Case Management in Hospitals

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Introduction

What is Case Management?

Case Management (CM) is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality and cost-effective outcomes (Case Management Society of America, 2010).

Case management is a way of managing unique and high risk health conditions to achieve patient well being and self sufficiency through communication, education, advocacy, consultation services and coordination of services. The fundamental principle of case management is based in the fact that when the patient reaches his utmost level of well being, all the parties involved benefits: the patient himself, his family and support system, the third party payers and the health care organizations. Patients who require case management services are of compromised / diminished self capacity and with complex medical conditions (CMSA, 2010).

What does a Case Manager do?

Case managers are specialized registered nurses who manage the long-term and acute care plans for patients with chronic or complicated medical conditions. These nurses work closely with health care teams, patients and families to come up with a comprehensive healthcare plan that includes their preferences and goals.

Case managers manage a homogenous group of the patient population. For example, they will manage healthcare for patients coping with HIV/AIDS, elderly patients who are trying to manage several different medical problems, cancer patients, diabetes, congestive heart failure, patients suffering from mental illnesses, those awaiting or recovering from complex surgeries.

Beyond managing patients' healthcare plans, a case manager also has the opportunity to work as a social worker, by helping patients and families to prepare for transitional care. These nurses act as advocates to ensure that each patient receives the most cost-effective care possible. Advocacy includes medication management, scheduling for any Laboratory or diagnostic tests and any necessary follow-up to ensure that each patient receives the care she/he needs on the right time.

Acting as patient care liaisons, case managers coordinate the care that patients receive from each healthcare provider and manage plans for chemotherapy, radiation therapy or other continued therapies. They arrange for transfers among units within a hospital, or from a hospital to another care facility such as a nursing facility, rehabilitation center, long-term care facility, or homecare. The help and assistance case managers provide help in improving the flow of patients through the organization and ensure that patients are in the appropriate level of care.

What is a Case Manager?

Objectives

1. Provide quality of patient care across a continuum
2. Enhance patients' quality of life
3. Timely Discharge
4. Coordination of care across disciplines
5. Decrease in fragmentation of care
6. Lead to patient satisfaction
7. Promote cost effective use of scarce resources
8. Optimize patient self care

Expected Outcome

1. Decrease in the Length of Stay (LOS)
2. Readmissions Avoidance
3. Early detection of disease deterioration and proactive interventions
4. Empowered and informed patients
5. Improve provision of consistent and integrated care
6. Increase in patient satisfaction
7. Increase staff/Physician satisfaction
8. Increase revenue
9. Better coordination of care between the medical teams and the Registered Nurses
10. Effective and efficient utilization of resources

Essential Case Management Education and Skills, and Job Responsibilities

Education and Skills

The Case Manager must have:

1. Bachelor of Science in Nursing with 2 years experience is required. Masters in Nursing or health related field is a plus.
2. Excellent communication skills both verbal and written
3. Good computer skills especially with Microsoft office to prepare detailed reports for each patient's assessment and treatment plan.
4. The ability to prioritize the needs of the patient and keep accurate records of progress made during treatment
5. The ability to work well in emergency situations and provide immediate assistance in crisis situations.
6. Negotiation skills, experience in time management and emotional intelligence.
7. Experience in bed demand and capacity management and patient flow.

Job Responsibilities

1. Assess patients' needs to identify which patients will benefit from Case Management, e.g. chronic or multiple health problems, serious or terminal illness, more than one provider for different specialties, lack of family community support
2. Assess patient care required throughout continuum of care for diagnosis and procedures
3. Ensure that patient tests are appropriate and necessary and are carried out in a timely manner and that the results are promptly available
4. Communicate with primary care giver at regular intervals throughout hospitalization and develops an effective working relationship
5. Complete expanded assessment of patients and family needs at time of admission.
6. Assess patient progress through expected hospital stay.
7. Enhance collaborative relationship with the patient to maximize patient's and family's ability to make informed decisions
8. Mobilize resources to achieve expected goal and desired clinical outcomes within a defined timeframe.
9. Collaborate with clinical staff in the development and execution of plan of care and achievement of goals
10. Facilitate interdisciplinary patient care rounds and/or conferences to review treatment goals, optimize resource utilization, provide family education and identified post hospital needs.
11. Follow up with primary care giver and insurance companies to ensure that the plan of care is complete within the length of stay identified by primary care giver upon admission. If primary caregiver finds it necessary for the patient to stay beyond the number of days approved by insurance plan an extension report will be provided for the insurance company.
12. Following patients post discharge to ensure that discharge process was smooth and that all instructions are understood and carried.

Roles and Tasks of a Case Manager

Clinical Care Management includes:

Patient selection and identification
Assessment and problem identification
Plan of care including transitional care
Patient and family education
Assessment of patient's health insurance status
Management and leadership
Coordination and facilitation of care
Scheduling and following up on tests, procedure and treatments
Negotiation of care options
Evaluation of Quality of care

Facilitation of communication among health care team members
Teaching and mentoring others
Advocating for patients and families
Manage Patient selection and identification
Assessment and problem identification
Plan of care including transitional care
Patient and family education
Assessment of patient's health insurance status

Financial and Resource Management

Addressing under and overutilization of resources
Management of length of stay
Utilization review and management
Management of variances and delays in care
Management of denials
Appeal of denials

Information Management

Data collection, analysis, management and reporting
Communicating and disseminating information
Documentation

Professional Responsibilities

Conduct of research and utilization of findings
Promotion of evidence based practice
Publishing

Models of Case Management

Case Management models have been described through two approaches:

1- Case management models implemented in the acute hospital setting and focus primarily on managing the care of patients during an acute episode of illness
2- Case management models implemented in settings other than acute care such as outpatient, community, payer based and long term care (supportive and rehabilitative care).

The role of case managers will vary depending on the location where the care is delivered and coordinated. For example, the case manager in hospital settings plays an active role in transitional and discharge planning, whereas in the community and outpatient settings, he/she may concentrate more on management of chronic illness and prevention of disease progression. In the long term setting, the focus may be more on supportive and rehabilitative care (Huber, 2002).
Daniels and Ramey (2005) have observed five models:

Clinical Case Management M odels: "Characterized by direct patient care responsibilities" In this model, Case managers manage patients with a specific diagnosis by using case management critical pathways , care maps and algorithms developed for that homogenous population with the primary care physician, and coordinate care with other health care professionals across the hospital aiming to achieve desired and standardized outcomes.

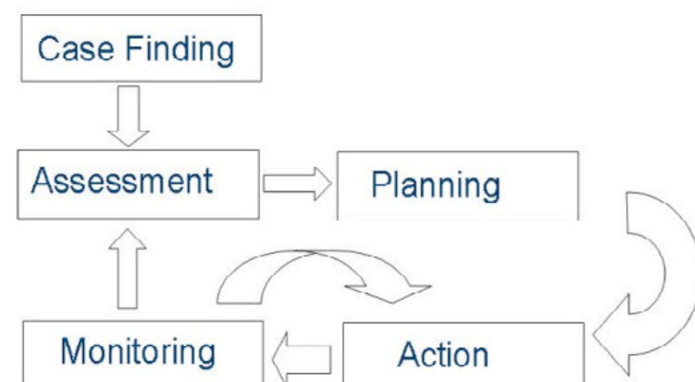
Collaborative Practice Models: "Generally involve a multidisciplinary team approach using clinical pathways, variance reporting, and teaching plans to monitor and evaluate care." it is coordination of care along a continuum by a team, not a discipline or department.

Population Models: It focuses on the individual patient. Case managers focus on homogenous group of patients for overall care coordination, frequently extending beyond the hospital setting.

Functional Models: include both social workers and utilization review; in these models, the social workers and the utilization reviewers continue to work in their separate roles, without filling in the gap of "clinical case management activities".

Clinical Resource Management Models: Case managers have to ensure the movement of the patient along the acute care continuum smoothly, by collaborating with primary care physicians or hospitalists. These models include disease management models for high-risk patients.

Case Management Process:



Case finding	The method of identifying patients who may benefit from individualized case management coordinated by a Case Manager. It includes screening of patient to decide whether or not he should be included in the case management program.
Assessment and problem identification	A standardized method of reviewing a patient's needs – physical, mental and functional level
Planning: Development and coordination of the care plan	Documenting the comprehensive assessment, treatment plans (services needed) and support required .The care plan is coordinated with the patient's primary care giver and other professionals involved in the care.
Action	Implementation of the care plan Locating, and coordinating those services and treatments.
Monitoring (continual review), evaluation and follow up	Monitoring the improvement or deterioration of the patient through continuous physical assessment, and following up on the Laboratory and Diagnostic tests results; changing the level of intervention as required, and discharging the patient from the case management program when their condition permits. Using pathways and protocols for investigation, prescribing and referral to streamline care is crucial.
Case closure and termination of case management services	If no interventions are needed, close the case and write a report.

Success Factors in the Case Management Program

No matter how much clinical expertise a new case manager has, the role requires many new skills, knowledge area, associated competencies and learning curves. It is essential that a case manager has support from the organization leadership, nursing staff, physicians and other health care professionals. When designing and implementing a case management program, it is crucial to define the case manager's role, including its reporting structure. Often, health care leaders mistakenly assume that the role of case manager is clear just by virtue of implementing one; or that role will become clearer overtime as case managers practice their role and interacts with health care professionals. This assumption may cost the institution unnecessary waste of resources, efforts and reputation and create resistance to having case management.

When designing the case manager's role, it is important to clarify the level of authority you assign to the case manager. The role description and qualifications are essential for overcoming role confusion and conflict. For example, in a practice environment where the level of authority assigned to the case manager role is not well defined and the case manager identifies delays in a radiology test result, he or she will naturally call the radiology department to investigate and attempt to resolve the issue. The Radiology Department will most likely not respond to the case manager due to the lack of awareness that the case manager has been given the authority to follow up on any delay of care. In contrast, when the case manager authority has been introduced to various departments and staff, the radiology department would most likely expect and welcome the case manager action. Role clarification is very important for case management program success, especially when new members are added or many changes have occurred such as introduction of case management in the practice environment.

To ensure its success, communicate with all members of the health care team and with all departments affected by the implementation of the case management program about the case management role through training, education sessions and newsletters (Powell, 2008).

A Day in the Life of a Case Manager

Early morning

- Review patient charts
- Check on any quality of care issues
- Set up transfers and equipment needs
- Elicit plans from physicians during their morning rounds
- Pass these to the insurance company liaisons
- Visit patient rooms
- Talk to patients
- Contact family for brief consultations

Afternoon

- Tie up loose ends
- Finish utilization review
- Complete transfer to other facilities
- Do patient rounds: patients rounds are room to room visits designed for introduction initial assessment of possible discharge needs or further plans for discharge, patient education on various topics, assessment of patient satisfaction, handling up many different issues that pop up unexpectedly…

Summary of Case Management Functions:

1. Plan for the day: Access, capacity Management (patient flow in the system)
2. Plan for the stay: Level of care, transitional planning
3. Plan for the pay: Reimbursement, utilization management
4.Plan for the way: Clinical care management
5.Plan for life: Continuum of care, disease management (Diabetes, Congestive Heart Failure)

Conclusion

The case management process has been applied effectively in both the acute care and outpatient settings with diverse populations and disease conditions. There is increasing evidence that well-designed case management programs benefit both organizations and patients. In one hand, they are a key factor in the effective use of hospital resources and are effective in reducing costs and maximizing reimbursement. On the other hand, they promote coordinated care, minimize fragmentation, facilitate appropriate transition to alternative level of care, maximize patient's independence and improve outcome of care. Accordingly, an organization striving to improve and excel in delivering care and ensure its continuity and well being of patients at all levels (physical, functional, mental), should have a well established case management program. Moreover, government should play an important role in allocating resources to facilities such transitional care hospitals, home care, rehabilitation and palliative care centers, in ways that make the transition of patients from acute care hospitals to the appropriate level of care easier, taking into consideration the coverage for a length of stay measured in weeks (more than 25 days on average).

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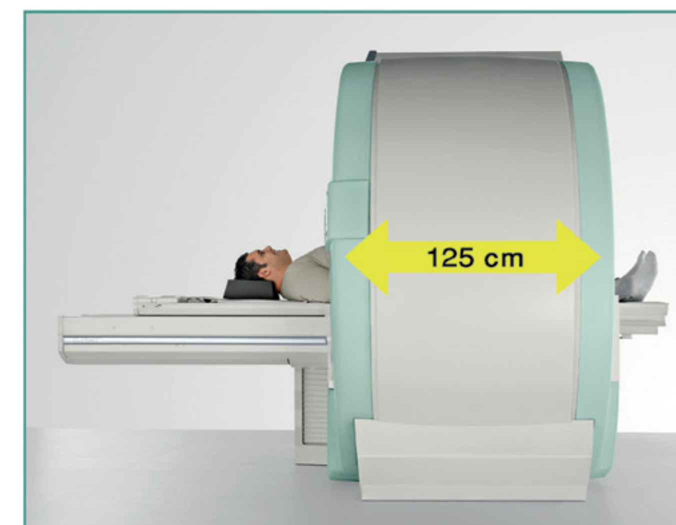
Pionnier dans L'introduction de la nouvelle technique d'IRM

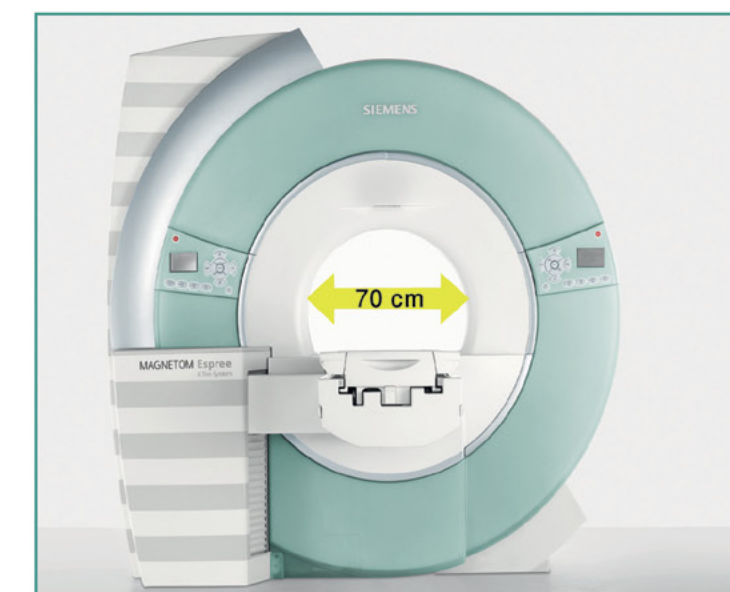
"Siemens Magnetom Espree"



Excellente technique qui améliore le confort du patient sans compromis sur la qualité d'image

IRM plus Large que les machines traditionnelles ce qui le rend plus confortable pour les patients, notamment pour les personnes de grande taille

Sa longueur est très réduite, le corps du patient est ainsi à demi à l'extérieur, ce qui permet de diminuer le stress et la sensation d'enfermement.



Le niveau sonore est réduit au minimum

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