

IMPROVING CARE, REDUCING COSTS

Careful Planning and Ongoing Education Are Key to a Successful Care Management Program

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By empowering nurses to take an active role in planning and coordinating patient care, a care management program can improve services and reduce costs. However, a care management program cannot succeed without careful planning, broad organizational support, and ongoing education. At St. Peter's Medical Center, New Brunswick, NJ, nursing administrators have combined these elements to produce a program that has had a growing impact on the center's operations and its bottom line.

INTRODUCING CARE MANAGEMENT

Care managers work with physicians and other members of a healthcare team from throughout a facility to develop critical paths (i.e., care plans that map out the course of multidisciplinary treatment for selected conditions or diagnoses) and to coordinate the efforts of all staff involved in carrying out these plans of care. The St. Peter's care management department was created in April 1990. Headed by the vice president of nursing, the department originally included two full-

time nurses trained as care managers for six diagnoses. The department currently employs eight nurse care managers who coordinate care for 16 diagnoses and procedures (see **Box**).

To introduce hospital staff to St. Peter's care management model, care managers and nursing administrators conducted in-services for nurses and other personnel. An introduction to care management is now included in the orientation program for new nurses.

The vice president for nursing and the project director for care management also introduced the concept to members of the medical staff likely to admit patients who fell into the care management population. Physicians were also encouraged to participate in the construction of critical paths. Finally, care management goals and initiatives were discussed at medical resident meetings.

SELECTING CARE MANAGERS

In developing the care management program, planners decided on the following as minimum credentials for new nurse care managers:

- Bachelor's degree in nursing or related field

Summary Introduced in 1990, the care management program at St. Peter's Medical Center, New Brunswick, NJ, has had a growing impact on the facility's operations and bottom line.

To introduce the program, care managers and nursing administrators conducted in-services for nurses and other personnel. At the same time, the vice president for nursing and the project director for care management introduced the concept to members of the medical staff likely to admit patients who fell into the care management population.

Once selected, St. Peter's care managers go through an extensive orientation program consist-

ing of three weeks of classroom instruction and three weeks of on-the-job training. Classroom training emphasizes business skills necessary to facilitate effective utilization of resources while ensuring that patients' needs and concerns are understood and addressed. On-the-job training helps new care managers apply the St. Peter's care management model.

This careful preparation, along with continuing education for all practitioners, has helped win support throughout the facility for the care management approach. The St. Peter's care management department currently employs eight nurse care managers who help coordinate care for 16 diagnoses.

- National certification in the area of practice

- Minimum of two years' practical experience

- Involvement in multidisciplinary forums such as hospital committees

- Leadership experience

- Knowledge of reimbursement systems and discharge planning

- Expert communication skills

- Quality improvement and/or research experience

Prospective care managers are interviewed by a group consisting of an experienced care manager, selected nurse administrators, physicians, and other key players involved in the diagnoses for which the care managers will be responsible.

ORIENTATION FOR CARE MANAGERS

Once selected, St. Peter's care managers participate in an intensive orientation program consisting of three weeks of classroom instruction and three weeks of on-the-job-training. Classroom training emphasizes business skills necessary to facilitate effective utilization of services while ensuring that patients' needs and concerns are understood and addressed. On-the-job training gives new care managers practical experience in applying the St. Peter's care management model, which combines features of successful care management programs at other hospitals.

To prepare new care managers for their role as gate keepers and patient advocates, the care manager orientation stresses a philosophy of customer service. Videos and exercises help new care managers develop self-confidence, as well as assertiveness, communication, and conflict management skills. Such skills improve care managers' ability to inform patients about what to expect from their hospital stay and to relay patients' comments, questions, or complaints to the appropriate person within the healthcare system.

Care managers also receive ongoing training regarding the diagnoses or treatments they manage. In addition to audiotapes and updated literature reviews, they receive material pertaining to

The care manager

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all dimensions of the care process for a particular diagnosis, disease, or intervention, such as antibiotic therapy, respiratory treatment protocols, home care, and physical therapy regimens.

Orientees are also educated about the financial impact of utilization of various services within the hospital. They learn about the benefit of early intervention for both patients and the hospital

and the importance of continually evaluating the facility's resource utilization.

In addition, trainees are introduced to critical paths and given an overview of the process involved in formulating a path. The experience helps deepen managers' understanding of the holistic care process and prepares them for developing additional paths in the future.

Computer Training Prospective care managers receive about 12 hours of training on computer

CARE-MANAGED DIAGNOSES AND PROCEDURES

- Cerebrovascular accident
- Pneumonia
- Congestive heart failure
- Chronic obstructive lung disease
- Asthma
- Respiratory failure
- Fractured hip
- Total joint replacement of the knee
- Hip replacement
- Neutropenic lung cancer
- Chemotherapy for lung cancer
- Palliative care for lung cancer
- Surgical care for head and neck cancer
- Uncontrolled diabetes
- Medical treatment of complicated diabetes
- Surgical treatment of diabetic complications

programs used to manage patient care at St. Peter's. The hospital's automated care management system includes a computerized critical path and mechanisms for identifying treatment variances. The system also generates quality analysis worksheets and statistical data.

Other Aspects In addition to this formal training, orientees schedule meetings with department managers and physicians with whom they will be working. The meetings serve as an informal introduction and pave the way for a good working relationship. They also give orientees feedback and perspectives from a variety of sources.

In their fourth and fifth weeks of training, orientees "shadow" experienced care managers to gain insight into their work practices, paying close attention to order entry and follow

through, interdepartmental documentation, and the collaboration required to adhere to critical paths. Orientees spend at least three days with each preceptor (care managers in charge of educating orientees) to gain insight into various personal styles and approaches to care management. In their final week of orientation, they carry a practice caseload of patients under the guidance of a senior staff member.

ONGOING EDUCATION

Although some persons were initially skeptical about the program's potential, careful preparation and continuing education for all practitioners has helped win support. Care managers present unusual or problematic cases at departmental meetings twice a month to encourage discussion

CARE MANAGEMENT BENEFITS: SOME EXAMPLES

Care managers' perspective on how various departments work together enables them to identify and solve problems that may have gone unnoticed otherwise. Here are some examples.

- Noting that patients were not getting speech therapy on schedule, a care manager discovered that the Speech Therapy Department was not receiving orders that had been entered in the computer. Further investigation revealed that the orders were being entered correctly, but the messages were not being directed to the correct department. The care manager brought the issue to the attention of the manager of data processing, who corrected the programing error.

- A key advantage of a critical path is that it gives everyone involved in a patient's care a clear picture of how a patient should be progressing at a certain stage. In one instance, a care manager noticed that nurses occasionally failed to give patients the proper dosage of an anticoagulant drug because of poor communication between nursing shifts.

To address the problem, the manag-

er formulated a standard of care for all aspects of care for patients on anticoagulant therapy. The care manager also directed that a sticker be placed on medication sheets indicating that drug had been prescribed for a patient. The changes resulted in improved documentation and more consistent medication administration.

- In another example, care managers noticed that nurses were not assessing or documenting in a timely manner potential skin problems. A nursing protocol had already been established for documenting a patient's skin status on admission. In addition, a number of measures to prevent skin problems existed that nurses should have been implementing.

The care manager's responsibilities were to highlight potential needs, audit the chart, and ensure staff were educated on the topic. Since the changes were implemented, nurses have been more aware of appropriate interventions and the need for documentation. As a result, fewer patients have developed advanced-stage decubiti.

- A key benefit of the care management program has been increased col-

laboration among various departments. Care managers at St. Peter's Medical Center have developed a close working relationship with the respiratory therapy department.

One of care management's first contributions to improved respiratory therapy operations resulted from a care manager's observation that documentation of breathing treatments decreased during night shift hours. A conversation with the night shift manager revealed that therapists were not documenting instances when they withheld treatment because patients were sleeping and in no respiratory distress. The respiratory therapy care manager concluded that therapists must document when attempts were made so that physicians could better determine treatment needs.

At first, respiratory therapists felt some hesitation over what they saw as care managers' "encroachment" on their responsibilities. However, when care managers addressing a respiratory therapy staff meeting explained that their goal was to promote collaboration rather than antagonism, respiratory therapists became more receptive to their interventions.

and feedback from co-workers. The model is now widely accepted throughout the institution and has produced dramatic improvements in patient satisfaction.

Whereas care managers at first had to make significant efforts to gain support for their program from medical staff, medical department chairpersons are now invited to sit on multidisciplinary continuous quality improvement committees to develop approaches to improving care while reducing costs. In addition, because care managers have access to valuable data and have a multifaceted approach to problem solving, several of them have been approached by physicians to assist on research projects. Finally, physicians have begun to write orders for care manager consultations with their patients.

PROGRAM EVALUATION

To ensure continuous improvement of the care management program, St. Peter's developed an evaluation tool that it distributed to physicians, nurses, and practitioners from interdisciplinary departments throughout the institution in 1992. Respondents were asked to record perceptions regarding quality of care, mobilization of resources, communication, work load, and other factors. Nurses' satisfaction rates with care management were at least 80 percent in every category. Physicians and other health professionals also indicated they were highly satisfied with the care management program.

St. Peter's goals for the care management program include decreased average length of stay, decreased readmissions within 30 days, cost containment, and improved utilization of interdepartmental referrals. Relevant financial data are continuously updated to measure the program's viability and the cost savings it is producing. Variance data are also analyzed to highlight system improvement needs.

The St. Peter's Medical Center finance department has been able to document significant cost savings and decreased lengths of stay as a result of implementing the care management program. Comparing 237 care-managed patients with non-care-managed patients with similar diagnosis-related groups, the department estimated savings of \$537 per patient from October 1990 to August 1993, for a total savings of \$127,269.

Length-of-stay comparisons for the period October 1990 to June 1993 also support the usefulness of care management (see Table).

THE FUTURE

The steady growth of the St. Peter's care management department attests to its positive impact on patient care and its increasing usefulness to medical professionals throughout the organization. The department is currently investigating the possibility of creating critical paths for use in neonatal intensive care. Because the majority of the center's care-managed patients are over 65, developing plans in this area would be an invaluable experience for the care management department.

With healthcare reform on the horizon, providers will continue to look for ways to cut costs while improving quality of care. At St. Peter's Medical Center, the care management program has proven to be one of the most effective tools available for meeting this difficult challenge. □

Persons wishing to learn more about the St. Peter's care management program can call Nancy Bevan at 908-745-8600, ext. 7917.

LENGTH OF STAY FOR CARE-MANAGED VERSUS NON-CARE-MANAGED PATIENTS*

Diagnosis	Care-managed LOS	Non-care-managed LOS
Cerebrovascular accident	16.5	21.9
Congestive heart failure	9.9	13.3
Asthma	5.2	8.5
Pneumonia (patient over 65)	11.9	15.5
Pneumonia (ages 18-64)	9.0	10.4
Chronic obstructive lung disease	10.2	9.0
Myocardial infarction	10.7	11.0
Cerebrovascular accident	16.5	21.9
Transient ischemic attack	5.5	5.6
Fractured hip	14.2	12.8

*Based on data from October 1990 to June 1993.