



BEST PRACTICE ROLES, MODELS AND STAFFING RATIOS FOR ACUTE CARE RN AND SOCIAL WORK CASE MANAGERS

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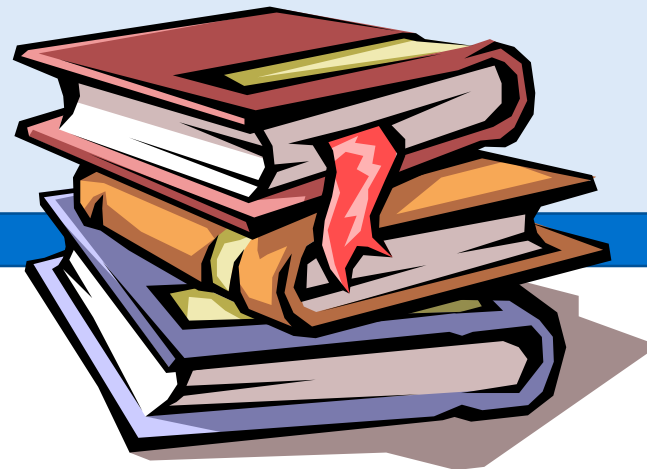
STANDARDS OF PRACTICE

- Apply to any and all roles that a case manager or social worker may be responsible for
- First standards introduced by Case Management Society of America in 1995
- Provide a foundation of the knowledge and skills that apply to the practice regardless of practice setting or discipline



COMPONENTS OF THE STANDARDS OF PRACTICE

- The definition of case management
- The Statement of Philosophy
- Guiding Principles





CMSA 2016 DEFINITION OF CASE MANAGEMENT

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.



ELEMENTS OF THE DEFINITION

- Applies to case management in a universal manner regardless of setting or discipline
- Outlines the case management process
- Describes the outcomes the case manager is responsible for achieving on behalf of the patient and family.

The foundation upon

- which the work of
- case management sits.





STATEMENT OF PHILOSOPHY (CMSA 2016)

The underlying premise of case management is based in the fact that, when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the health care delivery systems and the various reimbursement sources.....

Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation.....Case management services are best offered in a climate that allows direct communication between the case manager, the client, and appropriate service personnel, in order to optimize the outcomes for all concerned”



CMSA's GUIDING PRINCIPLES FOR CASE MANAGEMENT

Apply to all roles and functions within the field of case management:

- Use a client-centric, collaborative partnership approach.
- Whenever possible, facilitate self-determination and self-care through the tenets of advocacy, shared decision-making, and education.





CMSA's GUIDING PRINCIPLES FOR CASE MANAGEMENT con't

- Use a comprehensive, holistic approach.
- Practice cultural competence, with awareness and respect for diversity.
- Promote the use of evidence-based care, as available.
- Promote optimal client safety.
- Promote the integration of behavioral change science and principles.
- Link with community resources.



CMSA's GUIDING PRINCIPLES FOR CASE MANAGEMENT cont.

- Assist with navigating the health care system to achieve successful care, for example during transitions.
- Pursue professional excellence and maintain competence in practice.
- Promote quality outcomes and measurement of those outcomes.
- Support and maintain compliance with federal, state, local, organization and certification rules and regulations.



GUIDING PRINCIPLES ARE DIFFERENT FROM ROLES AND FUNCTIONS

- ✓ They apply to each and every role and function we perform
- ✓ Are not roles and functions themselves

Example:

Patient Advocacy applies to each and every role and function, regardless of setting, profession or caseload



INTEGRATION **IS THE KEY!**





INTEGRATING THE ROLES

1. SIMPLE – NO INTEGRATION

FOCUS ON ONE CORE ACTIVITY

- TRADITIONAL MODELS
- FRAGMENTED
- EXPENSIVE
- POTENTIAL FOR OVER-USE OR UNDER-USE OF RESOURCES



IN THE BEGINNING – THE TRADITIONAL MODEL

- Fiscal incentives- per diem payments, longer length of stay = more reimbursement
- Social work – a referral-based practice based on high risk criteria focused on social dysfunction and life altering medical events with option to case find
- Performed counseling and discharge planning



IN THE BEGINNING – THE TRADITIONAL MODEL

- Utilization review – does the patient need to be hospitalized?
- Is the patient medically ready for discharge?
- Give the HINN
- Discharge = What's the rush???????



INTEGRATING THE ROLES

2. MODERATE – PARTIAL INTEGRATION

FOCUS ON TWO OF THE CORE ROLES

- CONTEMPORARY MODEL DESIGN
- MORE EFFICIENT
- MORE COST EFFECTIVE



A FIRST STEP – PARTIAL INTEGRATION

- Fiscal incentive – move to DRGs and fixed payment per admission
- Social work – aggressive screening, initiation and coordination of early discharge planning
- Psychosocial counseling if time permitted



A FIRST STEP – PARTIAL INTEGRATION

- Utilization review evolved into case management
- Utilization review added heavier emphasis on meeting continued stay criteria and managing the medical needs of the patient
- Identify barriers to discharge and anticipate discharge needs
- Discharge sooner rather than later and spend less money on the case



INTEGRATING THE ROLES

3. COMPLEX – FULL INTEGRATION

FOCUS ON ALL CORE ROLES

- FORWARD THINKING
- MOST EFFICIENT
- MOST COST EFFECTIVE
- **MUST BE BALANCED WITH APPROPRIATE CASE LOADS**



MEETING THE CHALLENGE – FULL INTEGRATION

- Fiscal incentives including managed care
- Authorization for discharge planning
- Continued stay denials
- Recovery Audit Contractors (RAC)
- Financial penalties for readmissions



MEETING THE CHALLENGE – FULL INTEGRATION

- Advances in medical technology
- Shorter lengths of stay
- Greater use of high-tech home care
- Palliative care
- Hospice care



MEETING THE CHALLENGE – FULL INTEGRATION

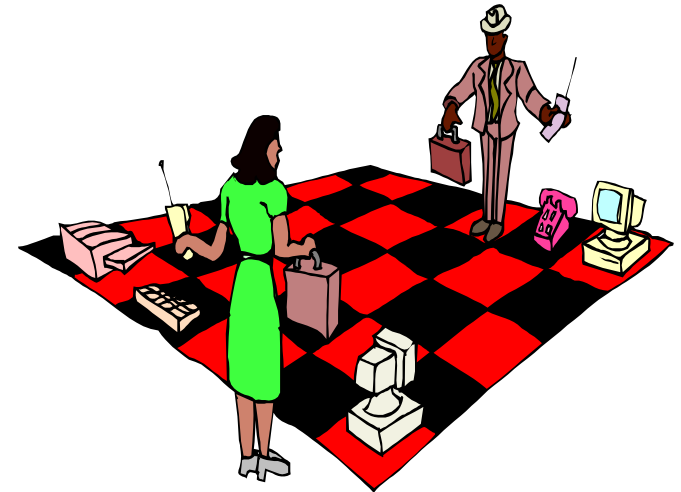
The paradigm shift for case managers and social workers:

- Managing care becomes priority in order to manage length of stay
- Assess patients for post-acute care needs
- Case managers begin managing clinically related discharge planning needs
- Social workers have greater focus on life altering illnesses, trauma, social and family dysfunction and end of life issues



WHAT IS A ROLE?

- The set of key categories that case managers perform
- They provide the context in which we work
- Applied differently in different settings





CONTEMPORARY CASE MANAGEMENT ROLES IN THE ACUTE CARE SETTING

- ✓ Patient flow - clinical coordination/facilitation
- ✓ Utilization and resource management
- ✓ Denial management
- ✓ Variance tracking
- ✓ Transitional and discharge planning
- ✓ Quality management
 - ✓ Readmissions
 - ✓ Delays in care
- ✓ Psychosocial assessments and interventions



WHAT ARE FUNCTIONS?

- The series of activities or tasks that are conducted within each role.
- They are the specific actions taken by a case manager in the performance of the roles.
- They are needed to complete each role.
- Functions may vary from model to model.



ROLE #1: PATIENT FLOW – COORDINATION AND FACILITATION OF CARE – Shared between Social Worker and Case Manager

- The management of all patient care processes that support a patient as they transition through the continuum of care
- In the acute care setting this would include the coordination and facilitation of tests, treatments, procedures, consults and other care interventions





PURPOSE OF PATIENT FLOW

- To optimize each day that the patient is in the acute care setting, including evenings and weekends
- Arrange care interventions that the patients requires to occur in proper sequence
- Facilitate the interventions to ensure that they occur in a timely manner and without delay



KEY FUNCTIONS OF PATIENT FLOW

- Assess every patient on admission
- Reassess patients daily
- Lead and/or attend daily interdisciplinary care rounds
- Create a plan of care that outlines the key interventions and outcomes to be achieved each day of the inpatient stay



KEY FUNCTIONS OF PATIENT FLOW cont.

- Coordinate the key interventions among and between the members of the interdisciplinary care team
- Coordinate as needed with family and family caregiver(s)
- Identify delays in patient care processes and intervene to correct them



GOALS OF PATIENT FLOW – COORDINATION AND FACILITATION OF CARE

- The plan of care is expedited and barriers to efficient through-put are identified and corrected
- Patient care is provided in a timely manner
- The patient moves smoothly through the continuum of care
- Each hospital day is optimized



PATIENT FLOW IS CRITICAL TO THE ROLE OF CASE MANAGER AND SOCIAL WORKER

- The principle and most important role that the hospital case manager performs
- All other roles stem from this role





ROLE # 2: UTILIZATION AND RESOURCE MANAGEMENT

– Primary Role of Case Manager

- **Utilization review** – first role assumed by hospital case managers
 - Still includes communication with third party payers
- Added resource management - review of resources ordered for the patient to ensure that the appropriate level of care is applied





FUNDAMENTAL COMPONENTS OF UTILIZATION MANAGEMENT

Review of Services to ensure that they are:

- Medically necessary and reasonable
- Provided in the most appropriate setting



Utilization Management:

- Case manager intervenes when the plan of care does not meet the level of care being provided
- When a correction to patient flow is identified as being needed



RESOURCE MANAGEMENT

- Case managers must ensure that resources are being applied appropriately in the care of the patient
 - Over-utilization
 - Under-utilization
- Resources include pharmaceuticals, radiology services, laboratory services and others.



GOALS OF UTILIZATION AND RESOURCE MANAGEMENT

- Ensure that resources are used appropriately
- Ensure that resources are used in a timely manner and without unnecessary delay
- Ensure reimbursement



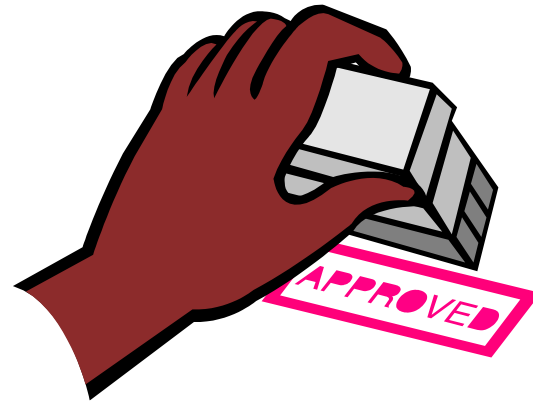
ROLE #3: DENIAL MANAGEMENT

– Primary Role of Case Manager

The process of monitoring and managing third-party payer reimbursement from pre-admission to post-discharge.

Includes:

- Pre-authorizations
- Billing
- Appeals management





KEY FUNCTIONS OF DENIAL MANAGEMENT

- Ensure that the clinical information available in the medical record is accurate and reflects the care rendered to the patient
- Ensure that this information is provided, when necessary, to a third-party payer in a timely manner and based on nationally established guidelines
- Ensure that the patient is transitioned to the next level of care as quickly as possible once the patient no longer meets the clinical criteria for the current level of care



KEY FUNCTIONS OF DENIAL MANAGEMENT (cont)

- Work closely with pre-certification staff at front-end and billing staff at back-end
- Appeal denials as necessary
 - Internally or
 - Out-sourced

Best defense is a good offense.

Prevent denials whenever possible!



SHARED ROLES BETWEEN CASE MANAGEMENT AND FINANCE

- Pre-Authorization – Finance
- Concurrent Review: Case Management
- Billing – Finance
- Appeals – Case Management and Finance



ROLE #4: VARIANCE TRACKING

- Also known as avoidable delays or avoidable days
- Defined as the causes of delays in patient through-put, care delivery or discharge
- May or may not result in prolonged length of stay
- May result in service delays and quality of care issues





FUNCTIONS WITHIN VARIANCE TRACKING

- Identification of delays in through-put, service delivery or quality of care
- Intervention to correct the delay when possible
- Discussion of delays on patient care rounds
- Catalogue the delays into a database



TYPICAL CATEGORIES

- Internal hospital systems
- Systems outside the hospital
- Patient issues
- Family issues
- Provider issues and delays
- Payer issues



GOALS OF VARIANCE TRACKING

Identification of:

- Important single events
- Undesirable variation from established levels
- Patterns or trends that vary undesirably from expected outcomes



ROLE #5: TRANSITIONAL AND DISCHARGE PLANNING

- Focuses on the movement of the patient through the acute care continuum and to the next level of care
- Defined as “a collaborative, interdisciplinary process of assessment, planning, implementation and evaluation of the patient’s healthcare needs following the current phase of illness (Cesta, 2002)





THE ROLE OF THE CASE MANAGER

- Transitional planning is the process the case manager applies to ensure that appropriate resources and services are provided in the most appropriate setting or level of care
- Identification of the point at which the patient can move to the next level
- Coordination of the actual movement of the patient
- Happens within the acute care continuum



DISCHARGE PLANNING – Shared between Social Worker and Case Manager

- Follows the same principles and functions as transitional planning with one exception
- Involves the process of assessing the patient's needs after they leave the acute care setting
- Ensures that the patient's discharge is timely, appropriate and safe, incorporating the best use of resources that the patient may need in the community

ROLE #6: QUALITY MANAGEMENT

Ensure that care is rendered at or above quality standards.





FUNCTIONS OF QUALITY MANAGEMENT

- Identification and documentation of adverse events
- Documentation of readmissions
- Management of progression toward expected outcomes of care
- Correction of delays in care progression



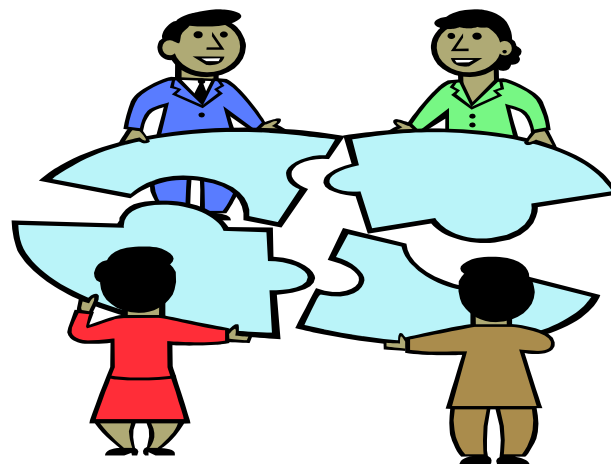
QUALITY MANAGEMENT AND THE CASE MANAGER

- Not all case managers have responsibility for all the functions under quality management
- Even if the CM does not have primary responsibility, they can still be a collaborative member in the quality of care process



ROLE #7: PSYCHOSOCIAL ASSESSMENT AND COUNSELING – Primary Role of Social Worker

- Typically performed by the social worker
- Can be performed by the case manager
- May require further intervention from Behavioral Health





PSYCHOSOCIAL INTERVENTIONS

- Important for family members , particularly in the emergency department or critical care areas, burn or trauma units
- Relate directly to discharge planning, patient outcomes, quality of care, and utilization management



PSYCHOSOCIAL INTERVENTIONS

- A deep-dive psychosocial assessment needs to be completed as part of a comprehensive discharge planning assessment for high risk patients
- Included should be:
 - Assessment of the family
 - Significant other
 - Support systems including finances
 - Social determinants of health



GOALS OF PSYCHOSOCIAL COUNSELING

- Determine the patient's ability to cope with their current phase of illness or chronic condition
- This will impact on the discharge planning process and the ultimate discharge destination



- Bio-psycho-social assessments and treatment planning
- Counseling regarding impact of illness and compliance with medical and transitional plans of care
- Crisis intervention regarding abuse and neglect, domestic violence, substance abuse or trauma
- Identifies barriers to affecting a safe and timely discharge plan



- Collaborates with the case manager in the discharge planning process, focusing on the most complex patients
- Ensures access to continuing care services



- Adjustment to illness or difficulty coping
- Major illness causing lifestyle change
- Behavior management problems
- New or poor prognosis



SOCIAL WORK REFERRALS (cont.)

- End stage of illness
- Family concerns and / or conflicts
- Cultural and /or language issues
- Inadequate social and / or financial supports

- Non-adherence issues
- Ethical concerns
- Abuse and / or neglect of elder, adult, child
- Multi-system trauma



SOCIAL WORK REFERRALS (cont.)

REFERRAL CRITERIA

- Psychiatric and / or substance abuse issues affecting current hospitalization
- Homelessness affecting current hospitalization or request for housing
- Patient / family considering long term care placement, assisted living, or adult home

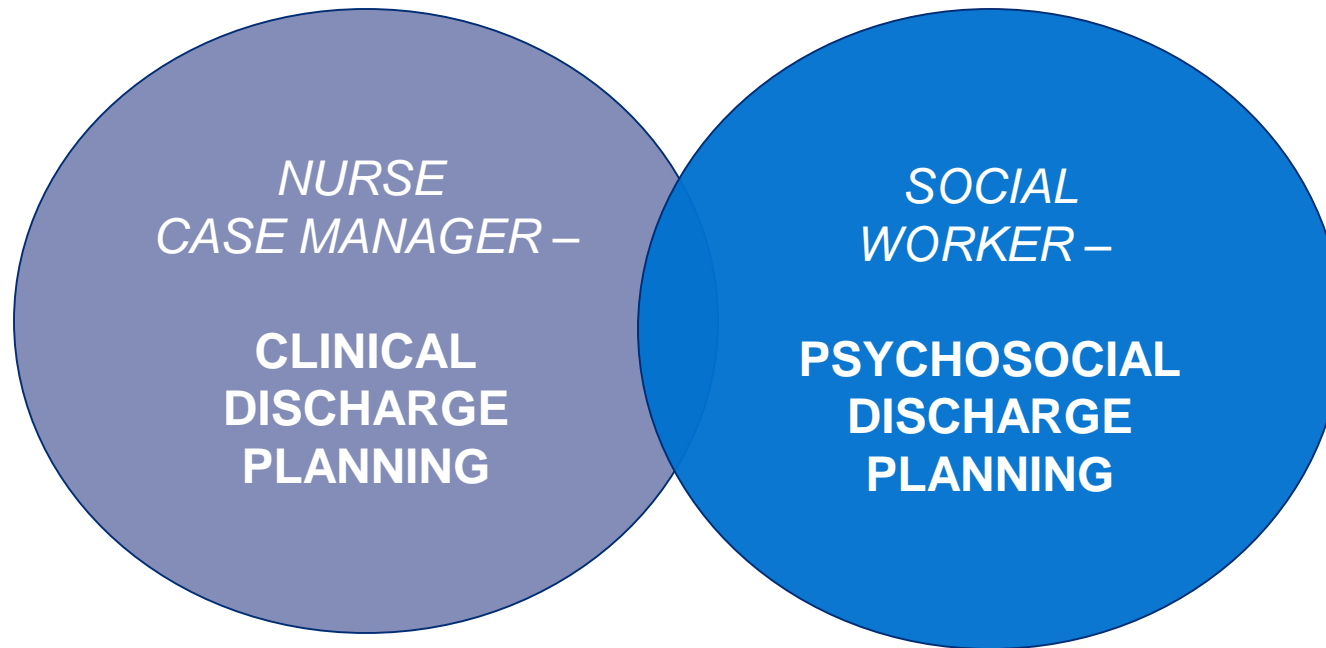


SOCIAL WORKERS AND NURSE CASE MANAGERS

- Different but complimentary skill sets
- Bring different knowledge to the interdisciplinary care team
- Need to optimize the talents and skill sets of each discipline



A LOOK AT INTEGRATION – SHARING DISCHARGE PLANNING





WILL DEPEND ON

- Roles and functions selected
- Model selected
- Hours and days of operation
- Size of units
- High risk social work criteria
- Presence of clerical support staff
- Presence of case management software



DEFINITION OF RN CASE MANAGER CASELOAD

Assigned fifteen fixed beds that are consistent daily.

Patients may be discharged from these beds and new admissions received into these beds over the course of a day of work.



RN CASE MANAGER STAFFING

UNIT TYPE	CASE MANAGER TO BED RATIO
Medical – including sub-specialties e.g. Oncology, Cardiology	1:15
Neurology	1:15
Surgical – including sub-specialties e.g. Neurosurgery, Orthopedics	1:15
Intensive Care	1:20
Step-Down (Intermediate)	1:15
Pediatric	1:20
Obstetrics/Gynecology	1:20
Acute Rehab	1:15
Observation	1:12



DEFINITION OF SOCIAL WORKER CASELOAD

- Assigned up to 17 patients based on high-risk referral criteria.
- These 17 patients may be located across more than one unit, depending on the size of the units.
- Approximately 30% of all inpatients will match with the high-risk social work referral criteria, and of these, 17 will be assigned to each social worker.
- In total, only 30% of all in-patients will be followed by both a social worker and a nurse case manager.



SOCIAL WORKER STAFFING

UNIT TYPE	SOCIAL WORKER TO PATIENT RATIO (ACTIVE CASES)
Medical – including sub-specialties e.g. Oncology, Cardiology	1:17
Neurology	1:17
Surgical – including sub-specialties e.g. Neurosurgery, Orthopedics	1:17
Intensive Care	1:17
Step-Down (Intermediate)	1:17
Pediatric	1:17
Obstetrics/Gynecology	1:17
Acute Rehab	1:17



THE SUCCESS OF ANY PROGRAM *WILL BE* DEPENDENT ON:

- Strong, dynamic leadership
- Commitment at the very top of the organization
- Resources
- Talented case managers



SUCCESS

=

**Build a case
management system,
not a role.**



Time For a Poll:

→ *Please refer to your control panel and click the 'Polling' drop down tab.*

What are you currently using for a case management solution?

- MorCare
- Epic or Cerner
- Midas
- None
- Other (Evident, Meditech, etc.)



Thanks!

Questions?



Empowering collaboration. Optimizing outcomes.

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