NURSING CASE MANAGEMENT

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OBJECTIVES

1. Gain understanding of the role of the nurse case manager in the health care system and the ethical issues confronted by the nurse in the role of case manager.

2. Gain understanding of how the ethical issues and challenges experienced by the nurse case manager relate to the issues nurses in other areas of nursing experience.

3. Gain a better understanding of how the scope and standards of nursing practice and the code of ethics for nurses are applied in the role of the nurse case manager.
THE ROLE OF THE NURSE CASE MANAGER

- Began to emerge with the start of managed care in the 1980’s.
- Started for cost cutting measures

“Nurse-based case management would be broadly described as a nursing professional acting to longitudinally manage the care of patients across different health care teams”
Berra (2011)
Tasks of the nurse case management role can cause the nurse to feel in direct conflict to “the professional standards of ethical practice” in nursing (O’Donnell, 2007)
## Nursing Case Management Positions

- Hospitals
- Long-term acute care hospitals (LTACH)
- Acute Rehabilitation Units (ARU)
- Sub-Acute Rehabilitation Units (SAR)
- Skilled Nursing Facilities (SNF)
- Long-term Care Facilities (LTCF)
- Liaison
- Primary Care
- Insurance
- Occupational Health
- Community Mental Health (CMH)
- Home Health Care and Hospice
NURSING CASE MANAGEMENT RESPONSIBILITIES

• Some variety in responsibilities dependent on work setting.
• All work as part of an interdisciplinary team (IDT) that may include:
  • Physicians
  • Social Workers
  • Physical, Occupational, and Speech therapists
  • CNA’s
  • Insurance companies
Advocacy

Advocacy is Provision 3 in the Code of Ethics for Nurses. It states “the nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient” (American Nurses Association, 2010, p.23).
NURSE CASE MANAGEMENT RESPONSIBILITIES

As a patient advocate the nurse case manager makes sure the patient’s voice is heard and that the patient’s best interests are at the heart of every decision made (Powell & Tahan, 2010).
Facilitator

The nurse case manager helps to facilitate communication between everyone involved in the patient’s care.
NURSE CASE MANAGER ROLE

Nurse case managers often struggle with role ambiguity and role conflict.

- Role ambiguity is due to uncertainty of exact role.
- Role conflict due to job requirements that appear contradictory at times (Smith, 2011).
- Nurse case managers often feel “torn between serving patients’ needs, employers’ needs, and the multiple insurance payers’ quotas” (O’Donnell, 2007).
NURSE CASE MANAGER ROLES

Different areas of nursing utilizing nurse case managers

Nurse Case Management Podcast
Defining case management has proven to be much more challenging than defining other evolving nursing roles, such as the nurse practitioner, because of its primary focus on utilization of organizational resources, with an apparent dichotomy observed between cost containment and patient advocacy (Smith, 2011, p.183).
An ethical problem “is a discrepancy between the current situation and the desired state” (Burkhardt & Nathaniel, 2007, p. 117).

An ethical dilemma in healthcare are problems where a choice needs to be made; the ethical course of action is not obviously clear and the options are not ideal.
According to Webster & Baylis moral distress can occur “when one fails to pursue what one believes to be the right course of action (or fails to do so to one’s satisfaction)” (as cited in Vacoe, Pauly, Storch, Newton, Makaroff, 2012).

Moral distress can lead to compassion fatigue and impact the nurse’s personal life as well as the nurse’s professional life (Santiago & Abdool, 2011).
ETHICAL PRINCIPLES

Four of the ethical principles that direct ethical decision making in health care are:

• Autonomy-the ability of the individual to chose for him or herself.
• Beneficence-to do good
• Nonmaleficence-to do no harm
• Justice-fair and equal treatment regardless of age, race, sex, economic status, sexual preference, culture and religion.
Nurse case managers are legally and ethically responsible to adhere to the ANA’s Code of Ethics for Nurses and the Standards of Professional Performance.

“The ethical concern for a patient’s well-being is fundamental to the ethical demand that inspires nursing practice” (Dierckx de Casterle, Izumi, Godfrey, & Denhaerynck, 2008).
ETHICAL ISSUES

Ethical issues case managers face tend to fall into one of four common themes.

• Case management as a balancing act
• Framing contentious options
• Speaking for vulnerable individuals
• Responsibility without power
• (O’Donnell, 2007)
Jean Watson’s Theory of Human Caring

• “Based on moral/ethical/philosophical foundation of love and values” (Watson, 2010).

• Focuses on transpersonal caring relationships between nurse and patient.

• Nurses have a moral and ethical commitment to protect the patient and enhance their dignity (Watson, 2010).
THEORY APPLICATION

• The nurse builds trust with the patient by being fully present and focused on the patient.
• The nurse demonstrates caring and compassion by trying to understand the patient’s wishes and the rationale behind those wishes.
• The focus is healing the patient in mind, body, and spirit.
An 83 year old female who lives alone in her own home. The patient fell and broke her left hip. After hip surgery the patient is unable to return home due to her mobility. The interdisciplinary team (IDT) recommends a subacute rehab stay. The patient is very insistent that she needs to go home. The nurse case manager discusses the IDT recommendation with the patient and finds out the patient has a dog at home. Currently her neighbor is watching the dog but the patient expresses heartbreak at not being able to see her beloved pet for an additional 6 weeks. The nurse case manager checks with SAR facilities close to the patient’s home to see if any allow pets to stay with their owners or if dogs are allowed to visit.
None of the facilities allow dogs to stay with their owners but several allow pets to visit if they are up to date on their shots. One of those facilities is 3 blocks from the patient’s home. Upon hearing that the patient speaks with her neighbor, who is willing to watch the dog until the patient comes home and agrees to bring the dog in for a visit several times a week. The patient is now agreeable to short term subacute rehab. Because the nurse case manager was able to get to the rationale behind the patient’s original decision and be present with the patient in mind, body and spirit, he/she was able to work towards a safe discharge plan that was in line with IDT recommendations and the patient’s wishes.
Model of Ethical Decision Making
A psychological theory by moral psychologist James Rest. Has four elements of ethical action:

- **Moral Sensitivity** - recognition an ethical problem or dilemma exists
- **Moral Judgment** - deciding an action based on judgment of right or wrong
- **Moral Motivation** - the reason behind following through on the action deemed right
- **Moral Character** - following through on what is right in spite of consequences, good or bad

(Johnson, 2007)
A 75 year old male has had 3 ED visits in the last month. He returns to the ED and is admitted with an exacerbation of CHF. The patient lives alone, is alert, oriented, and competent to make his own decisions. The IDT recommends subacute rehab; the patient is insistent on going home. The nurse case manager possesses moral sensitivity and identifies an ethical problem. The patient going home is not the best option but he has the right to self determination (Powell & Tahan, 2010). The nurse case manager makes a moral judgment and decides on a right course of action to help with the ethical problem. The nurse case manager discusses the possibility of home health care with the IDT.
EXAMPLE

They agree it could be a safe option but recommend a home health care social worker get involved when the patient is home to assess the patient’s safety and possible community resources. The nurse case manager discusses this with the patient and he is agreeable. The nurse case manager possesses moral motivation to follow through on the plan; discussing the option with the patient and making a referral to home health care. The nurse case manager demonstrates moral character when the process is complete; the patient is discharging home and home care follow up is arranged.
Assessment of the Health Care Environment

• All professional health care disciplines are part of an interrelated whole system.
• Ethical dilemmas experienced by the nurse case manager effect the various systems (pieces) that interact within the whole system.
Karen Ann Quinlan, Nancy Cruzan and Terry Schiavo are just a few of the high profile medical cases in which the ethical dilemmas of the case went beyond the hospital system and the systems that function within the hospital. Those cases have helped to shape our legal and ethical frame of reference resulting in some of the laws, policies and procedures in effect today.
EXAMPLE

- The patient is an 80 year old widowed female with 3 adult children and no advance directive. The patient has a severe CVA and is put on a ventilator. The first son to arrive tells the doctor that “mom would not want extraordinary measures done to prolong her life. The doctor speaks with the nurse case manager and relays the information. After the other adult children arrive the nurse case manager meets with them to see if they have any questions, concerns or needs. The nurse case manager then discusses the do not resuscitate (DNR) order. The 2 adult children to arrive last are confused, mad and are sure mom would have wanted everything done for her. The nurse case manager encourages the siblings to discuss the situation and informs the doctor.
Over the next 48 hours, multiple doctors involved with the patient’s care, hospital social workers, chaplains, and the nurse case manager meet with the family. Physical, Occupational and Speech therapist complete evaluations to assess rehab potential; none is found. The family can not agree. The case goes to the ethics committee for review. The ethics committee will not put a DNR order in place due to the legal and ethical issues involved. The son in favor of the DNR keeps approaching the nurse case manager on the issue. The nurse case manager tries to facilitate communication among the siblings. The nurse case manager is also advocating for the patient’s wishes; since they are not documented, it must be assumed she would want everything done.
IMPACT OF ETHICAL DILEMMAS ON THE HOSPITAL SYSTEM

• Ethical dilemmas affect nurse case managers and other health care providers by causing stress, which can result in poor morale among employees.

• Patients and families are less satisfied with care.

• Hospital can develop a reputation for lower quality care and have a poor image in the community.

• Increased legal action and related costs, which ultimately affects the bottom line.

(Nelson & Schifferdecker, 2009)
ROOT CAUSE ANALYSIS

• Multiple factors contribute to the ethical dilemmas that nurse case managers face.
• The underlying assumptions associated with each factor are dependent upon the point of view.
ROOT CAUSE ANALYSIS

- Cost Containment
  - Managed Care
  - Health Care Rationing
    - Patient Advocacy vrs Treatment Cost
- Expectations
  - Patient
  - Family
  - Health Care Provider
- Differing Views of Treatment Plan/Otions
  - Patient
  - Family
  - Health Care

Nurse Case Manager Ethical Dilemmas

- Non-Compliance
- Customs, Beliefs, & Norms
- Current Factors
  - Longer Life Expectancy
  - Aging Baby Boomers
    - Advances in Medical Technology

Factors:
- Lack of Advance Directives
- Patient
- Family
- Religion
- Social
- Culture
- Advances in Medical Technology
COST CONTAINMENT

• One of the responsibilities of nurse case management is cost containment.
• The nurse is ethically bound to advocate for the patient’s best treatment options.
• This becomes a challenge and a source of contention when the treatment is expensive.
• Insurance companies try to limit treatment options based on cost.
• Employers (hospital, LTCF, SNF, HHC) want the best return for the least amount of resources.
ASSUMPTIONS
NURSE CASE MANAGER & PATIENT

Nurse
• Practice within the Nurses Scope and Standards of Practice and Code of Ethics for Nurses
• The patient and their care needs are considered first and foremost.
• The patient will be compliant with treatment

Patient
• To be treated with the best treatment options available for the disease process being experienced.
• Their wishes for health care will be honored
• The right treatment will control or cure illness
EXPECTATIONS

• The expectations of treatment results and disease process can be drastically different among the patient, family, and health care providers.
• Patient and family may have unrealistic expectations of treatments and potential for recovery.
• What the health care provider tells the patient about their illness or treatment can be very different from what the patient/family actually hears.
• Expectations & assumptions vary by point of view - health care providers, patient, family.
DIFFERING VIEWS OF TREATMENT PLAN/OPTIONS

• Patient and family may believe aggressive treatment is the best option for an illness.
• The health care provider may believe aggressive treatment is futile on a patient’s disease process.
CUSTOMS, BELIEFS AND NORMS

• The patient and families beliefs may be very different from the health care providers.
• Culture, religious beliefs, and social norms can result in a unique health care perspective.
• The culture, beliefs and social norms of the patient can be in conflict with the health care providers beliefs and norms.
CURRENT FACTORS

• Average life expectancy in 2007 in the United States was 77.9 years (National Center for Vital Statistics, 2011).
• Average life expectancy in 1970 in the United States was 70.75 years (National Center for Vital Statistics, 2011).
• Medical technology advances
• Approximately 8000 baby boomers per day turning 65 from January 1, 2011 until 2030 (AARP, 2011)
NON-COMPLIANCE

• Patients non-compliance with treatment plans.
• Examples:
  • COPD patient that continues to smoke
  • Diabetic patient that will not watch diet or check blood sugars.

When time and resources are limited, are health care providers as ethically responsible to provide care for the non-compliant patient over a patient who has demonstrated compliance?
Patient Self-Determination Act
On November 5, 1990, Congress passed this measure as an amendment to the Omnibus Budget Reconciliation Act of 1990. It became effective on December 1, 1991. The PSDA requires many Medicare and Medicaid providers (hospitals, nursing homes, hospice programs, home health agencies, and HMO’s) to give adult individuals, at the time of inpatient admission or enrollment, certain information about their rights under state laws governing advance directives, including: 1) the right to participate in and direct their own healthcare decisions; 2) the right to accept or refuse medical or surgical treatment; 3) the right to prepare an advance directive; 4) information on the provider’s policies that govern the utilization of these rights. The act also prohibits institutions from discriminating against a patient who does not have an advance directive. The PSDA further requires institutions to document patient information and provide ongoing community education on advance directives. (Ascension Health, 2012)
Lack of Advance Directives

• Less than 20 percent of people in America have an advance directive.

• 75 percent of those who do have an advance directive, do not inform their health care providers of it (Iliades, 2012).

• Without having their loved ones wishes known, families are forced to make those decisions.

• Increased stress on loved ones during an emotional and difficult time.
Please review the following case study. This case study really highlights the importance of having advance directives at any age.

http://www.practicalbioethics.org/resources/case-a-family-divided.html
ADVANCE DIRECTIVES

• Advance directive paperwork for Michigan

• Link for advance directive paperwork for other states.
  http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289
IMPLICATIONS OF ETHICAL DILEmmas IN NURSE CASE MANAGEMENT

Implications on nurse case managers
• Stress
• Personal health issues
• Moral distress
• Compassion fatigue
• Difficulties in personal and professional life
• Lack of job satisfaction
• Feeling “burned out”
IMPLICATIONS OF ETHICAL DILEMMAS IN NURSE CASE MANAGEMENT

Implications on patients’ and families

• Personal stress
• Disagreements among family members
• Unhappiness with health care providers and health care system
• Mistrust of health care providers and health care system
• Increased health care expenses
• Potential for seeking legal council-increased expense
IMPLICATIONS OF ETHICAL DILEMMAS IN NURSE CASE MANAGEMENT

Implications on health care system

- Mistrust from the general population
- Increased expenses due to lawsuits
- Rising health care costs to the general population in response to increased expenses due to lawsuits
Standards of Professional Nursing Practice and Professional Performance

Standard 7: Ethics
The registered nurse practices ethically
• Delivers care in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs.
• Recognizes the centrality of the healthcare consumer and family as core members of any healthcare team.
• Assists healthcare consumers in self-determination and informed decision making.
• Advocates for equitable healthcare

ANA, 2010
Standards of Professional Nursing Practice and Professional Performance

Standard 7: Ethics- Recommendations

• Require an ethics course, either nursing specific or interdisciplinary for all Baccalaureate nursing students (Callister, Luthy, Thompson & Memmott, 2009).
• Require at least 1 nursing continuing education credit each license renewal period be in the area of ethics.
• Incorporate an ethics component into employment training programs and yearly competencies for nurses.
• Use the ANA Code of Ethics for Nurses to guide all nursing practice.
• Educate the public on the patient self-determination act, informed decision making and the importance of advance directives.
Standard 8: Education
The registered nurse attains knowledge and competence that reflects current nursing practice.

• Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.
• Demonstrates a commitment to lifelong learning through self-reflection and inquiry to address learning and personal growth needs.
• Acquires knowledge and skills appropriate to the role, population, specialty, setting, or situation.

ANA, 2010
Standards of Professional Nursing Practice and Professional Performance

Standard 8: Education-Recommendations

• Require an ethics course, either nursing specific or interdisciplinary for all Baccalaureate nursing students (Callister, Luthy, Thompson & Memmott, 2009).

• Require at least 1 nursing continuing education credit each license renewal period be in the area of ethics.

• Incorporate an ethics component into employment training programs and yearly competencies for nurses.

• Maintain competency in the Quality and Safety Education for Nurses (QSEN) competencies.
Standards of Professional Nursing Practice and Professional Performance

Standard 11: Communication
The registered nurse communicates effectively in a variety of formats in all areas of practice.

- Assesses her or his own communication skills in encounters with healthcare consumers, families, and colleagues.
- Seeks continuous improvement of communication and conflict resolutions skills.
- Questions the rationale supporting care processes and decisions when they do not appear to be in the best interest of the patient.

ANA, 2010
Standard 11: Communication—Recommendations

• Schedule team meetings during and after difficult cases involving ethical issues for an ethics debriefing session (Santiago & Abdool, 2011).

• Schedule a period of time during routine staff meetings to encourage discussion on any ethical issues or potential ethical issues on a team member’s case load.

• Communicate with patient’s family members in clear understandable language free from extraneous medical terminology while maintaining sensitivity to any social, cultural, or educational barriers.
**Quality and Safety Education Competencies for Nurses**

**Patient-Centered Care**

“Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs” (QSEN, 2012).

**Recommendations**

- Educate patients, families, and general public on the patient self-determination act, informed decision making, and the importance of advance directives.
- Communicate with patients’ and family members in a clear understandable language free from extraneous medical terminology, while maintaining sensitivity to any social, cultural, or educational barriers.
- Advocate for the patient by communicating patient preferences, fears, attitudes, and disparities to the health care team involved in the patient’s care.
RECOMMENDATIONS FOR QUALITY AND SAFETY IMPROVEMENTS

Quality and Safety Education Competencies for Nurses

Teamwork and Collaboration
“Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care” (QSEN, 2012).

Recommendations
• Participates in IDT meetings regarding patient care, sharing relevant patient social, cultural, and religious beliefs for health care. Identifies any potential ethical issues with the team.
• Seek council of the IDT for any issues, with potential to change the patients treatment plan.
SUMMARY

• The underlying principles of the ethical problems and dilemmas a nurse case manager confronts are applicable to all areas of nursing, stressing the importance of medical ethics education in nursing programs and continuing education requirements.

• The nurse case manager is ethically and legally bound to practice within the Nursing Scope and Standards of Professional Practice and the Code of Ethics for Nurses. Some of the responsibilities of the nurse case manager may appear to be contradictory to those responsibilities. This can be a source of moral distress in the nurse case manager; moral distress can affect all areas of the nurse case manager's life.
SUMMARY

• Some of the laws, standards, and policies in effect today are the result of past ethical dilemmas.

• Preparing advance directives, sharing advance directives and wishes with family and health care providers can help to ensure personal health care wishes are honored and prevent family members from having to make those difficult decisions if needed.
REFERENCES


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