Patient Navigator
Job Description

Job Title: Patient Navigator – Full time 30 hours/week, including benefits, with the potential to expand to full time (37.5 hours per week), depending on funding, availability, and need.
Hiring Range: $28 to $32 per hour, depending on experience and professional licensure
Reports To: Program Director
Prepared Date: September 25, 2017

Mission Statement of the Grand County Rural Health Network is "we work in partnership to improve the future of healthcare through programs and services that educate the community on health issues and ensures accessibility and efficiency of the healthcare system."

Role Statement: Serves as a single point of contact for referring physicians, patients, caregivers, and human service organizations to provide resources and assistance with clinical and supportive care services offered within Grand County and its partnering healthcare community. Serves as a liaison between patients, healthcare providers, including specialty providers, and human service agencies to reduce barriers to care and assure the patient receives the care they need when they need it. Works with the patient to identify barriers to care and develop a comprehensive and goal-oriented plan. Facilitates patient appointments including those made with healthcare providers, labs, diagnostic areas, specialty physicians, and human service organizations.

Job Advertisement: Patient Navigator, FT (30 hrs/week) with benefits. CO Licensed RN or BSN preferred. Applicants with bachelor's degree in health-related fields or MSW with health-related background can also apply. Serves as a single point of contact for and liaison between patients, healthcare providers, and human service organizations. Works with the patient and healthcare team to identify patient needs, goals and actions. Educates patient on disease management. Data entry. Microsoft Office and Internet competency required. Good driving record; own transportation required. Must be self-directed with the ability to work with and lead teams. Pay DOE.

To apply, please send a cover letter, resume, and three professional references to: Sally Ryman, Program Director, Grand County Rural Health Network, P.O. Box 95, Hot Sulphur Springs, CO 80451; fax to 970-725-3478; or email sryman@co.grand.co.us.

Essential Duties and Responsibilities:

1. Directs the development, implementation, and maintenance of program policies and procedures under supervision of Program Director.
2. Assists patients in understanding their diagnosis, treatment options, and the resources available, including educating eligible patients about appropriate community services, clinical research studies, technologies, and medications. Examples include teaching blood pressure monitoring and recording and interaction of medication and well-being.
3. Completes intake of high-risk patients, working with the patient, family and other members of the healthcare team as needed, to assess and prioritize patient's physical needs, mental status, family support system, financial resources, and available community and government resources.

4. Determines with the patient specific goals, objectives, and measures that meet the patient's needs and that have been identified through assessment. The plan will be action-oriented and time-specific. Maintains contact with the patient's providers to inform of case progress, referrals and primary care provider's care plan. Ensures the most cost-effective plan of care is being carried out and appropriate services and resources are being utilized.
5. Serves as an essential link between patients and all other care providers. Represents patient/family by advocating, intervening, negotiating and promoting their concerns. Problems requiring advocacy may include individual and class inequities or inadequate and non-existent hospital and/or community resources (i.e., insurance benefits, housing, transportation, etc.).
6. Serves as a liaison, or ombudsman, between patients and all other care providers. Documents patient complaints. Participates in performance improvement activities for practices within Grand County specific to patient complaints, system-wide initiatives, and best practices. Reports safety concerns.
7. Develops patient education programs and tools specified per patient's learning ability, style and self-activation level, in collaboration with the Network's full patient navigation team.
8. Follows patients through the care continuum, including inpatient admissions and discharge planning, and collaborates with inpatient care management resources.
9. Triages patient using hands-off nursing skills to recognize when a patient needs emergent or urgent medical care or welfare check. Notifies appropriate first responder agency.
10. Collects data, tracks outcomes and supports strategic planning process.
11. Maintains a comprehensive resource and referral system. Collaborates with community partners to ensure resources remain up-to-date.
12. Collaborates with healthcare providers, human service organizations and community members, both in- and out-of Grand County. Provides administrative oversight and support for collaborative partnerships. Troubleshoots implementation process. Resolves program issues with all partners and stakeholders. Coordinates ongoing education and outreach presentations to partners.
13. Attends trainings and workshops as necessary. Travel throughout region as needed.
14. Provides factual information based on current knowledge and research, to provide support and assist the patient/family in coping with their disease to improve their overall healthcare management.
15. Provides specific information on how to communicate with healthcare providers to better utilize resources and increase understanding of the disease process. Occasionally accompany patients to appointments when specific self-advocacy deficits are noted.
16. Educates patients and families regarding various symptoms and consequences related to specific diseases, conditions and hospitalization.
17. Performs assigned work safely, adhering to organization and program established safety rules and practices. Reports to supervisor, in a timely manner, any unsafe activities, conditions, hazards, or safety violations that may cause injury to oneself, patients, or other partners. Reports to supervisor any potential safety risks to oneself, patients, or other partners.
18. Performs other related duties as required.

Qualifications: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and/or Experience: Active CO Licensed RN, BSN, or LSW preferred. Familiarity with the community and experience working with underserved populations is paramount and could supersede professional licensures.

Preferred Qualifications: The preferred candidate will have a licensed degree in nursing or social work. Also, the successful candidate will have:

- Knowledge of the local and state public health systems and local healthcare environment.
- Knowledge of the local community resources, state and federal programs.
- Knowledge of state, federal and private insurance systems.
- Knowledge of chronic diseases and treatment process and effect of illness on patient population.
- Requires problem solving, decision making and critical thinking. Ability to strategize, organize and plan.
- Requires excellent leadership, organizational, written and verbal communication and excellent interpersonal skills.
    - Excellent presentation skills.
    - Ability to relate to people like and different from self, including across socioeconomic status and cultures.
    - Ability to practice supportive and active listening.
    - Ability to support patients during an intensive emotional state (examples include angry, sad, frustrated, etc.).
    - Ability to support patients with mental illness and substance use disorders.
- Must be able to work in a self-directed environment, with ability to work with and lead teams.
- Ability to implement professional and community-based education programs.
- Ability to consistently present clear professional identity and purpose.
- Ability to maintain flexibility and emotional stability while working under intense emotion, time and volume pressure.
- Computer and internet literate; Microsoft Office competency required.
- Spanish language proficiency preferred.
- Ability to work independently within established guidelines; coordinate service delivery with partners; maintain confidential information; perform multiple tasks simultaneously; coordinate work schedule to achieve maximum productivity/effectiveness; apply exceptional customer service skills at all times; exercise judgment, tact and diplomacy;

Physical Demands:

- Physical Strength
- Manual Dexterity
- Motor Coordination
- Form Perception
- Environmental Conditions
- Environmental Hazards
- Physical Demands: talking and hearing, vision, stooping, kneeling, crouching, reaching, handling, feeling, and fingering.

Machines, Equipment, Work Aids which may be representative, but not all inclusive of those commonly associated with this type of work: computer (laptop/printer), typewriter, calculator, telephone, copy machine, fax machine and other general office equipment. Drivers License in good standing required.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Work Environment: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is normal in shared office.

More Information / Summary: Navigation services guide patients through the healthcare system and community resources to help ensure the patient gets the healthcare they need when they need it. According to the National Institutes of Health, a patient navigator is "someone who helps assists patients overcome barriers to care." Common barriers to care, especially for the low-income and elderly populations, are: financial and economic status; language and cultural issues; communication; gaps in healthcare system; access to healthcare; geographical location; transportation; fear; lack of insurance; and health literacy levels (i.e. misunderstanding, misinformation, hesitancy, resistance, or fear of diagnosis or treatment).

A patient navigator can help residents, specifically underserved populations, in navigating through the fragmented healthcare system in Grand County and link them to needed resources. Patient navigators can also help residents identified with a chronic illness, such as cancer, heart disease, diabetes, and asthma, in overcoming barriers to obtaining prompt diagnostic and treatment services. The patient navigator focuses on empowering and coaching, versus case management. The patient navigator model is also known as care coordinators, health advocates, community health workers, case managers and *promotora*.

A patient navigator also helps patients communicate with their healthcare provider. This could include, but is not limited to, assisting the patient with questions for the provider, attending the visit with the patient and provider, coordinating translation services. The patient navigator could also be an *ombudsman* to act as a liaison between patient and provider by fielding quality complaints from the patient, or communicating with the provider regarding patient payment status.

Patient navigation is provided by a culturally competent professional or peer in variety of settings. The patient navigator works in close collaboration with healthcare providers, human service organizations and the community and serves to link all resources to the patient's individualized needs. The program will be designed to be directed by, and to meet the needs of, the patient and their family in the context of their community and healthcare environment.

In Grand County, the patient navigator is a registered nurse, although familiarity with the community and experience working with underserved populations is paramount and could supersede professional licensures. The nurse patient navigator creates immediate interpersonal relationships, trust, and receptiveness to education and advocacy by patients and providers, in a way no other qualifications can.

The patient navigator works with Network partners and community members to create and implement the program. This program has been in place in Grand County since January 2011 and has since expanded to include a nurse patient navigator at Middle Park Medical Center clinics and two care coordinators at the Network offices focusing on removing basic barriers to care such as transportation and finances.

The Network is committed to improving health equity and addressing the social determinants of health. A willingness to understand the impacts of race, poverty, geography, and other determinants on the health of the community is necessary.