

**Jennifer Arthurs, RPN
Nurse Case Manager**

EXPERIENCE PROFILE:

- Case Management services for clients of the Rapids Family Health Team.
- Over 25 years of experience in client centred health care, clinical application, care coordination, chronic disease and self-management in hospital, Retirement Home and community settings.
- Demonstrated excellence in client advocacy and multidisciplinary case management within the community.
- Talented communicator with highly developed written, verbal and interpersonal skills.
- Demonstrated ability to work independently and as an effective team member.
- Possess excellent teaching skills, with the ability to make complex information understandable to clients and families.
- Accomplished in creating and cultivating community partnerships.

EDUCATION:

- Certificate in Case Management - University of Southern Indiana 2010
- Practical Nursing Diploma – Lambton College 1994

EMPLOYMENT HISTORY:

Pursuit Health Management - London, Ontario 2021 - Present
Nurse Case Manager

- Provide medical case management involving discharge planning, in-home medical and rehabilitative assessments including Attendant Care, to maximize client's functional outcomes.
- Liaise with community healthcare providers to effectively manage complex cases (Orthopedic, ABI, and Spinal Cord) to ensure timely outcomes which maximize client abilities. Develop multidisciplinary community rehabilitation teams based on client needs and assist with referrals, as necessary.
- Advocate for clients in the areas of medical needs, housing, transportation, community integration, and employment as well as social/recreational pursuits. Provide comprehensive reports focused on client achievement of treatment plan goals.

The Manor Village – London, Ontario
Wellness Coordinator

2020 - 2021

- Operated as a health and wellness ambassador for the Manor Village community. Primary responsibility was to support the Wellness Director in all aspects of the Wellness department, which included scheduling and implementing health assessments for prospective and current residents, and scheduling and executing new resident orientation sessions with the goal of creating personalized wellness plans. Other essential functions and responsibilities included, but were not limited to, overseeing and maintaining the medication management program, the physician clinics, the monthly vitals clinic, vaccine clinics and the Emergency Response System, as well as assisting the Wellness Director in providing direction and supervision to the Wellness Team.
- Assessed the clinical status of each resident and made recommendations as to the appropriate level of care and services.
- Liaised with Care Coordinators and other multidisciplinary team members from the Home and Community Care Support Services, Southwest. (formerly the SW LHIN).
- Team Lead for LHIN Transition Unit.

Bayshore Home Health – Sarnia, Ontario
Home Support Supervisor

2017 - 2019

- Field Supervisor in the community for personal support workers that provided personal care in patients homes. Responsible for initial assessments, care plans, and ongoing advocacy for patients and their families.
- Organized and implemented education and training for staff, including performance management.
- Developed rapport with local family physicians and worked collaboratively with the Erie-St. Clair LHIN care coordinators to achieve optimal patient care.

Paramed Home Health Care – Sarnia, Ontario
Clinical Community Supervisor

2016 - 2017

Same responsibilities as previous role with Bayshore.

Rapids Family Health Team – Sarnia, Ontario
Case Manager

2007 – 2016

- Assisted patients to ensure appropriate, high quality care with achievable results. Evaluated treatment plans against individual goals and healthcare standards. Took an active role in patient and family planning, detailing instructions and responding appropriately and effectively to questions and concerns.

- Worked with a multidisciplinary team to provide cohesive care to patients. Consulted with clinicians to devise and manage effective ongoing care plans for at-risk patients.
- Partnered with physicians, social workers, psychologists, dietitians and activity therapists to develop and implement individualized care plans and documented all patient interactions and interventions in electronic charting systems. Performed triage on all incoming patients and determined severity of injuries and illnesses. Vaccinated patients to protect individuals.
- Delivered outstanding care to patients with various diagnoses and managed care from treatment initiation through to completion.

LICENCES CERTIFICATIONS and PROFESSIONAL DEVELOPMENT:

- Registered with the College of Nurses of Ontario
- Member of Registered Practical Nurses Association of Ontario (now WeRPN)
- Member of the former National Case Management Network of Canada

- P.I.E.C.E.S. 2019
- Gentle Persuasive Approaches (GPA) 2019
- UHN Toronto Geriatrics Update Course 2018
- CAWC Levels I and II (Wound Care) 2018
- Mental Health First Aid 2017
- LEAP (Palliative Care) 2017
- Indigenous Culture Competency 2015
- CAPCE (Palliative Care) 2004