Clinical Nurse Specialist - Roles and Responsibilities
Infection Prevention & Control (District)

I. Infection Prevention and Control Service

The Infection Prevention and Control Service (IPC) is an established service mandated by the DHB’s strategic direction and current legislation (including NZ Standards). The Service will develop, implement and monitor in consultation with all relevant key stakeholders, an effective IPC programme that minimises the impact of healthcare associated colonisation/infection.

II. Purpose of document

The purpose of this document is to define the role, responsibilities, performance expectations and relationships of the clinical nurse specialists (CNS) working in the Southern District Health Board (SDHB), IPC Department.

This document sits alongside the CNS position description.

III. Definition of CNS

A registered nurse (RN) with a current practising certificate (NCNZ) who has a minimum of 3 years nursing experience, who is working towards post graduate qualifications at a minimum of a diploma or/and a masters degree, and who has been appointed to the position of CNS within IPC.

IV. Purpose of role

The Clinical Nurse Specialist: Infection Prevention and Control is a key district-wide senior professional nursing role across all SDHB services. The purpose of the CNS IPC role is to:

- Provide specialist evidence-based advice, care, support and expertise, both in directing patient care and alongside staff delivering services to patients within SDHB.
- Develop, evaluate and review the SDHB IPC Programme, in conjunction with the IPC team.
- Provide leadership to direct and support implementation of the Programme through role modelling expert clinical skills, promoting best practice, facilitating interdisciplinary collaboration and providing education.

V. Key Performance Indicators

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<th>Key Accountability</th>
<th>Standards / Achievements</th>
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<td>Clinical and professional leadership</td>
<td>• Takes a lead role in developing and implementing the IPC and Quality Improvement programmes in line with organisation’s strategic plans.</td>
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<td>• Is able to strategically manage and implement essential quality initiatives.</td>
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<td>• Provides strategic leadership by focusing teams on visions and distinctive strategies that result in optimal performance outcomes organisational wide</td>
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<td>• Is a role model in supporting SDHB’s quality improvement and</td>
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### Key Accountability

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| clinical effectiveness initiatives. | • Is able to lead and promote the IPC programme initiatives in a complex healthcare delivery system.  
• Actively enhances SDHB’s IPC and Quality Improvement practices and performance by participating in appropriate local, regional and national forums  
• Actively leads and supports the provision of best practice IPC measures meeting all legislative and regulatory requirements.  
• Demonstrates a wide range of leadership skills including self-direction, problem solving and project management.  
• Collaborates and works in partnership with other health care teams and involves others in the planning, implementing and evaluating of IPC processes.  
• Is assertive and able to make and implement difficult decisions when required.  
• Leads and implements IPC practices which are sensitive to the needs of all cultural and ethnic groups.  
• Is able to support and influence others to improve professional practice in IPC practices.  
• Demonstrates a positive attitude which motivates individuals and teams to act to implement new IPC practices.  
• Acts as an effective role model by demonstrating high levels of nursing competence.  
• Acts as a change agent to support the implementation of best practice resulting in service improvement.  
• Is competent in establishing clear lines of communication and building relationships.  
• Maintains a high profile in wards and at clinical meetings. |

### Advice & Consultancy

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| Works with key stakeholders within SDHB and regionally to establish, maintain and update standards of practice, policies, procedures and guidelines related to IPC. | • Uses professional knowledge and expertise, quality improvement, problem-solving and research skills clearly to explain and advise personnel from all disciplines on IPC.  
• Works collaboratively with all members of the health care team to ensure staff receive quality clinical information, education input, and support.  
• Communicates clearly and effectively with patients and their families as required.  
• Provides timely, current, research-based information and clinical advice to staff on IPC matters e.g. risk reduction, product evaluation and selection, disinfection, sterilisation of equipment and relevant statutory, legal, organisational and other IPC requirements.  
• Demonstrates leadership in all phases of the facilities and product evaluation process  
• Is an expert advisor and able to support decision making with relevant data and rationale. |

### Initiates and ensures ongoing collaborative relationships with patients,

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| Provides leadership, guidance and support to SDHB in developing standardised surveillance and analysis methods that allow timely recognition and intervention of IPC issues  
• Undertakes a surveillance programme using epidemiologic |
**Key Accountability**  |  **Standards / Achievements**
---|---
their families/whānau and members of the wider health care team.  |  principles and a systematic approach to monitor hospital acquired infections, infectious diseases and other IPC issues.
- Initiates and responds to referrals in collaboration with the team according to the needs and preferences of the patient.

**Surveillance**  |  
- Provides leadership, guidance and support to SDHB in developing standardised surveillance and analysis methods that allow timely recognition and intervention of infection control issues
- Undertakes a surveillance programme using epidemiologic principles and a systematic approach to monitor hospital acquired infections, infectious diseases, and other IPC issues.
- Uses appropriate statistical techniques to describe the data, calculate rates, analyse trends and risk factors, in order to evaluate prevention and control strategies and critically evaluate significance of findings.
- Actively participate in the implementation of action plans related to the surveillance and audit results including the HQSC SSII programme.
- Undertakes case-finding methods including regular review of laboratory data, ward liaison and rounds, formal surveillance projects, and collection of clinical indicator data.
- Reports epidemiological significant findings to the IPC Committee and clinical service personnel and ensures surveillance outcomes are measured against baseline data/rates.
- Facilitates notification of infectious diseases.

**Outbreak Management & Pandemic Planning**  |  
- Outbreaks are identified, defined, monitored, & controlled and are prevented where possible.
- Clear guidelines are available to appropriate personnel on the action to be taken in an outbreak.
- Management strategies and recommendations are developed by the CNS IPC, who liaises and reviews recommendations regularly with relevant stakeholders.
- Contributes as an expert advisor to national, regional and local pandemic planning processes.
- Provides education to other health professionals on the potential implications of disease spread and their role in reducing the impact to the region.

**Utilise Information Technology**  |  
- Demonstrate ability to access and use available clinical information systems.
- Is conversant with applications required for specific discipline/role. For example HCS, IPM, Trendcare, Outlook, etc.
- Maintains own professional development by attending relevant IT educational programmes.
- Maintains and updates the databases if appropriate

### VI. Key additional relationships

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<th>Internal</th>
<th>External</th>
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<tr>
<td>IPC Reps</td>
<td>Laboratory colleagues</td>
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<tr>
<td>Public Health colleagues</td>
<td>External service providers e.g. food, orderlies, cleaners, waste</td>
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Every effort has been made to ensure the completeness of this ‘terms of reference’ document. However, the ‘terms of reference’ is not absolute and not all inclusive. It is acknowledged that role of the CNS is dynamic. Ongoing education and skill development is integral to its success and will be accomplished through individual learning, lectures, and on the job training.

Acknowledgment for Receipt of CNS Roles and Responsibilities

I have received a copy of the above and have read and understand its contents.

_________________________________
Employee Name (Please Print)

_________________________________  __________________________
Employee Signature                       Date

_________________________________  __________________________
Charge Nurse Manager Signature           Date

_________________________________  __________________________
Clinical Director Signature              Date