WINNIPEG REGIONAL HEALTH AUTHORITY
POSITION DESCRIPTION (Non-Management)

DATE: May 2, 2017

POSITION TITLE: Community Stroke Care Service Case Coordinator (Previously CHSS) **JOB CODE: 30002188**
DEPARTMENT: Home Care **UNION**: MAHCP

SUPERVISOR'S TITLE: Team Manager

SUPERVISORY RESPONSIBILITIES: none

EDUCATION:

- BSW, OT, PT, BSc PN, RPN, BN, RN, SLP, RD, or related health/human service degree required.
- Entry to practice academic credentials in relevant accredited Canadian University program or approved equivalent if internationally educated as determined by incumbent's respective Manitoba College.

EXPERIENCE:

- Minimum of two years recent and related acute or rehab hospital and/or community-based service delivery experience required.
- Experience as a Case Coordinator in Community Health Services is an asset.
- Understanding of basic rehabilitation practice, principles and philosophy, in particular stroke rehabilitation and strong assessment skills of client function in the context of client home and community preferred.
- Previous experience in neurology, stroke care and/or rehabilitation is strongly recommended.
- Knowledge of the roles of rehabilitation professionals in the care and support of persons with stroke throughout the continuum of care preferred.
- Recent and relevant continuing professional education in relevant/related clinical area preferred.

OTHER:

- Knowledge and experience with computers.
- Excellent interpersonal, oral and written communication skills, including conflict resolution.
- Ability to work independently and collaboratively with other in an interprofessional team.
- Demonstrated ability to prioritize, remain organized, take initiative and work under pressure with strict timelines in high-volume environments.
- Demonstrated leadership abilities.
- Excellent professional judgment, critical thinking, clinical reasoning and decision-making skills.
- Knowledge of The Freedom of Information and Protection of Privacy Act (FIPPA).
- Knowledge of The Personal Health Information Act (PHIA).

PHYSICAL DEMANDS AND WORKING CONDITIONS:

- May be exposed to infectious diseases, blood and body fluids, toxic materials, noise, allergens, physical and emotional stress.
- May encounter aggressive and/or agitated clients/visitors.
- Available to occasionally work days, evenings and weekends

LICENCES, REGISTRATIONS:

- Valid driver's license and a vehicle.
- Current registration in good standing with relevant college or licensing body in Manitoba.
- If successful applicant is a Registered Dietitian, must be a graduate of a recognized dietetic internship program accredited by Dietitians of Canada.

MAIN FUNCTION:

As a member of the Community Stroke Care Service, the Case Coordinator will collaborate with inter professional hospital and community staff to plan services and ensure the client receives coordinated, efficient and timely access to client and family centered stroke care services. The Case Coordinator will determine program eligibility and assess the need for care at home, alternative living environment or in a personal care home. The Case Coordinator will initiate the referral and service plan for the delivery of a broad range of professional and other health services based on the case coordinator operational directives and protocols guidelines. The Case Coordinator will continue to be responsible for client assessment, counseling, education, developing/planning, care needs, coordinating and ensuring delivery of recommended community-based client services for the duration of the client's participation in Home-Based rehabilitation.

POSITION DUTIES AND RESPONSIBILITIES:

- Reviews consults/referrals and proceeds with client and family assessment to determine eligibility and client care needs related to Home Care Services.

- Applies information received on the medical, physical, cognitive, perceptual, psychosocial, cultural, spiritual, mental health and environmental status into care planning.

- Determines appropriateness for CSCS ESD and assesses the need for home-based rehabilitation for persons with stroke.

- Works collaboratively with the client's hospital based inter professional team to plan safe discharge, determines the home care service plan and then ensures implementation of the care plan and rehabilitation services within the home care program.

- Ensures client is medically stable, does not require 24 hour in-hospital medical support and would be able to tolerate intensive rehabilitation in the home/community environment.
- Ensures client's home care service plan includes statement(s) of client needs, objectives, implementations, service plan based on client /family assessment and the RAI-MDS tool.

- Determines whether client can be safely supported at home or whether alternative living arrangements are required which may include but are not limited to assistive living, supportive housing or personal care home.

- Documents assessment and client care plan in client's health record.

- Establishes collaborative partnerships with internal and external resources for the purpose of identifying service gaps and advocates for services to address gaps for persons and families following a stroke.

- Understands the roles and responsibilities of each unique professional and unregulated health provider on the CSCS team and external staff during course of client's care to access the most appropriate service(s) available and in a timely manner.

- Understands and applies leadership principles that support a collaborative practice model including shared decision-making and accountability for one's own actions.
- Engages self and others including the client and family in a positive manner and constructively addresses disagreements as they arise.

- Provides professional intervention where appropriate through professional education, counseling, assessment, advocacy, guidance and/or crisis intervention, etc.

- Works as a member of an interdisciplinary team both in hospital and community to assess, plan and implement support and rehabilitation services and ensures the client receives coordinated, efficient and timely access to client and family centered stroke services.

- Collects quality monitoring data: ensures completion of required databases and submits any statistics within required timeframes.

- Plans and organizes work schedule to effectively manage caseload in hospital and community.

- Participates with or without other staff in accurately interpreting the program and related directives/protocols and resources provided through the Home Care Program to the public and/or other agencies.

- Takes initiative to establish and maintain liaison with the local health care services and the informal community resource network.

- Participates in development and dissemination of education for new staff, students and others related to CSCS and the Home Care program.

PROFESSIONAL RESPONSIBILITIES

- Provides care in a professional manner consistent with professional standards and code of ethics.
- Reports unsafe practice, professional incompetence, professional misconduct and incapacity or unfitness to practice of any healthcare team member through the appropriate channels.
- Provides constructive feedback to members of the healthcare team in a timely manner.
- Requests and accepts supervision and feedback on daily operations and performance where indicated.

EDUCATION AND RESEARCH

- Takes initiative for personal continuing education related to individual's professional scope, evidence-based and best practices related to stroke care and areas that relate to the Home Care Program.
- Maintains and updates professional skills and knowledge base through self-examination and the integration of new and existing evidence through reading, continuing education and professional development opportunities.
- Recognizes limitations in knowledge and skills and takes appropriate action to compensate for any limitations identified.
- Attends and participates in professional development in-service opportunities.
- Participates in intra and interdisciplinary rounds, clinics, conferences and lectures appropriate to clinical practice area/stroke care.
- Demonstrates personal growth and development in the areas of clinical reasoning and use of evidence informed and evidence-based practice.
- Responds to surveys and inquiries from researchers and other jurisdictions requesting information regarding community-based stroke care and rehabilitation.
- Supports new professional knowledge by identifying possible research topics.
- Participates in approved service projects, research and program evaluation.
- Contributes to the knowledge base of the relevant professional body by sharing expertise, knowledge, and practical experience through presentations and publications.

SAFETY

- Maintains responsibility for personal safety at all times.
- Contributes to a safe work environment and culture of safety.
- Reports hazardous conditions or equipment and takes action to address when appropriate.
- Completes all mandatory safety education sessions and re-certifications, e.g. Workplace Hazardous Materials Information System (WHMIS), and Routine Practices.
- Reports any untoward incident to the Director or designate.

OTHER

- Participates in program, service and/or regional committees as assigned.
- Adheres to all safety and health regulations and safe work practices.
- Performs other duties and functions related to this job description not exceeding above stated skills and capabilities.