

AFIB NURSE NAVIGATOR RESPONSIBILITIES

- **AFIB ED WORKQUE:** Run Afib ED report in Epic first thing each day and get patient in 24-48hrs for Afib – make sure pts for chest pain are sent to and seen by the appropriate providers. Make referral workque is managed each day.
- **AF CLINIC/HRC REFERRALS:** Review all new referrals and determine appropriate provider (APP or MD) and make sure pt is scheduled. Review office note from referring provider to get pertinent details on why they're being referred and who pt should see.
- **RN NAVIGATOR INBASKET:** Make sure this is worked throughout the day.
- **NEW PATIENT FOLLOW UPS:** At providers discretion, will ask RN navigators to make follow up phone call 1-3 days after new AF Clinic apt to see if patient has any remaining questions or concerns not addressed.
- **PRE & POST PROCEDURE CALLS:** Call Pre and post procedure pts- triage procedure complication calls. Call 3days prior and 2 days post procedure.
 - Pre procedure: Look at the Google calendar for EP procedures and the Epic MD procedures schedules (to make sure all in-patient add ons are not missed).
 - Create a telephone encounter using smart phrase- .PREABLATIONEDUCATION - route to yourself for each pt pre procedure - (right click properties) postpone until 2 days post procedure to prompt post procedure call. If patient's procedure is cancelled schedulers will document in this encounter and close.
 - Post procedure: Check your in-basket daily for patient encounters for post procedure follow-up. Review op note, d/c summary and medication for plan. If it cancelled mark done and complete. Make sure the patient has the appropriate follow-up. Call the patient post procedure and document in the same encounter.
- **TRIAGE:** Return calls regarding procedure complications or questions, medication issues and rhythm issues. Any patient call that is received by front desk will be routed to MA pool for review. If patient call felt to warrant further review, will be routed to RN Navigators prior to the providers.
- **PATIENT EDUCATION MATERIALS:** Make sure that rooms are stocked with appropriate education materials (one pagers along the wall as well as booklets on AFib and Catheter Ablation. Make sure that rooms have Hybrid Ablation information folders (materials are under desk in KEM/TM office). If additional materials needed, let Tara know. This should be done once weekly.
- **ANTICOAGULATION:** Manage samples, copay cards and cost. Create telephone encounter from schedulers CC procedure letter on INR management needed. Postpone to day to follow-up. INR results and dosage are send by text to the provider. Results from provider are called to the patient and documented in the INR telephone encounter and marked done and complete.
- **SLEEP STUDY:** When provider receives results of sleep study that we ordered, result will be routed to RN Navigator. If result is POSITIVE for sleep apnea (AHI >5), then RN Navigator will place 'Ambulatory Referral to Sleep Medicine' and associate dx with "obstructive sleep apnea" and assign co-signature to appropriate HRC provider. This will allow patient to be seen by Sleep Medicine provider prior to any PAP therapy being ordered.
- **AVAILABILITY :**
 - Check your voicemail 3 times a day – 8am, before or after lunch and at 3pm.

- Your voicemail states any calls received after 3pm may not be returned until the next business day.
 - If you are out of the office your phone mode is out of office with the voicemail greeting stating out of office, Epic out of office set to the time frame you will be out.
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- **PROJECTS:** Education – Afib workshops, patient education handouts, In-office education, MDC.

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