

# The Missing Link

## Case Management in the ED

**M**edicare one-day stay admissions are under close scrutiny nationally and statewide providing evidence that appropriate admission designation status is crucial. Considering the majority of hospital admissions originate from the ED, an ED case manager position ensures patients are admitted to the indicated level of care. If admission to the hospital is not required, the utilization/case management staff can also assist in arranging alternative care setting options.

### Responsibilities:

- Review admissions for medical necessity upon arrival, and reconcile discrepancies between written orders and registration
- Monitor and communicate with unit case managers regarding observation cases to determine appropriateness for discharge or conversion to inpatient admission
- Ensure accurate registration information, physical assignment, payer information
- Arrange follow-up care, provide community resources, assist with nursing home placement, set up primary care services for ED frequent users, assist with prescription issues and identify high-risk patients
- Begin initial pre-certification/referral acquisition and conduct the initial review for placement into the case management review module
- Clinical resource for ED physicians and staff on case management issues and CMS/JCAHO quality measure issues for AMI, heart failure and pneumonia
- Encourage use of clinical protocols and order sets and facilitate communication between departments to provide continuum of care with timely interventions

### Financial Impact:

In order to measure the impact of the ED nurse case manager position, track these key indicators:

- unnecessary visits to the ED
- revisits to the ED
- admission to the hospital within 3 days of the ED visit
- patient satisfaction with case management
- payment denial for either unnecessary ED visits or inappropriate admissions

### Benefits:

**Checks and balance system** Inappropriate inpatient admissions are often related to inaccurate patient registration. With case management in the ED, discrepancies can be reconciled before hospital claim is billed.

**Commitment to quality measures** It is crucial to have a clinical resource in the ED to facilitate the initiation of order sets relative to the CMS/JCAHO quality measures to ensure timely compliance with implementing appropriate care related to AMI, heart failure and pneumonia.

**Reduce non-urgent/non-emergent care in the ED** Patients often present to the ED with significant social issues in addition to their medical concerns. Case management can arrange post-hospital care and connect them with a primary care provider to reduce the use of the ED for non-urgent care.

**Increase patient and staff satisfaction** Decreased length of stay and reduced waiting times can increase patient and staff satisfaction. A case manager in the ED enhances communication among the healthcare team, patient and family.

**Facilitate cost-effective patient care** Having a case manager in the ED decreases utilization of the ED for non-urgent visits, promotes the use of community resources and improves discharge planning to avoid excessive costs. Preventing inappropriate admissions also reduces insurance denials and saves the hospital thousands of dollars.

### Additional Resources

A successful emergency department case management practice model. Walsh KT, Moran P, Greenwood C. *Case Manager*. 2003 Nov-Dec; 14(6):54-7.

Managed Care, Utilization Management, and Case Management in the Emergency Department. Morgan, Kelly S. *Top Emerg Med* 1996;18(4):50-57. 1996 Aspen Publishers, Inc.

Emergency Department Case Management: The Dyad Team of Nurse Case Manager and Social Worker Improve Discharge Planning and Patient and Staff Satisfaction While Decreasing Inappropriate Admissions and Cost: A Literature Review. Briwstow DP, Herrick, CA. *Lippincott's Case Management*. 2002 Nov-Dec; 7(6): 243-251.

Tracking Patients, Tracking Costs. Niemi, Karen. *Nursing Management*. 1999 Jan; 30(1):47-8.