

UTILIZATION REVIEW COORDINATOR

NATURE OF WORK IN THIS CLASS:

This is complex professional work involved in developing implementing and coordinating patient utilization review programs and activities in the hospital.

ILLUSTRATIVE EXAMPLES OF WORK: (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed.)

Assists in the planning and coordinating of various hospital activities directly related to the provision of quality patient care.

Assists in coordinating and conducting reappraisals and evaluations of results of medical audits from the various departments of the hospital.

Serves as ex-officio member of the Professional Standards Review Organization Committee.

Performs research and assists in the development of methodologies to better utilize the services of nurses and other health professionals in providing quality patient care.

Assists in drawing up recommendations concerning effective and efficient utilization of available resources, including the talents, knowledge and abilities of the professionally and technically trained health professionals.

Works with Medical Records, Admissions Office and Patient Affairs to assure compliance with institutional utilization-review requirements and compatibility with the Pacific Standard Review system and in accordance with pertinent public laws.

Assists in the coordination and provision of logistic liaison regarding the utilization review system used for both Medicare and Medicaid programs.

Reviews admissions according to established protocol, to determine the medical necessity and appropriateness of admission.

Maintains liaison with individuals or groups including Nursing, Medical Records, Social Services and Management who are responsible for discharge planning, to facilitate continuity of patient care.

Conducts daily reviews of patients progress to determine the necessity for continued hospitalization. Apprises attending

physicians and/or Utilization-Review Committee members of cases which appear questionable.

Assists in the planning of the Agenda for Utilization-Review Committee meetings. Arranges with Medical Records for the availability of records to be reviewed.

Assists in the communication of committee decisions to attending physicians, the patient and other persons involved.

Serves as a liaison between the fiscal intermediary and appropriate Discharge Planner.

Performs related duties as required.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices, methodologies and theories of Utilization Review Program pertinent to quality patient care.

Knowledge of the methods of prevention and control of communicable and infectious diseases.

Knowledge of medical terminology as used in the diagnosis and treatment of hospital patients.

Ability to plan and coordinate patient utilization review programs and activities in the hospital.

Ability to evaluate patient services and recommend changes to enhance quality patient care.

Ability to interpret, apply and make decisions in accordance with professional standards, policies, procedures and other guidelines as they apply to quality patient care.

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

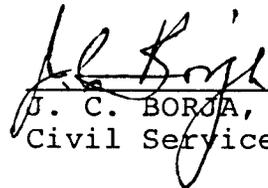
- a) Three years of experience in the implementation of Utilization Review Program, and graduation from a recognized college or university with a Bachelor's degree in Health Science;

- b) Five years of experience in the implementation of utilization Review Program and graduation from a recognized college or university with an Associate's degree in Health Sciences; or
- c) Any equivalent combination of experience and training beyond the Associate's degree which provides the minimum knowledge, abilities and skills.

ESTABLISHED: September, 1982

AMENDED: January, 1986

PAY RANGE: 36



J. C. BORJA, Executive Director,
Civil Service Commission