A Distinctive Model for Care

ACMA Talks to Staff from Carolinas Medical Center about Winning the 2009 Franklin Award of Distinction

At the 2009 NICM/ACMA National Conference in Boston, ACMA and The Joint Commission announced Carolinas Medical Center in Charlotte, North Carolina, as the 2009 winner of the Franklin Award of Distinction.

ACMA spoke with two members of Carolinas’ Case Management Department, Kimberly Blok and Deborah Wright, about what sets Carolinas apart, and the experience of winning the Franklin Award:

What are the top attributes that the Franklin Committee felt set Carolinas’ Case Management department apart and make it distinctive?

KB: According to the committee: the shared governance model that both our case management department and the hospital employ, our 24-7 coverage, and our recruitment and retention committee.

What led to the decision to implement 24-hour coverage?

KB & DW: There had always been social worker coverage. However, they were on call but weren’t always in house. Now, we have one social worker and one clinical care manager onsite around the clock (clinical case managers in the department are RNs).

The decision was made to staff a clinical case manager 24-7 in order to address potential RAC audit issues, as well as Medicare patients that were coming through the Emergency Department (ED) and being admitted to the hospital, and sometimes even discharged, before a case manager or social worker could actually see them during the day shift. This led to many inappropriate admissions in terms of inpatient versus observation status. Now with the improved coverage, our ED case managers and social workers are there to order equipment and arrange home health and other services from the ED, avoiding unneeded admissions. Having social workers in the ED at all times to offer support and assist families in a trauma center is crucial. We are truly busy round the clock.
What outcomes of 24-hour coverage have you seen so far?

KB & DW: In terms of social work and discharge planning, we now have someone in the ER that is onsite to handle situations such as abuse cases and cases involving child custody, whereas before the social worker had to be called in. From a nursing standpoint, when the day shift case managers arrive, most of the Medicare patients that were admitted overnight have already been seen, which reduces the workload and the amount of “catch-up” for the day shift clinical case managers – they no longer have to ensure that patients admitted the previous night met criteria, or that their observation or inpatient admit orders were correct. It helps create a streamlined and efficient overall work process for all those involved.

Could you discuss Carolinas’ recruitment and retention process?

KB & DW: The need for this program was identified when we had our employee survey within the case management department. The employee satisfaction scores were lower in some areas than leadership felt was acceptable, and the majority of these low scores were related specifically to our employee orientation process. The reason that we implemented this program is we wanted more of an “on-boarding” experience instead of just an orientation experience.

The process begins with a preceptor ship that lasts one year. The employee’s preceptor facilitates their orientation and helps train the employee in their specific role. Employees are also assigned mentors to help guide them as they adjust during their first year of employment. The preceptor and the mentoring program go hand in hand, and both preceptors and mentors are required to attend training classes designed to build specific skills such as teamwork and leadership.

We also incorporate peer interviewing as part of the hiring process. Through this process, the department’s clinical care managers and social workers interview potential employees and provide input on candidates.

Management conducts an interview with new employees 90 days after they have been hired to determine if their needs are being adequately addressed, and answer any questions that that the new employee might have. We use the employee feedback to make adjustments and improve upon our current model. The interview process provides employees with an opportunity to voice their opinions and concerns, and allows them to bring value to the department through their feedback and suggestions.

The recruitment and retention process is truly an ongoing process, and has significantly reduced the turnover rate within our department.

How has the recruitment and retention process influenced your careers?

DW: I actually just completed the mentor training program a few weeks ago, and I believe it really provides you with some accountability beyond just the day-to-day parts of your job. By mentoring a new employee in the case management department, you feel as though you are helping the growth and development of the department as a whole.
Another innovative initiative that Carolinas has implemented is a system to provide online access to support materials. Could you describe this system?

The system is called Sharepoint. It is a fairly new system that allows us to access community resources and other discharge planning tools, as well as Medicare and Medicaid information, and all hospital and department policies and procedures. It is convenient because you have access to these resources and materials online as opposed to volumes of notebooks and papers that are constantly outdated. That is really one of the greatest benefits – it can be updated on a continual basis so all of the latest information is just a click away.

To tie this system back to our recruitment and retention process, initially we had a large binder that was given to new employees with all of their orientation information, tools, and policies and procedures. Now they can just log on and access the materials – it is much simpler.

How would you describe the experience for staff at Carolinas?

KB: I’ve worked in case management for 16 years and I have been in a lot of different hospitals. Comparatively, Carolinas is a very large hospital – we have more than 800 beds, and our department has over 100 FTEs, including both nurses and social workers.

As far as our model of work, our clinical care coordinators and social workers really work as teams and collaborate in discharge planning. We have excellent buy-in from physicians within the organization and the department is very well respected. We also have excellent administrative support and good physician rapport, which really helps our department to be truly effective. I believe that it also says something that people throughout the organization look to the case management department for advice—we actually help drive the patients’ admission and discharge.

What was your response to winning the Franklin Award?

KB & DW: We were there [at the 2009 NICM/ACMA National Conference] when it was announced, and it was very exciting. We were extremely proud – it was a fantastic feeling to be a part of a program that was honored with the award. After the award presentation, we sat in on a lecture that our Assistant Vice President of Clinical Care Management, Barb DeSilva, gave to those who were interested in applying for the Franklin Award. Hearing comments and feedback on our program from everyone really made us feel proud of our organization and the case management department, and the excitement spread throughout the organization. It was announced in the hospital and the staff was ecstatic.
Kimberly Blok, RN, MSN, CCM, has been an Outcomes Manager at Carolinas Medical Center since 2006. She earned her BSN from West Virginia University in Morgantown, WV, and her MSN from Mountain State University in Beckley, WV. She has been an RN for 19 years, and has worked for 17 years as a case manager in acute care hospitals.

Deborah Owen Wright, RN, BSN, CPHM, has been a Clinical Care Coordinator for Carolinas Medical Center for the last two years. She earned a diploma in nursing from Presbyterian School of Nursing in Charlotte, NC, and her BSN from Queens University of Charlotte. She has been a nurse for more than 29 years, and her experience includes Labor and Delivery, OB/GYN, and High Risk OB.

American Case Management Association

www.acmaweb.org
theacma@acmaweb.org