



NEW YORK UNIVERSITY SCHOOL OF MEDICINE

POSITION DESCRIPTION

Title: NP Clinical Care Coordinator-Breast Outreach	Job Code: 142314
Department: Perlmutter Cancer Center	Salary Grade: "H"
Title of Supervisor: Kathie-Ann Joseph	Standard Workweek: Mon to Fri, 9am to 5pm
FLSA Status: Exempt	

POSITION SUMMARY*

(A brief statement describing the overall objective of the position and the scope of its results.)

The Bea W. Welters Breast Health Outreach and Navigation Program Clinical Care Coordinator's primary focus is ensure that clients receive timely and appropriate breast screening, diagnostic and treatment services and that continuity of care is maintained. The mission of the Beatrice W. Welters Breast Cancer Program is to eliminate the unequal cancer burden experienced by medically underserved populations through ensuring proportional representation in clinical care and research activities. Will intervene on behalf of all women with positive screening findings. Coordinates, negotiates, procures and manages the care of patients by providing focused care coordination. Evaluates appropriate clinical resource utilization and assesses patients for transitioning to the next appropriate level of care through review of patient records and information derived from physician notes. Collaborates with hospital staff, Welters navigators and community agencies. In conjunction with Welters navigators, identify women in need of annual screening and improve adherence to recommended guidelines.

*Although this is one of the first sections to appear on the form, we recommend it be one of the last to be completed since it represents the sum total of the position's content.

PRINCIPAL RESPONSIBILITIES

(List 5 to 8 of the position's key responsibilities arranged in the order of importance and indicate the approximate percentage of time spent on each.)

1. Performs systematic assessment and reassessment of patient and family/significant other considering clinical presentation, cultural and religious influences, individual experiences, available resources, environmental factors as well as health behaviors and practices. Considers all aspects of patient/family assessment findings. Carries out barrier assessment using a barrier assessment tool and plans, monitors and identifies or develops resources to address those barriers. Monitors plan of care to determine outcomes and revise patient assessment as necessary. Facilitates appropriate consults based on patient assessment to ensure timely delivery of care. Identifies cultural and religious influences on care. Documentation of all communications, barriers, interventions and case management notes. Ensures that patients receive care in accordance with established clinical guidelines.

<p>2) Assesses patient and family responses to interdisciplinary plan of care and care management interventions, and adapts interventions to achieve optimal outcomes. Collaborates with patient, family and medical team for agreement with plan of care. Works with medical team to facilitate adjustments to the care plan to promote enhanced outcomes. Intervenes as care manager in a manner that is consistent with the established plan of care. Prioritizes and organizes interventions. Implements interventions in a safe, timely and appropriate manner. Monitors additional testing to ensure timely follow-up, ensure appropriate referral for treatment or resumption of interval screening. Monitors patients' progress through diagnosis and adherence to treatment.</p>
<p>3) Provide cervical cancer screening including pap cytology and pelvic exam. Educate eligible patients in collection of fecal based colorectal cancer screening tests. Provide clinical breast examinations. Identify patients in need of follow-up by reviewing screening outcomes and reports of abnormal results from physicians. Identify and contact patients who have missed appointments.</p>
<p>4) Maintains current clinical knowledge in area of review and patient population. Achieves and maintains current professional licensure, national certification and/or higher education in case management or in a health and human services professional directly related to case management practice. Maintains continuing competence appropriate to case management and to professional licensure or professional certification. Provides only case management services without scope of practice. Refers patient to another source for services outside of scope of practice. Maintains annual mandatory education requirements. Maintains membership in professional organizations.</p>
<p>5) Serves as a resource for education of patients, families, peers, staff and physicians. Facilitates patient/family teaching as soon as learning needs are identified. Role models expert professional care management practices. Supports a constructive environment of learning and development of mutual respect with health care team and peers.</p>
<p>6) Participates in development and implementation of appropriate patient/family educate materials pertinent to the population served. Contributes to the development of patient/family education material for disease management. Facilitates patient/family education and understanding to prevent risk factors and to promote and achieve good health outcomes. Educates and assists in facilitating patient/family access to necessary and appropriate health care services.</p>
<p>7) Applies customary protocols, pathways, evidence-based processes and other means of managing patient care. Utilizes protocols, pathways and other sets to formulate, communicate and ensure implementation of the patient plan of care. Utilizes multidisciplinary team to address individualized patient needs. Demonstrates flexibility with plan of care to meet patient needs.</p>
<p>8) Documents assessments, findings, progress, interventions and recommendations in a care management software system and/or medical record according to established standards. Documentation meets standards in accordance with departmental and hospital policy and procedures. Documents revisions in diagnosis, plan of care and outcomes. Documents patient's responses to interventions with appropriate consideration of patient confidentiality.</p>
<p>9) Facilitates timely and appropriate communication among physicians, nurse practitioners, patients, family members and other members of the health care team. Refers significant clinical issues per protocol to the physician team or to the designated consultants. Participates and contributes as a regular member of the interdisciplinary team to communicate and receive pertinent information. Determines the best method to communicate with the interdisciplinary team about different kinds of issues (i.e., direct contact, telephoning, emailing, texting and paging).</p>

This description is intended to illustrate the types of duties and levels of responsibility required of the position. It does not necessarily include all of the specifically related functions and tasks of the position and it does not limit the assignment of additional related duties not mentioned.

MINIMUM QUALIFICATIONS

Required	Preferred
Education: Nurse Practitioner or Physician's Assistant	
Experience: Three to five (3-5) years working in ambulatory care setting in medically underserved communities Proficiency in utilizing electronic medical records, Microsoft Office Suite Experience in case management or patient counseling and education Excellent communication skills Good clinical assessment skills and judgment Patient advocate	Bilingual – English/Spanish Some knowledge of breast, cervical and colorectal cancer. Some public speaking.
Knowledge, Skills and Abilities: Ability to carry out pap cytology and conduct pelvic exams. Educate for collection of fecal based colorectal cancer screening tests. Clinical assessment	

SUPPLEMENTAL INFORMATION

Supervision Exercised

Indicate number of full-time employees in each job category (e.g., functional supervision exercised over:

Administrative and functional supervision exercised over: _____

Administrative supervision exercised over: _____

No supervision exercised: _____

SCOPE FACTORS

Indicate quantifiable factors that provide a framework for the position (e.g., number of faculty and/or employees supported, students counseled, events planned, approximate size of budget, etc.)

In year 1, assist with navigating and case managing 1500 women.
Liaise with six Welters team members and those located at community based organizations.
Work closely with Chief of the Breast service to manage patient care.

MOST IMPORTANT JUDGMENTS OR DECISIONS

Provide 2 or 3 examples of the most important judgments or decisions made by someone in this role.

Once a patient has been given a diagnosis, act as an advocate for patients with the understanding that patient may experience barriers to care. In conjunction with others on the health care team, identify resources to eliminate those barriers. Document all interventions and plan to overcome barriers. Follow a patient as he/she progresses through the health care system, through screening, diagnosis and treatment to ensure that the patient understands physician instructions and act as liaison to physicians.

CONTACTS

Is the position responsible for direct patient care? Yes x No _____

* Please indicate # of corresponding responsibility _____3____.

Indicate with whom this position has regular contact and explain the typical reasons for this contact.

Example:	Faculty	Provide information
	Vendors	Negotiate contracts
	Students	Provide counseling

Contact	Purpose
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Faculty	To discuss test results, patient outcomes, treatment plan
Medical Students	
Postdocs	
Vendors	

WORKING CONDITIONS/PHYSICAL DEMANDS

Describe work setting and characteristics (e.g., business office setting; position required to lift or move equipment in excess of 20 pounds).

Health care setting; ability to hear, talk, walk, stand, bend and stretch; ability to read, write and interpret documents.