Community Care Northumberland

Join our Hospice Services Team

Community Care Northumberland (CCN), in collaboration with local community partners, is enhancing hospice palliative care services with the integration of a Palliative Care Community Team (PCCT)into our Hospice program. The Hospice Services Team will optimize linkages and pathways in clinical and supportive care for individuals and families living with life threatening illness or grief. This multidisciplinary team will collaborate with primary care providers and other services in the implementation of shared-care plans (ie Health Link Coordinated Care Plans), through the provision of referral, assessment, and access to hospice palliative care and grief support services. This model enhances psychosocial and spiritual supports through early intervention/connection, and integrates existing areas of service expertise/excellence, caring for the mind, body and spirit, as it provides a continuum of care from diagnosis of a life-threatening illness through bereavement.

Community Care Northumberland (CCN) is currently accepting applications for the position of Hospice Clinical **Navigator.** The Nurse Navigator will play an integral role in our Hospice Services Team.

Hospice Clinical Navigator - Part Time (21 hours/week)

Reporting to the CCN Regional Hospice Program Coordinator the Navigator will be responsible for coordinating and navigating both clinical and supportive care for clients with a life limiting illness and their families. The Navigator collaborates with primary care providers and other community services in the implementation of shared-care plans through the provision of assessment, referral and access to palliative care and grief support services.

Key Accountabilities:

Clinical

1. Provides person-centred care; ensuring shared care team is aware of need for and meaning of a person-centred approach
2. Provides leadership and influences clinical standard-setting, quality improvement and change management, facilitating the development and implementation of care pathways
3. Performs formal, standardized holistic clinical assessment and intervention, assessing client and family needs in assigned jurisdictions
4. Connects and coordinates care and service for clients and families, providing information, support and guidance in decision-making
5. Works with client, family, hospital and community providers to facilitate transitions of care and service supports across multiple settings of care (i.e. hospital, retirement home)
6. Participate in 24/7 on-call team coverage rotation
7. Advocates for clients and families and intervenes within scope of practice on client and family's behalf
8. Assumes responsibility for ongoing personal and professional development

Administrative

1. Documents, tracks and prioritizes care requests to ensure all clients/families receive timely response, including follow-up calls to clients/families to ensure care needs are being and have been met
2. Completes regular and timely documentation and statistical records
3. Manages client files, ensuring information is up-to-date at all times
4. Assist with and attends clinical rounds meetings
5. Notify team members and updating files when situations change including the death of a client to ensure bereavement services are in place
6. Adheres to all statistical collection and reporting system requirements of the organization and funders

Liaison Role

1. Collaborates with hospital Clinical Resource Nurse, inpatient hospital units, and Central East LHIN Home and Community Care Coordinators/NP to develop a plan of care for transitioning clients with an advance life threatening illness into community palliative care
2. Collaborates and communicates through formal and informal case conferencing with health providers and the shared care team to determine appropriate strategies to achieve client focused outcomes
3. Assists in the coordination, prioritization and navigation of all incoming calls to internal and external community resources, including sharing information, scheduling initial home visits, providing guidance/direction to community resources, ensuring team members are up-to-date on client and family care at all times
4. Liaise with CELHIN H&CC, community agencies, clinics, pharmacies, family physicians and more with regards to reports and service requests
5. Provides for a culture of sharing, openness, education and mentoring to other team members and non-palliative trained professionals, students and volunteers
6. Facilitates an environment and attitude where values and beliefs regarding shared care coordination are clearly articulated
7. Works with partners in the need identification and delivery of palliative care education

Key Competencies Required for this Position

1. Registered Nurse with CNA and Advanced Practice Certification(s) in palliative care
2. Minimum of five (5) years recent experience in hospice palliative care
3. Minimum of five (5) years of community nursing experience
4. Experience in a leadership, administration, and care coordination role
5. Demonstrates respectful, courteous, caring attitude in all interactions
6. Solid experience in care planning and communicating with multiple providers
7. Proven history of working well within an interdisciplinary team with excellent interpersonal skills
8. Critical thinking and problem solving skills
9. Proven leadership abilities with effective verbal, non-verbal and oral communication skills
10. Administrative skills with computer proficiency and accuracy for all documentation and record keeping, and attention to detail
11. Valid driver's license and ability to travel throughout Northumberland County for home visits and meetings
12. Adheres to all standards, practices, policies and procedures regarding privacy and confidentiality of information, and ethical practices as set forth by employer and regulating College
13. Other skills include conflict management and problem solving skills where issues may be sensitive
14. A satisfactory Criminal Records Check and Vulnerable Sector Search is required for this position.

Posted – November 7th 2017

Interested candidates should submit their resume and covering letter by November 21st 2017 to:
Cheryl McFarlane - Regional Hospice Palliative Care Coordinator c.mcfarlane@commcare.ca

Community Care Northumberland *is a non-profit, multi-service, volunteer-based community support organization serving residents of Northumberland County.* *www.commcare.ca*

In accordance with the Accessibility for Ontarians with Disabilities Act (AODA), CCN will provide accommodation in all parts of the hiring process as required, upon request from applicants.