



Webinar: Clinical Case Management – Implementing the Supportive Infrastructure

February 22, 2017 11:00 – 12:00 p.m. ET

This webinar will provide participants with an understanding of the required infrastructure to sustain a Clinical Case Management Model and Effective Patient Flow. Defining the model and associated role responsibilities is only the beginning of developing a Clinical Case Management Model in an organization. Re-defining committee structures and establishing communication tools is the next phase for development.

Without the oversight of case managers, delays in treatment and or discharge can occur, resulting possibly, in a patient's exposure to iatrogenic occurrences such as medication errors, infection and pressure ulcers. This then leads to a compromised quality of life for the patient and increased costs for the organization not only in increased length of stay but also regulatory penalties.

Webinar Objectives

- Define the three major factors necessary for success of a clinical case management model
- Describe the “ideal” interdisciplinary process
- State the key role responsibility for the ED Case Manager and Admissions Nurse
- State two strategies to increase physician engagement
- Describe the process for the Integration of clinical practice guidelines
- Describe the impact of an observation unit and bed placement tracking process
- Implement effective relationship building initiatives in your organization

Target Audience

Department Heads, Supervisors, Human Resources, Senior Leadership

Webinar Outline

- Review of the Three Major Success Factors
 - Administrative
 - Physician
 - Staffing
- Committee Re-structuring
 - 7 day review committee
 - 30 day length of stay committee
 - Utilization Review Committee
 - Resource Management Committee
- Pre-Admission Supports
 - Direct admits - Increasing Physician usage of the process
 - Role of bed placement nurse



- Role of admissions nurse
- Managing the Managed Care Patient
 - “The Communications Matrix”
- Other Supportive roles
 - Complex social worker role
 - Information systems coordinator
- Observation Units
 - Developing the concept
 - Measurements to track--Sample logs
- Interdisciplinary Rounds - Policy and Procedure
 - Med-Surge specific key indicators
 - Critical care specific
- Clinical Practice Guidelines
 - Physician Orders - Role of standing orders
 - Implementation strategies
- Emergency Department - Case Management assessment at point of entry
 - Role Responsibility of the case management staff
 - Relationship building with the ED staff
 - Manual tracking boards versus electronic tracking
 - Bed tracking systems
- Relationship Building
 - Administrative
 - Physicians - Partners in Care
 - Inter-Departmental - Nursing & Support
 - Community
 - Long Term Care, Home Health Agencies, Sub acute, Rehabilitation
 - Continuum of Care Committee
 - Managing Staff Resistance
 - Communication Strategies

About the Speaker

Barbara Faruggio, RN, MS, is a principal of Clinical Integration Specialists LLC, a consulting group offering diverse services in the area of Hospital Operations, Case Management, Clinical Costing, Pathway “Revitalization” and Outcomes Management. The company’s trademark is that of using a systems theory approach in an interactive planning environment. Project completion is successful because all involved stakeholders are included in the process, a shared vision is developed and measurable outcomes are clearly defined. A diversity of clients includes those with an ADC of 10 patients to that of a healthcare care system with 3800 beds.

Ms. Faruggio has over 20 years’ experience as a Vice President for Patient Care Services in a variety of settings. Her responsibilities over a 600-bed acute care facility included the development of a Home Health Department, Geriatric Service Line and a Clinical Costing System. The addition of two 150-bed towers, during the peak years of a nursing shortage in the late 80’s and early 90’s, required that she develop a multifaceted approach to both recruiting and retaining staff. “Building the Facility of Choice” became her drive during the nineties.

Later, as a Nursing Executive of an integrated system which included 1000 acute care beds, 3 long term care facilities, and a 130 bed free standing Behavioral Health Center, she focused on the development of inter-facility clinical guidelines and staff relationships. She has also held the position of Product Line Vice President for Geriatrics and Home Health in an integrated system that totaled 3,800 beds. Her expertise as a team leader and facilitator enabled her to bring



diverse groups to consensus expediently and willingly.

Continuing Education Credits

Nursing participants: Instruct-online has approved this program for 1.2 contact hours, Iowa Board of Nursing Approved Provider Number 339. Completion of offering required prior to awarding certificate.

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Questions

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