JOB DESCRIPTION

1. JOB IDENTIFICATION

<table>
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<tr>
<th>Job Title:</th>
<th>Heart Failure Specialist Nurse</th>
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<td>Reports to:</td>
<td>Head of Primary Care Services</td>
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<tr>
<td>Department:</td>
<td>Orkney Health and Care</td>
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<tr>
<td>Service:</td>
<td>Long Term Conditions</td>
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<td>Location:</td>
<td>The Balfour</td>
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2. JOB PURPOSE

The Heart Failure Specialist Nurse works as an autonomous practitioner in managing patients with chronic heart failure. There would also be an element of cross-cover into the general cardiac specialist nurse role eg cardiac rehabilitation, nurse led arrhythmia clinics, chest pain assessment.

The main aims of the job are to:

Optimise evidence based pharmacological and non pharmacological treatments; provide education to patients and carers; reduce hospital readmissions; facilitate improved and quicker safe discharge planning, improve quality of life; facilitate palliative care; provide education to nursing colleagues and other professions, at both local and national level.

Ensure seamless pathway for heart failure patients

To provide expert clinical leadership contributing to improving the health status and maximising the remaining quality of life for those diagnosed with a cardiac condition

To undertake advanced level assessment in order to address complex health care need by using expert knowledge and clinical judgement to managed complex cardiac patients and refer as appropriate.

To lead the co-ordination of care using evidence based practice to ensure effectiveness of outcomes.
3. DIMENSIONS

Orkney has a population of approximately 21,500 people spread over a large geographical area.

4. ORGANISATIONAL POSITION

Chief Officer, OHAC

Head of Primary Care Services

This post

Lead Nurse

5. ROLE OF DEPARTMENT

The service provides an advanced practice service in both hospital and community environment to patients, cares, families and other health professionals where there is a cardiac health issue.

The service functions independently and autonomously at an advanced level of practice, assessing, planning and implementing complex clinical care and judgements and taking lead responsibility for the care of cardiac patients.

The aim is to provide a specialist service to cardiac patients by promoting and managing the complexities in the symptomatic and psycho-social well being of this group of patients.

As an integral part of the multi-disciplinary team the aim is to also influence clinical practice, and to provide a consultative, leadership and educational role to professional colleagues. It acts at all times within the requirements of the NMC code of professional conduct and NHS Orkney policies.
6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

Clinical:

- Work autonomously in all clinical settings, home based and clinic, providing specialist assessment and management of the patient with heart failure.
- Be accountable for all decisions made independently, whilst using agreed guidelines and where guidelines do not exist.
- Assess clinical status; using clinical examination and history taking skills to formulate individualised, evidence based pharmacological and non-pharmacological management plans.
- Plan and initiate complex management plans, care packages and treatments to patients with heart failure and other significant co morbidities.
- Assess, plan, implement and evaluate nursing care of the heart failure patient within own home or at nurse led clinic.
- Acts as an expert resource and role model in communicating significant news to individuals their families and carers.
- Utilise and interpret locally agreed guidelines to adjust and titrate patients’ pharmacological therapy.
- Utilise highly specialist knowledge, clinical examination and assessment skills to facilitate clinical decision-making and to influence and direct changes in the patients’ pharmacological management.
- Order and interpret cardiac investigations and explain the results and significance to the patient.
- Provide quality patient education.
- Act as patient advocate and empower patients to be actively involved in decisions regarding their management.
- Contributes to the development of local, regional and national health improvement programmes within own area of practice.
- Leads the development/implementation of anticipatory care planning and/or advanced care planning.
- Utilise audit data to influence practice and develop service.
- Apply local policies and strategies agreed by implementation steering groups and managed clinical networks.
- Reduce risk of exposure to bodily fluids/blood borne viruses/infection by adherence to safe practice as outlined in the Division’s policy.

Professional:

- Participate in activities aimed at professional, self-development.
- Actively participate in team meetings using this forum for peer clinical supervision.
- Provide peer group support and clinical supervision whenever required.
- Ensure practice is up to date and in keeping with current evidence base.
- Participate in reviewing, evaluating and updating service guidelines, protocols and documentation - operational plans, medical and nursing guidelines, team policy manual.

Education and Research:

- Provide evidence based education and information to patients and carers regarding heart failure management and symptom control.
- Provide patients and carers with information and support regarding lifestyle modification, health promotion.
• Provide evidence based education and training to a wide variety of healthcare professional, both within primary and secondary care, and at local and national levels.
• Actively involved in local and national meetings to share expert knowledge.
• Participate in appropriate research, which would improve the service or benefit the client group in accordance with the organisation's clinical governance policy.
• Apply specialist theoretical courses and highly developed specialist knowledge to underpin clinical practice, further endorsing autonomous working (Nurse Prescribing/Heart Failure Training Programme/Clinical Assessment/Cardiac Rehabilitation/Palliative care in Heart Failure).

Organisational:
• Prioritise caseload according to clinical stability of patients, taking account of unpredictable nature of caseload.
• Provide home, telephone or clinic based consultation according to patient need, again taking account of unpredictable demands.
• Undertake administrative duties relating to arranging follow up appointments, writing and emailing to general practitioner, and other healthcare professionals and organisations where required.

Communication:
• Effectively communicate all changes in management to the patient/carer where appropriate, and to the general practitioner, by telephone, email and letter.
• Be available by mobile phone continuously throughout working day.
• Ensure appropriate, timely referral to other agencies, allied professions, with patients consent.
• Develop excellent communications and working relations with multi-disciplinary team.

7a. EQUIPMENT AND MACHINERY

Equipment:
• General office equipment including computers, email, NHS Orkney Intranet, word processing, computing skills, results reporting, power point presentations, laptops, mobile phones.
• Phlebotomy equipment: - needles/syringes/vacutainers for obtaining blood samples.
• Sharps boxes for safe disposal of needles used in patient’s home or at clinic.
• Stethoscope used during clinical examination for listening to heart sounds, chest auscultation, and blood pressure.
• Sphygmomanometer for measuring blood pressure.
• Weighing scales provided to patients for daily weight monitoring.
• Mobile phone to ensure ease of access to patients and healthcare professionals throughout working day.

7b. SYSTEMS

• Trackcare.
• Site specific hospital systems for accessing laboratory results/ordering tests/checking appointments, and checking admissions/discharges.
• IT system – use of Word, Access, email, PowerPoint.
• Mobile phone, photocopier, scanner, shredder, telephone, VC
8. ASSIGNMENT AND REVIEW OF WORK

An open referral system operates. Referrals are received from in-patient, tertiary centres, GPs.

Workload is self generated and prioritised and reviewed by the postholder according to patient and service needs.

Reporting directly to the line manager- Head of Primary Care and Professionally to the Lead Nurse.

Undertake Personal Development Planning and Clinical Supervision, working as a reflective practitioner.

9. DECISIONS AND JUDGEMENTS

- Acts as Lead Professional as appropriate, co-ordinating care and services as required and contributing to MDT.
- Works autonomously, providing highly specialist assessment advice and management for patients with heart failure.
- Independently prioritises own caseload according to patient need, this can be unpredictable, particularly when there is clinical deterioration.
- Uses sound clinical judgement in deciding when to consult with general practitioner or consultant, regarding patient’s management that is out with guidelines.
- Interprets blood results, and their significance in relation to pharmacological treatment.
- Prescribes and titrates pharmacological treatment according to clinical findings, including blood results.
- Assesses patients/carers level of knowledge and understanding relating to diagnosis and prognosis.
- Will raise and discuss sensitive and difficult conversations surrounding diagnosis, prognosis and end of life care.
- Initiates referrals to palliative teams where appropriate.
- Initiates/arranges hospital admission where there is clinical deterioration.
- Timely signposting to relevant services.
- Concentration required when driving to maintain personal safety and to locate new addresses.
- Professionally accountable for own actions without direct supervision.
- Clinically recognises own limitations in care provision and refer to other health professionals accordingly.
- Autonomously identifies, prioritises and manages clinical governance and educational workload.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Managing patients who are unresponsive to medical therapy, e.g. on optimal doses, and continue to deteriorate often to a palliative or end of life stage of care, or who are non compliant with either pharmacological or non pharmacological issues.
- Clinical decision making within the autonomous role of the advanced nurse?. Being patient advocate, when general practitioner/consultant unreceptive to proposed change in management.
- Managing an unpredictable caseload, having to regularly re-prioritise visits/needs of patients whilst maintaining high standards of care during periods of high demand, with limited resources.
- Ensuring own professional development by participating in courses and study whilst continuing
to meet the demands of the job.

- Be able to effectively manage and prioritise competing demands within an unpredictable environment.
- Balancing the demands of all stakeholders to provide a safe, effective, efficient, patient-centred, timely and equitable service.

11. COMMUNICATIONS AND RELATIONSHIPS

- Communicate at level appropriate to patient/carers/significant others.
- Use a high level of communication skills to discuss distressing diagnosis and prognosis issues with the patient and relatives. Provide ongoing counselling to support patients and relatives during the terminal phase of their illness.
- Effectively communicate a heart failure management plan to patients, carers and other health care professionals. Use motivational and persuasive techniques in difficult circumstances or where major lifestyle changes are required.
- Develop strong working relationships with community teams to ensure safe continuity of care for relevant patients.
- Close liaison with medical staff at consultant and general practitioner level, ability to communicate at that level, clearly and assertively is essential.
- Liaison with other team members and service coordinator on a regular basis.
- Participate in effective induction of new staff by adopting an educational and supportive role.
- Optimise clerical resource by effective and appropriate delegation of administrative tasks.
- Develop and deliver high quality presentations and specialist training to a wide variety of healthcare professionals within primary and secondary care and within a higher education environment.
- Foster good relationships and communicate with wide range of disciplines; e.g. nursing and medical colleagues in primary and secondary care, clerical team, outreach teams, social services, palliative care team, clinical governance (audit), heart support group and voluntary organisations, medical and nursing students, research teams, other heart failure services, National Heart Failure Nurse Forum, cardiology technicians, specialist nurses, dieticians, clinical chemistry, pharmacists, physiotherapists, occupational therapists, interpreters, porters, domestic staff, medical physics, estates, secretarial staff, equipment resource team, IT personnel, Leisure centre exercise professionals.
- Strive to develop links between heart failure service/cardiac rehabilitation service and new areas and professionals to continually develop and improve quality of patient care.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical Skills
- Phlebotomy.
- Car driving/concentration required.

Physical Effort
- Occasional Home visits when required. Clinic visits numbers variable depending on patient need.
- Carrying equipment from base to car to each visit. The physical demands will be variable and will include for example patient movement with use of mechanical aids; standing/walking for the majority of the shift; occasional restrictive movements to treat patients e.g. stooping.

Mental Demands of the Job
- Frequent periods of concentration required when making adjustments to pharmacological therapy and ensuring accuracy when communicating these adjustments to patients/carers, general practitioners and cardiologists.
- Managing unrealistic expectations of colleagues, patients, families.
- Concentration at all times required when typing letters to general practitioner etc.
- Frequent interruptions during course of working day, from patients and colleagues, having to be constantly available via mobile phone.
- Lone working – making decisions in the absence of Cardiologists re complex patient management.
- Demand of having no backfill to relieve for annual leave/study/sickness.

**Emotional Demands of the Job (Daily)**

- Communicating sensitive/unpleasant information to patients, families, cares.
- Demands of dealing with family and human dynamics.
- Demands of support people in crisis such as heart failure diagnosis/death and dying/bereavement.
- Demands of making decisions on appropriate clinical management, which may involve advising the prescribing of medication.
- Demands of dealing with patients/families who have unrealistic expectations/complaints about care.
- Demands of liaising with/confronting people who may be involved in patients’ complaints.
- Demands of dealing with/confronting a colleague/team member with regards to clinical decision making, performance or behaviour.
- Clinically recognises own limitations in care provision and refer to other health professional.
- Short or long term relationship with chronically sick patients, and their carers.
- Dealing on a daily basis with patients or carers who have specific emotional or psychological issues.
- Clinically recognise own limitations in care provision and refer to other health professional accordingly.
- Frequently dealing with dying patients, end of life care, palliative care.
- Sudden death of patients with whom a relationship has been established.
- Structuring discharge of clinically stable patients who become dependent upon service.
- Managing challenging behaviour when it occurs from either patient and/or carers.

**Environmental**

- Long periods of time spent sitting at computer, concentration and accuracy required.
- Home visits occasionally performed in cramped or unclean conditions, undesirable environments.
- Frequent exposure to body fluids.

### 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

- First level nursing or midwifery qualification (appropriate part of NMC Register relevant to area) with first degree or evidence of continuing professional development equivalent to level 9 of Scottish Credit and Qualifications Framework (SCQF)
- Chronic Heart Failure: Principles of Care Management & Clinical Assessment and Management (Essential)
- Post holder should have extensive post registration experience within relevant area and/or demonstrate expert clinical and professional practice developed through experience and theoretical knowledge gained through post registration study to Masters Degree level or equivalent experience/qualification or significant formal training and short courses in this field. Extensive and varied experience post Principles of Care Management & Clinical Assessment and Management with evidence to support and demonstrate highly specialist knowledge and
- Heart Failure: End of Life Care; Learning Contract; Chronic Heart Failure: Optimising Health and Wellbeing; Chronic Heart Failure: Caring for Patients (All desirable)
- Previous experience of working to a high level with heart failure patients
- Ability to maintain professional and personal credibility across all staff groups.
- Ability to lead service, lead practice and continuous professional development, work effectively as part of a multi-professional / multi-agency team.
- Personal motivation and enthusiasm for the development of nursing, patient care and the enhancement of the patients experience of care.
- Computer and information literacy.
- Nurse Prescriber/Non Medical Prescribing.
- Clinical Assessment Skills modules desirable.
- Car driver.

14. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.

Job Holder’s Signature: 

Manager’s Signature: 

Date: 

Date:
PERSONAL SPECIFICATION

POST/GRADE: Heart Failure Specialist Nurse
LOCATION/HOSPITALS: Balfour Hospital
WARD/DEPARTMENT: Long term Conditions

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<th>ATTRIBUTES</th>
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<td>Qualifications</td>
<td>• Post Graduate qualification in specialist area or equivalent experience</td>
<td>• Masters level Advance Clinical Practice Modules</td>
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<td>• Varied post essential qualifications experience</td>
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<td>• Venepuncture</td>
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<td>Special Aptitude</td>
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<td>and Abilities</td>
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of nursing, patient care and the enhancement of the patients experience of care
- Computer and information literacy

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<th>Disposition</th>
<th>Ability to work within multi-discipline team</th>
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<tr>
<td></td>
<td>Motivated</td>
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<td>Confident</td>
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<td>Ability to motivate others</td>
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