

Position Description

Position	Mātanga Tapuhi Nurse Practitioner – Health of Older People
Service	Te Herenga Tangata - Community Older Persons, Rehabilitation and Allied Health
Group	Community, Allied Health and Older Adults Group (CAHOA)
District	Capital, Coast and Hutt Valley
Responsible to	Team Leader Te Herenga Tangata (Community Older Persons, Rehabilitation and Allied Health)
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 across the Hutt Valley and is based from the Hutt Hospital

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. Kāpiti 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.

Te Wao Nui, the Child Health Service for the Wellington Region and Central New Zealand based in the new purpose built children's hospital on the Wellington Regional Hospital campus, supports babies to adolescents with medical conditions or who may need paediatric surgery. It provides both hospital and outpatient services.

Women's Health Services provide tertiary level maternity care in Wellington and Hutt Regional Hospitals and a Primary Birthing Unit in Kenepuru. The provision of services from Women's Health encompass community-based primary LMC care and breastfeeding support, and tertiary level obstetrics, gynaecology, and other specialist services.

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

MHAIDS is the Mental Health, Addiction and Intellectual Disability Service for the Wairarapa District and Capital, Coast & Hutt Valley District, with multiple specialist facilities. Our Regional Forensic and Rehabilitation Inpatient Mental Health Services are located on site at Rātonga Rua-o-Porirua.

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.

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 Tino Rangatiratanga, Partnership, Equity, Active Protection and Options 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

Community, Allied Health and Older Adults Group (CAHOA) provides services to people of all ages in outpatient, community and inpatient settings across Capital, Coast and Hutt Valley District.

- Wellington Hospital is one of five major tertiary hospitals in New Zealand and provides a comprehensive range of specialist secondary and tertiary services.
- Hutt Hospital also provides a range of specialist secondary and tertiary services. Older Person Rehabilitation Service (OPRS) is the Health of Older People Service based at Hutt Hospital and provides assessment, treatment and rehabilitation in Community Older Persons, Rehabilitation and Allied Health (Community ORA), inpatient and outpatient settings.
- Kenepuru Hospital provides health of the older person, rehabilitation, outpatient, accident and medical, a medical day ward and some elective surgical services.
- There are Community Health bases at Wellington, Hutt, Kenepuru and Kapiti campuses that provide a variety of community services across C,C&HV
- The Community ORA service is part of the CAHOA Group.

CAHOA group is currently undertaking an enhancement project that intends to review its services and align them as much as possible across the District to optimise and promote patient centred, equity focused care.

Service Perspective

Te Herenga Tangata, Community Older Persons, Rehabilitation and Allied Health, (Community ORA) offers a range of intervention options to eligible people of all ages, with the objective of optimising health, social and physical function.

The service offers a range of interventions options including;

- Comprehensive Geriatric Assessment
- Outcome focussed Inter-disciplinary rehabilitation
- Assessment and appropriate support for people with disabilities, long-term conditions and life limiting illnesses
- Brief, single discipline interventions where this will effectively meet the needs of clients
- Consultancy and support to colleagues in the Residential Care sector, Home and Community Support Services, Primary Health and other community agencies.
- Fracture Liaison Service for the District

The team will partner with community agencies in developing services that work effectively for Maori and Pacific people, people on low incomes, and people with complex health conditions/disabilities.

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.

Role Purpose

The Mātanga Tapuhi Nurse Practitioner (NP) – Health of Older Person is an autonomous practitioner who works independently and collaboratively with the primary care and the interdisciplinary teams across services e.g. Emergency Department and ORA colleagues working closely with Geriatricians, the Frailty Registrar and Allied Health.

The Mātanga Tapuhi NP role is integral to providing an individual and population-based approach to meet healthcare needs. This cross sector role based at Hutt Hospital improves access to comprehensive gerontology assessment (CGA) and coordinated interventions to support older adults to live safely in their own homes. To improve equity, the Mātanga Tapuhi NP will work with Māori and Pacific people aged 55 + years who present to the Community ORA team with diagnoses usually associated with older people that impact their function and social well-being.

This requires a flexible approach, to provide consultation, direct care and treatment enabling episodes of care management, as well as support through clinical advice and education. This may include input into Residential Transitional care and other innovative models aimed at supporting Hospital flow.

The advanced practice role is integral to the provision and ongoing development of high-quality patient care - that promotes optimal experience and equitable outcomes for patients and their whānau.

The Te Kaunihera Tapuhi o Aotearoa Nursing Council (NCNZ) scope of practice:

Mātanga Tapuhi NPs have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Mātanga Tapuhi NPs work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community. Mātanga Tapuhi NPs manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau. Mātanga Tapuhi NPs combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/settings. As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession (NCNZ, 2017).

The Mātanga Tapuhi NP role contributes through leadership (both clinically and professionally), research utilisation and activities to contribute to practice excellence and positively influence health service delivery. The role is responsive to service priorities. The Mātanga Tapuhi NP will take a lead role in supporting ongoing development of an effective advanced nursing model - to enhance older people’s access to timely gerontology care and expertise. This includes providing early response to primary care referrals.

While the role reports to the Team Leader it is expected that the Mātanga Tapuhi NP will have a close working relationship with:

- An identified Senior Medical Officer (SMO Consultant) for regular clinical mentoring and contribution towards annual performance review
- Linkage to operational leadership (when not the line manager) for informing strategic population health outcomes
- Nurse Director Older Persons, Primary and Community with support from Nurse Consultant - Advanced Practice

Key Accountabilities

The following accountabilities include the Mātanga Tapuhi NP competencies (NCNZ 2017). 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
Professional Accountabilities	<ul style="list-style-type: none"> ▪ Role models advanced practice and applies the principles of Te Tiriti o Waitangi in nursing practice ▪ Champions equity and diversity in the workplace ▪ 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. ▪ Provide leadership and support to advance nursing practice and workforce development with a focus on Clinical Nurse Specialist optimisation and NP Intern role development
Provides safe and accountable advanced practice	
Competency 1 Demonstrates safe and accountable practice incorporating strategies to maintain currency and competence	<ul style="list-style-type: none"> ▪ Practices within the legislation, professional standards and health policy relevant to Mātanga Tapuhi NPs ▪ Practices within safe boundaries around a clearly defined area of practice (client/population group) or those with similar health concerns and demonstrates timely referral and consultation when an issue is outside scope, area of practice, experience or competence ▪ Confidently and autonomously provides the full spectrum of healthcare services in relation to client/population group including health promotion and protection, disease prevention, guidance and counselling, disease management, maintenance and restoration of health, rehabilitation and palliative care. Self-monitors and critically reflects on practice including

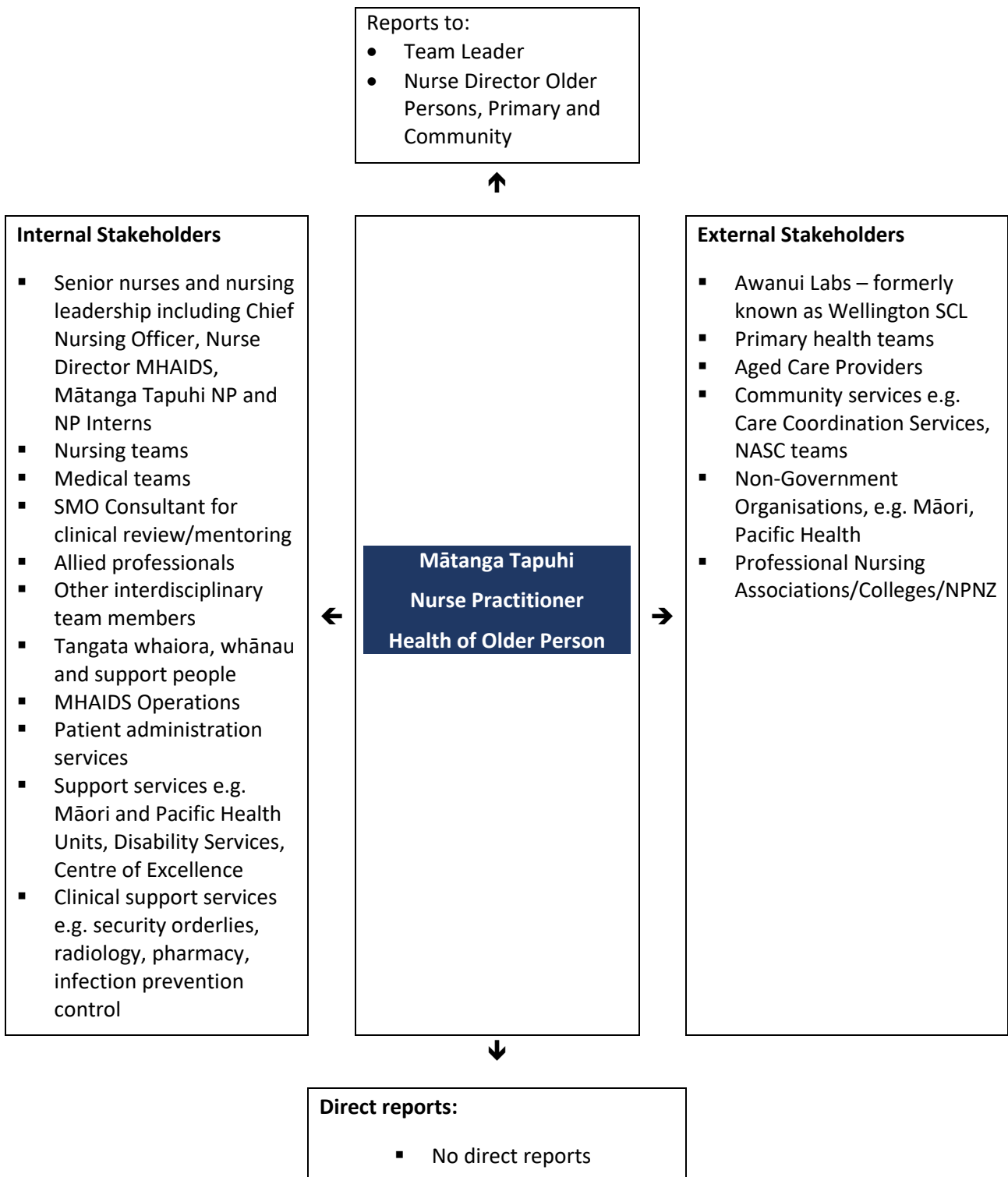
Key accountabilities	Deliverables / Outcomes
	<p>through regular professional supervision, collaborative case review and audit of practice, including prescribing and attends and participates in the Mātanga Tapuhi NP forums/meetings</p> <ul style="list-style-type: none"> ▪ Self-monitors and critically reflects on practice including through regular professional supervision, collaborative case review and audit of practice, including prescribing ▪ Continually reviews and updates knowledge and skills to ensure currency and adaptability to address broad and changing population health needs and to practice safely across healthcare settings ▪ Integrates a broad base of nursing knowledge, human sciences (pathophysiology and psychosocial) and clinical knowledge and skills within a framework of nurse practitioner practice. ▪ Demonstrates accountability in considering access, cost and clinical efficacy and applies ethical decision making when providing health services
Assess, diagnoses, plans, implements and evaluates care	
<p>Competency 2</p> <p>Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses</p>	<ul style="list-style-type: none"> ▪ Completes a comprehensive health history relevant and appropriate to the client's presentation ▪ Actively explores the health consumer's concerns, preferences, health behaviours, attitudes and priorities using a strengths based health promotion focus and risk identification to identify health care needs ▪ Identifies the level of assessment (focused or comprehensive) required and performs a systematic review based on the client's presenting condition and health history ▪ Demonstrates comprehensive skill in obtaining and interpreting data that informs clinical judgement and differential diagnosis including prior treatment outcomes, physical findings and test results ▪ Applies analysis, clinical reasoning and problem solving to assessment findings and synthesises clinical and human science knowledge to develop differential diagnoses ▪ Orders or performs diagnostic investigations using evidence to support or rule out diagnoses ▪ Formulates an accurate diagnosis from an informed set of differential diagnoses using clinical reasoning and best available evidence ▪ Demonstrates a high level of clinical proficiency in managing common and complex client situations and acts to prevent and/or diagnose urgent, emergent or life threatening situations
<p>Competency 3</p> <p>Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care.</p>	<ul style="list-style-type: none"> ▪ Works in partnership with the health consumer to determine therapeutic goals and options ▪ Makes decisions about healthcare management and interventions informed by critical evaluation of research findings ▪ Develops an individual plan of care and communicates this to health consumer and appropriate members of the healthcare team and relevant agencies ▪ Applies a comprehensive knowledge of pharmacology to make safe and appropriate risk-benefit prescribing decisions including considerations of antibiotic stewardship and drug dependency where appropriate

Key accountabilities	Deliverables / Outcomes
	<ul style="list-style-type: none"> ▪ Verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing treatment/interventions ▪ Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the health consumer ▪ Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions ▪ Makes appropriate decisions regarding admission and discharge of health consumers from healthcare services ▪ Monitors, critically evaluates and documents treatments/interventions in accordance with health consumer determined goals and healthcare outcomes ▪ Considers a plan for appropriately ceasing and/or modifying treatment in partnership with the health consumer, and other members of the healthcare team
Works in partnership with health consumers	
<p>Competency 4</p> <p>Consistently involves the health consumer to enable their full partnership in decision making and active participation in care</p>	<ul style="list-style-type: none"> ▪ Works to establish a relationship with the health consumer that is characterised by mutual trust and respect, empathy, and collaboration ▪ Demonstrates respect for difference in cultural, social and developmental responses to health and illness and incorporates health beliefs of the health consumer / community into care planning and implementation ▪ Supports, educates, coaches, motivates, counsels and works in partnership with the health consumer and their family/whānau where relevant regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions ▪ Advises the health consumer and their family/whānau where relevant on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up ▪ Discloses the facts of adverse events to the health consumer and other health professionals mitigates harm and reports adverse events to appropriate authorities ▪ Respects the rights of the health consumer to make informed decisions whilst taking accountability to ensure access to accurate and appropriately interpreted information ▪ Assesses and contributes to health literacy by sharing knowledge with the health consumer to achieve evidence-informed management plan ▪ Uses appropriate teaching/learning strategies and style to provide diagnostic information, health promotion and health education to meet health consumer learning needs
Works collaboratively with healthcare teams	
<p>Competency 5</p>	<ul style="list-style-type: none"> ▪ Works across a wide variety of different interprofessional teams to establish and maintain effective collegial relationships as a senior member,

Key accountabilities	Deliverables / Outcomes
Works collaboratively to optimise health outcomes for health consumers/population groups	<p>including secondary services, wider primary care services and aged-residential care providers and NGO sector</p> <ul style="list-style-type: none"> ▪ Collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer ▪ Demonstrates advanced interpersonal, leadership and management skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups ▪ Effects nursing practice and healthcare change using broad-based skills, including negotiating, consensus building and partnering ▪ Articulates the Mātanga Tapuhi NP role and promotes nursing in clinical, political and professional contexts ▪ Contributes to a variety of healthcare teams by supporting, directing, education and mentoring colleagues, students and others ▪ Supports the development of clinical expertise and critical thinking in nursing and other team members
Works to improve the quality and outcomes of healthcare	
<p>Competency 6</p> <p>Initiates, and participates in, activities that support safe care, community partnership and population health improvements</p>	<ul style="list-style-type: none"> ▪ Utilises systems thinking and critical inquiry skills to audit, evaluate and improve the quality of health services ▪ Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice ▪ Monitors and minimises risk to health consumers and health care service providers at the individual and systems level ▪ Applies knowledge of health systems, socio-political issues, new technologies and funding practices to advocate, influence and manage innovative changes to services to improve access, equity of outcomes, quality and cost-effective healthcare for specific groups or populations ▪ Critically appraises scientific literature and shares new knowledge and research through discussions, presentations, publications, and the development of best practice guidelines ▪ Takes every opportunity to support best practice and share expertise by providing education and learning sessions when approached ▪ Incorporates understanding of diversity, cultural safety and socio-economic determinants of health and uses cultural model of care when planning and providing healthcare services ▪ Demonstrates commitment to the Te Tiriti o Waitangi and applies advanced knowledge of Māori health and socio-economic disparities when working in partnership with Māori health consumers and local iwi/Māori health provides to improve access to healthcare and health outcomes ▪ Influences and critiques health policy and nursing practice through leadership and active participation in workplace and professional organisations
Proactively Manages Risk and Safety	<ul style="list-style-type: none"> ▪ Ensure practice meets health and safety at work legislation ▪ Actively supporting all health and safety initiatives and contributes to a safety culture for patients whānau and staff ▪ Identifies and reports clinical risk factors as they pertain to the clinical areas they work within and manages these proactively

Key accountabilities	Deliverables / Outcomes
	<ul style="list-style-type: none"> ▪ As clinical expert contribute to reviews incidents/events/complaints as required to minimise risk and use findings to improve practice ▪ Accesses professional development and supervised practice to support skill development for procedures when applicable to perform diagnostic and therapeutic procedures/interventions e.g. endorsement for Specialist Dementia/HDU level care assessment with Care Coordination Centre Service and NP Radiology Endorsement.

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
Commitment to Kawa Whakaruruhau	<ul style="list-style-type: none"> ▪ Demonstrates understanding and application of the principles of Te Tiriti o 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.
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 Whaikaha-focused responses
Dealing with Ambiguity Works effectively amidst change & uncertainty	<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
Strategic Agility Anticipates future consequences and trends and creates breakthrough strategies and plans	<ul style="list-style-type: none"> ▪ Sees ahead clearly ▪ Can anticipate future consequences and trends accurately ▪ Has broad knowledge and perspective ▪ Is future oriented, can think strategically and develop plans
Drive for Results Focuses on achieving or exceeding goals	<ul style="list-style-type: none"> ▪ Can be counted on to exceed goals successfully ▪ Is constantly and consistently one of the top performers ▪ Very bottom-line oriented ▪ Drives self and others for results
Interpersonal Savvy Relates well to all kinds of people – builds constructive and effective relationships	<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

Competency	Behaviours
Quality & 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 & Experience:

- Have at least four years' experience aligning with older persons health (ideally community experience)
- Has experience in leadership, coaching and mentoring approaches
- Excellent communication, interpersonal and facilitation skills
- Experience in practice development and quality improvement strategies
- Comprehensive knowledge of NZ Health System understanding including equity issues, professional leadership and emerging issues for the nursing profession.

B. Essential Professional Qualifications / Accreditations / Registrations:

- Clinical Masters including or additional NP required practicum (60 credits)
- Current Mātanga Tapuhi NP Annual Practising Certificate with recent relevant clinical experience
- Mātanga Tapuhi NP registration with NCNZ and ongoing evidence that your continuing competence requirements managed directly with NCNZ every three years are maintained
- Sign-off when applicable for technical skills/certification/credentials/endorsements e.g. radiology endorsement, diagnostic and therapeutic procedures - Specialist Dementia/HDU level care assessment with Care Coordination Centre Service

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

- Commitment to Te Tiriti o Waitangi
- Living the District values
- Continuous improvement focused on innovation and critical thinking
- Respect and collaboration in practice
- Promoting a positive and collaborative team environment
- Delivering an exemplary standard of care
- Practice informed by research evidence
- Commitment to sustainable practice

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