Tłı̨chǫ Community Services Agency
Dǫ Nàke Lanì Nàts'etso • Strong Like Two People

IDENTIFICATION

Department	Position Title	
Tłı̨chǫ Community Services Agency	Licensed Practical Nurse, Home and Community Care	
Position Number	**Community**	**Division/Region**
48-17706	Whatì, NT	Health and Social Program/ Tłı̨chǫ

PURPOSE OF THE POSITION

The Licensed Practical Nurse (LPN), Home and Community Care is responsible for providing comprehensive home nursing services to the residents of Whatì in accordance with established Licensed Practical Nurse standards, the philosophy, objectives and policies of the Tłı̨chǫ Community Services Agency and the Northwest Territories Health and Social Services Authority.

SCOPE

The scope of the Tłı̨chǫ Community Services Agency is to manage the delivery of a range of integrated public GNWT and First Nations health, wellness and education programs and services for the Tłı̨chǫ communities of Whatı̨̀, Behchokǫ̀, Gamètì, and Wekweètì. Established in 2005 as part of the Tłı̨chǫ Agreement, the Agency is designed to be an interim GNWT organization through which the Tłı̨chǫ Government will eventually exercise their treaty rights for self-government. The Agency serves approximately 3,000 people. Programs and services include K-12 education, health and wellness, child and family services, mental health and addictions, the 18-bed Jimmy Erasmus Seniors Home as well as Continuing Care and independent living.

The Tłı̨chǫ Community Services Agency vision "Strong Like Two People" is a metaphor for the desire by community leadership to build an organization, and create programs and services, that recognize the strength and importance of two cultures. Local Tłı̨chǫ and non-Tłı̨chǫ knowledge have complementary strengths, which together can achieve solutions to contemporary problems which neither could alone.

Located in Whatì , the Licensed Practical Nurse, Home & Community Care is based at the Therese Jeremick'ca Nàèdı K'èezǫǫ Kǫ̨ (Health Center) and reports to the Nurse in Charge, Home and Community Care (NIC-HCC) in Behchokǫ. The aim of this position is to protect and restore the health of community members living at home with chronic illness; to provide wound care; to provide short-term post- surgical/hospital care; to support frail elders living at

home as well as their informal caregivers: to provide palliative care and to coordinate appropriate community-based services for clients.

The LPN, Home & Community Care is the primary Case Manager and collaborates with a multidisciplinary team, advocating for clients and facilitating communication between the client, family, Community Health Nurse, Nurse Practitioner, Physician, specialists and other health care professionals, hospitals, and organizations. The LPN, Home & Community Care provides leadership and direction to the Home Support Workers while setting priorities, developing work plans, managing client appointments, making home visits, and balancing each client's needs, complexity, and acuity.

The LPN, Home & Community Care initiates, coordinates, and evaluates the resources needed to promote the maximum level of health and function for the Home Care clients. Complex procedures and treatments are performed within unpredictable home environments. Experience, skill and knowledge are required to deliver nursing services including palliative care in the home setting. Job holders are required to seek direction and guidance from other health care professionals when aspects of the care required are beyond their individual competence. For clients with less predictable outcomes, the LPN, Home & Community Care will work in collaboration with the NP or the Nurse on Call who may assume the client's care.

The LPN, Home & Community Care is an advanced foot care provider who participates in the development of the clinic, 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 and provides foot care for clients with diabetes and/or poor circulation, who are high risk for infection, gangrene, and amputation.

This position involves establishing relationships with and providing care to aged residents or clients who may be ill, disabled, palliative or cognitively impaired. The incumbent must be able to maintain a positive attitude when responding to all client situations and must have the ability to deal effectively with angry and frustrated people and those under the influence of drugs or alcohol. Patience, tact, and sound judgement are required as well as to remain calm, controlled, professional and always demonstrate compassion and team with due regard for Tłįcho culture and traditions. The incumbent can expect to provide nursing care and special treatments in homes with poor lighting, frequent interruptions, constant observation and conversation by family members, informal caregivers, and visitors. There is a requirement to "shift gears" frequently during the day, for example providing in home wound care and then arranging urgent respite for an elderly client. Concentration and the ability to remember details are important aspects of the job. Work pace is controlled by the client, and the incumbent must adapt to the client's level of readiness for interventions.

The incumbent will work 0830-1700h shifts Monday to Friday and may be required to work weekends and on call to accommodate management of palliative clients or to assist in emergency situations. Occasionally working alone, the LPN, Home & Community Care will generally attend home visits with a HSW for translation, where possible.

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 counselling etc.
   - Maintain and update a treatment plan that incorporates the client's goals, needs, support systems, treatment and interventions and the resources required to achieve these goals.
   - Builds positive connections with families and utilizes family meetings to provide support, clarification and to problem solve together.
   - 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, and facilitate communication between 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 and 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 and advanced foot care.
   - Act as a resource for home health knowledge and practice for health care providers in the other Tłı̨chǫ communities.
   - Participate in required meetings with the Health Centre, TCSA and community organizations.
   - Under the direction of the CCM, participate in interdisciplinary committees responsible for researching, developing and evaluating programs, including their associated forms, clinical policies and procedures.
   - Research, develop and present information for in-service programs within the Home 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 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 documentation with updated information on Electronic Medical Record (EMR) as a legal and communication record for every client.
   - 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

Physical Demands

The incumbent is required to be very mobile. When performing patient assessment and nursing interventions, approximately 40% of a 7.5 hour shift, the incumbent will be required to bend and stand in awkward positions, lift equipment, assist patients to get in or out of wheelchairs and/ or lift up to 30 lbs.

Environmental Conditions

The home care environment exposes the incumbent to unsanitary conditions, cigarette smoke, pets, loud noises, and extremes of heat and cold in the client's home as well as communicable diseases and infectious organisms, needle stick injuries, blood and body fluid and hazardous materials. The incumbent will experience walking outdoors or driving for up to 2 hours a day and driving in winter conditions for 7 months of the year.

Sensory Demands

The incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessments and provision of care.

Mental Demands

The job holder will work with residents or clients who may become confused, intoxicated, physically or verbally aggressive, or have language barriers, and where family members can be challenging and lack understanding of the limits of care.

The incumbent may occasionally be required to work weekends and evening shifts to accommodate management of palliative clients or to assist in emergency situations. Though the incumbent will occasionally work alone, they generally attend home visits with a HSW for translation.

In addition, within the health care setting there can be significant lack of control over the workplace, with frequent interruptions that require ongoing reprioritization and reorganization of workload during the workday in response to uncontrollable factors. Work is often dictated by external factors of the community, both emergent and non-urgent), and there is legitimate concern regarding unknown and unpredictable situations in a client home (unregulated) environment.

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 to recognize, interpret and prioritize findings and then to 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 assessment, community resources, wound care and specialized dressings, medications, grief management and pain management.
- Skills and the ability to operate and/or use medical equipment such as, but not limited to, intravenous lines, blood draw equipment, sphygmomanometer, blood glucose monitor, pulse oximeter, O2 concentrator, wheelchair, canes, crutches, TED stockings etc.
- Pharmacy skills include dispensing medications under approved policies.
- Ability to educate clients and their families where applicable on appropriate self-care methods and techniques.
- Ability to operate a desktop computer to maintain a client database system including entering statistics, scheduling, creating spreadsheets, accessing electronic mail, perform word processing and access information over the internet.
- Ability to use EMR (Wolf electronic medical record system).
- 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 work flexible hours occasionally to assist palliative clients and families.
- Ability to communicate in a caring, professional, and therapeutic manner always with a wide variety of clients, caregivers and health care providers.
- Ability to think calmly and respond therapeutically in emergency situations.
- Ability to work in a unique cultural environment using resources, such as translators appropriately.
- Ability to communicate effectively (orally and in writing)
- Ability to maintain client confidentiality and always keep personal and medical information private and confidential.
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion, and cultural awareness, as well as safety and sensitivity approaches in the workplace.

Typically, the above qualifications would be attained by:

A Licensed Practical Nursing Certificate with at least two (2) years of recent, acute care LPN nursing experience in a medical, surgical, home care, or community health environment.

Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS

Must be registered as a Licensed Practical Nurse with CANNN

Must have valid Class 5 driver's license.

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

- Non-Violent Crisis Intervention
- WHMIS
- NWT Immunization Certificate
- Hand Hygiene
- Fire/disaster plan for TCSA
- Glucometer
- IM injections
- Palliative Care
- Advanced Foot Care
- Mental Health First Aid
- Back Care
- CPR
- Internet and e-mail applications
- Fit testing
- Venipuncture
- Wound/Ostomy Care
- Electronic Medical Record (EMR)
- Aboriginal Cultural Awareness Training

Position Security

☐ 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 if applicable)

☐ French required (must identify required level below)
Level required for this Designated Position is:
ORAL EXPRESSION AND COMPREHENSION
Basic (B) ☐ Intermediate (I) ☐ Advanced (A) ☐
READING COMPREHENSION:
Basic (B) ☐ Intermediate (I) ☐ Advanced (A) ☐
WRITING SKILLS:
Basic (B) ☐ Intermediate (I) ☐ Advanced (A) ☐
☐ French preferred

Indigenous language: Tlicho

☐ Required
☒ Preferred