



**Position Title:**

Nurse Case Manager, OHSNI

**Supervisor:**

Executive Director

**Position Summary:**

Ottawa Health Services Network Inc. [OHSNI] defines nursing case management as a dynamic and systematic collaborative approach to provide and coordinate health care services to patients from the Qikiqtani region of NU. OHSNI's defined population is the individual inpatients and outpatients, as identified by Nunavut's Department of Health, who receive health care in Ottawa.

Nurse case managers actively participate in identifying and facilitating options and services to meeting individual healthcare needs, with the goal of decreasing fragmentation and duplication of care and enhancing quality and clinical outcomes. There is a great emphasis on discharge planning and transition of care, ensuring that patients and families can return to their communities safely.

OHSNI recognizes different patients require different levels of coordination, integration and continuity of culturally appropriate nursing care. Hours of work are 37.5 hours per week, from Monday to Friday. The Nurse Case Manager will need to be on call, on a rotational basis.

**Specific Responsibilities:**

**1. Patient Care**

- I. Liaises with health professionals and community partners to ensure continuity and high-quality patient care
  - Requests information from Ottawa physicians/hospitals/clinics, while ensuring this information is appropriate and complete
  - Requests information from Qikiqtani General Hospital (QGH) and Community Health Centers in the Baffin Region, as required, to complete the patient information needed by health professionals in Ottawa.
  - Works in partnership with the patient's insurers (NIHB) to ensure that medications and medical supply prescriptions are filled as directed by local vendors.

- Arranges nursing home care, public health care, or rehabilitation care, in Ottawa and make referrals to Nunavut, as required by a patient's condition.
- Visits patients in hospital and in the boarding home (Larga Baffin), as required.

## II. Anticipates, prepares, and follows through on adequate discharge planning

- Provides adequate notification regarding departure to all concerned (i.e. boarding home, home community, QGH)
- Ensures that patients being discharged are in a health condition sufficient to enable safe functioning at the outpatient boarding facility or on their return to the Baffin Region, whichever is appropriate
- Reinforces patient knowledge of his or her health condition and self-care routines by utilizing community resources as required.
- Ensures that the patient has completed all known inpatient and outpatient appointments prior to their returning home.

## III. Works within a multi-disciplinary team

- Exchanges written and/or verbal information with all team members involved with a particular patient's case.
- Provides direction, as needed, and participates in problem solving with all team members involved with a particular patient's case, to achieve the best outcomes possible.
- Instructs and assists team members to better understand the patient's health status.
- Actively participates in patient case conferences, staff meetings and team conferences, as required.
- Connects with our community partners to ensure our patients needs are met from a social service perspective.

## 2. Accountability, Monitoring and Reassessing

- Prepares thorough reports that are dispersed to the communities and QGH on a weekly basis for admitted patients and on discharge for all patients.
- Assists the Medical Records clerk compile and complete all patient visit summaries, for transmission as soon as possible after a patient leaves Ottawa.
- Follows-up on any post-discharge queries posed by health care team in Nunavut.
- Maintains complete and confidential charts on all patients.
- Documents all care plans.
- Assists with research or special projects as required

### **3. Management**

- Recommends changes to policies and procedures
- Assists with orientation and training of new staff

### **4. Education**

- Facilitates professional development and/or supportive information for local and northern community health nurses, as required
- Provides in-service education to the OHSNI team, as required
- Actively pursues ongoing educational opportunities.

### **5. Education and Experience**

- Experience in healthcare that includes linkage with healthcare agencies, interagency contract, case management, discharge planning
- Registration with the College of Nurses of Ontario.
- Knowledge of Inuit culture
- Ability to work with a multidisciplinary / multicultural team and excellent interpersonal skills
- Organizational skills and ability to prioritize work, scheduling, and performance of duties
- Good communication and report writing skills in English
- Creative problem solving skill
- Ability to work independently
- Fluency in English required

### **6. Preferred Qualifications**

- Prior experience in an acute care, homecare, or discharge planning
- Degree in Nursing preferred
- Experience working with Indigenous populations

### **7. Other Info**

- Send CVs in confidence to OHSNI's Executive Director [Danielle Dorschner](#)
- Criminal reference check required (for vulnerable sector)
- Temporary – full-time
- Due to COVID – interviews will be done through videoconference
- Application deadline and start date: as soon as possible