THE DEVELOPMENT OF A GENERIC POSITION DESCRIPTION FOR AN ADVANCED PRACTICE NURSE IN HOME HEALTH CARE

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ABSTRACT

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As the health care dollars continue to escalate, many health care facilities are examining ways to reduce costs. One trend is to move the location of service from the hospital to the home. Currently, advanced practice nurses are not utilized in home health care. This project identifies the need for advanced practice nurses in home health care and develops a generic position description for utilizing them in home health care. King's (1981) Theory of Goal Attainment guides this project and the literature review provides support for the development of a generic position description. Implications for its use related to education, research, and practice are described. This position description introduces a prototypical role which has the potential to be adopted by any home health care agency and be modified to fit the specific needs of the agency.

This project is dedicated to my wonderful husband, John, and my terrific parents, Jim and Barb Yates. Without their unfailing love, support, and prayers, this project would have never been completed. I want to thank John for standing by my side and motivating me through each step these last two years. My life would not be whole without him.

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INTRODUCTION

As health care dollars continue to escalate and consume a large percentage of the gross national product, many health care facilities are examining ways to reduce costs (Murray, 1996). Acute care facilities are no longer viewed as the center of the health care network; the current trend is to keep patients out of the hospital and enhance their ability to care for themselves in their homes (Murray, 1996). The move by health care providers to alter the location of service from the hospital institution to the home was initiated to decrease costs, increase personal responsibility for health, and emphasize prevention of the occurrence of illness (Perzynski, Zechman, Didion, Abby & Malone, 1996). With a system of capitation, i.e., receiving a fixed sum of money per client regardless of the amount or type of medical care received, it is more cost-effective to keep the client out of the hospital and provide a subacute level of care which includes home health care (HHC) (Murray, 1996). Such action meets the goal of health care reform, i.e., to reduce costs and improve access to care (Ketter, 1994).

In general, the elderly receive most of the health care services in the United States (Womack, 1997). Although they account for twelve percent of the entire population, they fill fifty percent of available adult hospital beds and use seventy percent of available health care services (Womack, 1997). Since the elderly are living longer and increasing in number, the need for health care, including home health care, continues to grow (Womack, 1997). Currently, only five percent of the elderly reside in long-term care facilities while the majority of elderly live in the community. Approximately five million ill and disabled older persons are cared for in the home setting (Hess, 1991). More than

eighty percent of individuals over the age of eighty-five have at least one chronic disease, and most of the advanced aged population have multiple health problems (Hess, 1991).

Since the introduction in 1983 of the prospective pricing system (diagnosis-related groups) for hospital reimbursement under Medicare, home health care has been the fastest growing segment of the Medicare program and has promoted greater hospital diversification (Rakich, Longest, & Darr, 1992). Medicare has effectively created an industry of post-hospital care, especially with the hospital policy to discharge patients "quicker and sicker" (Kahn, 1990). The Health Care Financing Administration (HCFA), which administers Medicare, is the largest payor for home health care services and covers fifty percent of the nursing visits (Altman & Walden, 1993; Branch & Goldberg, 1993).

Advanced practice nurses (APNs) are independent health care providers who can provide continuous and comprehensive care while making client referrals and collaborating with other health professionals (American Nurses Association, 1987). APNs provide services to individuals, families, and groups, emphasize health promotion and disease prevention, as well as diagnose and manage acute and chronic diseases (Berger, et al., 1996).

APNs in HHC may strengthen the potential of clients to achieve their goals by maximizing the capacity of the client to function as independently as possible. Thus, the client should be able to remain at home and nursing home placement be delayed. APNs are able to facilitate case management, provide more timely and sophisticated interventions, and upgrade other nurses' awareness (Ebersole & Enloe, 1983).

STATEMENT OF THE PROBLEM

As efforts are made to cut costs in health care, clients are being quickly discharged from acute care hospitals to their home environments. Frequently, these clients have minimal education related to their illness, medications, diet, activities to promote independence, and ways to decrease the risk for exacerbations or limit readmissions to the hospital. As clients are discharged earlier from the hospital, HHC costs have risen. This is due to the fact that more visits are needed to assess and/or teach large amounts of information in the home. This situation is further complicated because of the increased acuity levels of clients living at home (Kane, Finch, Blewett, Chen, Burns, & Moskowitz, 1996).

With managed care driving the market, and the presence of Medicare and Medicaid in the managed care structure, HHC must meet the sometimes conflicting goals of containing costs and maintaining or improving quality of health care delivered. APNs can play a significant part in cost effectiveness, since they have the potential to detect complications quickly and intervene immediately. They have advanced knowledge and skills in assessment and diagnosis, pharmacology, health promotion, and disease prevention, and have access to health care professionals and referral systems which may expedite services.

Presently, registered nurses (RNs) in HHC provide therapeutic care, patient education, and case management as well as collecting and analyzing client health data (Murray, 1996). They document for reimbursement, adapt equipment and procedures to the home environment, maintain competence in working with complex technology, supervise all aspects of care and are autonomous (Leighton, Davis, & Anderson, 1990).

Thobaben (1993) surveyed home health nurses for key stressors on the job. The following areas were consistently mentioned: astronomic paperwork, increased patient responsibility without adequate backup, demanding or dissatisfied patient/families, difficulty communicating with other professional care givers, uncertainty about patient needs, safety, and frequent schedule changes. An APN in HHC could provide on-site as well as in home support to the RN, i.e., function as a "backup" and communicate with other professional care givers on behalf of the client.

To date, APNs have been minimally involved in HHC possibly due to limited research supporting the idea, issues with reimbursement, or an unrecognized need for their contributions. Forthcoming changes in reimbursement and further limitation of acute care services should promote the utilization of APNs in HHC settings. Thus, there will be an increased interest by these organizations to employ them. Development of a position description which describes the APN's qualifications and duties is essential to meet this emerging need.

PURPOSE

The purpose of this project is to develop a generic position description for the APN in HHC. APNs in HHC should improve the attainment of clients' goals by maintaining high levels of functioning, independence, and increased quality of life. A position description includes responsibilities, requirement qualifications, such as education, work experience, and personal characteristics, supervision, equipment, and accuracy of the APN in HHC (Pell, 1995).

DEFINITION OF CONCEPTS

The major concepts related to this project are generic position description, advanced practice nurse, home health care, and client/family.

Generic Position Description

Pell (1995) states a position description is a written description of the responsibilities that fall within a job and includes the skills and requirements to perform a job effectively. French (1994) defines a position description as a written summary about one's job which usually is one or two pages long and includes the basic associated tasks. It frequently includes a section describing the qualifications needed to perform the job. Menard's (1987) definition includes a summary (function and scope), duties (typical and periodic), supervision (received and given), education (required and preferred), experience (required and preferred), equipment (required), and accuracy. She states that the position description can be used as a method for evaluation. The position description for this project is defined as a descriptive framework outlining qualifications, and duties or specific functions. This definition was chosen in order to obtain the essential detailed information while promoting thoroughness and ease in understanding.

Advanced Practice Nurse

In 1992, the American Nurses Association (ANA) Congress of Nursing Practice approved the following definition:

> Nurses in advanced clinical practice have a graduate degree in nursing. They conduct comprehensive health assessments, demonstrate a high level of autonomy, and possess expert skills in the diagnosis and treatment of complex problems. They formulate clinical decisions to manage acute and chronic illness and promote

wellness. Nurses in advanced practice integrate education, research, management, leadership and consultation into their clinical role and function in collegial relationships with nursing peers, physicians, professionals, and others who influence the health environment.

An APN can be identified as a nurse practitioner (NP), a certified registered nurse anesthetist (CRNA), a certified nurse midwife (CMW), or a clinical nurse specialist (CNS). Crucial skills required of all APNs have been analyzed and a common core of abilities is included in all APN educational programs (Ray & Hardin, 1995). The primary difference between the CNS and the NP is the ability of the NP to have prescriptive privileges in more jurisdictions and the ability to bill clients directly (Kerstein, Rijswijk, & Beitz, 1998).

The APN has several role characteristics that are utilized during practice. McFadden and Miller (1994) list clinical expert, consultant, educator, and researcher as roles that APNs encompass in direct and indirect practice. The clinical expert formulates diagnoses and provides direct primary care to promote self-care abilities, maintains health, and prevents complications. The consultant provides advice to others related to their area of expertise. The researcher investigates clinical problems and tests theories, and the educator applies the theories and learning methods to teach clients to meet their health educational needs. Page and Arena (1994) suggest that the educator role is the primary role for APNs in practice. Strunk (1995) states the central function of an APN is to facilitate delivery of optimum patient care and that change is an integral part of this function. She notes that change agent abilities are necessary in all four main role components including expert clinician, educator, administrator, and researcher.

For this project, an APN is defined as a CNS or NP who has a Master's degree in nursing and is able to perform complete histories and physical exams, diagnose and treat clients autonomously and focus on health promotion/disease prevention. The APN is a critical decision maker who allocates resources in a cost effective manner related to quality health care.

Home Health Care

HHC refers to an organized plan of health services delivered in the home setting (Miller & Keane, 1983). These services are provided by an agency or organization and include skilled nursing services and other therapeutic services, such as physical, speech, or occupational therapy, medical social services, and home health aide services. Vivian (1996) states there are five major purposes of home health care: (a) maintaining patients at home, (b) patient assessment, (c) arranging for additional support services, (d) educating patients, and (e) addressing patients' psychosocial needs.

According to Keating and Kelman (1988), HHC nursing refers to "specialized nursing services in the home health care setting. The client system includes the person with a diagnosed health problem(s) who requires skilled nursing care with assistance from significant others in the home setting." For this project, Miller & Keane's (1983) definition of HHC has been used since it gives a complete description of the setting.

Client

"Client" is used in its broadest sense; it refers to an individual, a family, a geographic unit or a population (group of individuals) who share common values, needs, or problems (Zwanziger, et al., 1996). In HHC, the client is typically referred by a primary care provider (PCP) or a hospital based physician who gives specific orders which enable the

HHC agency nurse or therapist to make the first visit. In order to be eligible for HHC under Medicare, the client must be homebound, wish to remain at home, and have a significant acute or chronic illness requiring intermittent, skilled, medical care or therapy (Rakich, Longest, & Darr, 1992). This complete definition is used for this project.

CONCEPTUAL FRAMEWORK

King's (1981) Theory of Goal Attainment describes humans as open systems interacting with the environment. This theory identifies three interacting systems which encompass the scope of person and environment, i.e., personal, interpersonal, and social; each of these interacting systems is comprised of concepts. The personal system refers to the individual and includes the concepts of perception, self, growth and development, body image, space, and time. The interpersonal system involves two or more persons interacting. Concepts involved in understanding this system include human interactions, communication, transaction, role, and stress (See Figure 1). The social system refers to groups of people with common interests, goals, values, behaviors, and agreed-upon roles and practices. Its concepts are organization, authority, power, status, and decision making (King, 1981).

King (1992) has depicted five essential elements of systems which include goals, structure, functions, resources and decision making. The personal and interpersonal systems of the nurse and client form the structure. The function of the nurse/client interaction, i.e., nurse/individual, nurse/family, or nurse/group interaction, promotes the goal of client health. The resources are the nurse and the client. Decisions made by the client involve communication and transaction with the nurse. The nurse

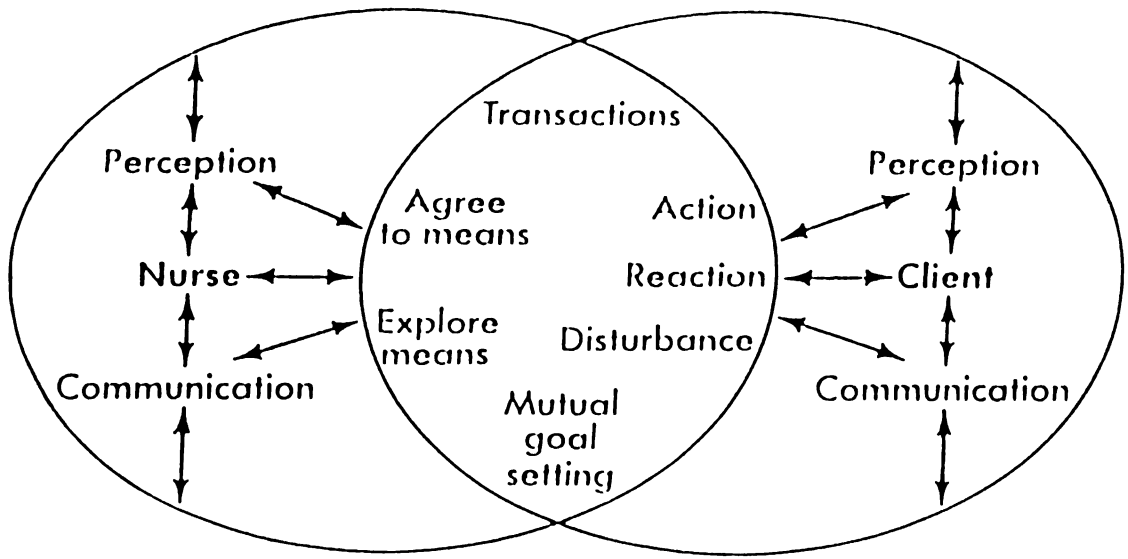

Figure 1. Schematic Diagram of King's Theory of Goal Attainment.

From King, I.M. (1981). *A Theory for Nursing*. Used with permission from John Wiley & Sons, New York, p. 157.

and the client mutually make decisions regarding the use of their resources (Woods, 1994).

King (1981) states that energy is transformed between the internal and external environment of human beings. She proposes that satisfaction in the performance of daily living depends on harmony and balance in each person's environment. She describes the focus of nursing as the interaction of humans with their environment which leads to a state of health.

King (1981) describes the phases necessary for successful nurse-client relationships as action, reaction, interaction, perception, and transaction. During the action phase, the nurse and client meet for the first time and evaluate the initial meeting. Perceptual congruency between client and nurse facilitates future encounters. Based on the reaction between them, interaction occurs when problems are mutually identified and appropriate goals are defined. Perceptual congruency is also essential during interaction. If there is a disturbance resulting in incongruence during action or interaction, goal attainment, which is the essence of transaction, may be inhibited.

King's (1981) Goal Attainment Theory combines some factors from the classification system and the process of human interaction (See Figure 1). Both the client and nurse develop perceptions throughout the process. They communicate with each other, which creates action. Actions result in reactions. If there is a disturbance, goals need to be reevaluated and redefined. At this point, means for goal achievement are explored and agreed upon, transactions are made, and goal attainment results (Marriner-Tomey, 1994). Therefore, in the nurse-client dyad, transactions occur and goals are attained if there is accuracy of mutual perceptions.

CONCEPTUAL FRAMEWORK AS APPLIED TO APNS IN HHC

Imogene King's (1981) Theory of Goal Attainment can be modified for APNs in HHC. There is an ongoing interaction between the staff nurse and the client in HHC (See Figure 2). The staff nurse and the client identify specific client focused goals; the nurse then teaches and instructs on diseases, medications, and diet(s) in order to attain the goals. This, in turn, promotes attainment of the three general goals for all HHC clients, which are maintaining the highest possible level of functioning, promoting independence in self-care, and enhancing quality of life.

The staff nurse in HHC interacts with the client through teaching or direct care and reacts and modifies the goals until they are attained. The time frame varies from one week to several years. As long as the client's goals are not fulfilled to promote health and prevent disease, there is a need for the nurse to continue to interact with that client. In HHC, the client's home environment is unique; therefore, the nurse needs to modify the interactions to fit within that environment and its boundaries.

Vivian (1996) suggests that a collaborative model is most appropriate in home health care when clients are recognized as necessary partners in discussions of care and compliance. Further, when clients are encouraged to actively participate in compliance decisions, they may be more committed to those decisions and achieve their goals. In order to fulfill each client's goals, the nurse must be educated over a broad spectrum of diseases, medications, and diets, as well as specific practices which promote health and prevent new diseases. King's (1981) Theory of Goal Attainment provides an appropriate framework for Vivian's suggested collaborative model.

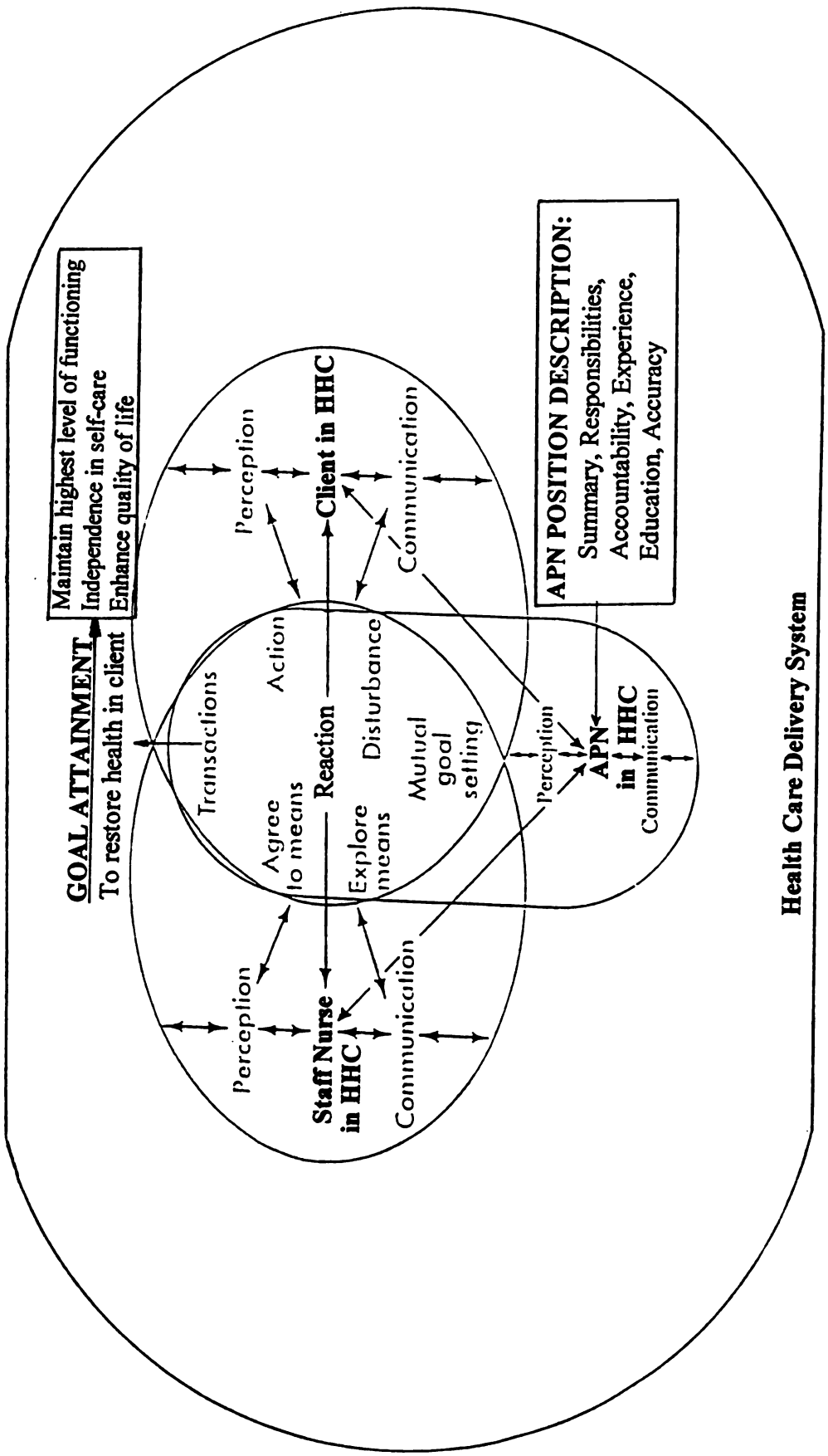

Figure 2. Modified Schematic Diagram of King's Theory of Goal Attainment Including APNs in HHC (1998) by Michelle Lee.

The staff nurse in HHC is frequently presented with client situations which could profit from the support of an APN. The APN has highly developed specialized skills and expertise to conduct comprehensive health assessments, diagnose, and manage acute and chronic diseases. Whereas a skilled nurse needs to wait for the PCP to call with new orders, an APN could independently change a treatment plan. Therefore, the client could be treated quickly before any serious exacerbations occurred.

The staff nurse and APN partnership benefits both client and the staff nurse (See Figure 2). The APN observes and reacts to problems or potential problems and often consults more easily with allied professional health care workers. The APN also assists the staff nurse by providing education on specific topics and techniques both on an individual level as well as group inservices. Presently in HHC, a staff nurse-client dyad exists. However, the proposed modified model includes a staff nurse-APN dyad, a client-APN dyad, and a staff nurse-APN-client triad. This triad enables communication which creates action; action results in reaction. All develop perceptions throughout the process, and if there is a disturbance, goals need to be reevaluated and redefined. Transactions are made when the activities to achieve the goals are explored and agreed upon; then goal attainment results. As the APN implements his/her specialized skills (See Figure 2), the objective to attain the client's goal of restored health is strengthened.

While a position description which clearly describes the responsibilities of an APN working in HHC is currently not available, it should enhance the relationships of the staff nurse, APN, and client. All three working together could reach the same intended goal, i.e., restoration of health through maintaining the highest possible level of functioning, promoting independence in self-care, and enhancing quality of life.

REVIEW OF LITERATURE

A review of literature includes the following categories: the APN in HHC, King's Theory related to HHC, reimbursement issues, and the elements of a generic position description.

The APN in HHC

Minimal information was located during the review of literature about APNs and their role in HHC. This appears to be a new concept; therefore, this review examines two target areas, APNs and HHC.

To date, APNs have been minimally utilized in home care; however, many opportunities exist for APNs to contribute significantly to the care of persons receiving health care in their homes (Beuscher, 1994). Early hospital dismissal requires that staff nurses be highly knowledgeable about technology, including oxygen concentrators, nebulizers, tube feeding machines, and hospital beds. They also need to be competent educators and decision makers (Neal, 1995).

HHC visits by APNs facilitate access to a higher level of care. Because many clients have chronic conditions warranting continued monitoring of treatment typically done in acute care facilities, home visits by APNs may decrease costs (Snyder & Mirr, 1995).

HHC is more a general practice and embraces concepts from mental health nursing, parent-child nursing, community health nursing, gerontologic nursing, and medical-surgical nursing (Murray, 1996). Womack (1997) states APNs have educational preparation in all of these aspects and could play a vital role in HHC.

Zwanziger, et al. (1996) examined the potential of expanding the APN role to the community. These authors as well as Nursing's Agenda for Health Care Reform (1992)

support the need for community-based APNs. These sources suggest that the APN could (a) enhance consumer access to services by presenting primary health care in community-based settings, (b) be a cost-effective care provider, (c) address vulnerable populations, (d) reduce health care costs by caring for chronic illness within the home, and (e) provide long-term care.

Stringer, Spatz, and Donahue (1994) examined the use of an APN in the delivery of prenatal care in the home as an alternative type of health care delivery. This included maternal-fetal physical assessment, weight, diet, uterine growth, urine assay, blood pressure and deep tendon reflexes, activity, fetal activity, auscultation of fetal heart tones, nonstress test and acoustic stimulation, biophysical profile testing, cervical examination, uterine activity, self-palpation, and home monitoring. This study resulted in the provision of safe, quality, satisfying care and demonstrated that home prenatal care provided by an APN responded to the complex needs of medically and socially high-risk pregnant women. Although cost was not a specific focus of this study, the authors suggested that the use of an APN in the home may prove to be cost-effective.

When care is delivered in the home, interventions and teaching need to be modified to fit the home environment. A typical client could be one who is discharged from the hospital after having surgery, after an exacerbation of a disease, or after developing a wound. The PCP may initiate HHC after seeing a client at the office and recognizing the need for frequent assessments. In general, the client would be homebound, making it difficult to leave the home and then only for infrequent selected activities. The staff nurse would need to teach post-op restrictions, recommendations to decrease the risk of another exacerbation, or perform wound care. The staff nurse would also assist the client to

understand his/her medications, set up the medication schedule and alter the home environment to fit the client's needs. Quality home health care allows for earlier discharge from the hospital and may prevent hospital readmittance at a considerable savings. This may be done by recognizing problems early on and educating clients about the signs/symptoms of an impending problem. The APN can collaborate easily with the staff nurse as well as other health professionals and community resources available to the client. An APN could benefit the HHC agency; for example, the APN could quickly assess if an exacerbation develops, change the plan of care, prescribe antibiotics to treat infections, or change wound care. Without an APN in HHC, the staff nurse would have to call the PCP and wait to receive new orders by phone or schedule the client to go to the PCP's office to be assessed.

Zimmer, Groth-Juncker, and McCusker (1985) assessed a team approach to home care. The team consisted of a physician (internist), an NP or APN, and a medical social worker who had weekly team conferences to assure coordination of patient care. The results indicated the team's clients (n=85) had fewer hospitalizations, fewer nursing home admissions, and fewer outpatient visits than the control group (n=82). They used more in-home services as measured in weighted cost figures including home health aide visits, lab technician visits, staff nurse visits, physician and APN home visits, and medical social worker visits. The overall cost of the team approach was lower than the traditional approach to care received by clients in the control group; however, the difference was not statistically significant. This study was done thirteen years ago, but opened the possibility that the employment of APNs in HHC could contribute to decreased health care costs.

Womack (1997) states the background and orientation to nursing, acquired through education and experience, enables the APN to treat not only physical symptoms, but to evaluate psychosocial, spiritual, and environmental needs. Health care of older adults is complex because symptoms of illness tend to be more subtle and less predictable than in a younger population. The elderly are more likely to experience mental changes rather than physical complaints in response to medications and physiological disturbances. Often, by the time physiological disturbances are noticed, the problem has progressed to an advanced stage and complications have developed (Miller, 1995). The goals for managing chronic disease in the elderly are: (a) to maintain the highest level of function, (b) to promote independence in self-care, and (c) to enhance quality of life (Matteson, 1997).

Womack (1997) gave an example of the vital role an APN can play in long-term care. She states that at a nursing home, a staff nurse may notify the APN about a client's change in condition. The APN may order laboratory tests stat and rearrange his/her workload to make an immediate visit. Depending on the laboratory findings, treatment will follow. This early intervention results in fewer clients developing complications and needing hospitalization. This intervention may also increase satisfaction of the client, family, and nursing home staff.

Ebersole and Enloe (1983) identify how a geriatric NP or APN is vital to HHC and Hospice. They state that a geriatric NP facilitates better case management, provides more timely and sophisticated interventions, and is able to train all the staff nurses about special aspects of aging. Beuscher (1991) believes that the APN can give comprehensive assessments, direct care, provide family support and counseling, coordinate community resources, provide consultation and staff education, thus improving home care delivery.

Kerstein, Rijswijk, and Beitz (1998) explain how an APN wound specialist working in HHC can demonstrate quality and effective wound-care delivery in a cost-effective fashion. The APN wound specialist could access the patient before discharge from the hospital, continue to provide care in the home, and have direct communication with the responsible staff nurse. The idea of an APN in the area of wound care is currently being studied to assess the effect of continuity and quality of optimal client care (Kerstein, Rijswijk, & Beitz, 1998).

Although little research has been done about APNs in HHC, the studies explored provide positive data in support of employment of APNs in HHC. The APN may benefit the staff nurse by acting as a consultant and as an educator while providing timely interventions to the client.

King's Theory of Goal Attainment Related to HHC

No literature was found specifically relating King's (1981) Theory of Goal Attainment to HHC. Woods (1994), however, applies King's (1981) Theory of Goal Attainment to a group of elderly clients experiencing chronic ailments and acknowledges its value as a theoretical guide for practice. The theory was applied to a group setting and its value in caring for clients' experiencing chronic health problems was demonstrated. Sowell and Lowenstein (1994) linked the theory to quality of care in community-based health settings. They concluded that King's (1981) Theory of Goal Attainment can provide a framework for the definition and delivery of quality care in community-based health services. King emphasized interaction, communication, and mutual goal setting; all are consistent with quality care. Goal attainment that helps clients reach their maximum potential can readily be expanded to all service transitions. This is especially important in a health care

environment that seeks to integrate the physical, spiritual, and psychosocial components of care as well as promote more comprehensive services at the community level (Sowell & Lowenstein, 1994).

Reimbursement Issues

Reimbursement for HHC comes from Medicare, Medicaid, and third party payors. All three provide specific guidelines regarding the type, frequency, and duration of services. In order for Medicare to cover 100% of services, two main components must be present. First, the nurse or therapist must provide a skill to the client; and second, the client must be homebound (exceptions are for PCP appointments or irregular appointments like going to the beauty salon every month). Medicaid and third party payors follow Medicare guidelines, but some insurances only cover 80% per visit or up to a designated number of days per year. Since most insurances only cover a certain number of visits, the nurse or therapist must call an insurance company case manager to obtain approval for additional visits. Home care services are structured around the medical acute model of care, in order to receive reimbursement. Services must end when the client's care is no longer reimbursable, even if health care needs remain (Gerber, 1994).

Currently there are no Medicare, Medicaid, or third party payor regulations specific to APNs in HHC. Medicaid only pays for pediatric and family NPs. As of 1998, Medicare directly reimburses NPs only in federally designated rural areas, but legislation is pending that would require Medicare to reimburse NPs in all areas (Summary of Health Care Financing Administration Program Memorandum, 1998). A growing number of commercial insurers have begun to cover care provided by NPs or APNs because the insurers have gained an understanding of their cost effectiveness (Olmsted & Demint,

1997). Indirect reimbursement through a physician is one possibility where the APN would see clients without the physician on-site and overseeing, but billing would be done with the cooperating physician's Medicare number.

Position Description

An initial step for this project was to determine if a position description for an APN in HHC had already been developed. The Michigan Home Health Association (Anne, personal communication, November 14, 1997) did not have records indicating that APNs were already working in HHC or have any information about a generic position description. However, she did provide the names of the five largest HHC agencies in Michigan, including Visiting Nurses of Southwest Michigan, Munson Home Health, Detroit Beaumont Home Care, Amicare Homecare, and Luce, Mackinac, Angler, and Schoolcraft (LMAS). Each agency was contacted and information about the employment of APNs, their roles and responsibilities, e.g. working in the field visiting clients or in management, was requested (Kristina, Sue, Debbie, Mike, & George, respectively, personal communication, January 26, 1998). Various titles used for the APN, such as NP or CNS, were used to broaden the identity of an APN during these contacts. All agency representatives stated they did not have an APN routinely visiting clients; they stated they employed master's prepared nurses in management. The Amicare Homecare representative reported they had one pediatric CNS who mainly worked in the corporate office and assisted with education by creating handouts for the RNs. Therefore, no position descriptions for APNs in HHC were identified from these sources.

Given that there were no position descriptions to analyze from these sources and none were identified in the literature, a review of the literature related to the basic

elements and composition of a position description was conducted. French (1994) states that a position description should include job duties and job requirements. This article provided an example of a job description for a large bank (See Appendix A). Job duties include what needs to be compiled and what needs to be prepared. Job requirements are narrowed into sub categories for easier viewing and understanding. These sub categories include education, experience, resourcefulness, responsibility, contacts, supervision, mental effort, physical effort, and job conditions. No additional information was given about each category or sub category.

According to French (1994), there are many purposes for position descriptions. They are helpful throughout the recruiting and selection process as well as when orienting and training new employees; they can provide an overview of the activities that need to be carried out; they can be used for the development of performance standards and establishing measurable terms about job performance. In addition, position descriptions provide basic information needed for job evaluation and also can clarify mutual expectations. Finally, position descriptions can be used to think through and develop the avenues for transfer and promotion that lead to advancement in the organization.

The need for position descriptions that accurately reflect job content is clear in light of the weight given to job descriptions by applicants and recruiters. Some applicants make themselves available for interviews according to how the job is described in an advertisement. Recruiters may not have detailed knowledge of the actual job, so they follow the position description. Inaccurate position descriptions can reduce the effectiveness of training or result in the development of unrealistic performance standards (French, 1994).

Rolfe and Phillips (1997) developed a position description for APNs working with dementia clients. They divide it into three categories: service, healthcare professionals, and patients/families. Under the service category, they explain service development, liaison and collaboration with other services. The healthcare professional category include education and staff development. The patients/families category include outreach, early intervention, open access, autonomous practice, expert/specialist service, health education, and counseling. This description was written in paragraph format throughout the article; there was no visual counterpart so it was difficult to see a relationship between the text and a product.

Pell (1995) created a job description worksheet (See Appendix B) to be used as a guide. His worksheet displays the essential components recommended for inclusion, i.e., duties, skills, responsibilities, equipment, and leadership. Pell (1995) and Rolfe and Phillips (1997) did not identify additional information about the categories, the order of the categories, or the need for specifics.

Menard (1987) outlined specific categories to be utilized in a position description. The categories are the summary, education, experience, duties (roles/responsibilities), supervision, equipment, and accuracy. A sample job description for a CNS from Bexar County Hospital District (See Appendix C) was developed using these categories. The description is thorough, neatly organized, and easy to read.

In general, this literature review reveals that there is minimal information about APNs in HHC, that there is support for an APN role in HHC, and that there is a need for the development of a clearly articulated generic position description for an APN in HHC. This description needs to identify the APN as an integral part of the triad (RN, APN and

client) who work together to mutually identify and achieve an acceptable goal; King's (1981) Theory of Goal Attainment is an appropriate theory to guide this process. Such a relationship could enable more complete, holistic care to the clients at a cost which might prove to be a savings over the current experience. This project addresses the APN's position description in HHC as an enhancement to the current model used in the HHC setting.

THE COMPONENTS OF A GENERIC POSITION DESCRIPTION

Several formats of position descriptions were previously identified. Most formats were very general and short (French, 1994, Rolfe & Phillips, 1997, & Pell, 1995). The description provides an overview of the activities that need to be carried out. Since there are several potential uses for a position description (French, 1994), the need for position descriptions to accurately reflect the actual content of a position is very important.

For this project, the following categories, outlined by Menard (1987), are utilized. The categories include the summary, education, experience, responsibilities (duties), accountability (supervision), equipment, and accuracy. These are consistent with the definition for the position description selected for this project (See Pg. 5) and were selected so the description would be thorough and precise. This format was selected since it is easy to read and neatly organized. A generic position description needs to be applicable to an APN at any home health care, but can be revised by a specific home health care agency in order to reflect its specific needs.

Since King's (1981) Theory of Goal Attainment was modified to include the APN in HHC, the specific goals to be attained, and the categories of the position description, this project reflects incorporation of these aspects. The actions/interactions/transactions

between the APN, staff nurse, and client are reflected in the responsibilities section of the description.

Content/Format/Organization

The position description is divided into several categories to make it easier to read and understand. Each category identifies specific information that needs to be addressed to make the position description accurate and complete. The format which has been selected models Appendix C, the Sample Job Description at Bexar County Hospital District, in most areas. The information is written in sentences for ease of reading, except in the responsibilities category. The summary is not divided into function and scope; a paragraph format is considered to be adequate, thorough, and easy to understand.

Job Title

Position descriptions usually have a label, called a "job title" (French, 1994). The title is short and alerts the reader to the position of interest. For this project the title is Advanced Practice Nurse in Home Health Care.

Summary

The summary identifies the general responsibilities of the APN and the location where the duties are fulfilled (Menard, 1987). The summary includes the responsibilities that are consistent with the agency's standards of practice. This category is usually one paragraph in length. For this project, the summary states that the APN is responsible for providing quality nursing care through previous knowledge and skills of HHC nursing, continuing professional education, setting standards, and conducting research in nursing practice. The APN mutually identifies goals with the staff nurse, client, and primary care provider. The APN is an expert and serves as a guide to other health professionals in assisting with

the identification of problems or barriers and development of solutions. The APN provides nursing services consistent with agency standards. Activities include direct client care, assessment and therapeutic interventions, consultation, staff education, community education, and liaison with other health care providers.

Responsibilities

This section provides the role expectations for the position (Menard, 1987). McFadden and Miller (1994) focus on four roles for the APN in direct and indirect practice including clinical expert, consultant, educator, and researcher. These roles can be applied to the HHC setting and are included. The bulk of the position description content is in this section and explicitly describes everything the APN may do in HHC.

This section is divided into typical and periodic responsibilities and is identified by numbering each duty for clarity. One proposed typical duty, providing client care services that address the holistic health needs of the client and family, includes performing advanced physical and family health assessments at the home and documenting information according to agency guidelines. A second duty utilizes the nursing process; it includes forming nursing diagnoses, creating intervention plans, mutually establishing goals, and monitoring and evaluating goal progression. Third, the APN writes prescriptions and adjusts medication dosages in collaboration with the physician, orders diagnostic tests, interprets them and adjusts the treatments accordingly. Fourth, the APN acts as a consultant to agency personnel and assists in identifying learning experiences and education resources with the agency. The APN also develops protocols and/or inservices for the agency.

The APN also has periodic responsibilities. For example, the APN may teach agency personnel about issues related to clinical specialty areas including assessments, nursing diagnoses, and interventions. Second, the APN can demonstrate leadership and serve as a role model/preceptor for agency personnel as well as APN students. The APN can participate in and encourage interdisciplinary meetings, teamwork, and collaborate within the agency and the community. The APN may participate in research projects, integrate findings; he/she may provide education to the community, payors, providers, and consumers regarding services provided by the APN in HHC and the advantages of those services for the client, family, physician, payor, and community.

Accountability

This section identifies who supervises the APN in this position. For this project, the category is not divided into received and given, as in Appendix C, since supervision will be determined by each specific agency. The agency's organizational chart should provide information regarding the APN's supervision.

Education

According to the American Nurses Association (1992), the APN is a nurse in advanced clinical practice who has a graduate degree in nursing. This category includes the need for the APN to maintain continuing education requirements, also. This category is divided into required and preferred education. For this project the APN is required to have a Master's degree in nursing and a current state NP specialty certification license. The APN must also maintain continuing education requirements as outlined by the state and employing agency. It is preferred that the APN have a certificate in a specialty area related to a disease or a HHC issue.

Experience

HHC is a general practice including components from mental health nursing, parent-child nursing, community health nursing, gerontologic nursing, and medical surgical nursing (Murray, 1996). Therefore, the APN needs experience across the life span. In HHC, the APN could deliver prenatal care (Stringer, Spatz, & Donahue, 1994), newborn care, adolescent care, middle age and elderly care. The agency may revise this section to make it appropriate for an adult or geriatric NP which would not include child care. Since HHC is a unique environment and has specific guidelines for practice (Rakich, Longest, & Darr, 1992), it is important that the APN has had prior experience in HHC.

This section is divided into required and preferred experience. In the example by Menard (1987) in Appendix C, the education and experience categories are exactly alike, however, in this project, more detail needs to be included about experience. Therefore, required experience includes having comprehensive knowledge, skills and abilities related to family nursing care along the life span continuum and preferred experience includes previous experience as a primary care APN and previous employment in a HHC setting.

Equipment

Since clients are discharged to their home quickly, HHC personnel need training in technology, including oxygen concentrators, nebulizers, tube feeding machines, and hospital beds (Neal, 1995). The APN needs to know how to work the equipment and why the equipment is needed in order to administer the optimum care to the HHC clients. This means for this position description, the APN is expected to have a thorough knowledge of all equipment and instruments used in HHC.

Accuracy

This section explains how precise the APN needs to be in order to fulfill the work expectations; for this project the APN is required to be efficient and accurate in all phases of work and to facilitate timely and appropriate written and verbal communication with the agency and community.

After identifying each section and what needs to be included, the description has been titled a Generic Position Description for an Advanced Practice Nurse in Home Health Care (See Figure 3). This position description is the project's product.

IMPLICATIONS

The implications of the development of the generic position description are numerous. This section explores different ways the position description can be applied to practice, education, and research.

Implications for Advanced Practice

Developing a position description for an APN in HHC opens up a new career option. Since APNs are not highly utilized in HHC at the present time, the possibilities are limitless. A HHC agency could benefit from an APN working with the client, family, and agency personnel to reach the client's goals. The APN could detect problems early and treat accordingly and quickly. Home visits by an APN could decrease health care cost since a client's problem would be assessed, diagnosed, and treated quickly thus eliminating unnecessary emergency room visits.

Physicians could also benefit by collaborating with an APN working in HHC. Presently, the staff nurse has to call the physician each time the laboratory results change or the client takes a new "over the counter" medication or there is a change in client

Figure 3

GENERIC POSITION DESCRIPTION FOR AN ADVANCED PRACTICE NURSE IN HOME HEALTH CARE

Job Title: Advanced Practice Nurse in Home Health Care

SUMMARY

The APN is responsible for providing quality nursing care through previous knowledge and skills of HHC nursing, continuing professional education, setting standards, and conducting research in nursing practice. The APN is an expert and serves as a guide to other health professionals to assist with identifying problems or barriers and developing solutions. The APN mutually identifies goals with the staff nurse, client, and primary care provider. The APN provides nursing services consistent with agency standards. Activities include direct client care, assessment and therapeutic interventions, consultation, staff education, community education, and liaison activities with other health care providers.

RESPONSIBILITIES

Typical

1) Provides client care services that address the holistic health needs of the client and family, including advanced physical and family health assessments and documenting information according to agency guidelines.
2) Utilizes the nursing process by forming nursing diagnoses and intervention plans, mutually establishing goals, and monitoring and evaluating goal progression.
3) Writes prescriptions and adjusts dosages in collaboration with physicians.
4) Orders diagnostic tests, interprets, and adjusts treatments accordingly.
5) Acts as a consultant to agency personnel and assists in identifying learning experiences and education resources with the agency.
6) Develops protocols and/or inservices for the agency.

Periodic

1) Teaches agency personnel about issues related to clinical specialty areas, including assessments, nursing diagnoses, and interventions.
2) Assumes leadership and serves as a role model/preceptor for agency personnel as well as APN students.
3) Participates in and encourages interdisciplinary meetings, teamwork, and collaboration within the agency and the community.
4) Participates in research projects and integrates findings.

	5) Provides education to the community, as well as payors, providers, and consumers regarding services provided by the APN in HHC and the advantages of those services for the client, family, physician, payor, and community.
ACCOUNTABILITY	The APN is supervised according to the agency's organizational chart.
EDUCATION	
Required	The APN (NP or CNS) must have a Master's degree in nursing and have a current state NP specialty certification license. The APN must maintain continuing education requirements as outlined by the state and the employing agency.
Preferred	The APN has a certificate in a specialty area related to a disease or HHC issue.
EXPERIENCE	
Required	The APN must have comprehensive knowledge, skills and abilities related to nursing care along the life span continuum.
Preferred	The APN has experience as a primary care APN and previous experience in HHC.
EQUIPMENT	
Required	The APN has thorough knowledge of all equipment and instruments used in HHC.
ACCURACY	The APN is required to be efficient and accurate in all phases of work and to facilitate timely and appropriate written and verbal communication with the agency and community.

status. Consequently, the physician is taking a large amount of time out of the day to return calls to the staff nurse. If an APN worked at the HHC agency, the lines of authority might change, and the staff nurse could report to the APN and the APN could change orders or make a home visit to monitor closely. This would free up the physician's time to see the office, clinic or hospitalized clients.

The staff nurses could also benefit from having an APN at the HHC since the APN would be available every day as a consultant, educator, mentor, and counselor. The APN could collaborate with the staff nurse and physician to assist the client to reach their goals; the APN could be an essential link between the community, staff nurse, physician, and client.

Creative approaches need to be developed by the HHC agency in order to recruit the APN to practice in HHC. A pamphlet could be written emphasizing the need for APNs in HHC. The state home health organization could assist APNs in looking for a home health position by maintaining a revolving registry of HHC agencies interested in APNs. Graduate programs could make HHC an option for a clinical site, which could attract APNs to this working environment.

Each HHC agency could describe their specific needs for an APN before the agency begins its recruitment process. These needs should match the APN's skills. Agreements between the HHC agency and physician(s) would need to be developed related to the APN's practice.

HHC could be a new area for APN practice with benefits to all levels of health care, while emphasizing the client's goal of independence. This generic position description could be the beginning of the APN as an accepted valued member of the HHC team.

Implications for Education

Since HHC is a new area for APN practice, the clients, staff nurses, physicians, and payors need to be informed of the benefits of an APN in HHC. First, the clients and families utilizing HHC need to know the differences between a staff nurse, an APN, and a physician, in the areas of their education and scope of practice. This could be done by developing a pamphlet describing the various health care providers in HHC for the client to read, or the staff nurse or APN could educate the client at the initial visit. The state home health organization could develop a summary of the benefits of APNs in HHC and promote the concept in newsletters to HHC agencies or focus on the partnership at seminars.

Upon employment of an APN, the staff nurses and other employees of the HHC agency would need to know the APN's roles and responsibilities as well as the benefits the agency could receive from an APN. The employed APN may conduct inservice programs, prepare handouts, develop protocols, and assist in the development of policies and procedures for the agency. For the agency to promote the APN, all the employees must understand the APN roles, responsibilities, and benefits to the staff and agency.

Assuming that the APN in HHC will communicate with health care providers in the hospital and community, the hospital personnel and physician offices need advisement about an APN working in HHC. The discharge planning coordinators in particular need to know about the role of an APN in HHC. These coordinators decide where the client is to be placed after discharge, whether in a nursing home, assisted living, or home with or without support.

The physicians must be informed as to how an APN could be utilized in HHC and how it would benefit them. This is a strategic objective since the APN works in collaboration with physicians. The APN would share the physicians' clients and order tests, write prescriptions, etc.; therefore, the physicians need to have a good understanding of the APN's potential role and contributions. While informing the physicians, the APN must emphasize how the physician could benefit from this partnership. The physicians and the APN would need to develop a trusting relationship. This could begin by an APN working in the physician's practice for a short time, allowing the physician to observe the APN; a trusting relationship develops over time. The HHC agency could participate in physician's education by having a the APN or a spokesperson visit each office and meet with the office manager, explain the role of the APN in HHC and the benefits to the physician(s). Although potentially time consuming, it could prove to be the best approach. Another approach which could prove more cost effective would be to send each office a brochure or video introducing the APN, or hold an open house sponsored by the HHC agency to inform physician(s).

Medicare, Medicaid, and third party payors would also need to be instructed about the duties of an APN working in HHC, especially if the APN is to be reimbursed directly. The effectiveness of the APNs teaching as a cost saving measure along the care continuum should be emphasized. Political involvement would be needed in order to have this issue addressed. The support of the American Nurses Association or Michigan Nurses Association would need to be sought.

As previously described, graduate programs could inform the students about the possibility of the APN working in HHC and could make HHC an option for a clinical site.

This generic position description could be available for the students to examine when considering practice location options. Therefore, many educational possibilities need to be addressed.

Implications for Research

After developing this generic position description, research needs to be done to determine if the basic components are complete and if they reflect the significant desired/required duties of the APN in HHC. To begin, the description could be shared with the five largest agencies in Michigan which were previously identified in this review. They could be asked to evaluate the description. If adapted by agencies, their collective experience with this generic position description could be evaluated. It could take several years until a sufficient number of APNs are working in HHC and have adapted the proposed description. It would be important that the APN actually implement the components of this description including home visits and clinical management of clients, rather than work in management, in order to evaluate the description effectively.

This project suggests a change in the current HHC model due to the recommended inclusion of the APN. This proposed prototypical role of APNs in HHC suggests the significance of collaboration with PCPs, the need to consider the staff nurse-APN ratio, the impact of APN utilization on reimbursement and cost saving techniques, and the identification of a typical client load for the APN.

This scholarly project could be rewritten as an article for an NP journal and describe the development of the generic position description and how an APN could be employed in HHC. This could assist in educating other APNs all over the country who might be interested in a career in HHC but had not thought of this practice setting and role. The

article could assist APNs in acquainting the HHC agency and physicians about the benefits of employing an APN.

Once APNs are employed in this role, data needs to be collected which documents the outcomes of an APN working in HHC. In order to gain support of the HHC agency and physicians, research which describes the relationship between employment of an APN working in HHC and positive client outcomes could be pursued. These outcomes could include decreased number of emergency room visits or admissions to the hospital, decreased number of exacerbations of diseases, decreased calls to PCPs' offices, and increased client independence and optimal functioning. Other areas to examine could include the number of APN visits per client in HHC and its relationship to the number of emergency room visits or hospital admissions. Specific assessment tools would need to be developed in order to evaluate these outcomes.

Since HHC is expanding so quickly and an APN in HHC is a new concept, future research possibilities are unlimited. Research is a very important part of developing a new idea, such as an APN in HHC, since it could provide the empirical evidence needed. This would make it easier for others to realize the benefits, but it will take several years for research to be done on the outcomes.

SUMMARY

APNs could play a vital role in HHC. This project identified the benefits of APNs in HHC and was based upon King's (1981) Theory of Goal Attainment. The product, Generic Position Description for an APN in HHC, acknowledges the APN as a collaborator with the staff nurse in assisting the client to reach his/her goals. This generic position description has many implications for practice, education, and research.

APPENDICES

APPENDIX A

APPENDIX A

JOB DESCRIPTION FOR A LARGE BANK

Job Title	Research Assistant	Branch	
Job Number	3135-1	Division	ECONOMIC RESEARCH
Salary Grade	9	Department	
Date		Section	

JOB DUTIES

Compiles industrial and economic data by: obtaining current and comparative statistics relative to trends in production, commerce, employment, etc., from newspapers, periodicals, publications of government agencies, trade associations, and other standard sources; maintaining a set of statistical records for the department concerning industries and areas of the region; selecting and classifying for the department library pertinent articles from the above-mentioned sources; digesting suitable material on national and regional economic developments; plotting acquired statistics and developing informative graphs, tables, and charts; preparing special statistical and other reports.

Also computes department's own seasonally adjusted employment data serves. Furnishes various industrial and economic data to bank and other officials.

Prepares the Weekly Business Briefs by gathering and assembling data and writing original copy to provide a digest of regional and national business news for the Bank's staff, officers, and customers. Uses own judgment in selecting articles of significance. Submits material for final approval.

Also researches and prepares section for the Summary of Regional Industries. Researches and prepares local business section for the Metropolitan Real Estate Research Report. Prepares statistical data for charts and tables in the quarterly and annual issues of the Summary. Prepares statistical data and writes a section of local home price trends for the Metropolitan Real Estate Research Report. Prepares special reports on various subjects as requested.

Assists in maintaining research library; assists Economist in developing new statistical series and ideas for charts; assists other staff members with miscellaneous functions.

The Research Assistant, under general supervision, is engaged primarily in the acquiring of pertinent, factual data relative to varied industries, their trends and any other significant details. In large part this material provides the basis

for analysis, opinions, and recommendations by the Economist, although some of the analysis is included in the duties of the Research Assistant.

JOB REQUIREMENTS

Education	A broad knowledge of a technical work field applicable to duties such as economics and business theory, and an understanding of statistical methods and the application and analysis thereof. Equivalent to college degree in Economics or Business Administration.
Experience	Job requires practical experience in statistical methods and analysis and a period to acquire a knowledge of various information sources. Time - six months to a year.
Resourcefulness	Job requires judgment and initiative in determining sources of information and judgment in selection of significant data and application of statistical formulas to develop informative results. Under general supervision.
Responsibility	Considerable care is required since most errors are difficult to locate. Reports and publications are distributed beyond the bank and relied upon as being correct and indicative of trends. Work must be prepared promptly, and deadlines met.
Contacts	Routine staff contacts plus frequent public contacts by telephone and occasionally in person requesting or furnishing information. Courtesy and tact are required.
Supervision	Does not supervise.
Mental Effort	Requires considerable care and attention due to the concentration required for the selection, development, and analysis of economic information.
Physical Effort	Medium office position. Job requires frequent use of calculator and adding machine. Also requires frequent referral to department library and occasional trips to public library and other outside offices for information.
Job Conditions	Average office conditions.

APPENDIX B

APPENDIX B

JOB DESCRIPTION WORKSHEET

Job Title:

Reports to: Dept.:

Duties Performed:

Equipment Used:

Skills Used:

Leadership Responsibility:

Responsibility for Equipment:

Responsibility for Money:

Other Aspects of Job:

Special Working Conditions:

Performance Standards:

Analysis Made by: Date:

APPENDIX C

APPENDIX C

SAMPLE JOB DESCRIPTION, BEXAR COUNTY HOSPITAL DISTRICT

Job Description: Clinical Nurse Specialist

SUMMARY

Function	As expert in specialized area of nursing, serves as guide to other personnel using skill in interpersonal relations to identify problems or barriers to individualized care and their solutions. Responsible for high-level patient care.
Scope	Areas of assigned responsibility may include broad areas of medical, surgical, psychiatric, obstetrical, pediatric, and rehabilitation nursing in BCHD and be directed to specific specialty areas of expertise; compliance with BCHD policies and procedures.

DUTIES

Typical	Gives direct care to selected patients and serves as role model of excellence in practice to others on unit. Evaluates nursing care requirements of patients, develops written nursing care plans, and evaluates care plan in operation and revises as indicated. Consults and makes rounds with medical staff, nursing personnel and other disciplines to achieve patient-directed goals. Teaches and demonstrates specific nursing care techniques. Plans and participates in orientation, peer review, and staff development programs. Performs related duties as required.
Periodic	Identifies nursing problems in specific clinical area and conducts studies and research in systematic manner. Participates as active member of nursing and/or hospital committees. Prepares and submits regular and special reports as requested. Serves as nursing consultant to other medical areas in planning patient care.

SUPERVISION

Received	Responsible to Associate Administrator for patient care.
Given	None - advises, counsels, guides, and supports personnel in clinical management of care.

EDUCATION	
Required	Master's degree in nursing. Licensed to practice in Texas. Maintains professional competency through participation in continuing education and other related training.
Preferred	Master's degree with directly applicable specialized training.
EXPERIENCE	
Required	Master' degree in nursing. Licensed to practice in Texas. Maintains professional competency through participation in continuing education and other related training.
Preferred	Master's degree with directly applicable specialized training.
EQUIPMENT	
Required	Thorough knowledge of all instruments, equipment, and mechanical devices used in patient care in nursing specialty.
ACCURACY	Efficiency and accuracy in all phases of work.

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