



# JENNIFER MENDELSON, RN, CMAC, ACM-RN

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## RN CASE MANAGER | POST-ACUTE CARE LEADER

PATIENT ADVOCACY | VALUE-BASED CARE | QUALITY IMPROVEMENT | COMMUNITY INVOLVEMENT | UTILIZATION

*Dives deep into social determinants of health to define more proactive care solutions and remove barriers to health plan success, both medically and nonmedically.*

**ADAPTABLE, RELIABLE, AND SYSTEMATIC RN CASE MANAGER** with an impressive background in patient advocacy and education, value-based care, complex care management, and evidence-based decision-making. Execute quality programs and tap into community resources for complex, fragile, and high-utilization patients. Experienced in all facets of the care continuum including hospice, in-home health, acute inpatient, and full risk post-acute care transitions.

**A TRUE PATIENT ADVOCATE** – uncovering innovative solutions and providing community resources to lead patients through a quality discharge process with decreases to both length of stay and readmissions. Reliable, highly ethical, a focused listener, and dedicated to outstanding care.

50% TOTAL REDUCTION IN POST-ACUTE LENGTH OF STAY | \$1.6M IN BONUS PROFITS SECURED | EPIC & ALLSCRIPTS PRECEPTOR

## SIGNATURE STRENGTHS & COMPETENCIES

Case Management  
Healthcare Systems & Standards  
Acute Care Planning  
Assessment & Evaluations  
Patient Care Plan Progression

Clinical Quality  
Utilization Management  
Community Involvement  
Medical Provider Collaboration

Discharge Planning  
Patient Satisfaction & Advocacy  
Regulatory Compliance / HIPAA  
Compassionate Communication  
Allscripts / Epic EMR

## PROGRESSIVE CAREER PATH

**FEMA SUPER-SITE VACCINATION CLINIC - VENTURA, CA | 1.2021 – PRESENT**

### REGISTERED NURSE – VACCINATOR

Rapidly stepped in to support urgent community need – preparing and distributing both Pfizer and Moderna COVID-19 vaccinations on site and within strict CDC guidelines. Deliver post-vaccination education and observe for adverse reactions.

**HCA HEALTHCARE, CMS BPCI-A CONVENER PARTICIPANT – JACKSONVILLE, FL | 11.2018 – 1.2021**

### RN TRANSITIONAL CARE COORDINATOR | PROGRAM COORDINATOR

Recruited to strategically coordinate transitions of care for high-utilization BPCI-A patients within 90 days of hospital discharge to reduce readmissions and increase patient satisfaction. Educated skilled nursing facilities on BPCI-A program in a market new to value-based care. Partnered strategically with hospital administration to develop the preferred post-acute provider network.

- **Reduced length of stay from 29 days down to 20 days within the first 90 days** and down to 15.4 days within a year.
- **Delivered a total of \$1.6M in bonus profits from BPCI-A** – the only transitional care coordinator to accomplish such profitable results.
- **Earned Case Management Administration Certification (CMAC)** to establish credibility when working with senior executives in hospital systems.
- **Innovated and launched Microsoft Excel-based patient tracking system** – utilized by the North Florida and South Atlantic regions.

**LEE HEALTH – FORT MYERS, FL | 1.2017 – 8.2018**

### CASE MANAGEMENT REGISTERED NURSE

Served as a complex case manager for 6-hospital, 1,812-bed healthcare system at Bay Coast Medical Center – assigned to surgical progressive care unit specializing in gastrointestinal surgery, patients with organ transplant history, and new renal transplants. Evaluated and assessed patient caseload from admission to discharge – partnering with interdisciplinary staff and community resources to develop safe, patient-centric, and cost-effective plans of care focusing on hospital readmission prevention.

- **Trained, mentored, and coached nurses on Epic and Allscripts EMR** – leading as an educational resource for new and tenured employees.
- **Acted as preceptor for new case managers and staff nurses** to standardize clinical documentation of 3008 and PASRR.

#### **BROOKDALE / NURSE ON CALL – NAPLES, FL | 1.2016 – 9.2019**

##### **CASE MANAGEMENT REGISTERED NURSE**

Charged with complex care management for Medicare home healthcare patients across diverse cultures and populations. Oversaw medication reconciliation, post-hospital discharge instructions, and complex direct care, including wound vacuums, home infusions, central line care, sterile procedures, blood collection, PleurX drains, and IV initiation and maintenance.

- **Built out strategies to identify and overcome substantial barriers to the plan of care.**
- **Supervised HHA and LPN staff** and maintained EMR.

#### **AVOW HOSPICE, INC. – NAPLES, FL | 4.2014 – 2.2016**

##### **CASE MANAGEMENT REGISTERED NURSE**

Facilitated the patient plan of care throughout the continuum of care by ensuring appropriate utilization management, care coordination, resource utilization, and clinical documentation across assisted living, memory care units, and skilled nursing facilities. Oversaw and supported HHA and LPN staff.

- **Guided patients and support systems through end-of-life care** with firm regard for patient agenda and preferences.
- **Managed the full scope of case conferences**, Medicare compliance, medical equipment, DME coordination, and interdisciplinary team rounds.

#### **NCH HEALTHCARE SYSTEM – NAPLES, FL | 4.2012 – 4.2014**

##### **REGISTERED NURSE**

Served diverse patient populations on a cardiothoracic progressive care unit with direct patient care for open heart and thoracotomy surgical patients.

- **Maintained ACLS and board certification, CVRN-BC.**

#### **THE WILLOUGH AT NAPLES – NAPLES, FL | 3.2011 – 9.2012**

##### **MENTAL HEALTH TECHNICIAN & REGISTERED NURSE**

Supported, advocated for, and ensured delivery of resources to dual-diagnosis drug and alcohol rehabilitation patients experiencing acute withdrawal.

#### **COMFORT KEEPERS – NAPLES, FL | 1.2003 – 12.2008**

##### **DIRECTOR OF MARKETING & COMMUNITY RELATIONS**

Headed end-to-end operations and served as interim executive director with oversight of 30 to 50 employees. Built out all referral sources to ensure the evolution of a competitive business model that expanded into 3 successful franchise locations. Navigated case management processes to ensure strong family/patient connections to community resources.

- **Increased billable hours from an average of 80 per week to 2.5K+ per week** – generated new sources of revenue including trustees and guardians.
- **Supported the sale of the 3-franchise business for a maximized multiplier.**
- **Selected to serve as chapter president and regional ambassador for Business Networking International.**
- **Added value as a board member for CAMEO and Interagency Council of SWFL.**

## **EDUCATION & PROFESSIONAL DEVELOPMENT**

#### **RN-MSN IN LEADERSHIP & MANAGEMENT | Western Governors University (CCNE) – Pending 2021**

- BSN to MSN bridge program focused on value-based care and quality improvement.

#### **REGISTERED NURSING / REGISTERED NURSE | Florida Southwestern State College (ACEN)**

**CASE MANAGEMENT ADMINISTRATION CERTIFICATION (CMAC) - NATIONAL BOARD FOR CASE MANAGEMENT**  
**ACCREDITED CASE MANAGER (ACM-RN) - NATIONAL BOARD FOR CASE MANAGEMENT**