GARDEN RIVER FIRST NATION

Employment Opportunity

POSITION:	**COORDINATOR, HOME & COMMUNITY CARE**
DURATION:	**FULL-TIME (35-Hours per week)**
SALARY:	**$25.15 – $28.29/hr (PENDING EDUCATION & EXPERIENCE)**
DEPARTMENT:	**HEALTH CENTRE**
REPORTS TO:	**MANAGER, WELLNESS CENTRE**

Garden River Members encouraged to apply

Summary of Function:

The Coordinator, Home & Community Care is responsible for working with elderly and disabled populations who have acute conditions that require home care, are chronically ill and/or have long-term physical disabilities, exercising sensitivity and reliable judgement while assessing clients, developing, implementing, and monitoring plans of care, re-evaluating effectiveness and adjusting care plans based on client needs, in collaboration with clients, family members and other care providers. In addition, the Nurse functions to coordinate diabetic clients. The Coordinator, Home & Community Care functions within legislative requirements, regulations, policies and procedures and the Mission, Beliefs and Vision of the Garden River First Nation, and contributes to the accomplishment of the strategic priorities.

Duties/Responsibilities:

- Effectively managing and coordinating Elder & Disabled Services;
- Appropriately supervising program staff;
- Developing and coordinating Respite Program;
- Liaising with visiting health professionals to ensure a continuum of quality care;
- Maintaining standards of accurate data collection and reporting to funding sources;
- Overseeing program evaluation;
- Creating a working climate that provides growth and job satisfaction of personnel;
- Arranging to have needed supplies and equipment on hand;
- Maintaining acceptable standards of client care;
- Identify problems and guiding personnel to solutions;
- Assisting in the development of budgets for Long-Term Care and Home and Community Care;
- Initiating regular supervision meetings with all program staff;
- Evaluating performance of personnel and developing goals for performance improvement;
- Identifying system issues and gaps in the Home and Community Care Program and recommending solutions;
- Participating in planning changes and improvements;
- Functioning as a liaison to community agencies to support the care of elder and disabled population;
- Supporting and enforcing infection-control policies and procedures;
- Planning and/or participating in orientation and in-service training for staff including safety training;
- Assisting in the development of local and regional policies and procedures related to Home and Community care;
- Preparing and submitting required statistical and narrative reports in accordance with funding agreements and internal policies;
- Maintaining professional and technical knowledge by attending educational workshops, review publications, establishing personal networks;
- Preparing, submitting and implementing an annual work plan for Home and Community Care Program;
- Maintaining open communication with clients, family, physicians and other service providers, develop and help facilitate treatment goals though the development and implementation of a client plan;
- Identifying the needs of the client and determining the most appropriate internal and external resources both medical and non-medical;
- Implementing discharge plans;
- Coordinating and adjusting all appropriate services when needed;
- Maintaining all relevant documentation;
- Accurately and promptly implementing physician orders;
- Providing treatment and medication management skillfully and correctly;
- Advising Supervisor of clients' needs and problems;
- Participating in all phases of maintenance of records in accordance with established policies and procedures;
- Participating in training and in-service as required in accordance with programming and policy changes;
- Assisting in reviewing and revising policies and procedures;
- Initiating plans of care for any diabetic client utilizing the services of the Wellness Centre in collaboration with members of the health care team (i.e. Nurse Practitioner, Physician, Dietician & Community Health Nurse);
- Establishing a database registry of diabetic clients, pre-diabetic clients & gestational diabetics clients for follow-up and program planning;
- Functioning as a member of the multidisciplinary health team and meet regularly to discuss client care and effective diabetes program management;
- Participating and becoming a member of various committees, focus groups, interest groups, etc. to advocate for community on various issues of our diabetic clients;
- Working closely with primary health care providers of various outside agencies (i.e. Group Health Centre, Sault Area Hospital) to oversee the needs of our diabetic clients;
- Acting as a "Care Manager" for clients with diabetes by way of the following: organizing care, treatment and follow-up through phone calls, home visits, emails, and case conferencing;
- Performing other related duties as may be required and assigned.

Qualifications

- Requires College Diploma in Practical Nursing Program;
- Current registration with the College of Nurses of Ontario holding the title "Registered Practical Nurse" with a commitment to ensuring annual registration with the College of Nurses of Ontario;

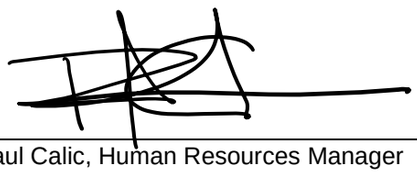
We would like to thank all applicants that applied but only those selected for an interview will be contacted. Thank you for your interest in Garden River First Nation.

- Two years' experience in a community-based health care setting;
- Current CPR and First Aid Certificate;
- Must have access to a personal vehicle with ability to travel frequently if necessary;
- Ability to act independently within the framework of the Health Program regulations and community health nursing practices in assessing client situations, working with community resources effectively, and planning with clients for ongoing care and support in accordance with their needs;
- Ability to troubleshoot and resolve client problems in a diplomatic manner;
- Ability to anticipate client's unique needs;
- Knowledge and interest in health issues affecting Indigenous people;
- Demonstrated sensitivity to and knowledge to the First Nation cultural values and traditions;
- Demonstrate commitment to and knowledge of community-based health care and resources;
- Excellent facilitation, coordination, assessment and planning skills;
- Excellent knowledge of the resources and services that provide care and support for clients in the community;
- Ability to deal effectively with difficult clients and conflicting situations;
- Stamina, sensitivity, and strong negotiation and advocacy skills;
- Flexibility to keep pace with an ever-changing environment;
- Ability to be consistent and display a positive/helpful attitude;
- Willingness to accept changes in work practices and technology;
- Ability to work under pressure to meet deadlines;
- Ability to work independently and collaboratively as a member of a team;
- Excellent organizational skills, time management skills, interpersonal and communications skills, both oral and written;
- Excellent computer skills (including MS Word, Word Perfect, Excel, Internet, Outlook);
- Ability to report for work as scheduled with ability to work flexible hours including unplanned overtime
- Must undergo a criminal record check prior to employment;

Interested applicants can email or drop off their cover letter, detailed resume, three work related references by:
Friday, September 25th, 2020 @ 12:00 NOON

Please address the envelope and/or email "**Coordinator, Home & Community Care – 2020-54**" and submit to:

Human Resources
Garden River First Nation,
7 Shingwauk Street,
Garden River, ON
P6A 6Z8
Email: employment@gardenriver.org



Paul Calic, Human Resources Manager

Date Posted: Friday, September 11th, 2020

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