Role Description

Position: Health Care Assistant

Service / Directorate: Community Health Service
Kenepuru Kapiti and Community Medicine Cancer & Community

Responsible to: Charge Nurse Manager/ Nurse Manager

Our Mission:
“Together, Improve the Health and Independence of the People of the District”

Our Vision
Better Health and Independence for People, Families, and Communities

Our Values:
- Innovation
- Action
- A focus on People and Patients
- Living the Treaty
- Professionalism through Leadership, Honesty, Integrity and Collaboration
- Excellence through Effectiveness and Efficiency
Context

Organisational perspective

The Capital and Coast District Health Board (C&CD HB) covers a region extending from Wellington to Otaki. It comprises key delivery arms in primary, secondary and tertiary health. Hospital and Health Services (HHS) is primarily responsible for the hospital and health services delivered via a new Wellington Regional Hospital (opened in March 2009); a secondary and community facility at Kenepuru; a Forensic, Rehabilitation and Intellectual Disability Hospital at Ratonga Rua-o-Porirua; and Kapiti Community Hospital. The total operating budget for the provider arm is approximately $570M.

There is an ongoing change programme begun in 2008 to resolve HHS performance with a target of achieving performance in the top five District Health Boards and a break even operating result.

We are focused on improving the health of our local people, families and communities – and reducing inequalities within our population. To support this we will ensure:

- integrated delivery of services backed by sound infrastructure
- financial and clinical viability of services, facilities and support
- a “culture” that supports health improvement and addresses disability needs locally and across our region
- the development of clinical leadership
- regional collaboration

Priorities in the current year for HHS are:

- Workforce – being an employer of choice, and developing research and education within the organisation
- Primary, secondary and regional and national collaboration
- Focus on infrastructure to support clinical work
- Clinical Governance
- Continuing devolution of authority

Directorate perspective:

The key areas of focus for the Medicine, Cancer and Community Directorate are:

- The continued expansion of services on the Kenepuru and Kapiti campuses
- The establishment of sustainable nursing models within the in-patient wards
- The establishment of a district wide integrated Older adult, Rehabilitation and Allied health service (ORA)
- Prove clinical efficiencies and the effectiveness of clinical supply use across the whole directorate
- To lead expanded collaboration with Hutt Valley and Wairarapa DHBs to establish wider regional clinical services
To ensure in the expenditure areas of Nursing Labour, medical Labour and Management/Administration Labour that we are within benchmark of our peer DHBs

Service perspective:
Community Health Services (CHS) in partnership Therapies Service currently provides inter-disciplinary professional services and home support services to clients who are living in their own community. By providing nursing services at home we enable people to spend as much time as possible in their own familiar environment, retaining control and using their own resources.

Clients require both acute and on-going care in the home setting. Capital and Coast District Health Board works towards a model of ambulatory care and early discharge, CHS provides acute nursing services once provided in hospital. The broad range of competencies practiced by community nurses enables an appropriate response to the acutely ill, the dying and post-acute, frail, disabled and rehabilitating patients. Nurses are required to be adaptable, resourceful and competent in a wide range of clinical settings.

CHS uses a collaborative practice model in which specialty nurses work along side generalist district nurses. The generalist nurses work exclusively in the community and the specialty nurses work across both the community and inpatient settings facilitating the seamless continuum of care. An initial assessment in the home is made where the nurse determines and negotiates with the client (and carer), the best plan of care to meet their needs. Clients who require complex assessment may be initially assessed by a care manager using the Inter-rai MDS tool. Services include:

- Acute nursing care (after hospital discharge)
- Oncology nursing services
- Assessment and treatment of complex and chronic wounds
- Home intravenous therapy
- Domiciliary oxygen and respiratory nursing services
- Stomal therapy services
- Continence services
- Palliative care services in partnership with Mary Potter Hospice
- Breast nurse services
- Enuresis programme
- Home-based chemotherapy
- Pulmonary rehabilitation programme
- Continence, stomal and oxygen consumables supply services
- DN clinics at each base
- Personal care assessment & short term personal care
- Home Help, short term house work
Role perspective:
The Health Care Assistant (HCA) is part of the unregulated health workforce and therefore must always work under direction and/or delegation of a Registered Nurse (RN). The HCA role is task-specific and has defined boundaries.

The HCA is part of a collaborative health care team; they assist the RN to meet the patient/client needs when it is appropriate for the RN to delegate aspects of care to a trained unregulated healthcare role. The HCA contributes to the successful operation of the nursing team.

The RN may delegate aspects of the patient/client care activities to HCAs when the work does not require professional nursing knowledge, judgement and skill. The HCA must seek guidance and supervision when needed. The HCA may also be allocated service activities or duties that contribute to the service function and delivery.

HCA working hours will be decided by the clinical area and may include rostered and rotating shifts depending on the area of practice.

Specific training will be provided to ensure the HCA has appropriate skills according to the employer and service expectations.

The HCA gives and receives feedback on their performance in an annual performance appraisal with the manager.

Recognition of advancing level of skill /knowledge is incorporated into the NZ Nurses’ Organisation (NZNO) Multi-Employer Collective Agreement (MECA). There are two levels - known as ‘Merit Steps’. Steps One and Two have a monetary allowance paid on successful completion of a pre-determined set of criteria. HCAs may apply for Merit Step One or Two depending on their level of skill / knowledge. Merit Step criteria are included in the next section of this Role Description, where HCA accountabilities are described in five categories.
### Key Accountabilities

This table outlines the accountabilities for the HCA role. Categories 1 and 2 are mandatory for all HCAs. Categories 3, 4 and 5 outline the varying accountabilities depending on the merit step achieved.

#### Category 1: Performance Review

**Mandatory for all HCAs**

<table>
<thead>
<tr>
<th>Key Accountability</th>
<th>Deliverables / Outcomes</th>
<th>Key Performance Indicators / Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principles of Practice</strong></td>
<td>• Knows and adheres to the boundaries of the HCA role</td>
<td>• Ensures they do not undertake activities requiring nursing knowledge, judgment and skill such as assessing, planning and evaluating patient care, patient health teaching and counselling, administering medications, or delegating tasks to others.</td>
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<td>• Knows and adheres to the principles of direction and delegation</td>
<td>• Refers issues outside of boundaries of HCA role to RN</td>
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<td>• Demonstrate reliability and punctuality in attendance to work</td>
<td>• Demonstrates knowledge and understanding of the direction and delegation policy</td>
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<td>• Understands and applies the Code of Health and Disability Services Consumers Rights (Code of Rights).</td>
<td>• Manager's feedback</td>
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<td>• Promote good public relations through positive interaction with patients, families, visitors and all other health care professionals.</td>
<td>• Demonstrates knowledge and understanding of the Code of Rights</td>
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<tr>
<td><strong>Support Patient/Client Care</strong></td>
<td>• Actively listens to patients and other staff to ensure care and tasks are completed correctly.</td>
<td>• Assisting patients, families with queries and referring on to appropriate team member. Refers queries and requests to the appropriate health professional in a timely fashion</td>
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<td>• Respect and provide privacy, confidentiality and dignity to patients/families.</td>
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<td>• Provide directed delivery of normal general activities of daily living (ADLs) for stable patients e.g. toileting, mobilisation. Activities such as showers/washes, shaves, oral cares, assistance with feeding and positioning usually applies to the inpatient setting or community district nursing patients only.</td>
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<td>• Support nurses by directly assisting them to undertake activities</td>
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<td>• Answer patients’ and/or family/whanau queries and respond to simple requests or locate a RN as required.</td>
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<td>• In patient areas only: Undertake patient supervision and related care activities (watches) under direction of RN.</td>
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## Category 1: Performance Review

### Mandatory for all HCAs

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| Manage service activities or duties (tasks) | • Follow allocated activities or duties (task) lists  
• Maintains a safe, clean and functional environment for patients  
• Work with team to keep environment and service areas clean and tidy  
• Clean equipment as directed by a RN.  
• Maintain stock levels by bed spaces or in clinic rooms and clinical trolleys as guided by service task lists.  
• Economic and efficient use is made of hospital/DHB supplies.  
• Team support functions e.g. answering phones, attending to visitors and other inquiries.  
• Assisting with administrative tasks as required, e.g. filing, photocopying and faxing. | • Tasks completed in a timely manner  
• Environment is uncluttered and welcoming for patients  
• Area is clean and tidy.  
• Team feedback  
• Area is adequately and not over stocked.  
• Supply levels of stock are monitored and the CNM is advised when stock numbers vary significantly from the par level. Supplies are used appropriately.  
• Team feedback, phone messages are accurate; manner is professional when attending to visitors and other inquiries  
• Team feedback. |
| HCA Mandatory and other training | • Attends and participates in annual HCA mandatory training e.g. Infection Control, CPR, Fire and Manual Handling | • Mandatory training is completed annually and skills are reflected in everyday practice |
| Occupational Health & Safety | • Complies with responsibilities under the Health & Safety in Employment Act 1992 | • Has read and understood the Health & Safety policy and procedures.  
• Actively supports and complies with Health & Safety policy and procedures.  
• Evidence of support and compliance with health and safety policy and procedures including use of protective clothing and equipment as required, active participation in hazard management and identification process, and proactive reporting and remedying of any unsafe work condition, accident or injury. |
## Category 2: Cultural Sensitivity
Mandatory for all HCAs

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<td>Cultural Sensitivity</td>
<td>• Awareness and commitment to the principles of the Treaty of Waitangi.</td>
<td>• Demonstrates knowledge and understanding of the Treaty of Waitangi</td>
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<td>• Demonstrates awareness, sensitivity and respect of others: acknowledging and responding to each person’s individual and cultural need(s).</td>
<td>• Ensures patients are greeted and are always treated with courtesy and dignity while receiving care</td>
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<td>• Communication skills that show respect for peoples individual and different cultural needs and different communication needs.</td>
<td>• Feedback about communication from patients / family / whanau is positive</td>
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<td>• Demonstrates thoughtfulness to maintains respect and sensitivity to patient and their family/whanau</td>
<td>• Cultural needs are respected and met</td>
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<td>• Communicates and works well with health care team.</td>
<td>• Team feedback</td>
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<td>• Responsive to feedback and develops in areas where this is desirable</td>
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## Category 3: Communication
All HCAs must meet 1 of the criteria (A or B or C)
HCAs on Merit Step One must meet 2 of the 3 criteria
HCAs on Merit Step Two must meet all 3 criteria

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<td>A. Team Communication</td>
<td>• Undertakes effective, accurate and timely communication with appropriate team members including understanding and applying instructions.</td>
<td>• Uses effective, accurate and timely communication with team members and uses good communication skills to seek advice or clarification in situations requiring this.</td>
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<tr>
<td>B. Patient / Family</td>
<td>• Uses a variety of communication techniques with patient/family/whanau that demonstrates respect and empathy in any given situation.</td>
<td>• Demonstrates verbal / non-verbal communication techniques that enable a positive outcome for a patient / family / whanau.</td>
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<tr>
<td>/ Whanau Communication</td>
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<tr>
<td>C. Self Direction</td>
<td>• Is self-directed as appropriate to task list and can use initiative</td>
<td>• Team feedback</td>
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</tbody>
</table>
### Category 4: Additional Responsibilities / Skills

**HCAs not on a Merit Step do not have to meet this category**

**HCAs on Merit Step One must meet 1 of the 3 criteria (A or B or C)**

**HCAs on Merit Step Two must meet all 3 criteria**

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| **A. Agreed Responsibilities** | • Undertakes an agreed additional responsibility in the work area by appropriate level of involvement and promotion of activities. An example of the agreed responsibility may include, but is not limited to, one of the following:  
  o Equipment / technical skills  
  o Quality improvement activities  
  o Being the Health and Safety representative  
  o Being the Manual Handling representative  
  o Infection control  
  o Being the Union representative  
  o Stock control  
  o Cost effective initiatives  
  o Project participation  
  o Environmental initiatives / responsibilities  
  • Can describe additional responsibility(s) and level of involvement with appropriate verification of contribution to the team and area. | • Feedback from team, manager and/or area nurse, specialist or educator e.g. Occupational Health, Infection Control |
| **B. Learning / Educational Activities** | • Undertakes additional learning / educational activities relevant to the role and demonstrates application of learning to work. | • Team feedback |
| **C. Role Model** | • Is considered a role model with the ability and willingness to act as a ‘buddy’ / support / resource person for the orientation of new and existing staff. | • Participation as a ‘buddy’ / support /resource person.  
• Team feedback. |
### Category 5: Team Contribution

**HCAs not on a Merit Step do not have to meet this category**

**HCAs on Merit Step One must meet 1 of the 2 criteria (A or B)**

**HCAs on Merit Step Two must meet both criteria**

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| **A. Positive Contribution** | • Demonstrates a positive contribution to the effective functioning of the team / service.  
An example may include one of the following:  
  o Anticipates unplanned activities in team/service and demonstrates willingness to assist the team to manage these situations.  
  o Identifies opportunities for improvements in the workplace, and works with the team to initiate required changes.  
  o Suggests and develops processes for improving efficiency of day to day work processes.  
  o Positively assists with implementing new plans / projects / systems / processes.  
  o Shows adaptability to changing circumstances within workplace.  
  o Provides an example of how they have positively contributed to the functioning of the team / service.  
  o Knowledge of available organisational resources / services / staff necessary to achieve desired outcome. | • Team feedback |
| **B. Initiative** | • Without prompting, takes initiative in response to changing demands of the work / service environment. | • Is responsive to changing demands in order to assist team members.  
• Team feedback |
Key Relationships & Authorities

**Reports to:**
- Charge Nurse Manager

**Key relationships within service:**
- Nursing Team
- Clients / Patients and Families / Whanau

**Health Care Assistant**

**Has these direct reports:**
- Nil

**Key relationships outside service:**
- Nurse Educator, HCA Programme
- Clinical Nurse Specialist, Professional Development
Capability Profile

a. **Knowledge and Experience:**
   - Good oral and written English and interpersonal communication skills
   - Basic keyboard skills ideal but not essential
   - Effective time management skills

b. **Essential Professional Qualifications / Accreditations / Registrations:**
   - Level 3 NZQA National Certificate in Community Support Services (or equivalent qualification).
   - OR
   - Student Nurse enrolled in a Bachelor of Nursing Degree Programme who has completed the first year of the three year programme.

Capital and Coast District Health Board (C&C DHB) is committed to supporting the principles of Equal Employment Opportunities (EEO) through the provision and practice of equal access, consideration, and encouragement in the areas of employment, training, career development and promotion for all its employees.

C&C DHB is committed to Te Tiriti o Waitangi principles of partnership, participation, equity and protection by ensuring that guidelines for employment policies and procedures are implemented in a way that recognises Maori cultural practices.

The role description will be reviewed regularly in order for it to continue to reflect the changing needs of the organisation. Any changes will be discussed with the position holder before being made. Annual objectives and performance measures will be set each year during the annual performance planning and development meeting.

Approved by_____________________   Signed_____________________
(Please print name)

Date_______________________