



IDENTIFICATION

| Department | Position Title | |
|--|------------------------------|-------------------------------------|
| Northwest Territories Health and Social Services Authority | Home and Community Care, LPN | |
| Position Number(s) | Community | Division/Region(s) |
| 67-12457 | Fort Smith | Continuing Care Services/Fort Smith |

PURPOSE OF THE POSITION

The Licensed Practical Nurse (LPN), Home and Community Care, is a member of the Home and Community Care Team, who uses the nursing process (assessment, planning, implementation evaluation and documentation) within the framework of the standards of practice of the Licensed Practical Nurse of the NWT. Under the strategic guidance of the Northwest Territories Health and Social Services Authority (NTHSSA) the LPN will adhere to policies and procedures to provide optimal care to the community clients they serve.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services in the Northwest Territories (NWT), with the exception of Hay River and Tłı̨chǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-aboriginals. Health and social services includes the full range of primary, secondary and tertiary health services and social services including family services, protection services, care placements, mental health, addictions, and developmental activities, delivered by more than 1,400 health and social services staff.

While the Tłı̨chǫ Community Services Agency (TCSA) will operate under a separate board and Hay River Health and Social Services Agency (HRHSSA) will in the interim, the NTHSSA will set clinical standards, procedures, guidelines and monitoring for the entire Northwest Territories. Service Agreements will be established with these boards to identify performance requirements and adherence to clinical standards, procedures, guidelines and policies as established by the NTHSSA.

Under the direction of the Minister of Health and Social Services, the NTHSSA is established to move toward one integrated delivery system as part of the government's transformation strategy.

The NTHSSA – Fort Smith Region is responsible for the effective delivery of Primary and Emergent Health Care and Social Services to approximately 2,500 residents of Fort Smith and the surrounding area. The regional facility includes one type C health facility and a 28 bed long term care home.

The LPN is responsible for providing comprehensive Home Care services in accordance with established standards of a licensed practical nurse, the philosophy objectives and policies of the Territorial and Social Services Authority (NTHSSA) and principles and procedures of primary care. The aim of this position is to protect and restore health of clients with chronic illness; injury or surgery; to monitor and maintain health of clients with chronic illness; and to provide palliative care and to coordinate appropriate community based services for clients.

This position works within the federal and territorial legislation and policy framework. The position carries out its responsibilities in accordance with the GNWT Acts, Statues, Regulations, Directives, Policies; the Department of Health and Social Services and the Northwest Territories Health and Social Services Authority to effectively meet the needs of the clients served by the Fort Smith Region.

The Home and Community Care Licensed Practical Nurse, is a member of a multidisciplinary team and provides direct care to clients and acts as a client advocate, facilitating communication between the client, family, physician, specialists and other health care professionals. The incumbent works collaboratively with the other disciplines of the NTHSSA and provides functional direction to the home support workers. The services provided through the Home and Community Care Programs are intended to promote a healthy life style, decrease the incidence of disease and restore health. The services provided may be provided on an individual basis or as part of a multidisciplinary team. The LPN works with cultural groups and serves the population from newborn to the elderly.

The LPN in Home and Community Care (HCC) works closely and collaboratively with RNs and the interdisciplinary team members. All nurses are required to keep their skills updated and to work within the scope of practice. They are also required to seek direction and guidance from other health care professionals when aspects of the care required are beyond their individual competence. LPNs can provide care independently to clients with predictable outcomes and established care plans. For clients with less predictable outcomes, the LPN will work in collaboration with the RN or the RN may assume the client care.

The specific Skills that the LPN is expected to have in order to perform their duties as an LPN in Home and Community Care can be categorized according to the nursing process.

RESPONSIBILITIES:

- 1. The Home and Community Care LPN performs ongoing assessment to identify the status of the client's actual or potential limitations and strengths to determine if unique needs and preferences are being met. The LPN assesses and completes the required documentation on the following:**
 - Vital Signs(Temperature, Pulse, Respirations and Blood Pressure)
 - Head to Toe assessment using a systems approach
 - Pain Assessments (using appropriate rating scales)
 - Psychosocial needs assessment
 - Discharge assessment in collaboration with RN
 - Unusual incidents or occurrences in collaboration with RN
- 2. The Home and Community Care LPN assists in the diagnostic process by:**
 - Collecting urine, stool and sputum specimens
 - Obtaining swabs for culture (wound, throat and vaginal)
 - Performs blood glucose testing and understands the implications of the value on client care
 - Accesses lab values from various sources including Health Net and notifies the RN of any values that are beyond an acceptable range
 - Understands diagnostic test results and how they impact care and treatment
- 3. Care Planning and Implementation: The Home and Community Care LPN Plans and implements the following skills in accordance with their standards of practice, their competencies and according to the plan of care:**
 - Assists to maintain a safe working environment by adhering to the following policies/procedures/guidelines:
 - Universal Precaution
 - Workplace safety policies and procedures e.g. person working alone
 - Antibiotic Resistant organisms
 - Latex Allergy screening
 - Understands and incorporates territorial policies into care delivery:
 - Adult Guardianship
 - Freedom of information and protection of privacy
 - Advanced Health Care Directives
 - Client Services Agreement
 - Assists with management of clients with chronic disease:
 - Performing physical assessments as directed by the RN or other medical professional e.g. cardiovascular, peripheral vascular or chest assessment
 - Reinforcing established teaching plan for client and family
 - Assists with providing palliative care measures in the home in consultation with the client, family and health practitioners

- Administers medications with an understanding of the indications, side effects and related nursing action:
 - Administers medication by PO, Subcut, IM (including Z tracking,) vaginal, rectal, eye, ear and nasal drops, inhalation treatments, G-tube and J-tube
 - Administers PRN medications as per plan of care
 - Pre-fills syringes for medications such as insulin and narcotics when a client or family member is responsible for administration
 - Administers over the counter medications once RN has assessed client and documented recommendations in the care plan
- Assists in the management of infusions:
 - Monitors peripheral IV and Subcutaneous sites
 - Initiates Subcutaneous infusions for hypodermoclysis in collaboration with RN
 - Removal of peripheral IV and Subcutaneous cannulas
- Provides skin and wound care:
 - For stage 1 and 2 and 3 wounds if no undermining or sinus tracts » Assessment and monitoring
 - Shortening and removal of packing
 - Care of drains including shortening, emptying, and measuring of drainage Removing staples, sutures, and drains once the RN has been consulted as to sufficient wound healing as per care plan
 - Applying compression stockings
 - Care of casts, pin sites
 - VAC dressings in collaboration with RN
- Manages nutritional needs:
 - Established gastrostomy, G-J, jejunostomy tube feedings, naso-gastric tube feeding or supplements oral nutritional needs.
- Promotes Elimination:
 - Urinary catheterization and irrigation
 - Changes established supra pubic catheter with additional education and supporting policies and procedures
 - Assesses Bowel sounds
 - Implements constipation protocol
 - Instructs, educates or completes ostomy care including appliance change and maintenance
- Assists clients with mobility and transfers:
 - Uses Transfer, lifting and repositioning principles when transferring or mobilizing clients
 - Uses appropriate transfer equipment and techniques
 - Assist clients to use various mobility aids (canes, crutches , walkers)
- Physician Orders:
 - Following consultation with RN takes telephone and verbal orders and processes faxed/written orders from physician
- Participates in health teaching:
 - Reinforces teaching from an established teaching plan
 - Uses self-management, health promotion model in daily practice

- Participates with the RN in the development and implementation of teaching plans
- Documents assessments, interventions, and corresponding client responses:
 - Documents as per HCC Guidelines
 - Documents in a timely fashion using established forms

4. Evaluation

- Monitors and recognizes changes in client status and response to interventions
- Communicates the changes and collaborates in modifying the care plan in order to achieve better outcomes
- Measures and supports client's progress in achieving goals identified in the care plan

5. Foot Care

- The Home and Community Care LPN is an advanced foot care provider who participates in the development of the foot care program and has input into policies and procedures for the foot care program.
- The Home and Community Care LPN may provide education sessions at Diabetes Clinic workshops and assists in foot care clinics with Occupational therapy.
- The Home and Community Care LPN spends one day a week (Monday) running the foot care program with the home care RN.

6. Responds to Emergency Situations

- Anaphylaxis
- Unexpected death in the home
- CPR

7. Participates in continuous learning

- Seeks out opportunities to participate in learning activities
- Reflects on personal practice, knowledge, evaluates successes and improvement needs

8. Collaborates with other members of the health care team

- Participates in team meetings and committees as required
- Participates in orientation and preceptor ship for new team members
- Communicates respectfully and professionally with clients, families and members of the health care team
- Calls physicians to discuss changes in client status, to communicate assessment findings or for other client related needs
- Communicates with RN in response to abnormalities, unpredictable outcomes or challenging situations in a timely manner
- Seeks guidance when necessary
- Sets priorities and assists in restructuring assignments when a client's condition changes and /or according to the unit needs
- Knowledge of organizations software application programs for ordering supplies, documenting safety concerns or events etc.
- Maintains electronic medical record documentation as required for the program area.

WORKING CONDITIONS

Physical Demands

Home visits (75% of the time) require the incumbent to daily carry supplies and /or equipment up and down stairs as well as into and out of a vehicle. While providing care to the palliative client, a portion of the incumbents' day will be spent assisting home care clients with ambulation or transfers five times a week for up to 20 minutes a time. In addition the incumbent will be required to bend and stand in awkward positions while performing client assessment or care

Environmental Conditions

The incumbent will spend up to 75% of their day in client's homes where the incumbent may be (and often is) exposed to unsanitary conditions, cigarette smoke, pets and loud noises that may make the incumbent sick(i/e/allergies) or pose a safety risk.

In addition, the incumbent will be exposed to all weather conditions (ranging from -40 to +30) when driving to and from the client's homes. The constant changes in temperature (office-vehicle-home-vehicle etc.) may have negative impact on the incumbent.

For up to 75% of their shift the incumbent may be exposed to communicable diseases (such as TB, whooping cough, etc.), blood and body fluid, or hazardous materials that may result in potential health risk to the incumbent.

Sensory Demands

Up to 75% of the incumbents day will be spent providing direct care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in an uncontrolled setting (i.e. client's home).Working within the client home may be extremely distracting and make normal assessment and diagnosis more difficult (noise Level, family interruptions, visual commotion, etc.), the combined use of senses is critical to all diagnoses.

The Home and Community Care LPN must be constantly aware (up to 75% of the workday of clients' physical and emotional needs (mood, hygiene, etc.) when making diagnosis and recommending an appropriate course of action that will recognize the clients abilities, support systems and potential.

The rest of the day will be spent on administrative duties within an office setting where the incumbent may be required to focus on a computer terminal.

Mental Demands

The Home and Community Care LPN has the opportunity to develop relationships with the clients of the Home and Community Care Program. The incumbent is expected to remain calm, controlled and professional regardless of the situation and demonstrate compassionate care to the client, family and other members of the health care team.

There is uncertainty in knowing what to expect while at work, especially in uncontrolled settings (i.e. home visits). There is legitimate concern about risk of verbal or physical assault and unknown and unpredictable situations (i.e. clients or family members under the influence of alcohol). As a professional obligation, the Home and Community Care LPN is required to report abuse if it is encountered which puts additional stress on the incumbent.

Within the health care setting there can be significant lack of control over the work pace, with frequent interruptions that may lead to mental fatigue or stress.

The Home Care LPN is required to be motivated and innovative in the area of continuing education and practice to encourage the professional growth of self and others.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of current nursing practice, primary health care trends in health promotion and disease prevention
- Knowledge of and an ability to apply Licensed Practical Nursing processes (assessment, planning, implementation, evaluation and documentation).
- An ability to educate clients and their families where applicable on appropriate self-care methods and techniques
- 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
- Knowledge of and ability to network resources within and outside the NTHSSA (i.e. Social Services, Public Health and NGO's) in order to ensure support of clients and their families
- An ability to operate a desktop computer in order to maintain a client data base system including entering statistics, documentation and scheduling as necessary, send and receive electronic mail, perform word processing and access information over the internet
- An ability to operate and use medical equipment such as but not limited to peripheral pumps and lines, thermometers, sphygmomanometer, blood glucose monitors, syringes, audiometer, wheelchairs, canes, crutches etc.)
- Ability to provide training, advice and assessment using specialized equipment, medications, tools and techniques
- An ability to perform pharmacy skills such as administration of medications under approved policies
- An ability to communicate effectively orally and written
- An ability to be self-directed, meet deadlines, prioritize own workload and manage several tasks at once
- The incumbent must be aware of the importance of confidentiality and be able to keep personal and medical information private and confidential at all times

Typically, the above qualifications would be attained by:

This level of knowledge is commonly acquired through the successful full scope completion of a Licensed Practical Nursing Certificate which includes the Advanced Assessment and Medication course including Intramuscular and Subcutaneous injections and two years of recent acute care LPN nursing experience in a medical, surgical or home care setting.

ADDITIONAL REQUIREMENTS

Fort Smith Regional Requirements

Within the Fort Smith Region the Home and Community Care Licensed Practical Nurse must be able to acquire within a reasonable time frame and remain current with the following training and/ or certifications:

- CPR
- Certification in Advanced Foot Care
- Supportive Pathways
- TLR
- Palliative Care
- WHIMIS
- Infection Control Standards
- Class 5 driver's License
- Safety Mask Fit Testing
- Venipuncture

Within the Northwest Territories Health and Social Services Authority the Home and Community Care Licensed Practical Nurse must be registered with the GNWT Registrar and have completed a satisfactory criminal record check.

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 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

Aboriginal language: To choose a language, click [here](#).

- Required
- Preferred