Job Title: REGISTERED NURSE/CARE COORDINATOR – 4-5 days/wk
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: 32-40  ☒ 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
• Provides community-based nursing care as established by the organization, as requested

Care Coordination/Case Management Support
• Maintains Health Care Home (HCH) and FUHN registries for patient follow-up:
  o Assists with the identification of “high risk” patients (those with chronic illness and/or special health care needs)
  o Contacts patients to enroll them into HCH and documents patient’s acceptance or declination, to populate the registry
  o 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
  o 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:
  o Assesses patient’s unmet health and social needs
  o 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)
  o Monitors adherence to care plans, evaluates effectiveness, monitors patient progress in a timely manner, and facilitates changes as needed
  o 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
### Job Title: Registered Nurse - Care Coordinator

**PHYSICAL AND MENTAL REQUIREMENTS:**

<table>
<thead>
<tr>
<th>Requirement:</th>
<th>Rarely &lt;15% of day</th>
<th>Occasional 15-39% of day</th>
<th>Frequent 40-74% of day</th>
<th>Continuous &gt;75% of day</th>
<th>Requirement:</th>
<th>Rarely &lt;15% of day</th>
<th>Occasional 15-39% of day</th>
<th>Frequent 40-74% of day</th>
<th>Continuous &gt;75% of day</th>
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<td>Lift/carry: 10-25 lbs</td>
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<td>Lift/carry: 25-50 lbs</td>
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<td>Reach: Overhead</td>
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<td>Perform calculations</td>
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<td>Reach: Forward</td>
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<td>Communicate verbally</td>
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<td>Handle objects</td>
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<td>Reason and analyze</td>
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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:**

- [x] Category I – High risk for exposure to blood or body fluids.
- [ ] Category II – Moderate risk for exposure to blood or body fluids.
- [ ] Category III – Low risk for exposure to blood or body fluids.

**On the job, the employee may encounter:**

<table>
<thead>
<tr>
<th>Chemical/Biological Agent</th>
<th>Noise level:</th>
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<tbody>
<tr>
<td>[ ]</td>
<td>[x] low</td>
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<tr>
<td>[ ] Confined spaces</td>
<td>[ ] moderate</td>
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<tr>
<td>[ ] Temperature variations (outdoors)</td>
<td>[ ] loud/noisy</td>
</tr>
</tbody>
</table>

**SPECIAL CONDITIONS OF EMPLOYMENT**

- [ ] Occasional weekday evenings required
- [ ] Occasional weekend days required
- [ ] Occasional overtime required
- [x] Professional license/certification req’d
  - RN license in Minnesota
- [x] Current CPR certification required

**Minimum level of education:**

<table>
<thead>
<tr>
<th>Professional degree</th>
<th>[ ] High school diploma/GED</th>
<th>[ ] Masters Degree: ____</th>
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<tbody>
<tr>
<td></td>
<td>[x] Associates Degree</td>
<td>[ ] Medical Degree: ____</td>
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<td>[ ] Bachelors Degree: ____</td>
<td>[ ] Other: ____</td>
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</table>

**Travel:**

<table>
<thead>
<tr>
<th>Occasional travel between clinics</th>
<th>Vehicle, drivers license and insurance req’d</th>
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<td>[ ]</td>
<td>[ ] Frequent work outdoors</td>
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<td>[ ]</td>
<td>Frequent work outdoors</td>
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</tbody>
</table>

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 ___________