[CLIENT NAME], RN

Remote RN Case Manager | Utilization Review | Clinical Documentation Review

[State] (Open to Fully Remote Roles) | [PHONE] | [EMAIL] | [*LinkedIn URL]*

PROFESSIONAL SUMMARY

Registered Nurse and U.S. Air Force Veteran with 20+ years of experience across case management, post-acute care coordination, home health, hospice, telephonic triage, and acute care. Skilled in independent clinical judgment, risk identification, OASIS/CMS-compliant documentation, and care planning for medically complex populations, supporting hospitalization prevention through early recognition of clinical deterioration. Brings multi-year telephonic triage and symptom management experience with [a national health insurer], delivering protocol-guided assessment, patient education, and documentation accuracy in telephone-based care settings. Positioned for remote RN Case Management, Utilization Review, and Clinical Documentation Review roles with health plans, managed care organizations, and remote care management providers.

CORE COMPETENCIES

Case Management: Care Coordination | Discharge Planning | Transitions of Care | Interdisciplinary Collaboration
Utilization & Compliance: Hospice Eligibility Determination | Utilization Review Fundamentals | Medicare Program Requirements | CMS Documentation Standards | OASIS Assessment | Clinical Documentation Review
Clinical Risk: Risk Stratification | Clinical Deterioration Recognition | Readmission Prevention | Chronic Disease Management
Remote Practice: Telephonic Triage | Telephone-Based Patient Assessment | Protocol-Guided Clinical Support | Patient & Family Education | Productivity & Quality Benchmarks
Systems: EPIC | Allscripts | Homecare Homebase (HCHB) | Axxess | Netsmart

PROFESSIONAL EXPERIENCE

RN Case Manager
[Home Health Agency] – [State] **October 2023 – Present**

- Manage an independent caseload of 20–30 medically complex homebound patients across private homes and assisted living facilities, exercising autonomous clinical judgment in field-based practice.
- Complete comprehensive assessments and OASIS documentation in compliance with CMS standards, supporting risk stratification, care planning, and accurate reimbursement, completing *10–15 OASIS assessments monthly*.
- Intervene early on indicators of clinical deterioration to prevent avoidable hospitalizations and escalations to acute care, averting *an estimated 2–3 avoidable admissions per quarter*.
- Coordinate interdisciplinary care plans and the implementation of skilled services across nursing, therapy, and social work disciplines.
- Administer advanced in-home therapies including central line management, IV infusions, wound vac therapy, lab draws, and catheter maintenance.
- Mentor *6+* new RNs and LPNs in clinical decision-making and documentation standards.

Post-Acute Care Coordinator | RN Preceptor
[Post-Acute Care Network] – [City, State] **July 2021 – September 2023**

- Trained and onboarded *20+* Post-Acute Care Coordinators across *5+* regional markets on safe hospital-to-home transitions, EPIC documentation, and coordination platforms including Allscripts.
- Led classroom and hospital-based instruction supporting discharge planning quality and readmission prevention.
- Served as subject matter resource for clinical documentation and care coordination processes.

Hospice RN – Admissions & Case Management
[Hospice Organizations] – [State] **April 2018 – August 2021**

- Conducted *3–5* hospice eligibility evaluations and admissions weekly, applying clinical criteria and interdisciplinary input to determine appropriateness of care.
- Developed individualized end-of-life care plans across home and facility settings in coordination with physicians, social workers, and chaplains.
- Arranged symptom control, durable medical equipment, medication access, and controlled substance tracking across *10+* care facilities.
- Performed advanced procedures enabling patients to remain home, including IV administration, central line access, chest tube drainage, and complex wound care.

- Adjusted scheduling and care intensity continuously to match symptom progression and level-of-care changes.

Home Health RN Case Manager

[Home Health Provider] – [City, State] **December 2015 – April 2018**

- Directed a skilled home health caseload of *20–25 patients* encompassing IV therapy, central line care, enteral feeding, suprapubic and foley catheter care, and complex wound management.
- Captured OASIS data via mobile point-of-care documentation supporting CMS compliance and outcome tracking.
- Educated patients and families to reduce avoidable readmissions and strengthen chronic disease self-management.

EARLIER CLINICAL EXPERIENCE

Remote Triage & Disease Management RN

[National Health Insurer] | [Staffing Agency] – [State]

- Performed telephone-based triage and symptom management for a national hotline service using protocol-driven clinical decision support.
- Counseled high-risk patient populations, including a Hepatitis C treatment support program, on side effect management and self-care resources.
- Sustained charting accuracy and productivity benchmarks while working independently, handling *25–35 triage calls daily* .

Acute Care & Float RN

[Regional Hospital Network] | [Regional Hospital] | Contract Roles – [State]

- Provided bedside care across high-acuity hospital units under variable staffing assignments, adapting rapidly to new clinical environments while safeguarding patient safety and documentation quality.
- Functioned as backup charge nurse and delivered post-discharge care for elderly patients in skilled settings.

Clinical Research Coordinator

[Clinical Research Organization] | [City, State]

- Oversaw regulatory documentation, sponsor collaboration, and patient follow-up across multiple pharmaceutical research studies.

LICENSURE & CERTIFICATIONS

Registered Nurse (RN), [State]

Basic Life Support (BLS)

EDUCATION

Associate Degree in Nursing (ADN) – [Community College]

MILITARY SERVICE

United States Air Force – Honorably Discharged | Veteran