JOB DESCRIPTION

Clinical Nurse Specialist
Geriatrics

Summary of Position: The Clinical Nurse Specialist for geriatrics is responsible for developing and advancing the quality of nursing practice for the geriatric and complex chronic disease populations through specialized direct patient care, leadership, coaching, collaboration, consultation, education and research.

Job Specific:

Administrative (System):

1. Works collaboratively with physicians, nursing staff, quality improvement, clinical review, patients and families, and community organizations to implement and evaluate care for geriatric or patients with complex chronic disease.
2. Works collaboratively with all departments involved in identification, treatment, and discharge of patients to appropriate level of care
3. Develops, reviews and revises protocols, policies and procedures, order sets and processes specific to targeted population care needs.
4. Collaborates with organizations to maintain and update professional standards of care
5. Audits compliance with core metrics of programs developed to improve quality care delivery.
6. Communicates outcome data/recommendations for improvement to appropriate organization departments/leaders.
7. Coordinates, organizes, and compiles communications/issues/data/agendas for process improvement, leadership/management meetings.
8. Serves on committees, project groups and task forces as necessary to achieve program goals and objectives.
9. Interfaces with other departments to support practice issues specific to geriatric/chronic disease patients and staff who care for them.
10. Participates in community committees to further the agenda for geriatric and chronic disease care.

Clinical (Practice/Patients and Families):

1. Identify all patients vulnerable for functional decline for interdisciplinary rounds
2. Organizes and facilitates interdisciplinary team rounds on targeted at risk patients.
3. Reviews through the ACE ID team daily each ACE team patient’s status including implementation of ACE suggestions, effectiveness of plan of care and status toward targeted discharge.
4. Provide clinical support (assessment, collaboration, education, interventions) as needed to all staff for patients with complex needs.
5. Serve as a liaison with physicians, patients,/families, community organizations and staff for complex needs of patients.
6. Provide consultation for high risk geriatric patients identified throughout the hospital system.
7. Mentors staff in the care of targeted populations.
8. Works closely with members of the transitional care team (patient care coordinators, social work) to coordinate the discharge needs of complex geriatric patients.
9. Develops programs of care that meet the needs of the targeted population.
11. Serves as a consultant to nursing staff, physicians and other disciplines in care of geriatric population.
12. Monitors patient care for compliance to standards and communicates non-compliance issue to Unit Manager/Director.

**Education (Practice):**

1. Provides and promotes education of nursing staff on the Acute Care for Elders (ACE) unit, med-surgical units and other units as assigned.
2. Role models standard behaviors.
3. Presents in local and national educational conferences.
4. Continues to attend education for continued professional development.
5. Acts as preceptor for graduate nursing students from local colleges and universities.
6. Acts as faculty for geriatric fellowship and internal medicine programs.

**QI/ Research:**

1. Explore opportunities for/develops continuous quality improvement programs for geriatric care.
2. Identifies/participate in research to improve processes of care for targeted population.
3. Participates in authoring articles for publication.
4. Mentors staff nurses with clinical ladder/research development.