Government of
Northwest Territories

IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Nurse Case Manager, Primary Care	
Position Number	**Community**	**Division/Region**
48-17577	Yellowknife	Primary Care / Yellowknife

PURPOSE OF THE POSITION

The Nurse Case Manager, Primary Care is a member of the Integrated Care Team within Yellowknife Primary Care Team. The incumbent provides community health and case management services in accordance with the Northwest Territories Health and Social Services Authority and Registered Nurses Association of Northwest Territories and Nunavut (RNANT/NU) to ensure regional residents have access to timely, professional, and sustainable health services required to maintain optimal health.

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-indigenous persons. Health and social services include 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.

Under the direction of the Minister of Health and Social Services, the NTHSSA was established to move toward one integrated delivery system as part of the Government of the Northwest Territories (GNWT) transformation strategy. The NTHSSA sets clinical standards, procedures, guidelines, and monitoring for the entire Northwest Territories. While the Tłı̨chǫ Community Services Agency (TCSA) operates under a separate board, and Hay River Health and Social Services Agency (HRHSSA) remains separate in the interim, Service Agreements will be

established with these boards to identify performance requirements and ensure adherence to clinical standards, procedures, guidelines, and policies as established by the NTHSSA.

The NTHSSA is responsible for the effective delivery of regional Primary Care services to residents of Fort Smith, Inuvik, and Yellowknife. The NTHSSA provides and supports the delivery of health and social services across the lifespan on an outpatient and outreach basis in order to enhance healthy communities and well-being through excellence, accountability, and respect for regional diversity, and works with communities to promote healthy lifestyles.

Since 2013, the NWT health and social services system has been engaged in a strategic renewal process. This began with System Transformation, a multi-year, community engagement-driven process to develop a model for an integrated health and social services system. The resulting changes to the system's governance structure have enabled a one- system approach, allowing for greater efficiency and integration while better respecting the unique contexts and strengths of the NWT's distinct regions and cultures.

Building off the results and momentum of System Transformation, the strategic renewal effort has now begun a process of Primary Health Care Reform to shift the system and its care models towards a team and relationship-based approach that is driven through public participation, community feedback, and data, and built upon a foundation of trust and cultural safety. Using a community development approach, we are changing the way we work with people and communities, at every level of the health and social services system, to enable public participation in priority setting, planning, and design that integrates the social determinants of health. The Nurse Case Manager, Primary Care is a new role created through this process and plays a crucial role in coordinating and managing patient care to develop trusting, caring relationships with patients, and the healthcare provided, while actively contributing to ongoing design and renewal activities.

This position is located in Yellowknife and reports directly to the Regional Manager, Primary Care. In accordance with established standards of nursing practice the Nurse Case Manager, Primary Care, will promote the health and wellness of patients within the Integrated Care Team, act as a patient advocate, and provide non-emergency medical care; procedures and standards of nursing care; and deliver nursing core services designed to promote community health and wellness, decrease suffering, and prevent injury across the lifespan.

Within the integrated care team, patients paneled to their "team" of care providers that could include Program Assistant, Licensed Practical Nurse, Community Health Nurse, Nurse Case Manager and Practitioner positions. This role has the responsibility to coordinate the care of the patients paneled to that team. For example, a patient with chronic co-morbidities requires the facilitation of multiple health services – medication management, ongoing health surveillance, physical assessment, assessment of additional referrals to meet the patient's needs, coordination of care from various service providers, and additional preventative

screening. Proactively providing case management and screening could mean the difference between an early vs. late-stage cancer diagnosis, for example the Nurse Case Manager has the ability to identify the people who require the screening using approved clinical practice guidelines/completes or requests the screening and then provides the appropriate follow-up/treatment within scope and role.

If beyond their scope, the Nurse Case Manager has the ability to consult with the higher-level provider on the team and/or consult/refer as appropriate. As an example, coordinating care plans with physician input, arranging and follow-up & diagnostic appointments.

From a panel management perspective, the Nurse Case Manager would be responsible for proactively monitoring patients assigned to their panel to ensure they receive required preventative screening (colorectal screening, mammography, cervical cancer screening, diabetes screening, etc.) and that efficient chronic disease management occurs (booking in for annual appointments, adequate follow up and surveillance, physical assessments, medication reconciliation as required, etc.).

Services may be provided within the Primary Care Clinic, via Tele-health/telemerge, by telephone, or in a patient's home (e.g., elderly population) and are intended to promote wellness, decrease suffering, and prevent injury. Services may be provided through independent practice or as part of an interdisciplinary integrated care team.

The legacies of colonization and residential schools have impacted Indigenous health outcomes, and the way health and social services are delivered and accessed. The incumbent is required to always honor and promote a culturally safe environment. Practicing from a trauma informed care perspective is expected and the position requires that interaction with patients and families is tactful, respectful, and humble. This position requires the ability to oversee several complex issues concurrently while maintaining attention to detail. The incumbent is expected to remain calm, controlled, and professional, regardless of the situation, and demonstrate compassionate care that is free of racism and discrimination, to patients, families, community members, and other members of the health care team. The incumbent is required to be motivated and innovative in the area of continuing education and practice, such as engaging in self-reflection, to encourage the professional growth of self and others.

RESPONSIBILITIES

1. **Lead Case Management and Service Coordination by collaborating proactively with all integrated interdisciplinary team members, using a patient-centered approach to facilitate and maximize healthcare outcomes. Advocate for the patient/family at the service-delivery level to foster patient/family centered decision making.**
   - Coordinate interdisciplinary patient care for high risk or complex patients.

- Facilitate communication between healthcare providers, patients, and families to ensure cohesive care.
- Utilize best practice models to identify, incorporate or develop strategies for panel management. Collaborate with other teams to share and establish best practice for the primary care clinic.
- Utilize "practice search" capabilities within the electronic medical record (EMR) to pro-actively seek out panel designated persons due or over-due for preventative health screening in accordance with the NWT Clinical Practice Guidelines.
- Manage team paneled patients' acute and chronic care needs as well as health maintenance.
- Coordinate services across healthcare providers, including physicians, nurse practitioners, hospitals, specialists, and rehabilitation centers.
- Identify physical, emotional, psychosocial, sexual, and spiritual needs of individuals and provide supportive care interventions and referrals in a collaborative interdisciplinary approach to care.
- Assist in organizing and coordinating appointments, services and referrals as required.

2. **Facilitate, implement, and modify patient and family educational/teaching based on the needs of the patient in conjunction with members of the ICT.**
    - Use a holistic approach, honoring Indigenous knowledge, wisdom, and diversity, to promote patient centered learning to individuals and their families to promote wellness, decrease suffering and prevent injury (e.g. self-care, health promotion, etc.).
    - Assess the individual for physical and psychological needs, their knowledge of their health, disease process and learning needs.
    - Help patients navigate the healthcare system and overcome barriers to care.
    - Develop, revise, and evaluate on an ongoing basis, educational resources necessary to support patients.

3. **Advocate for practice environments that have the organization and resource allocations necessary for safe, competent, and ethical nursing care.**
    - Provide coaching and leadership to peers, students, and other members of the health care team to develop skill levels necessary to promote wellness, decrease suffering and prevent injury.
    - Collaborate with nurses, peers and other members of the health and social services care team to advocate for health care environments that are conducive to ethical practice, cultural safety, and to the health and well-being and experiences of patients and staff.
    - Participate in research (e.g. flu watch), special projects (e.g. new immunization programs), and interagency meetings to plan, implement, and evaluate joint projects related to the community's health status.
    - Advocate for the dignity and respect of patients.

- Promote the autonomy and rights of patients and help them to express their health and health care needs and values to obtain appropriate information and services.
- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the health care team only with the individual's permission or as legally required.
- Report to supervisor any breach in standards of care.
- Advocate for the patient/family at the service-delivery level and at the policy-making level to foster the patient/family decision-making, independence and growth and development.

4. **Assist and collaborate with members of the ICT as needed.**
    - Collaborate with physicians, nurse practitioners, nurses, holistic wellness advisors and program assistants and other healthcare practitioners to create a multidisciplinary approach to patient care.
    - Participate in care team meetings and case reviews as necessary.
    - Follow-up on patient concerns, provide timelines and information feedback to NIC and/or Senior Management to be able to handle the patient concern.
    - Acquire more information on a particular incident, report the findings to the NIC and/or Senior Management.
    - Participate in and represent the NTHSSA on regional and territorial committees, as requested.

5. **The Nurse Case Manager, Primary Care is expected to facilitate, support, and promote a culture of teamwork.**
    - Receive and share information, opinions, concerns, and feedback in a supportive manner.
    - Work collaboratively to build rapport and create supportive relationships with team members both within primary care and across the organization.
    - Develop a supportive rapport with individuals and their families to facilitate collaborative relationships with other integrated team members.
    - Make frequent decisions about the most appropriate, effective, and efficient mode of communication among interdisciplinary team members in accordance with identified policies and procedures.
    - Coordinate and participate in formal and informal case conferences to share appropriate information concerning individual concerns or progress and to utilize the team's skills and resources in the most efficient and effective manner.
    - Contribute to a positive, strengths-based team environment, and support team colleagues.
    - Collaborate proactively with all integrated and interdisciplinary team members utilizing a patient centered approach to facilitate and maximize healthcare outcomes.

- Communicate effectively with members of the health care team to provide continuity of care and promote collaborative efforts directed toward quality patient care.

WORKING CONDITIONS

Physical Demands

Majority of shift – incumbent would spend lengthy periods of time sitting/standing at desk working on a computer or on a telephone.

From time to time (1 - 2 times per week at 10 minutes per incident) the incumbent will be required to lift, carry, or support patients during the provision of patient care. This includes incapacitated patients within the Regional Primary Care site and emergency patients who initially present to the primary care clinic and require transfer to an acute care service.

Environmental Conditions

The incumbent works in a comfortable work atmosphere.

The incumbent may have rare levels of exposure to communicable diseases (e.g. TB), blood (e.g. during the processing of body fluids for transportation to the Laboratory), body fluid, and hazardous materials (e.g. sharps, cleaning solutions, cytotoxic medications).

Sensory Demands

There is considerable need for attention to detail with respect to correspondence, tracking and other documents/systems. The incumbent deals with shifting/changing priorities daily.

The incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and observation of patients, approximately 70% of day.

Mental Demands

The incumbent is required to display a high level of autonomy and decision-making skill. Pressure from high work volume and constantly changing priorities and may on occasion be exposed to emotionally disturbing experiences.

KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of and an ability to apply and assess the nursing process (assessment, planning, implementation, and evaluation) and current nursing practice (including public health) to ensure that the patients' diverse physical, emotional, psychosocial, cultural, spiritual, and educational needs are met.
- 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 operate Microsoft Office applications (i.e. Word, PowerPoint, and Outlook) in order to complete training materials and presentations, electronic mail to send and receive mail, and internet in order to conduct on-line research.
- Knowledge of and an ability to network with resources within and outside the NTHSSA (i.e. Social Services, Public Health, Mental Health etc.) in order to ensure support of patients and their families.
- Knowledge regarding the importance of confidentiality and ability to keep personal and medical information private and confidential at all times.
- Knowledge of best practices in primary health care.
- Knowledge of and ability to use the electronic medical record (EMR) system.
- Ability to operate and/or use standard medical equipment (such as but not limited to - ECG, peripheral IV pumps and lines, stretchers, thermometers, sphygmomanometer, blood glucose monitors, sharps, pulse oximeter, etc.).
- Ability to educate patients and their families on self-care methods and techniques.
- Ability to understand and recognize the cultural, social, and political realities in the NWT.
- Ability to recognize the impacts of colonization and residential schools on Indigenous health outcomes and the way health and social services are delivered.
- Ability and willingness to engage in self-reflection to learn about personal biases and assumptions.
- Ability to coordinate a wide variety of activities and objectives.
- Ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive, and constructive thinking skills.
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion and cultural awareness, as well as safety and sensitivity approaches in the workplace.

Typically, the above qualifications would be attained by:
The successful completion of a Nursing Degree, and two (2) years of recent nursing experience in an ER setting or within a Community Health Centre or Public Health Unit

Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS

Proof of immunization in keeping with current public health practices. Within the NTHSSA nurses must be registered with the RNANT/NU.

Regional Primary Care Requirements
Within the NTHSSA health care providers must be able to acquire within a reasonable time frame and remain current with the following training and certifications:

- WHMIS
- Certification in Health Care Provider CPR

- Education Program for Immunization Competency (EPIC)
- Fire Training
- Point of Care Testing certifications
- Nonviolent Crisis Intervention
- Suicide Risk Assessment training.
- Training as required to meet Accreditation Canada standards.

Within a NTHSSA Regional Primary Care site the following training and/or certifications would be definite assets:

- Transportation of Dangerous Goods
- Applied Suicide Intervention Skills Training (ASIST)
- Mental Health First Aid
- General laboratory functions
- Canadian Nursing Association Certifications are desirable.

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:
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☐ French preferred

Indigenous language: Select language

☐ Required
☐ Preferred

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SCOPE

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screening. Proactively providing case management and screening could mean the difference between an early vs. late-stage cancer diagnosis, for example the Nurse Case Manager has the ability to identify the people who require the screening using approved clinical practice guidelines/completes or requests the screening and then provides the appropriate follow-up/treatment within scope and role.

If beyond their scope, the Nurse Case Manager has the ability to consult with the higher-level provider on the team and/or consult/refer as appropriate. As an example, coordinating care plans with physician input, arranging and follow-up & diagnostic appointments.

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RESPONSIBILITIES

1. **Lead Case Management and Service Coordination by collaborating proactively with all integrated interdisciplinary team members, using a patient-centered approach to facilitate and maximize healthcare outcomes. Advocate for the patient/family at the service-delivery level to foster patient/family centered decision making.**
    - Coordinate interdisciplinary patient care for high risk or complex patients.

- Facilitate communication between healthcare providers, patients, and families to ensure cohesive care.
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- Manage team paneled patients' acute and chronic care needs as well as health maintenance.
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- Assist in organizing and coordinating appointments, services and referrals as required.

2. **Facilitate, implement, and modify patient and family educational/teaching based on the needs of the patient in conjunction with members of the ICT.**
    - Use a holistic approach, honoring Indigenous knowledge, wisdom, and diversity, to promote patient centered learning to individuals and their families to promote wellness, decrease suffering and prevent injury (e.g. self-care, health promotion, etc.).
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3. **Advocate for practice environments that have the organization and resource allocations necessary for safe, competent, and ethical nursing care.**
    - Provide coaching and leadership to peers, students, and other members of the health care team to develop skill levels necessary to promote wellness, decrease suffering and prevent injury.
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    - Participate in research (e.g. flu watch), special projects (e.g. new immunization programs), and interagency meetings to plan, implement, and evaluate joint projects related to the community's health status.
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- Promote the autonomy and rights of patients and help them to express their health and health care needs and values to obtain appropriate information and services.
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- Report to supervisor any breach in standards of care.
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   - Receive and share information, opinions, concerns, and feedback in a supportive manner.
   - Work collaboratively to build rapport and create supportive relationships with team members both within primary care and across the organization.
   - Develop a supportive rapport with individuals and their families to facilitate collaborative relationships with other integrated team members.
   - Make frequent decisions about the most appropriate, effective, and efficient mode of communication among interdisciplinary team members in accordance with identified policies and procedures.
   - Coordinate and participate in formal and informal case conferences to share appropriate information concerning individual concerns or progress and to utilize the team’s skills and resources in the most efficient and effective manner.
   - Contribute to a positive, strengths-based team environment, and support team colleagues.
   - Collaborate proactively with all integrated and interdisciplinary team members utilizing a patient centered approach to facilitate and maximize healthcare outcomes.

- Communicate effectively with members of the health care team to provide continuity of care and promote collaborative efforts directed toward quality patient care.

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- Knowledge of and an ability to network with resources within and outside the NTHSSA (i.e. Social Services, Public Health, Mental Health etc.) in order to ensure support of patients and their families.
- Knowledge regarding the importance of confidentiality and ability to keep personal and medical information private and confidential at all times.
- Knowledge of best practices in primary health care.
- Knowledge of and ability to use the electronic medical record (EMR) system.
- Ability to operate and/or use standard medical equipment (such as but not limited to - ECG, peripheral IV pumps and lines, stretchers, thermometers, sphygmomanometer, blood glucose monitors, sharps, pulse oximeter, etc.).
- Ability to educate patients and their families on self-care methods and techniques.
- Ability to understand and recognize the cultural, social, and political realities in the NWT.
- Ability to recognize the impacts of colonization and residential schools on Indigenous health outcomes and the way health and social services are delivered.
- Ability and willingness to engage in self-reflection to learn about personal biases and assumptions.
- Ability to coordinate a wide variety of activities and objectives.
- Ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive, and constructive thinking skills.
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion and cultural awareness, as well as safety and sensitivity approaches in the workplace.

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ADDITIONAL REQUIREMENTS

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Regional Primary Care Requirements
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- Education Program for Immunization Competency (EPIC)
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- Suicide Risk Assessment training.
- Training as required to meet Accreditation Canada standards.

Within a NTHSSA Regional Primary Care site the following training and/or certifications would be definite assets:

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- Applied Suicide Intervention Skills Training (ASIST)
- Mental Health First Aid
- General laboratory functions
- Canadian Nursing Association Certifications are desirable.

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

Indigenous language: Select language

☐ Required
☐ Preferred

IDENTIFICATION

Department	Position Title	
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Position Number	**Community**	**Division/Region**
48-17579	Yellowknife	Primary Care / Yellowknife

PURPOSE OF THE POSITION

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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-indigenous persons. Health and social services include 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.

Under the direction of the Minister of Health and Social Services, the NTHSSA was established to move toward one integrated delivery system as part of the Government of the Northwest Territories (GNWT) transformation strategy. The NTHSSA sets clinical standards, procedures, guidelines, and monitoring for the entire Northwest Territories. While the Tłı̨chǫ Community Services Agency (TCSA) operates under a separate board, and Hay River Health and Social Services Agency (HRHSSA) remains separate in the interim, Service Agreements will be

established with these boards to identify performance requirements and ensure adherence to clinical standards, procedures, guidelines, and policies as established by the NTHSSA.

The NTHSSA is responsible for the effective delivery of regional Primary Care services to residents of Fort Smith, Inuvik, and Yellowknife. The NTHSSA provides and supports the delivery of health and social services across the lifespan on an outpatient and outreach basis in order to enhance healthy communities and well-being through excellence, accountability, and respect for regional diversity, and works with communities to promote healthy lifestyles.

Since 2013, the NWT health and social services system has been engaged in a strategic renewal process. This began with System Transformation, a multi-year, community engagement-driven process to develop a model for an integrated health and social services system. The resulting changes to the system's governance structure have enabled a one- system approach, allowing for greater efficiency and integration while better respecting the unique contexts and strengths of the NWT's distinct regions and cultures.

Building off the results and momentum of System Transformation, the strategic renewal effort has now begun a process of Primary Health Care Reform to shift the system and its care models towards a team and relationship-based approach that is driven through public participation, community feedback, and data, and built upon a foundation of trust and cultural safety. Using a community development approach, we are changing the way we work with people and communities, at every level of the health and social services system, to enable public participation in priority setting, planning, and design that integrates the social determinants of health. The Nurse Case Manager, Primary Care is a new role created through this process and plays a crucial role in coordinating and managing patient care to develop trusting, caring relationships with patients, and the healthcare provided, while actively contributing to ongoing design and renewal activities.

This position is located in Yellowknife and reports directly to the Regional Manager, Primary Care. In accordance with established standards of nursing practice the Nurse Case Manager, Primary Care, will promote the health and wellness of patients within the Integrated Care Team, act as a patient advocate, and provide non-emergency medical care; procedures and standards of nursing care; and deliver nursing core services designed to promote community health and wellness, decrease suffering, and prevent injury across the lifespan.

Within the integrated care team, patients paneled to their "team" of care providers that could include Program Assistant, Licensed Practical Nurse, Community Health Nurse, Nurse Case Manager and Practitioner positions. This role has the responsibility to coordinate the care of the patients paneled to that team. For example, a patient with chronic co-morbidities requires the facilitation of multiple health services – medication management, ongoing health surveillance, physical assessment, assessment of additional referrals to meet the patient's needs, coordination of care from various service providers, and additional preventative

screening. Proactively providing case management and screening could mean the difference between an early vs. late-stage cancer diagnosis, for example the Nurse Case Manager has the ability to identify the people who require the screening using approved clinical practice guidelines/completes or requests the screening and then provides the appropriate follow-up/treatment within scope and role.

If beyond their scope, the Nurse Case Manager has the ability to consult with the higher-level provider on the team and/or consult/refer as appropriate. As an example, coordinating care plans with physician input, arranging and follow-up & diagnostic appointments.

From a panel management perspective, the Nurse Case Manager would be responsible for proactively monitoring patients assigned to their panel to ensure they receive required preventative screening (colorectal screening, mammography, cervical cancer screening, diabetes screening, etc.) and that efficient chronic disease management occurs (booking in for annual appointments, adequate follow up and surveillance, physical assessments, medication reconciliation as required, etc.).

Services may be provided within the Primary Care Clinic, via Tele-health/telemerge, by telephone, or in a patient's home (e.g., elderly population) and are intended to promote wellness, decrease suffering, and prevent injury. Services may be provided through independent practice or as part of an interdisciplinary integrated care team.

The legacies of colonization and residential schools have impacted Indigenous health outcomes, and the way health and social services are delivered and accessed. The incumbent is required to always honor and promote a culturally safe environment. Practicing from a trauma informed care perspective is expected and the position requires that interaction with patients and families is tactful, respectful, and humble. This position requires the ability to oversee several complex issues concurrently while maintaining attention to detail. The incumbent is expected to remain calm, controlled, and professional, regardless of the situation, and demonstrate compassionate care that is free of racism and discrimination, to patients, families, community members, and other members of the health care team. The incumbent is required to be motivated and innovative in the area of continuing education and practice, such as engaging in self-reflection, to encourage the professional growth of self and others.

RESPONSIBILITIES

1. **Lead Case Management and Service Coordination by collaborating proactively with all integrated interdisciplinary team members, using a patient-centered approach to facilitate and maximize healthcare outcomes. Advocate for the patient/family at the service-delivery level to foster patient/family centered decision making.**
    - Coordinate interdisciplinary patient care for high risk or complex patients.

- Facilitate communication between healthcare providers, patients, and families to ensure cohesive care.
- Utilize best practice models to identify, incorporate or develop strategies for panel management. Collaborate with other teams to share and establish best practice for the primary care clinic.
- Utilize "practice search" capabilities within the electronic medical record (EMR) to pro-actively seek out panel designated persons due or over-due for preventative health screening in accordance with the NWT Clinical Practice Guidelines.
- Manage team paneled patients' acute and chronic care needs as well as health maintenance.
- Coordinate services across healthcare providers, including physicians, nurse practitioners, hospitals, specialists, and rehabilitation centers.
- Identify physical, emotional, psychosocial, sexual, and spiritual needs of individuals and provide supportive care interventions and referrals in a collaborative interdisciplinary approach to care.
- Assist in organizing and coordinating appointments, services and referrals as required.

2. **Facilitate, implement, and modify patient and family educational/teaching based on the needs of the patient in conjunction with members of the ICT.**
   - Use a holistic approach, honoring Indigenous knowledge, wisdom, and diversity, to promote patient centered learning to individuals and their families to promote wellness, decrease suffering and prevent injury (e.g. self-care, health promotion, etc.).
   - Assess the individual for physical and psychological needs, their knowledge of their health, disease process and learning needs.
   - Help patients navigate the healthcare system and overcome barriers to care.
   - Develop, revise, and evaluate on an ongoing basis, educational resources necessary to support patients.

3. **Advocate for practice environments that have the organization and resource allocations necessary for safe, competent, and ethical nursing care.**
   - Provide coaching and leadership to peers, students, and other members of the health care team to develop skill levels necessary to promote wellness, decrease suffering and prevent injury.
   - Collaborate with nurses, peers and other members of the health and social services care team to advocate for health care environments that are conducive to ethical practice, cultural safety, and to the health and well-being and experiences of patients and staff.
   - Participate in research (e.g. flu watch), special projects (e.g. new immunization programs), and interagency meetings to plan, implement, and evaluate joint projects related to the community's health status.
   - Advocate for the dignity and respect of patients.

- Promote the autonomy and rights of patients and help them to express their health and health care needs and values to obtain appropriate information and services.
- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the health care team only with the individual's permission or as legally required.
- Report to supervisor any breach in standards of care.
- Advocate for the patient/family at the service-delivery level and at the policy-making level to foster the patient/family decision-making, independence and growth and development.

4. **Assist and collaborate with members of the ICT as needed.**
   - Collaborate with physicians, nurse practitioners, nurses, holistic wellness advisors and program assistants and other healthcare practitioners to create a multidisciplinary approach to patient care.
   - Participate in care team meetings and case reviews as necessary.
   - Follow-up on patient concerns, provide timelines and information feedback to NIC and/or Senior Management to be able to handle the patient concern.
   - Acquire more information on a particular incident, report the findings to the NIC and/or Senior Management.
   - Participate in and represent the NTHSSA on regional and territorial committees, as requested.

5. **The Nurse Case Manager, Primary Care is expected to facilitate, support, and promote a culture of teamwork.**
   - Receive and share information, opinions, concerns, and feedback in a supportive manner.
   - Work collaboratively to build rapport and create supportive relationships with team members both within primary care and across the organization.
   - Develop a supportive rapport with individuals and their families to facilitate collaborative relationships with other integrated team members.
   - Make frequent decisions about the most appropriate, effective, and efficient mode of communication among interdisciplinary team members in accordance with identified policies and procedures.
   - Coordinate and participate in formal and informal case conferences to share appropriate information concerning individual concerns or progress and to utilize the team’s skills and resources in the most efficient and effective manner.
   - Contribute to a positive, strengths-based team environment, and support team colleagues.
   - Collaborate proactively with all integrated and interdisciplinary team members utilizing a patient centered approach to facilitate and maximize healthcare outcomes.

- Communicate effectively with members of the health care team to provide continuity of care and promote collaborative efforts directed toward quality patient care.

WORKING CONDITIONS

Physical Demands

Majority of shift – incumbent would spend lengthy periods of time sitting/standing at desk working on a computer or on a telephone.

From time to time (1 - 2 times per week at 10 minutes per incident) the incumbent will be required to lift, carry, or support patients during the provision of patient care. This includes incapacitated patients within the Regional Primary Care site and emergency patients who initially present to the primary care clinic and require transfer to an acute care service.

Environmental Conditions

The incumbent works in a comfortable work atmosphere.

The incumbent may have rare levels of exposure to communicable diseases (e.g. TB), blood (e.g. during the processing of body fluids for transportation to the Laboratory), body fluid, and hazardous materials (e.g. sharps, cleaning solutions, cytotoxic medications).

Sensory Demands

There is considerable need for attention to detail with respect to correspondence, tracking and other documents/systems. The incumbent deals with shifting/changing priorities daily.

The incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and observation of patients, approximately 70% of day.

Mental Demands

The incumbent is required to display a high level of autonomy and decision-making skill. Pressure from high work volume and constantly changing priorities and may on occasion be exposed to emotionally disturbing experiences.

KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of and an ability to apply and assess the nursing process (assessment, planning, implementation, and evaluation) and current nursing practice (including public health) to ensure that the patients' diverse physical, emotional, psychosocial, cultural, spiritual, and educational needs are met.
- 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 operate Microsoft Office applications (i.e. Word, PowerPoint, and Outlook) in order to complete training materials and presentations, electronic mail to send and receive mail, and internet in order to conduct on-line research.
- Knowledge of and an ability to network with resources within and outside the NTHSSA (i.e. Social Services, Public Health, Mental Health etc.) in order to ensure support of patients and their families.
- Knowledge regarding the importance of confidentiality and ability to keep personal and medical information private and confidential at all times.
- Knowledge of best practices in primary health care.
- Knowledge of and ability to use the electronic medical record (EMR) system.
- Ability to operate and/or use standard medical equipment (such as but not limited to - ECG, peripheral IV pumps and lines, stretchers, thermometers, sphygmomanometer, blood glucose monitors, sharps, pulse oximeter, etc.).
- Ability to educate patients and their families on self-care methods and techniques.
- Ability to understand and recognize the cultural, social, and political realities in the NWT.
- Ability to recognize the impacts of colonization and residential schools on Indigenous health outcomes and the way health and social services are delivered.
- Ability and willingness to engage in self-reflection to learn about personal biases and assumptions.
- Ability to coordinate a wide variety of activities and objectives.
- Ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive, and constructive thinking skills.
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion and cultural awareness, as well as safety and sensitivity approaches in the workplace.

Typically, the above qualifications would be attained by:
The successful completion of a Nursing Degree, and two (2) years of recent nursing experience in an ER setting or within a Community Health Centre or Public Health Unit

Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS

Proof of immunization in keeping with current public health practices. Within the NTHSSA nurses must be registered with the RNANT/NU.

Regional Primary Care Requirements
Within the NTHSSA health care providers must be able to acquire within a reasonable time frame and remain current with the following training and certifications:

- WHMIS
- Certification in Health Care Provider CPR

- Education Program for Immunization Competency (EPIC)
- Fire Training
- Point of Care Testing certifications
- Nonviolent Crisis Intervention
- Suicide Risk Assessment training.
- Training as required to meet Accreditation Canada standards.

Within a NTHSSA Regional Primary Care site the following training and/or certifications would be definite assets:

- Transportation of Dangerous Goods
- Applied Suicide Intervention Skills Training (ASIST)
- Mental Health First Aid
- General laboratory functions
- Canadian Nursing Association Certifications are desirable.

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

Indigenous language: Select language

☐ Required
☐ Preferred