THE CENTER FOR CASE MANAGEMENT

New Definition

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Giving Nursing What it Needs: A Case Management Checklist

Introduction

Whether assigned by unit, service, or mixture of deployment models, case management nurses and social workers have a responsibility to the nurses who share their patients. Although this may seem obvious, clarifying the actual deliverables from case management services to nursing colleagues might make the relationship between the two groups more collaborative and hence, more satisfying. It is important to differentiate what nursing needs to support its own responsibilities versus what nursing WANTS to reduce its legitimate workload. For example, nursing services may WANT case management to do many tasks, such as patient education about caring for self or filling out various forms. However, patient teaching is a key skill of professional nursing and should not be given away to case managers. On the other hand, filling out various forms may be negotiable. The following checklist (*see page 2*) includes activities that should usually be solely the responsibility of case management services.

Helpful Distinctions

- PARTNERS: The social workers and case managers should work in partnerships with each other when they share assigned units or patients
- CASE LEADER*: The case manager should "keep" following the patient as the case leader, even when the social worker becomes involved
- UNIT TEAM: The 3-person group of Nurse Manager, Case Manager, and Social Worker could be considered the unit's TEAM. Any focused UR, CDMP, or case aid personnel are adjuncts/associates to the Case Manager. The Nurse Manager may also have adjuncts, such as the Clinical Leader, charge nurse, CNS, primary nurses, etc.

A Formal Service Agreement

If the results of the Checklist are less than ideal, it may be time for the leaders of both nursing and case management to develop and negotiate "Service Agreements" (*see page 3*) with the leadership on each unit. Spending an hour or two with each unit discussing how both crucial departments will work together moving forward is a small investment with potentially large returns. Peaceful co-existence if not totally high-functioning collaboration is a precious commodity and at the basis of safe and effective care.

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* Suzanne Powell, Editorial, Lippincott's Professional Case Management

The Checklist *(to be answered by the Nurse Manager)*

	ALWAYS	SOMETIMES	NEVER
1. Is it clear to you who the case manager(s) and social worker(s) are that are assigned to each individual patient on any given day?	☐	☐	☐
2. Is it clear to the nursing staff which patients are initially assigned to the Observation level of care and what nursing needs to do to support further decisions?	☐	☐	☐
3. Has the case manager met and assessed each new patient in person, at the bedside, within 24 hours of admission (unless patient admitted on Saturday)?	☐	☐	☐
4. Does the documentation of the case manager's assessment include information that helps the nurses know the "patient and family story" and does it include a preliminary discharge Plan A and alternative Plan B?	☐	☐	☐
5. If staff nurses identify an issue that requires a nurse case managers' or social worker's attention, is there a quick response to those referrals and requests?	☐	☐	☐
6. Are case managers and social workers respectful of nursing workloads and time?	☐	☐	☐
7. Do case managers and social workers ever help out (within reason) with meeting patients' needs, such as for helping dial phones, getting fresh water, wheeling chairs to a meeting room, calling physicians, etc?	☐	☐	☐
8. Do case managers and social workers actually sit down and address patients and families at eye level when they are meeting in the room?	☐	☐	☐
9. Do case managers and social workers offer helpful information about patients' and families' concerns and health status during informal discussions with nurses?	☐	☐	☐
10. Do Care Coordination Rounds (aka Discharge Planning Rounds) occur on your unit at least 3 times a week?	☐	☐	☐
11. Do case managers and social workers take a leadership role when necessary at Care Coordination Rounds by — ALL OF THE FOLLOWING —			
a) offering vital information	☐	☐	☐
b) offering truly helpful suggestions to overcome clinical or inter-departmental impasses and	☐	☐	☐
c) volunteering to follow-up on an issues and	☐	☐	☐
d) reporting updates from previous discussions?	☐	☐	☐
12. Are family meetings either with or without the physician coordinated and run by the case managers and/or social workers in a timely way so that most crises are avoided and difficult decisions can be made?	☐	☐	☐
13. Is there space on the unit for case managers and social workers to sit, use computers and phones?	☐	☐	☐
14. Do the case managers and social workers participate actively in helping achieve the quality goals of your unit?	☐	☐	☐
15. Do the case managers and social workers ever stay beyond the official end of their day to help make a discharge go smoothly, attend a family or team meeting, or other pressing matter?	☐	☐	☐
16. Do the case managers and social workers understand and value the importance of patients reaching medical stability so you can achieve a safe and sustained discharge?	☐	☐	☐
17. If patients are readmitted, do the case managers and social workers work with nursing as well as physicians to develop a new approach so that another readmission won't occur?	☐	☐	☐
18. Do the case managers and social workers follow as well as teach you about new regulations, such as Medicare's mandate for patient choice, or the process for dealing with Observation status?	☐	☐	☐
19. Do your immediate supervisor and the Director of Case Management generally cooperate with difficult issues and support a resolution?	☐	☐	☐
20. Does documentation in the medical record by case managers and social workers give the nursing and physician staff everything they need to know to manage care and transitions for patients?	☐	☐	☐

Example

Service Agreement between the Case Management Department, Patient Care Units, and Physicians

TOWER 5A GUIDELINES

1. 5A will have 2 Case Managers (Sue and Sheri) and .5 SW partner (Matt). The units, the related Service Lines, and the assigned Case Managers and SWs will have similar targets of cost and quality with joint plans for achieving.
2. The Case Managers and SWs will spend 90+% of their time on the units. Matt will be available about 45% to 5A. The Case Managers will divide the patient assignments by room number, making sure they continue with the same patients they assessed.
3. The Case Managers and SWs will try to stagger lunch breaks so that there is always someone available to the patients, nurses, families, and physicians. They will also stagger their start and ending hours where possible. The staff will know when to expect them in each day.
4. The Case Managers will assess each new patient for self-care potential and pacing issues early in the admission (preferably first day), and regularly after that. Patients admitted on Observation Status will be assessed first, using the up-to-date input from nursing.
5. The Case Manager's assessment will augment the initial assessment by the nursing staff. With computerization, some items will be pre-filled to prevent having to ask the same question twice. The Case Managers will document their initial assessment on the 2 -page form that will be on paper under the Discharge Planning tab of the medical record. All subsequent patient, family, and team interactions will be documented in the computerized medical record. The Case Manager may accompany staff nurses, social workers, therapists, and physicians during the times they are in the room. They will help the team develop a plan for the day, as they work on the ultimate plan for the stay.
6. The Social Worker will make it a priority to not only introduce him or herself to the patient, but to make an initial contact (in person or by phone) with the family or significant other that the patient gives permission to speak to. Initial priority will be the families of Medicare and Medicaid patients. The Social Worker will confirm the family spokesperson, and ask if there is anyone willing, able, and available to care for this patient on discharge. It was agreed that if the patient cannot produce a written copy of Advanced Directives by Day 2 of admission, this will constitute a risk and social work will be notified. All of this information will be documented in the medical record.
7. The Case Manager will be the person who knows and reviews the entire chart for both utilization criteria for medical necessity (InterQual™) as well as readiness for discharge. They will use this information to obtain reimbursement from payers for each day of the stay. In the event that the patient is self-pay, they will work with SW to find alternatives for funding any needed post-acute care.
8. By knowing the chart, the team, and the patient, and with information about the family from the SW and Paula, the CNS, the Case Manager will be able to "hold, interpret, and communicate the patient's story" as information is compiled and decisions are made. In this way, they can emphasize priorities and help the nurses and other professionals organize care.
9. The Case Manager, with the input from the patient, family, nursing, and entire team, will first propose and then determine a Plan A and alternative Plan B for the patient's next level of care and present it to the physician.
10. As before, any person can request a SW consult. However, the SWs will already know the patients, families, and situations unless they have emerged over an evening or weekend, etc. The SW will plan interventions as needed; i.e. conversations, family meetings, etc. and document the intervention and its results in the computerized medical record.
11. The Case Manager and/or SW may attend some shift reports and staff meetings, as planned with the nurse manager or charge nurse.
12. The Case Manager will work collaboratively with Clinical Nurse Specialists and educators to focus on best practices, critical indicators, and clinical leverage points for the patient populations in general and each patient specifically. The CM and SW (when possible) will join walk rounds with the RNs and CNS. The CM will pull together the ideas of everyone and document notes about Plan A and B in the computerized medical record.
13. A great opportunity for problem-solving and teaching nurses is at a weekly, unit-based Complex Care Rounds, which will be called and facilitated by Paula, the CNS. The RNs and the multidisciplines involved with those patients should also attend. The results of these rounds for each patient should be documented by _____ in the computerized medical record.
14. The Case Managers and SWs will support 5A's quality initiatives whenever possible, including fall prevention, walk rounds, critical indicators, etc. They should also provide in-service education for 5A on a regular basis.
15. The Case Manager and SW partners will call and lead a team meeting for any patient readmitted within 30 days to determine reasons and corrective actions. This meeting will be documented by the CM in the computerized medical record.
16. Clinical Documentation Specialists will be working with the physicians as the document progress notes to cue them to document the full complexity picture of complications and co morbidities of the patient.
17. Neither Case Managers, SWs, nor Clinical Documentation Specialists will have the primary responsibility of teaching patients or families specific pathophysiology, medications or procedures beyond what is necessary to help patients and families make decisions about their anticipated needs for the next level of care.
18. Similarly, they will not have the primary responsibility of providing therapies, medications, or treatments. However, as clinicians, they can help patients with immediate needs while in the room.
19. The administrative staff of the Case Management Department will act as a virtual Access Center for the units for problems regarding transportation, placement, DME, etc. Robert will specialize in Payer relations and April will specialize in arrangements for placement.
20. The Case Managers will advise the physicians concerning any issues regarding compliance with federal and state laws and regulations.