Position title	**Registered Nurse (Care Coordinator)**
Reports to	**Clinical Nurse Coordinator**
Award agreement	**Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024**
Classification	**Community Health Nurse 4 (CN4)**

About Your Community Health

Your Community Health is a progressive, high quality, independent community health service. It provides a wide range of community-based health and social support services including primary care, allied health, oral health, mental health, harm reduction, social support, and health promotion services. Our three comprehensive health centres are located in Darebin, but we are here for everyone in the diverse communities across Melbourne. We work in partnership with our communities and other services using a combination of outreach, home-based and centre-based activities, and co-located services.

More information is available at: www.yourch.org.au

Vision	Health and wellbeing for everyone
Purpose	We partner with people and communities to deliver health and wellbeing services and promote equity
Our organisational values	**Courage** • We are progressive • We are creative and resourceful • We challenge the status quo for the benefit of our communities **Empathy** • We are caring and inclusive • We celebrate and value diversity • We work collaboratively and respectfully **Integrity** • We are ethical, honest, reliable and fair • We listen and are accountable to our communities • We earn and build trust **Achievement** • We are outcomes-focused • We are adaptable and always learning • We continuously improve • We are creative and resourceful

Statement of Inclusivity
Your Community Health is committed to providing an inclusive and accessible environment where people and communities of all identities and backgrounds (including but not limited to, ethnicity, faith, socio-economic circumstance, sexual orientation, gender identity, ability, bodies, migration status, age and Aboriginal and Torres Strait Islander descent) are accepted, safe and celebrated. We achieve this through the guidance of our values and principles.

Your Community Health understands the need to ensure that meaningful inclusion is built into the organisational DNA and to create an environment that attracts team members that reflect the communities we serve.

Your Community Health look to actively encourage members applications from of the LGBTIQA+, Aboriginal and Torres Strait Islander peoples, Disability, culturally and linguistically diverse communities and those with lived experience in areas in which we work. We work to address barriers in full participation.

About the Medical Services Team
The Medical Services team provides accessible, culturally safe, and client-centred healthcare across General Practice, Medical Specialist Clinics, Care Coordination, Public Oral Health, and Harm Reduction Services. The team works to reduce gaps in care, improve health outcomes, and promote health equity, particularly for people from Aboriginal, CALD, and other underserved communities. Services are delivered through integrated care approaches, client-focused programs, social prescribing, and collaboration with partners and funders. The team sits within the Integrated and Primary Care Directorate.

As part of YourCH, we are passionate and enthusiastic staff working towards our vision of health and wellbeing for everyone, creating an environment that is inclusive and representative of the communities in which we serve.

Position Purpose
The Care Coordination Registered Nurse delivers the Seniors Lifestyle Victoria Care Coordination service, funded by the Department of Health, to support older Victorians living in the community experiencing mild to moderate frailty. The role provides clinical leadership and coordinates care to improve participants' functional capacity, wellbeing and independence, while reducing preventable Emergency Department presentations and hospital admissions.

The role achieves this through client-centred care, social prescribing, care planning and coordination across multidisciplinary teams, as well as targeted programs including nutrition, exercise, medication management and access to Allied Health and Mental Health supports. The Care Coordination Registered Nurse works collaboratively with internal teams, external providers and stakeholders to ensure integrated, best-practice care that enables clients to stay safe, healthy and confident at home.

The service focuses on improving client's functional capacity, enhancing wellbeing, and promoting independence. It supports older people living in the community who are experiencing mild to moderate symptoms of frailty, with the aim of reducing, slowing, or reversing these symptoms. In doing so, the service seeks to reduce the risk of avoidable emergency department presentations and hospitalisations. This will be achieved through:

- **Care Planning and Coordination** to address barriers to healthcare access and support information sharing across an individual's care team
- **Targeted Supports and Services**, including physical activity, nutrition, medication management, and opportunities for social connection
- **Ongoing Assessment, Monitoring and Review** to support sustained behaviour change throughout the Program

The role also works closely with the Seniors Lifestyle Victoria Project Manager in the implementation phase and also involves change leadership with other clinicians and teams within Your Community Health to

develop referral pathways and successful implementation of the program and with external providers and stake holders.

Position Responsibilities

- Provide comprehensive assessment of the overall health of a client and work with them to help understand their specific condition, provide advice on interventions and treatment to actively engage in management of their condition.
- Empower and enable clients to establish manageable goals and develop a plan to address these issues.
- Identify service gaps for clients most at risk of chronic development progression and liaise with appropriate services.
- Identify referral and intake pathways and use tools appropriately to support client throughout the Program.
- Deliver health coaching to improve health literacy and self-management skills.
- Manage individual case load of clients to aid with scheduling and management all interventions in line with the program guidelines.
- Support and guide clients to build on their knowledge, skills, and confidence to support self-management of their health goals and improve health literacy.
- Support clients to transition to the services and supports at program discharge to support them to stay safe and well at home.
- Support Care Navigators through supervision, mentoring and coaching.
- Work collaboratively with the Medical Services Manager, Clinical Nurse Co-ordinator, nursing staff and GPs, as well as the Allied Health and Community Program team members to ensure collaboration, integrated care, and program success
- Facilitate the appropriate health care referrals for clients as needed and support internal referral pathways across YourCH.
- Support and build relationships with external stake holders to ensure continuity of care.
- Participate in and contribute to program and team planning, process development and working group involvement.
- Participate in regular team meeting and community of practice session as require supporting the ongoing development and reflective practice within the Medical Services and Allied Health Teams
- Pursue, promote, and facilitate the ongoing professional development of self and others to ensure up to date knowledge and skills.

Position Requirements

Qualifications, Registrations and Licenses

- Bachelor of Nursing, or equivalent.
- Registered Nurse, Division 1 with current and unrestricted AHPRA registration.
- Current Victorian drivers licence

Skills, Experience and Knowledge

- Minimum 5 years' experience in Community Health services/ acute sector
- Previous experience delivering care coordination with advanced clinical skills working with and managing clients with complex health needs and developing and managing complex chronic disease care plans.
- Experience supporting clinical and non-clinical staff
- Demonstrated understanding of complex chronic disease conditions and community-based services.

- Excellent clinical skills within a wide range of assessment, treatment, intervention and providing education on chronic disease management.
- Ability to apply a person- centred approach when working alongside clients with complex chronic conditions.
- Demonstrated understanding of evidence -based care.
- Experience working with vulnerable and diverse communities.
- Ability to work independently and in a team, actively contribute and share knowledge with a multidisciplinary team.
- Ability to develop and build relationships with current and new stakeholders.
- Excellent interpersonal and active listening skills
- Excellent written and verbal communication skills with a demonstrated ability to educate and motivate individuals.
- Well-developed computer skills and excellent attention to detail and time management skills
- Demonstrated ability to use problem solving, planning delivery and coordination skills
- Self-directed and ability to thrive working in a environment which delivers quality health care to improve clients' health outcomes.

Expected behaviours for all YourCH team members and volunteers

- Support the provision of services that are inclusive, safe and high quality
- Maintain staff, volunteer and client confidentiality at all times
- Work in partnership with the community, clients and staff to achieve our vision
- Ensure an inclusive and safe workplace for clients, visitors, volunteers and staff
- Work in accordance with Your Community Health Policies and Procedures.

General

- Your Community Health requires declarations and personal information relevant to employment. The collection and handling of this information will be consistent with the requirements of the Information Privacy Act 1988
- The successful applicant is required to provide evidence of eligibility to work in Australia.
- Employment is contingent on a satisfactory Police Records Check, valid Working with Children Check and NDIS Worker Screening check clearance (when required). Where the preferred applicant has lived or worked overseas for a continuous period of 12 months or more within the past 10 years, they are required to provide an international police check for all countries that they have lived in for that period of time.
- Applicants who are not currently employed by Your Community Health are required to complete a Pre-existing Illness/ Injury Declaration Form.
- Management, in consultation with the staff member, reserves the right to modify this position description when required.

Relationship to Performance Development and Review Plan

This position description operates in conjunction with, and forms part of the relevant individual Performance Development Review Plan aligned to the organisational Strategic Plan. An initial performance review will take place six months following commencement of employment and then on an annual basis.

Your Community Health is an equal opportunity employer and encourages individuals of diverse backgrounds including those from the Aboriginal and Torres Strait Islander, Disability, Culturally and Linguistically Diverse and LGBTIQA+ communities to apply.