To get it right up front, you have to be up front
ED case managers are essential in today's world

"Get everything right up front," is the mantra hospital case managers have been hearing for years. But the only way case managers can ensure that things are right "up front" is to see patients up front, as they are admitted to the hospital.

Since the vast majority of non-elective patients come in through the emergency department, stationing case managers in the emergency department is a necessity in today's healthcare environment.

"The emergency department care management team can have a profound impact on their organization's operations by preventing inappropriate admissions, improving patient throughput, enhancing patient safety, and increasing patient satisfaction. The role of the emergency department case manager is extremely critical to managing the delivery of care and the next level of care for the patient," says **Patricia Hines**, PhD, RN, managing director and care management transformation practice lead with Novia Strategies, a national healthcare consulting firm.

One of the most important reason for having case managers AND~~and~~ social workers in the emergency department - is to determine if patients meet inpatient criteria and to ensure that they get to the right level of care. T~~but t~~hey provide value to the hospitals as well as patient and families in many other ways, adds Karen Zander, RN, MS, CMAC, FAAN, president and chief executive officer for The Center for Case Management. (For a look at some of the tasks that emergency department case managers should perform, see related article on page XXX).

Case managers in the emergency department basically have the same role as their counterparts on the floor—they just need to do the work quickly, says **Toni Cesta**, RN, PhD, FAAN, partner and consultant in North Bellmore, NY-based Case Management Concepts

"Emergency department case managers have the responsibility for utilization management, level of care, discharge planning, and facilitating treatments and procedures in a timely manner," she adds.

Emergency department case managers should focus on patients who have been discharged within 30 days to determine why the patient is coming back and if a readmission can be avoided, Cesta suggests.

Another priority should be patients who don't have an actual diagnosis, such as patients who complain of abdominal pain or headache. "These are not diagnoses. They are signs and symptoms. Soft diagnoses are what the Recovery Auditors jump on. If the patient record lists only the signs and symptoms, the case managers should ask the physician to list the presumptive diagnosis," Cesta says.

After the potential readmissions and soft diagnoses, the next priorities for emergency department case managers is to assess patient who are likely to be admitted, saving time for the case managers on the unit and working with high utilizing patients to help them access a primary care provider and avoid another visit, Cesta says.

Cesta tells of a patient who kept coming back to the emergency department complaining of chest pain four times in a short period of time. The case manager in the emergency department looked at the patient's lab work and saw that he appeared to be anemic. She got the patient an appointment the next day with a primary care physician who treated the anemia, which, in turn, eliminated more emergency department visits by the patient.

"This is a great example of how emergency department case managers can link the patient with services in the community and avoid a hospital admission. Knowing that the patient had a physician appointment the next day, helped the emergency department case managers feel comfortable in discharging the patient. The primary care intervention also prevented more emergency department visits," she says.

These days, patients who come through the emergency department tend to be sicker than in the past because many patients with minor complaints and those who can afford to pay go to urgent care facilities if they have medical issues when their physician office is closed, Zander points out.

"Somebody needs to be in the emergency department to coordinate care and discharge services for patients who present with multiple comorbidities and/or psycho-social issues and that's where case managers and social workers can be a big asset," she says.

Hospitals need two disciplines—RN case managers and social workers—in the emergency department at peak times to cover all the tasks that arise, Zander says. They should be dedicated specifically to the emergency department and not called down from other places, unless it's a critical access hospital with limited staff, she adds.

Nurses, not social workers, have the expertise to make suggestions on patient status to the admitting physician. Social workers are essential when patients need other services in the community, especially behavioral health care, in order to be safely discharged, Zander points out.

Case managers and social workers should collaborate to ensure that patients get the services they need in the right setting, adds **Nancy Magee**, BSN, MSN, RN, senior consultant for Novia Strategies.

"Social workers have expertise on community resources such as knowing which homeless shelter has a nurse on staff or what patients qualify for medication assistance. In some cases, they can help patients avoid an admission by setting them up with home health or durable medical equipment, or other community services," she adds.

Social workers also can provide valuable help for the clinical staff in the emergency department by addressing issues such as abuse, neglect, domestic violence, and chemical dependency, setting up referrals for patients with psychiatric issues, and educating patients and family members about end-of-life options, Magee says.

Hospitals should staff the emergency department seven days a week but not necessarily 24 hours a day, Zander says. Instead, she recommends staffing the emergency department with a case manager and a social worker during the times when the volume is highest. Saturday, Sunday, and Mondays are usually the busiest days in the emergency department, she adds.

"Having care managers work a standard 9 a.m. to 5 p.m. shift, Monday through Friday, is not effective because that's not usually when emergency departments have the highest volume," Magee adds

Zander advises case management departments to collect data on patient volume and busy times of day and days of the week and then work with the hospital administration to determine when case managers are really needed.

The number of emergency department case managers and the hours they work will vary, depending on each hospital's patient population, Cesta says. One rule of thumb to keep in mind is that, on average, case managers can touch about 20 patients in an eight-hour shift in the emergency department, she says.

Staffing patterns can vary by payer mix and case mix index, Magee adds.

For instance, hospitals with a significant number of payers that require pre-authorization for any services may need to staff the emergency department 24/7, she says. Round-the-clock staffing also may be a good idea when a majority of patients have multiple comorbidities, behavioral health issues, or both, Magee adds.

"When the emergency department gets busy, the clinical team will be pressed for time and will have difficulty making the preauthorization telephone calls or is likely to treat the immediate problems and not deal with the other issues" she says.

When assigning staff to the emergency department, case management directors should consider that many emergency departments are busiest on weekends when many physician offices and clinics are closed, Hines says. "Hospitals may need to more case managers and social workers on the weekends to help with throughput in the emergency department," she says.

Magee cites guidelines that suggest one FTE case manager for every 20,000 to 30,000 emergency department visits each year but add that factors may influence hospitals' needs. "Some large medical centers that have a high volume of patients with behavioral health issues, have two or three case managers in the emergency department during peak times and staff the emergency department 24-7," Hines says.

Zander adds that if there is a high volume of behavioral health and substance use disorder patients, it may behoove the hospital to have a separate Psych ED, lately termed Crisis Centers.

Smaller hospitals should analyze patient arrive time and assign a case manager to the emergency department at the busiest time of day. Cross-train the nursing supervisor or other clinical staff to handle the duties when a case manager is not in the emergency department, Magee suggests.

Cesta recommends that RN case managers and social workers cover the emergency department 18 hours a day. She suggests staggering the shifts of the nurses and social workers, such as having the social worker come in at 8 a.m. and the nurse at 11 a.m.

One hospital Cesta worked with has three nurses and two social workers assigned to the emergency department. "By staggering their shifts, the emergency department is covered from 8 a.m. to 10 p.m.," she says.

ED case managers help with status, level of care…and more
Role has evolved to an essential one

With auditors from the Centers for Medicare and Medicaid Services (CMS) and commercial payers scouring patient records for potential denials, it's essential to have case managers in the emergency department to work with physicians to ensure that the patient status and level of care are correct and to make sure physician documentation is detailed and complete~~., points out Karen Zander, RN, MS, CMAC, FAAN, president and chief executive officer for The Center for Case Management~~

But, they can do so much more, she adds. Emergency department case managers and social workers are needed to arrange for equipment and services for patients who can be discharged to home, develop plans for patients who frequent the emergency department,

ensure that appropriate patients receive services at other levels of care or in the community, and facilitate tests and procedures to improve patient throughput, she says.

The role of case managers in the emergency department has evolved over time to include far more than just determining patient status, says **Patricia Hines**, PhD, RN, managing director and care management transformation practice lead with Novia Strategies, a national healthcare consulting firm.

"Case managers have become gate keepers. They collaborate with the emergency department physicians on patient status, the best plan of care, and the best level of care. They work with the social workers on patients' psycho-social issues, assist with setting up community resources, and provide support for families members of patients who are seriously ill or injured," she says.

Physicians and nurses in the emergency department often are pressed for time and focus on the emergency at hand, take care of the patient's immediate needs, then move on to the next patient without looking at the bigger picture, says **Toni Cesta**, RN, PhD, FAAN, partner and consultant in North Bellmore, NY-based Case Management Concepts

The case manager in the emergency department can fill in the gaps by conducting an assessment of the patient, reviewing the entire patient record and looking for patterns or recurring problem. If patients can be treated at another level of care or need another service, the case manager or social worker can set it up and prevent a hospital admission, she adds.

For instance, Zander points out that elderly people often become debilitated during a hospital stay and it's in their best interest to help them avoid an admission if at all possible. "Emergency department case managers can identify alternative levels of care and facilitate a transfer, or line up services, like home health or housekeeping assistance so they can avoid an acute care stay," Zander says. She also adds that some hospitals have specialized Elderly EDs, such as St. Mary Mercy Hospital in Lavonia. ED staff in these hospitals receive training in geriatrics, and the case managers and social workers use targeted assessment categories, such as depression.

Patients may make frequent emergency department visits as they near the end of life, Cesta says. If there are case managers on hand, they can facilitate hospice referrals, which can improve the patients' quality of life and reduce hospital mortality statistics, she says.

They can facilitate a palliative care consultation for patients who frequently come in for relief of pain and other symptoms, potentially helping avoid hospitalization as well as reducing emergency department visits, she adds.

"Patients who visit the emergency department frequently aren't necessarily experiencing behavioral health issues or seeking drugs. They may be floundering and interpreting their issue as an emergency. These are the kind of patients who need help navigating where to go," Cesta says Case managers or social workers can help these patient identify a primary care provider and refer them to community agencies that can help with their psycho-social needs.

Emergency department case managers can assist with patient throughput by ensuring that patients who can be treated at a lower level of care are not admitted and by giving a heads up to the bed control staff when patients are likely to need an inpatient bed.

Preventing readmissions is part of the emergency department case manager role, says **Nancy Magee**, BSN, MSN, RN, senior consultant for Novia Strategies.

"Hospitals should have a way that the records of patients who have been discharged recently are flagged. Emergency department case managers should be looking at the records of

these patients to determine why they are coming back and if the readmission can be avoided," she adds.

Cesta suggests that emergency department case managers conduct a root cause analysis to determine the reason a patient is being readmitted, develop a solution to the problem, and included it in the plan of care.

Many times, patients come back to the hospital after discharge because of pharmacy issues, Cesta point out.

"One of the biggest causes of readmission is patients who don't fill take their prescriptions and in some cases, never get them filled. If case managers get them filled before they leave, that increases the probability they will take them," Cesta says.

Or it could be because of polypharmacy issues, Hines adds. Patients may be taking their old medication as well as what was prescribed in the hospital or they may be taking drugs that interact with each other. Hines recommends that case managers arrange a pharmacy consultation when recently discharged patients return to the emergency department.

"Part of the role is to make sure patients are connected to post-acute providers. If emergency department physicians know a patient is going to have a follow up appointment, they may feel more comfortable discharging the patient. Case managers should make sure the patient will have support at home and that post-acute providers have what they need to care for the patient," Magee says.

What makes a good ED case manager?
Ability to work quickly tops the list

Successful emergency department case managers need to be highly skilled with a high level of clinical knowledge, the ability to work quickly, and good organizational skills, says **Patricia Hines**, PhD, RN, managing director and care management transformation practice lead with Novia Strategies, a national healthcare consulting firm.

Emergency department case managers have to be comfortable working quickly, Magee adds. "The volume of the emergency department, the need to move patient through quickly, and government regulations all mean that case managers have to work at a more rapid pace than those on the inpatient units," she says.

Candidates should have the skills to complete a quick assessment of patients, often with less information that they would have on the unit, says ~~Karen~~ Zander~~, RN, MS, CMAC, FAAN, president and chief executive officer for The Center for Case Management.~~.

"The case managers in the emergency department don't have a lot of time and often they have limited information. They have to be able to make an accurate determination of whether the patient should be admitted as an inpatient, placed as an OBS patient, or admitted at all. If patients can be discharged, they need to be able to quickly organize the services and other resources the patient will need in the community," Zander says. Former ED nurses and social workers often make the best case management personnel.

"To be effective, emergency department case managers have to have the big picture of what is going on in the entire health system and be aware of the financial implications of the

decisions they are making. They need to be knowledgeable about alternative levels of care and treatment venues and be able to link patients to resources in the community," Hines adds.

Training for the emergency department case managers and social workers should include requirements from the Centers for Medicare and Medicaid Services, and commercial payers, including medical necessity criteria, payer authorization requirements, and the two-midnight rule, says **Nancy Magee**, BSN, MSN, RN, senior consultant for Novia Strategies.

"They should be able to recognize patients with a high rate of recidivism and link them with appropriate community resources that will ensure a safe transition and help them choose a more effective treatment venue than the emergency department," she adds.

Magee suggests that new emergency department case managers spend time with the emergency department charge nurses to learn the flow of the department and become familiar with what the clinical teams do and how they work.