From machine to patient: shifting the focus of care within a hospital haemodialysis unit:

VOLUME TWO

By
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A thesis submitted in fulfilment of the requirements for the degree of Professional Doctorate in Nursing

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VOLUME TWO

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GLOSSARY OF TERMS

Term	Definition
AV Fistula	A surgically created connection between an artery and vein usually at the wrist. Provides vascular access for haemodialysis.
Clinical Nurse Consultant (CNC)	Advanced practice position
Communication patterns	Refers to the pattern of interaction – who communicates with whom, how often, and how long – that exists in every social system.
Dialysis	Process where there is the transfer of solutes and fluid across a semi permeable membrane down a concentration gradient. Includes both peritoneal and haemodialysis.
End stage renal failure (ESRF)	Kidney failure in which treatment with dialysis or transplantation is required to support life.
Ethnography	Qualitative research method involving the study of culture.
Etic perspective	A view from an outsider's perspective. For example if an ethnographer studied the culture of a HU and had no haemodialysis nursing experience, that researcher's interpretation would be from an etic perspective. Emic is from an insider's perspective.
Haemodialysis	Utilises an artificial membrane, housed in a rigid walled cartridge called a dialyser. The haemodialysis process requires the removal of blood from the body, which is passed through the dialyser and then returned to the patient. Within the dialyser, the solute and electrolytes are filtered via the process of diffusion and pressure applied to the dialysate fluid enables the removal of extra fluid. A specially designed machine is used to support this process.
Peritoneal dialysis	A form of dialysis in which the membrane lining the peritoneal cavity within the abdomen is used as the dialysis membrane. Requires the surgical placement of a silicon catheter into the peritoneal cavity. This catheter becomes the conduit by which a sterile solution called dialysate is infused into the abdominal cavity.

Term

Definition

Practice development

"Practice development is a continuous process improvement towards increased effectiveness in patient centred care. This is brought about by helping health care teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic, rigorous continuous process of emancipatory change that reflect perspectives of service users". (Garbett & McCormack, 2002).

Renal replacement therapy (RRT)

Treatments used in ESRF including haemodialysis, peritoneal dialysis or kidney transplantation.

Role

A role is a basic building block of a social system and it is through roles that individuals are connected to social systems. In the HHU the major roles are that of nurse, patient and doctor.

Rule

Rules are a set of regulations that tell you what you can and cannot do.

Sanction

A Sanction is a reward or punishment that a norm associates with a behaviour or appearance. Sanctions vary with their degree of formality. Informal sanctions are not codified anywhere in an official and definitive form, and they have few limitations as to who may impose them and under what conditions. Formal sanctions by contrast are generally codified and administered only by specific people.

Vascath

A central venous catheter designed for haemodialysis purposes.

APPENDICES

APPENDIX A An outline of the Australian Health Care System

This brief overview is a summary of relevant sections of the document – "The Australian Health Care System: an outline" produced by the Commonwealth Department of health and Aged Care and freely available on www.health.gov.au

Since 1901, Australia has been an independent nation having a federal system of government, with origins in the British system of government and law. Each of the six States and two Territories within the Commonwealth has a parliament; The Commonwealth currently has a leadership role in policy making and particularly in national issues like public health, research and national information management. The States and Territories are primarily responsible for the delivery and management of public health services and for maintaining direct relationships with most health care providers, including the regulation of health professionals. The States and Territories deliver public acute and psychiatric hospital services and a wide range of community and public health services including school health, dental health, maternal and child health and environmental health programs. The State governments directly fund a broad range of health services. The Commonwealth funds most medical services out of hospital, and most health research. The Commonwealth, States and Territories jointly fund public hospitals and community care for aged and disabled persons.

A mix of public and private sector providers deliver health services. There is a large and vigorous private sector in health services. The Commonwealth Government provides a 30 per cent subsidy to individuals who acquire private health insurance and has introduced additional arrangements to foster lifelong participation in private health insurance. Private health insurance can cover private and public hospital charges (public hospitals charge only patients who elect to be private patients in order to be treated by the doctors of their choice), and a portion of medical fees for in-patient services. Private insurance can also cover allied health/paramedical services (such as physiotherapists and podiatrists services) and some aids and appliances (such as spectacles). Nongovernment religious and charitable organisations play a significant role in health services, public health and health insurance.

The majority of doctors are self-employed. A small proportion consists of salaried employees of the Commonwealth, State or Local governments. Salaried specialist doctors in public hospitals often have rights to treat some patients in these hospitals as private patients, charging fees to those patients and usually contributing some of their fee income to the hospital. Other doctors may contract with public hospitals to provide medical services. There are many

independent pathology and diagnostic imaging services operated by doctors. For some allied health/paramedical professions, there is a significant proportion self-employed. Others are mainly employed by State and Local government health organisations.

Public hospitals include hospitals established by governments and in addition hospitals originally established by religious or charitable bodies but now directly funded by government. There are a small number of hospitals built and managed by private firms providing public hospital services under arrangements with State governments. Most acute care beds and emergency out-patient clinics are in public hospitals. Large urban public hospitals provide most of the more complex types of hospital care such as intensive care, major surgery, organ transplants, renal dialysis and specialist out-patient clinics.

Australia's aged care system is structured around two main forms of care delivery, residential (accommodation and various levels of nursing and/or personal care) and community care (ranging from delivered meals, home help and transport to intensive coordinated care packages for people who otherwise would need residential care). Residential services are mainly in the non-government sector, about half being operated by religious and charitable organisations.

Medicines or pharmaceuticals prescribed by doctors and dispensed in the community by independent private sector pharmacies are directly subsidised by the Commonwealth Pharmaceutical Benefits Scheme (PBS). Public hospitals provide medicines to inpatients free of charge and do not attract PBS subsidies. Non-prescription medicines are available from pharmacies and in some cases other suppliers such as supermarkets. The import and supply of medicines and medical devices is regulated by the Commonwealth Therapeutic Goods Administration (TGA) in order to ensure the quality, safety and effectiveness of the products.

The aim of the national health care funding system is to give universal access to health care while allowing choice for individuals through a substantial private sector involvement in delivery and financing. The major part of the national health system is called "Medicare". Medicare provides high quality health care which is both affordable and accessible to all Australians, often provided free of charge at the point of care. It is financed largely from general taxation revenue.

APPENDIX B.1



Project title - Suffering in patients in ESRF treated with hospital haemodialysis
Study information sheet - patients and their families

March 2002

To the patient and family

From time to time over the course of this year I will be conducting research observations and interviews within the haemodialysis unit. During this time I will be observing both nurses and patients and the interactions between the two. I will also be asking questions related to these encounters. It is hoped that I will observe as many patients and staff as possible.

On the days that I will be observing in the haemodialysis unit another nurse will pick up my usual duties of nurse consultant. This will leave me free to do my study. I will not be involved in caring for you directly during this observation time.

On completion of my study the results will be freely available for you to read.

The research I am conducting is essential to the provision of optimal patient care and should contribute greatly to haemodialysis nursing knowledge. For this reason I will assume that I have your cooperation in participating in the study. If at anytime you feel uncomfortable by my presence in the unit or you have any questions regarding the study feel free to discuss this with me.

Regards

APPENDIX B.2



<u>Project title - Suffering in patients in ESRF treated</u> <u>with hospital haemodialysis</u> Study information sheet – staff

March 2002

Dear Colleague

From time to time over the course of this year I will be conducting research observations and interviews within the haemodialysis unit. During this time I will be observing both nurses and patients and the interactions between the two. I will also be asking questions related to these encounters. It is hoped that I will observe as many patients and staff as possible.

On the days that I will be observing in the haemodialysis unit another nurse will pick up my usual duties of nurse consultant. This will leave me free to do my study. I will not be involved in direct patient care during this observation time.

On completion of my study the results will be freely available for you to read.

The research I am conducting is essential to the provision of optimal patient care and should contribute greatly to nephrology nursing knowledge. For this reason I will assume that I have your cooperation in participating in the study. If at anytime you feel uncomfortable by my presence in the unit or you have any questions regarding the study feel free to discuss this with me.

Regards



PATIENT SUBJECT INFORMATION STATEMENT AND CONSENT FORM

Suffering in patients in ESRF treated with hospital haemodialysis

You are invited to participate in a study, which aims to investigate suffering in patients treated with haemodialysis. You were selected as a possible participant in this study involving patients and nursing staff.

If you decide to participate, Shelley Tranter will interview you regarding your thoughts on suffering and the meaning that suffering has for you. This interview will be conducted in a single room while you are having dialysis. You and Shelley will be the only people present. If you are from a non-English speaking background an interpreter will be organised to help with this interview.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or except as required by law. If you give us permission by signing this document, we plan to discuss/publish the results at an international level. In any publication, information will be provided in such a way that you cannot be identified.

Your decision whether or not to participate will not prejudice your future relations with the xxxxxxxxxxxxxx Hospital. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions, we expect you to ask us. If you have any additional questions later, Shelley Tranter, Doctor of Nursing student, UTS will be happy to answer them. Alternatively you can contact Shelley's research supervisors Professor Judith Donoghue on xxxxxxxxx or Dr Mary Chiarella on xxxxxxxxxxx.

You will be given a copy of this form to keep.

Page 1 of 2

SUBJECT INFORMATION STATEMENT AND CONSENT FORM (cont.)

Suffering in patients in ESRF treated with hospital haemodialysis

If you decide to participate, Shelley Tranter will interview you regarding your thoughts on suffering and the meaning that suffering has for you. This interview will be conducted in a single room while you are having dialysis. You and Shelley will be the only people present. If you are from a non-English speaking background an interpreter will be organised to help with this interview.

You are making a decision whether or not to participate. Your signature indicates that you have decided to participate having read the information provided above.

Signature of subject	Signature of witness
Please PRINT name	Please PRINT name
Date	Nature of Witness
Signature(s) of investigator(s)	-
Please PRINT Name	
REVOCATIO	N OF CONSENT
proposal described above and under	consent to participate in the researcherstand that such withdrawal WILL NOT onship with the xxxxxxxxxx Hospital or my
Signature	Date
Please PRINT Name	
The section for Revocation of Cons	ent should be forwarded to
Shelley Tranter, Nephrology CNC, Doxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ctoral student, UTS
Professor Judith Donoghue xxxxxxxxxx	Dr Mary Chiarella XXXXXXXXXXX



STAFF SUBJECT INFORMATION STATEMENT AND CONSENT FORM

Suffering in patients in ESRF treated with hospital haemodialysis

You are invited to participate in a study, which aims to investigate suffering in patients treated with hospital haemodialysis. You were selected as a possible participant in this study involving patients and nursing staff.

If you decide to participate, Shelley Tranter will interview you regarding your thoughts on patient suffering and the meaning that suffering has for you. This interview will be conducted in a private room away from the unit and you and Shelley will be the only people present. The length of the interview will depend on the information discussed.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or except as required by law. If you give us permission by signing this document, we plan to discuss/publish the results at an international level. In any publication, information will be provided in such a way that you cannot be identified.

Your decision whether or not to participate will not prejudice your future relations with the xxxxxxxxx Hospital. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions, we expect you to ask us. If you have any additional questions later, Shelley Tranter, Doctor of Nursing student, UTS will be happy to answer them. Alternatively you can contact Shelley's research supervisors Professor Judith Donoghue on xxxxxxxx or Dr Mary Chiarella on xxxxxxxxxx.

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If you decide to participate, Shelley Tranter will interview you regarding your thoughts on patient suffering and the meaning that suffering has for you. This interview will be conducted in a private room away from the unit and you and Shelley will be the only people present. The length of the interview will depend on the information discussed.

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REVOCATIO	N OF CONSENT
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Signature	Date
Please PRINT Name	_
The section for Revocation of Consen Shelley Tranter, Nephrology CNC, Do	
Professor Judith Donoghue	Dr Mary Chiarella xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

APPENDIX C.1

Interview questions - nurses

- 1. Male or female
- 2. Age
- 3. Cultural background
- 4. Years since graduation
- 5. Haemodialysis experience
- 6. Work pattern full time or part time
- 7. Post graduate qualifications
- 8. Experience in other haemodialysis units
- 9. Why were you attracted to haemodialysis nursing?
- 10. Understanding of the term primary nursing
- 11. What are your feelings about the model of care in the unit
- 12. What is holistic care?
 - Do you provide holistic care?
 - Barriers to holistic care in the unit
- 13. What annoys you the most about being a haemodialysis nurse and why?
- 14. What do you think life would be like for a patient requiring haemodialysis?
- 15. Do you see your work as having worth? I.e. do you see your care benefiting the patients?
- 16. What would you change about the care received in the HHU?

APPENDIX C.2

Interview questions - patients

- 1. Male or female
- 2. Age
- 3. Cultural background
- 4. Supportive relationships with family and friends. Do you have a special someone?
- 5. Religion/spiritual beliefs
- 6. Co morbidities e.g. diabetes, heart disease
- 7. Time on dialysis
- 8. What is life like as a dialysis patient? What are the things that trouble you most about being a dialysis patient?

What do you regard as problems?

- Emotional/ psychological
- Physical
- Social e.g. financial, relationships
- 9. You need to come to the hospital three times a week come hell or high water. What keeps you coming? What special things do you do that help you to cope with this?
- 10. Do you have a primary nurse? What is their name? How much time do you spend with your primary nurse? What do you think your primary nurse's job might be?
- 11. Do you discuss your problems with your primary nurse? If not who do you discuss your problems with?
- 12. What type of care do you expect the nurses should provide. Do you expect them to be involved with all your physical problems as well as the things that affect the way you live at home? For example your ability to care for yourself, do the shopping or take your tablets?
- 13. What other things would you like nurses to do to support you?
- 14. If you could change anything to do with the care you receive from the nurses what would it be?
- 15. If you could change anything to do with the process of dialysis what would it be?

APPENDIX D - Domain analysis D.1 People in the HHU 1. People in the HHU

Included terms	Relationship	Cover term
patient		
nurse		
doctor		
carer		
visitor	is a type of	person in the HHU
orderly		
dietitian		
catering staff		
social worker		
biomedical engineer		

2. Patients in the HHU

Included terms	Relationship	Cover term
acute		
chronic		
in-patient		
out-patient		
newie		
oldie		
five-hour		
four-hour]	
easy	is a type of	patient in the HHU
hard		
youngan		
oldie		
good		
bad		
noncompliant		
boy		
girl		

3. The dialysis process

Included terms	Relationship	Cover term
coming in		
waiting		
setting up		
going on the machine	is a step in	the dialysis process for
being on the machine		patients
coming off the machine		
holding off		
going home		

4. Nurses in the HHU

Included terms	Relationship	Cover term
NUM		
CNC		
RN		
Clinical Co-ordinator	is a type of	nurse in the HHU
CNS		
in charge		
new grad		
new nurse		
junior		
senior		

5. Activities for nurses

5.1 Direct patient care activities

Included terms	Relationship	Cover term
BP recording		
pulse		
temperature		
cannulation		
vascath dressing		
connection to the machine	is an example of	direct patient care
BSLs		performed by nurses
admin of medications		
blood transfusions		
taking needles out		
holding off		
dressing exit sites		

5.2Steps in the dialysis process

Included terms	Relationship	Cover term
recording		
observations		
assessment		
cannulation		
connection		
bleeding out		
post connection		
check		
machine checks	are steps in the	dialysis process for
patient monitoring		nurses
trouble shooting		
"care" rounds		
coming off		
running back		
disconnection		
decannulation		
holding off		
finishing up		
cleaning		

5.3 Indirect care activities

Included terms	Relationship	Cover term
setting up		
preparing the trolley		
preparing the chair/bed		
writing the "off" times		
delining		
cleaning		
preparing drugs	is a type of	indirect nursing care
check blood results		
organising scripts		
organising appointments		
organising transport		
hand over	7	

5.4 Primary nursing tasks

Included terms	Relationship	Cover term
write doctor's letter		
check blood results		
arrange holidays	is a function of	the primary nurse
look after the dialysis		

5.5 Unit related activities

Included terms	Relationship	Cover term
checking resus trolley		
checking S8 drugs		
checking water		
restocking trolleys		
putting out supplies		
answering the telephone		
making telephone calls		
running errands	is a type of	unit related nursing
picking up blood		activity
dropping off specimens		
cleaning machines		
cleaning chairs		
general cleaning		
locking the HHU		
dropping off keys		

5.6 Personal activities

Included terms	Relationship	Cover term
morning coffee		
morning tea		
lunch break		
afternoon coffee	is an example of	a personal activity
afternoon break		
personal phone call		
leaving work early		
arriving late		

6. Doctors in the HHU

Included terms	Relationship	Cover term
Nephrologist		
Consultant		
Physician		
Kidney doctor		
Renal team		
Registrar	is a type of	doctor in the HHU
RMO		
In-patient registrar		
Dialysis registrar		
Vascular surgeon		
Vascular team		
GP		

6.1 Doctors' activities

Included terms	Relationship	Cover term
assessing fluid loss		
writing up orders		
writing scripts		
acting on Nephrologist's		
orders	is an example of	doctors' activities
attending clinics		
consulting with other doctors		
making referrals		
assessing sickies		
assessing acutes		
attending dialysis issues only		
visiting other wards/units		

7. Activities of health care workers

7.1 Activities of dietitian

Included terms	Relationship	Cover term
dietary counselling		
education re diet		
individual nutritional plan		
ongoing assessment		
spends time with patient	is an activity of	the dietician
attends unit daily		
assesses blood results		
discusses fluid		
management		
trouble shoots high k		

7.2 Activities of social worker

Included terms	Relationship	Cover term
sees all new patients		
evaluates social situation		
assesses carer needs		
provides support		
attends for referrals		
follows up	Is an activity of	the social worker
helps with financial issues		
helps with accommodation		
assists with transport issues		
grief counselling		
duties in social work dept		

7.3 Activities of biomedical technician

Included terms	Relationship	Cover term
maintenance of machines		
regular servicing		
on call	Is an activity of	the biomedical
available for urgent calls		technician
connection of machines for		
outlying dialysis		

7.4 Activities of orderlies

Included terms	Relationship	Cover term
rotate in division		
assist in patient transfer		
patient positioning	is an activity of	the orderlies
assist other areas		

7.5 Activities of catering staff

Included terms	Relationship	Cover term
bring tea trolley		
ask what pts want	is an activity of	the catering staff
provide light meal		

7.6 Activities of cleaning staff

<u> </u>		
Included terms	Relationship	Cover term
general cleaning		
cleaning in am		
making beds	is an activity of	the cleaners
emptying rubbish		
talking with pts		

7.7 Activities of visitors and carers

Included terms	Relationship	Cover term
transport of patients		
set up machines		
set up trolleys	is an activity of	the visitors and
clean machines		carers
assist patients		
ongoing care		

APPENDIX D.2 – Relationships in the HHU 1 Nurse-patient relationship 1.1 Rules

Included terms	Relationship	Cover term
turn up for dialysis		
come at correct time		
do not ask for changes		
wait in the waiting room		
five hours go on first		
out-patients before in-	is a type of rule	for patients
patients		
stick to fluid restriction		
stick to diet		
take medications		
ask GP about non-dialysis		
issues		

1.2 Communication

Included terms	Relationship	Cover term
How are you?		
How were your days off?		
What did you do?		
physical complaints		
How much do you weigh?	Is an example of	communication
fluid to be removed		between nurses and
no talking during		patients
cannulation		
whisper to CNC		
memo from NUM		
meeting with NUM		

2. Nurse-nurse relationship2.1 Rules

Included terms	Relationship	Cover term
stick to laws		
wear PPE		
stick to hospital policy		
aseptic technique when		
required	is a rule	for nurses
pull your weight		
nurse who connects patient		
cares for them		
be a good cannulator		
stick to the schedule		

2.2 Communication

Included terms	Relationship	Cover term
report time with NUM		
handover		
information sheet – care of		
the haemodialysis patient		
telephoning wards/units	Is a form of	communication
speaking to the IC		between nurses
faxing		
writing in patient notes		
chatting at the desk		
talking over patient		

3. Nurse-doctor relationship

3.1 Rules

Included terms	Relationship	Cover term
Do not ask about non-		
dialysis patient issues.	is a rule	doctors impose on
The in charge is to contact		nurses
the doctor.		
Do not contact doctors		
unless it is important.	is a rule	
Do not breach the schedule.		nurses try and
		impose on doctors

3.2 Communication

Included terms	Relationship	Cover term
the doctor's letter		
the job book		
constant telephone calls		
nurses not attending rounds		poor communication
writing in notes and not	leads to	between nurses and
telling nurses		doctors
nephrologists do not know		
the nurses		
nurses do not know the		
nephrologists		

4. Nurse-care/visitor relationship

4.1 Rules

Included terms	Relationship	Cover term
not offered a chair		
should assist the nurses		
should not stay in unit	is a type of rule	nurses set for
should not ask how in-	7	carers/visitors
patients are		
are not to waste nurses'		
time		

4.2 Communication

Included terms	Relationship	Cover term
ignoring or not		
acknowledging		
making small talk	is a way	nurses communicate
telling them the time the		with patients
patient is "off the machine"		

APPENDIX D.3 - Cultural themes

Included terms	Relationship	Cover term
increase in patients		
limited space		
limited machines		doing more dialysis with no
the nursing shortage	leads to	extra resources
reliance on the schedule		(doing more with less)
the 3 Gs		
need for a predictable day		

Included terms	Relationship	Cover term
older patients		
sicker patients		
expectations for dialysis		demand on nurse's time
organizational blame	leads to	and increase in workload
doctors blamed		(who gets a machine?)
perceived poor QoL for		
some patients		

Included terms	Relationship	Cover term
dumping tasks on nurses		
nurses not taking on new		
tasks		
doctors not presenting to		
the unit in a timely manner		Technological creep
historical precedent of	results from	(reorganisation of the
protocols and policy being		work)
medically driven		
doctors are blamed for		
increased number of		
patients		
doctors blamed for		
increased number of sick		
and elderly		

Included terms	Relationship	Cover term
increased demand		
praise for being a good		
cannulator		
patients' need to stay alive		
nephrologists have no		
presence on unit		
reductionalist nature of		
medicine		
nurses not involved in		
decisions		
doctors only dealing with	1	Dialysis southed sons
dialysis related issues	Leads to	Dialysis centred care
poor communication – the		(poor development of
letter		interpersonal skills)
no meetings between Drs		
and nurses		
nurses not going on rounds		
unwillingness to relinquish		
the technology		
PN model of care		
nurses are satisfied with		
care		

Included terms	Relationship	Cover term
increased demand		
older sicker patients		
poor communication with		
doctors		
reductionalist nature of		nurses providing dialysis
medicine	leads to	focused care
focus on technology		(the bottom line)
no communication on		
psychosocial/sensitive		
matters		
no partnership in care		
model of care		

Included terms	Relationship	Cover term
doing more dialysis with no		
extra resources		
demand on nurse's time		
and increase in workload	leads to	nurses not providing patient
technological dump		centred care
poor relationship with		
doctors		
focus on dialysis		

APPENDIX E - JOB DESCRIPTIONS APPENDIX E.1 CNC

JOB DESCRIPTION STATEMENT OF DUTIES

GENERAL INFORMATION		
Division:	Medicine and Emergency Services	
Department/Ward/Unit:	Nephrology	
Position Title:	Clinical Nurse Consultant Nephrology	
Salary/Conditions:	In accordance with the NSW Public Hospital Nurses (State) Award	
Classification:	Clinical Nurse Consultant Grade III	

QUALIFICATIONS:

Essential:

- Registered Nurse with at least seven (7) years post registration experience with at least five (5) years experience in critical care/nephrology.
- Sound knowledge & experience in nephrology nursing including dialysis.
- Demonstrated understanding of nursing processes and their contributions to best practice principles.
- Proven clinical leadership skills in research and/or education.
- Relevant tertiary qualifications at Masters Level.
- High level of interpersonal and communication skills.
- Advanced problem solving and decision making skills.

Desirable:

- Computer skills.
- Consulting experience in assessment and management of patients.
- Experience in counselling.

Hours of Duty: Monday to Friday

38 hours per week Hours negotiable Public Holidays off.

2. MANAGEMENT RELATIONSHIPS

RESPONSIBLE TO: Assistant General Manager, Nursing & Clinical Support Services via Nursing & Patient Services Manager, Division of Medicine

3. ROLE (OBJECTIVES OF POSITION)

The CNC is an expert practitioner who, through leadership facilitates research based clinical practice which is creative, visionary and relevant. The CNC will promote a nephrology nursing service which fosters excellence in clinical, educational, research and professional leadership. S/he contributes to quality health care by collaborating with health care providers and consumer groups, developing clinical practice standards and evaluating their outcomes.

The CNC Nephrology

- Is a professional nurse clinician who effectively utilises a consultative process to optimise clinical practice and patient/client management within the area of nephrology.
- Is responsible for facilitating the setting and reviewing of standards of nursing practice to achieve excellence in patient care.
- Is accountable for the evaluation of outcomes through applied nursing research and development of best practice models.
- Is responsible for facilitating the acquisition of specialised skills to nurses and other health care professionals by leading clinical practice.
- Is committed to the ongoing development of self and others in the pursuit of professional excellence.
- Participates in the strategic development of the nephrology services in the xxxxxxx Hospital and community areas.

CLINICAL SERVICE AND CONSULTANCY

The Clinical Nurse Consultant provides expert clinical advice to patients, carers and other health care professionals within the defined speciality. The Clinical Nurse Consultant develops, facilitates implementation and evaluates care management plans for patients with complex health needs.

FUNCTIONS

- Maintains close clinical involvement in the management of patients with renal disease and renal replacement therapy including renal transplantation and dialysis.
- Ensures that when consulted, patients are assessed and strategies formulated to enable nursing staff to meet the patient's individual physical, psychosocial, educational and spiritual needs.

- Demonstrates expert clinical knowledge through advanced clinical problem solving and decision making.
- Identifies areas for the improvement of clinical practice and implements relevant quality activities and research.
- Develops specialised education resources for patient/carer/community to be utilised by other health care professionals.
- Provides a complex and expansive clinical consultancy service within a mixed clinical environment and/or across multiple service groups (e.g. hospital, community, home, private sector) and/or patient populations (e.g. paediatric, adult, geriatric) and incorporating a range of modalities (e.g. health promotion/preventative health, disease management, treatment and care).
- Undertakes primary responsibility for formalised ongoing clinical supervision processes for CNC peers e.g. Peer review of clinical practice at CNC level.
- As an expert, conducts systematic review of clinical practice including, if required, for external organisations.

CLINICAL LEADERSHIP

The Clinical Nurse Consultant provides leadership that facilitates the ongoing development of clinical practice which is creative, visionary and relevant.

FUNCTIONS

- Provides leadership in the ongoing review of clinical practice for a complex service, i.e. a service provided at multiple sites or by multiple CNCs across the area health service.
- Establishes networks to enhance work practice.
- Assumes leadership roles, which promote broader advancement of clinical practice, e.g. membership of editorial boards, leadership of position papers and development of advanced nursing practice standards.
- Provides leadership in state, national and/or international nursing bodies and/or specialist clinical groups.
- Initiates collaborative ventures with academic colleagues e.g. major projects determining the current status and influencing future directions of nursing practice.
- Enhances clinical practice by initiating creative approaches to practice.

RESEARCH

The CNC utilises research to contribute to and influence the body of health knowledge. The CNC provides clinical leadership in research practice, whilst creating and promoting an environment for research which acknowledges nursing.

FUNCTIONS

- Demonstrates a systematic, planned and collaborative approach to research for self and others.
- Adapts and applies related scientific research to the clinical speciality, e.g. research from other scientific disciplines applied to nursing.
- Initiates original research projects.
- Disseminates own research results through specialise publications and presentations.
- Acts as principal researcher in significant/large scale research studies (those attracting research funding/grants/multiple sites, making a large contribution to nursing science).
- Works in collaboration with the Professors of Nursing and/or other health care providers to identify, conduct, facilitate and promote research projects.
- Ability to analyse all available research information and problem solving enabling the implementation of change in clinical practice.

EDUCATION

The CNC identifies, facilitates, provides and evaluates educational processes to enhance the knowledge and skill base of self, health professionals and consumer groups.

FUNCTIONS

- Develops educational resources for target groups.
- Establishes links and participates with universities and other groups providing education and skill development for health professionals.
- Be actively involved in curriculum development and review of specialist nursing courses conducted by the Health Service.
- Participates in the development and delivery of post graduate tertiary programs.
- Provides significant contribution to the direction of clinical nursing education within the speciality, e.g. involvement in the development of expansive programs (extra-regional, state or national education programs advanced practice speciality programs, education involving large numbers of nurses within the speciality).

CLINICAL SERVICES PLANNING AND MANAGEMENT

The Clinical Nurse Consultant participates in formal processes for the strategic and operational planning for the clinical service. The role also involves the organisation and delivery of specialised consultant service.

FUNCTIONS

- Provides ongoing comprehensive analyses of current practice and the impact of new directions on the clinical speciality service.
- Initiates, develops, implements and evaluates strategic changes for the clinical speciality/service.
- Undertakes primary responsibility for preparation, implementation and evaluation of annual plan for clinical service, e.g. multidisciplinary business plan.
- Manages complex projects relating to significant practice change for the organisation.
- Facilitates the development and evaluation of standards for nursing practice.
- Incorporates reflective practice and critical thinking amongst health professionals.
- Review procedures and policy relevant to the care of both medical and surgical renal patients and be actively involved in formulation and updating of same when necessary.

4. PERFORMANCE EVALUATION STANDARDS

Employee's Signature

- The standard of specialised patient care as measured by evaluation of outcomes.
- The contribution to the nursing research body of knowledge.
- The contribution to professional development of nursing staff and other health care workers.
- The standard of own professional development as measured by attendance at education programs, conferences, seminars, publications and presentations.

Performance evaluation to be conducted at 3 months then annually.

I have explained the duties and responsibilities of this position to this employee.

-----NAPSM, Date
Division of Medicine

I have read this job description, understand its requirements and agree to fulfil its functions to the standard outlined.

Date

APPENDIX E. 2 NUM

JOB DESCRIPTION / STATEMENT OF DUTIES

1.	GENERAL INFORMATION	
	Division:	Medicine
	Title:	Nursing Unit Manager Cost Centre Manager
	Department / Ward / Unit	
	Classification:	Nursing Unit Manager Level II
	Award:	As per NSW Nurses Award

Qualifications:

Essential -

- ◆ Registered Nurse with current NSW Registration and five (5) years post basic experience.
- Demonstrated excellent communication, interpersonal and organisational skills.
- ♦ Excellent written skills.
- Demonstrated developing leadership skills.
- ♦ Computer literacy.
- Experience in the development, implementation and evaluation of quality improvement projects.
- Tertiary qualifications or working towards same.
- Previous management experience.
- Knowledge and understanding of budget management.

Desirable -

- Knowledge and understanding of Case mix and the EQUIP accreditation principles.
- Previous experience at Nursing Unit Manager level and/or above.

Hours: 8.00am - 4.30pm - or as required - Monday to Friday

2. MANAGEMENT RELATIONSHIPS

Responsible to:

Assistant Executive Director,
Nursing and Clinical Support
Services, through the Nursing
and Patient Services Manager
for the Division of Medicine.

Responsible for:

Registered and Enrolled
Nurses, Clerks, Students and

3. ROLE (Objectives of Position)

The Nursing Unit Manager is responsible for:

- ♦ The promotion of an optimal environment for the provision of quality patient and family care, through research based practice, in accordance with the Area, Hospital and Nursing philosophy and objectives.
- ◆ The promotion of an optimal environment for the provision of a safe nursing practice in accordance with the OH&S Guidelines.

4. COMPETENCY - LEADERSHIP

DEFINITION

The ability to provide direction and influence others; the ability to create an environment where nurses can be empowered and operationalise visionary practice.

CUES

- * Ability to delegate responsibility appropriately.
- * Able to foster and maintain an effective organisational culture.
- * Ability to be versatile in leadership style.
- * Encouragement of participative decision making.
- * Ability to promote a personal management philosophy.
- * Ability to enable others to increase skills and promotion of organisational learning.
- * Capacity to motivate and inspire self and others.
- * Ability to effect team building and maintenance of a cohesive, supportive environment.
- Ability to initiate change and evaluate effectiveness.
- * Demonstrates creativity and innovation.

5. **COMPETENCY - COMMUNICATION**

DEFINITION

The ability to disseminate information and ideas with clarity; to be articulate, interesting and easily understood. Foster open communication channels.

CUES

- * Communicates effectively with all health professionals, either individuals or groups.
- * Ability to utilise formal and informal channels of communication.
- * Demonstrates comprehensive, accurate and timely written communication.
- * Communicates desired organisational direction to facilitate action and implement change.
- * Able to empathise, listen and respond effectively to other personnel.
- * Ability to develop effective public relation processes in the organisation.
- * Actively and constructively participates on appropriate committees and shares information with others.

6. COMPETENCY- RESOURCE MANAGEMENT

DEFINITION

The ability to plan, co-ordinate and monitor the department's activities through effective and systematic use of allocated resources.

CUES

- * Continually strives to maximise limited resources to achieve higher quality results for the organisation, division and nursing.
- * Participates in budgetary activities within the cost centre, to assist in planning, formulating, budget to provide assistance in developing strategies to rectify variances, when appropriate.
- * Selection, management, development and evaluation of employees.
- * Knowledge of hospital policies in regard to EEO, Workcover, Occupational Health & Safety, Infection Control and Antidiscrimination, Poisons Act and other relevant legislation.
- * Ability to analyse all available information and problem solve, enabling the implementation of appropriate response options.
- * Continually strive to further develop computer skills to enable management of resources.

7. COMPETENCY - QUALITY MANAGEMENT PRINCIPLES

DEFINITION

The ability to identify opportunities for improvement through measuring and evaluating practices.

CUES

- * Management practices demonstrate a systematic, planned and participative approach to continuous improvement activities, especially in the areas of management of resources, delivery and evaluation of practice in relationship to patient care.
- * Participation in formulation, implementation and evaluation of nursing standards and assistance of others to initiate activities.
- * Incorporating the EQUIP programme into the daily activities of all staff and including the six main principle into practice.
- * ACHS standards are achieved and maintained.

8. <u>COMPETENCY - CONFLICT RESOLUTION / NEGOTIATION</u> SKILLS

DEFINITION

The ability to problem solve and resolve conflict in a flexible and appropriate manner.

CUES

- * Understands the principles of conflict resolution and their appropriate use.
- Responds appropriately to constructive criticism.
- * Ability to negotiate in a positive manner with a wide variety of people to achieve aims.
- * Able to mediate between conflicting groups and individuals.

9. <u>COMPETENCY - DEVELOPMENT AND PROFESSIONALISM</u> SKILLS

DEFINITION

The ability to identify, promote and maintain the professional development needs of self and staff.

CUES

- * Enhances the development of skills, knowledge and professionalism of staff and self.
- * Ability to identify staff potential and to provide opportunities for staff development.
- * Ability to develop and maintain professional relationships among staff.
- * Able to assume a mentor role be a role model for staff.

- * Ability to use an effective performance review and career planning system.
- * Consistently promotes performance focused development of employees and communicates a performance framework for staff development activities.
- * Exhibits the desire and openness to learn from other's experience.
- * Ability to perceive positive aspects of negative events and communicate this appropriately.
- * Ability to focus on more than one issue at a time.

DEVELOPMENT PLAN

For each competency to be developed within the first 3 months of employment in the position.

PERFORMANCE EVALUATION STANDARDS

The performance of the Nursing Unit Manager will be evaluated by the functions listed previously and contained in this document after 3 months, then annually.

HOSPITAL POLICY - SMOKING

The hospital supports the Department of Health's policy on non-smoking by prohibiting staff, patients and visitors from smoking within the hospital buildings or within hospital vehicles.

I have explained the duties and responsibilities of this position to th employee.		
Senior Nurse Manager	Date	
I have read this job description, und agree to fulfil its functions and resp outlined.		
Employee's Signature	Date	

APPENDIX E.3 – CLINICAL CO-ORDINATOR JOB DESCRIPTION STATEMENT OF DUTIES

1. GENERAL INFORMATION	
Division:	Medicine and Emergency Services
Department/Ward/Unit:	Nephrology
Position Title:	Clinical Co-ordinator- haemodialysis
Salary/Conditions:	Clinical Nurse Specialist In accordance with the NSW Public Hospital Nurses (State) Award
Classification:	Clinical Nurse Specialist

QUALIFICATIONS:

Minimum

- Registered with the NSW Registration Board List A
- Relevant post basic qualifications and 12 months experience in the specialty OR 4
 years post graduate experience of, which 3 years are in the specialty
- High degree of experience in haemodialysis and renal nursing
- Experience in clinical teaching
- Demonstrated role model behaviour
- Demonstrated excellence in clinical skills and documentation
- Demonstrated high level of communication, interpersonal and organisational skills
- Vision and scope to accommodate and facilitate change

Desirable:

- Demonstrated experience in quality assurance and/or research activities;
- Computer literacy.

Hours of Duty:

38 hours per week or as required

2. MANAGEMENT RELATIONSHIPS

RESPONSIBLE TO: Nursing Unit Manager 4 west. Responsible for

Registered Nurses, Enrolled Nurses, Assistants in

Nursing, Student nurses, Secretary

3. ROLE (MANAGEMENT OBJECTIVES OF POSITION)

- To ensure safe and efficient co-ordination of dialysis activities and quality clinical care in the haemodialysis sections.
- Function as a role model for other nursing practitioners.
- Strive to achieve the goals of quality patient care within the framework of the institutional directives.

ROLE: (SPECIFIC OBJECTIVES OF POSITION)

The haemodialysis clinical co-ordinator is responsible for:

- Coordination of clinical care of in-patient& out-patient haemodialysis patients.
- Ensuring the delivery and the responsibility of an optimum standard of care by providing clinical teaching to nurses involved in the care of haemodialysis patients.
- To act as a clinical resource person for the haemodialysis unit staff and patients.

4. FUNCTIONS (SPECIFIC RESPONSIBILITIES)

CLINICAL CARE

- Ensure the efficient co-ordination of dialysis activities and quality clinical care in the 4 west Haemodialysis unit.
- Conduct or attend meetings to enhance the clinical co-ordination of haemodialysis patients, ward rounds, case management meeting and renal business meeting.
- Participate in the development of policies and procedures in relation to haemodialysis.
- Liaise with Sydney Dialysis Centre and CAPD to facilitate informed transfer of patient details.
- Liaise with CNC, all health professionals, medical and allied health, for the provision of services to meet the needs of dialysis patients.
- Monitor use and maintenance of dialysis equipment.
- In liaison with the NUM, maintain the effectiveness and utilisation of ward resources by reviewing, ordering, and monitoring dialysis stock and supplies.
- Ensure occupational and environmental safety is maintained within the dialvsis unit.
- Liaise with CNC and NUM regarding any clinical issues relating to the unit.
- Allocate primary patients to dialysis nursing staff.
- In consultation with the Primary nurse ensure referral letters are sent to physicians and any follow-up appointments are made for dialysis patients.

EDUCATION

- Provide clinical support through clinical teaching to nurses participating in the haemodialysis training program
- Liaise with NUM to facilitate the rotation of staff through the clinical areas for haemodialysis training
- Encourage attendance at inservices, seminars and other continuing education programs.
- Demonstrate role model behaviour and act as a resource person.

QUALITY IMPROVEMENT/RESEARCH DEVELOPMENT

- Actively participate in quality research programs as required
- Fosters an environment of clinical practice based upon the evaluation of available evidence.

PERSONAL/PROFESSIONAL DEVELOPMENT

- Maintain own knowledge and keep abreast of changes to clinical practice
- Attends relevant programs to enhance professional knowledge and skills to perform effectively in the role
- Participate in the activities of professional organizations

5. PERFORMANCE INDICATORS

Criteria 5:1 Co-ordination of clinical care and dialysis activities in the 4 West haemodialysis unit.

Indicator 5:1 Quality of feedback and reporting from the NUM, CNC and ward staff.

Criteria 5:2 Effectiveness of communication and documentation concerning dialysis activities in the 4 West haemodialysis unit.

Indicator 5:2 Quality of feedback and reporting from the NUM, CNC and ward staff; Improved documentation of patient's ongoing care.

Criteria 5:3 Participation and facilitation of Quality Activity programs.

Indicator 5:3 Documentation and evidence of participation and facilitation of Quality Activity Programs.

Criteria 5:4 Contribution to own professional development;

Indicator 5:4 Evidence of activities undertaken to nurture professional development.

I have explained the duties and responsibilities of this position to this employee.

NURSING UNIT MANAGER	DATE
NAPSM DIVISION MEDICINE	DATE

I have read this job description, understand its requirements and agree to fulfil its functions to the standard outlined.

STAFF MEMBER DATE

APPENDIX E. 4 - RN

1. GENERAL INFORMATION:

DIVISION: NURSING/DIVISION OF MEDICINE

DEPARTMENT/WARD/UNIT

POSITION TITLE: REGISTERED NURSE

QUALIFICATIONS: Registered Nurse with the NSW

Registration Board – List A

SALARY/CONDITIONS: In accordance with the NSW State

Award

Rotating roster

2. MANAGEMENT RELATIONSHIPS:

RESPONSIBLE TO: Nursing Unit Manager

RESPONSIBLE FOR: Enrolled Nurses. Trainee Enrolled Nurses.

Students, Orderlies and Ward Clerk

3. ROLE: (Objectives of Position)

The Registered Nurse is responsible for the promotion of the health and well-being of the patients, through the delivery of Nursing Care of the highest quality. Delivered equitably and continuously reviewed, in accordance with Department of Health, Area, Hospital and Nursing Division's philosophies and policies.

4. FUNCTIONS & PERFORMANCE EVALUATION STANDARDS

The Registered Nurse is responsible for:

1. The delivery of high quality direct patient care by:

- a. Assessing patient needs and planning nursing care that is appropriate to the needs of the patient.
- b. Implementing nursing care, treatments and administering medications according to the plan and hospital policy.
- c. Monitoring and evaluating the ongoing effect of care and treatments and revising care according to the patient's response.
- d. Working effectively to co-ordinate patient care with other members of the health care team.
- e. Demonstrating well-developed time management practices, e.g. prioritisation, punctuality and reliability.

2. Maintaining a safe and secure work environment by:

- a. Being aware of and practising within the NSW Occupational Health and Safety Act.
- b. Ensuring self, staff, patient and visitor safety by identifying risks, removal of environmental hazards and implementing action.
- c. Using correct manual handling techniques and manual handling aides. Correctly following manual handling policies and procedures.
- d. Safe placement of furniture and maintenance of clean and orderly environment.
- e. Being aware of, and adhering to, policies at all times e.g. cytotoxic guidelines, standard precautions, medication administration, incident reports.
- f. Using equipment appropriately and reporting breakages and faults promptly to the appropriate person(s), removing equipment from use.
- g. Accurate reporting and recording of all incidents in accordance with hospital policy and procedure guidelines.
- h. Being aware of and competent in emergency procedures.

3. Accurate communication and documentation of patient care by:

- a. Communicating appropriately with patients/families/other health care workers at all times.
- b. Effective liaison with other members of the health care team to establish co-ordinated care.
- c. Providing a comprehensive handover to other nursing staff to allow them to continue care i.e. at completion of shift, on transferring a patient and on leaving the ward.
- d. Documentation of all aspects of care including admission, discharge/transfer, plans for and effects of care.
- e. Documentation, which is legible, relevant, accurate, concise and complete using accepted hospital abbreviations.
- f. Reporting incidents to the appropriate person using the hospital "Incident Report Form".

4. Taking leadership role and being an effective member of the team by:

- a. Participation in ward activities, committees and/or professional organisations.
- b. Offering encouragement and support to peers.
- Serving as a preceptor to new staff and students and acting as a positive role model.
- d. Co-ordinating ward activities when assigned in charge of ward for shift.
- e. Participation in quality improvement activities and nursing research.
- f. Acknowledging personal accountability in achieving patient and team goals.
- Dealing with conflict effectively.
- h. Functioning effectively in an emergency/crisis situation.
- i. Demonstrating problem solving/ troubleshooting skills.

j. Identifying and using appropriate resource personnel including interpreters.

5. Educating patients and their families by:

- a. Identifying learning needs of patients and carers.
- b. Using appropriate teaching strategies.
- c. Assessing patients and families' readiness and level of comprehension.
- d. Consulting/utilising CNCs and Educators as a professional clinical source of knowledge.

6. Maintains professional and ethical practice at all times by:

- a. Being aware of medico/legal responsibilities.
- b. Demonstrating accountability in all aspects of nursing practice.
- c. Demonstrating ethical behaviour in performance of nursing actions.
- d. Maintaining confidentiality and privacy at all times.
- e. Demonstrating reliability and punctuality.
- f. Wearing of the correct hospital uniform.

7. Maintaining effective personal and professional growth and ensuring current knowledge of nursing practice by:

- a. Attending related continuing education programmes.
- b. Participation in professional organisations, special interest groups and committees.
- c. Attending inservice programmes, reading journals and using other learning resources.
- d. Providing inservices or other forms of education to peers.
- e. Identifying of knowledge deficits and pursuing improvement.
- f. Successful completion of mandatory education e.g. CPR, Fire and Safety, Occupational Health and Safety, annually and as required.
- g. Openly accepting constructive feedback and implementing appropriate action.

8.	Working towards Division of Medicine and Unit competencies for
	nurses:

I have explained the duties and responsibilities of this position to this employee.

Nursing Unit Manager	Date
Nursing and Patient Services Manager Division of Medicine	Date

I have read this job description, understand its requirements and agree to fulfil its functions to the standard outlined.

Employee's Signature

Date

APPENDIX E.5 - ORDERLY

JOB DESCRIPTION/STATEMENT OF DUTIES

GENERAL INFORMATION	
Division:	Medicine
Title:	Orderly
Department/Ward/Unit:	
Classification:	Wardsperson
Salary/Conditions:	As per award
Qualifications: Essential –	
Good physical fitness.Good communication skills.	
 Good communication skills. Ability to work with a team of professionals 	
 Knowledge of Occupation 	•
Desirable -	arricalir a Galety.
First aid certificate.	
Previous experience as a	wardsperson
Hours: Rotating roster 38 ho	urs per week
Rostered day off once a mont	
2. MANAGEMENT RELATION	SHIPS
Directly responsible to:	Clinical Support Manager, Division of
	Medicine via the Orderly Supervisor
Indirectly responsible to:	NUMs, RNs and ENs
3. ROLE (Objectives of Position)	
The Wardsperson is responsible, under the direction of the Registered	
Nurse for promoting, improving and extending an optimum standard of	
patient care in the clinical situation. This is in accordance with the	
Department of Health, Area, Hospital and Nursing Division philosophy and objectives.	

4. FUNCTIONS

Primary Function:

To assist nursing staff with the delivery of direct patient care at the ward level. To perform other duties as directed by the Nursing Unit Manager or the Registered Nurse in charge, appropriate to your qualifications, relating to patient comfort, hygiene, safety, transportation and hospital procedures.

4.1 Patient Care Duties

The wardsperson under the direction of the NUM / Registered Nurse is responsible for:

- Maintaining a caring and courteous manner at all times.
- Showering patients.
- Meeting the personal hygiene needs of the patient.

- Assisting with the lifting and repositioning of patients, and transferring of patients between bed/trolley, bed/bed, bed/chair, chair/chair using the appropriate equipment.
- Attending to pre procedural and pre operative skin preparation of patients.
- Transferring of patients between rooms or wards.
- Facial shaves of male patients.
- Assisting with aggressive or confused patients.
- Transportation of patients to hospital mortuary and the completion of the appropriate paper work.

4.2 Ward Duties

The wardsperson under the direction of the NUM / Registered Nurse is responsible for:

- Ensuring that wheelchairs, trolleys, beds and allocated equipment are clean and in safe working order.
- Assisting nursing staff in the making of occupied beds.
- Assisting with the restocking of storerooms.
- Checking and restocking gas cylinders in designated areas as required.

4.3 Maintaining a Safe and Secure Work Environment

The wardsperson under the direction of the NUM / Registered Nurse is responsible for:

- Using equipment safely and appropriately.
- Accurate reporting and recording of all incidents in accordance with hospital policy and procedure guidelines.
- Ensuring responsibilities within Occupational Health and Safety guidelines are met, including risk minimisation, removal and prompt reporting of hazards.
- Appropriate utilisation of Personal Protective Equipment (PPE).
- Demonstrating an awareness of safety by using correct manual handling techniques and manual handling aids. Adhering to manual handling protocol and policies.
- Understanding emergency procedures such as, Fire and Safety, Cardiopulmonary Arrest, Bomb Threat.
- Successful completion of annual mandatory education.

4.4 Courier Duties:

The wardsperson under the direction of the NUM / Registered Nurse is responsible for:

- Transfer of equipment and supplies.
- Attending to any other transport duties including pathology and blood specimens, medical records, and non-schedule medications.

4.5 Team Membership

The Wardsperson will function as a team member and is responsible for:

- Assisting the Nursing staff as directed.
- Using appropriate communication skills to liaise with all team members.
- Providing a comprehensive handover of areas of responsibility to appropriate personnel at completion of shift.

- Negotiating the most appropriate time to take a tea/meal break with other members of the team.
- Providing meal relief for other orderlies.
- Dealing with conflict appropriately.
- Demonstrating problem solving skills.
- Participating in hospital committees as required.
- Participating in quality activities as directed by the Orderly Supervisor/ CSM.
- Informing the Orderly Supervisor of any difficulties or unusual requests.
- Participating in hospital education programmes as required.

4.6 Ethical Practice

The wardsperson under the direction of the NUM / Registered Nurse is responsible for:

- Demonstrating accountability and ethical conduct at all times.
- Maintaining confidentiality and privacy of staff and patients at all times.
- Demonstrating reliability and punctuality.
- Wearing of the correct hospital uniform.

5. PERFORMANCE EVALUATION STANDARDS

Evaluation at 3 months and then annually by CSM / Orderly Supervisor. The performance will be evaluated by:

1. JOB KNOWLEDGE

- Knowledge of infection control, occupational health & safety and waste management policies and procedures.
- Response to emergency procedures: Fire and Safety, Cardiopulmonary Arrest, Bomb Threat.
- The maintenance of a safe and secure work environment.

2. JOB PERFORMANCE

- The quality of care delivered, including caring attitude, courteousness to patients.
- The ability to perform manual handling techniques correctly.
- The ability to perform a variety of tasks.
- The ability to adjust to a variety of situations.
- The ability to keep up with the normal flow of work and to produce adequate amounts of work.

3. **DEPENDABILITY**

- The ability to fulfil duties with minimum supervision.
- Follow instructions/procedures/rules.
- Accepts additional responsibility.
- Applies himself/herself to completing work consistently.
- Timeliness of response to requests of assistance.
- Punctuality.

4. INITIATIVE

Able to work without close supervision.

- Resourceful and self-reliant.
- Looks for additional things to do.
- Personal professional growth

5. ATTITUDE

- To job responsibility.
- Accepts constructive criticism.
- Possess self-control and tact.
- Assists and cooperates with supervisors and peers.

6. COMMUNICATION

- Gives information clearly and concisely.
- Listens with understanding.
- Passes on related information.

7. APPEARANCE

- Wears identification
- Wears approved uniform
- Is neat, tidy and clean.

employee.		
Clinical Support Manager	Date	
Nursing and Patient Services Manager	 Date	
I have read this job description, understand its functions to the standard outlined.	I its requirements and agree to fu	lfi
Employee's Signature	 Date	

I have explained the duties and responsibilities of this position to this

APPENDIX E.6 - DIETITIAN

DEPARTMENT OF NUTRITION & DIETETICS

JOB DESCRIPTION

TITLE: RENAL DIETITIAN

DEPARTMENT: NUTRITION & DIETETICS

COST CENTRE: 36021

AWARD CLASSIFICATION: DIETITIAN, GRADE 1 SCIENTIFIC

OFFICER (PUBLIC HOSPITAL

DIETITIANS)

RESPONSIBLE TO: DIRECTOR, NUTRITION & DIETETICS

POSITION SPECIFICATIONS:

Essential:

- Master of Science (Nutrition and Dietetics) or equivalent.
- Eligibility for membership of the Dietitians' Association of Australia.
- Minimum three years post-graduate experience in clinical dietetics.
 - Demonstrated knowledge and interest in the area of renal nutrition.
 - Excellent oral and written communication skills.
 - Computer literacy.

Desirable:

- Membership of a Dietitians' Association of Australia Renal Special Interest Group.
- Previous experience working in a multi-disciplinary team.
- Previous experience with the Allied Health Information System and CBORD.

PRIMARY FUNCTION:

Nutritional care of patients under the medical care of the Nephrology Department.

BASIC OBJECTIVES:

To optimise nutritional status of patients with renal disease.

MAJOR ACTIVITIES AND RESPONSIBILITIES:

A. PATIENT CARE

- 1. Assess nutritional status and requirements of renal patients.
- 2. Arrange implementation of appropriate meals for renal inpatients.
- 3. Patient education and follow-up as required.
- 4. Develop educational resources suitable for renal patients.

- 5. Provide out-patient follow-up for inpatients where required.
- 6. Conduct a weekly renal out-patient clinic held within the Department of Nutrition and Dietetics.
- 7. Provide an "on-call" service to renal clinics.
- 8. Provide nutrition input for the Renal Support Group.
- 9. Attend Nephrology Department team meetings and Business Meetings.
- 10. Develop and implement the Department of Nutrition and Dietetics policies and procedures related to nutritional care of renal patients in conjunction with the Director, Nutrition and Dietetics.

B. RESEARCH/TEACHING CONTINUING EDUCATION/QUALITY ASSURANCE.

- 1. Participate in research projects conducted by the Nephrology Department.
- 2. Initiate research projects investigating nutritional aspects of management of renal disease.
- 3. Participate in the Department of Nutrition and Dietetics Journal Club, Case Study and other Continuing Education activities.
- 4. Maintain professional competence by attending relevant seminars and reviewing recent literature.
- 5. Comply with Dietitians' Association of Australia Code of Ethics.
- 6. Attend Dietitians' Association of Australia (NSW) Renal Special Interest Group.
- 7. Provide supervision on clinical placement to dietetic students in the specialty of renal nutrition in conjunction with the Deputy Director of Nutrition and Dietetics.
- 8. Provide lectures to the Universities of Sydney and Wollongong Masters of Science (Nutrition and Dietetics) students on renal nutrition as requested.
- 9. Provide inservices to Nursing, Medical and Allied Health staff as required.
- 10. Provide the nutrition component of the Renal Nursing course as required.
- 11. Participate in Quality Improvement projects in the Department of Nutrition and Dietetics as required and initiate Quality Improvement projects relevant to the Nephrology Department.

C FOOD SERVICE

- 1. Assist in planning of menus for renal patients.
- 2. Assess new products suitable for renal patients.
- 3. Enter patient nutritional requirements into the CBORD system.

4. Provide inservices to Dietary Aides as required.

D. GENERAL

Regular attendance of the Department of Nutrition and Dietetics.

Business meetings and Food Service meetings.

Provide statistics and timesheets as required.

Comply with Dietitians' Association of Australia Code of Ethics.

Assist the Director, Nutrition and Dietetics in development of nutrition resource materials.

Maintain confidentiality of all hospital patient records and information.

Adhere to the Department of Nutrition and Dietetics policies and procedures.

PERFORMANCE MEASUREMENT:

Annual staff appraisal

Technical knowledge

Motivation

Adherence to hospital and departmental policies and procedures

Productivity

Communication skills (written and verbal)

HOSPITAL POLICY - SMOKING:

The Hospital supports the Department of Health's policy on Non-Smoking by prohibiting staff, patients and visitors from smoking within the hospital buildings or within hospital vehicles.

EMPLOYEES SIGNATURE:	DATE:
DEPARMENTAL HEAD:	DATE:

APPENDIX E. 7 SOCIAL WORKER JOB DESCRIPTION

TITLE: Social Worker - Renal

DEPARTMENT: Social Work

AWARD CLASSIFICATION: Social Worker - Grade 2

RESPONSIBLE TO: Director of Social Work

STAFF SUPERVISED: 1-5 staff members

PRIMARY FUNCTION:

To provide a high standard of social work service to patients, families and carers of The St George Hospital.

BASIC OBJECTIVES:

Provide a comprehensive social work service to patients, families and carers of 3 West (Renal Inpatients), clinics.

MAJOR ACTIVITIES AND RESPONSIBILITIES:

1. Direct Service

1.1 Core Responsibilities:

- 1.1.1 Conduct psychosocial assessments as per ward/unit protocol
- 1.1.2 Participate in ward rounds and case reviews.
- 1.1.3 Provide counselling and other psychosocial interventions with an emphasis on loss and grief.
- 1.1.4 Co-ordinate and assist in placement and accommodation matters.
- 1.1.5 Develop and make available information about community resources for patients, their families and carers and refer when appropriate.
- 1.1.6 Liaise and consult with social workers and other disciplines within the multidisciplinary team regarding patient care and discharge planning.
- 1.1.7 Assess the need to develop and implement groups where appropriate.
- 1.1.8 Provide relief cover during absences of team members and other staff.
- 1.1.9 Participate in After Hours on-call roster.

1.2 Specific Responsibilities

- 1.2.1 Active participation at Renal Unit meetings, such as renal business meetings, predialysis meetings, ward case conferences.
- 1.2.2 Active participation at bimonthly Renal Social Workers Special Interest Group the Sydney Dialysis Unit.
- 1.2.3 Active participation in fortnightly predialysis clinic including conducting initial assessments, providing follow up service one month post clinic, and in conjunction with Renal CNC, Dietician Pharmacy participate in annual review of clinic.

- 1.2.4 Liaise and consult with renal specific services such as the Renal Resource Centre, AKF and Renal Association to develop programs, support groups and resources for renal patients and their families/carers.
- 1.2.5 Liaise and consult with 4 West Social Worker to identify service gaps within the Renal Unit and participate in-service development as appropriate in-service development as appropriate e.g. Renal Transport Service.
- 1.2.6 Provide support to staff working with patients including facilitating debriefing sessions.

2. Management & Administration:

- 2.1 Assist with the management of the social Work Services.
- 2.2 Manage and co-ordinate the Cancer Care Team in conjunction with your co-team leader(s).
- 2.3 Co-ordinate the provision of relief cover in the event of staff absences.
- 2.4 Co-ordinate the provision of team management/supervision in the event of team leader absences.
- 2.5 Develop policies and procedures directly related to the team and within the Social Work Department.
- 2.6 Monitor and maintain systems, procedures and resources within the team.
- 2.7 Facilitate dissemination of relevant information within the team.
- 2.8 Participate in, and facilitate team members' participation in Departmental/Clinical Area Projects and Committees.
- 2.9 Participate in, and facilitate team members' participation in, writing for publication and social work research.
- 2.10 Represent the Social Work Services at meetings as appropriate.
- 2.11 Participate in recruitment, selection and deployment of staff in conjunction with the Director/Deputy Director of Social Work Services.

3. Quality Improvement:

- 3.1 Participate in and develop quality improvement projects.
- 3.2 Promote Quality Improvement activities within the team.
- 3.3 Keep timely and appropriate records and keep statistics up to date.
- 3.4 Facilitate team members to keep timely and appropriate statistics.
- 3.5 Actively review and reinforce referral processes and Social Work profile within your clinical area.
- 3.6 Develop and update policy and procedures relevant to social workers in the Cancer Care Team.

4. Staff Development:

- 4.1 Familiarise self and comply with contents of Policy & Procedure Manual resource kits and departmental pamphlets.
- 4.2 Read memorandum, educational policy and resource information as distributed.
- 4.3 Provide feedback from attendance at courses/conferences.
- 4.4 Participate in Annual Performance Appraisals with supervisor.
- 4.5 Ensure that all team members participate in an Annual Performance Appraisal.

5. Teaching & Training:

- 5.1 Participate in the overall Field Education Program and facilitate team members to participate.
- 5.2 Participate in the Social Work Department Professional Development Program and education programs on wards/units.
- 5.3 Contribute to the UNSW Social Work Teaching program and facilitate team members to participate.

6. Supervision:

- 6.1 Prepare for, participate in and seek supervision regularly from the Deputy Director or Director of Social Work Services.
- 6.2 Provide regular supervision to Grade 1 Social Workers.
- 6.3 Assist in the continued professional development of team members.
- 6.4 Supervise social work students through the Field Education Unit in accordance with AASW guidelines.

7. Occupational Health & Safety:

- 7.1 Employ Safe Work Practices within the Social Work Department and in specific wards/units of the Hospital.
- 7.2 Promote awareness of OH&S Policies & Procedures within your clinical team.

8. Equal Employment Opportunity:

Demonstrate equal opportunity, equity and fairness in practice.

9. Diversity Health:

Comply with the Diversity Health requirements of the South Eastern Area Health Service.

10. Professional Codes:

- 10.1 Comply with the NSW Health Code of Conduct.
- 10.2 Comply with the AASW Code of Ethics.

11. Mandatory Education:

- 11.1 Participate in mandatory education programs conducted by xxxx Health and the Social Work Service (eg Child Protection, Disaster Planning).
- 11.2 Facilitate attendance of staff in all mandatory Education programs.

12. General:

Carry out any other professional duties as may be determined by the Director of Social Work Services.

Participate in mandatory education programs conducted by the hospital and Social Work Department (e.g. child protection, disaster planning).

PERFORMANCE MEASUREMENT:

- 1. Complies with Allied Health Services code of conduct
- 2. Maintains an adequate record of attendance and punctuality
- 3. Maintains a satisfactory level of professionalism and work

HOSPITAL POLICY - SMOKING:

The Hospital supports the Department of Health's policy on non-smoking by prohibiting staff, patients and visitors from smoking within the hospital building or within hospital vehicles.	
I have read this Job Description, under its functions to the standard outlined.	rstand its requirements and agree to fulfi
Employees Signature	Date
Director, Social Work Services	Date

PORTFOLIO

PORTFOLIO A



Certificate of Attendance

This is to certify that

Shelley Tranter

attended the

4th International Practice Development Conference

16-17 September 2004 Crowne Plaza Terrigal NSW Australia







PORTFOLIO B



Certificate of Attendance

This is to certify that Shelley Tranter

attended the

Five day
Practice Development School

19-23 September 2004 Central Coast Health Gosford NSW Australia







PORTFOLIO C

Nursing Philosophy

Each patient experiences and adapts to dialysis treatments in his/her own unique way. Their level of wellness is a dynamic state influenced by the individual's physical, mental, spiritual and social needs. The nurse supports the patient to develop his/her maximum potential in the provision of self-care. Self-care is encouraged in an effort to promote adherence to treatment and patient autonomy.

The patient and family are supported through the allocation of a primary nurse who acts in a case management role to provide holistic care focused on meeting individual needs. The nurse actively participates in decision-making and assumes responsibility and accountability for his/her own decisions. The nurse works closely with all members of the health care team to help the patient achieve, maintain and regain optimum health and quality of life.

Objectives

The objectives of the dialysis service conform to the xxxxxxxx Code of Conduct and the philosophy of the xxxxxxxx Hospital Nursing Service.

In order to achieve the above philosophy the dialysis nursing service will:

- Promote the use of evidence in the formulation and review of practice procedures in an effort to ensure the highest standard of patient care.
- Aim to provide holistic care for patients requiring dialysis through a patient focused model of care.
- Improve patient outcomes through the development of policy and protocols, ongoing monitoring and the implementation of actions to enhance patient outcomes as indicated.
- Encourage an atmosphere of self-care in an effort to promote adherence to treatment and patient autonomy.
- Promote home dialysis as the most effective and accepted dialysis treatment.
- Provide a comprehensive individualized patient education program including needs assessment, clear learning objectives, effective and innovative teaching strategies and evaluation.
- Provide a safe environment for patients, family, visitors and health care workers.
- Facilitate orientation of new staff through effective precentorship and a comprehensive orientation and education program.
- Encourage personal and professional development through participation in continuing education programs.
- Provide guidance and support for nursing and other colleagues.
- Encourage nurses to accept responsibility for own practice as a dialysis nurse and member of the multidisciplinary health team.

Welcome to the Haemodialysis Unit

This brochure has been developed to provide you with information related to the Haemodialysis Service located on 4 west.

The unit provides haemodialysis treatments for patients who are acutely ill or require hospitalisation. It also provides treatments for patients unable to attend the dialysis themselves at home.

Haemodialysis is required three times a week and the scheduled days are Monday, Wednesday and Friday or Tuesday, Thursday and Saturday.

Patients are dialysed in the morning or afternoon and you will be allocated to one of these time slots. The acute hospital patients are given first priority for the morning shift. At times, there may be the need to change your allocated time to allow for urgent dialysis. You will be advised if this

is to happen and your cooperation will be appreciated.

You will be required to attend for morning dialysis session between 7 and 9am. Please do not enter the unit until nursing staff arrive. Cleaning will be in progress and accidents can occur if you enter prior to 7am.

If you are attending an afternoon session, you will be asked to arrive from 2pm unless otherwise indicated. A waiting room is provided for your comfort and nursing staff will call you when the area is ready for your treatment.

It is recommended there be no visitors in the unit during the period when patients are going on and coming off the machines. Family who are assisting in the treatment are welcome at all times. Please feel free to have visitors at other times but restrict the number to two at a time. A light meal and beverage is provided during your treatment. If you prefer to bring food from home, please do so.

Transport to the unit is the esponsibility of the patient but if

you have difficulty getting to the hospital alternatives can be discussed with your primary nurse or the unit coordinator. NB the use of alternative modes of transport may result in lengthy waiting times or a donation may be required.

We request that you wash your hands before entering and leaving the unit to reduce the risk of spreading germs to other patients and the staff.

Primary nursing

Primary nursing care is practiced in the unit. This means you will be allocated a nurse who will be responsible for managing your care. Please inform your primary nurse of your next appointment with your kidney doctor. This allows a letter outlining your current management to be passed

Blood tests are routinely taken once a month to check your dialysis regime is adequate for your needs and to ensure any abnormalities are treated promptly.

The dialysis doctors will review your monthly blood test results but they are not responsible for reviewing health issues that are not dialysis related. If you require medical attention please visit your GP or if the condition is urgent, you will need to attend the hospital's emergency department for assessment on the day the problem arises. Do not wait until you come for dialysis to be assessed.

Self Care

Self-care is strongly encouraged in the unit. Patients and family are supported to assist with as much of the machine set up and treatment as they can. End stage kidney disease is a chronic illness and self-care provides the patient with control and input into their care resulting in better outcomes. The nursing staff will assess your level of independence and teach you as much as you are able to do.

If you feel you are capable of attending the dialysis treatment at home please discuss with your primary nurse or doctor. An

appointment can be made with the nursing staff at Sydney Dialysis Centre (SDC) to see if it is feasible at which time you would go on the waiting list. The usual training period is four days a week for at least six weeks.

Please remember that the unit is responsible for the treatment of acutely ill patients and this at times will cause delays and the rescheduling of your dialysis. We apologise for this inconvenience and stress that there is zero tolerance of aggression toward any member of staff in the unit.

The staff of 4 west are always happy to discuss your treatment at any time and will make a referral to your doctor, dietician, social worker or any health team member as required.

If you have any questions or issues do not hesitate to ask your primary nurse or contact the 4 West social

Patient Information Leaflet

Welcome to the Haemodialysis Unit on 4 west



PORTFOLIO E

The role of the haemodialysis RN Discussion paper

The **purpose** of this paper is to disseminate information for comment drawn from the four focus groups conducted with RNs.

Background

Four focus groups were held in January and February. These groups were held on varying days to capture the part time staff. The groups were held in Shelley's office and there were 4-6 RNs present at a time. A total of 17 RNs had input into discussion.

The focus groups were held to facilitate open discussion about RN nursing practice. This discussion is necessary for a number of reasons:

- 1. Some RNs on the unit have expressed concern regarding the level of care they are able to provide especially in times of increased demand and acuity.
- 2. Research conducted by Shelley has identified that there are a number of areas related to practice which could be changed.
- 3. With the employment of ENs in the unit there is a need to establish both the RN and EN roles.
- 4. There is no current job description or position statement for a RN in haemodialysis.

Focus groups

There can be no progress in defining or reshaping the role of the RN without meaningful discussion with stakeholders. The focus groups were held to get as many RN's views as possible. Shelley opted to facilitate the process and do a lot of the "leg work" but the RNs on the unit own the work so any reshaping of the RN role needs to come from them.

Discussion within the groups was under three headings:

- 1. What are we doing now?
- 2. What do you think you should be doing? and
- 3. What are the barriers to changing or developing the RN and EN roles?

1. What are we doing now?

It was obvious that the work of the RN is task focused. These tasks are around doing the dialysis and for the majority do not need a RN to do. Items listed were:

Setting up machines Cannulating Putting patients on Vascath dressings Hourly checks Taking bloods Taking obs BP, BSL etc

Cleaning chairs

Iron management

Troubleshoot complications such as hypotension

Weight assessments

Machine operation

Chasing results

Taking people off

Answering phones

Organising transport

Dressings

Writing the doctor/s letters

Cleaning

Stocking

2. What should/could we be doing?

This list included more patient centred activities and activities at a higher level of expertise.

Anaemia management

Being more accountable for actions

Vascular access management

Phosphate management

Education for staff and more emphasis on preceptorship role

Patient education

Self care and empowerment of the patient

Assessment especially fluid

More time improving practice by research and putting evidence into practice More QA

Sitting and talking about all sorts of things

More primary care roles

Guiding the new patient through a pathway from the pre dialysis stage, first dialysis and on to self care.

3. What are the barriers/issues?

- The most overwhelming issue is the perceived lack of time. A lot of time is taken doing the dialysis and there is little extra to spend on other roles. One way to approach this is to give more away to other staff. The need for an assistive person to help every shift with cleaning and restocking was discussed. Perhaps a look at work design might also allow more time.
- The issue of the underlying culture of the unit was discussed. Any moves to reshape nursing practice would be more effective if there was a change in the culture of the unit. Some of the barriers in the culture included the reliance on the three Gs getting them on, getting them off, and all getting home. This three-G mentality will never allow free time as the focus is in being quick and not in being supportive and thorough. Another factor in the culture is the division of minimal care and acute care. There would need to be a total division in the two areas as would occur when the satellite happens or a blend of the two areas for this to be overcome.
- Need to have a model of care, which can address the dialysis and nondialysis related patient issues. The nurses are striving to be holistic but the

medical team is very specialised and only interested in renal problems. This could be managed by primary nurses who would be more proactive in referring to GPs and other services. Encourage patients to have a good GP.

- Nurses feel they have no input in decision making around the service
- Communication with doctors (all levels) is poor. Some of the nurses do not know the nephrologists and visa versa.
- The environment of the unit hard to do self care in an acute area
- Some of the roles that should be taken up will need further education for RNs, as not all staff are skilled in these areas.
- Unclear future of ENs and RNs in the unit. Need to have clear job descriptions. In reference to the developing role of the EN, most felt that they would like to see the EN work alongside the RN as far as technical activities. The RNs do not want to relinquish all of their technical roles especially cannulation to ENs. There needs to be a balance. Another issue regarding the progress of the EN role is that the RNs have difficulty with the ENs connecting patients following cannulation by the RN. The RNs feel they are responsible for the outcome of their cannulation. One way to overcome this would be not to progress the EN to putting on until they are actually cannulating. The RN would always be responsible for the work of the EN and would be doing the more difficult cannulations
- Extended role of EN to what level? The RNs felt that there would always be a place for RNs in haemodialysis. As the patients are becoming more elderly and dependant, the acuity is increasing. The major difference between the EN and RN will always be the depth of knowledge. Extending the EN role is something that the RNs must have input into and should be revised and discussed regularly.

The information discussed in the focus groups is now open for general discussion and comment. Any discussion or comment around any issues or the way to progress can be either directed to Shelley or can be discussed in the monthly practice development meeting. It is envisaged that this process of change will take a long time and we need to maintain the momentum at all costs.

The next practice development meeting is on the 10th March. Please take the time to look at this paper and comment further before that date.

NB this paper has been compiled by Shelley. If you feel this is not a true representation of the discussion in the focus groups please see me to discuss further.

PORTFOLIO F

DRAFT JOB DESCRIPTION

1. **GENERAL INFORMATION:**

DIVISION: NURSING/DIVISION OF MEDICINE

DEPARTMENT/WARD/UNIT 4 WEST HAEMODIALYSIS

POSITION TITLE: REGISTERED NURSE

QUALIFICATIONS:

MINIMUM: Registered Nurse with Nurses and

Midwives Board, NSW

SALARY/CONDITIONS: In accordance with the NSW State

Award

Rotating roster

2. MANAGEMENT RELATIONSHIPS:

RESPONSIBLE TO: Nursing Unit Manager

RESPONSIBLE FOR: Enrolled Nurses, Students, Orderlies

and Ward Clerk

3. ROLE: (Objectives of Position)

The Registered Nurse is responsible for the promotion of the health and well-being of the patients, through the delivery of Nursing Care of the highest quality. Delivered equitably and continuously reviewed, in accordance with Department of Health, Area, Hospital and Nursing Division's philosophies and policies.

4. FUNCTIONS & PERFORMANCE EVALUATION STANDARDS

The Registered Nurse is responsible for:

1. The delivery of high quality direct patient care by:

- a. Assessment of patients' holistic needs and planning nursing care that is appropriate for the patient requiring haemodialysis treatments.
- b. Implementing nursing care and dialysis treatments based on a regular assessment of dialysis requirements and adequacy.
- c. Acting as a case manager in the primary nurse role for a select group of patients. In so doing providing for the ongoing patient management
- d. Providing safe and effective haemodialysis treatments, according to the dialysis prescription.
- e. Cannulation, monitoring and proactive management of vascular access
- f. Providing acute haemodialysis treatments for patients in outlying units within the hospital.

- f. Administering medications according to the dialysis treatment plan and hospital policy.
- g. Monitoring and evaluating the ongoing effect of dialysis treatments and revising care according to the patient's response. This involves the surveillance of biochemical and haematological makers and appropriate management of results that fall outside normal parameters for haemodialysis patients.
- h. Ongoing assessment and establishment of chronic patient's dry weights.
- i. Working effectively to co-ordinate patient care with other members of the health care team.
- j. Demonstrating well-developed time management practices, e.g. prioritisation, punctuality and reliability.

3. Maintaining a safe and secure work environment by:

- a. Being aware of and practising within the NSW Occupational Health and Safety Act.
- b. Ensuring self, staff, patient and visitor safety by identifying risks, removal of environmental hazards and implementing action.
- c. Using correct manual handling techniques and manual handling aides. Correctly following manual handling policies and procedures.
- d. Safe placement of furniture and maintenance of clean and orderly environment.
- i. Being aware of, and adhering to, policies at all times e.g. cytotoxic guidelines, standard precautions, medication administration, incident reports.
- Using general equipment appropriately and reporting breakages and faults promptly to the appropriate person(s), removing equipment from use
- k. Being cognisant with the operating principles of the dialysis machine and water treatment plant.
- I. Reporting machine faults promptly to the biomedical engineers and removing machine from use until rectified.
- m. Accurate reporting and recording of all incidents in accordance with hospital policy and procedure guidelines.
- n. Being aware of and competent in emergency procedures.
- o. Ensuring the unit is locked at the end of the evening shift.

3. Accurate communication and documentation of patient care by:

- g. Communicating appropriately with patients/families/other health care workers at all times.
- h. Effective liaison with other members of the health care team to establish co-ordinated care.
- i. Providing a comprehensive handover to the clinical co-ordinator or other nursing staff to allow them to continue care i.e. at completion of shift and on leaving the unit.
- j. Documentation of all aspects of care within the dialysis record, care plan, and continuation notes as required.
- k. Entering patient data onto appropriate tracking data bases and log books including RISC.

- I. Documentation, which is legible, relevant, accurate, concise and complete using accepted hospital abbreviations.
- m. Reporting incidents to the appropriate person using the hospital Incident report mechanism

4. Taking leadership role and being an effective member of the team by:

- a. Participation in ward activities, committees and/or professional organisations.
- b. Offering encouragement and support to peers.
- c. Serving as a preceptor to new staff and students and acting as a positive role model.
- d. Co-ordinating unit activities when assigned in charge of unit for shift.
- f. Participation in quality improvement activities and nursing research.
- f. Acknowledging personal accountability in achieving patient and team goals.
- g. Dealing with conflict effectively.
- h. Functioning effectively in an emergency/crisis situation.
- i. Demonstrating problem solving/ troubleshooting skills.
- j. Identifying and using appropriate resource personnel including interpreters.

5. Educating patients and their families by:

- a. Identifying learning needs of patients and carers.
- b. Using appropriate teaching strategies.
- c. Assessing patients and families' readiness and level of comprehension.
- d. Consulting/utilising CNCs and Educators as a professional clinical source of knowledge.

6. Maintains professional and ethical practice at all times by:

- a. Being aware of medico/legal responsibilities.
- b. Demonstrating accountability in all aspects of nursing practice.
- c. Demonstrating ethical behaviour in performance of nursing actions.
- g. Maintaining confidentiality and privacy at all times.
- h. Demonstrating reliability and punctuality.
- i. Wearing of the correct hospital uniform.

7. Maintaining effective personal and professional growth, and ensuring current knowledge of nursing practice by:

- a. Attending related continuing education programmes.
- b. Participation in the REM program for haemodialysis nursing education
- c. Participation in professional organisations, special interest groups and committees.
- d. Attending inservice programmes, reading journals and using other learning resources.
- e. Providing inservices or other forms of education to peers.
- f. Identifying of knowledge deficits and pursuing improvement.

- g. Successful completion of mandatory education e.g. CPR, Fire and Safety, Occupational Health and Safety, annually and as required.
- h. Openly accepting constructive feedback and implementing appropriate action.

HOSPITAL POLICY - SMOKING

The hospital supports the Department of Health's policy on non-smoking by prohibiting staff, patients and visitors from smoking within the hospital buildings or within hospital vehicles.

I have explained the duties and responsible employee.	ilities of this position to this
Nursing Unit Manager	Date
Nursing and Patient Services Manager Division of Medicine	Date
I have read this job description, understan agree to fulfil its functions to the standard	
Employee's Signature	 Date

Portfolio G

Article for Australian Nursing Journal

Practice development: aiming for patient centred care

Shelley Tranter, Renal Clinical Nurse Consultant, xxxxxxxx Sydney & Doctoral Candidate, University of Technology, Sydney.

Practice development can be an effective catalyst for change in health care, helping nurses transform the culture of care in their workplace so it becomes and remains patient-centred and evidence-based, according to a Sydney clinical nurse consultant. Now in the final phase of her professional doctorate in nursing at the University of Technology, Sydney, Shelley Tranter became interested in practice development through her studies, and introduced the process to nurses in the haemodialysis unit at xxxxxxx Hospital where she works. 'I learnt about practice development at the International Clinical Practice Development Conference and I spent a week at the practice development school which followed. Practice development is difficult to explain in a few words. Probably the closest process nurses would be familiar with is action research. Practice development requires the nurses to review their practice to identify problems and the nurses as a group work on the issues to effect change. If the nurses are enabled to gain skills in practice development the process can be sustained and practice development can become an everyday activity', Ms Tranter said. 'We first developed a nursing philosophy for our unit through group discussion and review, which clearly articulated the values and beliefs of the nurses working in the unit. But a major gap identified by the nurses was that their current practice did not reflect the philosophy, in that the philosophy did not describe what nursing care is, but what the nurses wished it to be. 'So in my role as the renal clinical nurse consultant, I meet with them regularly to discuss how we can make nursing care congruent with the philosophy.' One of the biggest problems was that nursing care in the unit was focused on the provision of dialysis treatments and not the patient. We have made moves to change practice so that it becomes more patient focused. Ms Tranter said enrolled nurses have recently been introduced into the unit to assist RNs and allow them the time to spend on other aspects of patient care. Practice development work is ongoing and nurses are finding practice development, a useful way of reshaping their work to ensure it remains patientcentred and evidence-based.

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