UW HEALTH JOB DESCRIPTION

Nurse Case Manager – Neurosciences

Job Code: 801009  FLSA Status: Exempt
Mgt. Approval: B. Liegel  Date: 8-16
HR Approval: CMW  Date: 8-16

JOB SUMMARY

The Nurse Case Manager has well developed knowledge and skills in the assessment and acute care management of patients and families within a defined clinical population. The scope of practice includes patient/family assessment and management, resource management, utilization management, identification of accurate patient’s status, care facilitation, discharge planning with referral to all levels of care, and other related duties specific to the defined clinical patient population. The Nurse Case Manager has the authority and responsibility of delegating appropriately to care team leaders, inpatient social workers, and Resource Center staff. The Nurse Case Manager collaborates with the Outcomes Manager and uses knowledge of pathophysiology, pharmacology, and clinical care processes to participate with other clinical staff and physicians in the development of care standards and guidelines for the purpose of improving quality of care, changing, practice, and reducing costs. This role is implemented with administrative direction from the Outcomes Manager.

MAJOR RESPONSIBILITIES

CLINICAL CASE MANAGEMENT

A. Assessment

1. Conducts a comprehensive patient/family assessment and discharge planning evaluation upon admission and at regular intervals as requested to initiate and maintain the patient's discharge plan of care.
2. Reviews the patient's medical record to determine health status, risk factors and to evaluate the likelihood of the patient's capacity for self-care or the possibility of the patient being cared for in the same environment from which he/she entered the hospital.
3. Identifies patient/family education needs and insures that patient/family members have adequate information to participate in discharge planning and that they are given choices to the degree possible when the patient requires post-acute hospital services.

B. Analysis

1. Demonstrates ability for complex clinical decision making.
2. Critically evaluates and analyzes physical and psychosocial assessment data.
3. Differentiates between normal and abnormal physical findings and adaptive and maladaptive behavior.
4. Evaluates developmental status and mental status and utilizes data to modify the discharge plan of care.
5. Interprets screening and selective laboratory/diagnostic tests.

C. Care planning

1. Initiates and maintains communication and collaboration with physicians, care team leaders, staff nurses, other care giving disciplines and patients/families to develop, implement, and evaluate a discharge plan of care for each patient within the assigned clinical service.

D. Intervention

1. Provides patient and family education about existing health problems and related care.
2. Acts as a clinical expert resource to the care team leader and nursing staff in planning and implementing the discharge plan of care.
3. Utilizes financial and insurance resources of the patients to maximize the health care benefit to the patient.
4. Develops a plan of continuing care when discharge outcomes are not met.

E. Evaluation

1. Monitors the achievement of clinical outcomes and communicates with the outcomes manager, the physician and staff regarding unanticipated variances. Assists staff as necessary to modify the discharge plan of care.
2. Arranges post-acute referrals for patients with health problems requiring further evaluation and/or additional services.
3. Provides post-discharge follow-up by making referrals to the Transitional Care Program.
4. Advocates for patients and families within the health care system.
5. Conducts concurrent utilization review for the defined patient population.
6. Completes correct identification of patient status (inpatient, outpatient short stay, observation status) and validates that there is a matching physician order on a real-time basis.
7. Identifies and tracks avoidable days
II. LEADERSHIP

A. Coordinate and facilitate patient progression throughout the continuum.
   1. Collaborate with all members of the interdisciplinary team to facilitate the care coordination and care delivery.
   2. Establish a Target LOS with Anticipated Discharge Date and potential discharge disposition for all patients within 24-48 hours of admission.
   3. Monitor patient’s progress, intervening as indicated to ensure the discharge plan of care and services provided are patient focused, high quality, efficient, and cost effective.
   4. Identify and facilitate resolution of system process problems impeding diagnostic or treatment progress. Identify and resolve delays and obstacles to discharge.
   5. Meets with patients/families to assess needs and develop an individualized discharge plan, collaborating and communicating with interdisciplinary team in all phases of the discharge planning process.
   6. Initiates and facilitates referrals through the Resource Center for home health care, hospice, durable medical equipment, supplies, and transportation.
   7. Facilitates transfer to other facilities in a timely manner minimizing discharge delays.
   8. Ensures and maintains consensus of discharge plan from patient/family, physician, the interdisciplinary team and the patient’s payer.

B. Coordinate and integrate utilization management functions and quality reviews.
   1. Applies approved utilization acuity criteria to monitor appropriateness of admissions as part of the initial review and concurrent review for continued stays for all patients on assigned caseload.
   2. Utilizes InterQual criteria to ensure approved level of care.
   3. Identifies at risk populations using approved screening tools and adheres to established reporting procedures.
   4. Monitors and documents the patient's length of stay, anticipated discharge date and ancillary resource use and takes action to achieve continuous improvement in both areas.
   5. Communicates with the Resource Center personnel to facilitate covered day reimbursement certification for patients and discusses payer criteria and issues on a case by case basis with clinical staff.
   6. Demonstrates working knowledge of contractual arrangements and UW Health System fiscal accountability as it relates to appropriate application of UM functions

C. Collaborates with all members of the healthcare team and external customers.
   1. Assumes leadership role in the clinical setting.
   2. Provides clinical consultation to physicians and UW Health System staff on case management issues.
   3. Responds to all requests appropriately, accurately, and timely according to Coordinated Care Department guidelines.
   4. Interacts with physicians in a timely, positive manner to resolve case management issues.
   5. Seeks consultation from appropriate disciplines/departments as required to expedite care and facilitate timely discharges.
   6. Refers appropriate patients to Clinical Social Work for psychosocial intervention, guardianship, financial and complex discharge planning in a timely manner.
   7. Refers patients and issues to the Outcomes Manager and Physician Advisor in a timely manner as indicated.
   8. Interacts with the Outcomes Manager and the Clinical Nurse Manager to improve clinical operations on the patient care unit.

D. Participates in clinical performance improvement activities to achieve set goals.
   1. Uses data to drive decisions and plan/implement performance improvement strategies related to clinical care coordination of patients.
   2. Collects delay and other resource utilization data for specific performance and/or outcome indicators.

E. Demonstrates positive and professional written, verbal and nonverbal communication skills.
   1. Substantiate activity by documentation that is entered in a clear, concise, organized, and timely manner per UW Health and Department of Coordinated Care guidelines.
   2. Demonstrate professionalism and good interpersonal skills in communicating with all customers. Utilizes negotiation skills, which effectively promote constructive solutions.
3. Utilizes appropriate communication style and techniques.
4. Reflects concise clinical pertinence in documentation for assigned patient population.
5. Responds to all inquiries from payers within a professional manner using Coordinated Care Department guidelines.
6. Documents case management, quality, and risk concerns and refers to appropriate departments as applicable for follow up.
7. Completes assignments, monthly statistics, and all reports per Coordinated Care Department guidelines.

F. Applies advanced critical thinking and conflict resolution skills using creative approaches.
   1. Identifies creative approaches and takes appropriate action as indicated.
   2. Uses critical thinking and problem solving skills effectively.
   3. Demonstrates a working knowledge of regulatory and survey standards (Metastar,, Joint Commission, State Bureau of Quality Compliance, Center for Medicare/Medicaid Services,, AHCA, NCQA).
   4. Demonstrates a working knowledge of disease and age specific impact.
   5. Demonstrates a working knowledge of approved criteria and applies consistently according to inter-rater reliability techniques.

III. EDUCATION

   A. Serves as adjunct faculty in the UW School of nursing and other academic and allied health programs.
   B. Participates in the orientation of new department staff.
   C. As requested, will provide learning opportunities for students in various health care disciplines.
   D. Develops, implements, and evaluates comprehensive patient education programs that assure quality and appropriateness of care across settings (i.e. inpatient, ambulatory, and home).
   E. Supports the UW Health outreach mission through consultation and/or education of community agencies as requested through the Department of Coordinated Care.

IV. RESEARCH

   A. Participates in organizational improvement activities.
   B. Identifies recurring clinical practice issues and contributes to the development of specific plans to address identified issues.
   C. Demonstrates knowledge of research findings related to clinical specialty.
   D. Participates in activities that support the advancement of case management, utilization review, and discharge planning through literature review, professional organizations, research, committee participations, etc.
   E. Consistently uses new knowledge, technology and research in practice.

V. PROFESSIONAL DEVELOPMENT/EFFECTIVENESS

   A. Enhances professional and departmental growth through active participation in professional organizations, department activities, and community groups.

      1. Provide educational offerings in area of expertise at UW Health and its affiliates, the Coordinated Care Department and in the community.
      2. Monitor and improve quality of services provided to patients/families through ongoing participation in unit and Departmental PI activities.
      3. Apply principles of interdisciplinary teamwork and maintain a working knowledge of other healthcare professional’s roles. Respect other professions and seek opportunities for collaboration.
      4. Meets individual goals set during annual performance review. Establishes an ongoing work plan with quarterly updates. Solicit and apply appropriate feedback to individual performance.

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

JOB REQUIREMENTS
# UW HEALTH JOB DESCRIPTION

<table>
<thead>
<tr>
<th>Education</th>
<th>Minimum</th>
<th>Bachelor’s degree in Nursing. Equivalent combination of education and experience will be considered.</th>
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<tbody>
<tr>
<td></td>
<td>Preferred</td>
<td>Master’s degree in Nursing or Health Care related field</td>
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<tr>
<td>Work Experience</td>
<td>Minimum</td>
<td>Three (3) years recent clinical nursing experience</td>
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<td>Preferred</td>
<td>Recent experience as a hospital-based nurse care manager</td>
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<tr>
<td>Licenses &amp; Certifications</td>
<td>Minimum</td>
<td>RN Licensed in the State of Wisconsin</td>
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<td></td>
<td>Preferred</td>
<td>ACMA certification as a case manager</td>
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</table>
| Required Skills, Knowledge, and Abilities | • Excellent interpersonal communication, problem-solving, and conflict resolution skills.  
                                             • Computer skills in word processing, data base management, and spreadsheet desirable. |

## AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

**Instructions**: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

- Infants (Birth – 11 months) [x]  
- Toddlers (1 – 3 years) [x]  
- Preschool (4 – 5 years) [x]  
- School Age (6 – 12 years) [x]  
- Adolescent (13 – 19 years) [ ]  
- Young Adult (20 – 40 years) [ ]  
- Middle Adult (41 – 65 years) [ ]  
- Older Adult (Over 65 years) [ ]

### JOB FUNCTION

Review the employee’s job description and identify each essential function that is performed differently based on the age group of the patient.

### PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.

<table>
<thead>
<tr>
<th>Physical Demand Level</th>
<th>Occasional</th>
<th>Frequent</th>
<th>Constant</th>
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<tbody>
<tr>
<td>Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.</td>
<td>Up to 10#</td>
<td>Negligible</td>
<td>Negligible</td>
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<tr>
<td>Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.</td>
<td>Up to 20#</td>
<td>Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls</td>
<td>Negligible or constant push/pull of items of negligible weight</td>
</tr>
<tr>
<td>Medium: Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.</td>
<td>20-50#</td>
<td>10-25#</td>
<td>Negligible-10#</td>
</tr>
<tr>
<td>Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.</td>
<td>50-100#</td>
<td>25-50#</td>
<td>10-20#</td>
</tr>
<tr>
<td>Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.</td>
<td>Over 100#</td>
<td>Over 50#</td>
<td>Over 20#</td>
</tr>
</tbody>
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List any other physical requirements or bona fide occupational qualifications: