Hay River Health & Social Services Authority | Administration des services de santé et des services sociaux de Hay River
37911 MacKenzie Highway | 37911, route MacKenzie
Hay River, NT X0E 0R6

Job Description

IDENTIFICATION

Position Number	*Position Title*	
18-32, 19-32, CA-1360	**Home Care Nurse**	
Department	***Position Reports To***	***Site***
Home Care	**Home Care Supervisor**	**Náydı Kų́ę́**

PURPOSE OF THE POSITION

The Home Care Nurse provides comprehensive, quality nursing care to clients of all ages and their families in the clients home. The overall result expected is cost-effective client-centered nursing care focusing on restoring and maintaining the health of clients after acute illness, injury or surgery. Furthermore, the purpose of this position is to protect and restore health of clients after acute illness, injury or surgery; to monitor and maintain health of clients with chronic illness; to provide palliative care and to coordinate appropriate community based services for clients.

SCOPE

This position may be located at one of the Hay River Health & Social Services Authority (HRHSSA) locations. They include the Hay River Regional Health Center (HRRHC), the Gensen Building, Woodland Manor, Supportive Living Services and/or Náydı Kų́ę́. The HRHSSA is an accredited, integrated health authority that provides the following services:19 acute inpatient beds (14 Community Support Beds, 1 Family Suite (Palliative), 2 Secure Rooms, 2 Observation beds), Emergency and Ambulatory Care, including dialysis and endoscopy; Midwifery Care and Delivery; 25 Term Care beds; Supportive Living Campus, a Territorial campus providing 11 permanent residences; Diagnostic Services (Diagnostic Imaging, Ultrasound, Mammography); Laboratory; Medical and Specialty clinics including Diabetes programming; Social Programs

(Community Counselling, Healthy Families and Child and Family Services) Community Health and Home Care, Rehabilitation which include Physiotherapy, Occupational Therapy and Speech Language Pathology; and a full range of Support Services.

This position reports to the Home Care Supervisor. The Home Care Nurse provides culturally sensitive service to referred clients in Hay River, the Hay River Dene Reserve and Enterprise. The incumbent also provides services to clients of other health authorities who are temporarily relocated to Hay River. Referrals are received from various sources (physicians, hospital units, acute and rehabilitation units, other health and social services agencies, and from the general public).

The Home Care Nurse works independently in the community within the parameters of the professional code of ethics, professional standards of nursing and the policies and procedures of the organization. The incumbent ensures that individual client needs are correctly assessed and that adequate staff, equipment and supplies are available to meet the needs of clients and staff in their home. Many clients are people living with chronic conditions who choose to be at home rather than in a hospital and require some type of support. Other clients include those experiencing acute illness or injury, recovering form surgery, or dying. The Home Care Nurse works with several cultural groups and serves a population from newborn to the elderly, however most clients are senior citizens. The incumbent works collaboratively with other disciplines of the HRHSSA and provides functional direction to the Home Support Workers professionals and community agencies. Knowledge of available resources within the community allows appropriate referrals to be made on behalf of clients.

The incumbent provides a broad range of nursing care based on the identified needs of the client and adapted to the home setting. The nurse evaluates the outcomes of care by a variety of parameters (such as cost, time, client satisfaction, benefit, clients health status). The problem solving, decision making and nursing care that the nurse provides have the effect of improving the clients level of health and then maintaining the health status in partnership with the client, family and community throughout the life cycle.

The Home Care Nurse is a member of a multi-disciplinary team who provides direct care to clients and acts as a client advocate, facilitating communication between the client, family and the physician specialists and other health care professionals. This will result in a holistic approach to planning; organizing, teaching and relationship development that will best meet the needs of the client.

RESPONSIBILITIES

1. **Assess the client and family using highly developed interview and physical assessment skills, independent decision-making and judgment in order to identify needs and to provide care that maximizes the use of available resources**.

   Main Activities:
   - Meeting with and conducting a thorough/relevant assessment of a client and

family in terms of physical, psycho-social, and spiritual needs, using a standardized assessment tool and other assessment tools, such as the Mini Mental;
- Assessing the client=s and family=s available support systems and any other factors that will serve to provide a clear picture of what the client needs;
- Based on the assessment, analyzing the information and preparing a recommendation as to the most effective nursing intervention and the necessary resources that the client may require;
- Preparing a list of equipment and supplies that will assist in the care giving process; and
- Giving feedback to the client, family and referral source as to the exact nature of the service offered and what the client and family responsibilities are in the care.
- Identifies supports available to the client, such as OT, Physiotherapy, CNIB, Diabetic Clinic, mental health worker etc.
- Assist clients to achieve their optimum level of health in situations of normal health, illness, injury or through the process of dying.
- Promote the autonomy of clients and help them to express their health needs and values to obtain appropriate information and services.
- Safeguard the trust of clients that information learned in the context of a professional relationship is shared outside the health care team only with the client's permission or as legally required.
- Apply and promote equity and fairness to assist clients in receiving unbiased treatment and a share of health services and resources appropriate to their needs.
- Act in a manner consistent with their professional code of ethics, responsibilities and standards of practice.
- Make decisions regarding client management and facilitates referrals to other health care professionals to ensure early diagnosis and prompt intervention in the therapeutic and disease process.
- Promote safe and healthy environments in the home.
- Participate in committees, task forces and research projects as related to the Home Care Programs.

2. Develop a holistic care plan using the nurses professional judgment, experience and creativity, in order that the most important needs are met first using the available resources.

Main Activities:
- Setting priorities and establish goals of care that address the health needs and preferences of the client and family, and consider the home setting and cultural context. Client input is encouraged and emphasized;
- Assess the client for physical and psychological needs, their knowledge of their health, disease process and learning needs;
- Use a holistic approach to facilitate individual learning of clients and their families in relation to client illness or injury (i.e. self-care, health promotion, etc.)
- Research, develop, revise and evaluate on an ongoing basis, educational

resources necessary to support clients
- Making adjustments to care plans as needed, as goals are reached, and annually on long term clients;
- Participates in program development for specialty program education and teaching.
- Including discharge planning in care plans when appropriate;
- Establishing a working relationship with the multi-disciplinary team (physician, physiotherapist, occupational therapist, speech language pathologist, mental health and addictions councilors, social workers, acute care and community health nurses) and other care providers and agencies involved in client care;
- Reviewing care practices and incorporating current evidence-based clinical practices based on new research;
- Evaluating the overall care plan to ensure outcomes are being met on a continuous basis; and
- Utilizing and editing a computerized care plan when appropriate.

3. **Implement the care plan following established policies, procedures and practices of the organization and the RNANT/NU in order to ensure the provision of safe and professional service.**

   Main Activities:
   - Applying the nursing process of assessment, planning, implementation and evaluation when developing the care plan, providing direct client care and implementing disease prevention strategies. Assisting the client in ensuring they have prescribed medication when indicated and treatment supplies and equipment as necessary;
   - Making appropriate, independent decisions in unanticipated unstable situations;
   - Delegating appropriate treatment activities to family, support staff and volunteers;
   - Encouraging and supporting clients and their families in their efforts to be responsible for promoting, maintaining and enhancing their health;
   - Assisting when necessary with client=s personal care;
   - Fostering a positive working relationship with clients and their families, other services providers and community agencies; and
   - Advocating on behalf of clients. This involves assisting clients to obtain services, resources and fair processes, or lobbying for the development of services and programs to address unmet client needs.

4. **Document care by providing a written plan of care to aid communication and to meet legal requirements.**

   Main Activities:
   - Assist in the planning, development and evaluation of home care programs, services and policies with a focus on continual improvement;
   - Maintaining a chart for each client, following the CCAP (community care assessment plan) format. The care plan includes; a statement of the client=s

needs, the type and frequency of the service to be provided, the goals of the plan, the date the service will commence, referrals to be made to other programs or community resources, any appropriate traditional knowledge and the role and responsibility of the client and the family. The care plan may incorporate day programming, palliative care, acute care, rehabilitation, respite care or other community based services;

- Communicate with other members of the health care team regarding the client's health care to provide continuity of care and promote collaborative efforts directed toward quality client care.
- Provide coaching and leadership to peers, students and other members of the health care (including physicians, OT's, Physiotherapists, Social Services, etc.) team to develop skill levels necessary to achieve the standard of care,
- Recording each visit and any observations;
- Maintaining a central filing system for home care clients;
- Recording daily the number of visits, the time spent with the client, and type of service provided in order to provide statistical data for the department; and
- Handling all information as confidential

5. **Collaborate as a member of the multi-disciplinary team in order that services are not duplicated or missed and that information can be shared for the benefit of the client and family.**

   Main Activities:

   - Making frequent decisions about the most appropriate, effective and efficient mode of communication among interdisciplinary team members;
   - Initiating and participating in case conferences to share pertinent information concerning client concerns or progress;
   - Enabling client and family to have an understanding of how caregivers work together with them to reach goals set;
   - Educating team members as to the services and role of the various caregivers involved in the care of the client; and
   - Participating in discharge planning with team members.

6. **Contribute to own professional development and the development of the Home Care program in order that the highest standards are reached and that the program continues to offer services that are both cost efficient and effective.**

   Main Activities:

   - Furthering own education and personal development by attending in-services, conducting self directed studies, pursuing professional development activities and reviewing current literature;
   - Preparing and presenting information in-services to other health professionals, community groups, facility staff and the public;
   - Acting as a preceptor/ supervisor of nursing students from both local and southern post-secondary institutions;

- Assisting with orientation, support and guidance of new health board employees and volunteers;
- Assisting in gathering and recording statistical data relevant to program operation;
- Participating in quality assurance activities such as: chart audits, client satisfaction surveys, accreditations and CQI Community Care meetings;
- Attending and participating in staff meetings and multi-disciplinary team meetings to exchange information;
- Maintaining membership or liaison with nursing organizations, social, health and other groups;
- Participating in assessment of program needs and collaborating in the development of programs. Assisting in the development of procedures and policies; and
- Preparing reports, processing correspondence, requisition, and processing and receiving supplies, equipment and biological.

POSITION ROLE IN CLIENT & STAFF SAFETY:

The HRHSSA is committed to creating a culture of safety throughout the organization. A culture of safety is necessary to provide optimal care to our clients, and a healthy workplace for staff. An organization with a culture of safety is characterized by several elements:

- Client-centered care;
- Healthy workplace;
- Open communication; and a
- Blame-free and accountable environment.

All staff throughout the organization shares the responsibility for client and staff safety by:

- Demonstrating a commitment to safety;
- Complying with safety policies, procedures and best practices;
- Identifying and reporting safety issues; and
- Participating in safety initiatives.

Commitment to Client Centered Care

Recognizing that our clients are the experts for their own lives, the Hay River Health & Social Services Authority (HRHSSA) is committed to support our clients as leaders to accomplish the goals that they have set out for us in their personal care. The (HRHSSA) will endeavor to provide client centered care through the following:

- Involving clients in their care by reducing barriers that may inhibit our ability to help them.
- Providing a culture that will ensure clients have a voice and participate in their own personal care.
- Empowering clients through improving client satisfaction, enhancing the quality of

care and ultimately the quality of life for our clients.
- Focusing on the experience of the client from their perspective and listening to their needs.
- Fostering collaboration between the client and organization by working together to achieve our goals.
- Providing continuous dialogue with the clients to ensure that each and every client is seen as a unique individual.
- Ensuring staff are provided with the training and tools required to complete the best job possible.

Criminal Record Check
Employment with the Hay River Health & Social Services Authority is contingent on providing a satisfactory criminal record check including the vulnerable sector check to the Human Resources Office prior to the official start date of a position.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of current nursing theory, home care practices and regulations (such as: standards and procedures of the HRHSSA, N.W.T. Coordinated Home Care Standards and Procedure Manual and Canadian Immunization Standards) and trends in health promotion/disease prevention practice and programs in order to provide safe nursing care to clients.

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.

Ability to operate and/or use medical equipment (such as but not limited to-peripheral IV pumps and lines, thermometers, sphygmomanometer, blood glucose monitors, syringes, audiometer, wheel chair, canes, crutches, etc.). Ability to provide training, advice and assessment using specialized equipment, medications, tools and techniques.

An ability to legally operate a motor vehicle in order to get to and from clients homes.

An ability to communicate effectively in (orally and in writing).

Ability to be self directed, meet deadlines, prioritize own workloads and manage several tasks at once.

The incumbent must be aware of the importance of confidentiality and be able to keep personal and medical information private and confidential at all times.

Ability to perform basic and advanced nursing skills as well as additional tasks requiring sound judgment and creative problem solving skills, flexibility, ability to set priorities,

and making decisions independently. In addition, good listening skills and non-judgmental attitude are vital.

Ability to teach and communicate effectively with clients and colleagues in order to understand and respond to client needs and to promote the program and delivery services to clients, families and the community.

Good working knowledge of computers are required, in particular word processing, e-mail and the Internet.

Must be able to acquire within a reasonable time frame and remain current with the Non-Violent Crisis Intervention certification

The incumbent must have knowledge of the community, and its resources, and, the ability to work within a multi-disciplinary setting. This will enable the incumbent to make the most effective and efficient use of all resources needed by the client and to provide care that is culturally sensitive.

These skills, abilities and knowledge are commonly acquired through a Baccalaureate Degree in Nursing from a recognized university, plus two years of acute care or community nursing experience is required. Active registration with the Northwest Territories Registered Nursing Association, current Basic Cardiac Life Support certification with annual certification is mandatory to fulfill legal requirements of the Nursing Profession Act and to maintain skill level. Must possess a current Class 5 drivers license in order to provide home visits to clients.

WORKING CONDITIONS

Physical Demands

There are many physical demands required by the incumbent such as: daily carrying heavy, bulky supplies and containers when traveling in and out of buildings and to clients homes**,** bending**,** kneeling frequently during provision of care, transferring, lifting and positioning of clients often in settings where ideal body mechanics and lifting techniques cannot be used. 90%
The incumbent is on a daily basis exposed to temperature extremes in the work environment. 90%

For up to 75% of the time the incumbent may be exposed to communicable diseases (such as TB, whooping cough, etc.), needle stick injuries, blood and body fluids, hazardous materials that may result in potential health risk to the incumbent. Prolonged sitting at a computer/desk and keyboard and repetitive hand and arm movements may result in neck, back, shoulder, wrist or hand strain. These activities are done daily in moderate intensity and may occur throughout the day.

Environmental Demands:

The Home Care Nurse works in a health setting and is therefore exposed daily to communicable diseases, biohazardous waste, body fluids and hazardous supplies as contaminated sharps. The home Care Nurse may travel in adverse weather conditions to make their home visits. The incumbent may be exposed to dog bites, falls, car accidents and verbal and physical assaults when performing the home visit. The Home Care Nurse may be exposed to allergens (i.e.; cigarette smoke cat/dog hair, dust) during the home visits. These environmental demands occur daily, in moderate intensity and in variable duration throughout the day.

Sensory Demands
The Home care nurse operates various pieces of equipment: thermometer, BP monitors, needles and syringes, otoscope, opthalmoscope, hemoglobinometer, pulmoaide nebulizer, oxygen concentrator, portable oxygen equipment, pulse oximeters and glucose monitoring equipment as well as teaching tools such as TV, VCR and overhead projector. With some of this equipment noise may be a factor. The senses of hearing, smelling, touching and focused listening are used when completing client assessment and evaluations. The frequency of these demands is daily with variable duration and moderate to high intensity.

Mental Demands
Daily the Home Care Nurse may be required to care for clients that may be aggressive, intoxicated, potentially abusive and volatile. As well as clients that may be angry and difficulty to work with when assistance may not be easily accessible. The nurse is required to enter an unfamiliar environment, such as a client=s home, which may pose a threat to her safety. The incumbent is often exposed to clients with complex needs and emotionally disturbing experiences and histories of trauma**.** The Home Care Nurse may be required to care for clients that are dying and provide support and assistance to their families. Providing palliative care is very mentally and emotionally demanding, and the intensity is high and duration of care is variable depending on the clients and families needs.

The Home Care Nurse is expected to remain calm, controlled, and professional regardless of the situation and demonstrate care and compassion to the client, family and other members of the health team.

Daily the incumbent is required to be flexible and reprioritize ones work duties depending on unpredictability and fluctuations of clinical situations in the home**.** Work demands such as entering data in the computer, charting, reviewing care plans, completing audits and work assessments may require long periods of intense concentration.

The incumbent is often expected to provide health information to clients who have cognitive and mental impairments, poor reading and writing skills and language barriers.

The difficulty in recruiting qualified staff leads to mental anguish, stress and fatigue as a result of the increased workload.

CERTIFICATION

Position Number:

_____ Employee Signature	Manager of Continuing Care Supervisor Title
_____ Printed Name	_____ Supervisor Signature
_____ Date I certify that I have read and understand the responsibilities assigned to this position.	09-September-2022 _____ Date I certify that this job description is an accurate description of the responsibilities assigned to the position.

Dale Snover

_____ 03 May 2022

Director/Chief Executive Officer Signature Date

I approve the delegation of the responsibilities outlined herein within the context of the attached organizational structure.

The above statements are intended to describe the general nature and level of work being performed by the incumbents of this job. They are not intended to be an exhaustive list of all responsibilities and activities required of this position.

Editorial changes – February 2005
May 2010-scope & client safety
Aug.2010-reports to
April 2011-reports to name change
January 17, 2012 – Scope
September 2012 – minor editorial changes only
May 2018 - scope, logo, editorial
April 2022- NVCI training & Náydı Kúę location update