

DIVISION SCOPE OF SERVICE

Division: NORTH CAROLINA
Classification: CASE MANAGER - CLINICAL
Applicant Name:
<p>Case Manager – Clinical: The Case Manager - Clinical 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 Case Manager - Clinical gathers assessment information, plans, facilitates and advocates for options and services to meet an individual's health needs. Scope of Service may include:</p> <ul style="list-style-type: none"> • Communicates with available resources to promote quality cost-effective outcomes • Interprets legal or medical documents • Writes reports and professional correspondence • Implements standards and regulations that govern the individual case • Maintains confidentiality and privacy with HIPAA regulations • 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 • Patient care areas, all settings
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by the department director of the patient's location <ul style="list-style-type: none"> ○ Indirect supervision by the hospital department director who is responsible for case management/care coordination <p>Evaluator: Department director, director of case management / care coordination or designee</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Associates degree or higher • Licensed RN or Licensed Social Worker <p>Preferred Qualifications:</p> <ul style="list-style-type: none"> • Certified in Case Management, as recognized by Case Management Society of America (CMSA) (preferred) <p>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"> • At least one year experience as Social Worker or Case Manager
<p>Competencies: The Case Manager – Clinical will demonstrate:</p>

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- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients before meeting with the patient and family unit
 - Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard / policy
- Appropriate case management activities
 - Engages community resources in accordance with current laws, regulations and policies surrounding medical and behavioral healthcare
 - Engages patient and family to gather, evaluate, analyze and integrate pertinent information to complete assessment and form conclusions
 - Gathers and reviews information with attention to individual, family, and community resources
 - Respects patient and family preferences
 - Implements interventions appropriate for identified patient needs
- 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:

Case Management Society of America (CMSA). (2008-2011). Retrieved from <http://www.cmsa.org/>
Job Description for a Case Manager/eHow.com. (1999-2011). Demand Media, Inc. Retrieved from http://www.ehow.com/about_5208008_job-description-case-manager.html
Ocean to Ocean Healthcare (2008-2011) Case Manager Description. Retrieved from http://www.oceantoocean.net/pdfs/A_Website_-_JOB_Case_Manager.pdf

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: _____