



P.O. Box 2490
Marrero, LA 70073
(504) 371-8960

JOB TITLE: Nurse Navigator
DEPARTMENT: Clinical
REPORTS TO: Director of Nursing
FLSA STATUS: Non-Exempt

GENERAL SUMMARY OF DUTIES: Functions on the multidisciplinary team as an advocate for the patient and works directly with the client to navigate the health systems, coordinate patient care, and provide education and assist with self-management. The Navigator serves as a liaison throughout the organization and with the external provider community regarding services required for health promotion. The Navigator will ensure that all patients who would benefit from intense care coordination receive comprehensive quality services aimed at optimal health promotion.

SUPERVISION EXERCISED: Care Coordinators

ESSENTIAL FUNCTIONS:

1. Population Management
 - a. Demonstrates the knowledge and skills to coordinate and perform population management under the direction and supervision of the clinical leadership.
 - b. Systematically and continuously assesses, plans, implements quality improvement projects to improve the care of our patients,
 - c. Coordinate and manage patient registries of preventive health screenings which includes mammography, cholesterol screening, pap smear tests, and other tests as required by the Clinical Leadership.
 - d. Manages all preventive health screening results using quality improvement measures to validate documentation and proper notification to medical providers for timely follow-up.
 - e. Uses a systematic method for logging and tracking of referrals aimed at risk stratification, treatment optimization, and achieving compliance amongst clients.

2. Clinical Care
 - a. Demonstrates the knowledge and skills to provide clinical care and guidance to clients, their families and/or support systems.
 - b. Proactively provides patient education/teaching and information to the patient, their families and/or support systems based on an assessment of their needs.
 - c. Responds in a timely manner to patient requests for information regarding the disease process, expected side effects of treatment and community resources under the direction of the medical providers.
 - d. Documents all interactions with patients in the patients' chart.
 - e. Support the patient during difficult decision-making periods for patients and their support systems under the direction of the Provider.
 - f. Identifies, coordinates, and conducts patient education programs and tools using resources that have been authorized by the Clinical Leadership.

3. Care Coordination
 - a. Demonstrates the knowledge and skills to coordinate patient care across the spectrum and to assist the patient navigate the health care system both internally within JCHCC and externally within the community.
 - b. Proactively provides patients with education/teaching to enable to patient to easily move between care settings and ensure the sharing of clinical information with each transition of care.
 - c. Facilitates and manages appointments for consults and support services within established service standards in concert with the Care Team which may include a multidisciplinary team.
 - d. Coordinates planning sessions with the multidisciplinary Care Team to ensure that the entire team is involved and engaged in the management of patients for clients who are poorly controlled with their treatment plans or those who have been hospitalized.
 - e. Trains the Care Coordinators on proper recording, tracking and documentation in the Electronic Medical Record System.

4. Multidisciplinary Team Coordination
 - a. Functions in an organized and time conscious manner in order to work with a multidisciplinary team to provide well-coordinated, timely, compassionate, exemplary, and interdisciplinary care.
 - b. Communicates with all members of healthcare team, as appropriate about patient/family needs and concerns.
 - c. Develop a reporting structure utilizing standardized care protocols to assist in informing the Care Team.
 - d. Responsible for maintaining positive working relationships amongst all Care Team members that includes the client and their families.
 - e. Develops a communication plan and strategy to ensure effective coordination amongst care team, providers, and partners.
 - f. Researches the most current models and systems for delivering well coordinated care using a team based approach and shares with the Clinical Team to enhance Patient Centered Medical Care.
 - g. Proficient in Principles of Patient Centered Medical Home Model using clinical protocols and tracking tools in concert with the Care Team under the direction of the Clinical Leadership.
 - h. Serves as a resource for community educational events, such as health fairs, screening, or community events and works in concert with the Outreach Team and Care Team.

5. Reporting/Policy management/IT
 - a. Initiates and performs ongoing review of policies related to services provided. Where appropriate, updates or writes new policies to enhance professional practice.
 - b. Develops quarterly reports to the Clinical leadership and the Care Team which demonstrate outcomes and performance improvement activities as directed.
 - c. Maintains the privacy and security of all confidential and protected health information. Uses and discloses only that information which is necessary to perform the function of the job.
 - d. Proficient in the use of the Electronic Medical Record System and keeps current with all updates to assist in optimizing electronic workflow aimed at promoting positive care outcomes.
 - e. Understands and manages electronic health information that may be shared or disseminated by health information exchange for interoperability.

6. Organizational
 - a. Responsible for honest behavior in all matters. To the best of the employee's knowledge and understanding, complies with all Federal and State laws and regulations.
 - b. Attends continuing education programs as required.
 - c. Works across the entire organization which may require traveling to all clinic locations.
 - d. All other tasks as assigned.

EDUCATION: Nursing

EXPERIENCE: Minimum of five years experience in health care setting. Electronic Medical Records experience required.

REQUIREMENTS: Current unencumbered Louisiana RN License.

KNOWLEDGE:

1. Knowledge of quality improvement philosophy models, processes and tools and their use in an integrated health care setting. Maintains currency with state of the art regulatory trends.
2. Electronic Medical Record.
3. Knowledge of how to use computerized statistical methods in CQI context.

SKILLS:

1. Skill in effective application of TQM teams, quality measures, clinical guidelines and process management initiatives.
2. Skill in consistently meeting requirements of NCQA, HEDIS, Meaningful Use and other regulators and accreditors.
3. Skill in using computer capabilities effectively to produce needed trends and evaluation data and documentation.

ABILITIES:

1. Ability to work effectively in integrated structure by establishing effective working relationships with all departments and all levels of staff.
2. Ability to present CQI/TQM concepts, methods and tools in a clear and persuasive manner in verbal and written forms to a variety of audiences.
3. Ability to promote the global aspects of CQI and TQM.

Employee provides services associated with Jefferson Community health Care Centers, its participating physicians and clinicians who are covered entities under the HIPAA rule. In the scope of performing functions, included but not limited to management, administration, financial, legal and operational support services, the employee may have access to Protected Health Information (PHI) which is information, whether oral, written, electronic, visual, pictorial, physical or any other form that relates to an individual's past, present or future physical or mental health status, condition, treatment, service, products purchased or provision of health care and which reveals the identity of the individual, whose health care is the subject of the information or where there is reasonable basis to believe such information could be utilized to reveal the identity of that individual.

PHYSICAL DEMANDS: While performing the duties of this job, the employee is regularly required to sit; use hand to finger; handle, or feel; and talk or hear. The employee frequently is required to reach with hands and arms. The employee is occasionally required to stand and walk. The employee must occasionally lift and/or move up to 10 pounds.

The physical requirements and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions with proper medical documentation/clearance, if applicable.

This job description includes the major duties and responsibilities of the job but is not inclusive of every task inherent in the job. In addition, it may be occasionally necessary for employees to be assigned tasks not specifically covered by their permanent assignment. Employees will be expected to comply with reasonable requests from their supervisor.