



May 2018

The West Coast District Health Board is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies.

Position Title:	Clinical Assessor – Complex Clinical Care Network (CCCN)	
Location:	West Coast Region	
Reports to:	Complex Clinical Care Network Manager	
Professional Report:	Professional Leader or Director of Nursing	
Service Vision & Purpose: The Health of older Person’s Service (HOPS) vision is to improve the health and wellbeing of older people living on the West Coast.		
Organisational Values: <ul style="list-style-type: none">• Care & respect for others• Integrity in all we do• Responsibility for outcomes		
Principle Objectives: <ul style="list-style-type: none">• To complete a comprehensive clinical assessment of clients medical, rehabilitation and support needs by using the InterRAI Home Care or Contact Assessment in order to identify issues to be addresses that will promote a person’s self-determination within their current environment or the environment they wish to be in.• To prioritise these needs in conjunction with the client and the CCCN (Complex Clinical Care Network) staff and/or IDT members, focusing on a restorative approach by using Post Assessment Guidelines to develop a Care Plan for the client.• To facilitate referrals to services that will assist in restoring function and eliminating or minimizing the need for ongoing supports i.e. falls prevention programs. Planning and ensuring co-ordination of package of services to meet their ongoing needs and reviewing this package to ensure that the services continue to meet the needs of the client.• In using innovation and flexibility to address individual care needs and facilitate collaboration between providers, the case management approach plays an important role in prevention of exacerbation and complications through implementation of clinical best practice pathways that are client centred.		
Key Relationships:	Internal: <ul style="list-style-type: none">• Director of Nursing/appropriate Allied Health Professional Leader• Nursing Director – Older People, Population Health• CCCN Manager and other CCCN Staff• HOPS Consultant Geriatrician• District Nursing Service, HBSS• Nurse Manager Community Services / Primary Health• Service Manager Allied Health, Diagnostic and Support Services	External: <ul style="list-style-type: none">• Aged Residential Care Facilities staff and residents• Community and Primary care Services (including Maori Health) Providers• Clients/Family/Whanau/Carers• Referrers• Informal Providers

	<ul style="list-style-type: none"> • Mental Health Services • Clinical Nurse Managers, Clinical Nurse Specialists, Rural Nurse Specialists, medical and Allied health Staff and Community Teams, PSE needs assessors. 	
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KEY PERFORMANCE OBJECTIVES:

Task:	Expected result:
To complete InterRAI assessments to CCCN level of competency.	<ul style="list-style-type: none"> • Turoro/clients will be assessed via a comprehensive clinical assessment/review using the Contact Assessment or full InterRAI Home Care Instruments as required • Client/family/whanau will be provided information about the InterRAI assessments, care planning and service co-ordination process as appropriate. • With the agreement of the client, consult with family/whanau/caregivers, service providers, General Practitioners etc. in relation to this assessment. • Utilise professional skills and knowledge to develop care plan that is focused on a restorative approach that eliminates or minimizes the need for on-going support and promotes quality of life for the client. • Complete documentation of the assessment process and the outcomes. Liaise as required with other members of the CCCN Team to develop a Care Plan that reflects the clients prioritised needs and goals and encourages independence, self-determination and the persons participation to the level of their capacity. Formulate the clients Care Plan • Refer on to Allied Health or other services if required.
Complete, sign off and coordinate Support Plan	<ul style="list-style-type: none"> • Ensure the Turoro/client is fully informed of the coordination process. • Identify service delivery options in the identified timeframes. • Review appropriateness of support and services and negotiate adjustments as necessary. • Consider a wide range of options (including formal and informal and natural supports) when developing Turoro/clients service plans. • Ensure turoro/clients understand their options regarding choice of available

	<p>service providers or reasons why choice is not available.</p> <ul style="list-style-type: none"> • The costs of the plan will not exceed the levels set by Planning & Funding. If the costs are in excess of the set level, the process for approval will be followed. • Demonstrate awareness of safe practice, i.e. for turoro/client, self and others. • Knowledge and application of legislation governing obtaining, release, and storage of client information. • Undertake reviews of Packages of Care as identified via the review process. • Maintain and disseminate resource information on and update knowledge of broad range of services available in the community, means of access to, eligibility for and understand the cost of these resources.
To undertake duties associated with the Assessor's professional scope of practice and competency level.	<ul style="list-style-type: none"> • Clients may access relevant interventions/service as required without referral to another professional of the same discipline; e.g. an OT may undertake any relevant OT duties that arise during assessment visit or a Registered Nurse is expected to provide appropriate level of nursing input. A Social Worker may help people cope with a crisis, and support them with coping strategies. • To work within current scope of practice and seek appropriate direction and delegation as required.
Complete statistical information requirements	<ul style="list-style-type: none"> • Complete appointments form in a timely manner and forward to the team administrator.
Take part in duties relating to the Single Point of Referral system.	<ul style="list-style-type: none"> • Be an effective member of the Single Point of Referral duty and triage system, as required.
Culturally Safe Practice	<ul style="list-style-type: none"> • Demonstrate a commitment to bi-cultural practice. • Evidence of a service which takes into account the socio-cultural values of clients/family/whanau.
Participate in professional development, training, education, appraisal.	<ul style="list-style-type: none"> • To have comprehensive understanding and clinical knowledge of the ageing process, care of the elderly and the issues associated with ageing. • To maintain currency in professional practice within the speciality of

	<p>Gerontology by undertaking relevant professional development that is aligned to the priorities of the CCCN.</p> <ul style="list-style-type: none"> • Maintain professional accountability to the appropriate professional leader or Director of Nursing. • Must maintain the requirements of the appropriate registration authority to hold an annual practising certificate or the requirements to maintain professional competency of the appropriate professional body for those health professionals not under Health Practitioners Competence Assurance Act 2003 (HPCA). • Contribute to the professional development of others (e.g. Social Work students). • To maintain the competency requirements of the appropriate registration authority or professional body whichever is relevant. • To meet requirements for the appropriate professional group e.g. and credentialing requirements, such as the competency based performance review for nursing, any compulsory training requirements of the service or professional group. • Undertake professional supervision as per the appropriate body's supervisions standards. • Prepare and participate in own annual performance review process based on position description and WCDHB process. • Undertake quality improvement and develop own professional expertise in the specialty of Gerontology.
Participate in developing and maintaining communication with key agencies, service providers and client care groups.	<ul style="list-style-type: none"> • Is an active, collaborative member of the health team, contributes to patient conferences, interdisciplinary meetings and strategic planning of the service. • To give accurate and prompt information while representing the service which promote the goals and objectives of the service. • Network with GP Practices and other relevant service providers.
Undertakes other duties consistent with the above position description as reasonably requested by the CCCN Manager and/or relevant Professional Leader (?) from time to time.	<ul style="list-style-type: none"> • Required duties are completed in a competent and effective manner, consistent with the policies, procedures, aims and objectives of West Coast District Health Board.
To implement emergency procedures and maintain a	<ul style="list-style-type: none"> • Be aware of and comply with West Coast

<p>safe and secure work environment by following relevant West Coast District Health Board policies, protocols and standards.</p>	<p>DHB health and safety policies and procedures.</p> <ul style="list-style-type: none"> • Work in a safe and healthy manner to prevent harm to themselves or others. • Be pro-active in identifying and controlling hazards through staff meetings – OSH accidents are reported directly to the CCCN Manager. • Demonstrate competence and initiate actions in emergency procedures, e.g. fire and CPR. • Complete and annually maintain Emergency Procedures, CPR and other competencies, e.g. electrical safety, back care training as required by West Coast DHBs policies and specialty area. • Identify, take appropriate action and promptly report clinical, OSH and security incidents.
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HEALTH & SAFETY:

Observe all West Coast DHB safe work procedures and instructions

- Ensure your own safety and that of others.
- Report any hazards or potential hazards immediately.
- Use all protective equipment and wear protective clothing provided.
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager.
- Cooperate with monitoring of workplace hazards and employees health.
- Ensure that all accidents or incidents are promptly reported to your manager.
- Report early any pain or discomfort.
- Take an active role in the West Coast DHB's rehabilitation plan, to ensure an early and durable return to work.

Seek advice from you manager of you are unsure of any work practice.

QUALITY:

Every staff member within WCDHB Is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organizational and divisional policies and procedures.

PERSON SPECIFICATION:

Qualifications & Experience <i>(indicate years of experience required and level of learning)</i>	
<p>Essential</p> <ul style="list-style-type: none"> • Must have a professional degree/qualification or recognised equivalent New Zealand qualification, or be a Registered Health Practitioner (under the HPCA), or overseas equivalent (Social Work, Occupational Therapy, Registered Nurse, or related discipline). 	<p>Desirable</p> <ul style="list-style-type: none"> • Knowledge and understanding of health and/or Mental Health changes and the impact on the elderly. • Received formal training in supervision (?). •

<ul style="list-style-type: none"> • Must hold and maintain a current annual practicing certificate or equivalent as required by the relevant Registration Authority or Professional Body. • Those with a Social Work qualification be either registered under the Social Workers Registration Act (2003), or hold a current ANZASW or NZSWRB Certificate of Competency and will become registered within six months, or will complete an ANZASW or NZSWRB Certificate of Competency within six to twelve months and become registered within twelve months. • Have completed InterRAI Home Care Assessment training (or be prepared to complete) to CCCN level of competency which is maintained and up to date. • Have the clinical knowledge, judgement and expertise to undertake InterRAI and to formulate the clients care plan. • Clinical experience in the specialist area or Gerontology. • Current full New Zealand driver's license and the ability to drive manual and automatic vehicles. • An understanding and working knowledge of ageing process. 	
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PERSONAL ATTRIBUTES:

MANDATORY

Key behaviours:

- Ability to "work together" in a truthful and helpful manner.
- Ability to "work smarter" by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership
- Ability to work with clients and their families/whanau/carers.
- Ability to express self clearly, verbal and written.
- Ability to effectively organize, update and disseminate information.
- Able to prioritise and work effectively under pressure.
- Demonstrate effective management of the allocated workload and required administrative and reporting procedures.
- Positive approach to and identified strategies of problem solving.
- Commitment to ongoing professional development.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed in this job classification. Employees may be requested to perform job related tasks other than those specified.

*Signed on behalf of West Coast
District Health Board*

*I accept the terms and conditions as
outlined in this Position Description*

Date _____

Name

Position

West Coast District Health Board

Date _____

Name

Job Title

West Coast District Health Board