#### SERVICE POSITION DESCRIPTION

**Please complete one service position description for EACH member you are requesting, using this template.** The service position description is used in the recruitment and matching process. Each service position description must be sent electronically to complete an application.

HOST SITE NAME & LOCATION: Project HOME Healthcare Services; Stephen Klein Wellness Center (SKWC)

MEMBER POSITION/TITLE: PATIENT SUPPORT SPECIALIST

SITE SUPERVISOR ASSIGNED TO SUPPORT MEMBER: Greg Landistratis, Director of Operations, Office Phone: 215.320.6187x5743, Cell Phone: 215.680.2919, Email: glandistratis@projecthome.org, Fax: 215.235.4441

#### SITE CONSIDERATIONS

Is the site accessible via public transportation (if yes, what line/route)?: Yes. Bus lines 3, 33, 61

Does this position require a personal vehicle? No

How will your organization reimburse the member for transportation costs? Project HOME has a transportation reimbursement process and/or can provide tokens in advance as needed.

**Organization dress code: Business Casual** 

Expected service schedule: Monday-Friday 8:30am to 5:00pm

#### **ORGANIZATION DESCRIPTION & MISSION:**

The mission of the Project HOME community is to empower adults, children, and families to break the cycle of homelessness and poverty, to alleviate the underlying causes of poverty, and to enable all of us to attain our fullest potential as individuals and as members of the broader society. We strive to create a safe and respectful environment where we support each other in our struggles for self-esteem, recovery, and the confidence to move toward self-actualization.

#### MEMBER ROLE:

Describe the specific program(s), project(s), or initiative(s) that the member will serve with? What will the member's specific role be with this program/project/initiative? How will the member's primary activities align with the NHC's performance measures?

PROGRAM OR PROJECT NAME (INCLUDE % TIME OVER TERM MEMBER WILL SPEND WITH THIS PROGRAM)	<b>MEMBER ACTIVITIES</b> (List the key activities the member will be responsible for, for each program/project listed)	MEMBER OUTPUTS (How many classes, workshops, clients, patients etc. will the member conduct/serve under each activity)	NHC PERFORMANCE MEASURE(S) THIS ACTIVITY FALLS UNDER ( <i>if any</i> ).
Referral coordination - 65%	<ul> <li>The NHC member address the gaps in referral coordination at the SKWC. Activities include:</li> <li>building a database of referral sources for specialty care;</li> <li>building and maintaining a referral tracking report;</li> <li>assisting patients with scheduling and attending appointments, including addressing transportation barriers through the use of available resources such as the SKWC van and payer resources such as Logisticare transportation.</li> </ul>	<ul> <li>The NHC member will work to increase the completed referral rate established by the previous NHC member by 5-10%.</li> <li>While the referral coordination activity is practice-wide,</li> </ul>	Health Care Service Enrollment and Scheduling; Social Service Navigation (transportation)

		the NHC member will focus on a core patient population approximately 100 individuals over the course of the year.	
Hospital Tracking and Follow up – 20%	<ul> <li>The NHC member will track instances of hospital admission and discharge for SKWC patients.</li> <li>The NHC member will reach out to patients who have been discharged from the hospital to offer a follow up appointment with their Primary Care Provider.</li> </ul>	<ul> <li>The NHC member will document any reported hospitalizations each week. The NHC member will contact each of these patients on a weekly basis. Expected volume is up to 10 patients per week.</li> </ul>	Health Care Service Enrollment and Scheduling
Relationship building - 5%	The NHC member will build relationships with specialty care and other referral sources in order to facilitate better turnaround on	The NHC member will prioritize one referral source each month and	Capacity Building

<ul> <li>coordination of supporting materials for public benefits access.</li> </ul>	over the course of the year. • The NHC member will assist approximately 4 patients per month.	
Please complete this section to describe the type of individual best suited to fue of the first section of the type of individual best suited to fue of the type of type of type of the type of the type of the type of ty	fill the service description and	who will serve most

the position require the ability to interact professionally with patients and care providers alike. A significant amount of time will be spent interacting directly with patients who come from diverse backgrounds and require a wide range of support and engagement.

Please list the skills and/or experience that will help a member succeed in this position (e.g. customer service, language skills). The Patient Support Specialist should have a background in customer service, ideally in a medical setting. Additionally, the NHC

member will need to be well-versed in the use of Microsoft Office Suite products, especially Word, Excel and Outlook. Finally, the NHC member should have a background in engaging actively with a medical care delivery system.

What types of training will you provide to the member to support them in successfully completing their service activities? The Patient Support Specialist will receive support and training from their on-site supervisor and colleagues. Additionally, the NHC member will have opportunities to attend trainings on public benefits access and care coordination that are developed by local advocacy non-profits, as well as trainings developed and presented by large payers such as Keystone First and Health Partners.