

# Hospital Capacity and Strategies for Clearing the ED: The Case Manager's Role!

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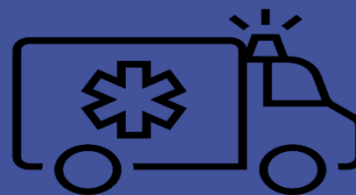


## Objectives:

- 1) Review the most frequent causes of hospital overcrowding.
- 2) Discuss ways in which ED case managers can make a positive impact.
- 3) Showcase how proactive patient movement, like repatriation, can help patients progress along the continuum of care.
- 4) Provide strategies for CM team to assist with patient-specific patient progression along the care continuum



# Hospital Capacity Dilemma



Emergency department crowding is a sentinel indicator of health system's functioning (Kelen et al., 2021, p1).

## Long Emergency Department Wait Times and Boarding

“ In two studies, Yale researchers describe widespread, worsening emergency department boarding and crowding. It puts patient safety and access to care at risk.” (Locklear, 2022)

“When occupancy exceeded 85%, boarding times exceeded this four-hour standard. In fact, under those circumstances, the median ED boarding time was 6.58 hours.” (Locklear, 2022)

## Waiting times in emergency departments: a resource allocation or an efficiency issue?

- Reference: Vainieri, M., Panero, C. & Coletta, L. (2020). Waiting times in emergency departments: a resource allocation or an efficiency issue? *BMC Health Services Research*, 20 (549).  
<https://link.springer.com/article/10.1186/s12913-020-05417-w>

1. Lack of comprehensive, available primary care.
2. Limited pathways for chronic care management
3. ED staffing numbers and deployment of personnel, including use of equipment
4. ED operations and structure

## Long Length of Stay in the Hospital Setting (both ED department and inpatient units)

- Reference: Sartini, M., Carbone, A., Demartini, A., Giribone, L., Oliva, M., Spagnolo, A. M., Cremonesi, P., Canale, F., & Cristina, M. L. (2022). Overcrowding in Emergency Department: Causes, Consequences, and Solutions—A Narrative Review. *Healthcare*, 10(9), 1625.  
<https://doi.org/10.3390/healthcare10091625>

1. Older patient population, more chronic disease and complexity
2. Comprehensive intervention require specialty consults and unique treatments
3. Limited staff availability or limited resource availability (financial) delaying treatment options
4. “Exit block” , need for timely, safe discharge options

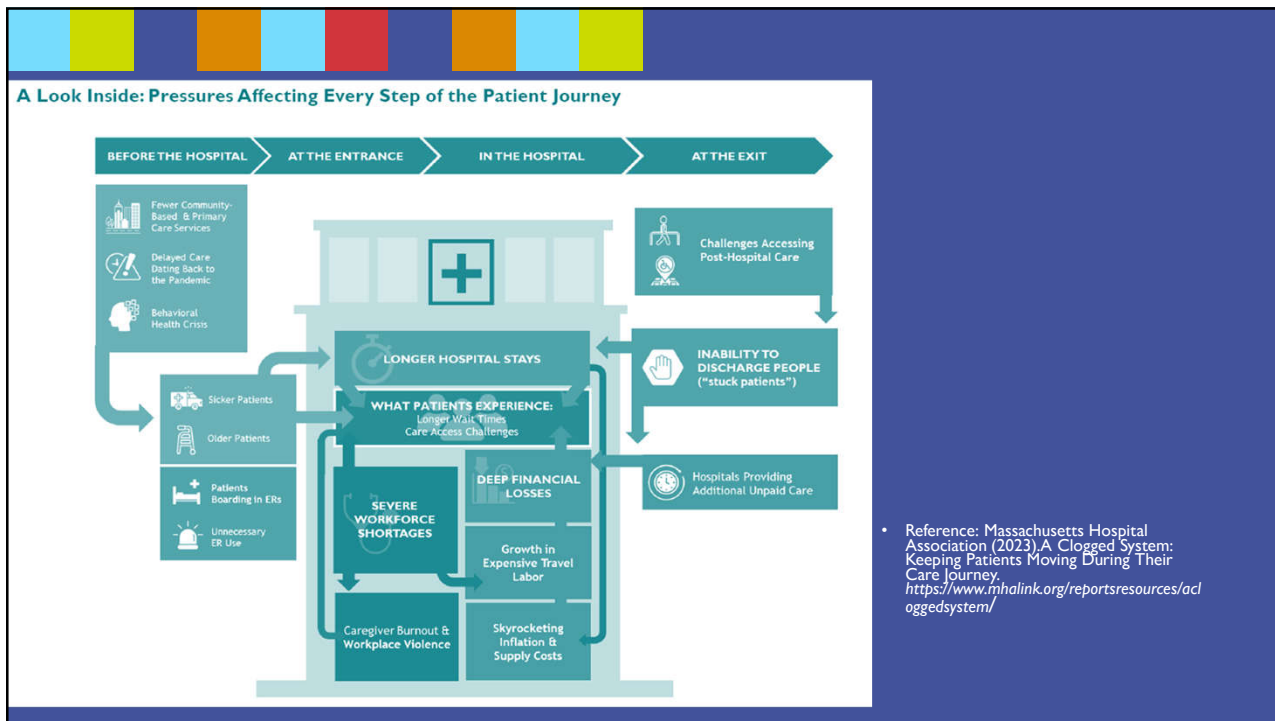
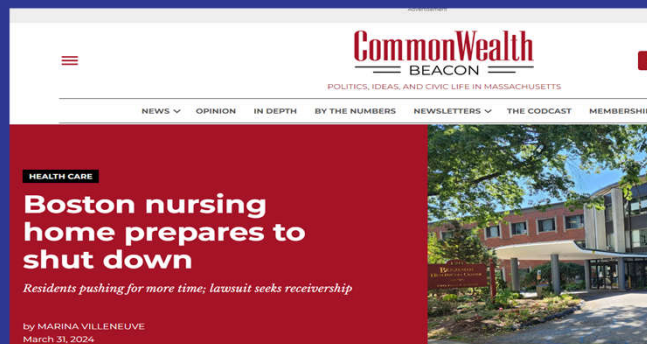
# Nursing homes closing at alarming rate

4 nursing homes in Springfield, Chicopee, Westfield to close: Owners cite new state regulations

Updated: Feb. 09, 2023, 7:45 a.m. | Published: Feb. 08, 2023, 8:18 p.m.



**'Difficult decision': Marian Manor nursing home in South Boston to close this summer**





## Strategies:

**Gregory Martin, BSN, RN**

- Manager of Case Management, Mass General Brigham Patient Transfer & Access Center (PTAC)
- Program Manager, Repatriation Program

**Nurse Case Managers in access centers with advanced analytics to activate comprehensive screening and proactive discussions with sending and accepting clinical teams.**

- Nurse Case Managers bring a unique lens to the transfer and access center space given understanding of clinical status, revenue cycle, authorization processes, care coordination, progression of care, & discharge barriers.
- Understanding regional specialty services provided by health systems and insurance networks available.
- Utilize real time system/service capacity analytics to direct patients to the most appropriate pathway to access care (AMC, community, outpatient, or round trips/leave of absence).
- Interfacing with care continuum management across the system to make sure our patients are progressing through the continuum and identifying patients that may require additional support at time of transfer request.

## PTAC Case Management

Repatriations to referring community hospitals and health systems based off ongoing clinical care needs- local or international after tertiary/quaternary care provided

Decompress full EDs by facilitating transfers to community hospitals that can provide care and have capacity (ED-to-community pathways)

Inpatient-to-Inpatient transfer screening considering:

- Clinical needs, acuity, & priority
- System capacity & resources available
- Patient preference
- Continuity of care
- Insurance network status (patient centered approach to avoid unnecessary out-of-pocket expenses)
- Repatriation agreement letters

### ED Case Manager Role:

**Assertive, inquisitive,  
networker, teacher,  
wise, determined**



## Gatekeeper- Is this hospital the right place? Yes

Develop a notification system with team for high priority cases-symbol on ED track board, highlight patient in a certain color, etc

Assessment tools, asking the right questions, transparent documentation, next steps

Utilization Review- Obs unit move, non-coverage letters, beginning revenue cycle process

Partner with SW, RN, and MD to develop understanding of roles and tasks, sit in the center of the unit

Work with team to determine if THIS hospital is the right place of care, consider community hospitals other system hospitals

## Gatekeeper- Is this hospital the right place? No

Data capture- dashboards to present data trends with costs and quality outcomes

Teach team members what other locations/agencies/facilities provide

Readmission reduction initiatives

- Network with other ED CMs, facilities, services, agencies

- Partner with social work and social service representatives in the community



## ED CM Best Practices

Constant education to interdisciplinary team members. Present to ED department routinely- statistics, trends , opportunities

ED CM and ED SW participatie in daily huddles, don't wait for referrals, self consult

Strong connections with local agencies and facilities, dedicated communication path

Seated in the ED with the core care team, partnered with leadership

Process improvement training

## Strategies

Get involved with ED and organization's task forces to improve:

- -Readmissions
- -Chronic Disease Clinical Pathways
- -Outpatient care rather than ED
- -ED operations

**1. ED based careguides for high utilizers, developed by multidisciplinary ED care teams (Schoolmeester & Keiser, 2023, from Univ of Michigan)**

**Note:** It was identified that 16% of the total cost of care was made up of less than 4% of patients.

**2. Skilled homecare, home infusion, hospice, ambulatory follow up, durable medical equipment set up, and rehabilitation services discharge plans**

**Note:** Hospice transition out of ED at Brigham and Women's Hospital, Boston

**3. Participate in ED department redesign efforts**

**Note:** St. Louis ED redesign



## Strategies:

“The solution for this serious threat to ED staff and harm to patients cannot come from a single department, but through engagement of and ongoing commitment by leaders throughout the hospital and, more broadly, by those in the payer and regulatory segments of the health care system as well.” (Kelen et al., 2021, p1)

Ask organization leaders for time to hear about systematic concerns, careful not to come across as complaints but rather start a solution-based conversation.

Explore care continuum software that can connect EDs together to share information.

Get involved with SDoH initiatives in your area that affect the patient population.

Get involved with professional organizations like CMSA and local regulatory forums.

## References

Baugh, C.W., Ouchi, K., & Bowman, J. K. (2024). A hospice transitions program for patients in the emergency department. *JAMA Network Open*, 7(7). <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2820860>

Case Management Society of America (2024). <https://cmsa.org/>

Case Management Society of New England (2024). <https://www.cmsne.org/>

Deforge, J. (2023, Feb 9). 4 Nursing homes in Springfield, Chicopee, Westfield to close: Owners cite new state regulations. *Mass Live.com*. <https://www.masslive.com/news/2023/02/4-nursing-homes-in-springfield-chicopee-westfield-to-close-owners-cite-new-state-regulations.html>

First Alert 4 (2024). Mercy South [St Louis, MO] announces expansion, redesign of emergency department. <https://www.firstalert4.com/2024/09/25/mercy-south-announces-expansion-redesign-emergency-department/>

Institute for Healthcare Improvement (2017). *Achieving Hospital-wide Patient Flow* (second edition). <https://www.ihl.org/sites/default/files/IHIAchievingHospitalWidePatientFlowWhitePaper.pdf>

## References continued

Kalen, G. D., Wolfe, R., D'Onofrio, G., Mills, A.M., Diercks, D., Stern, S.A., Wadman, M. C., & Sokolove, P.C. (2021). Emergency department crowding: The canary in the health care system. *NEJM Catalyst*. <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0217>

Locklear, M. (2022). Emergency department crowding hits crisis levels, risking patient safety. *Yale News*. <https://news.yale.edu/2022/09/30/emergency-department-crowding-hits-crisis-levels-risking-patient-safety>

Massachusetts Hospital Association (2023). *A Clogged System: Keeping Patients Moving During Their Care Journey*. <https://www.mhalink.org/reportsresources/acloggedsystem/>

Monahan, J. & Nazzaro, T. (2024, May 15). 'Difficult decision': Marian Manor nursing home in South Boston to close this summer. *Boston 25 news*. <https://www.boston25news.com/news/local/difficult-decision-marian-manor-nursing-home-south-boston-close-this-summer/F2N7GGNDGRAADBPEJ2SVB7VXDA/>

## References continued

Sartini, M., Carbone, A., Demartini, A., Giribone, L., Oliva, M., Spagnolo, A. M., Cremonesi, P., Canale, F., & Cristina, M. L. (2022). Overcrowding in Emergency Department: Causes, Consequences, and Solutions—A Narrative Review. *Healthcare*, 10(9), 1625. <https://doi.org/10.3390/healthcare10091625>

Schoolmeester, A. & Keiser, M. (2023). Use of care guides to reduce emergency department visits by high-frequency utilizers. *Journal of Emergency Nursing*, 49(6). <https://www.sciencedirect.com/science/article/abs/pii/S0099176723002052>

Vainieri, M., Panero, C. & Coletta, L. (2020). Waiting times in emergency departments: a resource allocation or an efficiency issue? *BMC Health Services Research*, 20 (549). <https://link.springer.com/article/10.1186/s12913-020-05417-w>

Villeneuve, M. (2024, March 31). Boston nursing home prepares to shut down. *Commonwealth Beacon*. <https://commonwealthbeacon.org/health-care/boston-nursing-home-prepares-to-shut-down/>

