NORTHWELL HEALTH

HUNTINGTON

JOB DESCRIPTION

JOB TITLE : CASE MANAGER, RN

DEPARTMENT : CASE MANAGEMENT
1.0FTE 9:00AM-5:00PM
Includes Weekends and Holidays
Req# 75181 Position#81043549

REPORTS TO : DIRECTOR, CASE MANAGEMENT

POSITION SUMMARY	Serves as liaison between the patient and facility/physician. Ensures a continuum of quality patient care throughout hospitalization and oversees provisions for patient's discharge. Assesses, plans, oversees and evaluates the appropriateness of care throughout admission and hospitalization of the patient.
RESPONSIBILITIES	* 1. Facilitates patient management throughout hospitalization. • Participates in patient management rounds and patient centered meetings. • Identifies potential delays and resolves issues with appropriate departments. • Identifies appropriate utilization of Social Work Services and makes referrals when appropriate. • Confers with physician regarding referrals for Physical Therapy, nutrition, speech and swallow. * 2. Serves as an in-patient liaison - planning, assessing, implementing and evaluating patient in collaboration with the health care team. • Serves as a resource to the health care team regarding quality, utilization of clinical resources, payer, and reimbursement issues. • Works with on-site screeners in transitioning patients to appropriate post discharge settings. • Collaborates with payers, providing all necessary clinical documentation for the maximization of benefits. • Serves as a liaison to patient, family, admitting, primary care physician, health care team, and hospital departments. • Collaborates with and provides feedback to the primary care physician and multidisciplinary team regarding patient's status with regard to length of stay, utilization of resources and discharge status. * 3. Provides support to the in-patient health care team as well as to patient and family regarding all aspects of admission, hospitalization and discharge plan. • Involves patient and/or family in discussion and planning for anticipated need for care following discharge. • Ensures patient and/or family are given information regarding their choices regarding transferring the patient to another level of care according to regulatory standards. * 4. Performs concurrent utilization management using Interqual criteria. • Conducts chart review for appropriateness of admission and continued length of stay. • Contacts and interacts with third party payers to obtain approval of hospital days, pre-certification and post-discharge eligibility in relation to clinical course.

RD: 08/00, 09/00, 04/01; CV/RD: 07/08 (CB); JDP09
131/88

	• Ensures compliance with current state, federal, and third-party payer regulations. • Identifies patients for Alternate Level Care (ALC) care list and notifies appropriate health team members. • Communicates with insurance companies and physicians regarding utilization issues. • Utilizes important message from Medicare (IMM) when appropriate. • Ensures managed care reviews are up to date and accurately reflect patient's clinical progress and acute needs. * 5. Participates in the quality management of patient care outcomes. • Submits data to management regarding case management and/or quality initiatives. • Participates in data collection regarding patient's length of stay, utilization of clinical resources, IPRO citations including appropriate recommendations and re-admission within 30 days. * 6. Initiates appropriate discharge planning as supported by initial assessment at time of admission. • Reviews patient's chart. • Assesses each patient physically, psychosocially and financially. • Assesses patient's support system to facilitate appropriate discharge to community. • Substantiates, with the physician, the need for home care services. • Coordinates procurement of any supplies, equipment or home lab work needed by patient to evaluate discharge. • Arranges for post-hospital transportation, when indicated. • Interacts and coordinates with community agencies, families, vendors facilities and institutions to facilitate patient discharge. * 7. Documents the case management process in the medical record. • Completes and documents a psychosocial assessment on the patient. • Documents on-going processes of patients' hospitalization. • Documents finalized discharge plan and disposition. • Completes applicable areas of the Patients Discharge Instruction Sheet and the Patient Transfer Sheet. • Ensures Patient Review Instrument (PRI) is completed and reflects clinical profile of the patient. • Ensures case management sheet is current and accurate. 8. Performs related duties, as required. ***ADA Essential Functions**
REQUIRED EXPERIENCE AND QUALIFICATIONS	• Bachelor's Degree in Nursing, required. • Current license to practice as a Registered Professional Nurse in New York State. • Case Management Certification, preferred. • Minimum of one (1) year related experience, required. Experience in case management and clinical pathways, variance analysis and trending, quality management/utilization review and home care/discharge planning, preferred. • Keeps abreast of developments in the field and serves as a resource to other staff.

Alma Aspiras/pd *12/1/2022*

Department Head Signature **Date**

Human Resources Signature **Date**