

Case Management: so what's it all about?

Author: Denise Watling Rgn, Dip HE. AIRSM

The author is a qualified nurse and provides case management services for people with acquired brain injuries and spinal injuries. The author is also an expert witness in nursing care and rehabilitation and provides a nationwide report service specialising in catastrophic injuries in personal injury claims and cases concerning clinical negligence.

Introduction

There is no universally agreed definition of case management. It means different things to different people and as a result agencies have developed models that address a particular set of local issues or problems and these are generally influenced by the organisational culture. This is evident with the Care Programme Approach (Department of Health 1999), which is applicable in a mental health setting, and the more recent Social Care Model (Department of Health 2005), which is primarily for the management of long term care of patients in the community. The aim of this paper is to briefly examine the core components of case management and the requisites of a case manager.

Core components

Although there is little consensus on a definition of case management or on a single model a few common themes and core components have emerged. In the acute phase immediately following the injury the rehabilitative process is intensive. Rehabilitation involves a complex set of integrated processes providing a program of coordinated services to achieve physical, psychological, social, economic, and the vocational potential of each individual. As an inpatient the spinal unit may have a case manager who works with the client up until discharge. Once discharged from the unit the institutional locus of control is lost and services may become fragmented. Ensuring the continuity and coordination of a seamless package of care is the primary focus of case management. Case management involves locating and pooling resources, sequencing and coordinating services and resources to respond to assessed needs, and monitoring the service delivery and service needs for a defined group of people (Loomis, 1988; Baldwin & Woods, 1994). The following six activities have been identified as core components of case management;

1. Client identification, outreach and engagement
2. Medical and psychosocial assessment of need
3. Development of a service plan or care plan
4. Implementation of the care plan by linking with service delivery systems.
5. Monitoring of service delivery and reassessment of needs.
6. Advocacy on behalf of the client (includes creating, obtaining and brokering required resources).

Requisites of a case manager

There isn't a specific training programme or course to teach someone to be a case manager in the UK. Case managers aren't always qualified nurses they may be social workers, occupational therapists or physiotherapists. What is important is that the case manager has a wide and varied knowledge base and clinical experience that enables them to locate resources, assess medical and psychosocial needs, coordinate services and monitor delivery and progress. Case management care packages can be very complicated and require an experienced professional with essential attributes. These include the ability to be an assertive, efficient multi-tasker with a sound problem solving approach. A case manager may assist a client to employ their own care team making arrangements with the Inland Revenue and engaging accounting and insurance services on their behalf. The case manager could even liaise with estate agents, builders and architects. Good communication and managerial skills are essential.

The case management-planning model should incorporate:

- Health
- Education
- Mobility
- Housing
- Transportation
- Employment
- Psychosocial Functioning
- Recreation
- Self Care
- Risk Management

Instructing a case manager

Where litigation is established a case manager is initially engaged by a firm of solicitors to manage all aspects of care and rehabilitation. For the individual with a spinal cord injury returning to live in the community and attempting to resume a lifestyle with family and friends is a critical stage of the rehabilitation process and the case manager will work closely with the client, family and significant others. The case manager should ideally be involved in the early stages when the claimant is still in in-patient rehabilitation. The legal representatives should facilitate access to all the medical reports. In this regard the Case Manager will be able to complete a thorough needs assessment report. The report is a comprehensive and holistic account of the claimant's past, present and future problems and will make recommendations regarding the claimant's long term Life Plan. The long term plans can be initiated by the case manager who will work with the claimant and set goals in readiness for the claimant's discharge.

Conclusion

Case Management should aim to provide an organised framework of services, recommendations, and requirements for long-term care management. The value of case management has been recognised by the government and is a key aspect of the Social Care Model (Department of Health 2005) that sets out a delivery system that matches care with need. This model builds on the approach of the Kaiser Permanente Triangle. National Service Frameworks are already demonstrating that new systems and approaches in primary care can have radical improvements on patient outcomes. Case managers should be aware of available resources, health and safety legislation, employment regulations and should be familiar with National Service Frameworks and the work of the National Institute for Clinical Excellence and the potential benefits to patient care in this regard. The case management strategy should be able to demonstrate that standards conform to nationally agreed best practices. Clinical governance is central to this strategy providing a framework within which organisations can work to improve and assure the quality of clinical services for patients (Department of Health 1999). Evidence has shown that intensive, on-going and personalised case management can improve the quality of life and outcomes for patients, dramatically reducing emergency admissions and enabling in-patients to return home more quickly (Department of Health 2005).

References

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