



*South East Toronto*

## Family Health Team



### Care Navigator (Full-Time)

#### **Position Profile**

As a key member of the South East Toronto Family Health Team (SETFHT), and an integral part of an Interprofessional health care team, the Care Navigator will work with the patient, their caregivers and the health care team to ensure that the journey of the patient through the health and community sectors are seamless and integrated as much as possible. With a strong knowledge of our community's resources the Care Navigator will provide the education and information a patient and family needs in order to make informed decisions about his/her own health.

#### **Accountability**

The Care Navigator reports to, and is responsible to, the SETFHT Executive Director. All clinical decision making outside the scope of the Care Navigator must be done in consultation of the SETFHT Lead Physician and/or physicians of SETFHT and/or medical directives.

#### **Authority**

Does not direct the activities of staff or a function without direction of FHT decision makers. The Care Navigator must comply with the practice standards used by the regulatory college of which s/he belongs to.

#### **Decision Making**

On a regular and continuous basis, exercises clinical judgment and assumes responsibility for decisions, consequences, and results having an impact on people, costs, and/or quality of service within the FHT.

#### **Roles and Responsibilities**

The main role of the Care Navigator is to find the resources required by patients and family members in order to make informed decisions about his/her own health. Of the utmost importance is ensuring that the patient journey from the acute/tertiary sector to primary/community care is as seamless as possible by making certain all follow up appointments are booked and linkages to home and community care are made prior to or just shortly after the patient is discharged from hospital.

Other activities in the role of Care Navigator include, but are not limited to:

- Plan programs of assistance for clients including referral to agencies that provide financial assistance, legal aid, housing, medical treatment and other services;

- Provide referrals to services to assist clients to resolve and address their social and personal problems;
- Liaise with community agencies or partners, and identify additional or alternative services and provide referrals;
- Assist clients to sort out options and develop plans of action while providing necessary support and assistance;
- Assist clients in locating and utilizing community resources including legal, medical and financial assistance, housing, employment, transportation, assistance with moves, day care and other referral services;
- Participate in the selection and admission of patients to appropriate programs (in consult with community programming);
- Assess and investigate eligibility for social benefits;
- Meet with clients to assess their progress, give support and discuss any difficulties or problems;
- Refer clients to other social services;
- Advise and aid recipients of social assistance and pensions;
- Implement and organize the delivery of specific services within the community;
- Maintain contact with other social service agencies and health care providers involved with clients to provide information and obtain feedback on clients' overall progress;
- Support patients and caregivers in end of life care, including discussions around advanced care directives, palliative care, placement to long-term care homes or other facilities.

### **Qualifications**

- Completion of a bachelor's degree in Nursing, Social Work, Physiotherapy, Occupational Therapy or completion of an accredited Physician Assistant program or equivalent, plus membership in good standing with the applicable regulatory body; (Physician Assistant must be certified or eligible to be certified through the Physician Assistant Certification Council of Canada).
- Ideally minimum 2 + years of recent experience in community health or a related field;
- Good knowledge and understanding of primary health care and chronic disease prevention and management, preferably in a community-based setting;
- Knowledge of the health care delivery system and community resources;
- Solid understanding of multidisciplinary, interdisciplinary and Interprofessional approaches;
- Demonstrated experience leading and facilitating effective team planning;
- Competence with Microsoft Office suite of software;
- Experience with clinical management system (CMS), preferably Practice Solutions' Suite; and
- Ability to work co-operatively as member of the FHT.

### **Skills, Knowledge Requirement**

- Exceptional organizational skills;
- Excellent interpersonal and oral/written communication skills;
- Strong problem solving and analytical skills;

- Ability to maintain confidentiality and impartiality;
- Capacity to adapt quickly to a fast paced, dynamic work environment;
- High degree of accuracy and attention to detail;
- Proven participatory work style, ability to work independently and with a team (e.g. ability to work effectively with all members of the health care team);
- Ability to prioritize, manage time effectively and be flexible in a very active work environment;
- High level of accuracy and attention to detail; and
- Exercise good judgment.

The above responsibilities are not to be considered all inclusive; the individual may be assigned other related duties in the interest of efficient operations of the clinic.

Compensation is based on experience and will range from \$37.04 - \$40.19/ hour and also includes enrolment into SETFHT's benefits plan.

Thank you for your interest in the South East Toronto Family Health Team. Only those candidates selected will be contacted for an interview. ***No telephone or email inquiries, please.*** SETFHT supports a respectful and inclusive work environment for all. We encourage qualified applicants of all ages, races, colours, ethnic origins, religions, abilities, gender identities and sexual orientations to apply. Accommodations are available on request for candidates taking part in all aspects of the selection process and candidates invited for an interview are encouraged to inform Human Resources in confidence of their accommodation requirements.

**Applicants should quote Job:** Care Navigator

**Contact by:** e-mail only

#### **Job Contact Information**

Human Resources

South East Toronto Family Health Team

e-mail: [humanresources@setfht.on.ca](mailto:humanresources@setfht.on.ca)

Please forward cover letter and resume by August 5, 2022

