



WINNIPEG REGIONAL HEALTH AUTHORITY POSITION DESCRIPTION (Non-Management)

DATE: May 29, 2018

POSITION TITLE: Health Coordination (HCP) Case Coordinator **JOB CODE:** 30002236

DEPARTMENT: Home Care

UNION: MAHCP

SUPERVISOR'S TITLE: Team Manager

SUPERVISORY RESPONSIBILITIES: (XX) **None**
Number **Titles of those supervised**

EDUCATION:

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

EXPERIENCE:

- Four years of recent and relevant experience and demonstrated competency in Community Home Care, Community Mental Health or Primary care is required.
- Experience as a Case Coordinator in Community Health Services or experience as a Community Mental Health worker is considered an asset.
- Experience in completion of in home or in hospital client functional assessments.
- Thorough understanding of recovery and rehabilitation practice, principles and philosophy.
- Demonstrated conflict resolution skills, and or mediation experience with complex client situations.
- Recent and relevant continuing professional education in relevant/related clinical area preferred.

OTHER:

- Computer based knowledge and experience required.
- Excellent interpersonal, oral and written communication skills, including conflict resolution and mediation.
- Ability to work independently and collaboratively with others in an inter-professional team.
- Excellent professional judgment, critical thinking, clinical reasoning and decision-making skills.
- Demonstrated ability to prioritize, remain organized, take initiative and work under pressure with strict timelines and in high-risk complex care situations

- Demonstrated leadership abilities.
- Demonstrated risk-management and crisis management experience.
- 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:

- Must be in good physical and mental health.
- 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/staff.
- Available to work days and weekends. May be required to work evenings.
- May be required to work in other Community Areas and across all areas in the Winnipeg region.

LICENCES, REGISTRATIONS:

- Valid driver's license and a vehicle.
- Licensure/registration as per profession designation required.
- If successful applicant is a Registered Dietitian, must be a graduate of a recognized dietetic internship program accredited by Dietitians of Canada.

MAIN FUNCTION:

Health Coordination (HCP) is a Centralized Home Care program team offering innovative and creative intensive case management for clients with significant complex home care needs. Health Coordination helps facilitate patient flow and transition as well as assisting Community Home Care teams with complex case management. Health Coordination case-manages Home Care Special Contract clients to ensure the delivery of services adheres the guidelines of that program and to ensure clients are provided the best quality of life with dignity.

Health Coordinators provide guidance and direction to Integrated Service Workers and Resource Coordinators, with direction from the team manager as appropriate. Health Coordinators possess unique skills in the assessment and resolution of high-risk complex matters and are required to provide comprehensive assessments with thorough documentation to ensure services are in accordance to the WRHA strategy of right care, right time, right place.

Health Coordinators maintain regular ongoing contact with their clients to adjust the care plans and to ensure services are in accordance to guidelines that focus on client-centered solutions and the program works closely alongside Community Home Care, and partners with Hospital-based Home Care, Primary Care and Community Mental Health to focus on the development external resources that enhance independence, and breaks down silos of care. Health Coordinators are leaders in offering quality care and support that is accessible, timely and transitional.

POSITION RESPONSIBILITIES:

- Focuses on the management and coordination of a range of services and supports for Home Care clients with complex needs (ie. Home Care needs with behavioral issues).
- Coordinates services that may extend between multiple service providers delivering services within a holistic framework.
- Maintains case management focusing on best practices.
- Performs assessments at least every six (6) months and prioritizes risk.
- Maintains ongoing case management, utilizing consultation and supervision where necessary.
- Plans and organizes work schedule demands very effectively using case-management strategies and mediation.
- Participates with other staff members and teams in the development of project plans, change management and evaluative outcome measures.
- Takes additional initiatives to establish, motivate, maintain and develop liaisons with other health care providers and services including informal resources.
- Develops the client's care plan and negotiates care alongside with Resource Coordinator and other system providers in community areas, or with Special Contract agencies.
- Receives referrals and proceeds with assessment of client and family to determine care needs related to the model of Health Coordination.
- Coordinates and delivers a broad range of professional and para-professional services to clients.
- Collaborates with the client, family, primary care home, and other members of the inter-professional team to develop care plans and ensure the client is safe and services are best utilized.
- Documents assessments and client care plan in client's health record.
- Works with Team Manager to complete all necessary documentation is complete in accordance to guidelines of Special Contracts and Home Care reporting requirements.
- 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.
- Understands and applies leadership principles that support a collaborative practice model including shared decision-making and accountability for one's own actions.
- Works with clients, families and others in the healthcare team to complete reassessment(s) including the EHCR electronic tools and modify the service plan according to changes in client's health and functional status.
- Plans and organizes work schedule to effectively manage caseload.
- Keeps informed on current developments within own discipline as these relate to both Home Care or Mental Health, Addictions or other disciplines as required.
- Gathers data regarding resources and resource needs related to caseload and maintains client records and files utilizing technology and computers.
- Consistently communicates with other health providers in a respectful, collaborative, responsive and responsible manner.
- Engages self and others including the client and family in a positive manner and constructively addresses disagreements as they arise.

- Engages in relationships with care, dignity and respect regardless of race, ethnicity, culture, ability and/or language proficiency.
- Coordinates delivery of a broad range of home and health services based on Case Coordinator guidelines and the client's needs.
- Provides professional intervention where appropriate through professional education, counseling, assessment, advocacy, guidance and/or crisis intervention, etc.
- Ensures client's service plan includes statement(s) of client need, objectives, implementations, service plan based on client /family assessment and the EHCR electronic tools.
- Participates with or without other staff in related operational directives 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 partners and any informal community resource networks.
- Participates in development and dissemination of education for new staff, students and others in 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 that relate to the Home Care service delivery.
- 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/home 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 care.
- 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.
- Adheres to all workplace health and safety regulations and safe work practices.
- 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 their Manager or designate.

OTHER:

- Participates in program, service and/or regional committees as assigned.
- Performs other duties and functions related to this job description not exceeding above stated skills and capabilities.