NURSE CASE MANAGER - ED

Job Code: 801009  FLSA Status:  Mgt. Approval: B Liegel  Date: 8-18
Department: Coordinated Care Department 93070  HR Approval: M Buenger  Date: 8-18

JOB SUMMARY

The Nurse Case Manager, Emergency Department (ED) is responsible for establishing, coordinating, and maintaining the process to increase patient through-put to the most appropriate level of care while facilitating interdisciplinary care across the continuum for the ED. The Nurse Case Manager collaborates with the patient/family, multidisciplinary team, physicians, community resources and payers to ensure the patient’s progress and level of care is appropriately determined for the emergency episode of care and for the inpatient encounter to ensure that care is performed and facilitated in an efficient and cost-effective manner. This Nurse Case Manager has well developed knowledge and skills in patient status determination (ie. InterQual Criteria), in the assessment and care management of patients and families within the ED, inpatient and outpatient settings. The scope of practice includes patient/family assessment and management, resource management, identifying patients appropriate for Inpatient Admission, Observation, or Outpatient status, care facilitation, discharge planning with referral to all levels of care, and other related duties specific to the defined patient population. This Nurse Case Manager collaborates with other case managers, social work staff, the Access Center, Admissions, the Outcome Manager, and other physician and administrative leadership staff within the ED, the Coordinated Care Department and both the inpatient and outpatient settings. She/he uses knowledge of pathophysiology, pharmacology, and clinical care processes to participate with other clinical staff and physicians in the development of clinical practice guidelines and physician order sets for the purpose of improving quality of care, changing practice, and reducing costs. The role has a primary reporting relationship to the Director of Coordinated Care.

MAJOR RESPONSIBILITIES

The incumbent performs the following job responsibilities:

I. CLINICAL CASE MANAGEMENT
   A. Assessment
      • Using approved criteria, conducts a comprehensive patient/family assessment and admission clinical review/status change upon admission to the ED to ensure appropriateness of the setting and timely implementation of the plan of care.
      • Performs review of anticipated admissions, placements in Observation status and discharges during work hours utilizing InterQual Criteria for appropriate level of care assignment.
      • Provide early identification of high risk patients and their needs.
      • Utilizes Social Work screening criteria to make appropriate social work referrals. Identifies patient/families with complex psychosocial, ongoing medical discharge planning issues, continuing care needs and refers to the social worker.
      • Identifies patient/family education needs and insures that patient/family members have adequate information to participate in care planning and that they are given choices in the process.
      • Provides identification of patients for whom standard of care treatments could be safely rendered at home.
      • Utilizes high risk screening case management criteria to make appropriate referrals.
   B. Analysis
      • Demonstrates ability for complex clinical decision making.
      • Critically evaluates and analyzes physical and psychosocial assessment data.
      • Differentiates between normal and abnormal physical findings and adaptive and mal-adaptive behavior.
      • Evaluates developmental status and mental status and utilizes data to modify plan of care.
      • Interprets screening and results of selective laboratory/diagnostic tests. Follows up with the patient as indicated.
   C. Care planning
      • Initiates and maintains communication and collaboration with physicians, primary nurses, care team leaders, staff nurses, social workers, other care giving disciplines and patients/families to develop, implement, and evaluate a plan of care for the patient
   D. Intervention
      • Provides patient and family education and counseling about existing health problem related care.
      • Acts as a clinical expert resource to the primary nurse, care team leader and nursing staff in planning and implementing comprehensive care.
      • Utilizes financial and insurance resources of the patients to maximize the health care benefit to the patient.
      • Develops a plan of continuing care for complex patients that are discharged.
      • Anticipates barriers/variances to the delivery of care and intervenes as necessary.
      • Intervenes with physicians and ancillary departments concerning clinical and utilization issues to ensure optimal patient outcomes.
E. Evaluation
- Screens appropriateness of admission including observation versus inpatient status. Educate ED physicians and nurses about medical necessity and admission criteria.
- Support improving MD documentation to reflect the level of services provided.
- Monitors the achievement of clinical outcomes and communicates with the outcomes manager, the physician and staff regarding unanticipated variances. Assists staff as necessary to modify the plan of care.
- Arranges post-acute referrals for patients with health problems requiring further evaluation and/or additional services.
- Collaborates with medical staff to recommend referrals for outpatient care, home health or other community agencies as indicated.
- Provides post-discharge follow-up by conducting or delegating the telephone evaluation of discharge plan.
- Advocates for patients and families within the health care system.
- Participates in peer review of clinical practice.

II. LEADERSHIP

A. Coordinates and facilitates patient progression throughout the continuum.
- Collaborates with all members of the interdisciplinary team to facilitate the care coordination and care delivery for the purpose of facilitating patient flow through the system. This includes Patient Access Center, Clinical Supervisor, other ED Case Managers, Inpatient Case Managers, and Nurse Managers.
- Coordinates the patient plan of care with the inpatient case manager to ensure all critical elements have been communicated.
- Establishes a target LOS and potential discharge disposition for all patients.
- Monitors patient’s progress, intervening as indicated to ensure the plan of care and services provided are patient focused, high quality, efficient, and cost-effective. Facilitates patient movement to the appropriate level of care through collaboration with patient/family, physician, and Resource Center staff.
- Identifies and facilitates resolution of system process problems impeding diagnostic or treatment progress.
- Identifies and resolves delays and obstacles to discharge.
- Meets with patients/families to assess needs and develop an individualized discharge plan, collaborating and communicating with interdisciplinary team in all phases of the discharge planning process.
- Initiates and facilitates referrals through the Resource Center for home health care, hospice, durable medical equipment, supplies, and transportation.
- Facilitates transfer to other facilities in a timely manner, minimizing discharge delays.
- Ensures and maintains consensus of discharge plan from patient/family, physician, the multidisciplinary team and the patient’s payer.
- Consults with Physician Advisor and ED Administrative Staff

B. Coordinates and integrates utilization management functions and quality reviews.
- Applies approved utilization acuity criteria to monitor appropriateness of admissions as part of the initial review and concurrent review for continued stays for all patients on assigned caseload.
- Utilizes InterQual criteria to ensure approved level of care.
- Identifies at risk populations using approved screening tools and adheres to established reporting procedures.
- Monitors patient’s length of stay and ancillary resource use and takes action to achieve continuous improvement in both areas.
- Communicates with resource center personnel to facilitate covered day reimbursement certification for patients and discusses payer criteria and issues on a case by case basis with clinical staff.
- Communicates with payers as needed to assist with pre-certification and primary care physician referrals.
- Acts as a liaison between payers, Access Center and ED medical staff by supplying appropriate medical information to determine level of care status.
- Demonstrates working knowledge of contractual arrangements and UW Health System fiscal accountability as it relates to appropriate application of UM functions.

C. Collaborates with all members of the healthcare team and external customers.
- Assumes leadership role in the clinical setting.
- Attends required staff and workgroup meetings.
- Provides clinical consultation to physicians and UW Health System staff regarding coordination of care, case management and the continuum of care issues.
- Responds to all requests appropriately, accurately, and in a timely manner.
- Interacts with physicians in a timely, positive manner to resolve case management issues.
- Seeks consultation from appropriate disciplines/departments as required to expedite care and facilitate timely discharges.
- Refers appropriate patients to Clinical Social Work for psychosocial intervention, guardianship, financial, resource management and complex discharge planning in a timely manner.
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- Refers patients and issues to the Outcome Manager and physician advisor in a timely manner as indicated.
- Interacts with the Outcomes Manager and the Nurse Manager to improve clinical operations within the ED and Inpatient settings.

Participates in clinical performance improvement activities to achieve set goals.
- Uses data to drive decisions and plan/implement performance improvement strategies related to clinical care coordination of patients.
- Collects delay and other resource utilization data for specific performance and/or outcome indicators.
- Participates in development, implementation, teaching, evaluation, and revision of clinical pathways and physician order sets.

Demonstrates positive and professional written, verbal and nonverbal communication skills.
- Substantiates activity by documentation that is entered in a clear, concise, organized, and timely manner per UWHC and Department of Coordinated Care guidelines.
- Demonstrates professionalism and good interpersonal skills in communicating with all customers.
- Utilizes negotiation skills, which effectively promote constructive solutions.
- Utilizes appropriate communication style and techniques.
- Reflects concise clinical pertinence in documentation for assigned patient population.
- Responds to all inquiries from payers in a professional manner using Coordinated Care Department guidelines.
- Documents case management, quality, and risk concerns and refers to appropriate departments as applicable for follow up.
- Completes assignments, monthly statistics, and all reports per Coordinated Care Department guidelines.

Applies advanced critical thinking and conflict resolution skills using creative approaches.
- Identifies creative approaches and takes appropriate action as indicated.
- Uses critical thinking and problem-solving skills effectively.
- Demonstrates a working knowledge of regulatory and survey standards (PRO, JC, HCFA, AHCA, NCQA).
- Demonstrates a working knowledge of disease and age specific impact.
- Demonstrates a working knowledge of approved criteria and applies consistently according to inter-rater reliability techniques.
- Meets individual goals set during annual performance review. Establishes an ongoing work plan with quarterly updates.

III. EDUCATION

A. Participates in the orientation of new department staff.

B. As requested, will provide learning opportunities for students in various health care disciplines.

C. Develops, implements, and evaluates comprehensive patient education programs that assure quality and appropriateness of care across settings (i.e. inpatient, ambulatory, and home).

D. Supports the UWHC outreach mission through consultation and/or education of community agencies as requested through the Department of Coordinated Care and Case Management and the Nursing Consultation Center.

IV. RESEARCH

A. Participates in organizational improvement activities.

B. Identifies recurring clinical practice issues and contributes to the development of specific plans to address identified issues.

C. Demonstrates knowledge of research findings related to clinical specialty.

D. Participates in activities that support the advancement of case management, utilization review, and discharge planning through literature review, professional organizations, research, committee participations, etc.

E. Consistently uses new knowledge, technology and research in practice.

V. PROFESSIONAL DEVELOPMENT

A. Enhances professional and departmental growth through active participation in professional organizations, department activities, and community groups.
- Provide educational offerings in area of expertise at UWHC and its affiliates, the Coordinated Care Department and in the community.
- Monitor and improve quality of services provided to patients/families through ongoing participation in unit and Departmental PI activities.
- Apply principles of interdisciplinary teamwork and maintain a working knowledge of other
UW HEALTH JOB DESCRIPTION

healthcare professional's roles. Respect other professions and seek opportunities for collaboration.
• Meets individual goals set during annual performance review. Establishes an ongoing work plan with quarterly updates. Solicit and apply appropriate feedback to individual performance.

PERFORMANCE MEASURES:
• Achievement of severity-adjusted average length of stay for targeted patient groups, compared to external benchmarks.
• Achievement of severity-adjusted variable cost per case, excluding outliers, compared with external benchmarks.
• Achievement of Coordinated Care Department standards of care:
  o All patients to have an initial clinical review upon admission and a status update within 12 hours.
  o All patients assessed by case manager within 24 hours of admission;
  o All patients to have discharge disposition assessed and plan initiated within 24 hours of admission;

All duties and requirements must be performed consistent with the UW Health Service and Performance Standards.

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<tr>
<th>JOB REQUIREMENTS</th>
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<tr>
<td>Education</td>
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<td>Work Experience</td>
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<td>Licenses &amp; Certifications</td>
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<tr>
<td>Required Skills, Knowledge, and Abilities</td>
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AGE SPECIFIC COMPETENCY (Clinical jobs only)
Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

| Infants (Birth – 11 months) | Adolescent (13 – 19 years) |
| Toddlers (1 – 3 years)     | Young Adult (20 – 40 years) |
| Preschool (4 – 5 years)    | Middle Adult (41 – 65 years) |
| School Age (6 – 12 years)  | Older Adult (Over 65 years) |

JOB FUNCTIONS
Review the employee’s job description and identify each essential function that is performed differently based on the age group of the patient.

PHYSICAL REQUIREMENTS
Indicate the appropriate physical requirements of this job in the course of a shift. Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.

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<tr>
<th>Physical Demand Level</th>
<th>Occasional</th>
<th>Frequent</th>
<th>Constant</th>
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<tbody>
<tr>
<td></td>
<td>Up to 33% of the time</td>
<td>34%-66% of the time</td>
<td>67%-100% of the time</td>
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<tr>
<td>Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.</td>
<td>Up to 10#</td>
<td>Negligible</td>
<td>Negligible</td>
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<td>Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.</td>
<td>Up to 20#</td>
<td>Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls</td>
<td>Negligible or constant push/pull of items of negligible weight</td>
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## UW HEALTH JOB DESCRIPTION

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<th>20-50#</th>
<th>10-25#</th>
<th>Negligible-10#</th>
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<tr>
<td><strong>Medium:</strong></td>
<td>Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.</td>
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<td><strong>Heavy:</strong></td>
<td>Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.</td>
<td>50-100#</td>
<td>25-50#</td>
<td>10-20#</td>
</tr>
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<td><strong>Very Heavy:</strong></td>
<td>Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.</td>
<td>Over 100#</td>
<td>Over 50#</td>
<td>Over 20#</td>
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**Other** - list any other physical requirements or bona fide occupational qualifications not indicated above:

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Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.