

Director, Care Management The Texas Medical Center

The Director of Care Management is responsible and accountable for working with the Directors of Case Management on the implementation of the case management program at the local level. The components/roles of the inpatient case management program consist of the following: Care Facilitation, Utilization Management, Case Management, and Discharge Planning.

The Director is responsible for overseeing/suggesting the development of systems and processes for care/utilization management at the local level. In addition, the Director is responsible for monitoring the progress of hospital department activities related to discharge planning and clinical quality improvement. The Director works with the local level Directors on matters that impact resource utilization and promotes the effective and appropriate use of hospital resources. The Director supports the collection, analysis, and reporting of financial and quality data related to utilization management, quality improvement, and performance improvement. The Director promotes interdisciplinary collaboration, fosters teamwork, and champions service excellence.

Knowledge of leading practice in clinical care and payor requirements

Self-motivated, proven communication skills, assertive

Background in business planning, and targeted outcomes

Working knowledge of managed care, inpatient, outpatient, and the home health continuum, as well as utilization management and case management

Working knowledge of the concepts associated with Performance Improvement

Demonstrated effective working relationships with physicians

Ability to work collaboratively with health care professionals at all levels to achieve established goals and improve quality outcomes

Effective oral and written communication skills

Principal Accountabilities

Works in collaboration with the local-level Directors of Case

management to plan and coordinate all aspects of the local-level program.

Facilitates growth and development of the case management program consistent with enterprise-wide philosophy and in response to the dynamic nature of the healthcare environment through benchmarking for best practices, networking, quality management, and other activities as needed.

Identifies and achieves optimal targeted clinical and financial outcomes via the case management process.

Assures that revenue, expenses, contribution margin, and FTEs meet or exceed budget.

Prepares and submits budget and related reports.

Forecasts and accurately projects expenses.

Takes corrective action to address negative variances.

Identifies and proposes capital budget items appropriately.

Participates in the annual and interim performance appraisal reviews of the Directors of Case Management.

Acts as liaison to facilitate communication and collaboration between all care partners (physicians, hospital staff, community care managers, nurses, community resources, corporate, etc.)

Leads a high-performance team of "system thinkers" who incorporate leadership principles and vision in performing the functions of case management.

Uses data to drive decisions, plan, and implement performance improvement strategies for case management.

Oversees the education of physicians, managers, staff, patients, and families related to the case management process at the system level.

Participates in this evolutionary process by constantly identifying the future needs of current customers and/or identifying potential new customers.

Responsible for the ongoing development of the Care Management program to extend beyond the acute inpatient environment.

Ensures safe care to patients, staff, and visitors; adheres to all Memorial Hermann policies, procedures, and standards within budgetary specifications including time management, supply management, productivity, and quality of service.

Promotes individual professional growth and development by meeting requirements for mandatory/continuing education and skills competency; supports department-based goals that contribute to the success of the organization; serves as preceptor, mentor, and resource to less experienced staff.

Demonstrates commitment to caring for every member of our community by creating compassionate and personalized experiences. Models Memorial Hermann's service standards by providing safe, caring, personalized, and efficient experiences to patients and colleagues. Other duties as assigned.

Requirements

Minimum Qualifications

Education: Bachelor of Nursing (BSN) or Masters Social Work (MSW). Masters degree preferred

Licenses/Certifications:

Current and valid license to practice as a Registered Nurse in the state of Texas or

Current and valid Texas license as a Master's Social Worker (LMSW) required,

LCSW preferred and Certified Case Manager (CCM), Accredited Case Manager (ACM) or

Fellowship of the American Academy of Case Management (FAACM) is required.

Experience/ Knowledge/ Skills

Minimum five (5) years experience in utilization management, case management, discharge planning, or other cost/quality management program

Three (3) years of experience in hospital-based nursing or social work preferred

Location

Houston, Texas 77030

Profession

Registered Nurse

Specialty

Case Manager / Utilization Review

Employment Type

Permanent

Employer

[Nsight Alliance LLC](#)