JOB DESCRIPTION
PALLIATIVE CARE NURSE
COMMUNITY

Date: May 2021

Hours of Work: Part time

Responsible to: Community Nursing Lead / Director Integrated Services - Clinical

Functional Relationships:

Internal
- SLMT
- Interdisciplinary Clinical Team
- Nursing Staff
- Medical Staff
- Hospice Staff

External
- District Nurses
- Community Health Services
- Hospital Palliative Care Team
- General Practitioners
- Practice Nurses
- Māori Health providers
- Residential Care Facilities staff
- MidCentral Health Staff
- Community Support Organisations

Purpose:

1. To take a key role in ensuring the assessment, planning and coordination of a patient's/ families palliative care across a continuum, this may include home care, hospice inpatient care, public hospital admission and residential care.

2. To facilitate the delivery of holistic patient and family centred care which is evidence based and reflects the mission and values of Arohanui Hospice and is delivered in accordance with the Arohanui Hospice Excellence Framework – attached.

Key Tasks:

1. Use specialist/advanced clinical skills to provide assessment and coordination of care for community based patients and their family/whānau referred to Arohanui Hospice.

2. Being an effective team member of the wider interdisciplinary team-working together with our medical, social work and allied team members.

3. Be able to communicate effectively with external stakeholders to facilitate and maintain working relationships

4. To advance one's own professional development as well as contribute to the promotion of palliative care knowledge among colleagues

5. To promote and support quality improvements using best practice standards, policies and procedures that maintain sound clinical practice

POSITION RESPONSIBILITIES

Assessment and planning care for community based patients/family referred to Arohanui Hospice.

- Carry out full assessment on accepted community based referrals in accordance with the required time frames and upon receiving referral notification unless patient prefers otherwise;
- Develop in partnership with the patient a plan of care that reflects their individual needs and culture. The patient's family/whānau will be encouraged to be active participates in the planning process;
- The plan of care will be shared with health provider partners and other community agencies who may be involved, with the patients knowledge
- Provides family /whanau/ carer with the necessary information, skills and support to assist in the care of the patient
- Ensures the individualised care plans are regularly updated reflecting the patient/families changing needs.

Being an effective member of the Interdisciplinary team at Arohanui Hospice.

- Works effectively with all internal staff valuing individuals with diverse skills and utilising these to good effect.
- Attends as appropriate interdisciplinary forums both at Arohanui Hospice and with outside agencies.
- Keeps the interdisciplinary team informed of changes for patients and families being managed in the community
- Co-ordinates any peripheral clinics in their geographical area.
- Arranges and supports medical home visits or outpatients' appointments where necessary.
- Supports the bereavement follow-up programme.

Provision of care co-ordination for community based hospice patients.

- Takes an active role as part of the interdisciplinary palliative care team in co-ordinating the various components of care necessary to ensure that the patients/family's/whānau palliative care needs are met.
- Co-ordinates interface meetings with District Nurses, Practice Nurses, PHO cancer nurses and other Clinical Healthcare providers
- Maintains an effective partnership of care with community based agencies involved in the care of hospice patients e.g. DNs, GPs and residential care facilities.
- Refers to and co-ordinates the input of other agencies when identified as being required
- Provides liaison and consultation with other professionals including health services personnel as necessary to ensure the continuity of patient care.

To maintain one's own professional development as well as contribute to the education and training of others involved in palliative care

- Undertakes relevant education for own professional development in line with performance management process.
- Commits to and shares expertise and knowledge with others as an education resource at Arohanui Hospice as well as to outside agencies
- Initiates own nursing research or supports research being carried out by Arohanui Hospice
- Maintains professional standards and practice in accordance with relevant statutory requirements, ethics and standards.

- Will work under the Arohanui Hospice Professional Development Framework for Registered Nurses.
- Seeks annual performance appraisal using the opportunity to set specific goals in order to improve performance
- A satisfactory level of performance is demonstrated by the presentation of a Professional Development Recognition Portfolio (PDRP) preferably at expert level.
    - If PDRP is not current individuals will be engaged to achieve within a negotiated timeframe with Manager

To maintain and develop standards of care within area of practice at Arohanui Hospice.

- Regularly monitors and evaluates ways processes and seeks improvement through changes in operation.
- Using the Arohanui Hospice Excellence framework as a guide to achieve our philosophy of care and values in one's nursing practice.
- Contributes to the continuous quality assurance process at Arohanui Hospice.
- Maintains relevant records and statistics.
- Works within the nurses' code of professional conduct as well as be guided by Arohanui Hospice policies, procedures, and guidelines.

Demonstrates understanding of the Treaty of Waitangi and its principles and integrates this into practice

- Integrates principles of the Treaty of Waitangi into practice
- Is aware of cultural protocols and practices when working with patients/whānau who identify as Māori
- Develops partnerships with patients/whānau and acknowledges individual needs
- To promote and improve access to palliative care services for Māori and people of other cultures and ensure their needs are met in a culturally appropriate way

To practice according to sound health and safety principles

- Safe practice regarding manual handling and patient safety is maintained
- A clean, tidy and orderly workplace is maintained
- Operates vehicles in a safe manner at all times and reports all accidents or incidents immediately
- Takes responsibility for the health and safety of yourself and others, in partnership with the organisation
- Ensures all hazards are identified and reported

PERSON SPECIFICATIONS

Essential:

- A qualification or experience in palliative care and/or minimum of five years generalist nursing experience with a community focus a would be an advantage
- A post-graduate nursing qualification or significant progress towards such a qualification
- Proven record making sound clinical decisions ~~and~~ with excellent problem solving skills
- Able to cope under pressure and use own initiative when required in a flexible and changing environment

- An excellent communicator with good written skills
- Knowledge of and commitment to continuous quality improvement
- Strong commitment and proven ability to liaise and communicate with all levels of staff at hospice, hospital, community health, primary health and residential care facilities
- Good knowledge of medical in confidence requirements and privacy matters affecting patients
- Experience in electronic patient management systems and MS Office software
- Hold a class 1 unrestricted and clean drivers licence and be able to travel within the geographical areas of the Arohanui Hospice dependency

Desirable:

- Have knowledge or understanding of the Philosophy of a palliative approach and you have some exposure to working within a Palliative care environment
- Current expert PDRP or working towards completion
- Experience leading others to successful outcomes for patients and their families/whānau

Signatures

Position Holders Name

Signature **Date:**