POSITION DESCRIPTION – Registered Nurse Care Coordinator - Clinical Lead	
Part 1 – Expectations for Your Role	
Position	Registered Nurse Care Coordinator - Clinical Lead
Service / Program	Primary Care / Chronic Disease Management Services / My Care Partners
Industrial Instrument	Nurses - Nurses and Midwives (Victorian Public Health Sector)(Single Interest Employers) Enterprise Agreement 2024-2028
Instrument Classification	Registered Nurse Community Health (in charge) ZA1 Grade CN6
Reports to	Team Lead Chronic Disease Management Services
Effective Date	February 2026

Key Deliverables

As a Chronic Disease Registered Nurse Care Coordinator - Clinical Lead in the My Care Partners Program, you will be instrumental in providing person centered care to patients with complex and chronic conditions. Your primary focus will be to support these patients in managing their health, preventing hospital admissions and keeping them well at home. You will utilise your expertise to address complex psychosocial and clinical needs, ensuring that each patient receives comprehensive and holistic care. You will leverage your clinical and leadership expertise to support and coach the nurse care coordinators in the program to ensure best practice outcomes for patients.

Key Responsibilities

- Conduct comprehensive assessments of patient's overall health, working closely with them to understand their specific conditions, provide chronic disease management education, and ways to actively manage their health.
- Deliver chronic care interventions including care coordination and care navigation services to at risk patients within the My Care partners Program (MCP) in Southwestern Sydney (SWS)
- Deliver care enabling services to assist general practice in facilitating patient enrolments and program activities
- Enhance provider access to accurate and reliable patient information and improve communication among the patient care team through relationship building and usage of digital health tools
- Foster shared care models between general practice, primary and community health services and acute care for at risk patients enrolled in the program
- Improve patient reported experiences, patient reported outcome measures and quality of life for those in the program
- Work to reduce potentially preventable hospitalisations, emergency department visits and hospital bed days through targeted chronic disease management and care coordination
- Promote team-based care and communication among the patient care team reducing fragmented care and enhancing patient centred coordination
- Provide inclusive care that meets the needs of diverse communities, including LGBTIQA+, Culturally and Linguistically Diverse Communities (CALD) and Aboriginal and Torres Strait Islander people

- Lead clinical governance and ensure compliance to operational My care Partners Model of Care Framework
- Provide clinical oversight, support and clinical supervision to the Registered Nurse Care Coordinators in the Program
- Risk mitigation and compliance management
- Contribute to the quality improvement strategies within the Program maintaining the key deliverables and program outcomes

Patient Support and Coordination

- Assist patients in identifying and bridge gaps in care, enabling access and additional support for managing their chronic conditions and unmet needs.
- Maintain effective communication with General Practitioners (GP's), practice nurses, practice managers and other clinicians in the patients care team through online meetings, telephone conferencing and secure messaging.
- Participate in online clinical huddles with GP's for case conferencing and care coordination
- Provide timely follow-up care for patients following unplanned hospitalisations.
- Ensure clinically appropriate escalation of care for patients experiencing clinical deterioration
- Manage the Supplementary Services Funding to advocate for affordable, sustainable healthcare options that reduce financial barriers to access timely healthcare.
- Support patients in setting goals and developing care plans to address health needs, making referrals to appropriate health professionals and services as outlined in the care plan.
- Empower patients with self-management strategies, encouraging positive health changes and self-advocacy.

Professional Development & Collaboration

- Participate in clinical supervision and key stakeholder engagement activities
- Ensure services are customer focused, high quality and compliant with Quality and Compliance standards adhering to evidence based best practice
- Maintain accurate patient records ensuring completion of all documents in a timely and accurate manner in accordance with organisational standards.
- Practice within relevant professional and ethical standards.
- Foster a team culture aligned with EACH values and behaviours.
- Contribute to the continuous development and quality improvement of the program
- Represent the service at internal and external forums, meetings and networking opportunities as required.
- Attend performance meetings with relevant funders to discuss program performance and compliance when requested

Experience and Knowledge

- **Clinical & Leadership Expertise:** Advanced clinical and leadership skills in managing complex clinical services using a client-centred approach.
- **Service Leadership & Stakeholder Engagement:** Proven ability to lead clinical services and foster strong, ongoing relationships with stakeholders and staff.
- **Multi-Setting Experience:** Experience working across a variety of clinical settings, including general practice.
- **Community & Primary Health Understanding:** Strong understanding of and commitment to the principles and practices of community health, primary health, and the social model of health.
- **Cultural Competency:** Demonstrated capacity to work effectively with people from diverse backgrounds, including culturally and linguistically diverse communities.

- **Problem-Solving & Conflict Resolution:** Ability to apply negotiation, conflict resolution, and creative problem-solving techniques in service delivery.

Qualification/Registrations/Licences (*Mandatory only*)

- **Educational Qualification:** Bachelor of Applied Science (Nursing) or equivalent.
- **Professional Registration:** Registered Nurse, Division 1, with current AHPRA registration.
- **Experience**: Minimum of 4 years' experience in chronic disease management. Experience in leading clinical staff
- **Driver's Licence:** Current state-based driver's licence.
- Completion of a Criminal History Check and Employee Working with Children's 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.

Physical Requirements

- **Office Environment**: Ability to sit for extended periods and use office equipment for 6-8 hours per day.
- **Data Entry**: Capability to type and handle administrative tasks.
- **Office Mobility**: Ability to move around the office and walk upstairs.
- **Light Lifting**: Ability to lift and carry up to 5 kg (e.g., laptops or office supplies).
- **Visual & Auditory**: Ability to read documents and communicate effectively in person and via phone/video.
- **Travel**: Ability to travel across Southwest Sydney My Care Partners Program catchment areas for outreach work GP

POSITION DESCRIPTION - Leader (Direct Reports)

Part 2 – Expectations for Our Team

At Each, we are committed to improving lives and strengthening communities through a range of health, disability, housing, counselling, and mental health services. With a dedicated team of over 1,500 employees and 250 volunteers, we aim to create a positive impact, empowering individuals to live healthier, happier lives.

Our vision is for everyone to live well, and we strive for a healthier, more equitable future through innovation, advocacy, and community engagement.

We care. We listen. We learn. We deliver. Altogether better care.

Leader Expectations

This leadership role is key to the team, working with the Directorate, Executive Team, and stakeholders to achieve Each's vision and strategic objectives. The position focuses on collaboration across Directorates to address future business needs and ensure their area supports broader operations. Leaders are responsible for meeting KPIs, financial sustainability, and effective operations aligned with Each's values. Leaders are expected to demonstrate strong leadership, model Each's values, and foster an inclusive, safe, and engaging culture.

Leader Responsibilities

An Each Leader is responsible for:

- Delivering the strategic Plan and supporting financial sustainability.
- Building high-performing, adaptable teams that model Each's values.
- Promoting continuous improvement, learning, and staff wellbeing.
- Ensuring a safe, inclusive workplace and effective operations.
- Managing risks and fostering innovation, collaboration, and strategic thinking.
- Aligning systems and processes with Each's goals and ensuring compliance with policies and regulations.
- Demonstrating leadership standards and acting as an ambassador of Each.

Quality

Employees must engage in continuous improvement, comply with legislation and accreditation standards, and maintain the necessary skills and knowledge for their role.

Safety & Wellbeing

All Each employees are responsible for their own health and safety, as well as that of others, in line with OH&S legislation and Each's policies.

Child Safe Commitment

Each is dedicated to creating a child-safe environment, with zero tolerance for child abuse. Everyone is responsible for protecting and reporting any suspected child abuse, ensuring the safety and well-being of children involved with Each.

Inclusion and Diversity Commitment

Each is dedicated to an inclusive and diverse workplace where everyone is valued and respected. All staff

are expected to promote inclusivity, embrace diversity, and foster a collaborative environment, ensuring a safe and supportive workplace for all. These considerations extend to all of our customers inclusive of priority populations.

Key Selection Criteria

Skills & Behaviours

- Strong leadership aligned with Each's values and behavioural standards.
- Proven ability to attract, develop, and retain a diverse, high-performing workforce.
- Commitment to fostering a safe, inclusive culture prioritizing wellbeing.
- Success in building teams, driving collaboration, and achieving strategic goals.
- Confident in engaging and briefing stakeholders.

Desirable Experience, Knowledge, and Qualifications

- Leadership experience in a relevant field.
- Tertiary qualifications in a relevant discipline.
- Collaborative experience within a leadership team.
- Understanding of the Not-For-Profit sector and Health services.

Mandatory Compliance

- Criminal History Check and Employee Working with Children Check (as required).
- National Worker Screening Check (if required for the role).
- Entitlement to work in Australia
- Consent to Each sharing relevant personal information with the Victorian Department of Education under Early Childhood Workforce Register obligations (If required for the role).

Expected Behaviours for all Each Staff

- Act in accordance with Each's Code of Conduct, policies, and service principles.
- Respond to family violence risk in line with the MARAM Framework.
- Promote a safety-first culture and adhere to health and safety policies.
- Ensure Each Great Care is put through its PACES (Person-Centered, Accessible, Connected, Effective and Safe).
- Support a zero-tolerance stance on abuse, neglect, and discrimination.
- Foster an inclusive, collaborative work environment, prioritizing customer needs.
- Contribute to teamwork, innovation, and continuous improvement.
- Engage in continuous learning and complete all mandatory training on time.