

<b>Position Description</b>	
<b>Position title:</b>	<b>Health Care Home (HCH) Clinical Change Facilitator</b>
<b>Reports to:</b>	Health Care Home Programme Lead
<b>Location</b>	Lower Hutt based, working across Hutt Valley
<b>Hours</b>	12 hours per week
<b>Position</b>	Fixed term until June 2021
<b>Key Relationships:</b>	General practice teams Te Awakairangi Health Network team Hutt Valley District Health Board team Community Services providers Māori communities and providers Pacific communities and providers Clinical leaders Hutt Valley Primary Health Nurses Group
<p><b>Te Awakairangi Health Network</b></p> <p><u>Vision:</u> A healthy Hutt Valley for all</p> <p><u>Mission:</u> To be a community leader for health in Hutt Valley</p> <p><u>Values:</u> People centred, Aiming for equity, Excellence in all that we do, Working co-operatively, Innovating</p> <p><u>Goals:</u></p> <ul style="list-style-type: none"> <li>• To make a real difference for our communities, our whanau, our people.</li> <li>• To be a strong network, with sustainable practices and providers, a culture of innovation and integration.</li> <li>• To be recognised as an excellent performer, delivering comprehensive and connected services, achieving targets and using funds wisely.</li> </ul> <p>Te Awakairangi Health Network provides services to a population of around 120,000 people across the Hutt Valley. TeAHN is part of a health alliance, the Hutt Integrated Network of Care with partners Cosine PHO and Hutt Valley DHB. TeAHN employs around 50 people and contracts with 20 medical practices across 22 sites. The organisation is located at 330 High Street, Lower Hutt and operates in various other locations around the Hutt Valley.</p> <p>Te Awakairangi Health Network is committed to Maori clients and stakeholders and ensuring service activity, development and implementation is undertaken in accordance with the provisions of the Treaty of Waitangi – partnership, protection and participation.</p>	

### **Project Context**

The Health Care Home is defined as being a single place that connects an individual with the broader health and social system. It is a team-based health care delivery model, led by a primary care clinician, providing comprehensive and continuous health and social care with the goal of supporting individuals to obtain the best possible health outcomes.

The Health Care Home is the building block to improved acute, proactive and preventative care. The Health Care Home builds primary care sustainability and strengthens integration of community services and primary care. It is about services being delivered closer to home, more proactive care, improved self-care, improved patient experience and allowing hospitals to better focus on providing episodic care to complex clients.

The Health Care Home model of care is intended to result in a number of improvements for General Practice, specifically related to four key domains:

- Timely and unplanned care for patients
- Proactive Care for high needs patients
- Routine and preventative care
- Business efficiency

### **Role Purpose**

The primary functions of this clinical role will be to support the change management required to support practices to implement the Health Care Home (HCH) model of care for primary care in the Hutt Valley. This will include providing key areas of support within the programme which will include:

- Clinical leadership with proactive care planning and integration of services
- Lean facilitation to ensure continuous quality improvement within general practices
- Partnering with and empowering practices on their journey of change
- Provide change management to effectively transition practices to the HCH model
- Liaison with and maintaining alignment to the implementation of the Long Term Condition programme
- Prioritising equity in all work

The person will have demonstrated ability to build trust, confidence and rapport across general practice teams. The person will enjoy the opportunity to influence positive change, empowering clinicians and other key practice staff to transform how they provide care to their local people.

TeAHN's skilled and enthusiastic team is passionate about supporting continuous quality improvement and effective, sustainable primary care that delivers quality, patient centred care.

Key Objectives	Expectations / Outcomes
<p><b>Clinical Leadership</b></p>	<p>Support practices in the Hutt Valley to achieve the national HCH model of care requirements</p> <p>Work with practice staff and the HCH development team to facilitate a clinically led design process, aimed at engaging both their input and support for implementing proactive care planning and continuous improvement</p> <p>Identify opportunities for integration and synergies across the suite of PHO projects and programmes, as well as the DHB community health services</p> <p>Co-ordinate and provide appropriate training and mentoring to address the clinical needs in practices, and partnering with other organisations as needed.</p> <p>Develop expertise to lead practice engagement, planning and the effective implementation of the HCH model in practices. This includes identifying key opportunities to expand/enhance the model delivered by practices.</p>
<p><b>Change Management and Continuous Quality Improvement through Lean methodology</b></p>	<p>Utilise models of change management to assist practices and providers to undertake transformational change that ensures full team buy-in</p> <p>Support continuous quality improvement using Lean methodology as a foundation so that the benefits of eliminating overburden, unevenness and waste is realised as well as improving the quality, cost and delivery of a range of processes in primary care</p> <p>Work with the HCH Development team to support the roll out of the programme in practices and providers.</p> <p>Identify and highlight the gaps in skills, services and capacity that need to be addressed.</p> <p>Identify potential barriers to successful uptake and work with the HCH Programme Lead to overcome these.</p>
<p><b>Relationship Development</b></p>	<p>Proactively develop and build robust relationships with general practice staff, TeAHN and Cosine PHO, and the DHB to support the implementation of HCH.</p> <p>Work with the DHB and general practices across the Hutt Valley to build a shared knowledge of the changes proposed to implement key enablers and elements.</p> <p>Support practices in their efforts to apply clinically led co-design principles, acting as a resource and linking them to key people who can assist them to engage their staff and patients in the design of their HCH.</p>

<p><b>Team Work</b></p>	<p>Work co-operatively with others in the team, sharing knowledge, promoting a culture of excellence while building local solutions to local issues. Listen and respond constructively to others' ideas and proposals. Empower people to take initiative, to be innovative and encourage this in the practice teams</p>
<p><b>Health and Safety</b></p>	<p>Ensure the work is undertaken in a safe and supportive environment. Proactively identify, minimize/eliminate hazards, report these when they become apparent. Apply the organisation's health and safety policies, ensuring teams have a shared understanding of these. Have an emergency action plan in place and ensure staff are well appraised of this.</p>
<p><b>Organisational Values</b></p>	
<p><b>Treaty of Waitangi, Māori, Iwi, Pacific communities</b></p>	<p>Work collaboratively with Iwi partners to ensure programmes are culturally appropriate. Programme activity, development and implementation is undertaken in accordance with the provisions of the Treaty of Waitangi: partnership, protection and participation. Appropriate consultation is undertaken with Māori and Pacific communities.</p>
<p><b>Professional development</b></p>	<p>Maintains professional competencies and develops own knowledge by participating in learning opportunities, as appropriate and as agreed by line manager. Identifies own learning needs.</p>
<p><b>Accountability</b></p>	<p>Follows established procedures for recording information and maintaining privacy and confidentiality. Demonstrates accountability for own actions. Acts independently and also as a member of the multidisciplinary team. Works within the scope of the role by knowing own limitations. Requests assistance when required.</p>
<p><b>Contribute to the wider team within the organisation</b></p>	<p>Participate and work in ways that support the strategic direction and objectives of the Organisation Contribute to the wider team to ensure that projects are managed, delivered on time and within allocated resources Provide timely communication of any information that impacts on other team members Participate in organisational meetings, team meetings, planning sessions, training and quality improvement initiatives Work with the other members of staff to meet the objectives of the Annual Plan, Maori Health Plan and Pacific Health Plan.</p>

## Person Specifications

### Essential skills, knowledge and experience

- Registered Comprehensive or General and Obstetric Nurse with a current practicing certificate (from NZ Nursing Council)
- An acknowledged and respected clinician with experience and an interest in developing programmes that improve patient outcomes and contribute to the integration of services
- Experience in leading and managing change projects/programmes
- A confident and articulate communicator with ability to build positive, resilient relationships and to interact with people across all levels across organisations.
- Demonstrated competence in implementing and facilitating clinical projects and programmes
- Proven facilitation skills, knowledge of small group dynamics and the ability to motivate others
- An ability to see and articulate a big picture view to capture hearts and minds while also working closely with individuals delivering front line services to implement practical changes.
- Understanding of data and its use to inform projects and programmes
- A positive can do attitude and an ability to work as part of a team
- An understanding of principles around health equity and the capacity to translate this into action.
- Strong working knowledge of Microsoft Office software packages (Word, Power Point and Outlook)

### Desirable skills, knowledge and experience

- Knowledge of continuous quality improvement and lean methodology
- Knowledge of general practice, business processes, and IT

## Confirmation of Position Description

Full name of employee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed on behalf of Te Awakairangi Health Network:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_