Position Description

Position Title:	**Care Coordination Facilitator** **Comprehensive Primary & Community Team (CPCT)**
FTE:	0.6 (24 hours per week)
Term	Fixed Term
Reports To:	Primary Care Development Coordinator
Functional Area:	Partnership Services
Position Location:	Te Ara Tu o Ngati Hine BOI Hospital Kawakawa
Direct Reports:	Nil
Delegated Authority:	As per Delegated Authority or Nil
Budget Responsibility:	As per Delegated Authority or Nil
Key Relationships:	Internal: • Partnership Services • Support Services • Digital & Data Hub • Project Hub • Mental Health Services • Network Enablement Services • Executive Leadership Team & Senior Leadership Team • Wider Mahitahi Staff • Comprehensive Primary & Community Team members External: • General Practices and Māori Health Providers • Comprehensive Primary & Community Team members • Locality Community Leaders • Te Whatu Ora (Health NZ) Hospital & Specialist services • Manatu Hauora (MoH) • Ministry of Social Development • Other Partner Agencies (NGO's Community health services, social services) • Needs assessment Service Coordination • Home Based support services
Key Commitments:	Mahitahi Hauora has key commitments. Every position has foundational commitment to: • Whanau Wellbeing and Equity • Te Tiriti o Waitangi • Relevant NZ Health Strategies

Mahitahi Hauora Overview

Mahitahi Hauora is a primary health entity underpinned by Te Tiriti o Waitangi, our Kaupapa includes ensuring whanau and communities are able to achieve self-determined wellbeing, access to the services they determine they need, and to live a long and healthy life. We work collaboratively with community, primary healthcare providers and key partners to support general practices, Māori health providers and social sector agencies in achieving better health outcomes for our Tai Tokerau population.

Central to the way we work are our Mahitahi Hauora's Values and Behaviours:	
Tika	**To be honest, truthful and genuine –** *we are honest, behave and treat others consistently, are transparent, are trustworthy, and have courage to do the right thing.*
Pono	**Fairness and Integrity –** *we work towards fairness and equity in all our mahi, we demonstrate integrity in our actions*
Aroha	**We respect and care for each other –** *we show appreciation, compassion, kindness and empathy for others*
Kotahitanga	**Collaboration and Unity –** *we are all in one 'waka' paddling consistently toward a common purpose*
Manaakitanga	**Supporting and valuing others – we** *are caring and supportive*
Whanaungatanga	**Relationships, belonging and inclusion –** *we value and honour relationships and engagement*
Whakamana Whanau	**Empowering Whanau – we** *are strengths-based and put whanau front and centre of everything we do*
Whakapapa	**Connection and Heritage –** *we connect with each other and our history*

Position Purpose

The primary purpose of this role is to facilitate high quality coordination of care as part of the comprehensive primary and community team (CPCT) for people and whanau with the greatest complexity of care needs, who require their care to be frequently transferred between providers and across services, including hospitalisations. This role will support improved quality of care and appropriate community based care closer to home.

The role will require working within the health services provider network, to establish priorities and processes based on the person and whānau goals and which activities of care coordination need to be prioritised and therefore the care coordination facilitator will need to have strong relationships across the health and well-being sector.

Working as an integral part of the Comprehensive Primary and Community Team (CPCT), and a key member of the interdisciplinary team (IDT) you will be actively involved in the interdisciplinary (IDT) structure and functions including meetings and using the systems and processes that support IDT functioning and outcomes.

This role provides an opportunity for the Care Coordination Facilitator to role model in:

- Person / whānau centredness, including the use of a whānau ora approach
- Empowering people/ whānau to be partners in their own health
- Collaborative working across health and social services
- Using a population-based approach and risk stratification to reduce health inequities by focussing care on those with greatest need.

Key Functions

- Manage and maintain the key priorities of the CPCT programme including supporting a priority focus on Māori, Pacific and rural people.
- Establish priorities and processes based on whanau and person goals and which care coordination activities need to be prioritised
- Timely and complete transmission of information, accountability for aspects of care when a transition of care occurs.
- Communication, Facilitation of Plans of Care, and connecting to resources
- Leading and supporting interdisciplinary team function and collaboration to deliver

Key Responsibilities	**Expected Outcomes/Performance Indicators**
Care Coordination Facilitator Services within scope of practice	Provide Care coordination activities including the following: • Facilitate identification of individuals / whānau who receive care from multiple providers, in multiple settings (e.g., social, allied health, community medical, hospital medical, mental health, etc). Episodes of care transitions (e.g., hospitalisation) for people with complex needs benefit from effective care coordination. This enables resource alignment for those with the greatest need for high quality care coordination. • Ensure timely and complete transmission of information and accountability for aspects of care, when a transition of care occurs such as acute community care, early supported discharge, attending outpatient treatment, and necessary hospitalization. • Determine patient and whānau goals and assess or review health and wellbeing needs, to achieve the goals. This may include NASC (Needs Assessment Service Coordination) assessment for people/whānau with intensive needs. • Identify all participants in a person's care (i.e., the 'circle-of-care') and negotiate who is responsibility for key care activities. • Participate in communication so that all involved in the 'circle-of-care' have the information they need. • Provide tailored support and education for self-management that considers patient and whānau preferences, and other factors impacting the person / whānau wider determinants of health. • Facilitate and ensure proactive Plans of Care (PoC) exist and are refined and updated, to accommodate new information or circumstances, with input from people/whānau and their 'circle-of-care' (e.g., the CPCT and relevant agencies). The PoC covers the goals and needs of the person/whānau, including accountabilities and responsibilities for routine care tasks, and anticipates progression of medical needs. • Proactively monitor identified needs, the impact of health or treatment on daily life, and review progress on goal achievement. Respond to gaps and change by facilitating appropriate follow-up. • Provide tailored support and education to the person / whānau that supports self-management and considers patient and

	whānau preferences, and other factors impacting the person / whānau wider determinants of health. • Assist connections to available community resources and refer as required. • Case management and intensive support for people/whānau with highest and most complex needs. This may at times involve direct provision of care. • Leading and supporting interdisciplinary team functioning and collaboration to deliver to the plan, including facilitation of meetings involving relevant health and social service providers.
Equity	• People / whānau with the greatest need and risk of inequitable health outcomes are prioritised for coordination of care • Determinants of health are addressed by coordination of care extending across health and social service providers. • Remain focused on the pursuit of Māori and Pacific health gain as well as achieving equitable health outcomes for Māori and Pacific • Support Māori-led and Pacific-led responses, including tāngata whenua- and mana whenua-led care coordination to deliver mana motuhake and Māori self-determination • Pro equity health planning and co-ordinating care for individuals, whānau and communities • Willing to personally take a stand for equity and commitment to helping all people achieve equitable health outcomes • Demonstrate awareness of colonisation and power relationships • Demonstrate critical consciousness and on-going self-reflection and self-awareness in terms of the impact of their own culture on interactions and service delivery
Comprehensive Primary & Community Teams	• Work in accordance with Te Mauri o Rongo • Identify skill sharing opportunities and delegation to other roles, in particular non-regulated roles such as kaiāwhina. • Demonstrate commitment and understanding of adjusting intensity of care to meet health need and risk. • Promote comprehensive primary care teams by being an active participant and advocate for collaboration. • Utilise as available IT enablers for interdisciplinary team functioning, including record sharing, tasking, messaging, assessment, care plans and risk stratification tools. • Actively participate in CPCT interdisciplinary processes, including model of care development and cross-agency approaches
Hospital avoidance/supporting early discharge	• Prioritises all requests to facilitate timely and complete transmission of information and accountability for aspects of care, when a transfer of care occurs such as acute community care, early supported discharge, attending outpatient treatment, and necessary hospitalisation. • Coordinates the interdisciplinary team to support people and whānau • Act as a point of contact for CPCT/Hospital services

	• Be responsive to acute needs
Supporting those at greatest risk of poor health outcomes	• Identify people and whānau with complex health issues and inequitable health outcomes and who will benefit from the coordination of care. • Facilitate completion of a care plan capturing actions required by individuals and whānau, CPCT and other agencies as required to address identified needs. • Assess or review health and wellbeing needs, including ability to carry out NASC assessment • Proactively plan and coordinate care for individuals and whānau
Collaboration	• Support interdisciplinary team functioning and collaboration of the CPCT and other services by actively contributing to leading, facilitating, and supporting team development • Develop and maintain relationships with key primary care, community, and Māori and Pacific providers. • Maintain a broad knowledge and key relationships with social service providers. • Demonstrate commitment to working collaboratively, ensuring team responsiveness to time-critical interventions such as hospital avoidance, establishing urgency, be visibly open, clear, and innovative whilst building mutually beneficial partnerships with various stakeholders both internally and externally • Model behaviour that strengthens a team approach to delivery of healthcare.
Professional	• Accept responsibility for ensuring that care and conduct meet the standards of the professional, ethical, and relevant legislated requirements. • Understand the principles of the Te Tiriti o Waitangi and be respectful of people and whānau personal beliefs, values, and goals. • Read and adhere to the organisation's vision, values, policies, and procedures while representing the organisation in a committed manner and projects a positive image. • Demonstrate understanding of the Code of Health and Disability Services Consumer Rights and Health Information Privacy Code • Undertake education and / or qualifications required for the service • Maintain confidentiality and appropriate escalation of concerns • Ensure infection control and health and safety measures are understood and followed • Recognise and value the roles and skills of all members of the health care team in the delivery of care • Communicate effectively in an appropriate and professional manner with people and whānau, and members of the health care team that reflects the cultural needs of whānau. • Establish and maintain relationships with people and their whānau, other members of the interdisciplinary team and providers of services. • Develop and maintain appropriate professional networks to support current knowledge of leading practice.

Innovation & Improvement	• Be open to new ideas and contribute to a culture where individuals at all levels bring their ideas on how to 'do it better' to the table • Model an agile approach –tries new approaches, learns quickly, adapts fast
Relationships	• Develop and maintain positive relationships with all internal and external stakeholders of Mahitahi Hauora.
Health & Safety, Compliance and Risk	• Maintain client confidentiality at all times, clients' rights, privacy and confidential information are safeguarded. • Understands the principles of the Privacy Act 2020, and Health Information privacy Code (1994). • Recognise individual responsibility for workplace Health & Safety under the Health and Safety at work Act 2015 (HSWA 2015). Take all reasonable practical steps to eliminate and mitigate risks and hazards in the workplace that could cause harm, placing employee, contractor and others' health, safety, and wellbeing centrally, alongside high-quality patient outcomes. • Ensure appropriate risk reporting, management and mitigation activities are in place. • Maintain compliance with all relevant statutory, safety and regulatory requirements applicable to role and organisation. • Implements organisational policies and procedures, legislation and guidelines with their work. • Understand and operate within the financial and operational delegations of the role.

Key Qualifications, Experience, Skills and Knowledge

Education and Qualifications & Registrations	
Essential	***Desirable***
• A relevant health professional tertiary qualification • Registration with relevant regulatory authority • Registered Nurse; Physiotherapist; Occupational Therapist; Social Worker • Current annual practising certificate with no restrictions • Current and un-encumbered Drivers Licence	• A relevant post-graduate qualification e.g., Case Management Australia and New Zealand have resources including self-assessment frameworks

Experience	
Essential	***Desirable***
• Demonstrate experience in cultural competence and understanding of Te Tiriti o Waitangi in action • Comprehensive understanding of the inequities in access and health outcomes in Aotearoa New Zealand • Advanced written and verbal communication skills • Excellent time management and organisational skills • Excellent critical appraisal skills, being able to identify the best evidence-informed solutions to clinical and practice questions and issues • Primary or community healthcare experience • Advanced Computer literacy skills and experience e.g. Microsoft Office 365, SharePoint.	• Experience in leading and advising other health professionals or providers of care
A commitment to the development in competency of	
Essential	***Desirable***
• Te Tiriti o Waitangi and our obligations in our day-to-day work • Confidence in expressing and observing Tikanga, Māori protocols • A good understanding of Pae Ora and He Korowai Oranga • Privacy Act (1993) and Health Information Privacy Code (1994).	• Health and Safety at Work Act 2015(HSWA) • Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations (1996). • New Zealand Council of Healthcare Standards.

Skills and Personal Attributes	
Skills: • Strong communication skills, both written and verbal. • Strong interpersonal and relationship building skills. • Has the necessary skills to handle confidential or controversial information with sensitivity, discretion and professionalism, understanding that all such knowledge remains confidential to the organisation and, within the organisation used only for the purpose originally collected. • Excellent organising and time management skills, and ability to prioritise and manage conflicting demands without compromising quality and flexibility, even in times of pressure. • Strong decision-making ability and ability to meet deadlines.	**Personal Attributes:** • Ability to work as a team and be a valued team member. • Ability to maintain a high level of confidentiality and non-judgement respecting each individual's right to privacy. • Attention to detail and accuracy. • Ability to exercise wisdom and initiative. • Punctuality and reliability. • Flexibility to cope with changing demands. • A professional attitude displaying personal integrity and honesty. • An ability to work with a range of teams and individuals; demonstrating tact; a calm and caring nature.

• Advanced Knowledge & proficiency with Microsoft Office applications, particularly Word, Outlook, Excel and Office 365	• Open to learning opportunities and enhancing skills and knowledge relevant to the role.

Variation of Duties

Duties and responsibilities described above should not be construed as a complete and exhaustive list as it is not the intention to limit in any way the scope or functions of this position. Duties and responsibilities can be amended from time to time, either by additional, deletion, or straight amendment by the CEO to meet any changing conditions. Any variation to duties will be discussed and agreed with you.

Employee Name: ……..

Employee Signature: …… Date:……..

Manager Name: ……

Manager Signature: …….. Date:……..