Nga Kakano Foundation
Family Health Services

POSITION DESCRIPTION

Position Title: **Specialty Nurse - Diabetes (Te Puke & Murupara)**
Hours: 8.30.am – 5.00pm Monday to Friday

Position Purpose

The Specialty Nurse – Diabetes is responsible provision of community based diabetes management and education services to individuals and their whānau with diabetes related health issues.

Responsible to the Community Services Manager, this position will work from a variety of community locations including clinics, homes, Marae and Kohanga Reo and have extensive knowledge of the communities they work in. The nature of these interventions is continuous rather than episodic, in a wellness model of health that aims to reduce inequalities of health. The Diabetes Nurse will case manage clients enrolled with the service within the NKF community services team in collaboration with the GP Practice and external agencies. The role will also design and deliver IGT education courses, primarily for Māori whānau.

These services will be delivered in a way that is complimentary with the tikanga and kawa of whānau, hapū and iwi. Understanding of tikanga and te reo Māori would be an advantage for this role.

Working Relationships

Responsible to: Community Service Manager

Functional Relationships

Internal:	GP Clinic services team
	All Ngā Kākano services
External:	BOPDHB
	Medical Suppliers
	Nursing Council of New Zealand
	Pharmacists

Te Kawa o Ngā Kākano Foundation

Vision	"Growing futures through leadership, knowledge, tikanga Maori and whanau "
Values	"He tangata raukotahi...he taumata ka taea" Excellence is obtainable at all levels of the multiple self."
Philosophy of Care	"Hei Awhi Mo Te Tangata" Caring for People

Established in 1986 Ngā Kākano Foundation provides the following primary health/ community based services to people in particular Māori residing within Te Puke, Papamoa, Maketu, Paengaroa, Pukehina and Otamarakau; GP services, mental health and addictions, wellchild tamariki ora, diabetes, asthma, koeke meaningful activities, whānau ora, play therapy and lactation breastfeeding services from 1 July.

Strategic Direction

Vision:	Building futures through knowledge, leadership, tikanga and whānau
Mission:	Oranga tangata, oranga whānau, oranga, hāpori

Core values

Leadership:	Setting the example & empowering colleagues to collectively achieve the NKF vision and mission
Teamwork:	The collective responsibility for achieving oranga outcomes
Innovation:	That when ideas are applied they can be translated into a service or product that creates value for the organization and its customers.
Whānau Focus:	An approach and practice that recognizes the contribution of whānau to achieving desired health outcomes
Tūturu:	Commitment to achieving excellence in practice and contributing to the long term success of the service and organisation
Integrity:	Daily practice is consistent with the organisation's vision, values

Key Accountabilities

Professional Responsibility	
Legislation	• Ensure competence and knowledge of best practice guidelines, evidence based practice and referral pathways to effectively and safely deliver health services
Privacy	• Ensure confidentiality and privacy is maintained in line with the Privacy Act & Health Information Privacy Act
Documentation	• Record accurately all patient consultations, including phone calls, in the electronic record of the Patient Management System within 24 hours of seeing the patient • Ensure all documentation is of a legal standard, is clear concise and legible; and is recorded in Profile Client Management System
Finance	• Deliver service within Community budget

Nursing Care Services	

Core Services	• Uses expert nursing knowledge and skills to assess, implement, plan and evaluate health needs
	• Ensures clients and whānau have adequate knowledge of all treatment options including Te Ao Māori options with associated effects and consequences of those treatment options
	• Assists with the management of referrals to the diabetes service and works with other team members to determine need and plans of care
	• Takes appropriate nursing actions in emergency situations and other situations that compromise client safety
	• Case management of Māori with poor glycaemic control
	• Provide GPs with copy of:
	  ○ Patient's goals and action plan
	  ○ Details of sessions attended
	  ○ Identification of areas of concern
	• The provision of preventive services required in the client's home or the

	community • Develops a discharge plan and follow up care in consultation with clients whānau and other health team members ***KPIs*** • Case manageement of 120 different individuals pa or 12 new clients per month • 90% attend GP CVD risk assessment • 85% achieve HbA1c within 12 months • All assessments and treatment plans are appropriate and demonstrate expert knowledge and skills.
Whānau Care	• Whānau Ora assessments and care plans are completed within acceptable timeframes utilising the clinical process to assess, implement and evaluate care • Provision of health advice, support, advocacy and liaison with GP's health professionals and agencies • Prevention and early detection of problems • Actively involves clients and their whānau in all aspects of their aspirations for oranga, treatment and discharge planning process. ***KPIs*** • 80% of individuals and families/whānau enrolled with the service assisted with support, liaison, advocacy services
Health Education	• Provides specialty care, education and advice to clients and their whānau and health professional colleagues • Education to individuals and whānau on T2 diabetes • Info gathering and dissemination to primary and secondary care providers to assist with patient management • Kaupapa Māori self-management education groups ***KPIs*** • 20x IGT education courses pa in Te Puke and Murupara. 4 hours per course - min 6 participants (120 individuals pa) or 2 courses pm (Feb-Nov) • 50x Diabetes education group sessions pa. 10-20 participants (delivered to 600 individuals pa) or 5 sessions per month.
Documentation and Reporting	• Compliance with legislation, nursing standards, policies, appraisals, professional development, clinical judgement, critical reflection, recognising limits, ethical practice • Works within relevant legislation, standards, HOC consumer rights, policies and professional codes • Regularly records and reports statistical information and data as required • Demonstrates computer skills necessary to collate data for essential care delivery ***KPIs*** • 80% of referrals are responded to within a timeframe appropriate to the situation and in line with referral guidelines for the specialty • 80% of feedback confirms use as an advanced resource for management of treatment • 80% of feedback confirms appropriate use as a specialty resource.

Interpersonal Relationships	
Coordinating Care	• Develop collaborative working relationships with patients, internal services, community health services, DHB and non-Government public health providers, ACC and relevant non-health agencies • Advocate on behalf of patients with external agencies to communicate patient care and support needs • Discuss plans of care with relevant Clinicians and involve other relevant services
Team Work	• Communicate effectively and participate enthusiastically with in the health care team, treating other members of the team with the upmost respect • Contribute to team meetings

Inter professional Health Care and Quality Improvement	
Professional Development	• Ensure all professional development and performance appraisal plans are completed • Secure and maintain professional registration with recognised body (NCNZ and NZNO) • Keep up to date with relevant changes in the health sector • Undertake responsibility for professional nursing development; ensuring continuing professional development meets the minimum requirements set by New Zealand Nursing Council • Undertakes monthly clinical supervision with an agreed supervisor • Understands accountabilities to self, team, client and employer • Attends 90% of all Inservice training sessions
Peer Review/Nurses Meetings	• Attend regular peer review meetings in accordance with guidelines of NZNC • Regularly attend Nurses meetings, Practice Meetings and Multi-Disciplinary Team Meetings (MDT) when able
Health & Safety	• Comply with current legislation and established health and safety policies with regard to handling of instruments, infection control, storage of drugs and disposal of sharps and other potentially dangerous equipment and substances
Audits	• Work with Preceptor, Manager and Quality Manager to ensure service audits are carried out when required and successful to ensure a quality service continues to be provided • Participate in quality improvements to ensure organisation retains accreditation • Check emergency equipment on a weekly and daily basis

Person Specification

Qualifications	• Registered Nurse with current practicing certificate • Commenced Post Graduate Education • Senior nurse PDRP attained • Full driver's license
Competency	
Experience, knowledge and skills	• Clinical experience within acute or primary care settings which has involved providing nursing care to people with diabetes. • Minimum 2 years appropriate work experience in primary care nursing • Demonstrated understanding of the incorporation of tikanga Māori in nursing • Ability to work in and contribute to a team • Open, honest and calm • Confidentiality • Computer literacy • Experience using Client Management System Profile

Communication	• Communicates clearly and confidently, both verbally and in written form, with internal and external stakeholders • Ability to pronounce Māori names correctly and engage in mihimihi process • A proven team player who respects others and communicates transparently • Ability to communicate i roto i te reo Māori
Decision Making	• Makes clear decisions and takes ownership of these, following up on problems to ensure they are resolved • Uses an evidence-based approach to decision-making
Achieves Results	• Produces high quality work, checks work for errors, attends to details and is precise and accurate • Understands and accepts responsibility for the performance objectives and productivity of others • Meet and exceeds targets
Problem Solving	• Provides a range of solutions and recommendations to address the issue, thinks outside the box • Where need is identified, ensure best possible outcome is pursued and responded to in a timely manner
Performance Management	• Keeps up to date with skills and information and shows willingness to learn • Motivates others to overcome obstacles and achieve goals
Organisational Skills	• Prioritises tasks and completes in a timely manner, making plans to ensure goals and targets are met • Allocates tasks to ensure work is completed in a timely and efficient manner
Cultural Responsiveness	• Promotes Māori models of practice • Able to integrate tikanga and Te Reo Maori into practice • Able to connect whakapapa and engagement • Understands how to enact Ngā Kākano moemoeā, kaupapa and kawa

KEY RELATIONSHIPS

External
Community Health Services/ Community Services
Maiangiangi
BOP DHB
WBOP PHO
Ministry of Health
WINZ and other agencies

Internal
Group Executive Officer Whare
Clinical Director
Preceptor
NKF GP Services Staff
NKF Community Service Staff
Administration Support Staff

_____ _____

Signed by Dated

_____ _____

Signed by Acting Group Chief Executive NKF Dated