UNION JOB DESCRIPTION

JD928

JOB TITLE:	Long Term Care Case Manager - Social Worker	**JOB DESCRIPTION NO.:**	60395
CLASSIFICATION:	Social Worker P1	**GRID/PAY LEVEL:**	H-I-P1
COLLECTIVE AGREEMENT:	Health Science Professionals	**HSCIS NO.:**	50901
UNION:	CUPE	**JOB/CLASS CODE:**	50901
PROGRAM/DEPARTMENT:	Home & Community Care	**BENCHMARKS (If Applicable):**	
REPORTING TO:	Manager		
FACILITY/SITE:	VIHA South Island Health Services Delivery Area		

JOB SUMMARY:

In accordance with the Vision, Purpose, and Values, and strategic direction of the Vancouver Island Health Authority, patient safety is a priority and a responsibility shared by everyone at VIHA; as such, the requirement to continuously improve quality and safety is inherent in all aspects of this position.

Reporting to the designated manager within Home and Community Care, the Home and Community Care Case Manager, Social Worker works as a member of an inter-professional health care team, is responsible for assessing, planning, organizing, reviewing and evaluating the care needs of clients and their caregivers/families requiring community based services; fosters and promotes continuity of care and co-operative partnerships by liaising with residential care facilities, acute care hospitals and other programs/organizations involved in the provision of services; and may work in multiple settings such as residential care, assisted living, acute care and in the community.

TYPICAL DUTIES AND RESPONSIBILITIES:

1. Performs a variety of functions related to case management and care coordination including:
   - Assessing, planning, organizing, and evaluating the service needs and goals for clients and their caregivers/families, including financial assessments.
   - Reviewing client care needs and goals by planning, organizing and evaluating changes to the care plan as required.
   - Collaborating and consulting with other care services and the inter-professional health care team.
   - Conducting regular home visits.
   - Arranging home support and other care services, including facilitating hospital discharge or preventing hospital admission.
   - Identifying clients at risk and providing appropriate intervention as required.
   - Documenting and following up on significant changes in client health status.
   - Promoting and facilitating client independence by exploring all care options.
   - Acting as a client advocate.
2. Plans, participates and facilitates client care conferences.

3. Identifies and addresses client and caregiver learning needs relevant to the client's health concerns, such as performance of self-care activities, coping skills, and lifestyle adaptation. Facilitate changes in health behaviours through methods such as utilizing wellness promotion and self-management principles, behavioural change theories/strategies and adult learning theories to support optimal health, informed decision-making.

4. Provides leadership, fosters partnerships and works co-operatively to achieve client care goals. Resolves most issues and situations independently, referring contentious issues to the Leader/Manager.

5. Fosters continuity of client care by liaising with residential care facilities, acute hospitals and other programs/organizations.

6. Works in collaboration with the client's health care team and in partnership with primary care providers, providing a variety of functions related to care coordination including:

- access/transition to community health based services, such as home support, secondary Mental Health and Substance Use and/or Mental Health and Substance Use tertiary services;
- access/transition to Primary Care Home and/or Community Health Services;
- access/transition to Assisted Living and/or Long-Term Care.

7. Establishes eligibility for, and authorizes home support services through home support agencies in accordance with contractual requirements, as needed.

8. Acts as a resource, shares information and provides guidance on a variety of social work services and interventions to issues such as abuse, neglect, loss, grief, and depression to clients and caregivers.

9. Acts as a resource by communicating and educating clients, caregivers/families and the community about Home & Community Care services, policies and procedures including presentations to community, professional, and other groups.

10. Advocates on behalf of the client an/or caregivers to resolve conflicts regarding issues such as health care, finance and poverty through methods such as mediating disputes between clients and health care, and other agencies concerning issues related to eligibility versus entitlement. Advises clients regarding appeal processes.

11. Utilizes computerized systems to maintain client records, including obtaining and entering client demographics, histories and charts as required, in accordance with policies, procedures and professional practice standards.

12. Contributes to the orientation and training of staff, students, and other health professionals.

13. Contributes to the practicum experience of students by performing duties such as providing supervision, clinical education and guidance to students and providing feedback on performance.

14. Participates in quality assurance activities and projects as required. Advises Leader/Manager of opportunities for improved efficiencies, recognising and reporting poor resource utilization.

15. Contributes to the development of client centered standards based on best practices.

16. Ensures a safe and healthy working environment by observing and promoting universal precautions and infection control procedures; removing obvious hazards; reporting faulty equipment, accidents, injuries and near misses; and adhering to and enforcing rules regarding safety.

17. Performs other related duties as required.

QUALIFICATIONS:

Education, Training And Experience

Baccalaureate degree in Social Work from a recognized university. Current full registration with the BC College of Social Workers. Post-degree preparation on program specific area, such as Gerontology or Palliative Care. Three (3) years' recent related experience in gerontology, including two years' community health experience; or an equivalent combination of education, training and experience.

Valid BC Driver's license.

Skills And Abilities

- Apply social work process as required and described in the BC College of Social Workers Practice Standards and Code of Ethics
- Demonstrate competence in social work practice in areas such as chronic disease management, health promotion and illness prevention
- Work effectively as part of a inter-professional health care team, with other staff, other programs/organizations, and with clients and their caregivers/families
- Work independently and as a member of a team
- Resolve conflict, problem-solve and build consensus
- Utilize sound judgment, good observation and assessment skills, tact and empathy
- Fact-find, seek out information and/or resources
- Intervene in crisis or difficult situation
- Demonstrate a working knowledge of applicable legislation
- Organize and prioritize care needs and delivery of care
- Maintain a commitment to continuing professional development as required by the employer
- Foster and promote good public relations
- Communicate effectively, both verbally and in writing
- Deal with others effectively
- Operate related equipment, including computers and software
- Physically and emotionally able to carry out the duties of the position
- Use personal vehicle