



IDENTIFICATION

<i>Position Number</i>	<i>Position Title</i>	
U-01-110, U-02-110	Nurse Practitioner – Primary Care	
<i>Department</i>	<i>Position Reports to:</i>	<i>Location</i>
Clinic Services	Manager, Primary Care & Community Health	Hay River Regional Health Centre Hay River Medical Clinic

PURPOSE

The Nurse Practitioner Primary Care – (NP-PC) is an autonomous practitioner who will provide residents of Hay River with advanced health assessment, diagnosis, intervention and follow up care in accordance with the Northwest Territories (NWT) Nurse Practitioner (NP) acts, regulations, policies, standards, guidelines, mission and the objectives of the Hay River Health & Social Services Authority (HRHSSA). The NP-PC will ensure residents have access to timely, professional and sustainable health services required to maintain optimal health. The Nurse Practitioner will collaborate with patients, clients, residents and other health professionals to identify and assess trends and patterns that have implications for health care in communities; develops and implements population and evidence-based strategies to improve health, and participates in policy-making activities that influence health services and practices.

SCOPE

This position may be located at one of the Hay River Health & Social Services Authority (HRHSSA) locations. They include the Hay River Regional Health Center (HRRHC), the Gensen Building, Woodland Manor, Supportive Living Services and/or H.H. Williams Memorial Hospital (HHWMH). The HRHSSA is an accredited, integrated health authority that provides the following services: 19 acute inpatient beds (14 Community Support Beds, 1 Family Suite (Palliative), 2 Secure Rooms, 2 Observation beds), Emergency and Ambulatory Care, including dialysis and endoscopy; Midwifery Care and Delivery; 25 Long Term Care beds; Supportive Living Campus, a Territorial campus providing 11 permanent residences; Diagnostic Services (Diagnostic Imaging, Ultrasound, Mammography); Laboratory; Medical and Specialty Clinics including Diabetes programming; Social Programs (Community Counselling, Healthy Families and Child and Family Services) Community Health and Home Care, Rehabilitation which include Physiotherapy, Occupational Therapy and Speech Language Pathology; and a full range of Support Services.

Located within the Medical Clinic and/or Health Centre and reporting to the Manager Primary Care & Community Health, the NP-PC provides primary health care services within the parameters of a collaborative practice with general practitioners, medical specialists, and within the nurse practitioner’s scope of practice, as a provider of primary care to individuals, families and the community as a whole. The Nurse Practitioner will provide comprehensive advanced health assessment, make autonomous nursing and medical diagnoses, order and interpret diagnostic tests, develop and monitor treatment plans, and provide treatment within the NP’s

scope of practice. The Nurse Practitioner will also focus on injury and illness prevention, supportive, curative, rehabilitative and palliative care and education, and advocacy.

The role of the NP-PC is to provide primary care through assessment, diagnosis, intervention, treatment, management, drug therapy and referral functions to clients of the HRHSSA. The focus of the NP-PC is to improve a client's health and ensure that the client's care needs are met in the context of their psychosocial and physical well-being.

The NP-PC will consult and/or refer to other health professionals as appropriate i.e. physicians in Hay River and in Yellowknife, specialists, physiotherapists, occupational therapists, etc. at any point in the assessment of the client, or when planning, implementing or evaluating client care when the client's condition is beyond the scope of the NP-PC; is potentially life-threatening; or a chronic health problem destabilizes.

Services may be provided within the Hospital, Medical or Specialty Clinics, Community Health, schools, or in a patient's home, and are intended to promote a healthy way of life, and decrease the incidence of death and disease and injury. Services may be provided on an individual basis or as part of a multi-disciplinary team.

RESPONSIBILITIES

1. Provide advanced clinical health assessment, diagnosis, care and continuous services to clients (individuals, families and groups) on a routine and emergency basis (if appropriate) to promote a healthy lifestyle, to prevent and/or reduce incidence of disease, disability and death, to support rehabilitation and to restore health or to support the client to die comfortably and with dignity.

Main Activities:

- Systematically assess individual health status through the collection of an appropriate history, performance of physical assessment and the ordering and interpretation of diagnostic tests.
- Establish a nursing and medical diagnosis through analysis and synthesis of data from multiple sources and communicate health findings and establish a plan of care with client.
- Develop a plan of care based on client need, independently or in consultation with other members of the health care team (such as physicians, physiotherapists, occupational therapists, medical specialists, including general surgery, internal medicine, ENT, pediatrics etc.)
- Implement a comprehensive care plan, which may include independent prescribing and dispensing of pharmaceuticals in accordance with established NWT Acts, regulations, policies, practices and safety procedures as well as non-pharmacological interventions.
- Incorporate appropriate complementary and traditional therapies that the client may be using or wish to use, if safe and no contradictions.
- Refer clients to other members of the primary community care team (such as physiotherapy and occupational therapy) or medical specialists (such as general surgery, orthopedic, ENT, neurology, pediatrics, internal medicine, etc.) determined by the client's needs and scope of practice.
- Communicate and plan ongoing care with other members of the primary community care team.
- Maintain continuous health management of not only individuals within the community, but assigned chronic disease clients
- Continuous management of care for patients in long term care, including WLM, SLS and ECU
- In order to ensure the health of LTC patients are maintained, responsibilities include, but are not limited to, admission physicals, annual physicals, psychogeriatric assessments, chronic illness assessments, episodic illness assessments, managing acute episodic and chronic

illnesses in a complex multiple comorbidity environment, family meetings, wound care, follow up visits, palliative care, pain and symptom management, counseling with families and residents), prevention initiatives (such as dehydration, falls, polypharmia), internal facility consults (MD, PT, OT, additional health care staff, etc.), and external consults with specialists

- Take part in committee work to develop, implement, maintain, and evaluate of care protocols, best practice guidelines and new care procedures (such as organizational and polypharmia planning).
- Conduct family assessments to identify the broader implications for health within the family in a way that is culturally appropriate.
- Maintain dialogue with patients and family about the patient's condition and future plans as appropriate.
- Provide periodic review and monitoring to assist clients, with stable conditions, to manage their health status.
- Review progress with the client and evaluate the care management outcomes.
- Recognize need for crisis intervention and counseling for common, emergent or urgent psychosocial conditions/situations and take the necessary action.
- Recognize the cultural diversity of the community and incorporate this into the planning and delivery of services.
- Advocate for and respect the dignity and self-respect of patients.
- Promote the autonomy of patients and help them to express their health needs and values to obtain appropriate information and services.
- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the health care team only with the patient's permission or as legally required, and within the health care team on an appropriate need to know basis.
- Apply and promote principles of equity and fairness to assist patients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.
- Act in a manner consistent with their professional responsibilities and standards of practice.

2. The Nurse Practitioner exercises accountability and autonomous practice including health promotion, health management, injury and illness prevention, supportive, curative, rehabilitative and palliative care, education and advocacy.

Main Activities:

- Act in a manner consistent with their professional responsibilities and standards of practice.
- Demonstrate a high level of autonomy in decision making and accountability related to client health outcomes.
- Advocate for the dignity and self-respect of patients.
- Recognize the cultural diversity of the community and incorporate this into the planning and delivery of services.

3. Provide clinical leadership as an educator, leader, researcher and advanced clinical practitioner within the primary community care team and will collaborate in order to develop, facilitate, implement and modify patient and family education/teaching based on the needs of the patient.

Main Activities:

- Develop and implement a variety of programs to address client needs that may include the provision of programs such as: adult health clinics, pre and post-natal clinics, well woman clinics, communicable disease surveillance.

- Facilitate the continuity and sustainability of care by involving other members of the primary care team, other departments (i.e. education), family and community members as appropriate.
- Use a holistic and culturally appropriate approach to facilitate learning of client and their families in relation to client illness or injury (i.e. self-care, health promotion, etc.).
- Assess the patient for physical and psychological needs, their knowledge of their health, disease process and learning needs.
- Develop, revise and evaluate on an ongoing basis, educational resources necessary to support patients.

4. In collaboration and partnership with clients and other primary community care team members and agencies, conduct health surveillance and preventative activities that may improve the health of the population.

Main Activities:

- Conduct and participate in community needs assessment and based on the results, and in collaboration with stakeholders, prioritize and develop culturally sensitive health promotion strategies.
- Understand, support and promote community participation in decision-making and ownership of constructive changes to enhance the community's health.
- Promote healthy public policy.
- Evaluate and modify community health programs in partnership with community members.

5. The Nurse Practitioner will provide expert and specialized knowledge of primary health care related to nursing in the NWT and also provide functional direction and leadership for enhancing the integrated Service Delivery Model. The Nurse Practitioner will also establish and maintain consultative relationships with physicians, pharmacists, other health care providers and community agencies/organizations.

Main Activities

- Articulate the role of the NP-PC to clients, general public and primary community care team.
- Provide coaching and clinical leadership to peers, students and other members of the health care team to develop skill levels necessary to achieve the standard of care (i.e. including but not limited to being a preceptor or mentor for nursing staff, students or other members of the primary community care team).
- Collaborate with physicians, nursing colleagues and other members of the health care team to advocate health care environments that are conducive to ethical practice and to the health and well-being of patients and others in the setting,
- Facilitate and foster active communication, collaboration and linkages between key stakeholders, within and outside the community.
- Orientation of new employees to unit specific programs and mandate.
- Participate in research and special project initiatives that contribute to evidence based practice. This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols and procedures based on an assessment of evidence and analysis of resources to implement change.
- Participates in committees and task forces as related to the role of the NP-PC (i.e. multi-disciplinary primary community care team).

POSITION ROLE IN CLIENT & STAFF SAFETY:

The HRHSSA is committed to creating a culture of safety throughout the organization. A culture of safety is necessary to provide optimal care to our clients, and a healthy workplace for staff.

An organization with a culture of safety is characterized by several elements:

- Client-centered care;
- Healthy workplace;
- Open communication; and a
- Blame-free and accountable environment.

All staff throughout the organization shares the responsibility for client and staff safety by:

- Demonstrating a commitment to safety;
- Complying with safety policies, procedures and best practices;
- Identifying and reporting safety issues; and
- Participating in safety initiatives.

KNOWLEDGE, SKILLS AND ABILITIES

- The NP-PC must be able to make accurate medical diagnosis of common illness, identify critically ill and destabilizing chronically ill clients and apply critical thinking when formalizing evaluations resulting in differential medical diagnosis. In addition, the incumbent must be able to implement appropriate treatment plans based on diagnosis within a NP-PC scope of practice.
- The NP-PC must have advanced knowledge of, and an ability to apply, advanced processes (assessment, planning, implementation and evaluation) and advanced nursing practice to ensure that the clients' physical, emotional, psycho-social, spiritual, educational and daily living needs are met as defined within the NP-PC registration requirements by the Registered Nurses Association of the NWT and Nunavut (RNANT/NU)
- An ability to educate patients and their families (when applicable) on appropriate self-care methods and techniques.
- An ability to provide emergency care and treatment, as the position is required to perform advanced nursing functions beyond basic nursing training in accordance with standards, policies and guidelines of the Department of H&SS, HRHSSA and the RNANTNU.
- An ability to effectively triage clients' health care needs
- Knowledge of and an ability to network within and outside the HRHSSA (i.e. Social Services, Public Health, etc.) in order to ensure support of clients and their families.
- Knowledge of best practices in primary health care and particularly public/community health.
- Conceptual understanding of the model of integrated community care delivery, and the application of nurse practitioner competencies to multidisciplinary practice settings.
- Sensitivity to the cultural, social and political issues in the NWT.
- An ability to critique research studies and apply to practice where applicable/appropriate.
- Knowledge of all applicable GNWT legislation and regulations, standards, policies and guidelines related to advanced nursing practice in order to provide current, relevant and feasible consultation services.
- Ability to contribute to the satisfaction and goodwill of clients, colleagues and co-workers is essential to the position. The incumbent must have the ability to deal with caregivers and health care workers in situations of extreme stress and cope with these situations diplomatically and with empathy.
- An ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive and constructive thinking skills.
- The incumbent must be aware of the importance of confidentiality and be able to keep personal and medical information private and confidential at all times (part of the professional accountability for code of ethics and standards of practice).

- Knowledge of and ability to operate word processing applications (i.e. Microsoft Word) in order to complete training materials and presentations, electronic mail to send and receive correspondence and the internet in order to conduct on-line research.
- Employment with the Hay River Health & Social Services Authority is contingent on providing a satisfactory criminal record check including the vulnerable sector check to the Human Resources Office prior to the official start date of a position

This level of knowledge is commonly acquired through the successful completion of a Nursing Degree, plus a postgraduate education program (Master's Degree) as a Nurse Practitioner and 2 years directly related nursing experience.

Within the HRHSSA all NP-PCs must be registered as an NP-PC with the RNANT/NU and have completed a satisfactory criminal record check.

It is expected that the NP-PC must maintain current knowledge and enhance competencies relevant to primary community care practice through professional development activities, peer review and other continuing competency strategies.

The Nurse Practitioner must possess or be able to acquire within a reasonable time frame and remain current with the following mandatory certifications:

- ACLS
- TNCC
- PALS/APLS
- CPR
- BTLS
- NRP

Physical Demands

There is, from time to time, physical effort required for this position as the incumbent works in hospital, clinic and home environments. There will be physical demands on the incumbent as s/he will be required to assist in the transferring of patients or do other heavy lifting on their own and perform patient assessment when s/he may be required to stand in awkward position (bending & stooping) for extended periods of time.

Environmental Conditions

Working within HRHSSA and providing direct patient assessment, diagnosis and treatment the incumbent will have moderate levels of exposure to communicable diseases (i.e. TB), blood (Hepatitis, HIV/AIDS), body fluid and hazardous materials (sharps, toxic cleaning and sterilizing solutions) that can result in potential health risks to the incumbent.

Sensory Demands

75% of the incumbents day will be spent providing direct patient care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in controlled (i.e. hospital and clinic) and occasionally uncontrolled settings (i.e. client's home).

Mental Demands

The NP-PC experiences constant demands from residents within the community who may require NP care at any time (day or night) that may cause a significant disruption to the incumbent's family and social life. In addition, within the health care setting there can be significant lack of control over the work pace, with frequent interruptions (external factors) that may lead to mental fatigue or stress.

The NP-PC may be exposed to death/dying and other emotionally disturbing experiences. The NP-PC is expected to remain calm, controlled and professional, regardless of the situation, and demonstrate compassionate care to the client, family and other members of the health care team.

The NP-PC is required to be motivated and innovative in the area of continuing education and practice to encourage the professional growth of self and others.

There is uncertainty in knowing what to expect while at work. There is legitimate concern about being responsible for the lives of patients and their families, risk of assault and unknown and predictable situations.

CERTIFICATION

Position Number:

Employee Signature	Supervisor Title
Printed Name	Supervisor Signature
Date	Date
I certify that I have read and understand the responsibilities assigned to this position	I certify that this job description is an accurate description of the responsibilities assigned to the position
_____ Director/Chief Executive Officer Signature Date	
I approve the delegation of the responsibilities outlined herein within the context of the attached organizational structure.	

The above statements are intended to describe the general nature and level of work being performed by the incumbents of this job. They are not intended to be an exhaustive list of all responsibilities and activities required of this position.

Feb 2011 – editorial
August 2011 – scope
November 2012 – updated
December 2016 – scope, editorial