POSITION DESCRIPTION – Alfred Health

DATE REVISED: December 2020
POSITION: Registered Nurse HARP Complex Care
AWARD/AGREEMENT: Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement for 2016-2020
CLASSIFICATION/TITLE: Registered Nurse Grade 3B
DEPARTMENT/UNIT: HARP Complex Care
CLINICAL PROGRAM: Rehabilitation, Aged and Community Care
DIVISION: Operations
ACCOUNTABLE TO: HARP Operations Lead

ALFRED HEALTH
Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and is also a major provider of specialist services to people across Victoria. The health service operates three outstanding facilities, The Alfred, Caulfield, and Sandringham.
Further information about Alfred Health is available at www.alfredhealth.org.au

OUR PURPOSE
To improve the lives of our patients and their families, our communities and humanity.

OUR BELIEFS
Our staff are expected to demonstrate and uphold the beliefs of Alfred Health:

• Patients are the reason we are here – they are the focus of what we do
• How we do things is as important as what we do. Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental
• Excellence is the standard we work to everyday. Through research and education, we raise the bar for tomorrow
• We work together. We play vital roles in a team that achieves extraordinary results
• Our leadership shares ideas and demonstrates behaviours that inspire others to follow

PROGRAM SUMMARY
Alfred Home - Acute and Community (HAC) is a clinical program across Alfred Health, of which the Health Independence Program (HIP) is a part. The HIP program plays an integral role within Victoria’s health care system, supporting people to maximise their independence and functioning, and minimise long-term healthcare needs. HAC oversees a diverse group of services promoting effective care, from acute care back into the community. These services are provided in hospital, community based settings and in people’s homes.
Our Health of Older People services’ primary clinical purpose or treatment goal is improving the functioning of a person with multidimensional needs to promote independence and quality of life. These needs are associated with medical conditions related to ageing. They include falls, incontinence, reduced mobility, complex psychosocial problems, delirium and depression.

Our Rehabilitation services are proactive and goal oriented. They target people with loss of function or ability from any cause, either congenital or acquired. Rehabilitation aims to improve function and prevent deterioration of function to bring about the highest possible level of holistic independence; physical, psychological, social and economic. HAC is a state-wide provider of rehabilitation for patients following acquired brain injury, spinal cord injury, multi-trauma and amputation.

Our Community Integration services act to provide a responsive, person-centred, effective system of care that aims to improve health outcomes and the quality of life for our clients and broader community. Our focus is working with services and our clients to ensure coordination and consistency of continuing care over time, and through the different stages of a person’s condition. We do this through fostering an environment of self-management, health promotion and community integration.

All services are underpinned by thorough assessment, negotiated goals and care planning, within indicative timeframes and outcome measurement.

**DEPARTMENT SUMMARY:**

Hospital Admissions Risk Program Complex Care (HARP CC) is HHIP program and in Alfred Health sits within HAC. The role of HARP as described by the Department of Health and Human Services (DHHS) is to “provide hospital substitution and diversion by supporting people in the community, in ambulatory settings, and in people’s homes.” Alfred Health’s HARP Complex Care Service is comprised of a multidisciplinary workforce working in an interdisciplinary model of care.

The HARP service structure consists of four geographically based teams, a centralised team made up of discipline specific clinicians, a telephone coaching service for nutrition support to clients with cardiac conditions, and a Mobile Assessment and Treatment Service (MATS) for clients in residential care or elderly clients living in the community.

HIP services aim to increase health independence for clients, their carers, and significant others. More information about the HIP services and HARP can be found on the DHHS via the following link: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/rehabilitation-complex-care/health-independence-program

**POSITION SUMMARY:**

The HARP RN is responsible for providing direct care, client education, and participating in care coordination for clients who are at risk of potentially avoidable hospital presentations.

The HARP RN works within a geographic site-based team.

The role is overseen by the HARP Operations Lead, while clinical support and direct supervision is provided the Health Independence Program Complex Care Coordinator (HIP CCC).

The HARP RN, in collaboration with the multidisciplinary team, will utilise an interdisciplinary approach to care to meet the patient's needs.

Direct care, including nursing assessment and clinical intervention, is delivered within the context of an individualised care team for each client, while clinical interventions that require medical management are overseen by HARP registrar or directly with the patient's GP.

The HARP RN is responsible for contributing to the team-based care plans in collaboration with the client, significant others, and the person-centered care team.
Clinical interventions and strategies are individualised and flexible to support effective and efficient service delivery.

The HARP Grade 3B RN works collaboratively with clinicians and clients to improve the patients' health self-management and knowledge of their disease.

Plans of care are developed collaboratively and follow a structured care pathway that is based on contemporary evidence.

Specific areas of focus include COPD, Heart Failure, and multi-morbid chronic disease.

While aligned with a geographical team, the incumbent works flexibly to support service demand where it is needed. This includes also working in the MATS in-reach (older person’s) team, and in the care continuity long term program in times of staff shortfall and high service demand.

**KEY RESPONSIBILITIES:**

- Complete initial phone risk assessment, triage patient and prioritise care
- Conduct and document a comprehensive and holistic systems assessment at each client contact/visit
- In collaboration with the client, significant others, geographic team, and multidisciplinary team develop an agreed care plan using S.M.A.R.T. goals.
- Implement, monitor, and evaluate interventions against the S.M.A.R.T. goals using the tools and processes provided, and modify interventions as appropriate, in consultation with key stakeholders (including the client, significant others, care team, medical staff, GP, and others within the client’s sphere of care provision).
- Provide structured heart failure and COPD specific education as per HARP’s modules –based approach and support with action plans for self-management
- Support patients in the management and symptom recognition of chronic diseases.
- Complete and maintain the corruency of the documented care plan and discuss with the HIP CCC readiness for discharge
- Identify psychosocial needs and any gaps in care or services for each client, and engage the multidisciplinary care team pertinent to their role/discipline
- Implement clinical nursing interventions including direct nursing treatment under the direction of an Alfred Health Medical team; this is usually the site based medical team but may also be a specialist team within Alfred Health. Such interventions within the scope of practice include, and are not limited to, wound care, administration of medication as charted by an Alfred Health Physician or Nurse Practitioner, intravenous cannulation, and specimen collection inclusive of phlebotomy.
- Assist in active recruitment of HARP appropriate patients on the ward, as directed by the complex care coordinators
- Respond to and report deterioration of clients’ health status according to the Management of the Deteriorating Patient in the Community Guideline to reduce the risk of further deterioration and to prevent potentially avoidable hospital admissions.
- Participate in day to day team processes that include but are not limited to team huddles, client care planning and case review meetings, structured and regular supervision, handover and liaison with other service providers
- Develop skills in motivational interviewing to ensure the RN is able to holistically develop patient-centered care plans.
- Collect data in accordance with DHHS VINAH data requirements and organizational data collection expectations
• Be accountable for attainment own KPIs (as delegated by the HARP management) and proactively contribute to the service’s efforts to meet activity targets
• Ensure confidential client records are kept in accordance with relevant legislation
• Establish and maintain effective working relationships with key stakeholders both internal and external to Alfred Health, such as GP’s, community services, inpatient teams
• Actively foster a supportive team environment
• Provide, education, support and orientation to new staff joining the HARP team
• Apply conflict resolution and negotiation skills when required, aiming to achieve a win-win outcome that meets the best interests of the client, the team, and the service

QUALITY, SAFETY, RISK and IMPROVEMENT
• Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives
• Follow organisational safety, quality & risk policies and guidelines
• Maintain a safe working environment for yourself, your colleagues and members of the public.
• Escalate concerns regarding safety, quality & risk to appropriate staff member, if unable to rectify yourself.
• Promote and participate in the evaluation and continuous improvement processes.
• Comply with principles of Patient Centred Care.
• Comply with Alfred Health mandatory continuing professional development requirements.
• Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.

OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF:
• Ensure compliance with relevant Alfred Health clinical and administrative policies and guidelines.
• Comply with relevant privacy legislation.
• Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Alfred Health.
• Comply with Alfred Health medication management and medication safety policies and guidelines.
• In this position you must comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.
• Research activities will be undertaken commensurate with the role

QUALIFICATIONS/EXPERIENCE REQUIRED

Essential
• Bachelor of Nursing.
• Current professional registration with AHPRA
• Four years or more nursing experience.
• Clinical experience in Emergency Medicine, Critical Care and/or General Medicine.
• Aptitude for delivering client education using a motivational approach.
• Demonstrated ability to work flexibly with internal and external services.
• A high standard of written and verbal communication skills
• Demonstrated interpersonal skills
• Commitment to continuing professional development.
• Current Victorian Driver’s Licence

Desirable

• Post-Graduate studies in any of Critical Care, Chronic Disease, Public Health
• Experience with Chronic Respiratory disease management and Heart Failure
• Clinical experience working within the community

PERFORMANCE REVIEW

The performance of the nurse will be reviewed annually and will be measured by the extent to which agreed objectives and outcomes are met.

Objectives and required outcomes will be agreed in discussions between the HARP Operations Lead with the Registered Grade 3B Nurse

Position Description authorised by: HARP Manager

Date: December 2020