

Job Description

Company	Sunset Park Health Council	FLSA	Exempt
Job Code	100100	Classification	Non Union
Title	Dir-Community Case Mgmt	Probationary Period	1 Years
Position #	10053416		

Position Summary:

The Director, Community Case Management is administratively responsible for the daily operation of the Department of Community Case Management. (S)he ensures efficient processes, which are in keeping with regulatory agency expectations. The Director, CCM is also responsible for the development, integration, and implementation of systems utilized in the case management process, encompassing the complete continuum of case management, including Case Management, Social Work, Risk stratification, IT Support Systems, Out-comes Management, and other related administrative activities.

Job Responsibilities:

- Perform other duties as assigned or volunteered in alignment with LHC mission, goals and values.
- With the Director of PNC, develop and implement systems utilized in the case management process. Responsible for the on-going evolution of the case management program and its integration of inpatient and outpatient services consistent with the goals and Mission of Lutheran Healthcare.
- With the Director of PNC, plan system changes within the department and participate in planning system changes involving other disciplines and departments. Assist departmental leadership with implementation and evaluation as necessary.
- Ensure that positive patient and financial outcomes are achieved through the appropriate screening, risk stratification, movement of patients across the continuum and community support. Develop transitional strategies to address movement from inpatient to community status.
- Refine and improve departmental process to meet the evolving needs of patient populations, the healthcare team, and the healthcare system. Evaluate unit processes and departmental staffing patterns, using employee and patient satisfaction as well as financial and operational criteria
- Develop, analyze and interpret data. Develop performance improvement processes to optimize outcomes
- Develop and implement reports addressing the outcomes, of Community Case Management in all settings where implemented.
- With all departmental division leaders, ensures the completion of performance appraisals at regularly scheduled intervals. When appropriate, and with the respective division leadership, counsels employees appropriately, demonstrating sound motivational techniques aimed at enhancing staff performance
- Keep the Director of Patient Navigation Center informed on general operations, goals, issues.
- Promote a positive work environment by setting an atmosphere of open communication and feedback. Consider and communicate feedback to/from consumers and personnel, initiate corrective action when indicated.
- Provide an environment and leadership style which motivates, encourages and educates staff
- Ensure compliance of clinical and utilization review activities to meet regulatory and confidentiality requirements
- Plan and coordinated short and long term projects to continuously improve the outcomes of the case management program
- Actively review and revise objectives and operations to reflect changes in reimbursement, regulations, and organizational goals.
- Participate in or chair appropriate councils, committees, activities, and special projects representing the department and/or hospital as assigned.
- Develop, implement, and monitor budgets and cost controls. Collaborate with the SVP in preparation of the personnel budget and in identifying and prioritizing capital budget needs
- Implement, enforce, and evaluate hospital, departmental, and interdepartmental policies and procedures, and participate in necessary revisions to promote evidence-based practices
- Demonstrate service excellence skills toward patients, visitors, physicians, and co-workers. Serve as a role model and hold departmental leadership and staff accountable for same
- Enhance professional growth and self-development and apply information from educational programs, workshops,



Job Description

- review of literature and specialty and/or professional organizations to areas of responsibility
- Provide for the provision of staff in-service education and promote excellence via clinical rounds, case reviews, quality and/or PI initiatives
- Demonstrate the ability to organize, plan and successfully effect change
- Act as a model for staff re: attendance and punctuality. Demonstrate knowledge of and follows departmental/organizational policies and procedures re: attendance and punctuality. Counsel staff re: same

Additional Position Specific Responsibilities:

Minimum Qualifications:

Bachelors degree required, Masters degree preferred Minimum 5 years case management experience in a hospital/community setting with progressive leadership experience. Demonstrates leadership skills. Demonstrated commitment to continuing professional development. Willingness to devote the time required for completing tasks on schedule. Knowledge of regulatory and accreditation standards for areas of responsibility. MSW or NY State License RN Certification in Case Management preferred.

Preferred Qualifications:

Strong organizational, oral/written communication, critical thinking and multi-tasking skills.

Required Languages:

Code	Description	Required/Preferred
20052	English	Required

Minimum Experience:

Other Working Conditions:

Standard office environment Ability to access all areas of the institution Ability to see or access information in print and or transmitted electronically Ability to hear oral instructions Performing job duties may require prolonged periods of sitting standing walking

