Case Management in the Acute Care Setting

‘Role of the Hospitalist’

Sherrill Peck, RN
Hospitalist Case Manager
Avera McKennan Hospital
Sioux Falls, SD

General Information on Hospitalists

• In past year number of Hospitalists nationwide has grown to greater than 20,000
• Fastest growing sub-specialty being recruited
• Approx. 2,000 Hospital Medicine groups
• Positive impact on healthcare; last year 400 SHM (Society for Hospital Members) lobbied Congress for improved Medicare reimbursements; (+$ for acute care and HHC)

General Information on Hospitalists (cont.)

• Hospitalists work in a variety of acute care settings:
  – General med/surg
  – Pediatric Intensivists
  – Intensivist role in ICU, E-ICU
  – OB/Perinatology
  – and in the emerging specialty of Palliative Care
Hospitalists’ Role in Palliative Care

• Focus on goals of patient and family
• Pain control
• Symptom management
• Discuss dying in hospital vs. dying at home surrounded by family and friends
• Discuss options

History & Role of Area Hospitalists

• Present in Sioux Falls for last 5-6 years
• In response to growing need for physicians to care for patients in surrounding communities with no primary care provider (PCP) in Sioux Falls
  – At Avera McKennan, 50% patients are from surrounding communities >25mile radius
• Provide a service to the hospital and it’s patients

Hospitalists’ Primary Role at Avera McKennan Hospital

• Provide primary care to patients from surrounding communities
• Provide primary care for Sub-Specialists
• Provide primary care for patients presenting to ER with no local PCP (attempt to refer to a PCP at time of discharge)
Avera McKennan Hospitalists’ role (cont.)

- Provide coverage for “code blue” and Rapid Response teams within the hospital
- Serve on MOST decision-making committees and QI committees within hospital, including IM QI, glucose control, medical executive and critical care, just to name a few.
- Expectation that Hospitalists will be leaders in providing care that meets and exceeds current standards of care; meeting all NQI standards of care

Advantages of Hospitalists’ Service

- Always ‘In-House’
- Able to maneuver through hospital setting quickly & effectively (Check on test results same day)
- Get sub-specialty involvement in timely manner
- Ability to communicate ‘in person’ with medical team
- ‘Practice makes perfect’ theory
- Saves time and ability to increase productivity for clinic/office physicians
- Communication with families facilitated because of hospitalists’ presence ‘in-house’ throughout day

Barriers of Hospitalist Program

- Mostly related to lack of communication
  - a) Pt sent to hospital with minimal information
  - b) Previous testing results not sent with patient or unavailable at time of transfer to the hospital
- PCP level of comfort in caring for patient
- Pt does not have established PCP
- Unavailability of post-hospital services
- Pt compliance issues
- Inability to track/follow-up pt.
- Limited time to accomplish goal***this is where HHC services and case management become vital
Methods to overcome barriers

• Try to establish PCP
• Provide prescriptions /treatment orders for limited time
  – This hopefully encourages pt. to be compliant with follow-up orders (NO RX refills)
• Use of technology
  – Tele-rad systems able to communicate within system
• Direct Physician to Physician contact/communication

Communication with Hometown Providers

• McKennan Hometown Connection:
  – Hospitalists’ dictations at time of discharge go out ASAP via a special dictation line
  – All reports including H&P, Consults, Radiology, Labs, & Diagnostic testing are automatically faxed to PCP
  – **Ideally, a Physician to Physician call at time of discharge - especially if f/u labs, diagnostic testing etc. is required

Hospital case management

Goal is to get patient through acute phase of illness.

• Like HHC – pt. case mgmt. begins day of admission by setting into action a plan to:
  • Provide safe, cost effective care
  • Return pt. to hometown area ASAP
  • Plan to prevent re-hospitalization of pt.
  • Plan for pt. health maintenance
The Hospitalist Team

- Hospitalist team work very closely on day to day team approach basis:
  - Team members:
    - Hospitalist
    - Social worker
    - Clinical Pharm-D
    - Case manager
  - Multi-disciplinary rounds to assess pt's ability to care for self at home and what family support is available

Hospitalist Team: Social Worker

- Automatic Social Services referral for patients:
  - Age 80 and above
  - With complex or multiple medical problems
  - From an existing facility or receiving home services
  - Who have financial need (Self-pay)

Hospitalist Team: Clinical Pharm D

- Clinical pharmacist – (assigned to Hospitalists):
  - Reviews medications for drug interactions
  - Reviews medications for appropriateness of medication
  - Assists with meeting of NQI standards and evidence-based medicine protocols
  - Provides patient education
Hospitalist Team:

Nurse Case Manager

• All patients screened upon admission by 'Case Management'
• Case Managers follow pt’s clinical course throughout hospitalization and are usually the primary communicators with knowledge of referral sources
  – At Avera McKennan Hospital, they are also the primary communicators with the insurance companies and insurance case managers
  – They are directed by the physician as to when the patient will be ready for discharge and what follow-up will be needed

Nurse Case Management

• Within the acute care setting - (following pt’s clinical course):
  - Are they still meeting acute care criteria
  - Anticipate discharge day-important for patients requiring O2
  - PT/OT/ST evaluation – safety at home
  - Basics-Are they eating, IV’s, Oxygen off catheters, drains
  - Length of antibiotics? switch to orals
  - New diagnosis-Diabetes, DVT/PE, Provide patient and family education

Nurse Case Management (cont.)

• Readying acute care patient for discharge/follow-up:
  - What support system in home (i.e. do they live alone, spouse or supportive children?)
  - What services available in area and are they able to meet patients needs? This is where communication between the hospital case manager and HHC nurse important. Provide educational materials if necessary.
  - What is the goal/plan for patient and family?
  Everyone should know what the goals are. If it is a palliative care or hospice situation, the hospital case manager should discuss what the goals for treatment should be and whether or not the pt/family want rehospitalization.
  - Is the PCP comfortable managing? This is where Dr. to Dr. communication is important for everyone involved.
  - What follow-up will be needed? (labs, x-rays, testing)
SUMMARY

• The role of Case Manager in the acute care setting is different than that of a Case Manager in HHC but I feel their goals are similar and dependent on one another.