

2011 Application



The Franklin Award of Distinction

An ACMA / The Joint Commission
Recognition for Exceptional Hospital and
Health System Case Management

Submission Deadline: November 30, 2010

GENERAL INFORMATION

INTRODUCTION:

The American Case Management Association (ACMA) and The Joint Commission annually select and present the "Franklin Award of Distinction" to a Hospital/Health System Case Management Service in recognition of their distinctive and collaborative Case Management practice.

Applicants must demonstrate their commitment to a collaborative practice philosophy, their ability to coordinate care along a continuum of care and their process for applying interdisciplinary and interdependent expertise in achieving patient outcomes.

Each applicant must demonstrate their Case Management Service as functionally comprehensive, outcome oriented, and influential within their organization.

ELIGIBILITY REQUIREMENTS

All Hospitals/Health Systems are eligible to apply if their Case Management Service utilizes a Case Management Model that demonstrates a commitment to a Collaborative Practice* philosophy.

AWARD CRITERIA

Each application will be judged, in part, on how Case Management Service:

- ♦ demonstrates that practice is interdisciplinary and collaborative and not the function of one person or discipline;
- ♦ demonstrates role clarity and professional identity;
- ♦ demonstrates that practice is a catalyst and achieves improved outcomes for patients and families;
- ♦ demonstrates that practice provides leadership, competence and expertise in the solution/resolution of identified problems;
- ♦ evolves through evaluation and improvement;
- ♦ demonstrates that Case Management practice is distinctive;
- ♦ defines, measures and reports key performance indicators;
- ♦ demonstrates clinical and operational outcomes;
- ♦ supports ACMA's Standards of Practice
(ACMA Standards of Practice are available via the ACMA website at www.acmaweb.org)

FORMAT REQUIREMENT

One (1) hard copy and eight (8) electronic CD or USB drive copies of the nomination form and all supporting documentation must be submitted⁺. Each application must:

- ♦ Be typed in the space provided. Answers are limited to the amount of space provided
- ♦ Typed in a font size of 10 or 12
- ♦ Contain answers for each of the 5 core components
- ♦ Include a title page
- ♦ The electronic copies must be saved as a **single continuous .pdf file**. The .pdf file can then be saved to CD. If you need further assistance with this requirement, please contact your IT department or ACMA's National office at 501-907-2262. It is recommended you submit your application early for electronic format verification.
- ♦ A maximum of 10 additional pages of data tables, graphs and figures may be submitted beyond what is requested in the application. All additional submissions must be clearly labeled.

Applications that do not meet these format requirements will be eliminated prior to review.

* Refer to Attachment I: Glossary

SUBMISSION REQUIREMENTS/DEADLINE

Organizations applying for the Franklin Award of Distinction are encouraged to submit a letter of intent by September 1, 2010. Letter of intent may be submitted electronically to franklinaward@acmaweb.org or mailed to the below address.

Hospital/Health System CEO and Applicant must sign and return the enclosed Confidentiality/Disclosure Statement.

The completed application must be received by ACMA no later than 5:00 p.m. Central Standard Time (CST) on November 30, 2010. Submissions must include a completed application form and all supporting documentation as outlined in Attachment 2: one hard copy and eight (8) electronic CD or USB drive copies of the application and supporting materials.

American Case Management Association
ACMA/The Joint Commission Franklin Award of Distinction
11701 West 36th Street
Little Rock, AR 72211

Upon receipt, all applications will be acknowledged electronically with a confirmation of receipt. If the applicant has not received an acknowledgement email by December 1st, applicant should contact ACMA to verify application has been received. ACMA staff will conduct a preliminary review to ensure that applications are complete (please see checklist provided in Attachment 2) and ready for submission to the Award Panel. **Incomplete applications will not be considered.** ACMA and The Joint Commission are not responsible for incomplete applications.

AWARD PANEL

The Award Panel is comprised of professional experts, including Nurses and Social Workers, identified by ACMA/The Joint Commission. The decisions of the Award Panel are final. All submitted materials become the property of ACMA and will not be returned.

INQUIRIES

Questions about the award/submission process should be directed via email to franklinaward@acmaweb.org.

CASH GRANT & AWARD BENEFITS

The award winner will be notified in February 2011. Award winner will be announced at the 2011 National Institute for Case Management Annual Clinical Case Management Conference and ACMA Annual Meeting (date/location TBD).

Award includes:

- \$5,000 cash grant for Case Management Service
- Four (4) main conference registrations for the 18th Annual Clinical Case Management Conference and 12th Annual ACMA Meeting
- Award presented at 18th Annual Clinical Case Management Conference and 12th Annual ACMA Meeting by ACMA National Board Member
- Press release recognizing award winning Hospital/Health System distributed by The Joint Commission
- Engraved trophy
- Certificates of Recognition for Case Management staff (limited to 100)
- ACMA Franklin lapel pins for Case Management service employees (limited to 10)
- Recognition in ACMA's national Collaborative Case Management publication
- Electronic recognition from both ACMA & The Joint Commission via e-newsletter and e-list serve
- Commendation letter from ACMA sent to winner's CEO

APPLICATION & ORGANIZATION INFORMATION

A. APPLICANT INFORMATION

Organization: _____

Service Name/Department: (If multiple departments comprise your Case Management Service, list each department's name.) _____

Address: _____

City/State/Zip: _____

Telephone: _____

Application Contact: _____

Contact Title: _____

Contact Telephone: _____

Contact Email: _____

B. CONFIDENTIALITY/DISCLOSURE AGREEMENT

Hospital/Health System understands that all submitted materials become the property of ACMA and will not be returned.

Hospital/Health System understands that all submitted materials will be kept confidential.

If selected as a finalist, Hospital/Health System agrees to host an evaluation site visit. Site visit for the 2011 award will be determined at a future date.

If selected, Hospital/Health System gives permission for ACMA to publish Hospital/Health System name and logo. Official Hospital/Health System name is: _____

If selected, Hospital/Health System will receive Certificates of Recognition for Case Management staff (limited to 100). Please attach an employee list.

If selected, Hospital/Health System agrees to present a session on at the 2011 Clinical Case Management Conference (date/location TBD).

Hospital/Health System grants permission for ACMA to add the employees contained in this application to the mailing list.

Yes No

Hospital/Health System to contact ACMA via phone at 501-907-2262 if an email confirmation of application receipt is not received from ACMA by December 1, 2010.

 Applicant (please print)

 Signature

 Date

 Hospital/Health System CEO (please print)

 Signature

 Date

APPLICATION & ORGANIZATION INFORMATION cont.

5. What is your Organization's size?
 - A. Number of licensed beds: _____ N/A
 - B. Average daily census: _____ N/A
 - C. Occupancy rate for last fiscal year: _____ N/A
 - D. Other Volume (if applicable) _____ N/A

6. How many active physicians* are currently on your Organization's medical staff?

7. Do you have a hospitalist program? Yes No
 If yes, what percentage of your average daily census is managed by your hospitalists?

8. What is your organization type?
 Academic Medical Center Teaching Affiliated Community Other _____

9. Is your organization: Profit Not for Profit

10. Describe the geographic area served by your organization. (i.e. greater metropolitan area, number of counties, state)

11. Insert your Organization's Payor Mix percentages:
 - Commercial* / Non-Managed Care: _____
 - Managed Care*: _____
 - Medicaid* or MediCal*: _____
 - Medicaid HMO: _____
 - Medicare*: _____
 - Medicare HMO: _____
 - Veterans or Department of Defense: _____
 - Indigent: _____
 - Self-Pay*: _____
 - Other (_____): Please describe: _____
 - Other (_____): Please describe: _____

12. Provide the following data for the last fiscal year:

	Average Length of Stay (ALOS)	Case Mix Index (CMI)
All Payor		
Medicare Only		

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

D. Below is a list of functions performed by Case Management (CM) departments/services as defined by the American Case Management Association’s Scope of Services document.

Please complete appropriate columns per function as follows:

Column 1: Function – If there are additional functions under a specific category, please indicate up to two (2) in the provided space indicated as “other”

Column 2: Significance Rating - Rate the significance of each function to the CM department/service using the scale provided.

Column 3: Governed by CM - Place an X if your CM department/service governs the function.

Column 4: Primary Responsibility Code: Identify the discipline(s) with primary responsibility for that function./ using the codes provided.

Column 5: Governed by Other: If another department/service governs the function, list the service.

Column 6: CM Monitoring: For functions governed by other departments/services but includes CM. For example, Benchmarking and Outcomes may be governed by Quality Management but CM may have internal monitoring responsibilities, place an X in the last column.

Significance Scale:

0 = Not necessary for my practice	3 = Significant
1 = Minimally significant	4 = Very significant
2 = Moderately significant	5 = Of maximum significance

Primary Responsibility Codes:

R = Nurse
S = Social Worker
T = Nurse & Social Worker

Scope of Service Function	Significance Rating	Governed by CM	Primary Responsibility Code	Governed by Other (please list)	CM Monitoring
Advocacy & Education					
Patient/Family Self Care Management					
Patient/Family Health Management Education					
Bioethics Referrals & Management					
Physician, Staff & Community Education					
Case Management Education & Training					
Risk Management Identification & Referral					
Legal Assistance/Coordination					
Customer Service/Guest Relations Management					
(Other)					
(Other)					
Clinical Care Coordination/Facilitation					
Plan of Care & Outcomes Management					
Patient Care Integration					
Resource Management					
Patient/Family Care Conferences					
Interdisciplinary Care Communication/Coordination					
Continuity of Care Planning Management					
(Other)					
(Other)					

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

Function	Significance Rating	Governed by CM	Primary Responsibility Code	Governed by Other (please list)	CM Monitoring
Continuity/Transition Management					
Capacity/Access Management & Throughput					
Discharge Planning					
Dialysis Coordination & Arrangements					
Pharmaceutical Authorization/Management					
Community Resource Coordination					
Advance Directives					
Palliative/End-of-Life Care					
(Other)					
(Other)					
Financial Management					
Health Care Resource Management/Clinical Cost Efficiency					
Financial Assistance/Referrals					
Appeals Management					
Entitlement Program Coordination					
Patient Benefits Coordination: Medicare/Medicaid/SSI					
(Other)					
(Other)					
Performance & Outcomes Management					
Federal/State/Local Regulatory Agency Compliance					
Joint Commission Standards Compliance					
Clinical Documentation Management					
Core Measures Utilization/Compliance					
Patient Safety Compliance					
Clinical Guidelines/Pathways/Evidenced Based Practice					
Quality Improvement Practice Standards					
Organizational Financial Performance/Management					
(Other)					
(Other)					

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

Function	Significance Rating	Governed by CM	Primary Responsibility Code	Governed by Other (please list)	CM Monitoring
Psychosocial Management					
Crisis Intervention					
Psychosocial Assessment/Functioning					
Counseling Support & Referral					
Abuse/Neglect Identification & Referral					
Emotional Stability/Coping/Grief/Bereavement Support (Individual & Group)					
Adoption					
Health/Wellness Promotion					
(Other)					
(Other)					
Research & Practice Development					
Clinical Practice Improvements					
Evidenced Based Clinical Practice					
Case Management Best Practice Standards Development					
Case Management Competency Development					
(Other)					
(Other)					
Utilization Management					
Avoidable Delay Identification, Intervention & Tracking					
Utilization Review					
Pre-Admission Planning					
Third Party Payer Communication					
Level of Care Appropriateness Coordination					
Admission Status Determination					
Clinical Denial Prevention					

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

- E. Provide three (3) examples that describe how Case Management is integrated beyond your defined scope of service. (limit to space provided)
- F. Describe the various **key Case Management positions** and how they integrate into your Case Management Model to achieve collaborative outcomes.

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

G. Please include **a brief job summary** for each position. Please note that a job description may be requested by the selection committee during application review. Please limit to ten (10) positions. (1-2 Pages or less)

Position 1 - Title:

Position 2 - Title:

Position 3 - Title:

Position 4 - Title:

Position 5 - Title:

Position 6 - Title:

Position 7 - Title:

Position 8 - Title:

Position 9 - Title:

Position 10 - Title:

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

H. On the chart below, list the tools, frequency and method for monitoring and evaluating employee performance: (limit to space provided)

Tool	Frequency of Use	Method for Improving Staff Performance

I. Provide three (3) examples where Case Management staff has provided educational opportunities beyond their department. Include the educational audience and what resources were applied to develop and teach the educational content. (Limit to space provided)

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

J. Case Load: identify, by discipline, the average daily caseload:

RN Case Manager: _____
 SW Case Manager / Social Worker: _____
 Other _____ (discipline): _____
 Other _____ (discipline): _____
 Other _____ (discipline): _____

K. Indicate the settings where Case Management services are provided:

- | | |
|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Long-Term Care/Nursing Home |
| <input type="checkbox"/> Ambulatory Clinics | <input type="checkbox"/> Physician Offices |
| <input type="checkbox"/> Community Agencies | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> School-based Clinics |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Skilled Nursing (SNF) |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Sub Acute |
| <input type="checkbox"/> Long-Term Acute Care | <input type="checkbox"/> Other _____ |

L. Indicate assignment method of Case Management staff:

- | | |
|--|--|
| <input type="checkbox"/> Geographic/Unit Based | <input type="checkbox"/> Service Line or Continuum |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Disease Specific Care |
| <input type="checkbox"/> Combination Please describe _____ | |
| <input type="checkbox"/> Other _____ | |

M. How many days per week do you provide on-site Case Management staff?

- | | |
|--------------------------------------|--------------------------------------|
| RN Case Manager | SW Case Manager / Social Worker |
| <input type="checkbox"/> 5 days/week | <input type="checkbox"/> 5 days/week |
| <input type="checkbox"/> 6 days/week | <input type="checkbox"/> 6 days/week |
| <input type="checkbox"/> 7 days/week | <input type="checkbox"/> 7 days/week |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

N. How many hours per day, Monday through Friday, do you provide on-site coverage?

RN Case Manager? _____ SW Case Manager / Social Worker _____

O. How many hours on Saturday do you provide on-site coverage?

RN Case Manager? _____ SW Case Manager / Social Worker _____

P. How many hours on Sunday do you provide on-site coverage?

RN Case Manager? _____ SW Case Manager / Social Worker _____

Q. How many days per week do you provide on-call coverage?

- | | |
|--|--|
| RN Case Manager | SW Case Manager / Social Worker |
| <input type="checkbox"/> 1 day a week | <input type="checkbox"/> 1 day a week |
| <input type="checkbox"/> 2 - weekends only | <input type="checkbox"/> 2 - weekends only |
| <input type="checkbox"/> 5 days per week | <input type="checkbox"/> 5 days per week |
| <input type="checkbox"/> 6 days per week | <input type="checkbox"/> 6 days per week |
| <input type="checkbox"/> 7 days per week | <input type="checkbox"/> 7 days per week |
| <input type="checkbox"/> No formal on call/Mgr available | <input type="checkbox"/> No formal on call/Mgr available |
| <input type="checkbox"/> Holidays only | <input type="checkbox"/> Holidays only |
| <input type="checkbox"/> No on-call | <input type="checkbox"/> No on-call |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

R. How many hours per day, Monday through Friday, do you provide on-call coverage?

RN Case Manager? _____ SW Case Manager / Social Worker _____

I. CASE MANAGEMENT SERVICE STRUCTURE cont.

S. How many hours on Saturday do you provide on-call coverage?

RN Case Manager? _____ SW Case Manager / Social Worker _____

T. How many hours on Sunday do you provide on-call coverage?

RN Case Manager? _____ SW Case Manager / Social Worker _____

II. CASE MANAGEMENT CULTURAL INTEGRATION

- A. Describe an example of how your Case Management Service was a **catalyst for change** within your organization and demonstrate how your effort improved patient and family outcomes. (1 Page or less)

II. CASE MANAGEMENT CULTURAL INTEGRATION cont.

- B. Describe/validate, with specific examples, how the Leadership* and Medical Staff are **integrated** with and demonstrate support for Case Management Services in your organization. (1 Page or less)

III. CASE MANAGEMENT SERVICE PROCESS

A. How does the Case Management Service define the following:

Screening Process / Referrals:

Assessment Process:

Care Planning / Clinical Coordination:

Discharge Planning Process:

Other Interventions (if applicable):

III. CASE MANAGEMENT SERVICE PROCESS cont.

B. Describe your case escalation / barrier resolution process. (Limit to space provided)

C. Describe current opportunities for improvement to meet your Case Management Service's goals and objectives. (Limit to space provided)

III. CASE MANAGEMENT SERVICE PROCESS cont.

- D. Provide up to three (3) examples of how **Case Management led** Performance Improvement initiatives have resulted in clinical and operational practice changes and describe resulting improved outcomes for patients/families. (Limit to 1 page)

III. CASE MANAGEMENT SERVICE PROCESS cont.

E. Case Study Scenario

Selected finalists will be required to participate in a one hour real time conference call case study. Finalists will be notified two (2) weeks in advance of the scheduled call. **The scenario will be provided to finalist one hour prior to the call.**

The finalist will be expected to select a minimum of one Nurse and one Social Work staff line employees to participate in the case study. Staff selected to participate in the case scenario must be included on the employee roster as submitted in this application.

Upon completion of the case review conference call, the peer review committee will submit scores to the selection committee who will then select two applicants for site visits. The site visit will be conducted by an ACMA and a Joint Commission representative. You will be notified post peer review whether or not you have been selected.

IV. CASE MANAGEMENT SERVICE OUTCOMES (Department & Organization)

- A. Attach dashboards/Case Management performance reports that are submitted to leadership
- B. Complete the following table and provide your **top five (5) examples of key performance indicators** used to monitor the outcomes of your case management department and for key performance indicators that were achieved through collaboration with other departments within your organization.

*Use the second column on the chart to indicate whether the identified measure was strictly related to the performance of staff within the Case Management Department "D," or was achieved through collaboration with other departments within the organization "O." Examples of clinical process and/or outcome measures may include, but are not limited to: recidivism, length of stay, quality measures, denial management, and patient, physician, or employee satisfaction. An example has been provided on the chart below.

Name & Definition	Organizational or Department *	Rationale for Selection	Source	Reporting Interval	Comparative Data Source (if applicable)	Results/Outcomes Report Distribution
<i>Patient Satisfaction: Number of patients who respond "Strongly Agree" or "Agree" to survey questions</i>	<i>O or D</i>	<i>Feedback facilitates improvements in CM Process</i>	<i>Patient Satisfaction Surveys mailed to discharged patients</i>	<i>Quarterly</i>	<i>50 Similar size hospitals within the US</i>	<i>CM Staff Physician Advisors Senior Management</i>

V. CASE MANAGEMENT SERVICE DISTINCTION

- A. The Franklin Award is an award of **distinction***. Describe how your Case Management Service is different from other typical Case Management Services; provide examples that illustrate your distinction.
(Limit to space provided)

- B. Please provide applicable data that demonstrates the outcomes achieved.

APPLICATION CHECKLIST

Prior to submitting one (1) hard copy and eight (8) electronic copies of your completed application, please complete the checklist below to ensure that you have provided the required supporting documentation:

- Signed confidentiality/disclosure agreement (Page 1 - B)
- Organizational chart. Chart (CEO down) must indicate where Case Management Service or Case Management functions reside (Page 2 – C)
- Letter of support from CEO (Page 2 – D)
- Case Management Service organizational chart including Management, Leadership, professional and clerical staff, and correlating number of FTEs for each role. (Section I - A)
- Case Management staff list containing name, title, and FTE complement. (Section I – B)
- Dashboards/Case Management performance reports (Section IV - B)

NOTE: Applications that do not meet format requirements and/or are incomplete will not be considered.
ACMA and The Joint Commission are not responsible for incomplete applications.

ATTACHMENT 1: GLOSSARY

Academic Medical Center

Associated with a Medical School, University.

Active Physician

A member of the medical staff who meets the qualifications for general medical staff and regularly cares for patients in the hospital and are regularly involved in Medical Staff functions, including when appropriate emergency care and consultations.

Case Management

A collaborative practice model in Hospital/Health Care Systems that includes patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources, balanced with the patient's right to self determination.

Collaborative Practice

Case Management Collaborative Practice demonstrates interdisciplinary and interdependent expertise that is jointly accountable for desired outcomes.

Continuum of Care

Matching an individual's ongoing needs with the appropriate level and type of medical, psychological, health, or social care or service within an organization or across multiple organizations.

Distinction

A distinguishing quality or characteristic; a condition of being different, the recognizing or noting of differences

Leadership

Individuals in the organization responsible for setting expectations, developing plans, and implementing procedures to improve the organization's governance, management, clinical, and support functions and processes. Leaders include the members of the governing body, the CEO, the CNE, medical directors, and the other members of the management team.

Payor Mix Categories:

MediCal: Primary insurance coverage is funded via the state of California's operated program for Medicaid eligible recipients.

Medicare: Primary insurance coverage is Medicare but not a capitated health plan.

Medicaid: Primary insurance coverage is funded via the state operated program for Medicaid eligible recipients.

Commercial: Primary insurance coverage is a non-capitated plan administered or financed by a private organization. Examples include Blue Cross, Blue Shield, United Health Care, and Workman Compensation carriers.

Managed Care: Primary insurance coverage is a product where reimbursement is based on capitation, per diem rates, or discounts based on negotiated contract between the organization and the payor. Note this category includes patients funded via the veterans plans administered by the government.

Self-Pay: Patients who have no insurance coverage or no coverage for the type of service being provided

Teaching Affiliated Hospital:

Not part of a University or Medical School. Participates in residency programs.