

Position Description

Position	Physiotherapist
Team / Service	Early Supported Discharge/Advancing Wellness at Home Initiative (AWHI)
Directorate	Older Adults, Rehabilitation and Allied Health
District	Capital, Coast & Hutt Valley District
Responsible to	Team Leader – Hutt ESD/Advancing Wellness at Home initiative (AWHI)
Children’s Act 2014	This position is classified as a children’s worker, requiring a safety check including police vetting before commencing and every three years
Location	This position is expected to work from multiple locations across the district.

Te Whatu Ora

The Health System in Aotearoa is entering a period of transformation as we implement the Pae Ora/Healthy Futures vision of a reformed system where people live longer in good health, have improved quality of life, and there is equity between all groups.

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. The reforms are expected to achieve five system shifts. These are:

1. The health system will reinforce Te Tiriti principles and obligations
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well
3. Everyone will have equal access to high quality emergency and specialist care when they need it
4. Digital services will provide more people the care they need in their homes and communities
5. Health and care workers will be valued and well-trained for the future health system

Context

Capital, Coast & Hutt Valley district provides hospital and health services in primary, secondary and tertiary healthcare to a total population base of approximately 445,000 citizens.

We are accountable for meeting the needs of and improving health outcomes for all the constituent populations of our district, and the region more broadly. Together we:

- provide secondary and tertiary, medical and surgical hospital services alongside community based health care
- fund local health providers and work collaboratively with the community to create and support multiple health education initiatives and projects within the region
- deliver health services directly as well as contracting external providers
- provide local, sub-regional, regional and national health services as well as community-based health, rehabilitation and support services.

The majority of the district's population live in Wellington and Lower Hutt. The Māori and Pacific populations of Lower Hutt and Wellington are proportionally similar, with the largest Pacific population in the region in Porirua. Kapiti and Upper Hutt have similar numbers of Māori and Pacific people. Most people are enrolled with a GP near their place of residence, so the increasing focus on community-based healthcare is expected to lead to better health outcomes for these population groups. Hutt Hospital provides secondary and some tertiary, medical and surgical hospital services alongside community based health care from its main facility in Lower Hutt City. In addition to funding local health providers and working collaboratively with the community to create and support multiple health education initiatives and projects, Hutt Hospital is the centre for five tertiary regional and sub-regional services - Plastics, Maxillofacial and Burns Services; Rheumatology; Dental Services; Regional Public Health; and Regional (Breast and Cervical) Screening Services.

Wellington Regional Hospital in Newtown is the region's main tertiary hospital with services such as complex specialist and acute procedures, intensive care, cardiac surgery, cancer care, neurosurgery and renal care. The hospital is the key tertiary referral centre for the lower half of the North Island and the upper half of the South Island.

Kenepuru Community Hospital and Kapiti Health Centre provide secondary and community services based in Porirua and the Kapiti Coast

MHAIDS is the mental health, addictions and intellectual disability service for the Wairarapa District and Capital, Coast & Hutt Valley District, with multiple specialist facilities. Ratonga Rua-o- Porirua is our forensic, rehabilitation and intellectual disability inpatient unit.

Te Tiriti o Waitangi and Māori Health Outcomes

Māori are the indigenous peoples of Aotearoa. We have particular responsibilities and accountabilities through this founding document of Aotearoa. We value Te Tiriti and have adopted the following four goals, developed by the Ministry of Health, each expressed in terms of mana and the principles of:

- Mana whakahaere** Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- Mana motuhake** Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.
- Mana tāngata** Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

Mana Māori Enabling Ritenga Māori (Māori customary rituals) which are framed by Te Aō Māori (the Māori world), enacted through tikanga Māori (Māori philosophy & customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

We will target, plan and drive our health services to create equity of health care for Māori to attain good health and well-being, while developing partnerships with the wider social sector to support whole of system change.

The Vision, Mission and Values from our District

We bring forward and join our values within our district. These will change as we become a team of teams within Te Whatu Ora.

Hutt Valley

Vision

Whanau Ora ki te Awakairangi: Healthy people, healthy families and healthy communities are so interlinked that it is impossible to identify which one comes first and then leads to another.

Mission

Working together for health and wellbeing.

Ō mātou uara – Values

Mahi Pai 'Can do': Mahi Tahi in Partnership: Mahi Tahi Te Atawhai Tonu Always caring and Mahi Rangatira being our Best

Capital and Coast

Vision

Keeping our community healthy and well

Mission

Together, Improve the Health and Independence of the People of the District

Value

Manaakitanga – Respect, caring, kindness
Kotahitanga – Connection, unity, equity
Rangatiratanga – Autonomy, integrity, excellence

District Responsibility

The district leadership have collective accountability for leading with integrity and transparency a progressive, high performing organisation, aimed at improving the health and independence of the community we serve and achieving equitable outcomes for all. The leadership team are responsible for achieving this aim, aligned with our Region, within the available resources, through a skilled, empowered, motivated and supported workforce in line with government and HNZ policy.

Service Perspective

Te Herenga Tangata - Older Persons, Rehabilitation and Allied Health and Early Supported Discharge

Te Herenga Tangata offers a range of intervention options to people of all ages, (who meet the eligibility criteria), with the objective of optimising social and physical function. The team has a focus on interdisciplinary work, with single discipline interventions provided as appropriate.

Using funding from the DHB, ACC, and the Ministry of Health the service offers a range of interventions options including;

- Early Supported Discharge and Rapid Response to prevent avoidable admissions
- Comprehensive Geriatric Assessment
- Outcome focussed rehabilitation
- Assessment and appropriate support for people with disabilities, long-term conditions and life limiting illnesses
- Consultancy and support to colleagues in the Residential Care sector, Home and Community Support Services, Primary care and other community agencies.

The team will take a population approach to developing services that work effectively for priority populations, with a particular focus on improving equity for Māori.

Co-design will support the on-going development of services that facilitate early assessment, community-based recovery, rehabilitation and self-management.

There will be a developing focus on wellness, prevention and early intervention to reduce avoidable functional decline and physical/mental ill health. Integration with Primary health, Cultural and Social Services will support this objective and more effectively address the social determinants which influence health outcomes.

Assessment and intervention is generally provided in the client's home environment but may occur in outpatient or community clinics, or by virtual consultation where appropriate.

Clinical Specialty/area

The Physiotherapist in this role will work predominantly with people requiring rehabilitation following a stroke. The team also provides rehab to people following an injury, and with older people, supporting discharge and transition home after a variety of acute or chronic medical conditions including conditions related to age and frailty. The post holder will also work with these clients as capacity allows.

The team utilises an inter-professional model to facilitate early discharge, promote activities that maintain or improve position on the LifeCurve and engage in activities to promote wellness. This is a community role working out of the Hutt Hospital campus.

The rehabilitation will be goal oriented but also time limited to manage patient flow. Assistants offer a significant degree of input within the ESD service and the therapist will be involved with the training and development of Assistant staff.

Along with other IDT members, the Physiotherapist will use a range of culturally appropriate approaches to engage the client and whanau in promoting recovery.

The service operates across 7 days of the week so the person in this role will be rostered to work one day of the weekend every 3-4 weeks, with a rostered day off so that hours of work do not exceed 80 per fortnight.

Clinical skills

To safely and effectively meet the needs of the people we work with, the physiotherapist undertaking this role must have:

- The ability to apply a range of culturally appropriate practice models, particularly when working with Maori and Pacific people
- Knowledge of Stroke, Orthopaedic rehabilitation and Older Persons' health
- Ability to set client/whānau centred goals and Coordinate rehabilitation in a key working role.
- Able to provide comprehensive assessment and intervention in the home environment to address impairments, activity limitations and enable participation back into the community.
- Able to work collaboratively as part of an IDT and ensure a coordinated approach towards decision making and a common goal for the patient.
- The ability to work in a flexible and responsive way to adapt to fluctuating patient numbers.
- The ability to work with people with a range of long-term conditions
- The ability to work quickly and accurately in community settings
- Excellent clinical reasoning and the ability to work both autonomously and as effective team player
- Excellent communication and inter personal skills

Purpose of the role

An Allied Health Clinician (third year of practice onwards) provides safe and clinically effective patient/client assessment and intervention, within a specific clinical area with a development of more in depth knowledge and skills.

Key Accountabilities

The following role accountabilities may evolve with organisational change and there may be additional duties, relevant to this position that will be required to be performed from time to time.

Key accountabilities	Deliverables / Outcomes
1. Clinical practice	▪ Takes legal and professional responsibility for managing own caseload of patients / clients with increasing complexity and be able to independently adapt and make decisions regarding intervention. ▪ Utilises information available to prioritise patients/clients to enable appropriate allocation of referrals and workload with staff in the team.

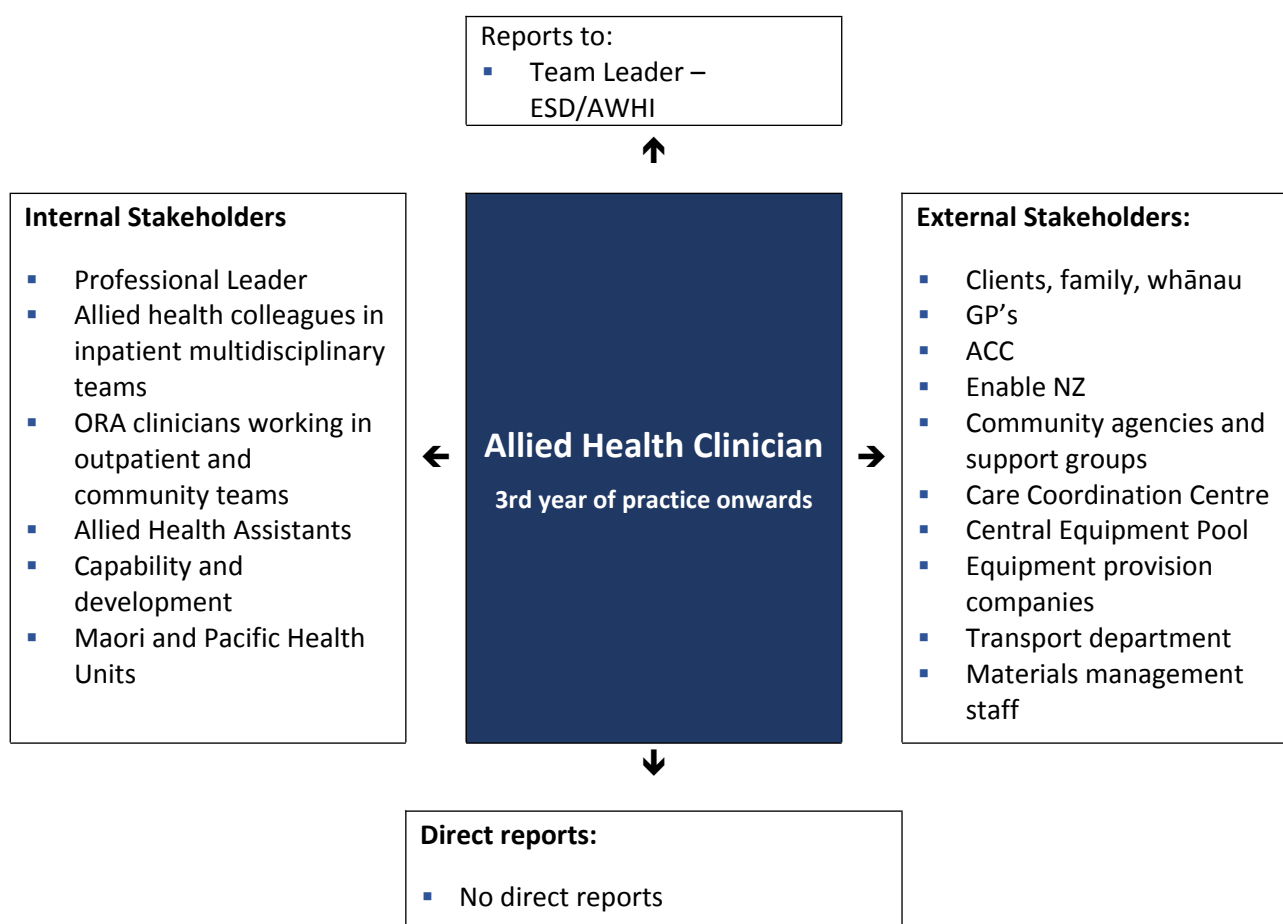
Key accountabilities	Deliverables / Outcomes
	▪ Carries out comprehensive assessments with patients (and whānau where appropriate) this may include use of standardised assessments to assist in assessment and intervention planning. ▪ Formulates and delivers individualised intervention using comprehensive clinical reasoning skills and in depth knowledge of treatment approaches. This should, take into account the patient's own goals and promote self-management. ▪ Demonstrates effective communication, to establish a therapeutic relationship and set expectations with patients / clients, whānau and the MDT, inclusive of the wider health team and external agencies as appropriate. This includes relaying complex, sensitive and contentious information. ▪ Assesses the patient's understanding of assessment, interventions and goals and gain informed consent for intervention, taking into account those who lack capacity (e.g. those with cognitive difficulties). ▪ Regularly reassesses and evaluates the patient / client's progress against identified goals and adjusts intervention as situations change. ▪ Refers on to other services to work with the patient/client towards achievement of longer term goals. ▪ Develops comprehensive discharge / transfer plans as appropriate. ▪ Carries out regular clinical risk assessments for patients/ clients on own caseload and takes action to effectively manage identified risks, seeking support where appropriate. ▪ Demonstrates provision of culturally safe and bicultural practice with patients and their whanau. ▪ Demonstrates an awareness of health inequalities, with evidence of implementing actions within own clinical practice towards reducing these for the patient/client and/or whānau. ▪ Represents the service and / or individual patients/clients at clinical meetings and case conferences to ensure the delivery of a coordinated service. ▪ Completes documentation consistent with legal and organisational requirements. ▪ Adheres to any applicable recognised best practice and any relevant clinical policies and practice guidelines. ▪ Provides advice, teaching and instructions to patients, carers, relatives and other professionals to promote consistency of support being delivered. ▪ Responsible for assessment and prescription of short term equipment and longer term equipment funded by Enable NZ. ▪ Demonstrates awareness of local, sub-regional and regional context in relation to provision of health and social support and the impact on service provision. ▪ Identifies unmet needs of patients and identifies potential solutions to address these needs. ▪ Demonstrates an understanding of the roles of the multidisciplinary team.

Key accountabilities	Deliverables / Outcomes
2. Teaching & Learning	▪ Maintains competency to practice through identification of learning needs and Continuing Competency (CPD) activities. This should comply with professional registration requirements. ▪ Contributes to training within the team/service. ▪ Supervises, educates and assesses the performance of students relevant to profession. ▪ Provides inter-professional education in direct clinical area, or discipline specific teaching across teams. ▪ Demonstrates the ability to critically evaluate research and apply to practice. ▪ Maintains an awareness of current developments in the clinical areas being worked in and make recommendations to changes in practice. ▪ Involved in the induction and training of newly appointed staff as required. ▪ Completes mandatory training as applicable for the role. ▪ Participates in an annual performance review and associated clinical assurance activities. ▪ Participates in regular professional supervision in line with the organisations requirements and/or professional body. ▪ Provides mentoring and clinical support and / or professional supervision where required.
3. Leadership & Management	▪ Attends and contributes to relevant department, clinical and team meetings, leading and facilitating such meetings as requested. ▪ Assists team leaders and professional leaders in clinical assurance activities of staff as requested. ▪ Directs and delegates work to allied health assistants and support staff as required in the role, ensuring that delegated tasks, documentation and communication is carried out.
4. Service Improvement & Research	▪ Broadens research and development skills through participation in local audit and research projects as identified by team leaders, professional leaders or Advanced or Expert AH professionals. ▪ Participates in quality improvement activities to develop and improve service delivery, clinical practice or professional standards. This may include care pathways / treatment protocols, standards of practice etc. ▪ Develops and /or participates in regional / sub regional professional networks as appropriate to area of work. ▪ Establishes working partnerships with external organisations to promote integrated working. ▪ Contributes to annual planning process, including identifying gaps in service and participating in work / projects that may result from the planning process. ▪ Practises in a way that utilises resources (including staffing) in the most cost effective manner ▪ Awareness of and complies with all legislative and contractual requirements as applicable to the role (e.g. Health and Safety at

Key accountabilities	Deliverables / Outcomes
	Work Act 2015, Privacy Act 1993, Vulnerable Children's Act 2014, ACC service specifications etc.)

Works in other areas as identified or following a reasonable request in order to support the organisation in managing safe patient care and maintaining service delivery.

Key Relationships & Authorities



Capability Profile

Solid performance in the role requires demonstration of the following competencies. These competencies provide a framework for selection and development.

Competency	Behaviours
Problem Solving	Uses rigorous logic and methods to solve difficult problems with effective solutions

Competency	Behaviours
	- Probes all fruitful sources for answers - Can see hidden problems - Is excellent at honest analysis - Looks beyond the obvious and doesn't stop at first answers.
Priority Setting	- Spends his/her time and the time of others on what's important - Quickly zeroes in on the critical few and puts the trivial many aside - Can quickly sense what will help or hinder in accomplishing a goal - Eliminates roadblocks - Creates focus.
Interpersonal Savvy	- Relates well to all kinds of people – up, down, and sideways, inside and outside the organisation - Builds appropriate rapport - Builds constructive and effective relationships - Uses diplomacy and tact - Can diffuse even high-tension situations comfortably.
Communication	- Practises active and attentive listening. - Explains information and gives instructions in clear and simple terms. - Willingly answers questions and concerns raised by others. - Responds in a non-defensive way when asked about errors or oversights, or when own position is challenged. - Is confident and appropriately assertive in dealing with others. - Deals effectively with conflict.
Team Work	- Develops constructive working relationships with other team members. - Has a friendly manner and a positive sense of humour. - Works cooperatively - willingly sharing knowledge and expertise with colleagues. - Shows flexibility - is willing to change work arrangements or take on extra tasks in the short term to help the service or team meet its commitments. - Supports in word and action decisions that have been made by the team.
Self-Development	- Personally committed to and actively works to continuously improve. - Understands that different situations and levels may call for different skills and approaches. - Works to deploy strengths. - Works on compensating for weakness and limits.

Experience and Capability

Essential qualifications, skills and experience

A. Knowledge, Skills & Experience:

- Minimum of 3 years clinical practice.
- Skills in working with:
 - Assessing the requirements of the patient in their home, and providing short term intervention as required.
 - People who have had a Stroke

- People with a variety of long term conditions including neurological and cardiorespiratory
 - Those presenting with both acute and / or chronic comorbidities.
 - Older adults, including those with cognitive impairments, delirium or dementia.
 - Manual handling assessment and training of patients / family / carers / staff
 - Recognising and responding to concerns with risks for safety of children (Child Protection) and indicators of family violence; with risks for care and safety of vulnerable and/or older adults
 - Supportive counselling and advocacy.
- Experience of:
 - Working within an inter-professional team
 - Client-centred goal setting
 - Working collaboratively with community providers to support integrated practice
 - Mentoring of students and rotational staff
 - Delegation to and support of Allied Health Assistants.
 - Ability to
 - Manage a busy caseload and delegate appropriately to skilled assistant staff.

B. Essential Professional Qualifications / Accreditations / Registrations:

- NZ Registered Allied Health Professional with current annual practicing certificate.
- Member of relevant professional body (desirable).

C. Someone well-suited to the role will place a high value on the following:

- Focus on delivering high quality care for the patient/client/whānau.
- Self-motivated in developing clinical and professional practice.
- Collaborative and effective inter-professional team work, and will actively support and promote this with their colleagues.
- The ability to use reflective practice as a tool for growth and development.
- Flexibility, to respond to urgent need, as well as independently prioritise for routine workloads
- A commitment and understanding of the Treaty of Waitangi (and application to health) and a willingness to work positively in improving health outcomes for Māori.

D. Other:

- Current full NZ driver's licence with ability to drive a manual and automatic car (required for roles based in the community or where the role may be required to work across multiple sites).
- Proficiency in Microsoft Office, Word, Outlook, PowerPoint, Internet resources and e-mail.
- A high standard of written and spoken English.

Ma tini, ma mano, ka rapa te whai
By joining together we will succeed

Te Whatu Ora is committed to Te Tiriti o Waitangi principles of partnership, participation, equity and protection by ensuring that guidelines for employment policies and procedures are implemented in a way that recognises Māori cultural practices.

We are committed to supporting the principles of Equal Employment Opportunities (EEO) through the provision and practice of equal access, consideration, and encouragement in the areas of employment, training, career development and promotion for all its employees.