

POSITION DESCRIPTION

Position Title:	Community Care Coordinator
Business Unit/Department:	Community Care
Division:	Western Health at Home
Award/Agreement:	Nurses & Midwives (Vic Public Sector) (Single Interest Employers) Enterprise Agreement
Classification:	Registered Nurse – Grade 4 HITH/PAC (YW15)
Reports To:	<i>Service Manager:</i> Western Health at Home Care Coordination Teams <i>Operationally:</i> Operations Manager <i>Professionally:</i> Director of Nursing & Midwifery
Direct Reports:	N/A
Date Prepared/Updated:	05 December 2025

Position Purpose

The Western Health at Home teams, provide holistic support and care for those with increased care needs to patients within their own home. The Western Health at Home teams strive to improve health outcomes in a targeted population through a model of health education, empowerment and integrated care across the acute and primary health sectors.

The aim of the service is to:

- Provide disease specific education, promoting self-management.
- Provide an alternative to hospital presentation and admissions.
- Effectively coordinate the care of people with adverse health and social conditions, that might be difficult for them to manage at home.
- Provide support for patients to remain at home following a change in health and/or functional ability.

The role of the Community Care Coordinator (CCC) is essential to the Western Health at Home teams in providing clients and carers with care coordination and management of their health conditions and navigation of the Health and Primary care system. The Community Care Coordinator is responsible for comprehensive patient assessments, providing self-management support, disease specific education, and coordinating patient healthcare needs across the health care continuum.

The CCC fulfils the roles and responsibilities of a Registered Nurse, demonstrating expert knowledge and skills while practicing along the service continuum, including but not limited to triage, liaison, phone support, comprehensive assessments, and care coordination roles, within the Western Health at Home teams and as such requires a broad understanding of the scope of the services.

The CCC will ensure provision of care that is excellent in quality and consistently patient centred while also assisting in achieving effective operational management of the clinical environment. The CCC works with a multidisciplinary team focus, alongside Community Geriatrician service, Western at home HMO / Registrar, SW, clinical and neuropsychology services, CBR / RAH OT and physio, Western DNE. They contribute to care plans developed in collaboration with the client, internal and external care providers. They also play a

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vital role in ensuring that patients are actively engaged with their GP, often a conduit between the hospital and GP.

The CCC works towards preventing unplanned and avoidable hospital admissions through improved management of acute and chronic illness and/or psychosocial needs via face to face, home based and telehealth interventions.

As a member of the health care team, the CCC is at the forefront of the provision of high-quality care to patients on a day-to-day basis. As a professional, the CCC is accountable for:

- The maintenance of their own clinical knowledge, further education and always working within the confines of their specific scope of practice, in accordance with the boundaries set by their experience and skill.

Business Unit Overview

The Division of Western Health at Home provides a comprehensive range of inpatient, clinic based and home-based services. Our multidisciplinary workforce of over 1,000 employees includes medical, nursing, pharmacy, allied health and administration staff. Western Health at Home services provide care from all Western Health campuses and within patient's homes, including residential aged care, supported accommodation and the custodial setting. The division is rapidly expanding to meet the needs of the community through the delivery of innovative, integrated and patient-centered care.

Western Health at Home services support patients across the continuum of care with a primary objective to support patients to live more healthy days at home. Our breadth of services, clinics and units work collaboratively to reduce avoidable hospital presentations and support early and sustainable hospital discharges. Through multidisciplinary service delivery, integration with primary care, research and clinical trials our division supports the detection, management and secondary prevention of chronic disease.

The division's medical specialties include Renal, Endocrinology and Diabetes, Geriatric Medicine and the General Practice (GP) Integration Unit. Western Health at Home provides a range of acute and subacute services that deliver hospital level care within the comfort of a patient's home. These services include Hospital in the Home, Rehab at Home, GEM at Home, Community Based Transition Care Program and Dialysis at Home, which deliver healthcare that would otherwise be provided within an inpatient setting.

Western Health at Home's breadth of community-based care and specialty assessment clinics provide comprehensive care to support the management of chronic disease. The division has chronic dialysis units located at all Western Health main campuses and acute units at Sunshine and Footscray Hospital. Western Health at Home manages a primary healthcare service within Dame Phyllis Frost Centre, a maximum-security women's prison located in Melbourne's West.

Key Responsibilities

Safe and Effective Patient Care

- Deliver high quality person-centered care in line with the 'Best Care' framework
- Maintain accurate communication of appropriate patient information within the Western Health at Home teams including the patient's management system/s
- Demonstrate independent clinical reasoning and clinical competencies, including expertise in use of relevant assessment tools, treatment methods, and Care Coordination skills
- Demonstrate sound knowledge of chronic health conditions prevalent within our communities and their management
- To provide care coordination, self-management support and education to assist with early recognition of deterioration and pathways to ongoing care (eg 1300 #)
- Use a collaborative approach with internal and external stakeholders, to ensure discharge home is safe and sustainable
- Conduct an accurate and comprehensive assessment and formulate care plans with patients
- Make timely referrals of patients with ongoing needs, to appropriate services, being guided by the individual care needs of the patient.

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- Hold accountability for own actions and seek guidance and support from appropriate colleagues or management, when limited by own skills and experience.
- Receive supervision from Senior Clinician or Care Coordination Service Manager, guided by the individual work-plan/learning goals.
- Demonstrate an understanding of quality improvement and accreditation processes.

People and Culture

- Actively promote the Western Health at Home Care Coordination services through the development of cohesive networks and provision of high-quality care.
- Actively participate in regular supervision, demonstrating ongoing development of clinical skills and reflective practice as identified in supervision plan
- Attend and participate appropriately at team meetings and case conference • Perform other duties as required within scope of practice
- Demonstrate flexibility and responsiveness.

Community and Partnerships

- Demonstrate a high level of understanding of community resources and systems.
- Participate in and contribute to relevant case conferences, team meetings, client/family feedback meetings.

Research and Learning

- Act as a key resource within teams, relating to areas of expertise.
- Participate in the development, organisation and delivery of education programs for internal and external stakeholders
- Maintain clinical professional development as outlined in the Nursing Workforce Clinical Portfolio.
- Provide orientation and support for new team members and students as required.
- Undertake a teaching role as necessary.

Self Sufficiency and Sustainability

- Complete documentation and data collection within program guidelines.
- Maintain appropriate levels of patient contacts (KPIs approximately 25 per FT EFT) and caseload to optimise service delivery for Community Services.

In addition to the key responsibilities specific to your role, you are required to deliver on the [Key Organisational Accountabilities](#) which are aligned with the Western Health strategic aims.

Key Working Relationships

Internal:

- Service Manager, Inpatient and Community Care Coordination
- Operations Managers Western Health at Home
- Director of Western Health at Home Division
- Director of Nursing Western Health at Home Division
- Nursing, Allied Health and medical staff within Western Health
- Team Leader Central Access Unit
- Other staff members and clinics within the Division
- Allied Health Discipline Managers
- Nurse Unit Managers
- Access Managers
- SNAP staff

External:

- Patients and their family/carers
- Community service providers
- Brokered Service Providers
- General Practitioners
- External key client contacts such as: Community Case Managers, etc

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- Professional Bodies

Selection Criteria

Essential:

- Appropriate tertiary qualification and registration with AHPRA
- Possess at least 5 years acute clinical experience with sound knowledge of chronic disease management
- Demonstrated effective clinical assessment skills and knowledge of referral process appropriate to the community Care Coordination role
- Adequate knowledge of community service providers/ My Aged Care/ Community healthcare organisations
- Demonstrated effective communication skills both written and verbal
- Possess highly developed interpersonal skills including conflict resolution strategies and the ability to engage in highly sensitive conversations in a compassionate manner
- Demonstrate an ability to work collaboratively as part of a multidisciplinary team - Possess knowledge of relevant legislation, policies and procedures - Be innovative, resourceful and flexible.
- Possess the ability to identify, adapt to, adopt and promote new processes and procedures in a rapidly evolving and changeable work environment.
- A commitment to high quality, safe and person-centered patient care
- Current Victorian driver's license

Desirable:

- Current working relationships with a range of community services in the Western region
- Possess a relevant Post Graduate qualification or working towards same
- Clinical experience and knowledge within Mental Health Services is highly desirable
- Specialist clinical experience and knowledge in the management of chronic disease and psychosocial complex needs.

Additional Requirements

All employees are required to:

- Obtain a police/criminal history check prior to employment
- Obtain a working with children check prior to employment (if requested)
- Obtain an Immunisation Health Clearance prior to employment
- Report to management any criminal charges or convictions you receive during the course of your employment
- Comply with relevant Western Health clinical and administrative policies and guidelines.
- Comply with and accept responsibility for ensuring the implementation of health and safety policies and procedures
- Fully co-operate with Western Health in any action it considers necessary to maintain a working environment, which is safe, and without risk to health
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Western Health
- Safeguard children and young people in our care, by ensuring that your interactions are positive and safe, and report any suspicions or concerns of abuse by any person internal or external to Western Health
- Be aware of and comply with relevant legislation: Public Administration Act 2004, Victorian Charter of Human Rights and Responsibilities Act 2006, the Victorian Occupational Health and Safety Act 2004, the Victorian Occupational Health and Safety Regulations 2017 (OHS Regulations 2017), Fair Work Act 2009 (as amended), the Privacy Act 1988 and responsibilities under s141 Health Services Act with regard to the sharing of health information, the Family Violence and Child Information Sharing Schemes, Part 5A and 6A Family Violence Protection Act 2008, Safe Patient Care Act 2015, Mental Health & Wellbeing Act 2023
- Be aware of and comply with the Code of Conduct for Victorian Public Sector Employees and other Western Health employment guidelines

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- Work at any of the Western Health sites as directed, in accordance with business and organisational demands and priorities.

General Information

- Redeployment to other services within Western Health may be required
- Employment terms and conditions are provided according to relevant award/agreement
- Western Health is an equal opportunity employer and is committed to providing for its employees a work environment which is free of harassment or discrimination. The organisation promotes diversity and awareness in the workplace
- Western Health is committed to Gender Equity
- Western Health provides support to all personnel experiencing family and domestic violence
- This position description is intended to describe the general nature and level of work that is to be performed by the person appointed to the role. It is not intended to be an exhaustive list of all responsibilities, duties and skills required. Western Health reserves the right to modify position descriptions as required. Employees will be consulted when this occurs
- Western Health is a smoke free environment

I confirm I have read the Position Description, understand its content and agree to work in accordance with the requirements of the position.

Employee's Name: _____

Employee's Signature: _____ Date: _____

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