

<b>Position Title:</b>	<b>Transition Care Program Care Coordinator</b>
<b>Department:</b>	Community Health
<b>Reporting to:</b>	Direct: Nurse Unit Manager – Beaufort campus Indirect: Director of Clinical Services
<b>Classification / Code:</b>	HS5.3- Dependent upon skills and experience
<b>Award Coverage:</b>	Victorian Public Health Sector (Health Professionals, Health and Allied Services, Managers & Administrative Workers) Single Interest Enterprise Agreement 2016-2020

## Beaufort & Skipton Health Service

### Vision

To be a vibrant provider of care.

### Mission

To enable all people in our community to be connected, healthy and live well.

### Values

Teamwork, Compassion, Accountability, Respect, Excellence

## Beaufort and Skipton Health Service

Beaufort and Skipton Health Service is a small rural health service that was formed on 1 October 1996 following the amalgamation of the Ripon Peace Memorial Hospital and the Skipton and District Memorial Hospital.

The Health Service provides Urgent Care, Primary Care, Acute Inpatient, Residential Aged Care (Nursing Home and Hostel level care), and a Transition Care Program (TCP). Community and Allied health and home based services include District Nursing, Home Care packages, Respite, Health Promotion, Diabetes Education and a large range of support programs.

Medical Clinical operates at Skipton along with specialist services that are available. Beaufort and Skipton Health Service serves nearly 6,000 people in Beaufort, Skipton and the surrounding area.

### 1. Purpose of Position

The Transition Care Program (TCP) Care coordinator provides assessment, support, care planning and case management to eligible clients and their cares in a bed based program or in a home based service.

The coordinator will develop collaborative relationships across the health service and community programs to provide high quality case management. The TCP Coordinator will support the timely management of TCP clients as they complete their restorative process, optimise their functional capacity, finalise, and access their longer-term care arrangements. Will act as the central point of contact for all involved in the care of the client.

### 2. Key Responsibilities

#### Personal & Professional Development

- Active participation in all ongoing performance appraisals and with manager develop an annual work plan.
- Evidence of actively managing professional development.
- Completion of all Mandatory training requirements

## **Customer Service**

- Act as advocate for clients where deemed appropriate.
- Liaise with service providers to keep them advised of changes required in care plans.
- Develop discharge plans in consultation with clients, their families, and the multidisciplinary team and effectively coordinate support as required.

## **Administration & Documentation**

- Maintain timely, accurate and appropriate documentation in relation to all client care issues.
- Actively manage budgetary requirements and adhere to both program and organisational policies and procedures in relation to expenditure.
- Prepare all reports, funding submissions, educational materials and other relevant documentation.
- Collect data required as per reporting requirements.

## **Technical Skills & Application**

- Evidence of best practice management of the TCP program.
- Evidence of appropriate contemporary knowledge and skill sets to coordinate the TCP program.

## **Teamwork & Communication**

- Commitment and contribution as a member of a multi-disciplinary team.
- Participate in team meetings, case conferences and engage in appropriate consultations with relevant stakeholders.

## **Quality / Safety & Risk Management**

- Actively participate in quality improvement activities.
- Identify clinical risk through incident reporting (VHIMs), analysis and record review.

## **Qualifications:**

### **Essential:**

- Registered Nurse, Social Worker or Allied Health Professional with relevant professional body.
- Experience in undertaking complex assessment and care coordination of clients in a community, acute and residential setting
- Demonstrated ability to identify and actively participate in quality improvement activities and positively influence change.
- Ability to provide goal centred care coordination, dependent on the client carer needs and safety requirements.

- Current Victorian Driver's License
- Knowledge of Transition Care Program

**Desirable:**

- Able to demonstrate highly developed interpersonal skills, including excellent written and verbal communication, negotiation and conflict resolution skills.
- Ability to work autonomously and collaborate effectively in a multi-disciplinary team to achieve desired client outcomes.

**BSHS Accountabilities:**

- Compliance with all BSHS Policies and Procedures.
- At all times practices works within the vision, mission and values of Beaufort and Skipton Health Service.
- Adherence to infection control policies and procedures as identified in the Beaufort and Skipton Health Services Infection Control Manuals.
- Participation in the BSHS risk management and quality improvement systems by being aware of responsibilities to identify, minimise and manage risks and identifying opportunities for continuous improvement in your workplace through communication and consultation with managers and colleagues.
- Ensures that the affairs of Beaufort and Skipton Health Service, its patients, consumers (residents), clients and staff remain strictly confidential and are not divulged to any third party except where required for clinical reasons or by Law. Such confidentiality will extend to the commercial and financial activities of Beaufort and Skipton Health Service.
- At BSHS we recognise and respect diversity. Each person has a right to high-quality health care and opportunities regardless of diversity factors, which might include aspects such as cultural, ethnic, linguistic, religious background, gender, sexual orientation, age, and socioeconomic status. Inclusiveness improves our service to our community and promotes engagements amongst BSHS employees.
- BSHS is committed to a patient/client centred approach in the provision of health care and services, consistent with the BSHS values, mission and vision. It is expected that you demonstrate the core values of patient centred care in every interaction with patients, carers and colleagues
- You must ensure that the affairs of BSHS, its patients, clients and staff remain strictly confidential and are not divulged to any third party except where required for clinical reasons or by law. Such confidentiality shall extend to the commercial and financial interests and activities of BSHS.

**3. Key Selection Criteria**

- Evidence of maintaining a high standard of current knowledge and clinical expertise through attendance and participation at designated educational events and workshops.
- High quality reports and other documentation submitted in a timely way to relevant stakeholders.
- Regularly provide education and promotion of the TCP program to the community and relevant stakeholders.
- Evidence of active management of the budget.
- Ensure appropriate service involvement in the TCP episode of care through liaison with key staff – e.g. GPs, nursing staff, allied health and external service providers.
- Maintain a caseload of TCP clients as directed by manager.

**4. Other Relevant Information**

# POSITION DESCRIPTION

I have read this document and agree to undertake the duties and responsibilities listed above.

I acknowledge that:

- Appointment is subject to a satisfactory Staff Immunisation clearance, a satisfactory current Police Record Check and current Working with Children Check.
- Statements included in this Position Description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all inclusive.
- Where additional training and support is required to fulfil extra or other duties of a similar level of responsibility, it will be provided within the guidelines of the organisation.
- Management may alter this Position Description if and when the need arises. Any such changes will be made in consultation with the affected employee(s).
- An interim performance development and review discussion will occur with your Manager within your probation period from your commencement date and per annum. Your performance review is intended to be a positive discussion, outlining the key roles and responsibilities outlined in this Position Description. The performance review discussion provides an opportunity to clarify your role, revise key performance activities and identify any objectives or goals for the year ahead.

<b>EMPLOYEE SIGN:</b>	
<b>ISSUED:</b>	
<b>REVIEWED:</b>	