

## PATIENT REVIEW COORDINATOR

### DESCRIPTION OF WORK

This is administrative and technical work in planning and directing activities involved in the admission, concurrent, and retrospective review of records for all facility in conjunction with work of utilization review committee (URC). Employees weigh the documented information in the chart against established criteria and determine if the treatment meets requirements for services for which Medicare and Medicaid will reimburse the hospital. Work is performed with minimal technical supervision. Work may include supervision of clerical personnel. It involves consulting with the attending physician or physician advisor when documentation does not reflect established criteria; keeping URC advised of any new standards and requirements; and maintaining liaison with the medical staff, social workers, and nursing service to determine whether a patient is receiving active treatment and length of stay is justified. Work also involves conducting medical care evaluation studies to ensure proper utilization of hospital resources, serving as permanent secretary for URC and as member of the audit committees, and having responsibility for the long-term care review procedure.

### EXAMPLES OF DUTIES PERFORMED

Reviews the records of each patient against established criteria and makes a decision as to the medical necessity and appropriateness of admission.  
Assigns initial length of stay by diagnostic criteria utilizing selected norms.  
Consults with the physician advisor when a certification is questionable.  
Assists professional staff in development of criteria which are sufficiently specific to enable review coordinator to make most decisions independently.  
Designs and maintains a system for monitoring patient care information.  
Assists the URC and audit committees in preparing and disseminating minutes and reports, medical care evaluation studies, and maintenance of reports, recommendations and follow-up schedules to ensure maximum utilization of facility resources and high quality patient care.  
Completes or supervises the completion of all required forms and reports to meet federal regulations.  
Initiates the long-term care review procedure per guidelines of long-term care services.  
Assists in designing studies, abstracting data, and compiling results.

### RECRUITMENT STANDARDS

#### Knowledges, Skills, and Abilities

General knowledge of medical and allied health sciences necessary to utilize screening criteria and measure these against documentation in the record with respect to patient needs for health care. Ability to use professional judgment.  
Considerable knowledge of medical and psychiatric terminology, diagnostic classification systems, appropriate level of care, treatment modalities, and the health care delivery system.  
Thorough knowledge of federal regulations, hospital admission review program, long-term care procedure, and utilization review requirements.  
Ability to communicate with physicians and other health care professionals and maintain harmonious working relationships.  
Ability to plan, assign, instruct, and supervise the activities of subordinates.  
Ability to compile reports of considerable complexity and follow detailed procedures.

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Minimum Education and Experience

Bachelor's degree in medical record science or medical record administration from an appropriately accredited institution; or completion of a human services program with one year of experience in field of training in which six months of training should include experience with documentation; or an equivalent combination of education and experience.