

DIVISION SCOPE OF SERVICE

Division: CAPITAL
Classification: PATIENT CARE COORDINATOR
Applicant Name:

<p>Patient Care Coordinator: The Patient Care Coordinator must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p> <p>Definition of Care or Service: The Patient Care Coordinator assists physicians by serving as a patient discharge navigator. Scope of Service may include:</p> <ul style="list-style-type: none"> Serves as a Patient Navigator in the hospital setting with the primary focus of reducing LOS, reducing readmissions and improving the patient's discharge experience. Maintains and secures patient data and medical records Communicates discharge information to patients, families, physicians and hospital personnel as needed. Documents appropriate discharge information in the medical record. Makes primary care physician follow-up appoints at the bedside prior to discharge when possible. Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices
<p>Supervision:</p> <ul style="list-style-type: none"> Indirect supervision by physician or other licensed independent practitioner Indirect supervision department director, site manager or designee <p>Evaluator: Department director or designee in conjunction with supervising physician or licensed independent practitioner</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> Bachelor's Degree in public health education or related field <p>Preferred Qualifications:</p> <ul style="list-style-type: none"> Degree in Social Work strongly preferred <p style="color: red;">NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> N/A
<p>Experience:</p> <ul style="list-style-type: none"> Experience working with low income families and health service organizations is a plus.

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Competencies:

The Patient Care Coordinator will demonstrate:

- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients before initiating documentation in the medical record
 - Accesses the patient medical record appropriately
 - Maintains confidentiality and privacy in accordance with HIPAA regulations
- Documentation in the medical record
 - Documents in the medical record according to:
 - Facility standard / policy
 - Local, state and federal regulatory guidelines for documentation
 - Demonstrates the knowledge and skills necessary to document patient discharge information in the medical record
 - Documentation is legible and clear
 - Organizes, maintains and coordinates clinical documentation related to patient discharge
 - Demonstrates proficiency in clinical documentation through use of electronic devices
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

FAQ from The Joint Commission regarding: Use of Unlicensed Persons Acting as Scribes, 5/18/11 Retrieved from:
http://www.jointcommission.org/standards_information/jcfagdetails.aspx?StandardsFaqId=345&ProgramId=1

Document Control:

- Revised 7/27/2016
- Cosmetic update 4/24/2020

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____