

DIVISION SCOPE OF SERVICE

Division: CONTINENTAL
Classification: TRANSITION COORDINATOR
Applicant Name:

<p>Transition Coordinator The Transition Coordinator must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility.</p>
<p>Definition of Care or Service: The Transition Coordinator is responsible for managing patients' transition process from inpatient hospital care to outpatient care.</p> <p>Scope of service may include:</p> <ul style="list-style-type: none"> Identify, enroll, monitor, educate, and discharge appropriate patient's in the Transitional Care program Demonstrates Service Excellence behaviors to include HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, clinics and physician practices
<p>Supervision:</p> <ul style="list-style-type: none"> Direct supervision by at least one member of the medical staff with clinical privileges <p>Evaluator:</p> <ul style="list-style-type: none"> Supervising Physician <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> Associates degree preferred Licensed in the State of Kansas as a Licensed Practical Nurse (LPN) or Medical Assistant (MA) <p>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.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> Licensed professional are required to have an active license for the State of Kansas.
<p>Experience:</p> <ul style="list-style-type: none"> N/A <p>Preferred Experience:</p> <ul style="list-style-type: none"> 3-5 years' clinical or community health experience preferred.
<p>Competencies: The Transition Coordinator will demonstrate:</p> <ul style="list-style-type: none"> Communication, Oral - Ability to communicate effectively with others using the spoken word. Communication, Written - Ability to communicate in writing clearly and concisely.

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- Confidentiality - Must maintain strictest confidentiality and comply with all HIPAA regulations and policies.
- Customer Oriented - Ability to take care of the customers' needs while following company procedures.
- Decision Making - Ability to make critical decisions while following company procedures.
- Detail Oriented - Ability to pay attention to the minute details of a project or task.
- Ethical - Ability to demonstrate conducts conforming to a set of values and accepted standards.
- Friendly - Ability to exhibit a cheerful demeanor toward others.
- Initiative - Ability to make decisions or take actions to solve a problem or reach a goal.
- Judgment - The ability to formulate a sound decision using the available information.
- Organized - Possessing the trait of being organized or following a systematic method of performing a task.
- Patience - Ability to act calmly under stress and strain, and of not being hasty or impetuous.
- Problem Solving - Ability to find a solution for or to deal proactively with work-related problems.
- Responsible - Ability to be held accountable or answerable for one's conduct.
- Self-Motivated - Ability to be internally inspired to perform a task to the best of one's ability using his or her own drive or initiative

References:

Kansas License Verification: <https://www.kansas.gov/ksbn-verifications/>

American Association of Medical Assistants: <https://www.aama-ntl.org/cma-aama-exam/verify-cma-status>

Nursys: <https://www.nursys.com/LQC/LQCTerms.aspx>

Nursing Compact States & Nurse Licensure: <https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/>

Document Control:

- Created 2/5/21

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: _____