



The Hamilton Niagara Haldimand Brant Community Care Access Centre is pleased to present the following career opportunity:

RELIEF CASE MANAGER

We offer meaningful work, in a team based environment, complete total compensation and programs to support work-life balance.

**Locations Available:
Hamilton, Niagara, Haldimand-Norfolk, Brantford, and Burlington**

POSITION SUMMARY:

Reporting to the Manager of Client Services, responsible for assessing, planning, coordinating, implementing and reviewing clients' care needs and services provided by the CCAC following Ministry of Health legislation and HNHB CCAC policies and procedures. Responsible for providing information and/or referring clients to alternative community resources. There are two functional areas within Case Management, they are: Community and Access. Within the Community Case Management are specialty teams to address some of the unique service needs in our service area. Access refers to the Intake Case Management functions performed through our hospitals, community intake and after hours Case Managers.

CORE DUTIES, RESPONSIBILITIES AND RELATED TASKS:

- 1. Identification and Engagement:**
To respond to inquiries and requests for service in accordance with the client's care needs, identified risk factors, and urgency for services; to provide the client with information about legislation, Community Care Access Centre, client rights and responsibilities, and services available. To problem-solve inquiries and issues with the client's needs and service provider's need. To obtain consent for the gathering and sharing of client information.
- 2. Client Assessment:**
To determine eligibility and assess for Community Care Access Centre services; to determine capability and assess for placement into long term care facilities; to counsel client and family regarding the placement process; to understand the crisis component of urgent placement needs; to plan for discharge; to respect the client's privacy, autonomy, ethnic, spiritual, linguistic, familial and cultural differences.
- 3. Accessing Resources and Linking:**
To assist clients to access alternative community resources by providing appropriate information and referral.
- 4. Service Planning:**
To develop a service plan that reflects the client's assessed needs.
- 5. Goal Setting:**
To establish goals in collaboration with the client to ensure goals reflect the client's desired outcomes, within the resource parameters of the Community Care Access Centre.
- 6. Service Implementation and Coordination:**
To implement a coordinated service plan that reflects the client's needs and goals for service.

7. Monitoring and Reassessment:

To monitor progress towards established goal; to reassess referral to appropriate team; to reassess for ongoing eligibility and continuing needs for service; to discharge services when appropriate; to link client to other community services.

8. Resource Management:

To authorize the appropriate CCAC services to ensure the effective and efficient utilization of resources.

9. Fiscal Accountability:

To order, allocate, and authorize services and manage expenditures within the Service Planning and Ordering Guidelines (units of service); to negotiate visits frequency with client and service providers and problem solve discrepancies regarding billing with service providers.

10. Evaluation:

To evaluate client satisfaction with services, and to identify opportunities to improve the delivery of Community Care Access Centre services; to identify trends that will impact CCAC resources; to complete service feedback forms.

11. Documentation:

To maintain professional and CCAC documentation in accordance with professional documentation standards including the completion of appropriate forms; to maintain accurate electronic client files.

12. Community Relations:

To interpret the Community Care Access Centre services to clients, families, community groups, and other health/social services providers through presentations and panel participation; to develop partnerships with others in the community.

Other Related Tasks:

- Collaborates with team members regarding workflow coverage
- Precepts and mentors staff. Acts as a resource to other staff to assist in orientation, implementing change, and problem solving.
- Assists with projects and new initiatives as they relate to position.
- Participates on committees.
- Promotes Best Practices and helps define best practices.
- Promotes and supports research initiatives.
- Participates in relevant educational opportunities.
- Other duties as assigned.

**Please forward your resume and cover letter,
quoting the correct Competition number the subject line of your email.**

to careers@hnhb.ccac-ont.ca.

Hamilton Branch: #U.11.12-1

Niagara Branch: #U.11.12-2

Haldimand-Norfolk Branch: #U.11.12-3

Brant Branch: #U.11.12-4

Burlington Branch: #U.11.12-5

1. Educational Qualifications:

- A University Degree. An equivalent of education and experience may be considered
- Practitioner in one of the following health disciplines: nursing, physiotherapy, occupational therapy, medical social work, or speech-language pathology
 - Maintain membership in a Regulated Health Professional College

2. Experience:

- Minimum two years recent experience in community health or a related field
 - Knowledge of community resources
- Experience in acute care setting an asset for Access and Acute Teams
- Experience related to paediatrics is an asset for the Paediatric/School Team
- Experience related to palliative care and palliative care courses is an asset for the Palliative Team

3. Skills/Abilities:

- Assessment skills
 - Problem-solving and decision making skills
- Interpersonal communication skills (written and verbal)
 - Negotiation skills
 - Multi-tasking skills
- Accessing community resources
 - Team Building
- Ability to work independently as well as in a team setting
 - Collaboration with Internal and External stakeholders
- Organization, goal setting, planning, coordination and evaluation skills
- Computer experience and keyboarding skills on a lap top and desk top computers
 - Flexibility during transition

Other:

- Valid driver's license
- Access to a motor vehicle – mandatory for community Case Management
- Driving to and from client visits specific to community teams
- Satisfactory Police Records Check related specifically for the Paediatric/School Case Managers

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