



Job Title: REGISTERED NURSE/CARE COORDINATOR

Department(s): Nursing

Position Summary: The RN/Care Coordinator works in collaboration and continuous partnership with patients and their family/caregiver(s), hospitals, specialty providers and staff, and community resources in a team approach. The RN also provides supportive functions to NHS providers

Supervision Received: Director of Clinical Operations

Supervision Exercised: None

Hours/Week 32 Full-Time Part-Time Exempt Non-Exempt

FLSA Definition:

ESSENTIAL FUNCTIONS & RESPONSIBILITIES:

General Nursing

- Serves as the contact point, advocate, and informational resource for patients, care team, family/caregiver(s), payers, and community resources
- Handles incoming triage calls:
 - Provides appropriate patient education regarding medical condition
 - Provides medication instructions
 - Supports providers by following up with patients regarding their lab/imaging results as guided by the provider
 - Documents telephone discussions in the patient's electronic medical record (EMR)
- Handles incoming Nursing Home Orders
- Handles incoming pharmacy questions, clarifications and prior authorizations
- Calls patients with medication changes, directions and education, as ordered by providers
- Provides nursing support, when needed, to the Nurse Midwives and NHS providers
- Utilizes the Patient Portal to communicate with patients
- Sees patients on daily nurse schedule:
 - Responds to the needs of walk-in patients
 - Assists providers as needed
 - Provides education on medical condition, e.g., asthma, diabetes, family planning
 - Reads and documents PPD results
- Provides refill requests that come through the EMR, phone or fax
- Reconciles medications

- Maintains a log book of all dispensed medication at the direction of the medical provider
- Maintains an emergency box of medications
- Oversees the application/enrollment and tracking process for patients in indigent medication programs
- Prescribes medications per standing order protocols, e.g., STI treatment, Vitamin D deficiency

Care Coordination/Case Management Support

- Maintains Health Care Home (HCH) and FUHN registries for patient follow-up:
 - Assists with the identification of “high risk” patients (those with chronic illness and/or special health care needs)
 - Contacts patients to enroll them into HCH and documents patient’s acceptance or declination, to populate the registry
 - Contacts patients that are on the FUHN ID/ Stratification tool to get them in for follow-up care and educates patients on when to utilize the ER
 - Reviews FUHN/ID Stratification patient’s EMR to see what patients may need; refers to specialty providers and to helps with medication reconciliation
- Works with patients to plan and monitor care:
 - Assesses patient’s unmet health and social needs
 - Develops a care plan with the patient, family/caregiver(s) and providers (emergency plan, health management plan, medical summary, and ongoing action plan, as appropriate)
 - Monitors adherence to care plans, evaluates effectiveness, monitors patient progress in a timely manner, and facilitates changes as needed
 - Creates ongoing processes for patient and family/caregiver(s) to determine and request the level of care coordination support they desire
- Facilitates patient access to appropriate medical and specialty providers
- Educates patient and family/caregiver(s) about relevant community resources
- Cultivates and supports primary care and specialty provider co-management with timely communication, inquiry, follow-up, and integration of information into the care plan regarding transitions in care and referrals
- Facilitates and attends HCH meetings between patient, family/caregiver(s) and provider
- In collaboration with the primary care provider, assigns the appropriate tiering level based on required criteria for HCH patients
- Advocates for the participant in understanding needs surrounding transportation, shelter, child care and safety. Refers participant to behavioral health services if warranted
- Keeps EMR care plans updated for easy access by HCH Team
- Interacts, communicates and collaborates with HCH Team daily in-person, by phone, inbox messaging and/or team huddles to update and advance care coordination within the Team
- Utilizes all available tools to deliver education, instruction, care coordination and training, including: computer; patient registry; HCH brochure; HCH care plan; other HCH policies &

procedures (tiering process, pre-visit planning, screening process); after-visit summaries; disease management brochures; disease management participant tracking records (Diabetes glucose records, nutritional records, wellness/exercise plan, blood pressure record); disease-specific educational handouts; services offered by NHS

CORE REQUIREMENTS:

- Works collaboratively and respectfully with staff and others—individually and as part of a team—to achieve optimal efficiency, outcomes and morale
- Interacts in a culturally competent manner with individuals and groups from diverse backgrounds, including but not limited to: socio-economics, race and ethnicity, nationality and religion, both in-clinic and in the community
- Maintains excellent and punctual attendance
- Attends and actively participates in staff and departmental meetings
- Attends agency functions and meetings as relevant or required
- Works at any or all NHS clinics, as needed
- Uses computer daily including e-mail, word documents, spreadsheets, patient management system, electronic health record, and patient portal, as needed to carry out essential job functions
- Maintains any required licensure/certification
- Demonstrates commitment to agency mission and goals
- Abides by corporate compliance program, HIPAA regulations and other agency policies and procedures
- Participates daily in pre-visit planning and huddles (RN, Provider, Medical Assistant, Front Desk)
- Plans, organizes, and multitasks
- Speaks, understands, reads and writes English sufficiently to carry out all essential duties
- Performs other duties as assigned

QUALIFICATIONS

- Graduation from an accredited nursing program
- Current Minnesota RN license
- Minimum one year experience in a primary care setting preferred
- Patient education experience
- Family planning experience highly desired
- Motivated to improve the health of the community
- Excellent interpersonal communication

Attachments

- Physical and Mental Requirements
- Work Environment

Employee Signature: _____

Date: ____ / ____ / ____

Job Title: Registered Nurse-Care Coordinator

PHYSICAL AND MENTAL REQUIREMENTS:

Requirement:	Rarely <15% of day	Occasional 15-39% of day	Frequent 40-74% of day	Continuous >75% of day	Requirement:	Rarely <15% of day	Occasional 15-39% of day	Frequent 40-74% of day	Continuous >75% of day
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vision: Close/Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Squat/Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vision: Distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Depth Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climb (stairs, ramps)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Color	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	View computer screen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hear: Using phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hear: In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak (English): Using phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak (English): In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift/carry: up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speak other language: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/carry: 10-25 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift/carry: 25-50 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write/type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reach: Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach: Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Handle objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reason and analyze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use fine finger dexterity (type, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the required Physical and Mental requirements of my job and herein certify that I am able to perform all the duties described above.

Name (Print)

Signature

Date

OR

I have reviewed the required Physical and Mental requirements of this position and herein certify that I am able to perform all the duties described above with the following accommodation:

Name (Print)

Signature

Date

Job Title: Registered Nurse - Care Coordinator
WORKING ENVIRONMENT

The OSHA category for this position is:

<input checked="" type="checkbox"/>	Category I – High risk for exposure to blood or body fluids.
<input type="checkbox"/>	Category II – Moderate risk for exposure to blood or body fluids.
<input type="checkbox"/>	Category III – Low risk for exposure to blood or body fluids.

On the job, the employee may encounter:

<input type="checkbox"/>	Chemical/Biological Agent		Noise level:
<input checked="" type="checkbox"/>	Contact with water/liquids	<input checked="" type="checkbox"/>	low
<input type="checkbox"/>	Confined spaces	<input type="checkbox"/>	moderate
<input type="checkbox"/>	Temperature variations (outdoors)	<input type="checkbox"/>	loud/noisy
<input type="checkbox"/>		<input type="checkbox"/>	

SPECIAL CONDITIONS OF EMPLOYMENT

Explanation:

<input type="checkbox"/>	Occasional weekday evenings required	
<input type="checkbox"/>	Occasional weekend days required	
<input type="checkbox"/>	Occasional overtime required	
<input checked="" type="checkbox"/>	Professional license/certification req'd	RN license in Minnesota
<input checked="" type="checkbox"/>	Current CPR certification required	

Minimum level of education:

<input type="checkbox"/>	High school diploma/GED	<input type="checkbox"/>	Masters Degree: _____
<input checked="" type="checkbox"/>	Associates Degree	<input type="checkbox"/>	Medical Degree: _____
<input type="checkbox"/>	Bachelors Degree: _____	<input type="checkbox"/>	Other: _____

Travel:

<input checked="" type="checkbox"/>	Occasional travel between clinics	<input type="checkbox"/>	Vehicle, drivers license and insurance req'd
<input type="checkbox"/>	Frequent travel between clinics	<input type="checkbox"/>	Occasional work outdoors
<input type="checkbox"/>	Occasional or frequent other local travel	<input type="checkbox"/>	Frequent work outdoors

I certify that I am aware of the Working Environment for this position and I agree to that I am able to fulfill all Special Conditions of Employment.

Name (Print)

Signature

Date