



Queensland Government

Queensland **Health**

The Case Managers' experiences of the practice of case management

**A model of care used to facilitate the
elective surgery process for patients and
the institution**

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Hospital demographics

161 beds including:

- ☐ 64 surgical beds

- ☐ 12 day surgery beds x 2 sessions

- ☐ endoscopy beds

- ☐ adjusted daily beds for same day and short stay 144 beds

Occasions of service

- ☐ 2003 - 2004 – 6,261 surgical patient discharges
- ☐ 5,559 elective surgical admissions
- ☐ 3,072 same day discharges
- ☐ 5,518 public patients
- ☐ 743 private patients

The case managers are responsible for:

- ☰ pre-admission workups including:
 - education
 - health assessments
 - needs assessments
 - community referrals
 - medical reviews
 - coordinate pre-operative investigations
 - miscellaneous

- ☰ managing theatre waiting lists
- ☰ utilising theatre time effectively
- ☰ optimising patients health
- ☰ decreasing patients post-operative re-admissions
- ☰ achieving competitive lengths of stay
- ☰ human face for institution

Previous assessments of the case management model

Case management was previously assessed in terms of:

- ☐ surgeons satisfaction with the program
- ☐ theatre throughput

Background and justification for project

- ☐ sudden large increase in requests for leave within case manager population (>50%)
- ☐ relief staff wouldn't return after training period or initial relief period
- ☐ signs of burnout within remaining staff
- ☐ costs of funding 4.4 FTE case managers
- ☐ risk of lost earnings to institution as elective surgery is our core business
- ☐ nurses are valuable resources
- ☐ quality activity

The aim of the project

To explore the case managers' experience of being a case manager in their daily practice and to examine the meaning this holds for them.

Research question

- ☐ What meanings do the case managers ascribe to the practice of case management?

Methodology

Constructivist methodology seeks to understand the world of lived experience from the perspective of those who live in it

- ☐ has a relativist ontology
- ☐ subjective and transactional epistemology
- ☐ hermeneutic and dialectic methodology

And that just means that

- ☐ reality is relative, subjective and constructed between the participants and researcher
- ☐ these constructions of reality are only valid in this age and social group where they are held

Constructions are

- ☐ cognitive representations of abstractions and impressions which can be organised into concepts, models or schemes through an interpretive process
- ☐ can be shared by groups to make common meanings for phenomena

And hermeneutics?

Hermeneutics assumes that:

- ☐ language is the medium used to communicate between the researcher and participant
- ☐ researcher's job is to find and understand the meanings inherent in this communication
- ☐ communications are derived from the participants lived experience

The dialectic process?

Is just a process of examining constructions using a “compare and contrast” technique to reveal similarities and dissimilarities, conflict and consensus in constructions

Sample

Homogenous, total population sample comprising clinical nurses (NO2) employed as case managers within the Outpatient Department

Method

Focus group review over two sessions

- ☰ short unstructured interview to identify basic topics
- ☰ longer semi-structured interview to explore topics

Method cont.

- ☐ interviews were taped and transcribed
- ☐ transcriptions were annotated with pauses, silences, laughter and other relevant notations
- ☐ participants reviewed the transcripts to clarify their statements (background noise)

Data analysis

- ☐ thematic analysis to identify common themes and explore relationships between these themes
- ☐ exemplars used to illustrate and communicate themes

Findings and discussion

Overarching domain:

“case manager as enabler”

An enabler is a case manager who achieves the outcomes required of the role, for example books lists, sees patients, meets targets

Enabler

Two main groups of enablers emerged:

☰ Facilitator

☰ Fixer

Facilitator

- ☐ returned ownership of problems to right person
- ☐ confident in who they were
- ☐ confident in own role
- ☐ seen to be proactive managing issues

I'm this person that links up all of these people so I can link up the clinics to theatre to the doctors so that the information needs to come through us and then I can just filter it out where it needs to go or handle whatever I can need to handle.

I feel secure enough in what I do and who I am to say "well that's fine to tell me that, but this is who you need to go to, to sort that out. I'm not gonna fix it for you."

Fixer

- ☰ more likely to retain ownership of a problem even when it was not their problem
- ☰ seen to be reactive role
- ☰ emerged in specialties where there was less adherence to proper process by doctors
- ☰ motivated by reducing disruption to patient or fiscal consequences to organisation

everything was being dumped on the case manager's desk. I want the cm role to be of benefit to the organisation, to the services, and to the patients but I don't want it to be the leftover, like this is the registrars' role, this is the consultants' role and anything else is the case managers' role.

when things don't get done and patients get cancelled on the day of surgery you think "Oh, I'll make sure that that won't happen again" even though it has got nothing to do with you

Factors that influence the form of enabler you become

☰ pressures

☰ role acceptance

☰ specialist nurse

Pressures

Being a case manager means being pressured:

☰ institutional pressure

- to meet targets
- to do more with fewer resources
- to manage doctors

☰ patient pressures

- too many patients for services
- to get it right

Institutional pressure - targets

The pressure is truly great though from upstairs to have throughput and I think that's where the miss fix-it attitude comes from, because at the end of the day we're the people that they're on to say "your targets are off, why aren't you making your targets"

Institutional pressure - targets

we finally got the category two's under control and I said to the elective surgery coordinator "we're right now. After about the next couple of weeks we shouldn't have any more problems with the category two's" and she said "yeah and what we're gonna look at next is the long wait category three's" and I feel like going "will you just LEAVE me alone" and just say good work or something

Institutional pressure - resources

one of my biggest frustrations is dealing with departments and whether they are incompetent or understaffed I don't really care because at the end of the day the effect is the same to me.... And we're often understaffed and we're often stressed and we still have to deal with it because you're right the patient misses out

you're supposed to go on holidays and still fix things

Institutional pressure – managing doctors

it suits the institution, the hospital to have us as people that they can pressure to get what they want done because they can't do it so effectively through the doctors

the consultant's not here, registrars not here, resident's not here but the case managers is so let's vent our spleen and ring the case manager"

Institutional pressure – managing doctors

a lot of what we do is chase after the residents and make sure that they're doing their job properly. Some of what we do is chase up the anaesthetists and make sure that they're doing their job properly.

the wards have tried to come to me to get me to sort out with the consultants the problems that they're having up there on the ward which have nothing to do with me whatsoever and instead of them going straight to the consultants they try me

Patient pressures

Urology and orthopaedics have been struggling for some time now with far too many patients for the services we can supply and quite often I think that no matter how careful you try to be to setup things in advance, to be proactive, you end up being reactive because it just falls apart

Role acceptance

☐ by nursing peers

- case managers felt accepted and rejected simultaneously
- professional credibility versus professional jealousy

☐ by other members of the multidisciplinary team

- well supported by consultants

☐ by self

- reframing practice and personal values

Role acceptance - credibility

everybody is looked upon as being as above a nurse, just below a doctor you know, and you're in a different category to everybody else

**the above exemplar is from a novice case manager recently from the ward

Role acceptance - credibility

one day I offered to check some morphine because they were really busy and this guy was waiting in the drug room and waiting and waiting and waiting and I was getting some stuff and I said “look I’ll check it with you if you want” and I got the little dig about “oh you’re not a real nurse any more”

an RN said to me I always go to the ward to keep my clinical skills up in case I forget about orthopaedics. That’s... and how long have I been here? Two weeks!

Role acceptance - credibility

I think it's because they know very little about the role and they also see the credibility which is high for you amongst the surgeons and they kind of think "well I'm working in the ward busting my gut here looking after the patients why don't I have that credibility?" So I think there's a little jealousy

Role acceptance multidisciplinary team

there may be some professional jealousy because of the personal relationship between (the case manager and) the orthopaedic consultants

because I have heard Dr Z say it time and time again “I trust M. to see my patients more than the resident”

Role acceptance multidisciplinary team

when we first introduced case management there was resistance amongst some of the consultants. They are now probably our most vocal proponents ...but I also feel that an awful lot of work and responsibility with regards to patients has been taken away from the registrars and put on the case managers shoulders

Role acceptance by self

- ☐ case managing means having to accept changes in your personal values
- ☐ means reframing how you practice
- ☐ means committing to learning new skills

Role acceptance by self – personal values

You need to be like me, you need to evolve. I don't have a sympathetic bone in my body. I don't even have a sympathetic nervous system

Oh well I don't feel any more. I don't. I used to take it on board but I don't anymore. I think "well, that's from a medical perspective. We did everything we could"

Role acceptance by self – reframing practice

I decided the only thing I could do is reframe the way I think about ...ownership of the problem. I've decided that it is not my problem that we have fifty patients for thirteen spots...in some ways (it) is very liberating and I don't know how long this will last because ...the patients still ring you up with terrible, terrible stories about their life and the condition of their lives.

Specialist nurse

Working as a case manager means working as a specialist nurse

- ☰ specialist nurse role has two components
 - clinical skills
 - managerial skills

- ☰ specialist nurse acquires entrepreneurial skills
 - saving money
 - making money

Specialist nurse cont.

- ☐ can have either clinical or managerial skills to begin with, no need to be clinical specialist in particular field originally
 - can develop required clinical skills
 - can develop required management skills
 - means being self motivated
 - new learning reflects professional development

Specialist nurse cont.

- ☐ means accepting the consequences for adapting the generic to the specific (counter to current Queensland Health trend)
- ☐ means accepting professional accountability by embracing autonomous practice (as able within scope of practice)
- ☐ accepting daily anxiety when not a clinical specialist (relief position)

Specialist nurse – clinical versus managerial

this is an advanced role but it is not clinically orientated so yeah, you need to sit and re-look at what the actual role is

I find that the longer I stay down here the less... the more I've lost touch with what's going on with the people upstairs.

I don't have to know how to work the new infusion pump that's not part of my role what I need to be able to say to a patient is that "you'll have an infusion pump"

Specialist nurse – clinical versus managerial

you want to do the job well, you want to sort of be really involved in the job but when it's not continuous over a long period of time you just feel like you're not getting anywhere

Specialist nurse – clinical versus managerial

each of the specialties has made your case management different to adapt to the services that you provide and there is a real push in Queensland Health to have everything generic - I think you've gone against the general trend of things in order to be able to make things inherently what is needed for the particular service

Discussion

Summary:

- ☐ case management means being an enabler
- ☐ is about who you are as a person
- ☐ means being pressured to produce outcomes
- ☐ is about what you will accept in terms of practice demands

Discussion cont.

- ☐ role acceptance by self is the key influence in the case manager's response to pressure
 - autonomous practice very popular
 - autonomy outweighs negative aspects of job

Discussion cont.

- ☐ does that mean there are certain personal and professional characteristics that make a nurse “better” at being a case manager?
 - perfectionist
 - tolerant
 - contributes to burnout?

Discussion cont.

Do other professional colleagues deliberately encourage the selection of case managers with those characteristics?

“she makes my life easier”

- unanimous response from surgeons review
- Problem behaviours don't change even after they have been discussed with the doctors

Discussion cont.

“I’m sick of being their mother”

– making order out of someone else’s chaos

Does mothering reward or reinforce “bad”
behaviour

Limitations

- ☐ cannot generalize to broader population
- ☐ affected by the quality of the focus group facilitation
- ☐ not designed to measure degree of relationships between factors

Recommendations

- ☐ explore characteristics of a good case manager
- ☐ study relationships between surgeons and case managers

Thank you.

Any questions?