WINNIPEG REGIONAL HEALTH AUTHORITY
POSITION DESCRIPTION (Non-Management)

DATE: May 9, 2017

POSITION TITLE: Clinical Coordinator **JOB CODE: 30002097**

(previously CHSS) **UNION**: **MAHCP**

DEPARTMENT: Community Health Services

SUPERVISOR'S TITLE: Initiatives Leader

SUPERVISORY RESPONSIBILITIES: **NONE**

EDUCATION:

- BSW, OT, PT, BSc PN, RPN, BN, RN, SLP, RD, or related health/human service degree required.

SPECIAL TRAINING:

EXPERIENCE:

- Four Years related community experience with minimum of two years clinical coordination experience.
- Demonstrated expertise in the area of mental health including mental illness, co-occurring disorders, psychiatric disorders, clinical syndromes, and psychopharmacology.

OTHER:

- Knowledge of and commitment to psychosocial rehab and recovery.
- Knowledge of and commitment to the principles of primary health care.
- Knowledge of and commitment to the principles of population public health.
- Knowledge of and commitment to the principles of Harm Reduction.
- Knowledge of and commitment to the principles of Housing First.
- Knowledge of and commitment to the principles of Trauma-Informed Recovery.
- Knowledge of and commitment to the principles of Person-centered Planning.
- Excellent Communication and interpersonal skills.
- Effective networking and agency relations skills.
- Non-violent Crisis Intervention Training.
- ASIST Certificate (Applied Suicide Intervention Skills Training).
- Knowledge of Aboriginal cultural history and population impacts.

PHYSICAL DEMANDS AND WORKING CONDITIONS:

- Capable of community agency walking rotations in all weathers and conditions, accessing clients in walk-ups, etc.
- Must be comfortable on site in homeless shelters and other agencies serving individuals experiencing homelessness.
- May be exposed to physical and emotional stress.
- May encounter aggressive and/or agitated clients/visitors/staff.

LICENCES, REGISTRATIONS:

- Subject to a criminal record check and Child/Adult abuse registry check.
- Member in good standing of relevant professional organization.
- Valid driver's license and vehicle.
- If successful applicant is a Registered Dietitian, must be a graduate of a recognized dietetic internship program accredited by Dietitians of Canada.

MAIN FUNCTION:

Reporting to the HOCS Leader, the Clinical Coordinator works as a member of the HOCS team to respond to requests to assist with the health and social service needs of marginalized, at-risk populations and the agencies that serve them including emergency homeless shelters and partner agencies, regional health and social service sites as well as acute care sites. The Clinical Coordinator provides consultation, assessment and planning around these service needs, and coordinates the implementation of these plans. The Clinical Coordinator works towards increasing the individual capacity of the HOCS population and increased organizational capacity of the sector agencies. Acts as a direct contact for community agency staff as well as health and social service staff and is also the direct contact for Management staff of community agencies, WRHA, health and social service organizations and government.

The Clinical Coordinator adheres to the documentation, consent and privacy standards of the Winnipeg Regional Health Authority and ensures that s/he performs her/his duties in a manner which is consistent with the standards of the appropriate professional/ licensing body.

ILLUSTRATIVE EXAMPLES OF ACTIVITIES OF POSITION:

- Coordinates HOCS service response as requested by agencies or individuals in partnership with the HOCS team.
- Conducts clinical assessments (on site or in community) to develop a service plan for support and/or intervention for partner programs or community agencies.
- Provides empathetic, supportive counseling; facilitates crisis intervention to ensure safety, alleviate symptoms, and empower clients; facilitates communication and collaboration among providers and formal/informal supports; and facilitates effective problem-solving techniques of the client toward resolution.

- Creates/Supports Service/Care Plans - assumes primary responsibility on the development and follow-up of the service or care plans.
- Assumes primary responsibility for ensuring clear and concise written reports which detail assessments, recommendations, and plans for safety and follow-up for each identified issue.
- Endeavors to support and operationalize appropriate and meaningful service coordination plans in consultation with individuals and agencies/programs that support them.
- Assists with opportunities for development for the educational/learning needs of staff and agencies.
- Provides information to agencies' citizens to facilitate access to resources, promote healthy behaviors, and reduce harms related to high- risk behaviors.
- Accesses the available resources based on need assessments and facilitates access by clients, particularly to health and social services as needed.
- Identifies systemic issues and promotes organizational change through communication with internal and external stakeholders.
- Communicates regularly with the Initiatives Leader and consults as a first step regarding system wide issues and concerns.
- Ensures that services are being provided in a manner which is consistent with the philosophy and policies of the WRHA.
- Represents the WRHA in the community in a professional manner at all times.
- Ensures documentation complies with the required format, policies and legal guidelines of WRHA Community Records.
- Obtains consents for service coordination and sharing of information in accordance with PHIA and PHIPPA regulation.
- Records and reports data describing services provided and related outcomes.
- Participates in development of evaluation processes and instruments.
- Adheres to all safety and health regulations and safe work practices.
- May be required to perform other duties and function related to this job description not exceeding above stated skills and capabilities.

INTERPROFESSIONAL PRACTICE

- Seeks out, integrates and values as a partner, the input and ongoing involvement of each individual/family/community when implementing care and services.

- Understands one's own role and the roles of other health providers to appropriately establish and achieve individual/family/community goals.

- Applies the principles of cultural proficiency, team dynamics and group processes to enable quality patient care and effective inter-professional collaboration to emerge in everyday practice.

- Applies leadership principles that support a collaborative practice model including shared decision-making and accountability for one's own actions.

- Consistently communicates in a respectful, responsive, and responsible person-centered manner.

- Engages self and others, including the patient/client/resident/family/community in a positive manner to constructively address disagreements as they arise.

- Engages in relationships with care, dignity and respect regardless of race, ethnicity, culture, ability or language proficiency.