Case Management in Diverse Settings

Webinar outline

- Overview of Case Management
- Corrine Truman (AHS)
- Cherie deBoer (Leduc Beaumont PCN)
- Jennifer Day (Canadian Armed Forces)
- Questions and Discussion

Case management definitions

- Coordinating care and advocating for specified individuals and patient populations across settings - NIC
- Collaborative, client-driven process for the provision of quality health and support services through the effective and efficient use of resources. - NCMC
History of case management

• Smooth transitions
• Evolved over time
• Specialized case management
• Integrated case management

Settings for case management

• Hospitals
• Community
• Public and private organizations
• Government-sponsored programs

Role of the RN Case Manager

• Advocate
• Assess
• Recognize
• Collaborate
• Coordinate
• Think Critically
RNs are the ideal fit

- Broad knowledge in many areas
- Understanding of other disciplines
- Knowledge in disease process and health promotion
- Strong clinical and decision making skills
- Research skills

Benefits of case management

- Avoids duplication of services
- Establishes key contact for client
- Increases health care effectiveness
- Delivers optimal client outcomes
- Contains and decreases health related costs
- Promotes communication and collaboration across health disciplines
- Promotes successful management of chronic conditions

Speakers

- Corrine Truman (AHS)
- Cherie deBoer (Leduc Beaumont PCN)
- Jennifer Day (Canadian Armed Forces)
Today’s presentation

- Review the current Alberta Health Services Continuing Care Case Management Model
- Highlight some of the foundational, ongoing and future case management work
- Touch on case management performance expectations

What is case management?

A collaborative process to assist a client in accessing appropriate services across the continuum of care, which includes: assessing client needs, care planning, assisting in navigating the health care system and accessing services, coordinating the various services a client may require, and monitoring and evaluating care options and outcomes.
Who is an AHS case manager?

An Alberta Health Services health professional (RN, RT, OT, SW, PT) accountable for case management services for an assigned caseload of home living and/or supportive living continuing care clients.

- Education and experience
- Requirements

How is case management practiced at the Client Level?

Collaborative Practice
The case management balancing act

Program and System Efficiency

Foundational work

- Case Management Framework
- Case Management as an AHS Health System Service
- Continuing Care Nursing Role Differentiation for Case Management and RAI Assessment
- Competency Framework for People Practicing Case Management

Ongoing work

- Collaborative Practice and Role Clarity Suite
  - Designated Supportive Living
  - Home Care Service Providers
  - Adult Day Programs
- Provincial Continuing Care Assessment Guide for Continuing Care Case Managers
- Position addendums
Future work

- Caseload management
- Case management dosage
- Case management practice lead
- Quantification of outcomes

Performance measurement

- Annual provincial case management survey
- Health Quality Council of Alberta – home care client experience survey
- Alberta Health Continuing Care Health Service Standards
- Accreditation Canada
What is Primary Care?

The first contact people have with the health system to seek services for diagnosis, treatment and follow up for a specific health concern. Centered within the community and is a key point of access for individuals.

- 42 PCNs in the province, PCNs began 10 years ago
- 3000+ family physicians work within a PCN
- 850+ health-care professionals
  - Nursing, Dietetics, Pharmacy, Kinesiology, Psychology

Self Manage to Improve your life everyday (S.M.I.L.E.)

- Registered Nurse
- Psychologist
- Pharmacist
- Exercise Specialist
- Dietitians
Triage meetings

- Inter-professional
- Investigation for other relevant history on client

Registered nurse is case manager for diabetes clients

- Client centered care
- Improved health outcomes
- Strength based management

Case Conferencing

Inter-professionals share decision-making to meet the health goals of clients.
Access to services
- Community resources accessed
- Allied health professionals

Commitment from client
- Actively involved in their care

Case study
Walter
Male, 68 years old
Referred for diabetes, smoking cessation, dyslipidemia, hypertension, weight management

Recent diagnosis of diabetes
- A1C 8.4%
- FBG 9.8 mmol/L
- TC 6.50 mmol
  • HDL 1.08 mmol
  • LDL 4.26 mmol
  • TG 2.55 mmol
Smoking history of 45 years
Initial assessment
BMI: 34      BP: 144/92      RBG: 11.5 mmol/L
Single, lives in own home
No regular physical activity other than ADLs
Tendency to eat out or use prepared foods
Disturbed sleep
Stress around new diagnosis of diabetes
Limited knowledge of diabetes
Not ready to quit smoking

Case management in action
Continue to see registered nurse
Referral to pharmacist and exercise specialist
Referral to a sleep apnea clinic for testing
Recommended to take health classes
Further inquiry on mood and stress

Outcomes
Participated in multiple PCN activities
– Attended classes, joined PCN walking group, appointments with the registered nurse, pharmacist and exercise specialist
Blood pressure and lipid panel improved
BMI decreased
Began using CPAP
Mood improved
Became more confident about managing diabetes
Felt ready to start smoking cessation activities
How case management helps to improve outcomes

Comprehensive Needs Assessment  
Strength Based Management  
Support and Coaching  
Collaboration

Improved Health Outcome for the Client
Relationship with Client

RN Involvement

Engage client
- Triage
- Assessment

Coordinate resources
- Inter-professional involvement
- Community support

Disengage client
- Evaluation
- Discharge

CFHS Case Management Program
Jennifer (Jenn) Day, BScN, RN
CAF NuCM Team Lead, CFB Edmonton
Canadian Forces Health Services
Outline

- Optimization of primary health-care delivery
- Canadian Armed Forces Case Management Program
- Building on internal relationships
- Future of case management in health care

Optimizing primary health-care delivery

- What does optimization mean?
  - Quality of care
    - Patient-centered
  - Continuity of care
  - Collaborative practice
  - Standardization
  - Improve efficiency
    - Metrics are essential
- How to achieve this objective?
- What is the role of a case manager?

CAF Case Management Program

The beginning

- The CFHS National Case Management Program was implemented in early 2000 to fill gaps that were identified for transitioning CAF members.
- Since the beginning, registered nurses answered the call and it has been more than ten years now that, as case managers, they have been helping thousands of people coping with health challenges.
- “Caring for our own, across the continuum” theme is still present thirteen years after the birth of the program.
Growing Up…

• On a daily basis, the 66 CAF case managers help ill and injured personnel to transition to civilian life.
• Processes can be complex:
  – All CMs contribute to and are part of the solution
  – Satisfaction
  – Coordination
  – Facilitation/Navigation
• Continuous improvement…

Build on internal partnership

• Affiliation with primary care team includes:
  – Case reviews with the Primary Care Nurse
  – Participation in Care Delivery Unit’s (CDU) interdisciplinary team meetings
  – Participation in mental health team case reviews for members receiving CM services
  – Education about the case management program and services for new clinic staff members
  – Facilitate education to clinic staff about programs and services offered by IPSC & service partners

Resources, Programs, and Benefits

CAF Services:
Base & Unit
JSDF/NSC
Release Section
SISP
Psychological Support
Mental Health Services
Chaplains
Soldier-On
BPSO
OSISS

CAF Health Care Resources:
CAF Mbr Assist Prog
OSI Clinic

LEGEND:
SIP = Service Income Security Insurance Program
JSDF = Joint Services Disability Program
SISP = Service Income Security Insurance Program
OSI = Operational Stress Injury
OSISS = Operational Stress Injury Social Support
BPSO = Base Personnel Support Office

CAF Health Care:
Comprehensive Medical Care
Supplemental Health Care
Occupational Health Care
Preventative Health Care
Health Promotion
Dental Care

CAF Family Support:
Military Family Resource Centre
Companion Travel Assistant
CAF Personnel Support Agency
CAF Issuing Agency
Build on external relationships

• Numerous partners, including the units (the company!)
• Regular meetings and discussion
• Alignment of processes, primarily with Veteran Affairs, to be more efficient

How does it work?

• Trigger
• Permanent medical category
• Referral to case management
• Evaluation (with Intermed tool), complexity assessed
• Follow-up until release (6 months to 3 years)
• Referral to external stakeholders (+ benefits)
• Make sure transfer of care is done to provincial health-care system
• Continuity with Veterans Affairs Canada Case Management (joint planning necessary)
Future of Case Management in the CAF

• At the forefront of all discussions
• A major stakeholder in our health-care system
• Focus on complex needs’ members
• Now working to better align VAC and DND processes
• Critical work done on the transition piece

Summary

• Case management enhances patient care
• Registered nurses are ideal for the role
• Case managers have a complex role

References

• CARNA document Scope of Practice for Registered Nurses
Questions?

• Please use the comment box below to submit your questions
• Any questions not answered during the live webinar will be posted to the CARNA website

Upcoming webinar

Improving Oral Health for Older Adults
June 24, 2015 at 12:00 pm MT
Register at www.nurses.ab.ca