

MARY JONES
123 Any Street
Any City, State 55555

(213) 555-1234
Cellular/Messages: (213) 777-5678
e-mail: MaryJones@earthlink.net

More than 20 years of experience in case management services with a strong clinical background and proven success in gaining physician collaboration, streamlining hospital systems, implementing clinical guidelines and increasing reimbursement.

A fair-minded leader with an ability to develop staff, foster cooperation with multiple disciplines and establish credibility with physicians.

PROFESSIONAL EXPERIENCE

Los Angeles Community Hospital, Los Angeles, California

1995-Present

Director, Case Management (2008-Present)

Assistant Director, Case Management (2004-2008)

Led case management services, encompassing social services, utilization review and discharge planning for a 290-bed, not-for-profit acute-care hospital. Managed 35 clinical and support staff and a \$2.5 million operations and professional fees budget.

- Wrote clinical guidelines for six high-volume, high-cost diagnoses in collaboration with the medical staff and a multi-disciplinary team. Reduced overall length-of-stay.
- Decreased denied days from 5% to less than 2% for all payers through proactive daily communications between case managers and insurance companies. Wrote appeals for 80% of denied days and won more than 55%, capturing more than \$175,000 in annual revenue.
- Worked with medical staff to increase the number of observation admissions from 25 to 1,500 per year, decreasing inappropriate one-day Medicare inpatient admissions. Achieved compliance with the State QIO requirements.
- Implemented case management for emergency services, averting inappropriate admissions of medically stable uninsured patients and facilitating transfer to Hope hospital, saving \$275,000 in the first four months.
- Spearheaded the development of a clinical ethics program, including the recruitment of an ethicist. Significantly improved support to patients' families and physicians in dealing with end-of-life and futile care issues.
- Acted as the administrative liaison between the hospital and eight hospitalist physicians with responsibility for scheduling, case manager assignments and oversight of emergency admissions.
- Managed referrals to the quality process regarding patient re-admissions, clinical errors and questionable clinical outcomes.
- Consulted with the managed care contract staff in developing utilization review and patient admission criteria, as well as data regarding level-of-care issues, facilitating fact based contract negotiations.
- Revised physician transfer orders to match with new admission order requirements for skilled nursing facilities, streamlining patient continuity of care.
- Initiated the implementation of training in cultural competencies for the social services and case management staff, improving interactions with a changing patient population.
- Prepared an analysis for quality improvement on length-of-stay for Traditional Medicare patients compared with Managed Care Medicare patients.

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Los Angeles Community Hospital, Continued

- Managed communications with the Medi-Cal Field Office following the severance of the hospital's Medi-Cal contract. Facilitated patient referrals to contracted providers.
- Played a key role in hospital-wide JCAHO preparation and successfully met all standards related to case management.

Case Manager (2000-2004)

Responsible for case management services for a 15-bed critical care service and 25-bed telemetry unit. Provided support for case management hospital-wide as needed.

- Led the start-up of case management services, combining utilization review, social services and discharge planning.
- Played a key role in the development of clinical pathways through collaboration with physicians.
- Trained discharge planning staff in utilization review and acted as a resource.

Home Health Liaison Nurse (1997-2000)

Facilitated patient discharge planning through coordinating home health services with physicians, nursing, patients and family. Negotiated benefit coverage with insurance plans and managed communications with home health agencies.

Critical Care/Cardiac Rehabilitation Staff Nurse (1995-1997)

Southern Rehabilitation, Inc., Burbank, California

1988-1995

Cardiac Rehab Nurse Specialist

Provided education for an outpatient cardiac rehabilitation company. Performed cardiac stress testing and wrote protocols for monitored exercise sessions.

PRIOR EXPERIENCE

Began career as a staff nurse in critical care, emergency and medical surgical services.

EDUCATION

University of Southern California, Los Angeles, California

Master of Health Administration

California State University, Los Angeles, Los Angeles, California

Bachelor of Science, Biology

Santa Monica Community College, Santa Monica, California

Associate Degree, Professional Nursing

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CREDENTIALS

California Registered Nurse License
Certified Professional in Utilization Review (CPUR), InterQual Inc.
Certification in Advanced Supervision, California State Polytechnic University
Cardiac Rehabilitation Nurse Specialist Certificate (CRNS)
Basic Life Support (AHA)

PUBLICATION/PRESENTATION

Jones, M. (2005). *Influencing Hospital Stays*. *Huntington's Case Management*, 8(2), 115-132.

California Institute of Case Management, presentation at the Los Angeles Case Management Association's 10th Annual Clinical Case Management Conference, 2007.

PROFESSIONAL AFFILIATIONS

Los Angeles Case Management Association
California Board of Quality Assurance & Utilization Review Physicians