



IMPLEMENTATION OF CASE MANAGEMENT IN HOSPITALS

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ABSTRACT

Health services, especially the provision of care to patients in hospitals, are increasingly complex and require an increase in the quality of services that are increasingly well coordinated or known as integrated services. Therefore we need a proper service approach model, namely through case management carried out by case managers (CM) in hospitals. The presence of a CM to carry out case management is very important but requires readiness so that they are able to carry out case management properly. Therefore, a literature study is needed to determine the extent of implementation of case management in hospitals. This literature study uses two databases (Pubmed and ScienceDirect) as well as other sources. In total, there were 283 articles obtained through searching the data based, and there were eight articles that met the requirements (included). The results of the literature study found that the implementation of case management in hospitals still varied. Case management leads to better patient care and increased interpersonal and emotional relationships between patients and healthcare providers in hospitals. In addition, the implementation of case management has an impact on integrated care and better use of health services. Another finding is in the form of an experimental study that provides interventions to improve CM skills in implementing case management.

Keywords: case manager; case management; hospital; implementation

INTRODUCTION

The complexity of patient problems and service management involving multiple professions has the potential to cause fragmentation of services which can have implications for patient safety issues, if teamwork is not effective, therefore interprofessional collaboration is needed as an effort to realize synergistic and mutual patient care so that patients get complete and sustainable services. Hospital managers and care professionals generally understand this need, but access to collaboration models and how they are implemented remains unclear. Patient safety is a top priority in all forms of activities in the hospital. To achieve effective, efficient, and safe service conditions for patients requires commitment and responsibility from all service personnel in the hospital. Regional General Hospitals as an element of local government implementation in the field of health services are required to provide excellent and plenary service to the community by continuing to improve the quality of service. The principles of improving service quality include meeting patient needs, measuring and assessing services provided, improving service processes, and improving the quality of service providers. The current concept of health services is patient-focused health services. A paradigm shift where health services no longer focus on doctors as the center in healing and patient care but patients as the focus of health services (Sutoto and Lumenta, 2017). Therefore, hospitals need a design or strategy in order to carry out a service process with a focus on improving service quality and patient satisfaction (Alfajri, Sugiarsih, & Nurmastuti, 2017). One such parenting model is case management (CM).

Case management is defined as a healthcare process in which a professional helps a patient or client develop a plan that coordinates and integrates the support services the patient/client needs to optimize health care and psychosocial goals and outcomes. The case management process helps patients and their families navigate the complex set of services and support available (Giardino & De Jesus, 2021). Furthermore, health sector case managers come from different disciplines (e.g. nursing, medical, etc.) (Lukersmith, Millington, & Salvador-Carulla, 2016).

There are many case management partners. Hudon et al. summarized several case management descriptions including those from the *Case Management Society of America and the National Case Management Network of Canada* and described six core elements that include patient identification and eligibility determination, assessment, care planning along with goal setting, plan implementation, plan monitoring, and transition and release. In addition, there are also mentions of 17 main components of case management which include: case discovery, relationship building, assessment, planning, navigation, provision of care, implementation, coordination, monitoring, evaluation, feedback, provision of education and information, advocacy, supportive counseling, administration, repatriation, and community service development (Giardino & De Jesus, 2021).

Case management in Indonesia is known as Patient Service Management (MnPP) and case managers are called Patient Service Managers (MPP). Case managers in carrying out their roles and functions have received many challenges from both patients / families, Doctors in Charge of Patients (DPJP), Nurses in Charge of Patients (PPJA), other Care Professionals (PPA), heads of rooms, medical support, guarantors and other hospitals / Yankes in the referral system. Patient health services involve many professions and support systems, the need for good coordination so that the services provided are appropriate, effective and efficient (Mardean, La Ode, Handiyani, & Rayatin, 2021). CM is a collaborative process of assessment, planning, facilitation and advocacy to select and to meet an individual's health needs through available communication and resources to enhance quality and cost-effective outcomes. According to the Case Management Society of America (CMSA), the basic concept of CM includes adequate coordination for quality care that meets patient needs and is *cost-effective* so as to get positive care outcomes (*Case Management Society of America*). Furthermore, the Hospital Accreditation Commission (KARS) provides the term "Patient Service Management" for case management, while *case management* can be equivalent as Patient Service Manager (MPP). Placement of MPPs with sufficient numbers, in accordance with hospital conditions and periodic improvement of MPP competence is needed to achieve patient service management objectives. Patient care is coordinated with existing resources so as to provide quality service outcomes in a cost-effective manner (Tahan, Watson, & Sminkey, 2016). The function of *the case manager* is to conduct assessment, planning to evaluation, coordination, advocacy, education, as well as quality and cost control. Lack of case manager competence will affect service results in the form of transfer delays, discharge delays, cost and quality control, lengthening of length of stay (LOS), patient remission with worsening conditions (Avia, Handiyani, & Nurdiana, 2019).

Given the importance of CM in providing quality, multidisciplinary, integrated health services, and can improve good relationships between patients and health service providers including case managers, it is very important to conduct a literature study on "Implementation of Case Management in Hospitals". The results of this literature study can provide an overview and findings to the extent to which previous studies reveal the results of research that have been published related to case managers or case management or the extent of implementation of

case management by case managers in hospitals. The aim of this literature study is to determine the extent to which case management is implemented in hospitals.

METHOD

This research is a *literature review* where the article questions are compiled using the *PICOS framework (Population, Intervention, Comparison, Outcomes)* method. The elements of the *PICOS Method* in this study are P: *case managers*; I: *No Intervention*; C: *no comparison*; O: *Implementation of case management*; S : *Oconservation and experimental studies*. The protocol in this study uses *The Centre for Review and Dissemination and the Joanna Briggs Institute Guideline* as a guide in assessing the quality of the studies to be summarized. *Literature review* which is a comprehensive summary of several research studies determined based on a particular theme. A literature search will be conducted in May 2023. The data used in this study are secondary data obtained not from direct observation, but obtained from the results of research that has been carried out by previous researchers. Secondary data sources obtained are international journal articles with predetermined themes. The literature search in this review uses two *databases*, namely *Pubmed* and *Scient Direct* and from other sources. The criteria for inclusion in the search for literature sources in this article are:

- 1) Articles talking about case managers or case management
- 2) Articles discussing the implementation of case management in hospitals
- 3) Articles published in English and the year of publication of articles used ranges from 2018-2023
- 4) Articles from research results with *observational and experimental studies* design.
- 5) Articles are available in *fulltext articles*.

Exclusion criteria are articles from the results of *Scoping review, Literature review, and meta analysis*. Article or journal search uses *keywords* and *Boolean operators (AND, OR NOT or AND NOT)* which are used to expand or specify the search, making it easier to determine the article or journal used. The keywords in this *literature review* are tailored to *the case manager OR case management AND readiness AND hospital*. The total articles used for analysis amounted to 8 out of 283 articles. Researchers excluded low-quality studies to avoid bias in the validity of results and review recommendations. So that the last screening of articles used in *literature review* there were 8 articles. The results of article selection can be illustrated in the *Flow Chart* below.

RESULTS

Table 1.
Studies Included Matrix

No	Author, Year, Country	Title	Methods	Respondents	Results
1	De Luca et al. (2022) Italy	Multidisciplinary team perceptions of the Case/Care Managers' role implementation: a qualitative study	The study adopted a qualitative descriptive methodology with a phenomenological approach, using in-depth interviews	Participants (n = 21) were health professionals of multidisciplinary teams from several healthcare contexts in northern and central Italy	The themes showed a vision of the Case Manager, even a critical one, as a figure in transformation precisely from Case Management to Case / Care management. The themes underline how the Case / Care Manager represent a facilitator of clinical-therapeutic paths while acting as a reference figure, supporting the patient,

No	Author, Year, Country	Title	Methods	Respondents	Results
2	<u>Decker, Hubner, and Nwabuo (2020)</u> USA	"You don't want anyone who hasn't been through anything telling you what to do, because how do they know?": Qualitative analysis of case managers in a hospital-based violence intervention program	A qualitative analysis with a modified grounded theory approach was conducted to gain insight into what clients perceive to be crucial to the formation of a strong client-case manager relationship. Twenty-four semi-structured interviews were conducted with prior clients of our hospital's HVIP. The interviews were analyzed using constant comparison method for recurrent themes.	24 case managers	his/her family and the multidisciplinary team. Several key themes emerged from the interviews. Clients emphasized that their case managers must: 1) understand and relate to their sociocultural contexts, 2) navigate the initial in-hospital meeting to successfully create connection, 3) exhibit true compassion and care, 4) serve as role models, 5) act as portals of opportunity, and 6) engender mutual respect and pride.
3	<u>Englert and Dell'Acqua (2019)</u> USA	"We Want to Build a Network": Professional Experiences of Case Managers Working With Military Families	Semistructured qualitative interviews were conducted to explore the professional experiences of case managers to identify factors that may affect care to military families. A total of 53 case managers from military medical treatment facilities (MTFs) varying in size, location, and branch of service were interviewed by telephone to explore their perspectives. Qualitative content analysis was performed.	A total of 53 case managers from military medical treatment facilities	Case managers serve a variety of functions, but specific roles vary between MTFs. Factors that affect CM services for military families were identified: (1) need for pediatric specialization, (2) heavy workload, (3) appropriate staff, (4) patient handoffs, and (5) the role of CM. Recommendations for improving CM services to facilitate the well-being of military families are discussed.
4	<u>Fleming et al. (2022)</u> USA	Conceptualizing the effective mechanisms of a social needs case management program shown to reduce hospital use: a qualitative study	Using a case study design, we conducted semi-structured, qualitative interviews with case managers (n = 30) and patients enrolled in social needs case management (n = 31), along with field	Case managers (n = 30) and patients enrolled in social needs case management (n = 31)	Our analyses uncovered three primary mechanisms through which case management impacted patient access to needed medical and social services: [1] Psychosocial work, defined as interpersonal and emotional support provided through the case manager-patient

No	Author, Year, Country	Title	Methods	Respondents	Results
			observations of patient visits (n = 31). Two researchers coded all interview transcripts and observation fieldnotes. Analysis focused on program elements identified by patients and staff as important to effectiveness		relationship, [2] System mediation work to navigate systems, coordinate resources, and communicate information and [3] Addressing social needs, or working to directly mitigate the impact of social conditions on patient health
5	<u>Hudon et al. (2022)</u> Canada	Case Management Programs for Improving Integrated Care for Frequent Users of Healthcare Services: An Implementation Analysis	A mixed methods multiple embedded case study design was conducted	Six CMP implemented in six hospitals of a region of Quebec (Canada).	Within-case analysis describes the structural, environmental, organizational, practitioner, patient, and innovation level characteristics of each CMP and their services integration outcomes based on patient experience, self-management and healthcare services use.
6	<u>Knox et al. (2022)</u> USA	Defining case management success: a qualitative study of case manager perspectives from a large-scale health and social needs support program	Case management program for high-risk, complex patients run by an integrated, county-based public health system. Interviews took place in March-November 2019. The analysis intended to identify characteristics of success working with patients.	30 out of 70 case managers, purposively sampled to represent their interdisciplinary health and social work backgrounds.	Case managers described three characteristics of success working with patients: (1) establishing trust; (2) observing change in patients' mindset or initiative and (3) promoting stability and independence. Cross-cutting these characteristics, case managers emphasised the importance of patients defining their own success, often demonstrated through individualised, incremental progress. Thus, moments of success commonly contrasted with external perceptions and operational or productivity metrics.
7	<u>Regis et al. (2020)</u> USA	Implementation of strength-based case management for opioid-dependent patients presenting in medical emergency departments: rationale and study design of a randomized trial	We recruited participants from a public hospital in NYC. Working alliance between case managers and participants and the feasibility of SBCM implementation were evaluated.	Three hundred adult participants Meeting DSM-IV criteria for opioid dependence were randomly assigned to either SBCM	Three hundred adult participants meeting DSM-IV criteria for opioid dependence were randomly assigned to either SBCM, in which they received a maximum of six case management sessions within 90 days of enrollment, or SAR, in which they received a comprehensive referral list and pamphlet outlining drug use consequences. No significant differences were

No	Author, Year, Country	Title	Methods	Respondents	Results
					found between groups at baseline on demographic or substance use characteristics. All SAR participants and 92.6% of SBCM-ED participants initiated their assigned intervention. Over half of SBCM-ED first sessions occurred in the ED on the day of enrollment. Case managers developed a strong working alliance with SBCM-ED participants after just one session.
8	<u>Zack et al. (2022)</u> Israel	The Effectiveness of Case-management Rehabilitation Intervention in Facilitating Return to Work and Maintenance of Employment After Myocardial Infarction: Results of a Randomized Controlled Trial	Blinded simple randomization was used to construct an intervention and control groups that were followed up for two years. Interventions: included an early referral to an occupational physician, tailoring an occupational rehabilitation program, based on individual patient needs, coordination with relevant parties, psychosocial intervention, intensive follow-up sessions during a two-year follow-up. Main Measures: Return to work within six months of hospitalization and maintenance of employment at one and two years of follow-up.	151 patients, aged 50.3 ± 5.9 years, who experienced uncomplicated MI and were enrolled in a cardiac rehabilitation program were recruited.	Return-to-work (RTW) rate in the intervention group was 89% and nearly all maintained employment at one year of follow-up (92%) and two years of follow-up (87%). Moreover, almost all of them returned to and maintained their previous jobs. The corresponding figures were: 98%, 94% and 98%, respectively. The figures for the RTW and employment maintenance for the control group were: 74%, 75%, and 72%, respectively. Only about 75%, in this group kept their previous job. The case-management intervention was associated with increased odds of maintaining employment at follow-up of one year and two years.

Article search at the identification stage using 2 data based and also from other sources. The search results found that as many as 116 articles from Pubmed data based, 157 articles from Science Direct and there were 10 articles from other sources (a total of 283 articles). Furthermore, at the screening stage, 1 article is duplicated and excluded. After the duplicate articles were issued, there were a total of 282 articles. The next stage is to review the title of the article. As for the title of the article that does not fit the criteria, it is issued. Next is to select based on the abstract and in this section the review is carried out in detail to determine whether the abstract exists or not, as well as the feasibility of the abstract content. After a review of the title and abstract, there were only 18 articles that met the requirements and as many as 264 articles were issued. The next stage is the feasibility of the article from the results of the full-text review of the article (Eligibility). At this stage 12 full-text articles were found and there were as many as 6 articles issued with the consideration that the articles could not be proleah,

the population was the implementing nurse or not a case manager, the study was not carried out in the hospital and there was a systematic review article. The final stage is to determine the number of articles that really fit the inclusion and exclusion criteria and in accordance with the objectives of this literature review. In the end, there were only 8 articles included because they met all the predetermined requirements.

The next very important findings in this study as part of the literature review are :

- 1) Of the total 8 articles reviewed, there were 5 articles with studies using qualitative design, 1 article with mixed method study and the remaining 2 articles using experimental study design .
- 2) In this literary study, respondents or research participants are case managers who work in hospitals. Most of the research was done in the USA (5 articles) and the rest were done in Italy (1 article), Canada (1 article) and Israel (1 article).
- 3) The mixed-method study found that case managers' skills, leadership and experience, providers' access to individualized service plans, consideration of patient and family members' needs, their participation in decision-making, and self-management approaches impact integrated care and healthcare use.
- 4) Findings in experimental studies found that extended case-management rehabilitation interventions had a substantial positive impact on myocardial infarction patients' return to work and maintenance of their work at one to two years of follow-up. Another experimental study states that after being given a Strength-based case management (SBCM) intervention, after one intervention session, case managers successfully implemented SBCM and were able to develop strong working alliances with SBCM participants.
- 5) Meanwhile, an article with a qualitative study states that through case management by case managers are able to make nursing care provision more integrated, relationships with patients become much better including interpersonal aspects and emotional support. However, in the implementation of case managers to carry out case management can still be influenced by several things such as high workload and service specialization.

CONCLUSION

Case management is a collaborative process that facilitates a recommended plan of care to ensure appropriate medical care is provided to a disabled, ill or injured individual. This is a role often overseen by patient advocates. Implementing case management requires careful preparation to get results that meet expectations, namely improving the quality of service to patients. Each hospital has a policy that can be integrated with the application of case management in providing health services.

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