Government of
Northwest Territories

IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Home Care Licensed Practical Nurse	
Position Number(s)	**Community**	**Division/Region(s)**
57-13035	Yellowknife	Home and Community Care /Population Health/Yellowknife

PURPOSE OF THE POSITION

The Home Care Licensed Practical Nurse (LPN) is responsible for providing comprehensive nursing services to residents of Yellowknife, Dettah and N'Dilo in accordance with current NWT and Canadian legislation (Licensed Practical Nurses Act, Public Health Act, Reportable Disease Control and Disease Surveillance Regulations, Hospital and Health Care Facility Regulations, Access to Information and Protection of Privacy Regulations and Worker's Safety and Compensation Commission (VVSCC) Occupational Health and Safety Regulations), standards of nursing practice and clinical practice guidelines from the GNWT Department of Health and Social Services and the GNWT Registrar. The LPN provides services according to the mission, values, strategic plan, administrative directives and standard operating procedures of the Northwest Territories Health and Social Services Authority (NTHSSA).

The role of the Home Care LPN is to protect, restore and/or maintain health or provide end of life care for Home Care clients with a broad array of diagnoses across the lifespan and the health-illness continuum, using the principles of primary health care, preventive, curative, maintenance and comfort nursing interventions, education, communication and support for the informal caregiver. The Home Care LPN promotes community wellness through health promotion, prevention, screening and intervention activities.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) administers all public health, home care, social services and general physician services throughout Yellowknife, Dettah and N'Dilo, as well as all regional health and social services delivered in Fort Resolution and Lutsel K’e. The NTHSSA provides and supports the delivery of community based health care services to adults and children in order to enhance the health and well-being of communities through excellence, accountability and respect for regional diversity.

Located in Yellowknife and reporting to the Manager, Home and Community Care, the incumbent's scope of practice is similar to a registered nurse with the exceptions of administration of narcotics and the Home Intravenous Therapy Program. The Home Care LPN's experience is beyond the scope of a graduate LPN and the expanded role demands independent thinking, judgment and critical decision-making skills for the delivery and management of nursing care for Home Care clients.

The LPN works independently and collaboratively in the community. In comparison to the hospital setting, physicians and other supportive resources are not readily available to the nurse. The LPN models and promotes excellence through the hands on delivery of nursing care to residents of Yellowknife, Dettah and N'Dilo. The LPN may be assigned to all of the program areas (Wound Care, Palliative Care, Chronic Care, Foot Care) with the exception of the Home Intravenous Therapy Program. The incumbent independently makes six to eight home visits a day and coordinates the care of 15-25 clients concurrently. It is the incumbent's responsibility to set priorities, develop work plans and manage workloads, while balancing each individual client's need, complexity and acuity.

The LPN initiates, coordinates, manages and evaluates the resources needed to promote the client's maximum level of health and function. Complex procedures and treatments are performed within very unpredictable home environments. The LPN must have the experience, skill, knowledge and confidence to deliver comprehensive nursing services, including palliative care in the home setting, working with the professional care team, the family caregivers and family dynamics. For example, the LPN may organize pastoral and funeral arrangements and support the grieving family at the time of a death in the home. As another example, chronic wounds may be assessed and managed by the LPN.

Appropriate problem-solving and decision-making have a direct impact on improving a client’s level of health and maintaining partnerships with the client, family and community. Decisions frequently prevent complications and allow for early intervention, resulting in cost-savings of significant magnitude to the health system as a whole.

The Home Care LPN is an advanced foot care provider who: participates in the development of the foot care program; has input into policies and procedures for the foot care program; develops and delivers a teaching package to teach basic foot care to Home Support Workers. The position supports foot care clients (clients with diabetes and/or poor circulation who are high risk for infection which can lead to gangrene and amputation) and spends 2 days per week performing foot care duties. The remainder of the time the incumbent performs general home care nursing to clients.

The LPN, as part of an inter-disciplinary team, is expected to communicate with a wide variety of health and social service providers within NTHSSA and other health boards, pharmacies, community organizations, Southern acute and rehabilitation units, and the general public. Staff is called upon to provide expert advice in their complex and specialized program areas to other health care professionals. The position has the expectation for continuous expansion of the depth and breadth of knowledge and skill.

RESPONSIBILITIES

1. **Provide comprehensive nursing care in the community setting to assist clients in achieving optimum health and quality of life in situations of chronic disease, acute illness, and injury or through the process of dying, using basic and advanced nursing knowledge and skills in one or more specialty areas, including wound care, palliative care or chronic illness.**
   - Assess the client and family's physical, emotional, intellectual and spiritual needs
   - Determine the need for Home Care nursing services and admit or discharge the client as appropriate
   - Identify supports available to the client, such as community organizations, occupational therapy, mental health counseling, etc.
   - Develop a treatment plan that incorporates the client's goals, needs, support systems, treatment and interventions, and the resources required to achieve these goals
   - Make referrals to other health care professionals to ensure early diagnosis and prompt intervention
   - Coordinate the implementation of the care plan Perform nursing interventions and transferred lab or medical functions Provide case management on clients' health related matters Facilitate communication among client, family and other health care providers
   - Use problem-solving skills to overcome obstacles in delivery of client care and enhancement of client independence e.g. transportation, dressing supplies, medication safety
   - Evaluate care on an ongoing basis to determine its effectiveness and appropriateness, and make changes as indicated

2. **Participate in the ongoing development, delivery, evaluation and improvement of Home and Community Care programs and services.**
   - Maintain current expertise in program areas, e.g. wound care, palliative care, chronic disease management
   - Act as a resource for home health knowledge and practice (for example, wound care, palliative care, home intravenous) for health care providers in other communities in the NWT.
   - Participate in meetings within the Department, NTHSSA, Stanton, and with community organizations, as required
   - Under the direction of the Manager, participate in interdisciplinary committees responsible for researching, developing and evaluating programs, including their associated forms, clinical policies and procedures
   - Research, develop, revise and evaluate educational resources necessary to support clients
   - Research, develop and present information for in-service programs within the Home and Community Care Program, NTHSSA and other agencies in the community
   - Participate in the advancement of home health nursing practice by acting as a mentor and preceptor for students and new practitioners from Territorial and other Canadian nursing programs

- Orient new employees to the NTHSSA Home and Community Care Program
- Participate in special projects and research, as requested

3. **Perform administrative functions that contribute to the effective functioning of the Home and Community Care Program.**
   - Maintain current Home Care charts with updated information as a legal and communication record
   - Enter statistical information into Health Suite in **a** timely manner
   - Maintain records related to hours worked, use of personal and office vehicles, services provided to clients without NWT health care coverage and other records as required
   - Collect and document demographic and statistical information

WORKING CONDITIONS

Approximately 80% of each working day is spent doing home visits, independently in the community with the following demands:

Physical Demands

Carrying supplies and/or equipment, weighing up to 50 pounds, up and down stairs, in and out of vehicles and homes.

Assisting clients with ambulation or transfers or providing personal care as needed.
Driving, standing or performing client assessment or care while bending and standing in awkward positions or in cramped space for approximately 80% of each working day.

Environmental Conditions

Exposure to unsanitary conditions, cigarette smoke, pets, loud noises, and extremes of heat and cold in the client's home that may cause discomfort or pose a safety risk.

Exposure to communicable diseases and infectious organisms, needle stick injuries, blood and body fluid, hazardous materials.

Exposure to all weather conditions including temperatures ranging from -40 to +30, wind, rain and snow, mosquitoes. The incumbent is normally walking outdoors or driving for up to two hours a day and driving in winter conditions for 7 months of the year.

Working alone, on evenings and weekends, in a community with a rising crime rate.

Work environments and situations encountered are unpredictable and must be dealt with independently

Sensory Demands

Maintaining acute cognitive focus while using the combined senses of touch, sight, smell and hearing during assessments and provision of care in an uncontrolled setting

Exposure to unpleasant sights, odors and noises.

Mental Demands

Working alone in unpredictable and uncontrolled conditions
Home visits are made alone, so the incumbent must be aware of the risk of verbal or physical assault, and unknown or unpredictable situations

The requirement to " shift gears" frequently during the day, for example administering an intravenous medication to an elderly client and then being present for a death of a child at home shortly after
Intensely emotionally disturbing experiences during which the incumbent is expected to remain calm, controlled, professional and demonstrate compassion and team work.
The incumbent must be able to think conceptually, yet maintain attention to detail, often at the same time

Providing expert nursing care and special treatments in homes with poor lighting, frequent interruptions, constant observation and conversation by informal caregivers
Work pace is controlled by the client and the incumbent must adapt to the client's level of readiness for interventions.
Ongoing reprioritization and reorganization of workload during the work day in response to uncontrollable factors

The incumbent works shift work and occasional on-call may be required which may cause a disruption in lifestyle.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of current nursing practice, primary health care and trends in health promotion and disease prevention
- Knowledge of the nursing process (assessment, planning, implementation and evaluation) to collaborate, develop, coordinate and implement mutually agreed upon care plans, negotiate priorities in care, and support clients to navigate and transition through the continuum of care
- Knowledge of biological, physical and behavioral sciences in order to recognize, interpret and prioritize findings and determine and implement a plan of action based on accepted standards of practice in a community setting
- Knowledge and current expertise in a broad range of areas, including adult education, community-based nursing, working with families, disease processes, long-term care assessment, community resources, wound care and specialized dressings, medications, grief management and pain management

- Knowledge of computer programs including but not limited to: word processing; Health Suite, Internet Explorer, Outlook e-mail, EMR (Wolf electronic medical record system)
- Ability to make informed, pertinent assessments and decisions while working independently in the community
- Ability to act independently to set priorities, develop work plans and manage workload while balancing clients' needs, complexity and acuity
- Ability to be self-directed, meet deadlines and manage several tasks at once.
- Ability to use basic and advanced nursing skills to perform and adapt complex procedures in the home care setting
- Ability to adapt, be flexible and responsive in the safe and appropriate use of various types of equipment, technology and treatments to address the challenging health needs of clients
- Ability to perform pharmacy skills such as dispensing of medications under approved policies
- Ability to work shift work, including days, evenings and weekends
- Ability to communicate in a caring, professional, therapeutic manner at all times with a wide variety of clients, caregivers, and health care providers
- Ability to think calmly and respond therapeutically in emergency situations
- Ability to apply appropriate learning principles to encourage clients, families and others to recognize their capacity for managing their health needs and to participate in their care
- Ability to integrate activities to avoid duplication of service and inappropriate use of resources, both for individual clients and within the nurse's current caseload
- Ability to work in a culturally diverse environment using resources, such as interpreters, appropriately
- Ability to communicate effectively (orally and in writing)
- Ability to operate and/or use medical equipment such as, but not limited to, intravenous pumps and lines, a variety of intravenous access devices, sphygmomanometer, blood glucose monitor, pulse oximeter, wheel chair, canes, crutches, etc.

Typically, the above qualifications would be attained by:

The successful completion of a Licensed Practical Nursing Certificate with at least 2 years of recent, acute care LPN nursing experience in a medical, surgical, home care or community health environment.

ADDITIONAL REQUIREMENTS

Yellowknife Regional Requirements:
Must be eligible for registration with the GNWT Registrar, have completed a satisfactory criminal record check and possess a Class 5 driver's license.

The Home Care LPN must be able to acquire within a reasonable time frame, and remain current with the following training and/or certifications:

- Non-Violent Crisis Intervention
- WHMIS
- Back Care

- NWT Immunization Certificate
- Certification in basic CPR
- Certification in hand hygiene
- Internet and e-mail applications
- Fire/disaster plan for NTHSSA
- Fit Testing
- Glucometer
- Venipuncture
- IM Injections
- Wound / Os tomy Care
- Palliative Care
- Cardiac Teaching

Position Security (check one)

- ❑ No criminal records check required
- ☑ Position of Trust – criminal records check required
- ❑ Highly sensitive position – requires verification of identity and a criminal records check

French language (check one)

- ❑ French required
- ❑ French preferred
- ☑ French not required