



PORTLAND
DISTRICT HEALTH

POSITION DESCRIPTION

Specific Position Title:	Nurse Practitioner
Award:	Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016 - 2020 Public Health Systems Nurses and Midwives (State) Award 2015 Victorian Public Mental Health Services Enterprise Agreement 2016 - 2020
Award Classification:	As per employment contract
Department	Organisational Wide
Responsible to	Director of Nursing / Director of Medical Services

Purpose of the Position

The Nurse Practitioner (NP) role is built on the platform of a Registered Nurse (RN) and centers on advanced clinical practice, nursing leadership, and the development of quality nursing through research, mentoring, and training.

All NP roles include, but are not limited to, assessment and management of patients / clients / residents using nursing knowledge and skills, direct referral of patients / clients / residents to other health care professionals, prescribing medications, and ordering / interpreting / acting on diagnostic investigations.

The NP provides innovative and flexible health care delivery that complements other health care providers.

Key Result Areas

Responsibilities

The primary responsibilities of the NP are to:

KPI 1: Nurse Practitioners Standard of Practice:

Nurse Practitioner Standards of Practice is in accordance with the Nursing and Midwifery Board of Australia (NMBA) Nurse Practitioners Standards for Practice (January 2014) as summarised. Refer ANNEX 4 for the detailed capabilities described within the framework.

NURSE PRACTITIONERS STANDARDS FRAMEWORK

Standard 1: ASSESSES USING DIAGNOSTIC CAPABILITY:

Statement 1.1: Conducts comprehensive, relevant and holistic health assessments.

Statement 1.2: Demonstrates timely and considered use of diagnostic investigations to inform clinical decision making.

Statement 1.3: Applies diagnostic reasoning to formulate diagnoses.

Standard 2: PLANS CARE AND ENGAGES OTHERS:

Statement 2.1: Translates and integrates evidence into planning care.
Statement 2.2: Educates and supports others to enable their active participation in care.
Statement 2.3: Considers quality use of medicines and therapeutic interventions in planning care.
Statement 2.4: Refers and consults for care decisions to obtain optimal outcomes for the person receiving care.
PDH & HRH are aware of and practices within the principles of health literacy and patient centred care.

Standard 3: PRESCRIBES AND IMPLEMENTS THERAPEUTIC INTERVENTIONS:

Statement 3.1: Prescribes indicated non-pharmacological and pharmacological interventions.
Statement 3.2: Maintains relationships with people at the center of care.
Statement 3.3: Practices in accordance with federal, state and territorial legislation and professional regulation governing Nurse Practitioner practice.

Standard 4: EVALUATES OUTCOMES AND IMPROVES PRACTICE:

Statement 4.1: Evaluates the outcomes of own practice.
Statement 4.2: Advocates for, participates in, or leads systems that support safe care, partnership and professional growth.

KPI 2: PROFESSIONAL PRACTICE

- Works professionally in accordance with the PDH & HRH Code of Conduct, NMBA Code of Professional conduct for Nurses / Midwives and the NMBA Code of Ethics for Nurses / Midwives.
- Recognises own abilities and level of professional competence whilst enhancing the professional development of others.
- Acknowledges, understands and practices within designated scope of practice, as defined by the PDH & HRH Matrix for Scope of Practice and specific Nurse Practitioner Scope of Practice.
- Meets NMBA Continuing Professional Development Practice Standards.
- Achieves PDH & HRH Nursing Professional capability framework competencies to the Advanced Practice (expert) level across all domains within designated timeframes.
- Actively facilitates the experience and learning of students undertaking clinical placement.
- Adheres to all aspects of confidentiality in regards to patients, residents, staff and personnel.
- Uses professional standards to promote best practice and acts as a role model for other nurses and members of the health care team.
- Acts to eliminate negative behaviour in the workplace.
- Supports other nurses or health care providers who report unsafe or unprofessional practice and negative workplace behaviour.
- Provides constructive feedback to nurses about their clinical practice and behaviour through clinical supervision and mentoring.
- Reports notifiable conduct of health professionals, health workers and others in accordance with APHRA guidelines.
- Participates in and/or leads collaborative practice.

KPI 3: CONTINUOUS QUALITY IMPROVEMENT AND RISK MANAGEMENT

- Maintains own health and safety in the workplace and adheres to the AWH Occupational Health and Safety (OH&S) policies and procedures.
- Demonstrated understanding of Workplace Health and Safety requirements.
- Participates in and promotes the value of research that contributes to the development of evidence-based nursing practice and improved standards of care.
- Actively participates in the development and achievement of the services quality and risk plan.

- Actively participates in the achievement of the National Safety and Quality Health Service Standards and Equip programs, particularly in their area of specific clinical practice.
- Demonstrates responsibility in ensuring changes to work practice are measured and reported for improved patient care.
- Attends and participates in PDH & HRH committees and / or working parties when required.
- Ensures incidents regarding clinical practice and environmental safety are accurately documented at the time of the incident in the health service Incident reporting software.
- Consider the cost and budget implications when using or obtaining consumables in relation to the delivery of patient care.
- Reviews and provides feedback on the relevance of organisational policies and professional standards procedures to practice.
- Demonstrated understanding and response to PDH & HRH emergency codes.

PERFORMANCE APPRAISAL:

A review of performance shall be undertaken within six months following commencement and annually thereafter. There is an expectation that staff will assume responsibility for completion of any learning requirements advised by the organisations. This includes all Mandatory Training and Clinical Competencies as required (annually or in accordance with timelines specified in relevant health service policies and procedures)

SELECTION CRITERIA

MANDATORY CRITERIA:

- KSC 1 Current registration and endorsement with APHRA as a Nurse Practitioner of the selected discipline
- KSC 2 Demonstrated ability to function autonomously and collaboratively in an advanced and extended clinical role
- KSC 3 Demonstrated capability to effectively communicate with a range of divergent health care professionals
- KSC 4 Demonstrated ability to engage with and promote reflective practice across the nursing workforce
- KSC 5 Demonstrated ability to apply and promote evidence informed practice at the point of care.

SELECTION CRITERIA:

- KSC6 Sound Knowledge of the Mental Health care Act(s) specific requirement for working within Mental Health Services.
- KSC7 Experience at a clinical leadership level in working with and utilising the Australian National safety standards to inform and evaluate practice.

NOTES:

A current National Police Check shall be provided / undertaken prior to appointment.

A Working with Children's Check (as per relevant State legislation) may be required where the role requires working unsupervised with children.

Evidence of immunisation against specified infectious diseases must be provided for all Category A positions prior to appointment (please refer to Annex 3 for more information)

PDH is the principal regional health care provider in the event of disaster and emergency. The occupant of this position understands and acknowledges that he/she may be required to work as assigned if requested to meet the Health Service's responsibilities in the event of a disaster or emergency situation.

While this position description reflects the current duties and responsibilities, it is not to be interpreted as all inclusive. It may be subject to review from time to time.

KEY PERFORMANCE INDICATORS

- All care provided to patients / residents / clients who are seen by the NP are within their scope of practice.
- All patients / residents / clients are seen in an appropriate time frame.

- Assesses utilising diagnostic capability.
- Plans care and engages others.
- Prescribes and implements appropriate therapeutic interventions. Evaluates outcomes and improves practice.
- Actively participates in quality improvement and research activities.

Key result areas underpin PDH Strategic Direction to include:

- We Surpass – Your experiences in our care will be safe and the highest quality it can be
- We Connect – Our collaborations, partnerships and relationships are vital to our success
- We Learn – Our skilled team are the heart of our organisation, they are dedicated to lifelong learning
- We Create – Discovering and developing innovative solutions is our way of delivering our best.
- We are Responsible – We work hard to meet or exceed expectations, we comply with what is required of us

ORGANISATIONAL RESPONSIBILITIES

The following criteria are requirements for all employees that may either be assessed through the selection process or assessed as part of your ongoing and annual Professional Development / Performance Management review cycle.

Communication:

- Ability to gather relevant information through effective questioning.
- Ability to express information and ideas appropriately.
- Reads / reviews relevant documents.
- Participates in meetings, committees and disseminates information as required.

Equal Employment Opportunity:

- Commitment to the principles.
- Supports diversity in the workplace.

Information Management:

- Collects and uses data as required.

Integrity:

- The ability to understand the implications of one's actions and act in a manner consistent with relevant policies, codes, guidelines and legislation.

Organisation Awareness:

- Being aware of the organisational goals and objectives and contribute positively to their attainment.

People Patient Focused Environment:

- Ability to set the highest standards of performance for self and others in meeting the needs of internal and external customers.

Infection Control:

- Hand Hygiene.
- Standard precautions.

Primary Health:

- Promotes the social view of health, early intervention, health promotion and harm minimisation.

Quality Improvement:

- Participate in, and where applicable leads educational and Quality Improvement activities. Works to continually improve own performance.

Resource Management:

- Ensure all allocated resources are managed in an efficient and accountable manner.

Safe Practice and Environment:

- Understands responsibilities under Occupational Health and Safety legislation. Able to identify actual / potential work place hazards and take corrective action. Vaccination status meets legislative requirements.

Self Development:

- The ability to understand own development needs and to recognise, create and seize opportunities to improve performance.

Teamwork / Collaboration:

- Works effectively with others to achieve mutual aims, and to identify and resolve problems. Influence an environment free from horizontal and vertical violence.

NURSE PRACTITIONER STANDARDS**STANDARD 1: ASSESSES USING DIAGNOSTIC CAPABILITY**

Statement 1.1: Conducts comprehensive, relevant and holistic health assessment

- Demonstrates extensive knowledge of human sciences and health assessment.
- Demonstrates comprehensive and systematic skill in obtaining relevant, appropriate and accurate data that inform differential diagnoses.
- Assesses the complex and/or unstable health care needs of the person receiving care through synthesis and prioritisation of historical and available data.
- Assesses the impact of comorbidities, including the effects of co-existing, multiple pathologies and prior treatments in the assessment of the person receiving care.
- Demonstrates comprehensive skill in clinical examination including physical, mental health, social, ethnic and cultural dimensions.
- Consistently and accurately synthesises and interprets assessment information specifically history, including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and abnormal states of health.
- Critically evaluates the impact of social determinants on the person and population.

Statement 1.2: Demonstrates timely and considered use of diagnostic investigations to inform clinical decision making:

- Makes decisions about the use of person-focused diagnostic investigations that are informed by clinical findings and research evidence.
- Demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the person receiving care when ordering diagnostic investigations.
- Orders and/or performs selected screening and diagnostic investigations.
 - Is responsible and accountable for the interpretation of results and for following-up the appropriate course of action.
- Uses effective communication strategies to inform the person receiving care and relevant health professionals of the health assessment findings and diagnoses.

Statement 1.3: Applies diagnostic reasoning to formulate diagnoses:

- Synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics and societal processes when making a diagnosis.
- Considers the person's expectations of assessment, diagnosis and cost of health care.
- Acts to prevent and/or diagnose urgent and emergent and life threatening situations.
- Determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the person's history and best available evidence.

STANDARD 2: PLANS CARE AND ENGAGES OTHERS

Statement 2.1: Translates and integrates evidence into planning care

- Takes personal responsibility to critically evaluate and integrate relevant research findings into decision making about health care management and interventions.
- Ethically explores therapeutic options considering implications for care through the integration of assessment information, the person's informed decision and best available evidence.
- Is proactive and analytical in acquiring new knowledge related to Nurse Practitioner practice.

Statement 2.2: Educates and supports others to enable their active participation in care:

- Respects the rights of the person to make informed decisions throughout their health / illness experience or episode, whilst ensuring access to accurate and appropriately interpreted information.
- Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed.
- Communicates about health assessment findings and/or diagnoses, including outcomes and prognosis.
- Works to meet identified needs for educating others regarding clinical and ongoing care.

Statement 2.3: Considers quality use of medicines and therapeutic interventions in planning care:

- Develops an individual plan of care and communicates this to appropriate members of the healthcare team and relevant agencies.
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to Nurse Practitioner scope of practice.
- Works in partnership with the person receiving care to determine therapeutic goals and options. Verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing interventions.
- Demonstrates accountability in considering access, cost and clinical efficacy when planning treatment.

Statement 2.4: Refers and consults for care decisions to obtain optimal outcomes for the person receiving care:

- Collaborates with other health professionals to make and accept referrals as appropriate.
- Consults with and/or refers to other health services, disability services, aged-care providers and community agencies at any point in the care continuum.

STANDARD 3: PRESCRIBES AND IMPLEMENTS THERAPEUTIC INTERVENTIONS

Statement 3.1: Prescribes indicated non-pharmacological and pharmacological interventions:

- Contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plan.
- Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving care.
- Demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations.

- Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions. Interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care.

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Statement 3.2: Maintains relationships with people at the centre of care:

- Supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions.
- Advises the person receiving care on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up.
- Shares information with others in consultation with the person receiving care.
- Coordinates care with other health, disability and aged-care providers, agencies and community resources.
- Discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organisational policy.
- Advocates for improved access to health care, the health care system and policy decisions that affect health and quality of life.

Statement 3.3: Practices in accordance with federal, state and territorial legislation and professional regulation governing Nurse Practitioner practice:

- Defines duty of care in accordance with relevant legislation and regulation.
- Remains informed of changes to legislation and professional regulations, and implements appropriate alterations to practice in response to such changes.
- Contributes to the development of policy and procedures appropriate to context and specialty.

STANDARD 4: EVALUATES OUTCOMES AND IMPROVES PRACTICE STATEMENT

4.1: Evaluates the Outcomes of Own Practice:

- Monitors, evaluates and documents treatments / interventions in accordance with person determined goals and health care system outcomes.
- Considers a plan for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and other members of the health care team.
- Applies the best available evidence to identify and select appropriate outcomes measures of practice.
- Uses indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice.
- Participates in clinical supervision and review.
- Implements research-based innovations for improving care.
- Contributes to research that addresses identified gaps in the provision of care and/or services.

Statement 4.2: Advocates for, participates in, or leads systems that support safe care,

- Advocates and provides evidence for expansion to Nurse Practitioner service where it is believed that such an expansion will improve access to quality and cost-effective health care for specific populations.
- Demonstrates clinical leadership in the design and evaluation of services for health promotion, health protection or the prevention of injury and/or illness.
- Articulates and promotes the Nurse Practitioner role in clinical, political and professional contexts.
- Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team. Critiques health care policies for their implications on the Nurse Practitioner role and the populations for whom they care.

- Influences health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organisations.

Organisational Relationships

1. Internal Relationships
 - All PDH & HRH Divisions, Departments and Clinics
2. External Relationships
 - All visitors and patients to our health service



Essential Key Selection Criteria

1. **Academic/Specialist/Trades Qualifications/Registrations:**
 - a. Registered as a Registered Nurse with the Nursing and Midwifery Board of Australia / Australian Health Practitioner Regulation Agency
 - b. Endorsed as a Nurse Practitioner with the Nursing and Midwifery Board of Australia / Australian Health Practitioner Regulation Agency
 - c. A current National Police Check (renewed every 3 years)
 - d. Current Victorian Drivers License
 - e. Computer literacy skills using various applications
2. **Work Experience & Skills:**
 - a. Demonstrated
3. **Personal Qualities & Behavioural Traits:**
 - a. Striving for a high standard of excellence with work processes and outcomes.
 - b. Striving for high customer satisfaction with a helpful and friendly attitude when interacting with internal and external stakeholders
 - c. Being respectful, approachable and team oriented, building strong working relationships and a positive work environment
 - d. Taking ownership of your work, doing what is needed without being asked and following through when required.
 - e. Being receptive to feedback, willing to learn, embracing continuous improvement

References

- Fair work – Enterprise Bargaining Agreements/Awards
<https://www.fwc.gov.au/awards-and-agreements/agreements>
- Worksafe Victoria
<http://www.worksafe.vic.gov.au/>

Definitions Used to Quantify Frequency of tasks / demands

PHYSICAL DEMANDS Discipline: Administration	FREQUENCY
Shift work - Rotation of Shifts – Day, Afternoon	Occasional
Sitting – Remaining seated to complete tasks	Constant
Standing – Remaining standing without moving about to perform tasks	Frequent
Walking – on various surfaces; internal & external	Frequent
Lean Forward / forward flexion from waist – to complete tasks	Frequent
Trunk Twisting –turning form the waist to complete tasks	Frequent
Kneeling – remaining in a kneeling position to complete tasks	Rare
Squatting / Crouching – Adopting these postures to complete tasks	Occasional
Leg / Foot movement – to operate equipment	Frequent
Climbing Steps / ladders – Ascending / descending steps / ladders	Rare
Lifting / Carrying – Light lifting / carrying < 5 KG Moderate Lifting / Carrying 5 – 10 Kg Heavy Lifting / Carrying 10 – 20 Kg	Frequent Occasional Rare
Transfer and movement of patients using lifting devices	Rare
Push / Pull of equipment / furniture – Light push / pull forces less than 10Kg Moderate push / pull forces 10 – 20 Kg Heavy push / pull forces > 20Kg	Frequent Occasional Rare
Reaching – arm fully extended forward or raised above shoulder	Frequent
Head / Neck Postures – Holding head in a position other than neutral	Occasional
Sequential Repetitive actions in short period of time – Repetitive flexion and extension of hands wrists and arms Gripping, holding, twisting, clasping with fingers / hands	Frequent Occasional
Screen based work – Using computer, Keyboard, Mouse	Constant
Sensory Demands	
Sight – Use of sight is integral to tasks completed each shift	Constant
Hearing –Use of hearing is integral part of work performance	Constant
Touch – Use of touch is integral to tasks completed each shift	Constant
Psychosocial Demands/ Occupational exposure	
Observation Skills – as related to position	Constant
Problem Solving – as related to position	Constant
Attention to Detail – as related to PDH standards	Constant
Working with and supporting distressed individuals and families	Frequent
Dealing with aggressive or uncooperative individuals	Occasional
Dealing with Unpredictable Behavior	Frequent
Exposure to Distressing or vicarious situations	Rare

Constant	70 – 100 % time in this position
Frequent	31 – 69 % time in this position
Occasional	16 – 30 % time in this position
Rare	0 – 15 % time in this position
NA	Not Applicable