

DIVISION SCOPE OF SERVICE

Division: SOUTH ATLANTIC
Classification: CLINICAL NURSE MANAGER
Applicant Name:

<p>Clinical Nurse Manager: The Clinical Nurse Manager must have the equivalent qualifications and competencies as employed individuals performing the same or similar services at the facility.</p>
<p>Definition of Care or Service: The Clinical Nurse Manager works with facility clinical staff to provide clinical re-assessment information, and provide patient care in hospital patient care settings. Facilitates and advocates for options and services to meet an individual's health needs. Services are limited to those patients who are residents or patients from the Clinical Nurse Manager's employed facility or organization. Scope of Service may include:</p> <ul style="list-style-type: none"> Providing patient home medication list with dosages. Provide patient health history and provide awareness to hospital staff regarding patient's other psychological and physiological challenges. Communicating patient diet restrictions and preferences. Provide observation, re-assessment, intervention, rehabilitation, care and counsel, and health teachings to the patient. Provides input on nursing care plan. Communicates with available resources to promote quality cost-effective outcomes. Work to achieve discharge back to prior facility residence. Demonstrates Clinical and Service excellence behaviors to include the HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians Maintains confidentiality and privacy with HIPAA regulations.
<p>Setting(s):</p> <ul style="list-style-type: none"> Healthcare facilities including but not limited to hospitals, patient care areas
<p>Supervision:</p> <ul style="list-style-type: none"> Direct supervision by the Director <ul style="list-style-type: none"> Indirect supervision by facility COO <p>Evaluator: Department Director</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> Associates degree or higher Current and active RN License BLS Certification <p style="color: red; margin-top: 10px;">NOTE: 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>
<p>State Requirements:</p> <ul style="list-style-type: none"> Currently licensed as an RN in practicing state or compact license.

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Experience:

- At least one year of full-time work experience in an acute care hospital

Preferred Experience:

- Management experience preferred

Competencies:

The Clinical Nurse Manager will demonstrate:

- Via competency assessment with department nursing staff, the ability to perform for all patient care activities that he/she may provide in the facility patient care setting.
- Safe environment for patients
 - Uses at least two ways to identify patients
 - Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site / side and involves the patient in the verification process when possible.
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

- Florida License Verification: <https://appsmqa.doh.state.fl.us/MQASearchServices/HealthCareProviders>
- Nursing Compact States & Nurse Licensure: <https://www.ncsbn.org/nurse-licensure-compact.htm>
- Nursys: <https://www.nursys.com/LQC/LQCTerms.aspx>
- South Carolina Verification:
<https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17&AspxAutoDetectCookieSupport=1>
- Georgia Verification: <https://sos.ga.gov/georgia-board-nursing>

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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.

Applicant Printed Name: _____

Signature: _____

Date: _____