4389 West Pine Blvd
St. Louis, MO 63108
www.memorycarehs.org

Memory Care Home Solutions

Dementia Navigator

Organization Overview

Memory Care Home Solutions (MCHS) is a 501(c)(3) nonprofit organization that exists to improve dignity and quality of life for people living with dementia and their care partners by transforming evidence-based interventions into effective healthcare solutions. The vision of MCHS is that all people with dementia and their families will have access to the highest standard of care to live on their own terms, safely and with dignity. Through our services, family care partners are equipped to provide the best possible care to their loved ones, effectively manage dementia progression at home, and sustain meaningful relationships within the family. Memory Care Home Solutions actively partners with national and local stakeholders to minimize health care utilization costs at the individual, community, and institutional levels.

Position Overview

The Dementia Navigator is a core member of the Memory Care Home Solutions program department. MCHS utilizes The Care Ecosystem model of support, education, and care coordination program for patients with dementia and their caregivers. The goal is to improve the health and wellbeing of patients with dementia and caregivers, as well as to decrease unnecessary medical costs. Care Ecosystem is designed to supplement primary care and neurology specialty services by providing education, links to community-based services, behavioral management, and advance care planning support. The Dementia Navigator is the primary point of contact for patients and their families enrolled in the program. Dementia Navigators work with program participants and collaborate with their health care providers under direct supervision and guidance of MCHS' multidisciplinary clinical team. The Dementia Navigator reports to the Clinic Manager and is 40 hours / week / in office/ full-time position.

Job Duties

- Participate in on-the-job training about common issues in neurodegenerative diseases, aging, caregiving, well-being, advance care planning, behavioral management, and medication management.

- Support an assigned caseload of people living with dementia/care partners through delivery of Care Ecosystem protocols.
- Maintain regular monthly contact with clients and accurately document client encounters.
- Attend daily morning huddles and weekly debriefing sessions with clinical team to review cases and discuss issues, problem solving strategies, resource needs, and communication techniques.
- Use integrated workflow management technology for care delivery and data collection.
- Participate in evaluation and quality improvement activities by contributing feedback during team meetings, surveys, and one-on-one meetings with supervisor.
- Provide educational outreach to healthcare professionals and community groups.

Required Qualifications

- HS diploma and sufficient experience and demonstrated skills to successfully perform the assigned duties and responsibilities.
- Experience working in a healthcare setting, with older adults and/or people living with dementia
- Excellent verbal and written communication and presentation skills; excellent organizational skills; and excellent interpersonal skills to work effectively in a diverse team.
- Attentive and engaging customer service skills via telephone, video conference and email interactions.
- Proficiency with Microsoft Word, PowerPoint, and Windows.
- Excellent analytical and problem-solving skills with a capacity to navigate encounters with clients experiencing stressful health changes.
- Ability to work effectively in a fast-paced, team-based environment; with supervision and direction, ability to prioritize and complete tasks in a timely manner.
- Ability to establish cooperative working relationships with patients, co-workers, healthcare and community service providers.
- Able to lift thirty (30) pounds.

Preferred Qualifications

- Bachelor's degree or higher in related field.
- Case management experience.
- Experience with electronic medical records and/or other innovative technologies.
- Bilingual, with verbal *and* written fluency in order to work with a diverse population of patients and care partners.

Compensation Package and Reporting

- Position reports to and works under the direct supervision of the Clinic Manager
- Salary Range: $18 - $21 per hour, commensurate with experience
- Two weeks paid vacation
- 10.5 paid holidays
- Medical, dental and vision benefits and retirement savings available

Key Performance Objectives/ Responsibilities

Programming Objectives	**Responsibilities**	95% of time
	- Complete assessments of clients using Care Ecosystem (CE) intervention and documentation protocols - Deliver telehealth and in-person dementia intervention services and follow-up using evidence-based protocols - Send follow up plans to address clients' psychosocial barriers to health and wellness - Schedule and maintain contact with clients via phone, video meeting and email (at least monthly) - Attend daily huddles to discuss care plans, resources, and dementia education - Participate in multidisciplinary team meetings with clinical staff (weekly) - Provide dementia education to people of diverse backgrounds and literacy levels, efficiently prioritizing clients' needs - Coordinate care and communicate with service providers and physicians - Submit thorough and timely documentation within the same day as service delivery - Develop and maintain resource files and network with other service providers to assist clients - Participate in quality improvement and staff development activities - Perform other special projects and duties as assigned - Track needed data and complete benchmarking tools **Measurables:** - Complete initial client assessments and follow-up visits per productivity protocol - Complete monthly quality assurance activities as assigned - Deliver excellent client care as measured by client experience surveys - Manage special projects per timeline and project goals	

Outreach Objectives	- Present to community groups on dementia best practices - Build partnerships with agencies and organizations to build referral network - Be available for some evening and weekend work i.e. presentations, family meetings - Contribute to monthly web/social media education - Other duties as assigned **Measurables:** 1. Perform 1-2 community presentations every 6 months 2. Update community resource guide and resource files with new information as needed	5% of time

This position description has been reviewed with me.

Employee Signature:__________________________________

Date Reviewed:_______________________________________

Supervisor:____