

| | |
|-----------------------|--|
| Position title | Registered Nurse Care Coordinator |
| Reports to | Team Lead Chronic Disease Management Services |
| Date | July 2023 |

About EACH

EACH provides an integrated range of health, disability, counselling and community mental health services across Australia. We offer a wide range of supports to assist members of our community to lead happier, healthier lives. Our staff are a collective workforce of over 1,700 paid employees and over 300 volunteers.

More information is available at: <http://www.each.com.au>

| | |
|----------------------------------|---|
| Our vision | A healthy community where everyone belongs. |
| Our purpose | Promoting health, building hope and creating opportunity. |
| Our values and behaviours | <p>We care We welcome you with empathy and hope. We believe making change is possible for everyone.</p> <p>We listen We take time to understand you, your experiences and your culture. We work with you and the people important to you, to build the right supports.</p> <p>We learn We evaluate our actions and always seek to improve.</p> <p>We deliver We have a 'can do' attitude and find ways to say 'yes'. We do what we say we're going to do.</p> |

About the Chronic Disease Management Services team

The Chronic Disease Management Services sit as part of Clinical and Complex Care Services within EACH's Outer East Primary Health Area. The Chronic Disease Management Services team provide a suite of individual and group-based services to adults with a range of different chronic and complex clinical needs across various funding streams including (but not limited to); DFFH Community Health, HACC and ICDM, NDIS and Aged Care as well as other government and/or agency funded initiative and fee for service opportunities.

While these services are anticipated to evolve and grow, they currently include:

- Diabetes Education (including IDEAS)
- Chronic Disease Management Education and Support (including Right Care=Better Health)
- Tobacco Free Clinic
- Health Psychology
- Mental Health Nursing

About the Right Care=Better Health Project

The Right Care = Better Health Program is funded by the PHN. It aims to provide individually tailored person-centred care for patients with complex and chronic conditions through the collaboration and integration of the contracted service with participating general practices. The purpose of the Right Care = Better Health service is to ensure patients with complex chronic conditions:

- Receive appropriate and timely individually tailored person centred care.
- Experience improved quality of life.
- Experience a lowered rate of avoidable hospital admissions.

Position summary

Reporting to the RC=BH Senior clinician, the chronic disease care coordinator role is to work alongside the general practitioners and practice staff to enhance team based care, utilise shared care practice principles and ensure the patient receives the “right care, at the right time, in the right place” through direct support, service navigation and care coordination. The role includes patient identification, recruitment, and comprehensive assessment. Discharge planning and continuity of care as well as data collection for reporting and evaluation.

The service will receive referrals and manage care of patients with complex and chronic conditions. Service provision is for a four month duration from patient enrolment to graduation, recognising some patients may need longer than four months.

Deliverables

- The chronic disease care coordinators will ensure the team are performing comprehensive assessments of the overall health of a client and work with them to:
 - Understand their specific condition(s), the recommended treatment(s) and/or interventions and ways to actively engage in management their condition and improve self-management skills,
 - Identify and prioritise the issues impacting upon their health,
 - Enable them to establish goals and develop a plan to address these issues,
 - Initiate referrals to appropriate health professionals and/or services as detailed in the plan,
 - Support the client to eliminate any barriers to initiating and maintaining involvement with health professionals or services,
 - Facilitate any ongoing communication, coordination and case conferencing between the different service providers as appropriate,
 - Recommend appropriate remote monitoring devices.
- Participate in clinical supervision.
- Participate in the GP practice engagement and collaboration.
- Monitor timelines, data collection, evaluation and reporting requirements.
- Ensure services are customer focussed and of high quality that comply with Quality and Compliance standards and evidence based, best practice care.
- Maintain accurate customer records with completion of all documents in a timely and accurate manner in accordance with organisational standards.
- Practice within relevant professional and ethical standards. Comply with EACH Code of Conduct.
- Contribute to the program development and continuous quality improvements.

The professional expertise we are looking for in this role

Skills

- Advanced clinical skills in managing a complex caseload using client-centred approach.
- Excellent skills in a wide range of clinical assessment, treatment, intervention, and client education in chronic disease management.
- Demonstrated experience and skills in the provision of chronic disease management services.
- Skills in motivational interviewing to enhance and facilitate behaviour change.
- Ability to develop and nurture positive and on-going relationships with a range of stakeholders.
- Ability to collaborate and show leadership in a multidisciplinary team.
- Excellent communication skills.
- Well-developed computer skills.
- Ability to work independently.

Experience and Knowledge

- An understanding of and a commitment to the principles and practices of community health, primary health and the social model of health.
- Demonstrated capacity to work with people from diverse backgrounds including culturally and linguistically diverse backgrounds.
- An understanding of the principles and strategies of health promotion.
- An appreciation and understanding of general practice and MBS services.

Mandatory Qualification/s, Competencies and/or Licences

- Bachelor of Nursing or equivalent.
- Registered Nurse, Division 1 with current AHPRA registration.
- Completion of a Criminal History Check and Employee Working With Children Check (or State equivalent) prior to commencement of employment and as required by legislation and policy during employment, as well as a duty to disclose relevant information that may arise after employment has commenced
- Current state-based driver's license

Highly regarded Qualifications and/or Certifications

- Post Graduate studies in Chronic Disease Management, or equivalent.

Expected behaviours for all EACH staff and volunteers

- Acts in accordance with EACH's code of conduct and ethics, policies and procedures and is demonstrably committed to EACH's vision, mission, values and service principles
- Promotes a 'safety first' culture and acts in accordance with EACH health and safety policy and management system
- Ensures EACH Great Care is put through its PACES (Person-Centred, Accessible, Connected, Effective and Safe
- Promotes and supports a zero tolerance culture that recognises all people have the right to live their lives free from abuse, neglect, violence, discrimination and

exploitation and acts upon EACH's commitment to recognise, raise and respond to any deviation from a person's human rights

- Fosters and promotes an inclusive and collaborative work environment where all employees, volunteers and customers feel welcomed, respected, valued and enabled and proud to fully participate, irrespective of their individual differences in background, experience and perspectives. demonstrates a customer focus by prioritising the needs and outcomes of internal and external customers
- Demonstrates teamwork and collaboration and positively contributes to group activities
- Contributes to innovation and continuous improvement and openly shares information and knowledge to enable optimal outcomes for customers
- Be curious, reflective and open to continuous learning and new ways of working
- Successfully completes all mandatory training in a timely manner, to support the delivery of high quality, safe and effective service delivery

