

## **DIVISION SCOPE OF SERVICE**

<b>Division:</b> CAPITAL
<b>Classification:</b> CARE TRANSITION COMMUNITY LIAISON
<b>Applicant Name:</b>

  

<p><b>Care Transition Community Liaison</b></p> <p>The Care Transition Community Liaison 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><b>Definition of Care or Service:</b></p> <p>The primary role of the Care Transition Community Liaison is to respond to referrals from the hospital / health system. Evaluate, coordinate, educate and facilitate referrals to the company for programs and services in Home Care, Hospice Care, Life Care, Palliative Care and Community Care and Rehab and Long Term Care Facilities. Scope of service may include:</p> <ul style="list-style-type: none"> <li>Functions as a liaison for hospitals and other referring agencies (physician practices, skilled nursing facilities, assisted living facilities and rehabilitation facilities) to assure high quality care and patient satisfaction within the entire service area.</li> <li>Maintains regular contact with direct visits and other means of communication with referral partners and case managers / social workers/ discharge planners at hospitals, physician practices and other community health organizations to provide program and service education and answer questions regarding patient care.</li> <li>Collaborates with case management and patient/family members to assure patients understand their home or hospice care benefits and the scope of programs and services available and what patients can expect.</li> <li>Communicates timely to their agency or facility any problems or concerns regarding patient care in order to promptly perform root cause and/or mitigate.</li> <li>Communicate and provide daily feedback to admission staff on referrals and help facilitate timely discharges</li> <li>May provide brochures and other materials to case management staff to use as reference</li> <li>May plan education events to provide information on new program offerings available to patients.</li> <li>Demonstrates service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>Healthcare facilities including but not limited to hospitals</li> <li>Patient care areas, all settings</li> </ul>
<p><b>Supervision:</b> Case Management Director / designee</p> <p><b>Evaluator:</b> Case Management Director</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> No (Information is provided via referral system)</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>High School Diploma/GED or higher             <ul style="list-style-type: none"> <li>With minimum of 2 years' experience in healthcare environment.</li> </ul> </li> </ul> <p><b>Preferred Qualifications:</b></p> <ul style="list-style-type: none"> <li>Bachelor's degree preferred with 2 years' successful experience in health care in a clinical environment</li> </ul>

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**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.

### **State Requirements:**

- N/A

### **Experience:**

- Minimum of 2 years in health care marketing/business development.

### **Competencies:**

The Care Transition Community Liaison will demonstrate:

- Complete required paper work with patient/families; facilitate patient discharge by working with hospital staff, DME, medications, and staff within their own agency for facilitation of timely services
- Completes thorough documentation of eligibility in the required time frame
- Participate in and/or provide in-service training, attend various hospital activities, and other duties as assigned
- Respond to referral sources in a timely manner; evaluate patient appropriateness for services being requested
- Communicates timely and effectively with staff
- Meet with families/patients to explain services
- Serves as representative and member of marketing/admissions team
- Communicate and provide daily feedback to admission staff on referrals
- 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 information appropriately
  - Documents in the medical record according to the facility standard / policy (e.g. hospice care – always sign, date, and time).
- Appropriate case management activities
  - Engage community resources in accordance with current laws, regulations and policies surrounding medical and behavioral healthcare
  - Gathers and reviews information with attention to individual, family, and community resources
  - Respect for patient and family preferences
  - Implement interventions appropriate for identified patient needs
- Infection Prevention
- 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:**

### **Document Control:**

- Created 9/23/2020
- Content Updated 6/3/2021

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**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:** \_\_\_\_\_