NEW HORIZON FAMILY HEALTH SERVICES  
POSITION DESCRIPTION

JOB TITLE: Nurse Patient Care Coordinator/Educator (NPCCE)  
DEPARTMENT: Clinical  
SUPERVISOR: Director of Nursing & Clinical Support Services or RW Program Clinical Supervisor  
STATUS: Non-Exempt  

**IMPORTANT NOTE**  
THIS DOCUMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT

JOB SUMMARY

The NPCCE works with patients referred for assistance in accessing and utilizing health care resources due to their complex chronic illness. Their role is to improve health outcomes through coordinating care, educating patients, building trust between patients and medical practitioners, and enhancing communication and the continuity of care. They will teach, counsel and monitor patients on health issues relevant to their care. As a member of a multidisciplinary team, they consult with other health care team members to coordinate the services of patient education, preventive care and disease management.

DUTIES PERFORMED

CLINICAL (25% of time of nurse in RW Program or 75% in Diabetes Program):

- Perform an intake assessment which includes obtaining and reviewing prior medical records and medical or program-related financial data, documenting a complete medical history, assessing cognitive/verbal skills and needs and identifying barriers to accessing healthcare.  
- Under standing orders, accomplish laboratory testing, immunizations, TB skin testing and referral for preventive health needs as indicated per disease management protocols.  
- Identify patient symptoms, signs and disabilities and document on patient record. May check vital signs and other physical findings and record on patient record.  
- Monitor patients frequently for changes in health status after initiation of a new medication, a hospitalization or recent decline in function.  
- Follow-up with patients when barriers to referrals are identified.  
- Triage and facilitate response to urgent telephone calls, requests or visits from assigned patients.  
- Assist with arranging supportive services as needed.  
- Provide counseling and facilitate screening for HIV, other STDs, and Hepatitis as indicated.  
- Monitor lifestyle factors affecting health – such as tobacco use, substance abuse, nutrition and physical activity – and assist the patient with goal-setting to achieve behavioral change.  
- Participate in regular staffing meetings focused on coordinating patient care within an interdisciplinary team, keeping the team updated on patients’ conditions and circumstances.

EDUCATIONAL (75% of time of nurse in RW Program or 25% in Diabetes Program):

- Perform individualized assessment of patients’ educational needs and provide tools to aid patients in managing their disease(s) effectively.
• Provide individual and family educational interventions including self-management goal-setting, counseling and training on the habits, lifestyle changes, supplies and tools necessary to manage their disease.
• Provide individual counseling on office procedures, eligibility for programs/services, importance of a primary care medical home and other health issues.
• Teach group classes covering topics which build skills in self-management of one or more chronic diseases.
• Assist in the development and maintenance of a library of educational resources including written materials and videos, on related health issues. Serve as a consultant to the rest of the health care team for educational resources, reviewing them for language, cultural competency and reading level.
• Assist in gathering and compiling data to direct the most effective use of educational interventions.
• Follow-up with patients to assess whether educational objectives are met and determine need for refresher interventions.

GENERAL

• Complete and document a minimum of 100 direct face-to-face patient encounters each month. Provide an activity report monthly within 5 working days of the end of the month.
• Must hold all patient Protected Health Information (PHI) other patient personal information and agency information in confidence, in accordance with the attached Employee Confidentiality Statement, which I have read, understand and signed.
• Actively participate in and comply with all aspects of the NHFHS Corporate compliance Program, follow the Program Code of Conduct and obey all relevant laws, statutes, regulations and requirements applicable to Medicaid, Medicare and other State and Federal health care programs.
• Participates in CQI, other internal committees, special projects/observances or activities that promote improvements in organizational performance and/or advance the mission, goals and objectives of New Horizon Family Health Services.
• Observes schedule for work, lunch and breaks.
• Completes other job duties/tasks as assigned by the Supervisor or Chief Medical Officer.

The New Horizon Family Health Services reserves the right to revise or change job duties and responsibilities as the need arises.

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REQUIREMENTS – Education, Experience and Licensure

Basic requirements:
• Associates Degree in Nursing and 3 years work experience related to chronic disease management and licensure as an RN in South Carolina or,
Diploma in Practical Nursing, 5 years work experience related to chronic disease management and licensure as an LPN in South Carolina.
• Experience in patient education and/or chronic disease management.

Preferred requirements:
• BSN Degree in Nursing
• Post graduate training in care management such as a Certificate in Guided Care Nursing, or ANCC certification in Case Management Nursing;
• Experience working in clinical out-patient settings.
• Experience working with diverse population groups.
Requirements – Knowledge and Skills

- Content knowledge and expertise in program-specific field.
- Familiarity with local community resources for patients with chronic disease.
- Ability to communicate clearly and effectively.
- Knowledge of patient teaching, health promotion and disease prevention methods related to routine health care and those designed to address the needs of patients with chronic, disabling health conditions.
- Familiarity with Patient-Centered Medical Homes concepts.
- Ability to maintain effective work relationships.
- Ability to make accurate professional judgments.
- Ability to develop a collaborative therapeutic alliance with individuals.

I acknowledge that I have read and fully understand the above job description and agree to abide by its contents. I understand that failure to satisfactorily perform the assigned duties can and may result in termination.

Signed: ___________________________ Date: ___________________________

Approved: ___________________________ Date: ___________________________

Name: ___________________________ Title: ___________________________

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