

REGISTERED NURSE Case Manager

JOB SUMMARY: Provides skilled nursing care and coordination of care for patients during all stages of the disease process. Provides skilled assessment and instruction for newborn, pediatric, adult and geriatric patients in accordance with established nursing standards, agency policies and procedures, and the physicians plan of treatment.

EDUCATION/EXPERIENCE REQUIRED:

1. Must be a graduate of an accredited school of nursing with a valid RN license in Indiana, prefer Bachelors Degree (BSN)
2. Minimum of one year experience as an RN with
 - A. At least one year recent acute care experience or home care experience.
 - B. Current BCLS certification.

GOALS/OBJECTIVES OF THIS POSITION:

To provide leadership and coordination of patient care according to the mission statement and philosophy of this company.

To provide the highest level of quality nursing care and skill.

To promote optimum level of recovery and functioning for the patient in his own place of residence.

KNOWLEDGE/SKILLS/QUALIFICATIONS REQUIRED:

1. Must be capable of working independently, making appropriate decisions and requiring minimal supervision.
2. Must demonstrate organizational skills and planning ability for case coordination.
3. Must be flexible.
4. Must be able to appropriately prioritize workload and patient needs.
5. Must have ability to use and operate computers.
6. Must be available after hours for on-call rotation.
7. Must demonstrate basic competence in specified nursing skills.
8. Must be able to pass a written competency examination with a score of 70% or better.
9. Able to meet 90% of required clinical standards within 90 days of hire.
10. Must be free from communicable diseases by physical exam at time of hire and as required.
11. Negative Mantoux TB test/ or CXR required at hire and annually.
12. Must not pose a direct threat to the health or safety of the individual, the clients, or others in the workplace.
13. Must be able to read, write, write and speak English.
14. Must hold a current and valid drivers license.
15. Must have a functioning automobile and current liability insurance.
16. Must not have been found guilty of
 - A. Rape IC 35-42-4-1
 - B. Criminal deviate conduct IC 35-42-4-2
 - C. Exploitation of endangered adult IC 35-46-1-12
 - D. Failure to report battery, neglect, or exploitation on an endangered adult IC 35-46-1-13
5. Theft IC 35-43-4

17. Must be willing to submit to a criminal history check at time of employment.
18. Must be willing to accept responsibility and accountability for this job position.
19. Must be able to work collaboratively with other clinical and administrative team members.
20. Must hold current professional liability insurance.

RELATIONSHIPS:

Reports to: Director of Clinical Services

Supervises: Team members caring for assigned patients (See organizational chart)

PHYSICAL REQUIREMENTS:

The employee is regularly required to stand, walk, use hands and fingers to assist patients, to write, use medical supplies, handle and feel objects, handle medical equipment and controls, drive a car, reach with arms, sit, stoop and bend. The employee must regularly lift and or move up to 25 pounds, frequently lift/move up to 50 pounds, and occasionally lift/move more than 75 pounds. Must be able to work for extended periods of time while standing and being physically active

ESSENTIAL DUTIES:

The Care Coordinator RN ensures care delivery meets the needs of the patients, focusing on improving outcomes, and following professional practice standards, and agency policies. To accomplish this, the Care Coordinator:

1. Assess patient care needs at time of admission and thereafter on an ongoing basis, as patient condition and diagnosis dictate.
 - A. Demonstrates knowledge of and adherence to agency policies/procedures and Federal and State regulations.
 - B. Demonstrates knowledge of and application of the principles of the nursing process in the development, implementation, and evaluation of the plan of care.
 1. Contacts patient within 24 hours of receipt of referral
 2. Informs patient of admission qualifications, Rights and Responsibilities, and Advanced Directive information.
 3. Obtains pertinent history and reason for requesting home health care.
 4. Performs a physical assessment, including body systems.
 5. Evaluates environment to determine need for other assistance or equipment.
 6. Evaluates patient, family and significant others for teaching needs and learning ability.
 7. Evaluates patient need for other disciplines such as home health aide, PT, OT, ST, MSW.
 8. Describes available services and other agency specific procedures to the patient.
 9. Develops appropriate Nursing Care Plan to meet patient needs.
 10. Begins discharge planning and instruction.
 - C. Evaluates nursing plan of care for appropriateness to patient condition, communicates with the physician and other health care team members, and makes referrals as necessary.

2. Plans, implements, and evaluates skilled care according to established nursing standards and based on age specific requirements for newborn, pediatric, adult, and geriatric patients, and makes revisions as required, under the physician's plan of treatment.
 - A. Utilizes the principles of the nursing process in care development.
 - B. Records appropriate Plan of Care / Nursing Care Plan in the Clinical record and updates as needed.
 - C. Coordinates care of the patient with other disciplines or care providers, using community resources as appropriate.
 - D. Obtains and documents orders for therapy or MSW as needed and communicates referral to the appropriate discipline in a timely manner.
3. Utilizes developmental-stage appropriate interventions in planning care for newborn, pediatric, adult, and geriatric patients.
4. Notifies physician, office staff, and other appropriate clinical team members of pertinent changes in the patients condition within four hours or sooner, as condition indicates.
5. Updates the Plan of Care periodically and processes physicians orders/changes as needed.
6. Works to improve patient outcomes, from admission to discharge.
 - A. Maintains an understanding of how to accurately answer OASIS questions to reflect the patients condition at the time of assessment.
 - B. Uses nursing knowledge to, when possible, prevent patient re-hospitalization.
 - C. Participates in agency outcomes education to increase knowledge of outcomes improvement measures.
7. Monitors Plan of Care worksheet to ensure cost effective utilization of services for every patient, while still meeting their needs.
8. Instructs and supervises nursing personnel regarding the needs of the home care patient.
 - A. Attends case conferences or other care planning sessions
 - B. Supervises, evaluates, records, and instructs the Home Health Aide per agency policy and regulations.
 1. Establishes the assignment plan for the aide.
 2. Works along with Clinical Supervisor to coordinate shared visits.
 3. Participates with Clinical Supervisor in evaluation of the Home Health Aide Performance.
 - C. Supervises, instructs, and evaluates the care of the LPN.
9. Utilizes appropriate communication skills to instruct and counsel patient and family regarding care at home based upon age-specific criteria.
 - A. Uses handouts to instruct patients and family regarding disease process and other pertinent topics.
 - B. Retrieves information from approved list of resources, including reference books, Internet sites, and available computer software printouts.
 - C. Records teaching in the clinical record.
10. Documents patient assessment, reassessments, interventions, and ongoing care concisely and according agency policy.
 - A. Accurately and consistently records services patient receives noting the changes in the patients condition and environment.
 - B. Makes revisions to the nursing care plan as needed.

- C. Records supervisory visits as scheduled and in a timely manner.
 - D. Records a Patient Summary at least every 60 days, to include evaluation of the patients progress and condition and submits this report to the physician for review.
 - E. Documents in a legible manner
 - F. Meets all documentation time lines
 - G. Participates in quarterly Clinical Record Review.
 - H. Completes discharge record within 48 hours of discharge and submits to CQI.
11. Meets all organizational competency requirements at orientation and thereafter for area of specialty. (See addendum).
 12. Submits time records according to agency policy.
 13. Builds health care team and company loyalty by
 - A. Attending staff meetings
 - B. Participating in Problem Solving Sessions.
 14. Participates in agency approved research studies and educational experiences for student nurses.
 15. Attends continuing education classes and keeps clinical knowledge and skills updated through
 - A. Agency sponsored inservices
 - B. Formal education at University classes
 - C. Continuing Education seminars.
 - D. Personal reading and research.
 16. Participates in On-Call as scheduled on a rotating basis.
 17. Respects and actively supports agency's values and purpose..

Non-Essential Duties:

1. Other duties as assigned

Signed: _____ Date: _____

Approved by Board: 09-15-1999 Revised: 9-20-2007