POSITION DESCRIPTION	
Part 1 – Expectations	**Employee**
Attachments	**Addendum A** *Outlines the specifics of the allocated Directorate/Portfolio

About EACH

EACH provides an integrated range of health, disability, housing, 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 250 volunteers.

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

Our vision	Everyone has the power to live well.
Our purpose	Health and support services that improve lives and strengthen communities.
Our values and behaviours	We care. We welcome you with empathy and hope. We believe making change is possible for everyone. 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. We learn. We evaluate our actions and always seek to improve. We deliver. We have a 'can do' attitude and find ways to say *'yes'*. We do what we say we're going to do.

Expectation of Employees

A key focus of this position is to work collaboratively with their team members, their Directorate and across other Directorates.

They are responsible for leading delivery and/or community through their own contribution.

It is expected that all employees consistently model EACH's values and behaviors and ensure EACH's culture is inclusive, safe, and engaging.

Employee Responsibilities

Employees are responsible for:

- Assessing for quality, safety and risk and taking actions that keep myself, customers, community and staff safe
- Partnering with my team, others at EACH, our customers and community to achieve great outcomes
- Creating a safe, respectful and culturally appropriate space to foster growth, learning, belonging, health and wellbeing
- Contribute to tracking progress and outcomes to ensure alignment with EACH's goals and to reliably deliver on performance targets
- Working within the program/role guidelines and professional boundaries of my role
- Demonstrating behaviours at all times that align to EACH's leadership standards and recognises that you are an ambassador of EACH.

Quality:

EACH staff are required to participate in continuous monitoring and improvement and comply with legislation, professional standards and accreditation standards and any other governing laws that apply from time to time.

EACH staff must have and maintain the appropriate skills and knowledge required to fulfil their role and responsibilities. In addition, they must practice within the specifications of this position description, and where applicable within the agreed scope of practice.

Safety & Wellbeing:

EACH is committed to providing and maintaining a working environment for all staff that is safe and minimises risk to health. All staff are to take care of their own health and safety and the health and safety of any other person who may be affected by their acts or omissions at the workplace.

As an Employee you understand your responsibilities and accountabilities to yourself and others in accordance with OH&S legislation across the various jurisdictions and EACH's policies.

EACH Child Safe Commitment Statement:

EACH is committed to promoting and protecting the best interests of children and supporting a child safe culture. EACH has zero tolerance for child abuse. Everyone working at EACH is responsible for the care and protection of children and reporting information about suspected child abuse.

All children who come to EACH have a right to feel and be safe. EACH is committed to the safety and well-being of all children whether they are direct service recipients or indirectly linked to our services such as children of customers. The welfare of children and young people is our first priority. We create a child safe and child friendly environment where all children are valued and heard, are safe and protected."

Key Selection Criteria

Skills and Behaviours

- Acts in accordance with EACH's Behavioural and Performance Standards.
- Highly developed communication and interpersonal skills to competently establish and maintain effective working relationships with clients, staff and visitors.
- Demonstrated ability to work collaboratively and enthusiastically within a team to help foster a positive and progressive work environment.

Desirable Experience, Knowledge, and Qualifications

- Tertiary qualifications in a relevant discipline.
- Demonstrated ability in working collaboratively as part of a Team
- Appreciation and understanding of the Not-For-Profit sector and Health services is well-regarded.

Mandatory Competencies and/or Licences

- Completion of an acceptable 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.
- A cleared National Worker Screening Check prior to commencement of employment (if required for the role – not applicable to all roles)

Expected behaviours for all EACH Staff

- Acts in accordance with EACH's Code of Conduct, policies and procedures and is demonstrably committed to EACH's vision, mission, values, and service principles.
- Responds to family violence risk in line with their role and responsibilities and in accordance with the Multi-Agency Risk Assessment and Management (MARAM) Framework and related Frameworks.

- Promotes a 'safety first' culture and acts in accordance with EACH Health, Safety and Wellbeing 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.

Part 2 - Addendum Registered Nurse Care Coordinator

This document explains the work of the Registered Nurse Care Coordinator and the outputs they will need to deliver.

Position:	**Registered Nurse Care Coordinator Chronic Disease**
Directorate / Service / Program:	**Primary Care / Clinical and Complex Care Services / My Care Partners**
Industrial Instrument Name:	**Nurses And Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024**
Instrument Classification:	**Registered Nurse – Grade CN3**
Reports to:	**Team Lead: Senior Project Manager**
Effective Date:	**September 2024**

Key Deliverables

As a Chronic Disease Registered Nurse Care Coordinator in the My Care Partners Program, you will be instrumental in providing individualised, person-centered care to patients with complex and chronic conditions. Your primary focus will be to support these patients in managing their health and maintaining their well-being at home. You will utilize your expertise to address complex psychosocial and environmental needs, ensuring that each patient receives comprehensive and holistic care.

Key Responsibilities

- Conduct comprehensive assessments of patient's overall health, working closely with them to understand their specific conditions, recommend treatments, 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 South Western 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 activation 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
- Enhance the quality of care for patients in SWS living with chronic and complex conditions
- Promote team-based care and communication among the patient care team reducing fragmented care and enhancing patient centered 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

Patient Support and coordination

- Assist patients in identifying and bridge gaps in care, enabling access 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 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 behaviors.
- 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.

Qualifications and skills

- Bachelor of Applied Science (Nursing), or equivalent
- Registered Nurse, Division 1 with current registration to practice with AHPRA
- 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
- Advanced clinical skills in managing a complex clinical caseload using a patient- centered approach.
- Excellent skills in a wide range of clinical assessments, treatments, interventions, and patient education in chronic disease management.
- 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 LGBTIQA+, Culturally and Linguistically Diverse Communities (CALD) and Aboriginal and Torres Strait Islander people
- Experience in working across a variety of clinical settings.
- Demonstrated experience and skill in the provision of chronic disease management services.
- Ability to develop and nurture positive and on-going relationships with a range of stakeholders.
- Excellent communication skills.

Physical Requirements

- Ability to travel and conduct home visits.
- Ability to travel between EACH locations and clients place of dwelling
- Ability to work from home when required
- Able to sit at a computer for 6-8 hours per days.
- Walk up stairs.
- Lift 3kgs