

# New **Definition**

• **Karen Zander RN, MS, CMAC, FAAN: Editor**

## **Predicting ED Case Management: The Next 5 Years**

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### **Introduction**

Due to the wide variation in ED Case Management, CCM conducted an opinion survey beginning in 2013 at an ED conference, once in 2014, and following a webinar in 2015. All 63 respondents were ED case management professionals. Their EDs ranged greatly in bed size, from critical access hospitals to large academic medical centers. Read on to see what we discovered.

### **Results**

The results as averages between 1 and 5, 5 being total agreement, are given in **BOLD** at the end of each question. Not surprisingly, the question with the highest “Yes” answer was #10: “Is it a problem currently in your hospital to successfully advise admitting physicians about OBS vs IP status?” The question receiving the second highest affirmative score was whether their ED had RN case managers. The third highest score was about social work being currently on call to the ED. However, there was less than average agreement that SWs should be permanently assigned to the ED every day. And the fourth highest score was a prediction that the use of offsite/online physician advisor support would increase to every hospital in the next 5 years (by 2018). Interesting to note that the first survey results were before the passing of the 2 Midnight Rule. Question #18 had the widest range of answers while question #19 had the least range of answers between 1 and 5. The questions with the correlation between other questions (three positive answers) were questions #8, #10, and #17.

### **Additional Questions**

There have been several other questions asked during conferences about ED case management. On a recent HCPro webinar about the practice, these polling questions were asked and had 32 respondents:

1. Do you agree with the following statement (made by Atul Gwande, MD):  
“Going to the ER [represents] a failure of the healthcare system”?  
Yes: 23%  
No: 76%
2. Which population is most difficult to case-manage in the ED?  
OBS population: 3%  
Elderly: 18%  
Psych: 71%  
Pediatrics: 0%  
Boards: 6%

Obviously, more strategies need to be available to RNs, MDs, Social Workers, and Case Managers in EDs to address these issues. The Center for Case Management has organized a conference in collaboration with the Massachusetts Hospital Assn. on May 15, 2015: Advances in Behavioral Health Case Management: From the ED through the Continuum. See [www.mbalink.org](http://www.mbalink.org) for more information.

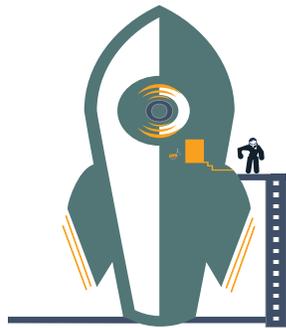
Last but not least is a question that came up at an ED Case Management Conference in which all but one person of 40 answered that they do NOT carry any of their personal health

information with them in case of an emergency! This black hole of information is not on a flash drive, on a smart phone, or on paper! Does this mean that case managers and social workers, the people who know the faults of our healthcare systems better than almost any other professional, actually trust EDs and/or their families to know or find out this information? Well, I admit I don't trust my memory or healthcare systems. My paper copy includes my medical history, my medications, my allergies, and my latest test results. It is only one page, but maybe someday it will save my life.

# Coming Soon

**A Case Management Intensive Leadership Workshop**

**LAUNCHPAD 2015: Boston**



**November 3-6**

**Directing Critical Functions  
within the New Frontier of  
Case/Care/Continuum  
Management Programs**



# Predicting the ED of the Future: Survey



## THE CENTER FOR CASE MANAGEMENT

# beds in your ED (not the whole hospital) \_\_\_\_\_ In which state is your hospital located? \_\_\_\_\_

- Your profession/role? (Check one):
- ED staff RN or Unit Manager
  - ED social worker
  - ED RN Case Manager
  - Physician
  - Director Case Management
  - Other \_\_\_\_\_

Your opinion about various innovations in EDs, hospitals, and healthcare are important. Please rate the following to the best of your knowledge and experience. Generally, the first question of each type asks whether you have implemented the innovation. The second asks you your opinion about its potential for effectiveness, efficiency, quality, and satisfaction (even if you haven't seen or been part of it).

If you have **NO OPINION**, please answer #3: **Neutral**.

	5	4	3	2	1
	Totally Yes!	Somewhat Yes	Neutral	Somewhat Negative	NO!
1. Has your ED implemented ED APPs for downloading Wait Times and directions to the ED? <b>Ave = 1.8833</b>	5	4	3	2	1
2. To what extent do you rate the above method as improving the efficiency and quality of ED services? <b>Ave = 3.4717</b>	5	4	3	2	1
3. Has your hospital implemented a separate Observation/Clinical Decision Unit for patients that are determined to be on OBS level of care? <b>Ave = 3.377</b>	5	4	3	2	1
4. To what extent do you think that designated Observation Units will be common in every large hospital? <b>Ave = 4.3065</b>	5	4	3	2	1
6. Has your ED expanded in the number of beds (not including Observation Units) in the past 5 years? <b>Ave = 3.371</b>	5	4	3	2	1
7. Do you think that your ED will expand beds (not including Observation Units) in the next 5 years (by 12/2017) <b>Ave = 3.3175</b>	5	4	3	2	1
8. Within the Case Management Department, has your hospital implemented an Access-type role in which the case manager works either in the Admit/Registration area or patient placement to conduct UR reviews and/or facilitate direct admits and same-day surgery patients? <b>Ave = 4.2742</b>	5	4	3	2	1
9. Do you think that the Access-type case manager role will be implemented in most hospitals in the next 5years? <b>Ave = 3.4677</b>	5	4	3	2	1
10. Is it a problem currently in your hospital to successfully advise admitting physicians about OBS vs IP status? <b>Ave = 4.8167</b>	5	4	3	2	1
11. Do you think that IP criteria will become increasingly stricter over the next 5 years? <b>Ave = 3.5484</b>	5	4	3	2	1
12. Is it a problem currently in your hospital to foster effective communication/information between the ED physicians and the patient's assigned attending physician? <b>Ave = 4.2742</b>	5	4	3	2	1
13. Do you predict that eventually hospitalists will be the attending physician for every medical patient that is not under the care of a specialist? <b>Ave = 3.8387</b>	5	4	3	2	1
14. Is social work currently on call to your ED? <b>Ave = 4.6825</b>	5	4	3	2	1
15. Do you think that EDs should have SWs permanently assigned and available for high volume "prime time" every day? <b>Ave = 2.5079</b>	5	4	3	2	1
16. Does your ED have easy/immediate access to a Physical Therapist when needed to evaluate patients' functional abilities? <b>Ave = 3.4286</b>	5	4	3	2	1
17. Do you currently use an offsite/online physician advisor company to help you determine OBS vs. IP level of care? <b>Ave = 4.1429</b>	5	4	3	2	1
18. Do you predict that the use of offsite/online physician advisor support will increase to every hospital in the next 5 years? <b>Ave = 4.5873</b>	5	4	3	2	1
19. Do have ED RN case managers currently? <b>Ave = 4.7937</b>	5	4	3	2	1
20. Do you predict that almost every hospital in the US will have ED RN case managers in the next 5 years? <b>Ave = 1.5589</b>	5	4	3	2	1
21. Do you hope that "Obama Care" will survive beyond 2013? <b>NO AVERAGE GIVEN</b>	5	4	3	2	1