South East Toronto Family Health Team

Job Description
Patient Care Coordinator
(Care Navigator)
Permanent, Full-Time

Company Description

South East Toronto Family Health Team (SETFHT) is an academic Family Health Team (FHT) affiliated with the University of Toronto. Our FHT is comprised of a variety of healthcare professionals that include: physicians, medical residents, nurse practitioners, registered nurses, dietitians, social workers, psychologists, patient care coordinators, physician assistants and chiropodists, all assisted by an exceptional administrative and clinical support team.

SETFHT is also a partner with the new Health Access Taylor Massey (HATM) clinic that is under development. HATM is bringing new primary care and interprofessional resources to the Taylor Massey community, while leveraging existing supports and services in the community to improve access to comprehensive primary and social care for its residents.

Position Profile

As a key member of the South East Toronto Family Health Team (SETFHT), an integral part of an Interprofessional Healthcare Professional (IHP) team, the Patient Care Coordinator will work with the patient, their caregivers and the IHPs to ensure that patient journey through the health and community sectors are as seamless and as integrated as possible. With a strong knowledge of our community's resources the Patient Care Coordinator 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 Patient Care Coordinator must be done in consultation of the SETFHT Lead Physician, physicians of SETFHT and/or medical directives.

Authority

Does not direct the activities of staff or a function without direction of SETFHT decision makers. The Patient Care Coordinator 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 SETFHT.

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Roles and Responsibilities

The main role of the Patient Care Coordinator is to find and understand the resources required by patients, and possibly their family members, in order to make informed decisions about his/her own health. It is the upmost importance to ensure that the patient journey from the acute/tertiary sector to primary/community care is as seamless as possible. Confirming that all potential follow-up appointments are booked and any 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 Patient Care Coordinator include, but are not limited to:

- Plan programs of assistance for clients including referrals 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

Skills, Knowledge and Job Requirements

- 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

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- High level of accuracy and attention to detail
- Exercise good judgment

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, a minimum of 2+ years of experience in community health or a related field
- Good knowledge and understanding of primary health care, chronic disease prevention and management
- Experiencing in a community-based setting is an asset
- Knowledge of the health care delivery system and community resources
- 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
- Ability to work co-operatively as member of the FHT

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 SETFHT.

Hours of Work

The successful candidate must be available to work weekdays, primarily between 8:30 AM – 4:30 PM with the possibility of evening and weekend shifts.

Compensation

- The rate of pay is based on experience and will range from $37.04 - $40.19 per hour
- Position includes enrollment into SETFHT's Health Benefits Plan and Pension (HOOPP)
- Position does include Paid Time Off

Thank you for your interest in the South East Toronto Family Health Team. Only those candidates selected will be contacted for an interview. ***Please, no direct telephone inquires or email follow-ups***.

SETFHT supports a respectful and inclusive work environment for all, including the AODA and Employment Equity initiatives. We encourage qualified applicants of all ages, races, colour, ethnic origins, religions, abilities, gender identities and sexual orientations as well as peoples with disabilities to apply for this position. Accommodations are available on request for candidates taking part in all aspects of the selection process.

Job Contact Information

Human Resources
South East Toronto Family Health Team

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Family Health Team

E-mail: humanresources@setfht.on.ca
Subject: Patient Care Coordinator
Please forward cover letter and resume by 3:00 PM on September 30th, 2022