THE CENTER FOR CASE MANAGEMENT

New Definition

Karen Zander RN, MS, CMAC, FAAN: Editor

Spring/Summer 2011
Vol. 26 No. 1
ONLINE EDITION

Everything I Learned from Case Management I Used ... as a Camp Nurse!

Introduction

With summer finally on the way, I am fondly remembering my one extremely hot week as an infirmary nurse at an all-girls' camp in the Berkshire Mountains of western Massachusetts. That summer my daughter was a head counselor, and so I took the challenge of stretching from my comfortable knowledge base of case management to a new role as hands-on nurse after many years without that pleasure. Usually learning goes the other way around—from life experiences to case manager, which I consider one of the most complex roles in health care or maybe anywhere else. But for this challenge, the learning went from case management to camp nurse, only to confirm that what we do in case management is universal and the principles are sound.

Case Management is a specialty of both social work and nursing, with the emphasis of the role dependent on the particular model in which one works. As a nurse, I have always believed that the nursing process, also known as the scientific method, should be the foundation of how I approach each of my patients each time I have contact with them. That means I try to consciously or automatically use the well-worn steps of assessment, setting outcomes as part of the plan, intervening, and constantly evaluating the results of my interventions. I was counting on using this process to get me through each situation with a camper in need of something from me. I had no idea, but was pleasant surprised, that I would find many other case management principles extremely helpful with girls experiencing everything from sprained ankles to reporting abuse in their families.

Times have certainly changed in the camp nurse world since I was a Girl Scout camper. Medications and technology have simultaneously improved lives while also making them potentially more complicated, especially when the comforts of home are replaced with the semi-comforts of living in a cabin in the woods. When I went to sleep-away camp, the worst condition was considered cramps from a menstrual period. Now, young women come to camp with bags full of medications and their own self-administered pregnancy tests.

Statistics and Patterns

Apparently, the American Camp Association and others have been busy collecting and sorting data almost as thoroughly as if they were also getting ready for healthcare reform! Just as in case management, the use of data to find patterns is an ideal way to improve practice. I did not know any of this background information before I stepped onto the infirmary porch, but here are some interesting statistics that might have influenced our work and our staffing:

- Of the estimated 12,000 camps in the US, approximately 7,000 are resident camps and 5,000 are day camps, with more than 11 million children in attendance.[1]

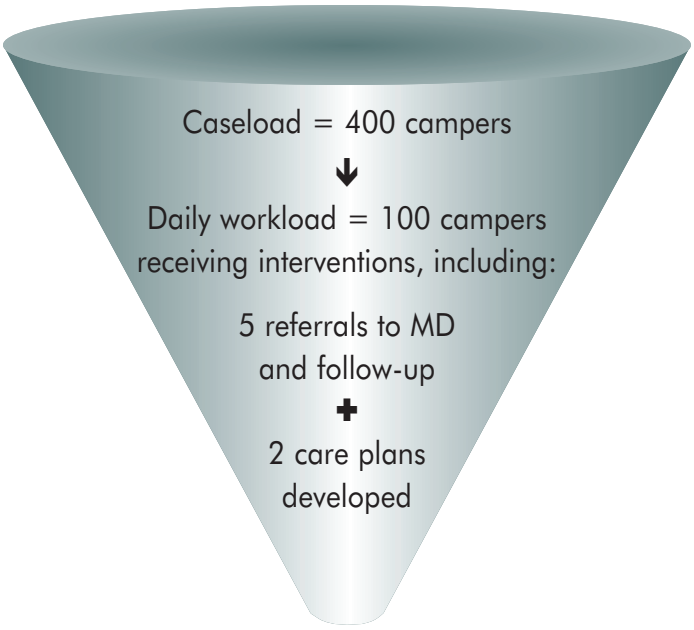
continues on page 2

- From a weekly report from camps across the US in 2005 constituting 122,379 camper days, 68.% experienced illnesses and 32% were injuries (cut/scratch/scrape most common, followed by fracture and sprain/strain)[2]
- Horseback riding and capture-the-flag games were the most injury-producing activities; and
- The majority of injuries occurred after noon in general and on Wednesdays and Fridays in particular. The head and face were injured most often (29.2%) followed by upper extremities (25%) and then lower extremities (25%)[3]

A Day in the Life...

Depending on the shift worked, there were the usual routines, such as passing out meds right after breakfast. About a third of the girls received everything ranging from vitamins to anti-depressants and ritalin. One girl came to the infirmary to self-administer growth hormone. Just like case management, there were the "anticipated emergencies" (an oxymoron, true, but a definite reality), especially on the hottest days. And like case management, there were times that required faster pacing than others. Our camp had a sign on the porch reading, "The infirmary is not an activity" to remind girls to join the activity of the hour rather than hang out with us. However, there were always a few who decided that they enjoyed talking with the nurses, but kept it brief. Maybe they were homesick or lonely, but it did help establish trusting relationships if they needed us at a later date. When the infirmary got really busy, we triaged steadily and used every time management skill we possessed.

So the day would start with us wondering which of the 400 campers and their counselors would need us at some point, going into that mental processing "funnel" of a case manager in which 400 potential patients ("caseload") become 100 actual patients ("workload"). As they showed up throughout the day and evening, they were each assessed. Their assessment and our subsequent actions were documented on their Camp Health Cards. Most of the interventions were simple, such as putting ice on a sprain or washing out an injured eye and reassuring the camper that she would be fine. But some campers needed more extensive help, like getting permission from a camper to call her parents in Japan to ask them a health history question. One camper was found with a nasal inhaler to prevent bed-wetting, which she didn't want to use and wanted to keep secret. We worked out a plan with her and her counselor that she could bring her sheets into the infirmary basement to be washed so that her bed could be remade while everyone was at activities, and that if she didn't want to take her medicine, she could get diapers from us every night. This plan of care was written so that each of us, regardless of the shift, would understand and support the decision. And then, of course, the campers we were most worried about would be scheduled to see the visiting physician during an hour in the afternoon. In everything we did, we used our nurse colleagues for information and to provide a different perspective and, if needed, a check-and-balance to our work.



Looking back, approximately 5 campers per day required intense planning or interventions, with 2 requiring written care plan. The case management equivalent would be those 5 patients that take most of your time because of financial, psychosocial, or other complexities. For example, I had to

Some Case Management Principles Applied to Camp Nursing

- The nursing process, or scientific method, has to be the foundation of independent, autonomous roles.
- Patterns are everywhere to be identified and used to develop best practices.
- There is always a need for priority-setting, regardless of the size of the caseload.
- There are always rules bigger than yourself or your patients. Stay patient-centered.
- There is always a standard about documentation—when, what, where. Follow it.
- Colleagues are crucial for information, relief, coping skills, perspective, a safety net.

go to bat for one young counselor who demanded that she be taken to the hospital because her physician had instructed her to do so if she ever injured her ankle. She was over 18 and knew what she was doing. The camp physician tried to convince her that she was fine, but I bumped the situation "up the chain" to defend her right to go to the nearest hospital, and was supported by camp administration—another lesson in staying "patient-centered" and you won't go wrong. Just like case management, some of those patients will express thanks that you have touched them, their lives, and given them comfort. One of my colleagues wrote a poem at the end of each day as a report to camp administration. A sample goes:

"Headaches and sore throats, Staff needing their rest

Are all treated here, Discharged at their best."

Camps are currently searching for "organizational best practices for the health and safety of campers and staff" through a coalition[4] that has completed 3 years of the Healthy Camp Study, a national injury and illness monitoring program.[5] Like case management, thoughts of camp best practices start to enter our brains as we see trends. My brain asked questions like "Why don't we use Gatorade powdered mixes to offset dehydration on these hot days?" Although this camp required that all campers wear socks, I wondered if those plastic clog-type shoes were more often the cause of some of the accidents than regular sneakers, which were definitely out of style that summer. There was also one particular horse that seemed to step on the campers' feet more than the other horses. Since I was only there for a week, I decided to keep most of my wonderings to myself. However, I did think that the metal stacking chairs on the porch were not conducive to either the nurses' or campers sense of peace and pleasure. On my one night off, I went to the local used furniture store and invested in two rocking chairs. I wonder how that would work in a case manager's office??

References

Ebner, L., Pravda, M. (2001) *The Basics of Camp Nursing*, American Camping Association.

Harvard Business Review OnPoint, (Spring, 2011), "How to Get Results When You're Not in Charge." (Compilation of Selected articles from HBR).

Endnotes

1 American Camp Assn, Camp Trends Fact Sheet, *www.acacamps.org*, retrieved April 19, 2011.

2 Yard, E et al, "Illness and Injury Among Children Attending Summer Camp in the US," 2005, in *Pediatrics*, Vol. 118, No. 5, Nov 2006.

3 IBID

4 American Camp Association, Nationwide Children's Hospitals, Ohio State University, Association of Camp Nurses

5 Garst, B., and Erceg, L., "Ten Ways to Reduce Injuries and Illnesses in Camp", American Camp Association; *www.acacamps.org/campmag/issues/0903/reduce-injuries-illnesses*; retrieved April 19, 2011.