Job Description: 
Clinical Nurse Specialist – Long Term Conditions

Position: Clinical Nurse Specialist – Long Term Conditions

Reports to: Nurse Manager

Job Purpose: To provide specialist clinical nursing expertise and services to patients with long term conditions and work closely with the nursing team to ensure patient treatment and care planning is comprehensively coordinated and informed by specialist knowledge utilising care models that best meet the practice whilst in partnership with the patient/family/whanau.

Responsibility: Peer support to other nurses and centre staff.

Functional relationships with:
- The general manager
- Practice GP’s
- The nurse manager and the primary health nurses
- The administration and the reception team
- Community and secondary service providers

Key tasks / duties:

1. **Provide expert clinical practice**
   
   *This will be achieved by:*
   
   - Applying critical reasoning and professional judgement to nursing issues and decisions
   - Identifying patients that are of clinical risk and taking appropriate action to ensure a safe environment for the patients, families/whanau and staff
   - Leading in case review and debriefing activities as required
   - Monitoring national and international evidence based research and trends and promoting innovative and creative nursing practice which is validated by best practice and research activities in collaboration with the nurse manager
   - Developing and maintaining relationships with external providers that support clinical and patient needs
   - Reporting fortnightly to the Nurse Manager on clinical outcomes and professional issues
   - Ensuring patients are actively reviewed on time utilising practice recall systems
   - Ensuring maximum utilisation of clinical time
• Advocating on behalf of patients/family/whanau, colleagues as appropriate and in a culturally safe manner

• Incorporating the Treaty of Waitangi principles into nursing practice

2. **Provide care co-ordination of patients with long term conditions**

   *This will be achieved by:*

   • Demonstrating clinical nurse specialist expertise in the planning and delivery of care to patients with long term conditions

   • Utilising advanced clinical assessment skills to identify potential or actual problems and collaborating with the nursing team to proactively address these

   • Managing incoming referrals appropriately, ensuring optimal patient outcomes are achieved

   • Leading in the review, redesign, documentation and implementation of care pathways for patients with long term conditions

   • Using advanced nursing knowledge and skills to provide comprehensive health assessment, diagnosis, intervention and treatment services that meet nursing practice standards and optimise patient outcomes

   • Overseeing the assessment, planning, implementation and evaluation of nursing care and practice for patients with long term conditions.

   • Provides specialty advise to support and manage patients physical and psychological needs

   • Providing direct and indirect clinical support and coaching and mentoring to staff involved in the care of patients with long term conditions

   • Ensuring staff are aware of appropriate policies and procedures relating to long term conditions patients

   • Ensuring care is patient and family centered and planned with regard to individual cultural needs

   • Assisting the nursing team with with decision making related to medico-legal and ethical issues

   • Referring patients appropriately to other providers if their needs exceed the range of care you are able to provide

   • Documenting all care provided and education/information given to patients within their health record, as per professional and company standards

   • Working efficiently as a team member providing quality care and ongoing support to patients, for example:
     - Counselling and initiating support services
     - Domiciliary visits
     - Case management
     - Collection of specimens
• Blood pressure monitoring
• Communicating test results to patients

3. **Provide leadership**

*This will be achieved by:*

- Acting as an effective role model by demonstrating high levels of clinical competence and professionalism
- Promoting effective teamwork and collaborative practices within Mangere Family Doctors and primary and secondary health care providers.
- Initiate teaching/learning strategies that enhance learning opportunities for colleagues
- Participating in business, nursing and education planning processes alongside the nurse manager
- Participating in the development of nursing staff strategies to facilitate recruitment, retention and succession planning for nurses.
- Providing relief support, as directed, to the nurse manager role in his/her absence
- Identifying gaps in clinical and professional competencies of individuals and addressing these with the nurse manager

4. **Provide health promotion and education to patients**

*This will be achieved by:*

- Providing general and specific health assessments to individuals, families and groups with an emphasis on wellness. For example, at risk individuals, chronic disease management (hypertension, diabetes, asthma/COPD
- Providing on-going education to individuals, families and groups. Teach skills for health maintenance and prevention of accidents and illness. This may include:
  - Health and lifestyle education, eg. nutrition, smoking cessation, exercise
  - Teaching of patient self-monitoring procedures
  - Diabetic reviews
  - Asthma action plan/PEFR monitoring, asthma devices, blood glucose monitoring
  - Spirometry
  - Provision of appropriate educational materials
  - Medical concordance

5. **Ensure professional development of self**

*This will be achieved by:*
• Maintaining and developing own clinical competence and complying with the Health Practitioners Competency Assurance Act (2004) and Counties Manukau Health Professional Development Recognition Programme

• Attending educational opportunities relevant to scope of practice and use this knowledge to improve practice

• Participating in relevant professional organisations

6. Support and engage in quality improvement

This will be achieved by:

• Participating in the development of primary health care integration projects and initiatives

• Demonstrating a commitment to quality improvements, risk management and resource utilisation

• Participating in clinical audits as required

• Utilising a quality improvement approach to identify gaps in systems and processes specific to the provision of care for patients with long term conditions and make service improvements in conjunction with the nurse manager to address the gaps.

• Participating in development of the nursing strategic plan

• Working in collaboration with Nurse Manager to develop and implement quality improvement activities

7. Financial

• Promoting cost effective nursing practice

• Maintaining and regularly reconciling patient templates for Chronic Conditions Management Clinics to ensure compensation and funding is accessed and utilised to its full benefit.

Qualifications/Experience:

• Registration as a registered nurse in NZ

• Completion of, or working towards a masters degree in Nursing

• Practical experience leading a team and managing patients with long term conditions

Essential skills required

• Strong interpersonal communication and active listening skills

• Recent experience in managing high risk individuals with long term conditions such as diabetes, COPD, CVD, asthma

• Experience in initiating and leading change using quality methodologies

• Ability to contribute to the learning of others

• Clinical competence and a commitment to life-long learning
• Experience with computerised patient management systems, ideally Medtech 32

**Personal Attributes:**

• Enjoys working in primary health care
• A passion for improving and maintaining the health of all patients
• Positive, willing member of the practice team
• An ability to empathise and develop therapeutic relationships with people.