Job Description

JOB TITLE: LVN – ECM Dept
SUPERVISED BY: CMO/Quality Coordinator
STATUS: Salary/Full-Time - Exempt
Via Care Community Health Center

DUTIES AND RESPONSIBILITIES

The Quality LVN plays a vital role in connecting providers, clinic teams, and quality initiatives to ensure patients receive the right care at the right time. Serving as a key liaison between the Quality Department and medical providers, this role helps drive quality performance and improve patient outcomes across our network.

The Quality LVN is instrumental in advancing the organization's goal of achieving 5-star ratings across all Independent Physician Associations (IPAs), with a focus on our largest provider groups. Through proactive monitoring of HEDIS and UDS measures, the LVN tracks preventive health screenings, chronic disease management metrics, and care coordination outcomes. By identifying and addressing care gaps within the electronic health record, this role collaborates closely with clinic managers, providers, and outreach teams to ensure patients receive timely interventions that support quality goals and deliver exceptional care.

Data Collecting/Reporting

- Assists with data collection for various programs
- Identifies and pulls outstanding clinical care gaps from the EHR to track preventive health, immunization, and chronic disease metrics.
- Gathers and organizes performance data to support the department's goal of achieving 5-star ratings across all IPAs
- Compiles metrics on provider utilization patterns, tracking the specific rates of antibiotic prescribing, imaging orders, and laboratory tests.
- Participates in audit readiness activities
- Participates in ongoing Quality Improvement activities within the program

Compliance

- Clinical Chart Auditing: Expertise in reviewing electronic health records to spot documentation gaps and compliance issues.
- Data Proficiency: Ability to accurately extract, track, and summarize complex clinical metrics and utilization data.
- HEDIS & Star Ratings Knowledge: Familiarity with managed care performance metrics, care gap tracking, and quality scoring systems.
- Technical Systems Navigation: Strong skills using Electronic Health Records (EHR) and centralized data tools (e.g., shared live documents, Excel dashboards).
- Objective Analysis: Strong attention to detail needed to evaluate provider utilization trends (like lab, imaging, and antibiotic tracking) against clinical guidelines.
- Cross-Departmental Collaboration: Excellent communication skills to coordinate smoothly between clinical operations, nursing teams, and providers.

- Reporting & Documentation: Ability to translate raw clinical audit data into clear, actionable bulleted reports for leadership and committee meetings.
- Regulatory Literacy: Strong understanding of health center compliance frameworks, specifically HRSA protocols, FTCA requirements, and HIPAA privacy rules.
- Workflow Optimization: Ability to identify bottlenecks in clinic procedures and contribute to building standardized, centralized clinical workflows.
- Root Cause Analysis: Skill in participating in incident investigations to trace safety events back to process gaps and help design corrective action plans.
- Evidence-Based Practice Alignment: Competency in comparing actual clinical practices against established clinical guidelines and peer-reviewed benchmarks.
- Professional Communication: Ability to deliver objective, non-punitive audit feedback to medical providers and nursing staff during review periods.
- Educational Delivery: Skill in explaining complex quality concepts, metric updates, and compliance standards during staff training and onboarding.
- Time Management & Prioritization: Strong organizational capacity to manage multiple competing audit deadlines across different clinics or IPAs.

QUALIFICATIONS

- Education: Graduate of an accredited Licensed Vocational Nursing (LVN) or Licensed Practical Nursing (LPN) program.
- Licensure: Current, active, and unencumbered Licensed Vocational Nurse (LVN) license issued by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT).
- Certifications: Current Basic Life Support (BLS) certification for healthcare providers.
- Clinical Experience: Minimum of 2 to 3 years of clinical nursing experience, preferably within an outpatient clinic, community health center, or Federally Qualified Health Center (FQHC) setting.
- Quality Department Experience: Minimum of 1 year of experience directly in healthcare quality improvement, utilization management, risk management, or clinical chart auditing.
- Managed Care Knowledge: Demonstrated understanding of managed care operations, HEDIS measures, and the mechanisms required to achieve 5-star ratings across IPAs.
- Regulatory Knowledge: Practical familiarity with federal and state healthcare regulations, including HRSA compliance protocols and FTCA requirements.
- Technical Proficiency: Advanced experience navigating Electronic Health Record (EHR) systems and utilizing data tracking tools (such as Microsoft OneDrive shared documents, Excel, or quality tracking dashboards).
- Cultural and linguistic competency and diversity sensitivity;
- Ability to work independently and as a member of various teams and committees;
- Ability to communicate orally and in writing in a professional manner;
- Strong problem solving and conflict resolution skills; and
- Bilingual in Spanish strongly recommended.

SPECIAL REQUIREMENTS

- Must have a reliable automobile for use on the job (mileage to be reimbursed);
- Valid California Driver License and automobile insurance coverage
- Subject to a criminal background check prior to employment
- TB clearance, to be renewed every yearTB clearance, to be renewed every year. COVID Vaccine

and boosters as needed.

Compliance with all mandated vaccinations and all boosters is a term and condition of employment.

Equal Employment Opportunity

Via Care Community Health Center provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, international origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. Via Care Community Health Center complies with applicable state and local laws governing non-discrimination in employment in every location in which the organization has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Acknowledgement:

Supervisor/ HR Name:	**Employee's Name:**
_____	_____
Supervisor's/HR Signature: Date:	**Employee's Signature: Date:**
_____	_____
I certify that this job description is an accurate description of the responsibilities assigned to the position.	I certify that I have read and understand the responsibilities assigned to this position.

- **The above statements are intended to describe the general nature and level of work being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities and activities required by the position.**
- **Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job any time.**