THE CENTER FOR CASE MANAGEMENT

New Definition

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Everything you don't want to hear at a conference!

From MDs

"That's not important to this case"

"The case manager from managed care told me "my criteria and his criteria don't match."

"Just tell me about the patients. I don't have time to go see him today."

"Tell your ICU nurses not to call me to move my patients. If I wanted I would have them moved. I would have done it when I made rounds. (Let me set up a meeting to discuss your request)."

MD to CM: "I told the family not to worry, that you would organize everything."

"I don't care what the insurance company says!"

"If they loved her, they would take her home or put her in a nursing home."

"What do you mean I have to list the co-morbidities in my note? Let administration worry about that!"

"I've known that patient since I opened my practice, so let's give her a little break and admit her."

(Saturday) "Let's wait until Dr. Jones comes back on Monday to decide to transfer her out of the ICU."

About doing paths for Transfer DRGs: "That is intellectually dishonest."

"I never believed in DNR, anyway."

"He's here because he was non-compliant with his insulin."

"Don't let him leave until I have one more consult see him."

"He's been using cocaine for years."

"I'd be more comfortable if he stayed until tomorrow."

"I just ignore the queries from the CDI staff. The patients doesn't need hospice. I will decide what the patient needs."

(Patient requires pain medical management): "The MDs are not considering the patient's signs and symptoms. This patient already has many medications, the living situation is poor, and he is at risk for a homeless shelter."

"I don't care what the insurance company says—I want to use Zygris."

To SW: "I don't have time to talk with the family—you do it."

"I don't care what The Joint Commission says—they have nothing to do with this patient."

"I am the MD. I'll decide when the patient is ready to be discharged"
(Patient no longer met InterQual ®criteria)

From Patients and Families

"The Social Worker mentioned hospice, but I don't want to go to a hospice and be around all those dying people."

"I am just here on a visit from Equador and got sick."

"We don't want Mom to be transferred anywhere North of the Long Island Expressway."

"I am out of town 2 days every week."

"We want a different doctor on the case."

(wife) "I don't want a hospital bed in *my* dining room."

"We didn't want to tell you this, but he drinks until he falls asleep every night."

"I don't care what Medicare will pay for—use my credit card."

"I am no more confused than usual. I'll be fine."

"I hate my wife."

"The nursing home you sent us to is terrible. We are bringing her back right now."

"We don't want a commode in the dining room."

"We want a new doctor for our son."

"I shouldn't fell you, but Dad (the patient) has been drinking for years!"

"We have no bathroom on the first floor."

"The night nurse said that Mother is weanable."

"I can't find my insurance card."

"I am afraid of my husband."

"There is no way I am going to STOP SMOKING!"

"We are not ready to take Dad home—we don't know whose house he is going to. (Dad is a doctor and VIP in the health system). So dad gets to stay where he is; if he were anyone else's Dad he'd be going home regardless."

"You can't send us all the way across town."

(Patient): "I think you are rushing me out of here."

(Family): "There is no way we can take care of Dad plus our 3 little kids."

(Patient): "The PT said a rehab hospital is better than PT at home."

From and to Case Managers and Social Workers

Department head of Registration: "It's your job to fill in the missing payer information."

"What can we do as RN Case Managers to bridge the alignment specifically with SW CM's? My experience has been that SW Case Managers see RN Case Managers as the adversary."

"What are sliding scales in orders?"

"The patient is in CHF, and has been diagnosed with this for the last 2 years. I suggested our CHF clinic referral, but the attending physician declined.

"The Doctor's orders for monitoring on this patient is impacting our own utilization to decrease cost of non-acute treatment. The patient should to Outpatient care.

"Some situations can either pull people in or say things that stop you in your tracks." One of the things a doctor said to me was, "It doesn't affect my pay check."

(From RN): "Maybe those are the government's criteria—they aren't mine."