Our Organisation

Springs Medical is a privately owned organisation governed by a board of GP Associate Directors and operating from sites in Daylesford, Kyneton and Trentham.

We employ and subcontract over seventy personnel on a day to day basis across GPs and GP registrars, primary care nurses, medical specialists, medical students, allied health professionals and administrative staff. We deliver over 75,000 occasions of patient care per year.

Our Vision

To achieve the optimum health of our community.

Our Mission

To improve the health of the rural communities of Daylesford, Hepburn Springs, Kyneton, Trentham, and surrounding districts through comprehensive and sustainable primary health care by:

- Leading, engaging and collaborating with our community;
- Providing timely access to primary health care services including general medical practice, acute care and after hours services;
- Having a systematic approach to health promotion, disease prevention and chronic disease management;
- Providing a multidisciplinary team approach; and
- Embracing education for the current and future needs of our communities.

Our Values

Reflect our purpose in delivering excellence in primary health care services and our commitment in meeting the complex health needs of our rural communities now and into the future including:

- Patient focused care: demonstrated excellence in patient care with a focus on accessible, adaptable and flexible service delivery;
- Privacy, integrity, honesty and respect: supporting and maintaining the highest level of confidentiality, fairness and equity, respect for diversity and honesty at all times;
- Community engagement: consult regularly with the community and recognise community needs;
- Sustainability: be a leading example in environmental responsibility and accountability by setting achievable and measurable goals;
- Accountability: defining and accepting responsibility and delivering on our commitments through fostering good governance, avoiding conflicts of interest and being effective and efficient in our organisational operations

1. Your Team

The Springs Medical primary care nurse team comprises 20 primary care nurses. Across the team, primary care nurses provide specialised skills and experience in triage, immunisation, GP led procedures, diabetes education, wellness (chronic disease) management, SIS program, smoking cessation, aged care, travel medicine, breast care, and cervical screening.

The *Clinical Acute Care Nursing Team* incorporates care undertaken in triage, procedure and second procedure areas. This care typically includes: triage, immunisation, support for allergy testing, GP led procedures, travel medicine, breast care, and cervical screening.

The *Clinical Wellness Team* incorporates care undertaken in wellness clinics. This care typically includes: diabetes education, wellness (chronic disease) management, health checks, SIS program, smoking cessation and aged care. The Clinical Wellness team comprises 4-5 wellness nurse champions. Primary care wellness nurse champions lead wellness health clinics and health checks and provide support and mentoring for Clinical Acute Care Nursing Team members to conduct wellness checks where required.

The aims of the team include:

- Delivery of quality evidence based primary care nursing and patient services
- Supporting delivery of accessible timely integrated allied health services that are innovative and support the best patient outcomes
- Supporting new initiatives in wellness (chronic disease management) and health promotion and acute care services that are considered best practice in primary care health service delivery
- Supporting and promoting development of a patient centred customer service approach to primary care nurse services
- Operating within and promoting Springs Medical policy, procedures and relevant guidelines.

2. Your Role

The Credentialed Diabetes Educator role will be the primary function of this position and is expected to take up the majority of the time, including maintaining credentialing and the ongoing certified professional development expected of a credentialed CDE including current membership of the Australian Diabetes Education Association (ADEA). This role will be responsible for the delivery of nurse led diabetes education services for SM patients. The role will also provide leadership and education to other clinical colleagues including doctors, GP Registrars, medical and nurse students and allied health professionals.

The Primary Care Nurse part of the role may require participation in the SM nurse roster, as directed, to meet the SM patient focused care needs on a shared rotation basis with primary care nurse colleagues. The role will assist in the provision, monitoring and review of care to patients to ensure quality standards are always achieved and maintained and all care delivered to a level that exceeds standards.

Therefore, participation in the rostered nurse shifts, including Saturday mornings or late weekday clinics, working with the on-call doctor especially at the Daylesford clinic may be required including to back up the nurse led clinics from time to time.

3. Your responsibilities

Key responsibilities – Wellness and Health Promotion
3.1 Leadership and HR Assistance

- Assist with supervision, training, and support to Practice Nurses in delivering chronic disease management, health assessments and health promotion services including the provision of diabetes education services immunisations and travel medicine.
- Assist as required induction and support of clinical staff including infection control standards.
- Assist with supporting the development and effective coordination of education, training & information programs in order to meet the ongoing needs of Primary Care Nurses.
- CDE develop diabetes care policies and procedures for the service. They apply systematic approach to service planning, including assessing the needs of the population served, developing service plans and monitoring the delivery of those plans.
- Act as a role model and mentors for their peers and for entry level practitioners in diabetes self-management education. As experts in diabetes education and care, they develop and provide training and continuing professional development for a wide range of health care providers, in a variety of settings and at a variety of levels.

3.2 Teamwork and Collaboration

- Work collaboratively, in a clinical team with other health professionals and in partnership with clients. The diabetes educator will act as a resource to your colleagues, other agencies, and to policy and decision makers, continuously advocating for people affected by diabetes and their right to comprehensive diabetes self-management education, clinical care and support services.
- Contribute to annual business and strategic clinical goals for SM with a strong emphasis on wellness and health promotion in collaboration with the Clinical Team Leader.
- Work collaboratively with non-clinical practice staff.
- Develop and strengthen relationships with Central Highlands Rural Health Service, WVPHN, Murray PHN, and other key stakeholders and partners to support the work of SM.
- Develop external networks within the local community and the broader region.

3.3 Competency and Scope of Practice

- As diabetes educator, act within the sphere of diabetes self-management education practice and maintain the knowledge and competence necessary, collaborate in a team with other health professionals and in partnership with their clients.
- Maintain the knowledge and competence necessary for contemporary registered nurse practice in a primary care rural setting.
- Understand general practice and the principles of primary health care.
- Apply quality improvement activities and research findings to the practice setting.
- Work autonomously and function effectively as a member of a multi-disciplinary team.

Key responsibilities – Primary Care Nursing

3.4 Competency and Scope of Practice

- Managing clients that have been identified as having a chronic disease, including working closely with the General Practitioners around the preparation of management plans, referrals to allied health services, referrals to health programs (e.g. Smoking Cessation, Well Women's Clinic, Mental Health Nurse), & regular review of re-call registers.

- Coordination of clients with the multi-disciplinary team, including Allied Health services, SIS Program & external service providers.
- Organising & referring clients for Home Medicine Reviews & supporting clients who attend the clinic for medication management.
- Health promotion activities designed to promote client, staff & community wellbeing through health information, promotional brochures, community development & self-care initiatives.
- Preventative health activities including health assessments, immunisation & opportunistic health education.
- Triage/ acute presentation support/ general health screening.
- Perform diagnostic procedures as directed by General Practitioners and Clinical team Leaders (e.g. ECG, spirometry and ABI).
- Assisting with minor procedures & wound care.
- Understand, comply with and adhere to infection control policy procedures and protocols
- Participate when required in case conferences. This will require liaising with internal and external stakeholders.
- Participate in home assessment and refer appropriately for support to local services as required.
- Provide supervision, education & support for Medical and Nursing Students working within the Clinic under the direction of the Clinical Team Leader.
- Improvement of patient health outcomes: Conduct preventative/screening procedures; assist with patient education and community health promotion activities. Demonstrated excellence in clinical care relevant to chronic diseases such as cardiac, respiratory or diabetes. Coordinate patient recall and outreach programs and GP management plans and team care arrangement with clients that have been identified as having a chronic disease, including working closely with the Clinic Doctors around the preparation of management plans, referrals to allied health services, referrals to health programs (e.g. Smoking Cessation, Diabetes Educator, SIS and LIFE program(s), & regular review of re-call registers.
- Enthusiastically promote and embrace innovations that seek to improve the services of SM.

3.5 Team Work, Standards of Conduct and Initiative

- Treat all Springs Medical colleagues, patients and visitors with respect and courtesy at all times. Work as an inclusive member of the reception and administration team including appropriate mentoring and guidance to junior members of staff. At all times, demonstrate a high level of team work, support, engagement and communication within the team. Show a capacity for initiative and working independently while taking direction for supervisors and managers when required.
- Maintain awareness and support equitable service delivery to diverse individuals and groups including cultural awareness.

3.6 Training

- Ensure participation in relevant training for supporting high quality nursing.

3.7 Other

- Other duties as directed by the Clinical Team Leader, General Manager, Director of Clinical Systems, or Director of Risk Management as required.

4. Risk, Accreditation and Occupational Health and Safety

4.1 Comply with Springs Medical O&HS policies and procedures

4.2 Take reasonable care for the safety of your own health and safety and that of other people who may be affected by your conduct in the workplace

4.3 In conjunction with Springs Medical Management coordinate and implement best practice in OH&S policy and procedures

4.4 Together with Springs Medical Management lead and participate in meetings, training and other occupational health and safety activities

4.5 Contribute to the maintenance and implementation of standard and customised risk management and occupational health and safety policies and procedures

4.6 Together with Springs Medical Management, contribute to the development and maintenance of effective systems, policies and procedures to ensure SM maintains RACGP Accreditation

5. Key Selection Criteria/ qualifications, experience, knowledge and skills

Essential:

5.1 Tertiary qualifications/ Registered Nurse (RN) and clinical experience in the primary health care sector including holding current Qualified Nurse Immuniser status.

5.2 Hold current accreditation as a diabetes educator with ADEA.

5.3 Ability to work with a range of health care professionals, ability to lead innovative primary health care practices, especially diabetes and other chronic disease areas, and a sound knowledge of the general practice environment and its relationship to the broader health sector and local community.

5.4 A commitment to ongoing professional development. It is a requirement to participate in relevant CPD activities pursuant with National Registration requirements, including annual CPR.

5.5 Ensure you are educationally prepared and experienced to practice in the role of diabetes educator and meet industry standards such as the ADEA National Core Competencies, while recognising the extent and limitation of your competence and experience and know the legislation governing the practice, including not offering services or performing practices you are not qualified or authorised to perform.

5.6. Demonstrated patient – focused approach to service provision with genuine empathy and interest in client/patient needs.

5.7 Outstanding interpersonal, communication and teamwork skills including written, verbal and negotiation skills.

5.8 A commitment to and experience in a continuing quality improvement approach to maintaining accreditation.

5.9 Demonstrate the SM values and represent the practice in a confident and positive manner at all times.

5.10 Undertake all duties in a diligent manner, with honesty and integrity.

5.11 Maintain absolute confidentiality regarding patient and practice information.

5.12 Demonstrate capacity to work cooperatively and independently in a team environment.

5.13 Demonstrate ability to prioritise and organise, with attention to detail and vigilant attitude to accuracy.

5.14 Ability to demonstrate sufficient competency in use IT systems and relevant operating systems and desk top programs (medical data bases, Windows, MS Office, Outlook etc.).

5.15 Training and/ or experience in coordinating of emergencies including basic infection control and safe handling & disposal of medical waste, handling complaints, coordination of Medicare and health fund payments.

Additional Key Selection Criteria Requirements:

5.16 Availability for weekend and evening work or training as required

5.17 Current Victorian Driver's Licence and access to a private vehicle (approved private vehicle use for SM business, may be reimbursed by SM at published ATO km rates)

5.18 Evidence of HLTAID003 (first aid & CPR)

5.19 Evidence of relevant insurance

5.20 Appointment and ongoing employment is subject to satisfactory police records check and unencumbered AHPRA registration.

Highly Desirable:

5.21 Familiarity with Medicare Benefit Schedule – especially in relation to Chronic Disease & Primary Care Nurse Item numbers

5.22 Experience with Team Care Arrangements & knowledge of local community resources.

Declaration:

I, _____ acknowledge that I have read and understood the Primary Care Registered Nurse Position Description which forms part of my employment contract from the date of issue.

I accept that the Position Description may need amending and updating periodically due to changes in responsibilities and organisational requirements.

Employee	Date

This Position Description is approved by

General Manager	HR Director

Date