



## DIVISION SCOPE OF SERVICE

<b>Division: MOUNTAIN</b>
<b>Classification: WOUND CARE NURSE</b>
<b>Applicant Name:</b>

<p><b>Wound Care Nurse:</b> The Wound Care Nurse must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility.</p>
<p><b>Definition of Care or Service:</b> The Wound Care Nurse under the direction of the Wound Care Center Clinical Nurse Manager/Clinical Coordinator, will provide patient care and handles intake and discharge processes for the Wound Care Center patients as scheduled. The position may also serve as a Case Manager to a group of assigned Wound Care Center patients, as assigned and depending on the Wound Care Center setup. The Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Provides patient care to Wound Care Center patients and handles patient intake and discharge processes as assigned and according to the hospital and nursing standards.</li> <li>• May also serve as Case Manager to a group of patients as assigned. The entails:</li> <li>• Performing the initial nursing assessment, communicating findings with the assigned physician, assessing the wound stage and measurements, documenting care plans, evaluating the patient status with regard to desired outcomes, and identifying patient care situations that require intervention.</li> <li>• Participating in quality improvement initiatives, providing education to the patient or caregiver, and serving as a patient advocate in the delivery and coordination of the patient care</li> <li>• Performs hyperbaric oxygen therapy (HBO) related duties as assigned, upon completion of the hyperbaric training.</li> <li>• May perform hyperbaric safety director duties after completing the required hyperbaric safety director training.</li> <li>• Collaborates as needed with other healthcare providers, Wound Care Center Providers, the Program Director and the Medical Director regarding clinic and patient needs.</li> <li>• May function as a Documentation Assistant (scribe) in accordance with policy.</li> <li>• Demonstrates Clinical and Service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Outpatient wound care and hyperbaric clinic</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by the department manager             <ul style="list-style-type: none"> <li>○ Indirect supervision by the physician</li> </ul> </li> </ul> <p><b>Evaluator:</b> Director, Wound Care Center.</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> Yes</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Associates degree or higher in Nursing</li> <li>• RN Licensure</li> <li>• American Heart Association or Red Cross Health Care Provider BLS Certification</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>



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<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• Licensed as an RN in the state of practice or compact state license.</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• Two (2) or more years' experience as clinical RN</li> </ul>
<p><b>Competencies:</b></p> <p>The Wound Care Nurse will demonstrate:</p> <ul style="list-style-type: none"> <li>• A safe environment for patients             <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before assessing and treating</li> <li>○ Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible</li> </ul> </li> <li>• Accurate patient information review and evaluation             <ul style="list-style-type: none"> <li>○ Collects and documents assessment data in the medical record                 <ul style="list-style-type: none"> <li>▪ Entries in the medical record are countersigned by the attending physician within 24 hours</li> </ul> </li> <li>○ Facilitates communication between the physician, patient, family and nursing staff</li> <li>○ Educates patients and their family about the medical treatment plan and discharge plans</li> <li>○ Notifies the appropriate member of the interdisciplinary patient care team of issues that require immediate intervention or attention</li> </ul> </li> <li>• Infection Prevention             <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE) when required</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>Nursing Compact States &amp; Nurse Licensure: <a href="https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/">https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/</a></p> <p>Nursys: <a href="https://www.nursys.com/LQC/LQCTerms.aspx">https://www.nursys.com/LQC/LQCTerms.aspx</a></p> <p>Alaska License Search Database: <a href="https://www.commerce.alaska.gov/cbp/main/">https://www.commerce.alaska.gov/cbp/main/</a></p> <p>Utah Licensee Lookup &amp; Verification System: <a href="https://secure.utah.gov/llv/search/index.html">https://secure.utah.gov/llv/search/index.html</a></p> <p>Idaho Board of Nursing <a href="https://www.idaho.gov/services/?s=professional%20license">https://www.idaho.gov/services/?s=professional%20license</a></p>
<p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>• Created 12/27/2022</li> </ul>

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

<p><b>Applicant Printed Name:</b> _____</p> <p><b>Signature:</b> _____</p> <p><b>Date:</b> _____</p>
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