



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Home and Community Care Registered Nurse	
Position Number(s)	Community	Division/Region(s)
67-04194	Fort Smith	Continuing Care Services/Fort Smith

PURPOSE OF THE POSITION

The Registered Nurse (RN) for Home and Community Care will coordinate home care services to assist individuals of all ages and their families to maximize their health and/ or social well-being which allow them to remain in their home. Services include: Case management, home nursing, personal care, assistance with activities of daily living, in home respite care, palliative care, rehabilitation, teaching and family support, and meals on wheels, equipment loan coordination and foot care. The aim of this position is to protect and restore health of clients after acute illness; injury or surgery, to monitor and maintain health of with chronic illness; to provide palliative care and to coordinate appropriate community based services for clients.

The RN position works within the federal and territorial legislation and policy framework. The position carries out its responsibilities in accordance with the GNWT Acts, Statutes, Regulations, Directives, Policies; the Department of Health and Social services and the Northwest Territories Health and Social Services Authority to effectively meet the needs of the clients served by the NTHSSA.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services in the Northwest Territories (NWT), with the exception of Hay River and Tłı̨chǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-aboriginals. Health and social services includes the full range of primary, secondary and tertiary health services and social services including family services, protection services, care placements,

mental health, addictions, and developmental activities, delivered by more than 1,400 health and social services staff.

While the Tłı̨chǫ Community Services Agency (TCSA) will operate under a separate board and Hay River Health and Social Services Agency (HRHSSA) will in the interim, the NTHSSA will set clinical standards, procedures, guidelines and monitoring for the entire Northwest Territories. Service Agreements will be established with these boards to identify performance requirements and adherence to clinical standards, procedures, guidelines and policies as established by the NTHSSA.

Under the direction of the Minister of Health and Social Services, the NTHSSA is established to move toward one integrated delivery system as part of the government's transformation strategy.

The NTHSSA – Fort Smith Region is responsible for the effective delivery of Primary and Emergent Health care and social services to approximately 2500 residents of Fort Smith and the surrounding area. The regional facility includes one type C health facility and a 28 bed long term care facility.

The position is located in the Fort Smith Region, and is an integral part of the Home Care Department Team and reports directly to the Regional Manager, Continuing Care Services. The incumbent provides culturally sensitive care to approximately 80-90 referred clients and makes 25-30 home visits to clients per week. Services are intended to promote primary health care that is accessible, includes public participation, emphasizes health promotion, and has inter-sectorial collaboration and an appropriate use of technology. The provision of these services allows clients to receive care in their homes and lessens the draw on Health Center resources while allowing families and support systems to be directly involved in client care. It is the incumbent's responsibility to set priorities, develop work plans and manage caseloads while balancing each individual client's needs, complexity, and acuity.

The Home and Community Care RN works collaboratively with other disciplines of the NTHSSA and provides functional direction to the Home and Community Care LPN and home support workers. The Home and Community Care RN works from 08:30am - 5:00 pm Monday – Friday Home and community care RN services are usually provided in client's homes, this includes providing nursing services to residents of Sunset Chalet. The services are intended to promote a healthy way of life, decrease the incidence of disease and restore health. The services may be provided on an individual basis or as part of a multi-disciplinary team.

The home and community care RN ensures that individual client needs are correctly assessed and that adequate staff, equipment and supplies are available to meet the needs of clients and staff in the home.

The home and community care RN works with several cultural groups and serves the population from newborn to elderly; however most of the clients are elders. The incumbent works in a specialized area of nursing which requires additional training and experience beyond that of basic nursing training in order to be effective. The expanded scope of practice

and independent nature of work demands critical thinking and judgments outside of set guidelines and practice. Procedures and treatments at home are increasingly complex within a very unpredictable environment. Many palliative care clients may choose to remain at home versus going to hospital: the nurse must have the experience, skill, knowledge and confidence to deliver all these services within the home situation. The Home and Community Care RN is often called upon to provide expert advice in their complex and specialized program areas to other health care providers. The position has the expectation for continuous expansion of depth and breadth of knowledge and skill.

RESPONSIBILITIES

- 1. Provide comprehensive nursing care in community setting that assists clients to achieve optimum health and quality of life in situations of chronic disease, acute illness, injury or through the dying process. Care will be provided in one or more specialty areas including wound care, palliative care, home intravenous therapy or chronic illness.**
 - The Home and community Care nurse will assess, plan, implement, document and evaluate care to ensure a coordinated holistic approach which best meets the needs of the client
 - Coordinate the implementation of the care plan. Assess the client and family's physical, emotional, intellectual and spiritual needs and any other factors that will serve to provide a clear picture of what the client requires.
 - Make referrals to other health care professionals to ensure early diagnosis and prompt intervention
 - Facilitate communication among client, family and other health care providers.
 - Assist clients to achieve their optimal level of health in situations of normal health, illness, injury or through the process of dying.
 - Act in a manner consistent with their professional code of ethics, responsibilities and standards of practice
 - Perform nursing interventions and transferred lab or medical functions.
 - Fabricate or select devices or tools required to maintain independence at home. Identify supports available to the client, such as community organizations, occupational therapy, mental health workers, etc.
 - Promotes safe and healthy environments in homes
- 2. Support the ongoing development, delivery, evaluation and improvement of Home Care programs and services.**
 - Under the direction of the Regional Manager Continuing Care Services, participate in interdisciplinary committees responsible for researching, developing and evaluating programs, including their associated forms, clinical policies and procedures.
 - Maintain current expertise in one or more program areas, e.g. wound care, palliative care. Prescribe a treatment plan that incorporates the client's goals,

needs support systems, treatment, interventions and resources required.

- Prepare and present information for in-service programs within the Homecare Department, NTHSSA and other agencies in the community.
- Provide coaching, leadership and mentorship to peers, students and other members of the healthcare team.
- Provide orientation for new employees.
- Determine the need for Home Care nursing services and admit or discharge the client as appropriate
- Participate in meetings within the department, NTHSSA and with community organizations as required

3. Develop, facilitate, implement and modify health promotion activities based on the needs of the client.

Main Activities:

- Set priorities and establish goals of care that address the health needs and preferences of the client and family and consider the home setting and cultural context. Client input is encouraged and emphasized.
- Use a holistic approach to facilitate individual learning of clients and their families in relation to client illness or injury (i.e. Self-care, health promotion, etc.)
- Evaluate care on an ongoing basis to determine its effectiveness and appropriateness and make changes as indicated.
- Research, develop, revise and evaluate educational resources necessary to support clients.

4. Perform administrative functions that contribute to the effective functioning of the Home Care program.

Main Activities:

- Enter statistical information into computer based programs i.e. MediPatient, Electronic Medical Records, in a timely manner
- Maintain records related to hours of work, use of personal and office vehicles, services provided to clients etc. as required
- Act as Manager during the absence of the Regional Manager of Continuing Care Services.

5. Contribute to own professional development and the development of the Home Care Program in order that the highest standards are reached and that the program continues to offer services that are both cost efficient and effective.

Main Activities:

- Further own education and personal development by attending in-services, conducting Self-directed studies, pursing professional development activities and

reviewing current literature.

- Prepare and present information in services to other health professionals, community groups, facility staff and the public.
- Act as a preceptor/supervisor of nursing students from both local and southern post- secondary institutions.
- Assist with orientation, support and guidance of new employees.
- Attend and participate in staff meetings and multidisciplinary team meetings to exchange information

WORKING CONDITIONS

Physical Demands

Home visits (75% of the time) require the incumbent to daily carry supplies and /or equipment up and down stairs as well as into and out of a vehicle. While providing care to the palliative client, a portion of the incumbents' day will be spent assisting home care clients with ambulation or transfers five times a week for up to 20 minutes a time. In addition the incumbent will be required to bend and stand in awkward positions while performing client assessment or care

Environmental Conditions

The incumbent will spend up to 75% of their day in client's homes where the incumbent may be (and often is) exposed to unsanitary conditions, cigarette smoke, pets and loud noises that may make the incumbent sick(i/e/ allergies) or pose a safety risk.

In addition, the incumbent will be exposed to all weather conditions (ranging from -40 to +30) when driving to and from the client's homes. The constant changes in temperature (office-vehicle-home-vehicle etc.) may make the incumbent sick.

For up to 75% of their shift the incumbent may be exposed to communicable diseases (such as TB, whooping cough, etc.), blood and body fluid, hazardous materials that may result in potential health risk to the incumbent.

The remainder of the day will be spent on administrative duties with in an office setting.

Sensory Demands

Up to 75% of the incumbents day will be spent providing direct care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in an uncontrolled setting (i.e. client's home).Working within the client home may be extremely distracting and make normal assessment and diagnosis more difficult (noise Level, family interruptions, visual commotion, etc.), the combined use of senses is critical to all diagnoses.

The Home and Community Care RN must be constantly aware (up to 75% of the workday of

clients' physical and emotional needs (mood, hygiene, etc.) when making diagnosis and recommending an appropriate course of action that will recognize the clients abilities, support systems and potential.

The rest of the day will be spent on administrative duties within an office setting where the incumbent may be required to focus on a computer terminal.

Mental Demands

The Home and Community Care RN has the opportunity to develop relationships with the clients of the Home and Community Care Program. The incumbent is expected to remain calm, controlled and professional regardless of the situation and demonstrate compassionate care to the client, family and other members of the health care team.

There is uncertainty in knowing what to expect while at work, especially in uncontrolled settings (i.e. home visits). There is legitimate concern about risk of verbal or physical assault and unknown and unpredictable situations (i.e. clients or family members under the influence of alcohol). As a professional obligation, the Home and Community Care RN is required to report abuse if it is encountered which puts additional stress on the incumbent.

Within the health care setting there can be significant lack of control over the work pace, with frequent interruptions that may lead to mental fatigue or stress.

The Home and Community Care RN is required to be motivated and innovative in the area of continuing education and practice to encourage the professional growth of self and others.

KNOWLEDGE, SKILLS AND ABILITIES

The Home and community Care Nurse practices in accordance with the Code of Ethics and Standards of nursing Practice of the RNANT/NU, clinical policies of Home Care and the philosophy, objectives and policies of the Northwest Territories Health and Social Services Authority (NTHSSA) The incumbent is guided by professional knowledge and skills, the principles of primary health care and current research. To work effectively under this broad framework, the incumbent must meet the following criteria:

- Must be a Registered Nurse with current registration with the RNANT/NU.
- The ability to apply a deep and broad knowledge of diverse practices and physiological, emotional and behavioral scientific principles in the community setting.
- The ability to use analytical, conceptual and critical thinking skills to problem solve and influence client outcomes in an unpredictable environment.
- The ability to act independently to set priorities, develop work plans and manage workload while balancing individual client needs, complexity and acuity
- The ability to develop novel, imaginative and creative solutions that frequently have

no precedent and are conceptually new

- The ability to communicate in a caring, professional, therapeutic manner at all times with a wide variety of clients, caregivers and healthcare providers
- The ability to negotiate solutions.
- The skill and ability to apply learning theory in innovative ways in order to help clients understand the rationale for change and to motivate them to do so.
- Current expertise in a broad range of areas, including adult education, community based nursing, working with families, disease process, long term care assessment, knowledge of community resources, wound care and specialized dressings, grief management and pain management,
- The ability to make informed pertinent assessments and decisions while working independently in the community.
- The ability to integrate activities to avoid duplication of service and inappropriate use of resources, both for individual clients and within the nurses current caseload
- The ability to work in a culturally diverse environment using resources, such as interpreters appropriately.

Other Specific requirements include:

- The ability to operate a desktop computer for electronic mail, word processing, internet and to input information into a client database system
- The ability to operate and/or use medical equipment such as but not limited to peripheral IV pumps and lines, a variety of IV access devices, sphygmomanometer, blood glucose monitor, pulse oximeter, wheelchair, canes, crutches, etc.
- Knowledge of Coordinated Home Care Standards and Procedure Manuel and trends in health promotion/disease prevention practice and programs in order to provide safe nursing care to clients.
- Knowledge of biological physical and behavioral sciences in order to recognize interpret and prioritize findings and determine and implement a plan of action based on accepted standards of practice
- Knowledge of and ability to network resources within and outside the NTHSSA (i.e. Social Services .Public Health and NGO's) in order to ensure support of clients and their families
- An ability to operate a desktop computer in order to maintain a client data base system including entering statistics, documentation and scheduling as necessary, send and receive electronic mail, perform word processing and access information over the internet
- Ability to provide training advice and assessment using specialized equipment medications, tools and techniques
- An ability to communicate effectively orally and written
- An ability to be self-directed, meet deadlines, prioritize own workload and manage several tasks at once
- The incumbent must be aware of the importance of confidentiality and be able to keep personal and medical information private and confidential at all time.

Typically, the above qualifications would be attained by:

This level of knowledge is commonly acquired through the successful completion of a Nursing Degree and two years of recent acute nursing experience in a medical, surgical or home care setting.

ADDITIONAL REQUIREMENTS

Fort Smith Regional Requirements

Within the Fort Smith Region Registered Nurses must be registered with the NWTRNA and have successfully completed a criminal record check.

Within the Fort Smith Region all registered nurses must be able to acquire within a reasonable time frame and remain current with the following training and or certifications:

- CPR
- Safety Mask Fit Testing
- WHIMIS
- Certification in Advanced Foot care
- TLR
- Palliative Care
- Supportive Pathways
- Infection Control Standards
- Class 5 driver's License

Position Security (check one)

No criminal records check required
 Position of Trust – criminal records check required
 Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

French preferred

Aboriginal language: To choose a language, click [here](#).

- Required
- Preferred