

**POSITION DESCRIPTION**

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| **POSITION DETAILS** | | | | | |
| **Position Title** | Osteoarthritis Chronic Care Program Coordinator | | **Branch** | | *<add>* |
| **Position Number** | <add> | | **Division** | | *<add>* |
| **Grade** | Allied Health Level 3  Allied Health Level 4  Clinical Nurse Specialist 2  Clinical Nurse Consultant Grade 2 | | **Location** | | *<add>* |
| **Reports To** (position) | *<add>* | | **Direct Reports**  **Indirect Reports** | | *<add>* |
| **Other Roles Reporting to Position’s Manager:** *<add>* | | | | | |
| **Job Analyst** |  | | **Date Evaluated** |  | |
| **ORGANISATION ENVIRONMENT** | | | | | |
| For more information go to [www.health.nsw.gov.au](http://www.health.nsw.gov.au) | | | | | |
| **PRIMARY PURPOSE OF THE POSITION** | | | | | |
| **The OACPP Coordinator will work with the <Local Health District/hospital/other service setting> to develop, coordinate, implement and evaluate the < Local Health District/hospital/other service setting > Osteoarthritis Chronic Care Program that aligns with the ACI Osteoarthritis Chronic Care Program Model of Care. The service will provide comprehensive chronic care services to people who have osteoarthritis of the hip and/or knee who are waiting to undergo elective joint replacement surgery or are referred by their specialist for conservative management. This will include providing comprehensive holistic assessment; access to multidisciplinary care; psychological and social support; education and self-management support; promotion of lifestyle changes including exercise and weight loss; pharmacological management of pain; and undertaking routine and planned reviews.** | | | | | |
| **KEY ROLES AND ACCOUNTABILITIES** | | | | | |
| *(max 8 dot points recommended)*  The accountabilities of the OACCP Coordinator include, but are not limited to, the following:   * Work effectively with < *Local Health District/hospital/other service setting* > to develop, coordinate, implement and evaluate the *< Local Health District/hospital/other service setting > Osteoarthritis Chronic Care Program*. * Work collaboratively with the identified medical clinical governance and medical practitioners of the *< Local Health District/hospital/other service setting > Osteoarthritis Chronic Care Program.* * Work collaboratively with multidisciplinary team members within and outside of the *< Local Health District/hospital/other service setting > Osteoarthritis Chronic Care Program*. * Actively facilitate access for participants to the *< Local Health District/hospital/other service setting >* *Osteoarthritis Chronic Care Program* including referral and flexibility of service provision. * Provide comprehensive assessment, conservative care interventions, health education, self-management support and routine reviews for the participants of the *Osteoarthritis Chronic Care Program.* * Ensure opportunities are available within the < *Local Health District/hospital/other service setting* > area to facilitate access to required multidisciplinary services and interventions for the participants of the *Osteoarthritis Chronic Care Program*. This may include at the health service site as well as in private and community settings in the local area. * Maintain collegial collaboration and strong links with services providers both within the health service as well as in private and community settings in the local area to enable direct and timely referrals to services for participants of the *Osteoarthritis Chronic Care Program*. * Responsible for the collection of outcome measurements and involvement in data collection to allow for evaluation of the *Osteoarthritis Chronic Care Program.* * Responsible for developing procedures, practices, referral pathways and resources for the *Osteoarthritis Chronic Care Program*. * Promote the importance and benefits of the *Osteoarthritis Chronic Care Program* to the wider <Local Health District> community – consumers as well as health professionals. * Comply with administrative requirements and policies of <department the Service is located in>, LHD and NSW Health (included but not limited to maintaining client records, equipment maintenance, workplace statistics). * Undertake reasonable travel in accordance with the duties of the position. * Work effectively with the Agency for Clinical Innovation in further development, refinement and improvements of the *<Local Health District> Osteoarthritis Chronic Care Program* including input for ongoing evaluation across NSW. | | | | | |
| **KNOWLEDGE, SKILLS AND EXPERIENCE** | | | | | |
| *(max 8 dot points recommended)*   * Relevant Allied Health or Nursing qualification with extensive post-graduate clinical experience. Current professional registration with Australian Health Practitioner Regulation Agency. * Demonstrated interest in musculoskeletal health care and a well-developed understanding of the concepts of chronic care and its application with people and communities where chronic care is required. * Ability to work collaboratively and cultivate productive working relationships with a variety of stakeholders to ensure effective and efficient service delivery. * Demonstrated excellent oral and written communication skills, interpersonal skills and negotiation skills. * Proficiency in Information Technology such as Microsoft applications, email, clinical software packages and an ability to manage and maintain database information * Ability to initiate, complete and evaluate quality improvement projects including the development of procedures, practices and resources. * Demonstrated successful leadership, program management and commitment to the provision of quality healthcare services. * Current unrestricted NSW drivers licence. | | | | | |
| **KEY CHALLENGES** | | | | | |
| *(max 4 dot points recommended)*   * Leading of a new system of care for people with hip and/or knee osteoarthritis at < *Local Health District/hospital/other service setting*>. * Supporting change and managing potential reluctance by medical/surgical staff to embrace the Program. Medical support and governance will be vital to the *< Local Health District/hospital/other service setting>* *Osteoarthritis Chronic Care Program* success. * Obtaining engagement and acceptance for the Program from a wide variety of stakeholders and colleagues within a variety of chronic care services is required to effectively deliver the < *Local Health District/hospital/other service setting*> *Osteoarthritis Chronic Care Program.* * Managing competing priorities of the day to day delivery of the *Osteoarthritis Chronic Care Program* * Working in a continuously changing and challenging environment. | | | | | |
| **KEY OUTCOMES** *-**Optional* | | | | | |
| *(Max 5 Major Outcomes expected within a 2 year period)* | | | | | |
| **KEY INTERNAL AND EXTERNAL RELATIONSHIPS** *-**Optional* | | | | | |
| * People with musculoskeletal conditions and their carers * *< Local Health District/hospital/other service setting> Osteoarthritis Chronic Care Program* Advisory Group or Committee * *< Local Health District/hospital/other service setting>* staff in all settings and disciplines relevant to *<Local Health District>* *Osteoarthritis Chronic Care Program.* * ACI Musculoskeletal Network who can provide support to ensure the *< Local Health District/hospital/other service setting>* *Osteoarthritis Chronic Care Program* remains true to the ACI Osteoarthritis Chronic Care Program Model of Care with allowances for local resources. * Clinical teams and community services working with people with musculoskeletal conditions and their carers – both within and outside the NSW public health system. * Primary care clinicians in the <Local Health District> area in supporting chronic care management for osteoarthritis. * Primary Health Networks will become a key partner in the *Osteoarthritis Chronic Care Program* to foster primary care participation, advice, and partnerships to develop and refine the service. | | | | | |
| **DECISION MAKING AND BUDGET** | | | | | |
| * Utilising clinical judgment in supporting individuals in the development and implementation of their management plans as part of the *< Local Health District/hospital/other service setting>* *Osteoarthritis Chronic Care Program.* * Facilitating appropriate referrals for participants to health professionals and/or services internal and external the <Local Health District>. * Advice and collaborative decision-making as appropriate with the *Osteoarthritis Chronic Care Program* team and the Advisory Group or Committee  |  | | --- | | **BUDGET** | | Recurrent Expenditure $ | | Staff management $ | | Capital $ | | Total $ | |  | |  | | Financial Delegation: Expenditure limit $ | | Administrative Delegation Group: | |  | | | | | | |
| **ATTACHMENTS** | | | | | |
| Organisation Chart | | * Yes * No | | | |

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| **CERTIFICATION** | |
| We have read the above position description and are satisfied it accurately describes the position. | |
| **Position Holder’s Name** |  |
| **Signature** |  |
| **Date** |  |
| **Manager’s Name** |  |
| **Signature** |  |
| **Date** |  |