

NURSING CASE MANAGEMENT

Helena KOŇOŠOVÁ

Faculty of Healthcare, Alexander Dubček University of Trenčín, Študentská 2, 911 50 Trenčín, Slovak Republic
Corresponding E-mail address: h.konosova@gmail.com

Abstract

The current development of health services is characterized by multiple changes as a healthcare reimbursement, shortened length of stay and limited hospital resources, introduction of prospective payment system and increased expectations of quality health care. Case management can be also defined as a method which aims for the continuum of services and quality clinical results among specific clients in a context of efficient and effective resource management. Case management nurses provide care in hospitals. Case managers work with patients, families and other professionals. Case management nurses are registered nurses who coordinate all aspects of care for specified patients through the entire episode of illness. They facilitate admission and discharge processes. Case managers are responsible for the ongoing coordination, monitoring, and evaluation of the patient's progress along the clinical pathway or throughout the episode of illness. The essential skill for the case manager is a strong clinical background to understand the severity of clinical condition. The case management care plans are developed for select cases, diagnosis by multidisciplinary team. Through the use of clinical pathways, hospitals have consistently shown a reduced length of stay for the pathway specific case types or DRG without a detrimental effect on clinical outcomes. Clinical pathway describes care specific group of patients with diagnosis or DRGs. Clinical pathway help ensure high quality and cost-effective care. Nursing case management offers benefits to the patient and the institution. Nursing care manager must have a strong clinical expertise and critical thinking, strong interpersonal communication skills, collaborative relationship with physicians and colleagues. Case management is among the changes which enhance the role of the nurse.

Keywords: Nursing case management. Case manager. Clinical pathways. Diagnosis related groups.

1 Introduction

Nursing case management evolved in the 1980 as a hospital-based acute care delivery system to respond to changes in healthcare practice [1]. The key changes where healthcare reimbursement, shortened length of stay and limited hospital resources, introduction of prospective payment system and increased expectations of quality health care. Case management 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 cost-effective outcomes [2]. Case management can be also defined as a method, which aims for the continuum of services and quality clinical results among specific clients in a context of efficient and effective resource management [3]. Nursing case management is a nurse driven model of care. Case management organize and structure the complex processes in the delivery of healthcare specific group of patients. Case management nurses provide care in hospitals. Case managers work with patients, families and other professionals. Case management nurses are registered nurses who coordinate all aspects of care for specified patients through the entire episode of illness. They facilitate admission and discharge processes. Case managers are responsible for the ongoing coordination, monitoring, and evaluation of the patient's progress along the clinical pathway or throughout the episode of illness [4]. They promote quality care and ensure proper utilization of services and resources as well.

2 Case manager

Nursing case manager must have adequate training and clinical experience in the department. The essential skill for the case manager is a strong clinical background to understand the severity of clinical condition [5]. The work load of a case manager may vary by institution. In certain institutions the case manager may be responsible only for coordination, while other nurses implement the plan of care, whereas in other institutions the case manager may be responsible and provide nursing care for a reduced number of clients in addition to assuming the responsibility of coordinating the case management program [3]. This nursing delivery method enhances the role and potential of nurses. Nursing care manager need to have a strong clinical expertise and critical thinking, strong interpersonal communication skills, collaborative relationship with physicians and colleagues. Case manager nurse as a coordinator is responsible for supervising the clinical pathway of the patient in the health care system and ensure that patients receive appropriate levels of care.

3 Care planning for case managers

The case management care plan serves as a step-by step map to organize and guide care across a continuum [1]. The case management care plans are developed for select cases, diagnosis by multidisciplinary team. It is important to assess the costs for the care provided to high volume, high cost and high resource usage diagnosis related groups (DRGs) [6]. Clinical pathways should reflect the current available resources in the hospital or

institution. Pathways must be reasonable and the prescribed plan of care should be feasible for the ward staff to carry out [4]. Clinical pathways are tools that links patients, clinical, managed care organization and other payers and help achieve high-quality and cost-effective care. Clinical pathways have improved the planning, coordination and evaluation of care as well as the communication about care. Within the health care environment are used several different terms, including clinical pathways, critical pathways, care maps, clinical guidelines, clinical protocols, interdisciplinary protocols and integrated care pathways [7].

Critical path is an optimal sequencing and timing of interventions by physicians, nurses and other disciplines for a particular diagnosis or procedure designed to minimize delays and resource utilization and to maximize the quality of care [8]. Clinical pathways are most commonly used for inpatient care. Pathways are initiated at the time of admission and they typically end at the time the patient discharged. Some clinical pathways include selected pre- and post-hospitalization care. A clinical pathway is essentially a plan of care that reflects best clinical practice and the expressed needs of the patient on the pathway. It represents the minimum standard of care and ensures that the essentials are not forgotten and are performed on time [4].

During development of clinical pathways, the team of physicians, nurses, pharmacists and the others discuss the condition of appropriate care upon expert opinion. Clinical pathways developed by multidisciplinary team establish specific expectation about action of all personnel, timing and outcomes of care. Typically, pathways are developed for high-volume, high-risk and high-cost diagnoses and procedures.

Clinical pathways provide a tool to educate staff, students and others regarding treatment plans and expected outcomes. It is tool for communication among clinicians, patients, families, payers. The process of developing and using clinical path encourages cooperation and improved working environment, clarify what is expected of patients on a daily basis. Involvement of respected clinicians from all disciplines is necessary for acceptance of clinical pathways [7].

The critical evaluation of current clinical practice is crucial in developing clinical pathways. The first step is to identify the target patient population (case, diagnose, DRG.). This involves collecting data and information on the disease epidemiology of community, utilization of hospital services and availability of resources in the hospital. Clinical pathways are written and developed by healthcare professionals. All relevant clinical disciplines should be involved in complete multidisciplinary team.

The pathways are written in the form of a grid which displays aspects of care on one axis and time intervals on another. The time intervals are typically in the form of a day by day clinical order. Pathways designed for chronic conditions could have timelines in the form of weeks or months. Clinical pathways integrate medical treatment protocols, nursing care plans and the activities of other healthcare professionals into a single care plan, which clearly defines the expected progress and outcomes of a patient through the hospital system [4].

The guidelines and maps are not inflexible dictates for care. Variances are the unexpected events that occur during patient care, different from what is predicted on the clinical pathway and they should be recorded as part of the pathway document for analysis of frequency and causes of variations in patient care [4].

Most health care organization use a form of the Gantt chart, listing the activities to be done each day. The activities are typically organized into consults, tests, patient's activities, treatments, medications, dieted patient and family education and discharge planning. The Gantt chart forma tis particularly helpful in communicating with activities are being done during each time period [4]. Clinical pathways can help clarifying the overall plan for the entire treatment team, planning and coordinating care, reducing variations, providing a benchmark for patient outcomes and communicating with insurers [8]. Through the use of clinical pathways, hospitals have consistently shown a reduced length of stay for the pathway specific case types or DRG without a detrimental effect on clinical outcomes [4].

The general diagnosis related groups system (DRGs) was created in the 1970 at Yale University's Schools of Management and Public Health in order to classify the care that hospitals provide by separating all of the potential human disease diagnoses. The DRG system enables hospitals to monitor the utilization of resources and quality of service by relating patients' demographics and diagnoses to the costs involved in their care [2].

European countries introduced hospital payments based on DRGs either to increase transparency or to improve efficiency. In Europe most countries developed their own DRG systems in the 1990 (Portugal started in the early 1980). Some developed their systems from scratch (Austria, England and Netherland), others imported a DRG system from abroad and used it as the starting point for developing their own. Only Ireland, Portugal, and Spain continue to use imported systems from the US or Australia. The Nordic countries have created a common system [9, 10]. Since 2011 Slovakia implement German model DRGs (G-DRG) and on this model will develop Slovak model SK-DRG [11].

Introducing of DRG and prospective payment in practice in Slovakia offers possibility for hospitals and departments improving quality of healthcare services by developing own clinical pathways and save resources while maintaining quality patient's outcomes. In practice many nurses with excellent practical experience have university degree in nursing (Bc., Mgr.). They are not in managerial positions, but they can apply their knowledge as a nursing case managers for specific DRG in the range of they clinical experience. They as a member of multidisciplinary team can develop and coordinate care maps and help improve quality patient care. The case

manager at the bedside must have the support of administration in order to effect changes in cost and length of stay necessary to make the case management approach successful.

4 Conclusion

The current phase of development of health services is characterized by multiple changes. The challenge in healthcare today is to engineer the efficient use of resources while maintaining or even increasing quality outcomes in patient care. Hospitals should foster increased collaboration between disciplines to ensure continuity of care during the period of hospitalization. Clinical pathways, care maps or care paths are one such tool that has been developed to address these problems [4]. The goals of case management correlate with professional responsibilities to manage quality and cost and to achieve positive patient and organizational outcomes. Case management offers benefits to the patient and the institution. Case management also benefits nurses by shedding visibility on their roles and responsibilities and by requiring them to apply their skills and abilities [3]. Case management is among the changes which enhance the role of the nurse.

References

- [1] Fath, L. A primer for nursing case management. *Paediatrics and Child Health*. 2008; 18 (suppl.1): 84-86.
- [2] Case Management Society Of America. Standards of Practice for Case Management. 2016. [online]. [cit. 2018-07-11]. Dostupné z: <http://www.miccsi.org/wp-content/uploads/2017/03/CMSA-Standards-2016.pdf>
- [3] Phaneuf, M. La gestionnaire de suivi systématique des clientèles: rôles et qualités nécessaires.[online]. 2012. [cit.2018-08-12]. Dostupné z: <http://www.prendresoin.org/wp-content/uploads/2012/12/La-gestionnaire-de-suivi-syste%CC%81matique-des-cliente%CC%80les.pdf>
- [4] Cheah, T.S. Clinical Pathways - The New Paradigm in Healthcare? *Medical Journal Malaysia*. 1998; 53 (1): 87-97.
- [5] Tredwell, J., Perez, R., Stubbs, D., Mcallister, J.W., Stern, S., Buzi, R. Case Management and Care Coordination Supporting Children and Families to Optimal Outcomes. 2015; 118 p., ISBN 978-3-319-07223-4
- [6] Stiller, A., Brown, H. Case management: Implementing the vision. *Nursing Economics*. 1996; 14 (1): 9-13.
- [7] Kondstvedt, P.R. *Essentials of Managed Health Care*. Sudbury: Jones and Bartlett Publ. 2007; 841 pp., ISBN 0763937839.
- [8] Coffey, R.J. et al. An introduction to critical paths. In.: *Quality Management in Health Care*. 1992; 1 (1): 45-59.
- [9] Scheller-Kreinsen, D., Geissler, A., Busse, R. The ABC of DRGs In.: *Euro Observer. The Health Policy Bulletin of the European Observatory on Health Systems and Policies*.2009; 11 (4): 1-5.
- [10] Busse, R., Geisler, A., Quentin, W., Wiley M. *Diagnosis-Related Groups in Europe*. Berkshire: McGraw-Hill Edu. 2011; 445p, ISBN 0335245579.
- [11] Salay, T. Príbeh DRG: Čo to je a na čo to slúži. Health Policy Institute. 2015. [online]. [cit. 2018-08-04]. Dostupné z: <http://www.hpi.sk/2015/04/pribeh-drg-1-co-to-je-a-na-co-to-sluzi/>