

## Position description

<b>Position</b>	Clinical Nurse   Team Care Coordination		
<b>Purpose</b>	In collaboration with referrers such as GPs and hospital clinicians, provide care coordination to referred patients and achieve the objectives of the Team Care Coordination program.		
<b>Approval date</b>	20 June 2023	<b>Approved by</b>	Sharon Sweeney

### Brisbane North PHN

Our vision is a community where good health is available for everyone.

Brisbane North PHN supports clinicians and communities in Brisbane's northern suburbs, Moreton Bay Regional Council and parts of Somerset Regional Council. It covers approximately 4,100 km<sup>2</sup> of urban, regional and rural areas, with a population of over one million.

We are one of 31 Primary Health Networks across Australia.

We work with local communities, consumers, carers, health professionals, hospitals and community providers to understand our community and their needs. We then engage stakeholders to design and commission programs and services to meet those needs.

Our PHN's goals:

- Be informed and led by community voice
- Re-orient the health system toward care close to home
- Build capacity of providers to meet health needs of our region.

The PHN's values:

- **Collaboration:** We build strong and enduring relationships to achieve our shared goals
- **Diversity:** We are inclusive, fair and responsive to different needs
- **Integrity:** We are transparent, respectful and work to the highest standards
- **Courage:** We lead new approaches, learn and improve
- **Impact:** We deliver outcomes for our community.

### Key outcome areas

To ensure the organisation works effectively to achieve its annual business plan, each team member has responsibility for a range of activities and outcomes. These activities and outcomes are reviewed once a year formally and on an ongoing basis informally with team members, team leaders and managers.

[www.brisbanenorthphn.org.au](http://www.brisbanenorthphn.org.au)

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### **Role-specific**

- provide timely phone, telehealth and/or face to face assessment and review to deliver comprehensive coordination of health, community and social support services for people over the age of 18 years who have complex chronic health conditions and needs
- provide information and resources to empower patients to stay at the centre of their own care and make informed decisions
- maintain confidential client records with accurate data collection, assessment and case notes summaries
- liaise with health and community services providers to coordinate appropriate supports for patients
- work collaboratively with program referrers including general practice staff, general practitioners (GPs) and hospital staff to collectively improve patient's care and quality of life
- provide feedback/case summaries to referrers to support the integration of patient care
- conduct work activities in accordance with workplace health and safety policies in particular in relation to home visiting practices - this includes bending, kneeling and standing to take accurate measurements for equipment provision with occupational therapy support
- retain active professional relationships with government and non-government service providers and associated stakeholders in the primary care sector
- provide Service Navigation Coordinator phone support as required during absence or annual leave

#### ***Please note:***

- It is expected that in this role you will maintain up-to-date COVID vaccinations in accordance with current national/state guidelines
- It is expected in this role that you will have annual Influenza vaccinations
- You may be required to present evidence of vaccinations on request

### **General**

- regularly attend team and staff meetings
- contribute to the pursuit of excellence through promoting and maintaining positive team spirit and organisational values, abiding by the organisation's Code of Conduct and Leadership Capability Framework, implementing all policies and procedures correctly and recommending quality improvements
- communicate effectively and respectfully with all members of the organisation and external stakeholders
- record all interactions in ChilliDB and other program and project databases on time, ensuring that information is relevant, accurate, up-to-date and accessible by other team members
- comply with reporting requirements as directed by your manager
- deal with sensitive information in a confidential and professional manner
- complete other reasonable duties and projects as required to meet organisational objectives

## **Reporting relationships**

### **Relationships**

Reports to: Team Leader | Team Care Coordination

Direct reports: None

### **Level of delegation**

(Per Delegation Matrix – CEO to staff) Level 3

## Key selection criteria

Within the context of the key outcome areas described above, the ideal applicant will demonstrate the following:

### Qualifications and experience

- Registered Nurse with AHPRA registration
- recent clinical experience and competency in advanced community nursing practice
- knowledge of local public and private primary health care services and resources related to the care of the aged, people with chronic health problems and their carers
- high level of critical analysis, problem solving and decision making in order to apply appropriate interventions in complex situations
- Well-developed written and communication skills with the ability to engage effectively with a range of stakeholders

### Capabilities

The Brisbane North PHN Leadership Capability Framework applies to all roles within the organisation. Applicants must address these capabilities.

- leads self – self-aware, proactive and adaptable; takes personal development opportunities and is resilient
- engages others at all levels with respect, collaboration and cultural sensitivity
- achieves outcomes in a high demand work environment with judgment and initiative
- drives innovation - contributes to our culture of continuous quality improvement
- shapes systems - works productively within internal and external systems and networks
- bases decisions on available evidence.

### Other

A current driver's licence is essential and use of a personal vehicle is required. Work-related mileage will be reimbursed at relevant rates.

You may be required to work flexible hours. The role may include evening/weekend commitments for which time off in lieu is provided.

Proof of COVID-19 vaccination status is required based on current recommended guidelines.

(Please note: This position description is subject to adjustment within reason and in consultation with your manager to meet the deliverables of the organisation.)