Dilico Anishinabek Family Care	**JOB DESCRIPTION**		
	Position Title: **Program**: **Service**: **Accountable to**:	**CARE MANAGER-DISCHARGE PLANNER** Health Home and Community Care Home and Community Care Service Manager	
Issued By: **Date Issued**:		**Date Revised**: **Classification**:	**August 2015**

PURPOSE AND SUMMARY:

Under the direction of the Home and Community Care Service Manager, the Care Manager is the primary person responsible for assisting clients and their support systems in maintaining the highest possible level of independence and functioning in the least restrictive environment within a rural community setting.

The Care Manager conducts comprehensive clinical assessments, develops service plans, assigns and coordinates professional and paraprofessional services, monitors services provided, reassesses clients routinely and plans for discharge. Care Managers are responsible for implementing the above responsibilities in a cost-effective and integrated manner.

Care Managers are responsible for the support and/or orientation of professional contracted staff and Community and Personal Support Services staff to ensure the effective coordination and delivery of client focused services within a continuous quality improvement environment.

Care Managers promote the mission and philosophy of Dilico Home and Community Care Services and assist with program planning and development, resource utilization management, continuing education, quality assurance, and risk management throughout the catchment area, to ensure that the daily operations and coordination of service delivery staff meet the goals and objectives of the Agency.

DUTIES AND RESPONSIBILITIES:

1. **Service Responsibilities**

Under the direction of the Home and Community Care Service Manager and in accordance to the program policy, standard and procedures, the Care Manager is responsible for:

a. receiving and processing all referrals and inquiries and providing clear and accurate information on available services to potential service users, related support networks, service providers, and community members, outlining what they can and cannot expect from certain services or care plans;
b. liaising with informal support networks to determine existing available supports; completing multidimensional clinical assessments to determine needs and eligibility according to established criteria, and explain how the program works;
c. developing, implementing and monitoring Service Plans in a fiscally responsible manner in consultation with clients and caregivers, encouraging optimal client independence and participation;
d. liaising with service providers and suppliers to arrange and authorize necessary services, equipment and devices, medical supplies, and transportation;
e. coordinating assessments for clients requiring financially subsidized services under the Homemakers and Nurses Services program when required;
f. organizing coordinated, integrated care within a multi-disciplinary team approach; communicating with multi-disciplinary service providers, consumers and support networks; acting as their resource person in facilitating the implementation of Service Plans;
g. reassessing, regularly, care needs and availability of informal resources; determining ongoing effectiveness of Service Plans and implement changes in a timely manner to maximize available resources; obtaining reports from service providers and determining continued eligibility for services; monitoring the appropriateness of the levels, frequency, types, and quality of services; planning discharge in coordination with consumers, caregivers, and related service providers;
h. assessing needs of persons with difficulty coping in the community who are at high risk of institutional placement and assisting

consumers and families to make necessary arrangements for assisted living, respite, and/or placement of names on waiting lists for facility care;

i. coordinating assessments for placement in LTC facilities in consultation with the CCAC and coordinating placements in collaboration with consumers, support net workers, related service providers, and Placement Coordination Services;

j. establishing and maintaining linkages with related service providers to plan culturally appropriate palliative care services for terminally ill Aboriginal people and their caregivers, in collaboration with the multi-disciplinary team;

k. coordinating, monitoring and evaluating services brokered on a Purchase of Service basis, and reporting identified issues for resolution to the Home and Community Care Service Manager;

l. providing support to Home Health and Community Support Services staff to promote the mission and philosophy of the Agency and optimal quality of care provision within a supportive environment of continuous quality improvement;

m. assisting with development of appropriate policies, procedures and protocols within relevant legislative parameters to administer the delivery of Care Management and professional and support services within a multi-disciplinary approach.

n. Coordinating and participating in client foot care clinics. Advanced foot care training is required.

o. Discharge planning in hospital setting which includes working with CCAC Utilization Coordinators, Hospital staff, attends case conferences and weekly rounds for clients of Dilico Home and Community Care program.

2. **Organizational Responsibilities**

As a representative of Dilico, the Employee is responsible for:

a. reflecting and interpreting the Agency Vision, Mission and Core Values in his/her own work with enthusiasm and commitment;

b. acting in accordance with relevant legislation and Agency Policies, Standards and Procedures;

c. proposing changes within Dilico that would improve the quality of service to Anishinabek children, families and communities;

d. developing and maintaining respectful, cooperative working relationships to contribute to the integrated, seamless delivery of services to Anishinabek children, families and communities;
e. understanding his/her role and responsibility in maintaining a safe workplace and reducing workplace injuries;
f. applying Anishinabek culture, values, traditions and teachings into programming where possible;
g. ensuring accuracy, confidentiality and safekeeping of agency records;
h. participating constructively in the supervision process with the immediate Manager.

QUALIFICATIONS:

1. **Education**:

A four-year BScN is required.

2. **Work Experience**:

a. three (3) years direct experience in the delivery and/or coordination of home care services;
b. demonstrate sound clinical knowledge and experience in home care case management and/or community based home care service delivery;
c. a combination of education and work experience pertaining to community based health care services may be considered.

3. **Skills/Abilities**:

a. proven ability to apply clinical case management skills in the development, assessment, planning, coordination, and monitoring of services;
b. proven understanding of and the ability to translate relevant health legislation into agency based policies and procedures;
c. proven ability to deliver health education and interpret programs and policies;
d. proven ability to provide basic and/or advanced foot care if required once certified;

e. demonstrated ability to effectively collaborate with First Nations/Aboriginal communities and service providers in the development and co-ordination of programs and services;
f. demonstrated ability to identify, develop and sustain resource networks in a rural setting;
f. excellent interpersonal, organizational, time management, decision making, problem-solving, and leadership skills;
g. excellent written and verbal communication skills, including proficiency in computer applications, especially Microsoft Office;
h. ability to maintain confidentiality;
i. ability to follow direction and work within the policies, procedures and the vision, mission and core values of Dilico Anishinabek Family Care;
j. good knowledge of the Anishinabek culture and issues affecting Anishinabek children, families and communities in and around the district of Thunder Bay;
k. ability to understand and/or speak an Anishinabek language
l. ability to provide coverage to all Health programs where appropriate training has been provided and where required qualifications, skills and abilities are met

CONDITIONS OF EMPLOYMENT:

a. must be willing and able to work flexible hours and provide on-call services as required.
b. must be certified in CPR and Standard First Aid;
c. must provide evidence of registration with the appropriate regulatory bodies(College of Nurses and Registered Nurses Association of Ontario);
d. he/she must be able to travel regularly, have a valid Ontario Driver's License and have access to a personal vehicle;
e. a criminal records/vulnerable sector check and child welfare check is required upon hiring.

NOTE: This job description is not intended to be all-inclusive. The employee may perform other related duties as required to meet the ongoing needs of the organization.