

NORTHAMPTON COUNTY HEALTH DEPARTMENT
NOTIFICATION OF VACANCY

Department: Northampton County Health Department

Position Title: PHN II – Nurse Family Partnership

Position Grade: 72

Salary Range: \$43,391.00 - \$45,588.00

Posting Date: 10/20/2017

Contact: Cheryl Warren

Deadline for Applying: **until filled**

See attached for detailed job description.

Mail applications to: Northampton County Health Department
P.O. Box 635
Jackson, NC 27845

**MUST SUBMIT STATE APPLICATION PD
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Northampton County is an Equal Opportunity Employer and Hires Only U.S. Citizens and Lawfully Admitted Aliens. Northampton County is a Drug-Free Workplace. All Candidates Will Be Subject to Background Checks/Drug Testing as A Condition of Employment.

Position #511-50-180

I. A. Primary Purpose of Organizational Unit:

Nurse-Family Partnership (NFP) is an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. The Nurse-Family Partnership National Service Office, located in Denver, Colorado is a nonprofit organization that provides service to communities in implementing and sustaining this program. Northampton County Health Department will provide guidance and oversight for the NFP Program in Edgecombe, Halifax, Hertford, Nash and Northampton Counties.

B. Primary Purpose of Position:

The Public Health Nurse II (working title - Nurse Home Visitor) is responsible for providing comprehensive community health nursing services to women and their families eligible for the NFP Program. The Nurse Home Visitor is responsible for maintaining the highest standards in clinical nursing practice and adherence to the NFP model, and to policies, procedures, guidelines and standards of NFP and of the lead agency.

C. Work Schedule

Generally this position works 8:30 am to 5:00 pm Monday-Friday; however, the work schedule must be flexible in order to perform the job. (Ex: evening or weekends may be required to meet family and/or programmatic needs.)

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 Organizational Relationship:

New position/program being implemented in Northampton County Health Department.

II. A. DESCRIPTION OF RESPONSIBILITIES AND DUTIES: Method Used:

Nurse Home Visitors will spend a minimum of 75% of their time in the following roles:

- Enroll and coordinate services to a caseload of twenty-five first-time, low-income, expectant mothers. Work requires specialized knowledge in the Nurse-Family Partnership mission, vision and visit guidelines. Nurses independently manage complex families primarily, in their homes, and require strong patient assessment and critical thinking skills to incorporate a strength-based approach to service delivery. The Nurse-Family Partnership National Service Office mission is to provide service to communities in implementing a cost-effective, evidence-based nurse home visiting program to improve pregnancy outcomes, child health and development, and self-sufficiency for eligible, first-time parents – benefiting

multiple generations. The vision of Nurse Family Partnership is to set the service standard for excellence, Nurse-Family Partnership transforms lives through the power of relationships, serving every eligible family, in every community. The Visit Guidelines used during the home visits are the primary tool for providing a supporting framework for nurse home visitors in the practical application of the Nurse-Family Partnership model with clients. The NFP Visit Guidelines help the Nurse Home Visitor to comprehensively address topics pertinent to the client. The NFP Visit Guidelines consists of assessments, teaching content, and handouts for each domain.

- Support policies, procedures, guidelines, and standards of Nurse-Family Partnership while delivering individualized client centered care across six domains. Nurses establish a therapeutic relationship while utilizing the reflective process to improve practice.
- Serve as conduit and/or extension to the physician, local hospital, maternity homes, and/or other health and human service programs to assist the client to improve pregnancy outcomes, improve child health and development and improve economic self-sufficiency. Nurses take a lead role in coordinating service delivery plans and resources for these clients.
- Apply theories and principles' integral to implementation of the NFP model. Use evidence from randomized trials and clinical information system (CIS) to guide and support practice in order to produce enduring improvements in the health and wellbeing of low-income, first-time parents and their children. The theories that serve as the foundation for Nurse-Family Partnership complement one another and have been a part of the model since the original trials. The theories provided a framework that guided the development of the NFP Visit Guidelines, Home Visitor and Supervisor Competencies and Nurse-Family Partnership Core Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice. Applying these theories to the nurse's everyday practice helps insure that nurses are implementing the model successfully. There are three theories that provide a framework for practice in the Nurse-Family Partnership: Human Ecology, Attachment, and Self-Efficacy.
 - Human Ecology focuses the nurse's attention on the social and material context in which mother and child are living; It assesses the quality of the mother's relationship with her husband or boyfriend, with her own mother and other important people in her life. These social relationships are profound influences on the client's adjustment to her pregnancy and care of the child. Human ecology also focuses on the importance of changes in roles – such as young women becoming parents. The implementation of this theory during this time presents opportunities for significant changes in behavior.
 - Attachment Theory holds that human beings have evolved a repertoire of behaviors that promote interaction between caregivers and their children, and that these behaviors tend to keep specific caregivers in proximity to defenseless youngsters, thus promoting their survival, especially in emergencies. Attachment theory focuses the nurse's attention on the importance of a mother's awareness and attitudes towards her baby

during pregnancy and the development of secure attachments between the baby and the baby's consistent caregivers.

- **Self-Efficacy Theory** provides a useful framework for promoting women's health-related behavior during pregnancy, care of their children, and personal development. Differences in motivation, behavior, and persistence in efforts to change a wide range of social behaviors are a function of an individual's beliefs about the connection between their efforts and their desired results. Cognitive processes play a central role in the acquisition and retention of new behavior patterns. Individuals' perceptions of self-efficacy can influence their choice of activities and settings, and can determine how much effort they will put forth in the face of obstacles. The Nurse-Family Partnership intervention has maximum effect when nurses are able to interact with women and their families in ways that promote responsiveness, emotional connection, and confidence in their ability to succeed in achieving their goals. In addition, facilitating families' efforts to improve their environment and expand their support network will provide them a healthier world in which to live and thrive.

The domains are subject areas covered with mothers by Nurse Home Visitors and guide the nurse's comprehensive assessment during each home visit. The six domains cover Personal Health, Environmental Health, Life Course Development, Maternal Role, Family and Friends and Health and Human Services:

- **Personal Health** addresses clients' health maintenance practices, nutrition and exercise, substance use involving cigarettes, alcohol or illicit drugs, and mental health functioning;
 - **Environmental Health** addresses adequacy of home, work, school and neighborhood settings for maternal and infant health;
 - **Life Course Development** focuses on clients' goals related to childbirth planning, completion of their education and finding employment;
 - **Maternal Role** addresses clients' acceptance of the maternal role and their acquisition of the knowledge and skills needed to promote the health and development of infants and toddlers;
 - **Family and Friends** focuses on helping clients deal with relationship issues and enhance support for their own goals and management of child care;
 - **Health and Human Services** addresses linking families with community services for which current family resources are not adequate.
- Spend the majority of the time using the nursing process and other theoretical underpinnings, and the Nurse-Family Partnership Visit Guidelines to encourage the client to make behavioral and /or perceptual changes that affect their lives and their families.

The additional time 25%, will be duties and follow-up as assigned.

II. B. OTHER POSITION CHARACTERISTICS:

1. Accuracy Required in Work:

Accurate collection and sharing of information are critical to common indicators of maternal, child, and family functioning. Objectives for the Nurse-Family Partnership are tracked and monitored through the Clinical Information System (CIS). The CIS generated reports may be indicative of adherence to the program fidelity and reflect accuracy of the required work.

2. Consequence of Error:

Employees' work and decision-making could have a substantial impact on the client population served, especially since this nurse may be the only health professional to come in contact with clients in the field when providing advanced nursing services.

3. Instructions Provided to Employee:

Daily and weekly work is self-planned. The agency goals and patient care goals are understood. Nurses will frequently have to make short-range plans and changes to meet client and program needs.

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

Public health nursing standards, Nurse-Family Partnership Visit Guidelines, Nursing Child Assessment Satellite Training, Partners in Parenting Education and agency work standards and protocols are understood and apply to most work situations. Work requires more independent judgment in applying the professional standards and guidelines.

5. Supervision Received by Employee:

Work is reviewed periodically for adherence to established public health nursing standards by a nurse supervisor through review of written reports and oral conferences.

6. Variety and Purpose of Personal Contacts:

Employees have contact with low-income first-time expectant mothers, their children, other family members in their home who may not be familiar with public health standards and programs, and with other disciplines and community leaders. Other disciplines that employees will have contact with include physicians, social service providers, community members and stakeholders with a vested interest in the physical and psychosocial wellbeing of the client. Work requires that employees collaborate with, encourage, motivate, and influence clients to cooperate with the agency, physician, and care plans. The collaboration is critical to coordination of services, the client's well-being and to the plan of care. The coordination involves the nurses linking families with community services which include but is not limited to emergency services (food bank, transportation, shelter), mental health services, sources of and payment for healthcare needs, WIC, etc., for which current family resources are not adequate. Work involves motivational interviewing, reflection, and coaching.

7. Physical Effort:

Physical effort includes but is not limited to carrying supplies, walking, standing, driving, sitting, listening, visual and talking.

8. Work Environment and Conditions:

Work occurs primarily in the client's home. A high stress level is inherent in this position due to the nature and complexity of poverty and other psychosocial factors that impact families. Employees will have exposure to hazards in the field (driving, rural or inner-city settings, inclement weather, unsafe neighborhoods, criminal activity and clients).

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

Blood Pressure cuffs, Equipment bag, Stethoscope, Thermometer and disposable sleeves, disposable measuring tape, Pregnancy Calculator, carrier for client charts, computer, cell phone etc.

10. Visual Attention, Mental Concentration, and Manipulative Skills:

Ability to accurately interpret visual cues, utilize psychological and emotional competence to manage and efficiently and effectively implement the Nurse Family Partnership program with fidelity.

11. Safety for Others:

12. Dynamics of Work:

Nurse Home Visitors' work is impacted by a variety of direct and indirect relationships that shape the environment in which they work. Direct relationships include those with supervisors, administrators, other supporting agency departments, NFP referral sources, and community agencies that provide services to program participants. Indirect relationships include agency executives not directly involved in the program; funders; other community home visitation programs; and community opinion leaders.

III. A. KNOWLEDGES, SKILLS, & ABILITIES:

Considerable knowledge of and skill in the application of nursing theory, practices, principles, and techniques employed in the field of public health and related programs; considerable knowledge of and ability to apply the principles and practices of public health; considerable knowledge of available resources and organizations and the ability to coordinate these as needed; general knowledge of current social and

economic problems relating to public health. Ability to plan, coordinate, and execute Nurse-Family Partnership Guidelines; ability to deal tactfully with others and to exercise good judgment in appraising situations and making decisions; ability to secure the cooperation of clients, to elicit needed information, and to maintain effective working relationships; ability to record accurately services rendered and to interpret and explain records, reports, and medical instructions.

B. Required Minimum Training:

Graduation from a four-year college or university with a B. S. Degree in Nursing which includes a Public Health Nursing rotation and one year of Public Health Nursing experience.

Additional Preferences:

Valid North Carolina unrestricted Driver's License.

This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class, but may not be applicable to all positions in this class. Unless previously completed, upon hire must complete training in the Nurse-Family Partnership Core Education Sessions, Nursing Child Assessment Satellite Training, and Partners In Parenting Education.

IV. License or Certification Required by Statute or Regulation:

A current unrestricted license to practice as a Registered Nurse in North Carolina by the N. C. Board of Nursing.

12/2011