JOB DESCRIPTION & PERSON SPECIFICATION

Clinical Nurse Specialist
Community Palliative Care Team
JOB DESCRIPTION

TITLE: Clinical Nurse Specialist (CNS.) Community Palliative Care

REPORTS TO: Assistant Director of Nursing / (& Operations)

SALARY SCALE: Department of Health & Children salary scales apply per annum pro rata

HOLIDAYS: 26-28 days per annum pro rata

HEALTH: A candidate for and any person holding the office must be free from any defect or disease which would render him/her unsuitable to hold the office and be in a state of health as would indicate a reasonable prospect of ability to attend regular and efficient service.

CHARACTER: A candidate for and any person holding the office must be of good character.

HOURS OF WORK: The basic working week, which is that as may be approved from time to time by the Hospice Management, is at present one of 39 hours (full time). Details of starting and finishing times, which may vary in accordance with Hospice needs, will be notified to you by the Clinical Site Manager or Ward Manager.

WORKING WEEK: Will be determined by the Head of Department

LOCATION: The positions will be based in Harold’s Cross and Blackrock Hospice. Our Lady’s Hospice & Care Services (OLH&CS) currently operates across two sites; Harold’s Cross and Blackrock. In the interest of patient care and changing needs, candidates are required to be completely flexible and are obliged to carry out duties in any department or location of the Hospice or associated locations when required to do so by Management.

ETHICAL CODE: The post holder is requested to respect the special charism, ethos and tradition of OLH&CS and to observe and comply with its general policies, procedures and regulations.

CONFIDENTIALITY: The post holder will have access to various types of records/information in the course of work. Such records and information are strictly confidential and unless acting on the instruction of an authorised person, on no account must information concerning staff, patients or other hospice business be divulged or discussed except in the performance of normal duty. In addition, records may never be left in such a manner that unauthorised persons can obtain access to them and must be kept in safe custody when no longer required.

JOB PURPOSE: The purpose of this post is to provide Specialist Palliative Care (SPC) and ongoing management to patients and their families/carers under the care of OLH&CS. The aim of the role is to provide for the seamless care of this patient cohort and will involve strong clinical component together with a liaison role with the multidisciplinary team (MDT), speciality services and community services as appropriate to the care of the patient and their family/carers.
The CNSp will work as a key member of the Consultant led Inter-disciplinary team providing physical, psychological, social and emotional support to the patient and their family/carers as appropriate to patient need.

CASELOAD:

The case load for the CNSp will be determined in consultation with the relevant Clinical Nurse Manager 3 (CNM3), Assistant Director of Nursing and Palliative Care Consultant and will comprise of patients with specialist palliative care needs and their families/carers as appropriate to the care of the patient.

The post holder’s practice is based on the five core concepts of the CNSp. role as defined by the NCNM 4th edition (2008) in order to fulfil the role. The concepts are:

- Clinical Focus
- Patient/Client Advocate
- Education and Training
- Audit and Research
- Consultant

Main Duties and Responsibilities

Clinical Focus:

The CNSp will have a strong patient focus whereby the specialty defines itself as nursing and subscribes to the overall purpose, functions and ethical standards of nursing. The clinical practice role may be divided into direct and indirect care. Direct care comprises of the assessment, planning, delivery and evaluation of care to patients, their families and/or carer. Indirect care relates to activities that influence others in their provision of direct care.

Direct Care

- Model excellence in practice and promote a person centred approach to care, utilising specialist palliative care knowledge and expert skills.
- Provide a specialist nursing service for patients with progressive life limiting conditions e.g. cancer and other non-malignant conditions, as part of the Community Palliative Care Team, providing specialist palliative care, advice and support, to patients and their families/carers as appropriate.
- Apply the principles of palliative care that affirm life, offer patients with life-limiting conditions a support system to help them live as actively as possible until death with optimal quality of life and help families/carers cope during illness. Patients and their families/carers should be helped to engage in care planning to the extent that they are able and wish to be involved.
- Manage an agreed caseload within the community setting, facilitating the provision of high quality specialist palliative care to patients and their families, providing advice, expertise and support as part of the multidisciplinary team.
- Ensure that the dignity of the patient is ensured and maintained at all times and having regard to the ethics and philosophy of OLH&CS.
- Facilitate the provision of high quality palliative care by providing direct support and advice to patients and their families and to contribute specialist knowledge and skills to support the primary service providers.
Accept appropriate referrals.

Undertake comprehensive patient assessment to include physical, psychological, social and spiritual elements of care using latest evidence based practice in specialist palliative care.

Anticipate the many varied palliative care needs of patients and their families. Analyse complex situations and develop action plans to improve the quality of patient care.

Use the outcomes of patient assessment to develop and implement plans of care in conjunction with MDT colleagues, the patient, family and/or carer. Coordinate and integrate person-centred care in order to promote quality of life for patients with life-limiting conditions and their families/carers. This involves assessing need, promoting and preserving choice, predicting likely problems and planning for the future in the context of a changing and deteriorating disease trajectory.

Monitor and evaluate the patient’s response to treatment and make alterations in the management of patient’s conditions in collaboration with the MDT, GP and Public Health Nurse and the patient in line with agreed evidence based, pathways and policies, procedures, protocols and guidelines (PPPGs).

Advise and provide appropriate support to patients and their families in a relaxed and informal atmosphere so that the patient and his/her family feel that there is adequate time to discuss their problems of whatever nature.

Provide advice and support to augment symptom control and psychological, spiritual and bereavement care, for people with life threatening illness and their families.

Identify and promote specific symptom management strategies as well as the identification of triggers which may cause exacerbation of symptoms. Provide patients with appropriate self-management strategies and escalation pathways.

Work with other members of a multidisciplinary team with regard to pain and symptom management.

Provide a supportive service for patients and families assessing their psychosocial and spiritual needs and refer for formal counselling services as necessary being aware of the impact that illness may be having on the family as a whole.

Address ethical issues and, with other members of the multidisciplinary team, support patients when faced with ethical decisions.

Provide initial support to bereaved families, friends and carers and referring to the hospice bereavement service as appropriate.

Maintain accurate records using a system of documentation and appropriate information systems, which reflects on advanced assessment and practice.

Evaluate the effectiveness of nursing interventions and treatment protocols to ensure best clinical outcomes to benefit the patients, families, carers and organisational needs.

Support the CNM3in working with the Primary Healthcare Team developing care initiatives and responding the changing health care environment.

Participate in team/unit meetings on patient/family care, management and progress.

Maintain effective channels of communication with patients, relatives and all other members of the multidisciplinary team.

Indirect Care

Agree and establish clear referral pathways to enhance communication and inter-professional teamwork with all members of the multidisciplinary team to ensure that multiple disciplines and agencies can be accessed and referred to as required in a timely manner.

Ensure that referrals received are made with approval from the General Practitioner/Consultant of Reference.
• Advise family/carers on the safekeeping of drugs in the home.
• Liaise closely with other agencies to ensure seamlessness of care for example; the Cancer Society and the Irish Hospice Foundation.

**Patient Advocate:**

• Act as a patient’s advocate within the multidisciplinary team. Communicate, negotiate and represent patient’s values and decisions in relation to their condition in collaboration with MDT colleagues in both primary and secondary care.
• Enable patients, families/ carers to participate in decisions about their palliative care needs ensuring that the person and her/his family/carers understand and participate in decision-making regarding care to the extent that he/she is able to and wishes to be involved.
• Give encouragement, support, empathy and advice to patients, families and carers to enable them to explore and express feelings and issues of concern promoting informed choice.
• Facilitate effective communications between the multidisciplinary team the patients and their family/carers.
• Advocate for appropriate assessments, support and strategies for patients with palliative care needs.
• Establish, maintain and improve procedures for collaboration and cooperation between Acute Services, Primary Care and Voluntary Organisations.
• Actively promote positive approaches to palliative care management.
• Offer a support system to help the family/carers cope during the individuals illness and their impending loss, seeking, responding to and implementing people’s preferences about where they are cared for (e.g. in their own homes) if this is practicable.
• Advocate for the development of further services/resources to support and drive the management of positive approaches to palliative care.
• Demonstrate an awareness of ethical principles and social issues on an individual patient basis.
• Give skilled emotional support prior during and after treatments.
• Promote a safe, therapeutic care environment for patients.
• Show a commitment to developing self-care strategies.
• Proactively challenge any interaction which fails to deliver a quality service to patients.
• Comply with the organisations complaints policy.

**Education & Training:**

• Maintain professional expertise by participation in educational courses etc., thus ensuring continuing credibility amongst nursing, medical and health and social care professionals (NCNM 2001).
• Act as a role model and promote the provision of a clinical learning environment which enables the educational and professional development needs of staff to be met.
• In liaison with the CNM3, take part in planning and delivering research based, education and training, within the community.
• Facilitate the learning and development of others, in order to improve care for those with life-limiting conditions and their families.
• Support the development of healthcare professionals on placement with OLH&CS, by providing mentorship as appropriate and when required.
Encourage individual practitioners and teams to participate in the education strategy to develop palliative care knowledge and competence in their own practice.

Identify the specific education needs of individual patients and carers and facilitate meeting those needs.

Assist in formal and informal education initiatives to staff, patients and carers to achieve effective clinical outcomes.

Create exchange of learning opportunities within the MDT in relation to evidence based palliative care delivery through journal clubs, conferences etc.

Develop and maintain links with Regional Centres for Nursing & Midwifery Education (RCNMEs), the Nursing and Midwifery Planning and Development Units (NMPDUs) and relevant third level Higher Education Institutes (HEIs) in the design, development and delivery of educational programmes in palliative care.

Have a commitment to lifelong learning and continue to undertake own professional development in accordance with professional requirements.

Evaluate independently their own practice and goals using established outcome criteria and initiate discussion on performance with their manager.

Promote developments to support nursing care and practice development through the use of reflective practice, clinical significant event analysis and staff support within the multidisciplinary team.

Make effective use of developments in information technology for both patient care and administrative support in a manner which integrates well with systems throughout the organisation.

To act as a resource to other team members, other healthcare professionals and to students on clinical placement.

Audit and Research:

Maintain a record of clinically relevant data aligned to National KPI’s as directed and advised by the DON, the National Clinical Programme and senior management.

Promote and contribute to nursing research in palliative care. Access current relevant research and advise and ensure the provision of informed evidence based practice in palliative care.

Evaluate audit results and research findings to identify areas for quality improvement in collaboration with nursing management and MDT members and in keeping with the standards set out by the Clinical Programme for Palliative care and in line with the goals of the health service.

Participate in the implementation of the recommendations outlined in National and International Reports and Literature.

Initiate and audit the clinical effectiveness of the CNSp palliative care services in conjunction with the multidisciplinary team.

Participate in multi-disciplinary audit and hospice performance management, setting realistic objectives in order to maintain a personal professional profile and demonstrate a high level of specialist practice.

Contribute to service planning and budgetary processes using audit data and specialist knowledge. Identify service development needs annually.

Keep accurate and legible records and data and submit statistical returns of specialist nursing activity. Provide information for performance indicators as required.

As part of our ongoing commitment to quality patient care, you will be expected to be involved in OLH&CS continuous quality improvement work.
- Identify and encourage research based practice, policies and standards in relation to palliative care in the community.
- Critically evaluate research and assist in the implementation of evidence-based best practice in all aspects of patient care.
- Actively participate in the development of clinical policies, protocols and guidelines in liaison with the Medical Director and Director of Nursing.
- Disseminate research to colleague.
- Apply appropriate, evidence based, published research to practice and care.

**Consultant:**

- Provide leadership in clinical practice and act as a resource and role model for specialist practice.
- Actively participate in the development of evidence based clinical policies, protocols and guidelines in liaison with the Medical Director and Director of Nursing.
- Develop collaborative working relationships with local palliative care CNSp/ Registered Advanced Nurse Practitioners/MDT colleagues as appropriate.
- Develop and maintain relationships with specialist services in Voluntary Organisations which support patients in the community.
- Liaise with other health service providers in the development and on-going delivery of the National Clinical Programme model of care.

**Management/Leadership**

- Contribute to effective multidisciplinary team working and discussion, actively contributing to the development of standards of care, audit tools and outcome measures related to the service.
- Support the development and effectiveness of team meetings through appropriate attendance and participation.
- Use of reflective skills and facilitation skills to evaluate current practice. Receive clinical supervision / alternative supports as needed.
- Support practice development through participation in complex case discussion / reflection with members of the MDT and other health care professionals as appropriate.
- Assume specific responsibilities in the absence of the CNM3 / COM as required.
- Work within the hospice’s policies and procedures guidelines.
- To ensure cost effective and appropriate use of material resources with due regard to budgetary control.
- Establish and maintain good working relationships with nursing staff and all other disciplines involved in care to provide good quality palliative care for patients and their families both within hospital, hospice and community services.
- To adhere to Departmental and Hospice policies at all times.
- To perform such other duties appropriate to the post as may be assigned from time to time by the Manager or a nominee.
**Health and Safety**

These duties must be performed in accordance with local organisational & health and safety polices. In carrying out these duties the employee must ensure that effective safety procedures are in place to comply with the Health, Safety and Welfare at Work Act (2005) Staff must carry out their duties in a safe and responsible manner in line with the local policy documents and as set out in the local safety statement, which must be read and understood.

**Quality, Risk and Safety**

- Participate and cooperate with legislative and regulatory requirements with regard to quality, risk and safety.
- Participate and cooperate with local quality, risk and safety initiatives as required.
- Participate and cooperate with internal and external evaluations of the organisation’s structures, services and processes as required, including but not limited to, The National Hygiene Audit, National Decontamination Audit, Health and Safety Audits and other audits specified by the HSE or other regulatory authorities.
- To initiate, support and implement quality improvement initiatives in their area which are in keeping with local organisational quality, risk and safety requirements.
- Contribute to the development of PPGs and safe professional practice and adhere to relevant legislation, regulations and standards.
- Ensure completion of incident/near miss forms and clinical risk reporting.
- Adhere to department policies in relation to the care and safety of any equipment supplied and used to carry out the responsibilities of the role of CNSp. in palliative care.

**Specific Responsibility for Best Practice in Hygiene**

Hygiene in healthcare is defined as “the practice that serves to keep people and the environment clean and prevent infection. It involves preserving ones health, preventing the spread of disease and recognising, evaluating and controlling health hazards” HSE(2006).

It is the responsibility of all staff to ensure compliance with local organisational hygiene standards, guidelines and practices.
Garda Vetting:

Legislation has been introduced for the provision of Garda Vetting in respect of candidates for employment in areas of the Health Services, where it is envisaged that potential employees would have substantial access to children or vulnerable adults. The successful candidate will be required to satisfactorily complete the Garda Vetting process prior to an appointment being made.

The post holder may be required to perform other duties as appropriate to the post, which may be assigned to him/her from time to time, and to contribute to the development of the post while in office. This job description will be subject to review in the light of changing circumstances. It is not intended to be exhaustive but should be regarded as providing guidelines within which individuals work.

The duties and responsibilities detailed above are a reflection of the present service requirements and may be subject to review and amendment to meet the changing needs of the service.
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<th>Factors</th>
<th>Essential</th>
<th>Desirable</th>
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| **Qualifications:** | • Be a registered nurse on the live Register of Nurses kept by An Bord Altranais agus Cnámhseachais na hÉireann (Nursing and Midwifery Board of Ireland)  
• Be registered in the division in which the application is being made (general division) In exceptional circumstances which must be individually appraised, this criterion may not apply  
• Have acquired a level 8 post-registration Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NQF) major academic award relevant to the specialist area (palliative care), prior to application  
• A full current drivers licence and access to a car | • Management Training  
• Teaching qualification |
| **Experience:** | • Have extensive experience and clinical expertise i.e. minimum of 5 years post registration experience (following registration in the division of the register in which the application is being made)  
• Have a minimum of 2 years experience in the specialist area of palliative care nursing  
• Have the ability to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice  
• Have evidence of continuing professional development. | • Experience in community nursing  
• Experience in policy and procedure development.  
• Experience with quality assurance audit and nursing research |

**Note:** It is the policy of the HSE to require nurses and midwives to certify registration with the NMBI annually, by way of the Patient Safety Assurance Certificate (PSAC).
### CORE COMPETENCIES

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<tr>
<th>Professional Knowledge and Skills:</th>
<th>The CNSp. will:</th>
<th>The Candidate must demonstrate:</th>
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<tr>
<td>• Practice in accordance with relevant legislation and with regard to The Scope of Nursing &amp; Midwifery Practice Framework (An Bórd Altranais, 2000) and the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (An Bórd Altranais agus Cnáimhseachais na hÉireann) (NMBI 2014)</td>
<td>• Maintain a high standard of professional behaviour and be professionally accountable for actions/omissions.</td>
<td>• Knowledge of current professional and national issues pertaining to palliative care</td>
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<td>• Take measures to develop and maintain the competences required for professional practice</td>
<td>• Adhere to national, regional and local PPPGs and legislation.</td>
<td>• Displays eagerness to input ideas/suggestions for improving work practices.</td>
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<td>• Adhere to appropriate lines of authority within the nurse management structure.</td>
<td>• Understands the need to apply hospice and/or professional standards, policies and procedures to the specific area of practice</td>
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<td>• The Candidate must demonstrate:</td>
<td>• In-depth knowledge of the role of the CNSp and CNSp practice</td>
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<td>• An in-depth understanding of the full spectrum of trajectories of life-limiting conditions including prognostic factors, symptoms and problems</td>
<td>• A high level of specialist clinical &amp; pharmacological knowledge to effectively carry out the duties and responsibilities of the role of Clinical Nurse Specialist in Palliative Care, including the ability to expertly:</td>
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<td>• The ability to formulate a plan of care based on assessment findings evidence based standards of care and practice guidelines</td>
<td>o Undertake a comprehensive patient assessment</td>
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<td>• The ability to follow up and evaluate plan of care</td>
<td>o To utilise evidence based clinical assessment and diagnostic data to support clinical decision making and the patients’ self-management planning</td>
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<tr>
<td>• Awareness of current and emerging strategies and policies in relation to SPC for example: –</td>
<td>o The ability to follow up and evaluate plan of care</td>
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<td>o Report of the National Advisory Committee in Palliative Care (DOH&amp;C 2001)</td>
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<td>o Palliative Care Services - Five Year / Medium Term Development Framework (HSE 2009)</td>
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<td>o Palliative Care for All Integrating Palliative Care into Disease Management Frameworks (HSE IHF 2008)</td>
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<tr>
<td>o Palliative Care for Children with Life Limiting Condition in Ireland - A National Policy (DOH&amp;C 2010) HSE Transformation Programme, Clinical Care Programme &amp; “The Palliative Care Specialist competency Framework” (ONMSD 2014)</td>
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- An understanding of the principles and philosophy of palliative care as applied to adults and young people with life-limiting conditions and their families/carers.
- An awareness of ethical issues specific to patients with life-limiting conditions and their families/carers.
- Awareness of relevant legislation and policy e.g. legislation relevant to the service area, health & safety, infection control etc.
- Knowledge of quality assurance practices and their application to nursing procedures.
- In-depth knowledge of clinical developments in the speciality.
- Evidence based practice in dealing with the specialist palliative care patient.
- A commitment to educational and continuing professional development.
- An ability and to teach in the clinical area.
- An understanding of key issues and priorities in the health sector both locally and professionally within nursing.
- A working knowledge of audit and research processes.
- An ability to relate nursing research to nursing practice.
- Demonstrate ability to be a reflective practitioner.
- Demonstrate evidence of continuing professional development at an appropriate level.
- Demonstrate willingness for continued self-development in a professional capacity.

**Interpersonal / Communication Skills:**

- The Candidate must demonstrate:
  - Excellent Interpersonal and Communication skills both verbal and written.
  - Effective communication and influencing skills.
  - Ability to develop positive working relationships both internally and externally.
  - Experience of working in multi-disciplinary teams.
  - Evidence of computer skills including use of Microsoft Word, Excel, E-mail and Online Search facilities.

**Management / Leadership Skills:**

- The Candidate must demonstrate:
  - Strong analytical skills.
  - Promotion of evidenced based decision making: evidenced clinical knowledge in making decisions regarding patient/client care.
  - Effective analytical, problem solving and decision making skills.
  - Openness to change.
  - Resilience and composure.
  - Ability to Manage Change / Change Management skills.
  - Ability to lead on clinical practice and service quality.
  - Initiative and innovation in the delivery of service.

**Planning & Organisational Skills:**

- The Candidate must demonstrate:
  - Evidence of effective planning and organising skills including awareness of resource management and importance of value for money.
  - Organisational, time & self-management skills.
- Change management skills
- Awareness of extended environment
- A willingness to develop IT skills relevant to the role
- Ability to own on own initiative
- Ability to plan and manage resources effectively
- Ability to meet deadlines

### Teamwork / Influencing Skills:
The Candidate must demonstrate:
- Strong interpersonal skills including the ability to build and maintain relationships
- Ability demonstrate leadership and teambuilding
- Ability work in a team.
- Ability to demonstrate motivation of self and others
- Competent and confident IT skills, in Word, Internet and e-mail + a willingness to develop further skills.
- Demonstrate high level of general and specialist palliative clinical knowledge & competencies
- Demonstrate an ability to work within a regulated environment e.g. NMBI, National Standards and Legislation.
- Demonstrate knowledge of and an ability to ensure infection control and hygiene standards are maintained.
- Demonstrate promotion of evidence-based decision making and the ability to relate nursing research to nursing practice
- Demonstrate practitioner competence and professionalism
- Demonstrate a commitment to continuing professional development
- Demonstrate knowledge of quality assurance practices and their application to nursing procedures
- Demonstrate an awareness of current and emerging nursing strategies and policies in relation to the clinical / designated area e.g. person centred care concept.
- Ability to collect and report on data
- Ability to work under pressure

### Organisational Knowledge and Skills:
- Demonstrate a knowledge of the ethos and core values of Our Lady’s Hospice and Care Services
- Ability to manage workload and using a person centred at all times.
- Is flexible/adaptable to meet unexpected demands
- Ability to act as an advocate for nursing/ patients
- Demonstrate the ability to lead on clinical practice and service quality
- Demonstrate the ability to plan & organise effectively
- Be resourceful and proactive, and demonstrate an ability to work in a changing environment.
- Demonstrate strong interpersonal skills including the ability to build and maintain relationships
- Demonstrate an ability to monitor own progress and an ability to seek support to promote professional development.
- Demonstrate initiative and innovation in the delivery of service
- Demonstrate an awareness of HR policies and procedures.

### Communication & Teamwork
- Demonstrate effective communications and influencing skills
- Demonstrate ability to clearly and confidently articulate ideas and opinions, and underlying rationale.
- Draw on a variety of communication methods to suit situation/circumstances
- Listens openly, using questions to check for understanding/avoid misinterpretation
- Demonstrates an ability to work as a team member within a multi-disciplinary setting
- Adaptable, and approachable
- Demonstrate a willingness to train and mentor others.