Position Description

Position Title:	**Care Coordinator or Aboriginal Health Worker**
Classification:	Stream D - Direct Service Delivery, Band 2

Purpose of the Role

The Care Coordinator or Aboriginal Health Worker works with clients, GP's, community nursing practitioners, specialists, medical practice staff and Aboriginal Medical organisations to provide appropriate care and services for people experiencing chronic disease and complex health issues.

The position sits within the Integrated Care Coordination/Integrated Team Care (ICC/ITC) services, which aims to achieve improved management of chronic disease and complex health care needs along with a reduction in unplanned admissions to hospital. Care coordination services aim to support people with complex health care needs (and their carers and families) to effectively navigate the health system through provision of relevant support and information, and linkages to other services. Care coordination is focused on supported self-management and health literacy, empowerment and integration with general practice and other key stakeholders in a client's broader health care team.

Key Relationships

The Care Coordinator is an employee of Marathon Health and reports to the Portfolio Manager. You will also have a close working arrangement with the other care coordinators, Indigenous Health Project Officers and Administration staff.

You will be required to maintain effective working relationships with other staff employed or visiting to provide services within Marathon Health. You will liaise as necessary with the Marathon Health board members, partner organisations and other service providers, community organisations or individuals who have an interest in Marathon Health.

Position Responsibilities

Responsibilities for this position include, but are not limited to:

- Provide quality care coordination for people experiencing chronic disease/complex health.
- Strengthen processes for best practice management of clients by working closely with the patient, family, carer and primary care team to provide active contribution to the development of patient's individualised care plan.
- Work closely with general practitioners and other members of the client's medical team to support improved care planning.
- Partner with the other members of the Local health teams to integrate care and coordinate services.
- Ensure all information given is provided in a way that the patient, carer and community understand. Obtain feedback from the patient, carer and community to check that information was understood.
- Improve the coordination of available services including timely and affordable access to culturally appropriate allied health, specialist and other services for people with complex conditions.

- Where required respond to emergency situations and deterioration of the individual and escalate care as required.
- Utilise established resources and infrastructure; link closely with local communities and support existing primary care services.
- Understand and administer the allocation of Supplementary Services Funding as per the Supplementary Services operating guidelines.
- Increase knowledge of the Care Coordination program within the health sector and the community.
- Attendance and participation in regular care or service audits and reviews to ensure seamless delivery of care.
- Report as per Marathon Health and Integrated Care guidelines.

Other Duties

- Demonstrate and uphold our values at all times.
- Comply with the Work Health and Safety policies and procedures at all times.
- Undertake continuing professional development as required to ensure job skills remain current.
- Attend/participate in out-of-hours meetings and functions as required.
- Participate in staff activities and processes.
- Identify and participate in continuous quality improvement opportunities.
- Actively participate in annual performance planning and review activities.
- Maintain a working knowledge of all equipment used in the office.
- Other duties as directed from time to time.

Our Values

Staff are expected to demonstrate our **ICARE** values:

Integrity & Trust
Collaboration & Innovation
Achievement & Excellence
Respect & Empowerment
Empathy & Understanding

Special Job Requirements

1. Screening including criminal history, working with children check, qualifications, and professional registration may be undertaken prior to commencing employment.
2. Eligibility to work in Australia.
3. Valid Australian Driver's Licence.
4. It is a requirement for this position that you are fully vaccinated against COVID-19.

Note:

This position description is not a duty statement; it is only intended to provide an outline of the key responsibilities of the position. Employees are expected to carry out any duties, within the scope of their ability, that are necessary to fulfil the position objectives.

It is expected that this position description will change over time due to the nature of Marathon Health activities. A flexible attitude to change is expected of staff. Any proposed changes will be discussed with you.

I, the undersigned, agree to be employed under the terms and conditions as detailed in this position description.

Signed _____ Date _____

Print Name _____

Selection Criteria

Essential

- Registration as an Enrolled or Registered nurse with the Nursing and Midwifery Board of Australia (NMBA) and/or qualified Aboriginal Health Worker.
- Demonstrated ability to comprehensively conduct assessments, develop a plan for care coordination; provide safe, appropriate and responsive quality practice and evaluate outcomes.
- Demonstrated competencies in and/or knowledge of the complexities and challenges involved incaring for individuals with chronic care conditions
- Well-developed communication and interpersonal skills and ability to engage and communicateeffectively Aboriginal and Torres Strait Islander people and communities and people from a culturally and linguistically diverse (CALD) backgrounds.
- Demonstrated commitment to professional development to maintain, improve and broaden knowledge, expertise and competence, capability and develop the personal and professionalqualities required for the role
- Demonstrated commitment to a person-centred approach working in partnership with individuals and families to ensure consumer participation in decision making about care and the delivery of care.