



JOB DESCRIPTION

Position: COMMUNITY NAVIGATOR

Job Purpose & General Accountability

This role will appeal to a dynamic and experienced regulated health care professional who values the community and who is eager to support a growing organization and an energetic team. Reporting to the Manager, Community Services, the Navigator is responsible for evolving our programs by building new partnerships and strengthening existing community alliances to optimize who and how we support clients in the community. The Community Navigator applies their knowledge of the formal (e.g. Health & Allied Health, Community, Social Service networks), and informal services (e.g. neighborhoods, cultural groups, faith based groups) to support individuals and families based on their needs and desires.

The Community Navigator will work closely with the direct service team to evolve the triage system for client intake and referrals, mapping out structured care pathways to and from long-term care homes, hospitals, retirement homes, older adult clubs, multi-faith centers and other community support services. They will identify the needs of the client and caregivers. This role will work in partnership with the Service Team to identify and develop appropriate supports and participation in programs.

DUTIES AND RESPONSIBILITIES

Planning and Program Development:

- Conduct community consultations to develop a hospice palliative community hub model
- Map out current community support assets and resources and self-management pathways
- Identify collaborative partnerships and build strategic outreach relationships to support operations and ensure harmonized planning
- Assist in the development and implementation of new group programs and services to enable vulnerable individuals and families increased access to blended supports in one space
- Track metrics for program delivery and community referrals through the hub model
- Evaluate the effectiveness of community hub and navigation

Direct Service:

- Individualized client-driven support – The Navigator connects with clients through the Outreach Program and other referral sources to provide one-on-one support for client-defined goals. They will conduct an initial assessment to ensure appropriateness of the client for HV programs. Using a package of support and education offerings, the navigator will establish care plans that are client centered and holistic in conjunction with Psychosocial Staff and Volunteer Manager to assign a suitable volunteer.

They will monitor and evaluate appropriate care plans at regular intervals to assess changing intervention needs.

- Health referral and advocacy - connect palliative clients with services for physical and mental health and offer practical support to advocate for client needs. This may include assisting with issues like pain and symptom management assessments and assisting them with health literacy issues while navigating the system.
- Social, spiritual and practical connection: The Navigator supports clients to develop personal support networks by connecting with internal programs and community resources.
- The Navigator will communicate with the Home and Community Care case manager and/or all pertinent changes in the client's condition and/or treatment.
- Documentation will include referral information, consent for admission to Hospice Vaughan's programs, assessment record of the client, demographic information, progress notes and any other important information related to the care of the client. The chart will follow the guidelines for HPCO accreditation.
- The Navigator will attend daily palliative care client huddles and attend monthly case management meetings

Other Outreach Services:

- Collaborate with other agencies and professionals for the benefit of the client(s)
- Identify gaps in service
- Advocate for system change
- Organize and deliver public education as required

Other Activities:

- The Navigator will support group activities for clients on-site at the Hospice, and will also provide administrative and logistical support for wellness programs
- Promote the services of Hospice Vaughan in a variety of settings
- Manage confidential client records through paper and electronic systems
- Documentation and reporting which complies with regulations and professional standards including the Personal Health Information and Privacy Act (PHIPA)
- Attend team meetings, staff meetings and employee engagement initiatives
- Participate in organizational events and activities
- Assist with general office functions as needed
- Other duties as assigned

Position Requirements

- The Registered Nurse RN or Social Worker BSW registered with respective Colleges
- Master's preparation an asset
- Palliative care education and/or CNA Certification in Hospice and Palliative Care an asset
- Experience in community hospice palliative care
- Demonstrated confidence working autonomously and collaboratively with members of the interdisciplinary team
- Ability to comply with all federal, provincial, and municipal regulations and legislature
- Knowledge of interdisciplinary client care processes, commitment to team-work and ability to collaborate effectively

- Self-motivated, results orientated, personable and charismatic, well organized, diplomatic, strong verbal and written communication skills and the ability to multi-task
- The ability to work flexible hours and to commute between various locations in Vaughan
- Understanding of ethics as they relate to Hospice Palliative Care
- Excellent communication, interpersonal, organizational and time-management skills.
- Knowledge of community resources
- Experience working with volunteers is desirable
- Ability to take initiative and to respond efficiently and professionally to requests for information.
- The ability to work independently while working in a team environment
- Ability to maintain confidentiality and meet deadlines
- Holds a high level of regard for the contribution of charitable organizations and an appreciation of the value and role of volunteers
- Experience working with diverse groups of people and volunteers. Culturally sensitive
- Experience in program development and evaluation is an asset
- Access to a reliable vehicle and valid insurance
- All positions require a vulnerable persons check
- Ability to perform other duties as required
- Two doses of COVID vaccine (with confirmation provided)

Qualified applicants are invited to forward a cover letter and resume to hr@hospicevaughan.com. Please specify "Community Navigator" in the subject line of your email. Include your personal email if applying via a job portal.

Posting will remain open until hiring completed.

We thank all applicants for their interest, however, only those candidates who have been short-listed will be contacted. Please no phone calls or agency inquiries.