WINNIPEG REGIONAL HEALTH AUTHORITY
POSITION DESCRIPTION (Non-Management)

DATE: November 28, 2012
Revised July 25, 2019

POSITION TITLE: Case Coordinator
(Previously **Community Health Services Specialist**)

JOB CODE: 30000183
UNION: MAHCP

DEPARTMENT: Home Care

SUPERVISOR'S TITLE: Manager Health Services

SUPERVISORY RESPONSIBILITIES: none

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

EXPERIENCE:
- Two years directly related community experience preferred.
- Previous experience as a Case Coordinator in Community Health Services preferred.
- Experience with EFT implementation considered as asset.

OTHER:
- Knowledge and experience with computers required.
- Effective oral and written communication skills.

LICENCES, REGISTRATIONS:
- Valid driver's license and a vehicle.
- Licensure/registration as per professional designation required.

If successful applicant is a Registered Dietitian, must be a graduate of a recognized dietetic internship program accredited by Dietitians of Canada.

I. MAIN FUNCTION:

The Case Coordinator will determine program eligibility and assess the need for care at home or in a personal care home for the elderly or infirm adult. He/she will coordinate the delivery of a broad range of professional and non-professional services based on the Case Coordinator Guidelines. Acts as a liaison and maintains communication with agencies and facilities involved with the client group.

II. POSITION DUTIES AND RESPONSIBILITIES:

1. Receives referrals and proceeds with assessment of client and family to determine care needs related to Home Care.
2. Performs assessment and prioritization of patterns/needs.
3. Establishes appropriate discipline coordinator.
4. Develops a plan of care for Continuing Care Program including statements of client need, objectives, service provision and evaluation criteria.
5. Takes responsibility for implementing and coordinating care plan, which may include initiating medical rehabilitation and consultative services as necessary to meet client needs.
6. Provides professional intervention where appropriate through professional counseling/teaching/guidance crisis intervention, etc.
7. Maintains current case count: ensures proper submission of statistics.
8. Plans and organizes work schedule and manages caseload demands effectively.
9. Utilizes consultation and supervision.
10. Gathers data regarding resources and resource needs related to caseload/community.
11. Participates with other staff in interpreting the program and resources provided through the Continuing Care Program to the public and/or other agencies.
12. Takes initiative to establish and maintain liaison with the local health care services and the informal community resource network.
13. Participates in educational development when required of new staff, students and related to the program.
14. Keeps current developments within own discipline as these relate to the Continuing Care Program.