Consider Case Management Models in Nursing

I am writing in response to Gayle A. Fishman’s article, “Attending Registered Nurses: Evolving Role Perceptions in Clinical Care Teams,” published in the January-February 2018 issue of Nursing Economic$. When reading the article, my initial reaction was, “This is nothing new!” My purpose for writing you is to remind the Nursing Economic$ community the attending registered nurse (ARN) model is similar to the case manager or care coordinator role, which has been well-documented and used in hospitals and other care settings. My fear is that the research at Massachusetts General Hospital (MGH) has not considered the ample body of evidence that exists in other areas of nursing practice. My hope is that you will share this and encourage your readers to look more broadly for evidence-based solutions to the increasingly complex, digitized, and fragmented world of health care.

This article, along with a 2012 article by Jeanette Ives Erickson, describe work that has been done at MGH, regarding development of the ARN role to support delivery of integrated, patient-centered care. In her article, Dr. Fishman describes the ARN role as, “staff nurse who, with the attending physician, is responsible for ensuring the consistent and timely progression of care” and is “accountable for ensuring patient care meets clinical standards (evidence-based practice) and coordinates decision making and communication, notably during transitions of care” (p. 12).

Similarly, Powell and Ignatavicius, in the Core Curriculum for Case Management, reference an American Nurses Association definition of case management as:

- A system of healthcare delivery designed to facilitate achievement of expected patient outcomes within an appropriate length of stay. The goals of case management are the provision of quality health care along a continuum, decreased fragmentation of care across settings, enhancement of the client’s quality of life, efficient utilization of patient care resources, and cost containment. (2001, p. 3)

Yet, this is only one source. Many other authors, such as Toni Cesta, Elaine Cohen, Stefani Daniels, and Marianne Ramey have written about the leadership role of registered nurses in this discipline. Even I have previously published on the strategic value of case management (Cudney, 2002) and have been a contributor to The Leader’s Guide to Hospital Case Management (Cudney, 2005). I even found a rather dated but very relevant article in Nursing Economic$ by Johnson and Schubring (1999) which accomplishes goals very similar to the MGH experience.

As Dr. Fishman indicated in her article, new care delivery models are emerging along the fragmented continuum of care requiring increased collaboration and coordination to achieve the best patient outcomes. It is my view that professional nursing can and should demonstrate leadership for developing and implementing new models of care delivery. Therefore, I recommend that those who examine and appreciate the ARN model also take the time to review the extensive body of knowledge pertaining to case management. After all, if a professional nurse wants to lead the integration of healthcare delivery, shouldn’t that leader consider all the related literature, both across and between disciplines?

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REFERENCES


Author’s Response:
I read with interest Mr. Cudney’s response to my article “Attending Registered Nurses: Evolving Role Perceptions in Clinical Care Teams” and thank him for his interest and review of some of the literature. Of course, there are many examples of new roles in nursing leadership which have been implemented to improve the coordination of care. As my article suggested, professional nursing must not only develop new models for leadership but these models and the literature describing them must be critically assessed to determine which of these models provides

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improved clinical care, economic benefit, excellence in continuing nursing education, and job satisfaction – all of which were highlighted as important goals by the participants in my prospective assessment of the ARN role at MGH. It was, for example, interesting that many of the nurses participating as ARNs had left that role over a relatively short time span. Those who stayed as ARNs evidenced job satisfaction.

Thus, Mr. Cudney has unfortunately missed the point in his recitation of some of the literature in this field – it is equally important to critically, prospectively, and quantitatively assess new programs once implemented. Only in this manner can we differentiate new models and opportunities for nursing leadership from rote recitations of past efforts. Nursing leadership must adapt to new patterns of healthcare delivery and to the needs of the centers in which they work – as well as to the provision of clinically excellent care. The benefits of creativity in our field must be shared and evaluated – to our patients’ benefit.

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