Approve leave requests.  |  | Review work.  |                                    |
|      | Approve time and at  | tendance.                              | Provide guidance on work r  | nethods.                           |
|      | Orally reprimand.  |  | Train employees in the wor  | k.                                 |
| 21.  | I certify that the above of  | answers are my own and are o           | accurate and complete.  |                                    |
|      |  |  |   |                                    |
|      |  |  |   |                                    |
|      |  | Signature                              |   | Date                               |

NOTE: Make a copy of this form for your records.

|     | TO BE COMPLETED BY DIRECT SUPERVISOR  |  |  |
|-----|---|--|--|
| 22. | Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?   |  |  |
|     | Yes   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
| 22  | ***   |  |  |
| 23. |   |  |  |
| I   | To provide a full range of practical nursing care to prisoners in a correctional ambulatory clinic, maintain the medical inventory, and provide medications.                |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
| 24. | Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.   |  |  |
|     | This person will be assigned 100% of time to the facilities.  |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
| 25. | What is the function of the work area and how does this position fit into that function?  |  |  |
|     | To provide a full range of health care services to a prison population. Licensed Practice Nurses provide medication   |  |  |
|     | administration, emergency, and routine nursing care for both the physical and mental health of prisoners. Employee may coordinate specialty services and medical inventory. |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |
|     |   |  |  |

| 26.  | In your opinion, what are the minimum education and experience qualifications reposition.   | needed to perform the essential functions of this |
|------|---|---|
| EDU  | CATION:   |   |
|      | Graduation from an accredited practical nurse program.  |   |
| EXP  | ERIENCE:  |   |
|      | No specific experience.   |   |
| KNC  | OWLEDGE, SKILLS, AND ABILITIES:   |   |
|      | Ability to practice nursing under supervision. Ability to deal with change effe Skill to deal with difficult individuals. Ability to communicate effectively wi |   |
| CER  | TIFICATES, LICENSES, REGISTRATIONS:   |   |
| .vom | Licensure in Michigan as a Practical Nurse.   |   |
|      | E: Civil Service approval of this position does not constitute agreement with or acceptance   |   |
| 27.  | I certify that the information presented in this position description prof the duties and responsibilities assigned to this position.                           | ovides a complete and accurate depiction          |
|      | Supervisor's Signature  | Date  |
|      | TO BE FILLED OUT BY APPOINTING  | AUTHORITY   |
| 28.  | Indicate any exceptions or additions to the statements of the employee(s) or super  |   |
| 29.  | I certify that the entries on these pages are accurate and complete.  |   |
|      | Appointing Authority's Signature  | Date  |