Unit Name: Community Transition Program (CTP)

Unit Location: 70 Memory Lane, 2nd Floor, Lower Sackville, NS

Program: Residential Community Based Facility-Addictions and Mental Health (Inpatient and Community Program)

Nova Scotia Health Authority Community Inpatient and Outpatient Services

The purpose of this Profile is to provide Nurses with an overview of each service area.

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<th>General Information</th>
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<td><strong>Site</strong></td>
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<td><strong>Brief description of the Unit</strong></td>
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The integrated team ensures every opportunity for the individuals with complex health needs to achieve success and satisfaction with their recovery, attainment of personal goals, quality of life and transition to an appropriate community setting.

**Unit Orientation**
Orientation is designed specifically around the needs of the individual being hired. That means that some staff may require several days’ worth of orientation while others may require several weeks. The orientation process ensures that staff are able to adequately meet the needs of the complex needs of the individuals we serve,

All new staff are fully supported to attend the Addictions and Mental Health Orientation program in addition to onsite orientation.

**Number of Beds**
14

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**Patient Care**

**Patient Population**

**Average Patient Age Range**
Anyone who is considered an adult is appropriate for admission at CTP.

**Nursing Model of Care**
Team Nursing
Clinical Staff are NSHA- Central Zone employees
Non clinical Staff including Residential Rehabilitation Workers are Quest Employees.
We work collaboratively to provide care to clients who have been identified to have a complex health need.

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**Systems**

**Medication System**
Dispill Packaging
Medications are supplied through a local community pharmacy.
Medications are ordered by a NSHA Physician. On call physician coverage provided by the Hospitalists from the Addictions and Mental Health Program of the NSHA Central Zone.

**Scheduling**
Manager: __X__
| **Average Number of Staff per Shift** | Days: RN _1_ LPN _2_  
Evenings: RN _1_ LPN _1_  
Nights: RN _1_ LPN _1_ |
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<td></td>
<td>Residential Rehabilitation Workers are employed and scheduled through Quest. Onsite Security is provided by Paladin.</td>
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</table>
| **Service Hours**                  | 24 hour nursing unit  
Community Transitioning during flexible hours. |
| **Length of Shift**                | 8hr: _X_  
12 hr: _X_  
Other: _X_ (as needed)  
Other: Depends on need (e.g. education sessions) |

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<tr>
<th><strong>Staff</strong></th>
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<tr>
<td><strong>Staff Mix</strong></td>
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<tr>
<td><strong>Physician Coverage</strong></td>
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<tr>
<td><strong>Multidisciplinary Team Members</strong></td>
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<td><strong>NSHA</strong></td>
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| Occupational Therapist  
Recreation Therapist  
Secretary  
General Practitioner  
Health Services Manager  
Program Leader  
Complex Case Social Worker  
Consult Psychiatrist  
Other consultants, as necessary |
| **Quest** |
| Residential Rehabilitation Worker (RRW)  
Team Leader  
Housekeeper  
Dietary  
Security (Paladin)  
Housing (Metro Housing) |
**Required Skills, Qualifications & Experience**

**RN**

Registered Nurses provide professional nursing services, deliver health education programs and provide consultative nursing services to promote, maintain and restore patient health.

| Responsibilities | The Registered Nurse (RN) works collaboratively within the integrated team structure and utilizes the nursing process, critical thinking and problem solving skills to provide holistic care to individuals, families, groups, communities and populations across the life span. The RN is responsible for the overall coordination and direction of nursing care. The RN provides clinical leadership particularly in complex or unpredictable care settings. The RN has the knowledge, skill and judgment needed to provide competent, evidenced based nursing practice. The RN is accountable for the development, implementation and ongoing evaluation of the plan of care to achieve individual outcomes. The RN supports the development of students and colleagues through acting as a preceptor and providing ongoing mentorship. The RN contributes to the efficient and effective functioning of the Community Transition Program, coordination of care and staffing. |
| Skills Required | * Graduate of an accredited school of nursing, Bachelor of Nursing is an asset  
* Current registration with the CRNNS  
* BLS-C (HCP) certification  
* Previous experience in mental health or geriatric population required  
* Previous supervisory experience an asset  
* Post graduate in Psychiatric/Mental Health nursing an asset  
* Experience in behavioural management required  
* Experience in physical health and chronic disease management is an asset  
* Demonstrated experience in screening, assessment and an understanding of substance misuse  
* Demonstrated experience delivering evidence based treatment through individual and group interventions an asset  
* Demonstrated understanding and commitment to family centred care  
* Have excellent clinical and interpersonal skills and demonstrated ability to work others effectively  
* Demonstrated communication and interpersonal skills, along with strong organization and time management skills.  
* Demonstrated experience and expertise in formulating and implementing care plans  
* Self directed in his/her practice with an ability to work independently and as an effective member of an inter-professional team  
* Experience with the provision of supervision to nursing students and other mental health disciplines, and willingness to incorporate such responsibilities into work routine  
* Proficiency in computer skills related to report writing and recording and managing data  
* Innovative and flexible in his or her approach to work; carry out duties in a timely fashion  
* Competencies in other languages an asset, French preferred |
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<tr>
<th>Additional Responsibilities</th>
<th>Use of NVCI may be required.</th>
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<tr>
<td>Additional License/Certification/Education required</td>
<td>NVCI</td>
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**Completed by:** Kim Munroe  
**Date:** July 28, 2015