 **POSITION DESCRIPTION**

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| **Directorate** | Canberra Health Services |  | **Reporting** **Relationships** | | |
| **Division** | Office of the Chief Operating Officer |  |  | |  | | --- | | Director, Integrated Care Program | |  |
| **Business Unit** | Liaison & Navigation Service |  |  |  |  |
| **Position Number** | 61800 |  |  |  |
| **Position Title** | Liaison and Care Navigator - Primary Care Pilot |  |  | |  | | --- | | Operational Manager, Liaison and Navigation Service | |  |
| **Classification** | Health Professional Officer 3 |  |  |  |  |
| **Location** | CHS |  |  |  |
| **Last Reviewed** | 12/07/2023-DJ |  |  | Care Navigator |  |

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. We provide acute, sub-acute, primary and community‐based health services, to the Australian Capital Territory (ACT) and surrounding regions. More information can be found on the [CHS website](https://www.canberrahealthservices.act.gov.au/).

Our **Vision**: creating exceptional health care together

Our **Role**: to be a health service that is trusted by our community

Our **Values**: Reliable, Progressive, Respectful and Kind

# POSITION OVERVIEW

Under a Commonwealth initiative to reduce pressure on ACT Emergency Departments (EDs) and public hospitals, an innovative model is being trialled. The Primary Care Pilot is aimed at strengthening partnerships between primary care, community-based care and the public health system to support access and care for patients who frequently attend the ED or are at risk of presentation to the ED or admission to hospital.

The pilot is a collaboration between the ACT Health Directorate, Capital Health Network, General Practitioners (GPs) and Canberra Health Services (CHS).

The CHS Liaison and Navigation Service (LaNS) will assist in the delivery of the pilot, providing liaison, navigation, care coordination and complex case management in partnership with participating GPs, selected non-GP specialist groups and community-based Allied Health teams.

The LaNS is a new service that has been established to improve a consumer’s experience and their health outcomes through information sharing, integration of care across primary, secondary, and tertiary services and coordination across health and community services. It focuses on the provision of the right care, at the right time, at the right place by the most appropriate provider in partnership with the consumer and their care supports.

The service is comprised of a multidisciplinary team that assists consumers and their supports to navigate the multiple services involved in their care. The service provides and supports patient centred, integrated, and coordinated care. It works closely with acute and community services, and across health and human services, to reduce the challenges consumers and their supports face when required to access multiple services, to ensure the highest quality of care.

The Care Navigator will take on a key role in the implementation of the Primary Care Pilot, working collaboratively with colleagues, GPs, consumers, and external agencies to maximise the success of the pilot.

The role will work with individual consumers and their care supports to provide support, advocacy, system navigation and connection with appropriate services. It will champion the role of this service and actively advocate and educate colleagues and other services about the needs of consumers for navigational support.

The Care Navigator will attend case conferences with participating general practice representative(s) and, where possible, the consumer and their care supports. The LaNS team will work with the practice to provide supplementary care planning, navigation, timely access and liaison support across ACT and regional services. The LaNS team will work with the individual and nominated GP to develop a comprehensive care plan to assist the person to stay well in the community and avoid ED presentation and/or hospital admission.

This unique role is an opportunity to build relationships with individual consumers and their supports, with GPs, and with diverse acute and community services, to anticipate and reduce the challenges that people with complex health needs, and their supports, can face. It is an opportunity to ensure the highest quality of care, information and support is provided when consumers and their supports need it, to optimise their health and wellbeing and assist them to navigate the complexities of their care.

The role will be a point of coordination with GPs and other external health and human services, and work with CHS services and current specialty care coordinators to support consumers and improve the formal networks and pathways for information sharing, coordination, and ED avoidance.

The position will actively participate in the development of the clinical scope of the role with the intention to undertake practical clinical support and interventions to reduce the need for ED presentations, and to work directly with outpatient and community services to minimise the need for acute care presentation.

As a member of the LaNS you will remain committed to, and focused on:

* Placing people with complex health needs, and their families, at the centre of their own care,
* Involving the person and their supports in care planning,
* Anticipating and removing barriers to care,
* Assisting consumers and their supports to make durable connections to the services and supports they need,
* Helping to solve problems, coordinate clinical care, and improve the flow of information between the care team and the consumer and their supports,
* Listening to consumers and their supports and acknowledging that they are experts in their own health.

As a key part of the Primary Care Pilot, you will remain committed to the above, with a particular focus on maintaining strong relationships with participating GPs in support of consumers. In addition, you will work to achieve the aims of the pilot, contribute to pilot progress reviews, make suggestions, implement adaptations, and participate in evaluation activities.

# DUTIES

Under limited direction of the Operational Manager, you will:

1. Work with participating GPs to onboard suitable clients into the Primary Care Pilot, collaboratively develop care plans for clients, provide or facilitate relevant interventions for clients, and transition clients back to the routine care of their GP or other service provider.
2. Provide a high level of skilled clinical care through assessment, planning and implementation of care, in accordance with Canberra Health Services policy, procedure and clinical guidelines and actively contribute in of area of clinical expertise to the development and implementation of clinical pathways/protocols for Allied Health led interventions to assist in ED avoidance.
3. Using high-level communication skills and an understanding of the social determinants of health, work with individual consumers and their supports to identify and engage appropriate internal and external services to provide effective ongoing integrated care.
4. Work with general practice, community allied health, non-GP medical specialist, outpatient departments and external services to build on and lead the formalisation of the coordination and sharing of clinical information to improve and ensure continuity of care across hospital, health services and supports.
5. Actively participate in quality improvement and research activities in relation to the continuity and coordination of shared care for consumers, including contribution to the progression of the Primary Care Pilot project, achievement of pilot aims, and pilot evaluation.
6. Support and promote the CHS values of Reliable, Progressive, Respectful and Kind through a working understanding of the integral role these values play in the care of consumers with chronic and complex health care needs.
7. Actively participate in supervision, continuing professional development and performance management.
8. Undertake other duties appropriate to this level of classification which contribute to the operation of the organisation.

# ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as LGBTQIA+ are particularly encouraged to apply.

**Behavioural Capabilities**

1. Strong organisational skills, including simultaneously managing and prioritising multiple issues, with a high degree of drive.
2. The ability to listen to, connect with, build rapport and understand the clinical and psychosocial needs of consumers with complex presentations.
3. Adaptability and flexibility to accommodate change and provide responsive services to meet consumers’ needs.
4. An ability to work respectfully in partnership with a range of stakeholders while simultaneously demonstrating leadership.

**Position Requirements / Qualifications**

Mandatory

* Hold an undergraduate or postgraduate qualification in a relevant Allied Health profession or relevant experience.
* Substantial clinical experience in the acute or primary health setting of greater than 3 years.
* Be registered or have applied for registration with the Australian Health Practitioner Regulation Agency (AHPRA) or be registered/eligible to register with the Australian Association of Social Work (AASW – for social work).
* CHS is leading the drive to digitally transform health service delivery in Australia through the implementation of a territory wide [Digital Health Record](https://www.health.act.gov.au/digital/dhr#:~:text=The%20Digital%20Health%20Record%20will%20record%20all%20interactions%20between%20a,team%20at%20any%20service%20location.). Computer literacy skills are required which are relevant to this role as you will be responsible for completing required documentation and becoming a proficient user of the Digital Health Record and/or other Information Technology systems; once proficient, you will need to remain current with changes, updates and contingencies.

Desirable

* Clinical experience within professional field working with people with complex health care needs.
* Experience in providing or coordinating care across acute and primary care settings.
* Experience in working with individuals who experience mental illness/mental disorder and insight into their needs, experiences and outcomes when accessing health services.
* Experience which provides insight into the consumer perspectives of managing complex ongoing healthcare.
* Have an understanding of how the [National Safety and Quality Health Service (NSQHS)](https://www.safetyandquality.gov.au/standards/nsqhs-standards) indicators align with this role.
* Fulfil the responsibilities of this role as detailed in the [CHS Exceptional Care Framework](https://www.health.act.gov.au/sites/default/files/2020-11/CHS%20Exceptional%20Health%20Care%20Framework.pdf), [Clinical Governance Framework](https://www.health.act.gov.au/sites/default/files/2020-11/CHS%20Clinical%20Governance%20Framework.pdf), [Partnering With Consumers Framework](https://www.health.act.gov.au/sites/default/files/2020-11/CHS%20Partnering%20for%20Exceptional%20Care%20Framework.pdf) and [all other related frameworks](https://www.health.act.gov.au/about-our-health-system/canberra-health-services).

**Please note prior to commencement successful candidates will be required to:**

* Undergo a pre-employment National Police Check.
* Prior to commencing this role, a current registration issued under the [*Working with Vulnerable People (Background Checking) Act 2011*](https://www.accesscanberra.act.gov.au/s/article/working-with-vulnerable-people-wwvp-registration-tab-overview)is required.
* Comply with Canberra Health Services Occupational Assessment, Screening and Vaccination policy.
* Comply with Canberra Health Services credentialing and scope of clinical practice requirements for allied health professionals.
* Hold a current Driver’s Licence.

# WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience.

1. Demonstrated high level knowledge, practice and competence in providing effective and safe clinical care and management to clients with complex health care needs, including an understanding of the specific challenges they experience when accessing health services, and exceptional workload management skills to achieve the goals of each client within required timeframes.
2. Demonstrated ability to participate in the initiation, implemention, embedding and evaluation of strategies, systems and processes, quality improvement, education and research projects to optimise evidence-based practice and/or improve healthcare for people with complex health care needs.
3. Demonstrated critical self-reflection and active participation in professional supervision and ability to provide clinical supervision to professional staff and students.
4. Demonstrated high level interpersonal and communication skills utilising a person centred approach, with proven ability to work within an interdisciplinary team and develop positive working relationships with patients and families and a broad range of professional disciplines.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS’s values of reliable, progressive, respectful and kind.

# WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

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| |  |  | | --- | --- | | ADMINISTRATIVE | FREQUENCY | | Telephone use | Frequently | | General computer use | Frequently | | Extensive keying/data entry | Frequently | | Graphical/analytical based | Occasionally | | Sitting at a desk | Frequently | | Standing for long periods | Occasionally | | |  |  | | --- | --- | | TRAVEL | FREQUENCY | | Frequent travel – multiple work sites | Frequently | | Frequent travel – driving | Frequently | |
| |  |  | | --- | --- | | PSYCHOSOCIAL DEMANDS | FREQUENCY | | Distressed People e.g. Emergency or grief situations | Frequently | | Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental illness | Occasionally | | Unpredictable People e.g. Dementia, mental illness, head injuries | Frequently | | Restraining e.g. involvement in physical containment of clients/consumers | Never | | Exposure to Distressing Situations e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide | Occasionally | | |  |  | | --- | --- | | SPECIFIC HAZARDS | FREQUENCY | | Working at heights | Never | | Exposure to extreme temperatures | Never | | Operation of heavy machinery e.g. forklift | Never | | Confined spaces | Never | | Excessive noise | Never | | Low lighting | Never | | Handling of dangerous goods/equipment e.g. gases; liquids; biological. | Never | | Slippery or uneven surfaces | Never | |
| |  |  | | --- | --- | | PHYSICAL DEMANDS | FREQUENCY | | Distance walking (large buildings or inter-building transit) | Occasionally | | Working outdoors | Never | |  |
| |  |  | | --- | --- | | MANUAL HANDLING | FREQUENCY | | Lifting 0 – 9kg | Frequently | | Lifting 10 – 15kg | Never | | Lifting 16kg+ | Never | | Climbing | Never | | Running | Never | | Reaching | Occasionally | | Kneeling | Occasionally | | Foot and leg movement | Frequently | | Hand, arm and grasping movements | Frequently | | Bending/squatting | Occasionally | | Bend/Lean Forward from Waist/Trunk twisting | Occasionally | | Push/pull | Occasionally | | Sequential repetitive movements in a short amount of time | Never | |  |