healthAbility | By your side healthability.org.au

# Position Description

| | | | |
|---|---|---|---|
| **Position Title:** | Wellbeing Co-ordinator – Diabetes Connect | **Approval Date:** | February 2024 |
| **Authorised By:** | CEO | **Review Date:** | **June 2025** |

**Our Vision** People in our communities enjoy better and longer lives

**Our Role** We work in partnership with other health and wellbeing services to enhance the health of our communities in Whitehorse and Nillumbik by meeting additional needs that no one else does in the segments we service, whilst prioritising access for those who need it most and we also work with partners to address the root causes of vulnerability.

**Our Key Business Segments**

- Helping people with a long term physical or mental health condition to live better
- Providing services and supports to people with disability
- Helping older people stay at home longer
- Providing integrated services and supports for children and youth
- Delivering public and private dental services
- Addressing the root causes of vulnerability

**Our People** People aspire to work with us and contribute to our business and community. We are committed to building a culture that embodies our values and is driven by providing high quality services, supports and experiences.

| **POSITION OVERVIEW:** | |
|---|---|
| **Job Purpose** | The Wellbeing Coordinator is responsible for working with patients enrolled in the Diabetes Connect program to identify their goals, support them with chronic disease self-management, and coordinate health and social services including addressing the social determinants of health to empower them to achieve their goals.<br>The Wellbeing Coordinator coordinates team-based healthcare and social services in partnership with patients, their caregivers/families, community services, and the |

| | |
|---|---|
| | clinical team. This role facilitates a "shared goal model" within and across settings to achieve coordinated high-quality care that is patient and family centred. The role will also work closely with the Diabetes Connect Project Co-ordinator to support GP engagement in the program, meet reporting requirements and support the development of patient education material. |
| **Duties and Responsibilities** | • Undertake triage for referred clients<br>• Work with enrolled clients and the diabetes nurse educator to develop individual care plans addressing client goals<br>• Connect clients with local services and supports including social prescribing to address the social determinants of health<br>• Liaise with clients' GP and other care and social service providers<br>• Support clients to implement individual care plans, which may include:<br>  ○ support managing appointments, providing prompts and reminders<br>  ○ assisting with medication management<br>  ○ facilitating material supports<br>  ○ arranging transport<br>  ○ addressing concerns with care arrangements<br>• Monitor clients for deterioration<br>• Respond or facilitate response to monitoring and escalate care as required<br>• Review care plans and support transition<br>• Support Diabetes Connect project co-ordinator in GP engagement and reporting requirements<br>• Coach patients/families toward successful self-management of their chronic disease.<br>• Serve as a point of contact, advocate, and informational resource for patient, family, care team, and community/social resources.<br>• Facilitate and attend meetings between patient, families, care team, and community resources as needed.<br>• Develop systems to prevent errors (e.g. shared medical records, data recording).<br>• Participate in performance improvement and continuous quality improvement activities.<br>• Recognise and respond to opportunities for improvement |

| | |
|---|---|
| | • Other duties as required |
| **Qualifications** | • Allied health or nursing professional (including enrolled nurse) registered with AHPRA |
| **Key Selection Criteria *(Skills, Experience and Qualifications required)*** | |
| **Mandatory**<br>*(Essential criteria that the person must meet to perform in the role. Max 8)* | • Demonstrate an exceptional level of understanding of service coordination.<br>• Possess a comprehensive understanding of chronic disease self-management and behaviour change<br>• Demonstrated ability to lead, communicate, educate, collaborate and counsel as necessary with particular emphasis given to communication skills and a commitment to collaborating with the rest of the multidisciplinary team.<br>• Knowledge of, and ability to navigate local health and social support services<br>• Ability to manage multiple responsibilities and to effectively prioritise scheduling of work<br>• Demonstrate highly developed verbal and written communication skills<br>• Possess the ability to work independently, exercise creativity, and maintain a positive attitude<br>• Hold a current driver's licence |
| **Desirable** | • Demonstrated proficient computer skills in MS Office applications (Word and Excel)<br>• Experience working in community/public health or community based setting.<br>• Experience in chronic disease management |
| **KPIs/Performance Goals**<br>*(List level of performance expected from the employee. Should tie back to Organisational Strategic Goals)*<br>*All KPI's/Performance Goals will be discussed at regular supervision sessions to ensure employees have the support and resources to meet these goals* | • Meet allocated funding targets and support the achievement of project KPI's<br>• Support clients in achieving a seamless journey through the program<br>• Role model behaviours that are consistent with organisational values |

<table>
<tr><td>Service/Program</td><td>Diabetes Connect is a community-based integrated care pathway for people with type 2 diabetes. People with type 2 diabetes are at high risk of poor health outcomes, and this can be exacerbated by existing barriers for services. Barriers include a lack of integration between acute and primary care, complex system navigation, and funding and accountability arrangements between Commonwealth funded primary care and state funded community health and the tertiary healthcare sectors.<br><br>The impact of type 2 diabetes on the health system is significant and in some cases is potentially avoidable. Though the exact cause of type 2 diabetes is not known, lifestyle factors contribute significantly to the onset and progression of the disease.<br><br>The Diabetes Connect model seeks to improve health and wellbeing outcomes for people with type 2 diabetes, reduce avoidable disease progression and hospitalisation, and improve integration and coordination between primary, community and acute care services.<br><br>This will be achieved through:<br><br>• a service coordination approach that connects people with the clinical and social services and supports they need to meet their health and wellbeing goals, with a focus on social prescribing and improving self-management capacity<br><br>• risk adjusted interventions including health coaching, remote monitoring and virtual check-ins, with response and escalation protocols to manage clinical and or social deterioration<br><br>• a flexible and risk adjusted funding model that combines fee for service with block funding to promote better care coordination and workforce flexibility, and Position Description improve access to multidisciplinary care for the management of chronic disease</td></tr>
<tr><td>Reports<br><br>(Insert the title of the person this role reports to and the titles of any direct reports)</td><td><table><tr><th>Job reports to</th><th>Direct reports</th></tr><tr><td>Team Lead – Integrated and Complex Care</td><td>Nil</td></tr></table></td></tr>
<tr><td>Award/EBA</td><td>Allied Health Professionals EA 2021-2022</td></tr>
</table>

| | |
|---|---|
| **Classification**<br>*(Insert the relevant classification)* | Grade 2 |

## Requirements:

- A Police Record Check is required for all roles
- A Working with Children Check, other credentials and role specific requirements (such as NDIS) and checks will be required in accordance with government funding requirements and legislation.
- All employees must provide 4 forms of identification upon commencement.
- All employees must be permanent residents of Australia or hold a current, valid visa.
- A current Victorian Driver's Licence (where driving is a component of the role)
- A probationary period of 6 months applies unless otherwise stipulated.
- All employees must abide by the organisations Policies & Procedures.
- All employees may be required to work across any of the organisations sites.
- All employees are required to take reasonable care for their own health and safety and that of other employees who may be affected by their conduct.
- All healthAbility employees are required to complete the level of MARAM training relevant to their role to appropriately and effectively identify, assess and manage family violence risk. The Framework has been established in law under a new Part 11 of the Family Violence Protection Act 2008.

# MANAGER DECLARATION

This role reports to me and I confirm I have read and understood the Compliance Checks Procedure and that in addition to the Police Check requirements, the following requirements are required as part of ongoing employment to this role:

| | | | | |
|---|---|---|---|---|
| WWCC | Yes | ☒ | No | ☐ |
| NDIS | Yes | ☒ | No | ☐ |
| Statutory Declaration | Yes | ☒ | No | ☐ |
| Credentials/Registration | Yes | ☒ | No | ☐ |

Other _____

## EMPLOYEE DECLARATION

i. I acknowledge that I have read and understood the requirements of the position as detailed above.
ii. Do you have any pre-existing injuries or conditions that could reasonably be expected to be affected by the nature of the proposed employment?

***Pre-existing injury/condition?*** Yes ☐ No ☐

If yes, please provide details: _____

_____

_____

Failure to make such a disclosure, or the making of a false disclosure, will result in Sections 82(8) of The Accident Compensation Act 1985 applying. Section 82(8) of the Act provides that where a recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arises out of or in the course or due to the nature of employment with a company, it will not entitle the worker to compensation.

The disclosure of information on a pre-existing injury or disease will not impact on the recruitment process in any way. Nillumbik Community Health Service Ltd is an Equal Opportunity Employer.

**Signed (employee):** _____ **Date:** _____