Position Description
HIV Linkage to Care Navigator

Reports to HIV Program Director

Position Summary
The Linkage to Care Navigator is a compassionate, energetic and committed professional to help patients to access HIV care services and remain engaged in their own treatment. The Linkage to Care Navigator utilizes best practices to assess the needs of new patients and connect them with internal services and/or community resources.

The Navigator will interact effectively and consistently with a diverse group of people of different cultures, ages, genders, sexual orientations, disabilities, races and religious beliefs. The successful candidate will have the ability to work collaboratively with Zufall’s infectious disease providers, clinical, case management, as well as with any community agencies to assist clients with the challenges of staying in care and on treatment.

Essential Functions, Duties and Responsibilities
- Educate and link patients to Zufall’s programs or outside services.
- Utilize strategies such as motivational interviewing to encourage individuals to start and remain in care.
- Contact patients that have cancelled or not shown for appointments to reengage into care.
- Provide HIV education regarding prevention, chronic disease management, HIV treatment, and medication adherence.
- Follow up with new/returning patients after their initial/return appointment regarding questions, concerns or barriers to care.
- Follow up with patients who have been newly prescribed anti-retroviral therapy medications or had a change in medication regimen.
- Monitor patient for a total of four visits to track progress and efficacy of the care plan.
- Collaborate with multi-disciplinary teams to ensure the best quality care is provided to each client.
- Maintain client records including timely documentation in the electronic health record system or other database in accordance with clinical policies and procedures.
- Maintain knowledge of advances in HIV/AIDS treatment through self-study and training.
- Maintain knowledge of non-clinical programs and services available to clients.
- Support continuous quality improvement activities related to patient care.
- Engage in an active quality management program to ensure outstanding quality of care and prevention intervention strategies; and
- Continue to involve consumers and other local regional HIV services providers in planning and evaluating program activities through collaboration.
**Education/Experience**

- Bachelor Degree in Public Health, Nursing or Social Work. In lieu of degree, minimum two years experience in HIV field with patient contact and enrolled in degree program.
- Experience educating and counseling clients (specifically in health promotion and medication management, a plus)
- Experience working with electronic health records
- Human relations – the ability to understand and interact with people from different cultures, ages, genders, sexual orientations, disabilities, races and religious beliefs
- Compassion and commitment to working with a people who often have additional challenges with mental health and substance abuse, a plus

**Knowledge, Skills and Abilities**

- Bilingual in Spanish/English, strongly preferred
- Excellent oral and written communication skills
- Proactive and detail-oriented
- Ability to read, interpret, and write routine documentation and correspondence
- Contribute to a team-based approach focused on patient care
- Ability to multi-task
- Great interpersonal skills
- Ability to effectively counsel and educate others
- Knowledge of Microsoft Office applications including Word and Excel, and use of electronic medical records.
- Possess a clean, valid driver’s license

**Occupational Exposure** - Classified by CDC as Medium Risk

CLASSIFICATION: Not Exempt

All interested, please contact Johanna Moore 973-328-9100 x308.

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