

Position Description

Position	Clinical Nurse Specialist – Acute Health of Older People
Team / Service	Assessment and Planning Unit (APU)
Group / Directorate	Hospital Operations
District	Capital, Coast and Hutt Valley
Responsible to	Clinical Nurse Manager (CNM), APU
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 Hutt Hospital, based in the Emergency Department (ED) within the Geriatric Emergency Department Initiative (GEDI)

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 and 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 and 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 and 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.

Te Mauri o Rongo

Te Mauri o Rongo recognises our connection to this work, to each other, to the people we serve and to our whakapapa. It speaks to specific behaviours that we will expect from each other guided by the pou of Te Mauri o Rongo:

Wairuatanga

Working with heart, the strong sense of purpose and commitment to service that health workers bring to their mahi.

Rangatiratanga

As organisations we support our people to lead. We know our people; we will grow those around us and be accountable with them in contributing to Pae Ora for all.

Whanaungatanga

We are a team, and together a team of teams. Regardless of our role, we work together for a common purpose. We look out for each other and keep each other safe. “Whiria te tangāta” – we will weave our people together.

Te Korowai Āhuru

A cloak which seeks to provide safety and comfort to the workforce.

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.

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.

Group Perspective

The Hospital Operations Group is one of six within Capital, Coast and Hutt Valley district's provider services. Services and specialties within the group range from primary to tertiary level with service provision for the district, the central Region and wider Regions. The group operates from three sites across the district including Wellington Regional, Hutt and Kenepuru hospitals.

The key areas of focus for the Hospital Operations Group are:

- To ensure effective patient flow across all sites and regionally
- To maintain a responsive Emergency Department Service which strives to meet clinical demands in a timely manner and in accordance with national KPIs.
- To deliver high quality Intensive Care Services to the local district and the region
- To lead the management of emergency responses at a local level.
- To strengthen a quality and patient safety culture through an effective clinical governance model
- To maintain effective administrative support to all clinical areas
- To develop new models of care to manage hospital demand and flow supporting best use of Inpatient bed resources and to ensure the safe management of people with complex healthcare needs
- To lead expanded collaboration with Hutt Valley and Wairarapa to establish wider regional clinical services.

Service/Team Perspective

The Emergency Department Geriatric Emergency Department Initiative (GEDI) is a nurse-led, physician-championed model of care embedded within the Emergency Department. The service aims to maximise timely multidisciplinary decision-making for frail older people presenting to ED, supporting patient flow, quality of care, and safe disposition.

The CNS - Acute Health of Older People, does not replace primary ED care, but works alongside ED medical, nursing and allied health teams to identify older people who would benefit from targeted geriatric assessment, advocacy, care coordination, clinical interventions and fast-tracked disposition planning.

This role supports the Acute Frailty Team who work with older adults with complex medical conditions and co-morbidities. The CNS will

- Geriatric risk screening to identify frailty in this cohort, therefore those that require further input from GEDI
- Rapid assessment and management of frail older persons in the ED in collaboration with the primary nurse and the wider ED team
- A modified targeted geriatric assessment is performed to fast track clinical needs and decision making regarding the appropriate pathway. This action results in earlier consultation liaison and coordination with junior and senior medical officers within the ED and other specialties.
- The GEDI CNS provides ED staff with a single point of contact when having difficulty managing a frail older person with an acute illness.
- Provides evidence based clinical care for older persons in the ED in collaboration with the primary nurse
- Provision of a consultative service for patient centred care of the frail older person or ARC resident within the ED
- Direct referral to Geriatricians and rapid consultation pathways with other medical service streams
- Liaison with hospital acute-care substitution services such as the AWHI, Community team and

palliative care services.

This role receives day to day support and oversight by the Acute Frailty Team which is led by a Geriatrician.

Purpose of the Role

The Clinical Nurse Specialist (CNS) – Acute Health of Older People provides specialist nursing advice, care and expertise, both in delivering direct patient care and in supporting other staff caring for older patients (60 years plus, Maori, Pacific people, and other over 70 years) presenting acutely with complex medical conditions with multiple co-morbidities, frailty, geriatric syndromes utilising the Geriatric Emergency Department Initiative (GEDI) model of care.

The CNS practices with increased autonomy, by working at an advanced level within the RN scope of practice (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand /NCNZ 2025). The focus is on assisting, directing and supporting patient care and whānau within the Emergency Department. The CNS role supports excellence in practice through modelling expert clinical skills, promoting best practice, facilitating interdisciplinary collaboration and providing education. The CNS has an active role in the development and achievement of the strategic direction for the GEDI service.

The CNS leads development and implementation of speciality specific pathways, protocols and guidelines, in accordance with relevant national and international standards and guidance. This includes evaluating standards of care, in line with research, policy and evidenced-based practice across a range of settings.

The service expects the CNS to work towards becoming a designated prescriber in primary health and speciality teams with NCNZ authorisation. ED, APU and the patient population benefit from CNS prescribing. The agreed timeframe to become a RN Prescriber will be discussed when newly appointed and will inform their letter of offer.

The CNS – Acute Health of Older People, uses advanced nursing knowledge and skills to show increased autonomy and associated outcomes, including to:

- Complete modified targeted comprehensive geriatric assessments to fast track clinical needs and planning using all information available and appropriate assessment tools for immobility, frailty, falls, dementia and mild delirium e.g. Rockwood Clinical Frailty Scale, Braden scale
- Prevent avoidable hospital admissions by facilitating appropriate referrals for care and support in the community and enhance early discharge planning of patients from APU and ED. Prioritising safe discharge for:
 - Aged Care Facility residents
 - Community based frail elderly post fall, and
 - People with dementia and cognitive decline
- Identify high-risk patients for facilitation of appropriate interdisciplinary follow-up
- Develop and communicate assessment findings and recommend appropriate pathway and interventions
- Facilitate referrals for geriatric consultation and rapid consultation pathways to other services, programmes and agencies as appropriate

- Provide support and counselling to patients and family members to decrease inappropriate admission and repeat emergency visits
- Collaborate and liaise with other members of OPRS, AWHI, and Older Person Community team, palliative care, and the Community Health Service, to facilitate discharge planning process from the ED and essential admissions
- The CNS - Acute Health of Older People provides ED staff with a single point of contact when having difficulty managing a frail older person with an acute illness
- Work with nursing staff to support assessment related to age-specific nursing needs, and when ED staff are having difficulty managing frail older people with an acute illness – to develop a safe plan of care for complex high-risk patients
- Role model effective communication and interpersonal skills that support clinical collaboration with nurses and other multi-disciplinary professionals across the health sector and working partnership with patients
- Assess, plan, implement, coordinate, monitor and evaluate the care of older people with geriatric syndromes in ED
- Initiating investigations (e.g. laboratory, radiology requests) linked to acute assessments (NOTE: only when preapproved with policy to support delegated responsibility that is approved by nursing leadership and Service)
- Participates in the planning and delivery of education for district health professionals that support and enhance management of Geriatric Emergency Department Initiative. Note: Request to present to external organisations needs Service and nursing leadership approval.

Key Accountabilities

The following accountabilities are in addition to the NCNZ competencies for registered nurses (RN). The CNS - Acute Health of Older People is expected to be Senior on the Professional Development and Recognition Programme (PDRP) at Hutt Hospital. Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as an advanced practice nurse.

In this Position Description the terms person or patient are used to refer to those who use health services, who in different settings may be referred to as tangata Whaiora, health consumer or client.

Key accountabilities	Deliverables / Outcomes
1. Professional Accountabilities	<ul style="list-style-type: none"> ▪ Accepts responsibility for ensuring their nursing practice and conduct meet the standards of the professional, ethical, and relevant legislated requirements ▪ Role models expert and advancing practice and applies the principles of Te Tiriti o Waitangi in nursing practice ▪ Contributes to improving inequities by working with colleagues to operationalise Te Whatu Ora’s commitment to meet the Pae Ora (Healthy Futures) Act 2022 obligations as Te Tiriti o Waitangi partners. ▪ Leads and supports excellence in nursing practice
2. Provide safe and expert patient care	<ul style="list-style-type: none"> ▪ Works directly with patients’ whānau and staff in a variety of clinical settings as an expert resource and role model ▪ Uses expert / advanced knowledge and skills to perform comprehensive patient screening and assessment, plan care, manage complex needs and arrange follow-up for patients, including the whānau where appropriate. For example, the CNS Acute Health of Older People will contributing to

Key accountabilities	Deliverables / Outcomes
	<p>decision making, to disposition planning, advocacy and clinical interventions</p> <ul style="list-style-type: none"> ▪ Clinical knowledge is advanced to meet complex patient needs ▪ Prioritises and responds to direct referrals from health professionals or service users in response to identified criteria/ service standards ▪ Uses assessment findings to foresee likely course of events and recommend/ implement appropriate changes to patient care ▪ Demonstrates sound levels of clinical judgement and ethical decision making in implementing and/or modifying interventions ▪ Utilizes effective problem solving skills with service users to reduce hospitalisation duration and facilitate early safe discharge ▪ Facilitates a collaborative, interdisciplinary approach to clinical management, assisting access to appropriate diagnostic tests, interventions and therapies ▪ Provides effective emotional and informational support to service patient and whānau ▪ Accurately documents patient assessment, interventions, referrals and/or follow-ups ▪ Uses initiative and clinical judgment in the application of relevant policies, procedures and clinical guidelines ▪ Practices autonomously and collaboratively within RN scope of practice, recognises limitations and consults/refers on appropriately.
<p>3. Works collaboratively to ensure safe and effective care delivery</p>	<ul style="list-style-type: none"> ▪ Acts as a nursing resource across clinical settings and disciplines, sharing clinical expertise both formally and informally ▪ Creates opportunities within the clinical setting to share clinical expertise through teaching and coaching of staff ▪ Provides clinical expertise/ guidance in the assessing, planning and management of complex patients ▪ Effectively communicates and coordinates the plan of care with the multidisciplinary team to ensure a seamless transition between services, including primary and secondary care ▪ Evaluates the effectiveness of clinical interventions and collaboratively facilitates modification of regimes accordingly ▪ Facilitates the communication of consistent and realistic information to patients and families ▪ Facilitates opportunities for nursing and medical staff to participate and collaborate in patient care discussion.
<p>4. Provides effective nursing leadership</p>	<ul style="list-style-type: none"> ▪ Role models and applies the principles of Te Tiriti O Waitangi in nursing practice ▪ Champions equity and diversity in the workplace ▪ Visible and accessible to direct care nurses ▪ Leads practice innovation and initiative ▪ Leads and influences practice standard to reflect current nursing knowledge, research and best practice ▪ Coaches and role models expert clinical skills and professional nursing practice (teamwork, behaviour attitudes and conduct) ▪ Incorporates an awareness of broader health policies on provision of care delivery within the district

Key accountabilities	Deliverables / Outcomes
	<ul style="list-style-type: none"> ▪ Provides a nursing perspective in organisation and planning at a service level contributing to strategic direction of Service and Speciality ▪ Responds with constructive strategies to meet new challenges and initiates/ adopts change early ▪ Contributes to shared governance of nursing through engagement in relevant meetings, committees, and working parties and/or similar ▪ Engages with Care Capacity Demand Management (CCDM) ▪ Networks with team members from a wide range of clinical disciplines, to ensure timely and effective clinical management ▪ Fosters and participates in peer education, peer review processes, case review and reflective practice ▪ Actively involved in local and national reviews of guidelines
<p>5. Enhances inter-professional healthcare and provision of quality services</p>	<ul style="list-style-type: none"> ▪ Effectively communicates with all member of the multidisciplinary team on the management of patients to develop and coordinate a plan of care ▪ In collaboration with the services, identifies and proposes quality improvement initiatives using data-driven decision-making and effective change management processes ▪ Collates and maintains patient data for analysis, audit and reporting ▪ Actively seeks and incorporates feedback, to improve quality of care delivered, through presenting and participating in patient review ▪ Evaluates nursing practice against current standards of best practice ▪ Monitors and acts upon nurse sensitive quality indicators ▪ Contributes as a clinical expert in the investigation, critical assessment and management of any adverse/reportable events ▪ Coordinates the development of evidence-based policies, procedures, documentation tools and information resources to enhance patient outcomes ▪ Actively involved in long term on-going case and peer reviews ▪ Attends appropriate educational meetings including clinical reviews ▪ Participates in required mandatory training for clinical staff
<p>6. Advances nursing and practice through research and scholarship</p>	<ul style="list-style-type: none"> ▪ Maintains required clinical competencies and technical expertise and as applicable expanded practice and national credentialing ▪ Reviews research, literature and practice trends to inform practice and ensure currency ▪ Proactive in identifying own professional development needs and negotiating appropriate resources including post graduate courses ▪ Identifies researchable practice issues and engages support in undertaking research, audit and/or internal validation studies ▪ Promotes the specialty and/or service from a nursing perspective through presentation and /or publication ▪ Participates in local/national professional nursing or specialty groups ▪ Uses professional nursing/specialty organisation membership to benefit the practice environment/ nursing service ▪ Maintains professional development to support role competencies and credentialing when required for procedures e.g. expanded practice, colposcopy etc.

Key accountabilities	Deliverables / Outcomes
7. Proactively manages Risk and Health & Safety	<ul style="list-style-type: none"> ▪ Ensure practice meets health and safety at work legislation and compliance with Health and Safety policy and procedures ▪ Actively supporting all health and safety initiatives and contributes to a safety culture for patients whānau and staff ▪ Maintain a proactive culture of Health and Safety supported by systems ▪ Actively support and ensure compliance with Health and Safety policy and procedures; ensuring staff also support and comply. ▪ Identifies and reports clinical risk factors as they pertain to the clinical areas they work within and manages these proactively ▪ As clinical expert contribute to reviews incidents/events/complaints as required to minimise risk and use findings to improve practice

Key Relationships and Authorities

Reports to:

- Clinical Nurse Manager
- Professional link to Nurse Director Hospital operations.





Capability Profile

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

Competency	Behaviours
Equity	<ul style="list-style-type: none"> • Commits to helping all of our people to achieve equitable health outcomes • Demonstrates critical consciousness and on-going self-reflection and self-awareness in terms of the impact of their own culture on interactions and service delivery • Supports the dismantling of policies, procedures and practices that cause inequity • Supports Māori-led responses • Supports Pacific-led responses • Supports Disability-focused responses
Commitment to Kawa Whakaruruhau	<ul style="list-style-type: none"> • Demonstrates understanding and application of the principles of Te Tiriti O Waitangi Treaty of Waitangi to nursing practice; • Works towards achieving equitable health outcomes for Māori; • Supports tangata whenua/mana whenua led change to deliver mana motuhake in the design, delivery and monitoring of health care; • Supports Māori oversight and ownership of decision making processes necessary to achieve Māori health equity; • Support the expression of hauora Māori models of care and mātauranga Māori
Dealing with Ambiguity	<ul style="list-style-type: none"> • Can effectively cope with change • Is adaptable and flexible • Can decide and act without having the total picture • Can comfortably manage risk and uncertainty
Decision Quality	<ul style="list-style-type: none"> • Makes good decisions based upon a mixture of analysis, wisdom, experience and judgement • Most of his/her solutions and suggestions turn out to be correct and accurate when judged over time • Sought out by others for advice and solutions
Directing Others	<ul style="list-style-type: none"> • Is good at establishing clear directions • Sets stretching objectives • Distributes the workload appropriately • Lays out work in a well-planned and organized manner • Maintains two-way dialogue with others on work and results • Brings out the best in people • Is a clear communicator
Process Management	<ul style="list-style-type: none"> • Good at figuring out the processes necessary to get things done • Knows how to organize people and activities • Understands how to separate and combine tasks into efficient work flow • Knows what to measure and how to measure it • Can simplify complex processes • Gets more out of fewer resources

Competency	Behaviours
Interpersonal Savvy	<ul style="list-style-type: none"> • 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
Quality and Innovation	<ul style="list-style-type: none"> • Provides quality service to those who rely on one's work • Looks for ways to improve work processes - suggests new ideas and approaches • Explores and trials ideas and suggestions for improvement made by others • Shows commitment to continuous learning and performance development

Experience and Capability

Essential qualifications, skills and experience

A. Knowledge, Skills and Experience:

- Clinical expertise and experience aligning with medical nursing and health of older people
- Excellent communication, interpersonal, facilitation and coaching skills
- Experience in practice development and quality improvement strategies
- Comprehensive understanding the NZ Health System including equity issues, professional leadership and emerging issues for the nursing profession
- Note: for a CNS role expected to incorporate NCNZ authorisation in *RN Prescribing in primary health and specialty teams*, there is requirement for a minimum three years practice in the area they intend to prescribe (At least one year of the total practice must be in NZ or similar context)

B. Essential Professional Qualifications / Accreditations / Registrations:

- Expert level in Professional Development Recognition Programme (PDRP) and committed to obtain and maintain Senior PDRP
- Clinical Postgraduate Diploma is the required qualification however there is support to complete a Clinical Masters qualification. The prerequisite postgraduate clinical courses to undertake a RN prescribing practicum for NCNZ authorisation in RN prescribing in primary health and specialty teams, provide essential clinical knowledge for the CNS role. Note: Service and nursing leadership approval is required to undertake the RN prescribing practicum.

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

- Commitment to Te Tiriti o Waitangi
- An enthusiasm and passion for ongoing nursing practice development
- A strong patient care focus with strengths in sharing that information
- High quality care for the patient and whānau with a strong equity focus
- Ensuring that they follow through on their work to deliver on identified outcomes.

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