ALBRIGHT
CARE-SERVICES
Let Your Life Shine

POSITION #
1-7(17)

JUNE 23, 2017

TITLE: Quality Management/Utilization Review RN **DEPARTMENT:** Finance

SUPERVISOR: VP of Regulatory Affairs **SHIFT:** 1st shift
Full time 40 hours/week

LOCATION: Central Office

BRIEF DESCRIPTION: Responsible for the implementation and administration of the 'five star' service excellence program to include: QAPI; risk management; programs that support the enhancement of the quality of care; creation of the tools for the programs; development of policies and procedures to support these programs; and maintains a process for Board involvement. Support the clinical review operations including evaluation of efficiency, appropriateness, and necessity of the use of medical services, procedures, and facilities.

PRIMARY RESPONSIBILITIES:

- Identifies utilization, compliance and system issues through the QAPI process, reports finding to the appropriate committees and staff members and offers direction on appropriate action to ensure good quality of care in the facility. Develops plans based on results to improve patient care where needed.
- Provides QAPI initiatives to key staff members at the facility level and internal continuing education that meets developmental needs of clinical staff and corporate initiatives and ensures compliance.
- Completes retrospective reviews of medical management trends in the CCRCs to ensure Commonwealth, Federal, Albright Care Services' policies and procedures and Patient Care Standards are met.
- Predicts and plans for participant needs from pre-admission through acute and sub-acute care and post-discharge, in collaboration with the member and providers.
- Coordinates appropriate discharge planning with interdisciplinary health care team to facilitate timely discharge.
- Tracks and reports trends of inappropriate utilization of resources or quality issues to designated staff. Completes routine audits to monitor and facilitate appropriate utilization of resources using evidenced-based clinical criteria.
- Documents all activities in the appropriate system(s) on a timely basis. Ensures clinicians report required information accurately and on time.Creates and maintains an effective corporate Systems Improvement committee which reviews, evaluates, and revises as necessary, operating practices, results and protocols. Participates in an interdisciplinary health care team to achieve positive patient outcomes. Attends patient care planning and staff meetings when requested. Provides regular feedback to staff regarding expectations and performance related to utilization review and case managementFunctions as a resource to the clinical team regarding approved criteria, practice guidelines, alternative treatment options, treatment outcomes and implementation of core clinical programs.
- Travels between facilities as necessary.

QUALIFICATIONS:

- Must be a registered nurse currently licensed in the Commonwealth of Pennsylvania.
- Must be a graduate of the BSN program of an accredited college or university.
- Must have at least five years of experience, preferably in utilization management or hospital / acute care.
- Required to have education, training or professional experience in medical or clinical practice.
- Effective analytical, detail and problem-solving skills. Demonstrates understanding of and ability to manage quantitative business, insurance management and clinical information effectively.
- Must possess a valid Pennsylvania driver's license and be able to drive an automobile.

PHYSICAL DEMANDS:

- Occasional lifting up to 25 pounds. Pushing/pulling up to 200 pounds.
- Stands or walks 50% and sits 50%.