RNCM Communication, Advocacy & Care Planning

Kelly Kruse Nelles MS RN APRN-BC
Lead Faculty

1

KEYWORDS

- Communication
- Information Gathering
- Advocacy
- Autonomy
- Self-Determination
- Assessment
- Care Planning
- Care Goals
- Service Planning
- Resource Allocation
- Case Closure

2

RNCM Communication

Information Gathering Techniques including Skills for Quality & Safety

3

Opening the Interview

- Introduce Yourself
  - Your Name
  - Your Role
  - Why You're Here
  - Ask Permission

4

- Empowerment
  - Allow patients & caregivers to make decisions
- Trust
  - Especially important in sensitive & vulnerable situations
  - First meeting
- Respect
  - Empathetic, non-judgmental approach
- Body Language
  - Ourselves & the Patient
  - Eye contact is key
- Active Listening
  - Deliberate, participative process

5

- Data Collection
  - Ask permission
  - Explain why
- Questioning
  - Open ended & Short statements
  - Clarify and validate
- Testing Discrepancies
  - Do words and body language match
- Avoid Distraction
  - Mobile communication devices
  - EHR

6

©National Registered Nurse Practice Development Center LLC. Content may not be reproduced or used without the written permission.

Closing the Interview

- Provide a verbal summary of the interview
  - Encourage patient to add or correct the summary
- Influenced by internal and external factors
  - Emotions
  - Noise
  - Privacy
  - Comfort
- Communicate respect

7

Perceptions in Communication

- Subjective
  - What may be stressful or painful to you may not be a problem for someone else
- RNCMs work to understand how the patient perceives a situation
  - "Seek to understand, then to be understood"
- Key to establishing a patient centered care plan
  - Reflects patient experiences, preferences, decisions and goals

8

Communication Skills for Quality & Patient Safety

- Poor communication = Poor Outcomes
  - Stressful work settings to unsafe patient environments
  - Ex: Transitions of Care
- Poor communication + Lack of Emotional Intelligence = Patient Safety

9

Learnable Dialogue Skills for RNCMs

1. Figure out what you really want; for yourself and for others.
2. People often act out by either going silent or violent when they do not feel safe. Learn to notice when the other party does this.
3. Make it safe. Conditions and dialogues that promote mutual respect is a good starting place.
4. Apologize when appropriate and agree when you can.
5. Consider that what you think is happening, may not be exactly correct. Engage in self-reflection by asking your self what part you play in the situation.
6. Ask trusted others questions and consider that they have good information to add to the pool of knowledge.
7. Seek help and support when you face a situation you are unable to resolve alone.
8. Understand and recognize your limitations and do not over commit or over promise.

10

RNCM as Patient Advocate

11

Defining Advocacy

.....an advocate as someone who pleads the cause of another.

Nursing

.....preserving human dignity, promoting patient equality, and providing freedom from suffering. It's also about ensuring that patients have the right to make decisions about their own health.

Case Management

Advocacy is a professional and proactive case manager's activity or intervention that requires advanced knowledge, competence, and skills and focuses on achieving what is in the best interest of the client/support system while maintaining the client's autonomy and self-determination.

12

©National Registered Nurse Practice Development Center LLC. Content may not be reproduced or used without the written permission.

Advocacy

"is at the heart of the case manager's role and the relationship with the client and client's support system. It is a moral and ethical obligation that can be evident in the decisions and actions of case managers when managing, coordinating, and facilitating health care delivery; deciding on the appropriate use of resources; and enhancing quality and safety outcomes for their clients/support systems. Moreover, advocacy is an essential element of interdisciplinary collaboration, communication, and cooperation for the purpose of meeting and respecting clients' needs, desires, interests, and preferences."

(Tahan, H. Essentials of advocacy in case management: Part 1 – Ethical underpinnings of advocacy – Theories, Principles and Concepts. *Professional Case Management* Vol. 21 , No. 4 , 163 – 179.)

13

- Historically Nurses have always acted as patient advocates
- Today's healthcare climate presents challenges to that role
- Patient is the primary focus of their role not the payor, utilization modality, service offered, providers of care or healthcare organization
- Ethical distress for RNCMS

RNCM Advocacy where the patient and family is the top priority positions them to maximize their chances for optimal outcomes, quality of life and wellbeing

14

Autonomy & Self-Determination

- Advocacy positions patients and families to achieve autonomy & self-determination
- Empowerment & Independent
- Identify patient preferences, beliefs, needs and values
- Informs the plan of care

15

Autonomy requires informational support

- Decision Making
- Informed Consent
- Self-Determination

16

Overcoming Conflicting Challenges

- What is in the best interest of the patient and family?
- Is what is being proposed in the best interest of the patient and family?
- Does what is being proposed reflect the patient/family's preferences, decisions, beliefs and needs?

17

The essence of advocacy is caring for another human being

18

©National Registered Nurse Practice Development Center LLC. Content may not be reproduced or used without the written permission.

RNCM Assessment & Care Planning

19

Sources of Assessment Information

- Starts with the Patient
- Secondary Sources starting with the patient's closest support system
- Healthcare Proxy
- Advance Directive
- Medical Records

Clarify conflicting information

20

RNCM Comprehensive Assessment

- Current Medical Status
- Current Medical Status
- Nutritional Assessment
- Medication Assessment
- Financial Assessment
- Functional Assessment
  - Home Environment
  - ADLs
- Psychosocial Assessment
- Cultural & Religious Diversity

21

Assessment Tips

- Determine the most relevant and informative assessments needed
- Take time to review the assessment findings of other team members
  - (i.e., physicians, nurses, social workers, pharmacists, PT/OT, nutritionist, etc.)
- Draw meaningful conclusions
- Identify areas requiring further clarification

22

RNCM Development & Coordination of the Plan of Care

23

"**The case management plan of care** is a structured, dynamic tool used to document the opportunities, interventions, and expected goals the professional case manager applies during the client's engagement in case management services."

"**The case management plan** is necessary to establish goals of the treatment, prioritize the patient's needs (actual and potential), and determine the services required to attain the established goals and desired outcomes. It helps reduce the risk of inappropriate, unnecessary or incomplete care."

- CMSA Standards of Practice

24

©National Registered Nurse Practice Development Center LLC. Content may not be reproduced or used without the written permission.

Characteristics of the RNCM Care Planning Process

- Patient Centered
- Creative
- Flexible
- Amendable
- Maintained

25

Health Care Team Uses the RNCM Care Plan to confirm or decide:

- What needs to be done
- How best to do it
- How does what is needed meet the patient/caregiver preferences
- Who will provide the necessary services
- When each need will be met
- Where and when the next level of care will be provided
- How the patient/family can best manage after discharge or this episode of care

26

Establishing Care Goals

- Long-term goals
- Multiple short-term goals or tasks to move towards main goal
- Accomplished by whom and by when

- **Prioritizing Needs & Goals**
  - Overwhelmed patient/family
  - Disagreement about prioritized needs
  - Options limited by finances or health insurance
- **Service Planning & Resources Allocation**
  - Links patient prioritized needs to healthcare resources
  - Requires RNCM knowledge of public & private organizations/resources

27

Implementation and Coordination of the Plan of Care

"the process of putting the plan of care into action"

- Patient assessed needs have been linked with private & community services
  - Gaps filled
  - No duplication of services
  - Patient & family agrees with the plan
- Maximize the safety & well-being of the patient using the most independent and necessary level of care

28

Continuous Monitoring, Reassessing & Reevaluating

- Follow up with the patient & identified caregiver to evaluate patient's status, goals and outcomes
- Monitoring activities including assessing patient's progress with planned interventions
- Evaluating whether care goals and interventions remain appropriate, relevant and realistic
- Determining whether any revisions or modifications are needed to the care needs, goals, or interventions specified in the care plan

29

Monitor & Reevaluate Changes

- Medical Status
  - Improvement or deterioration
- Social Stability of the Patient
  - Social determinants of health
- Quality of Care
  - Acceptable standards of care, treatment is ethical
- Functional Capability & Mobility
  - Older adults especially
- Health Education Needs
  - Knowledge deficits & patient readiness to learn
- Pain Management
  - Often inadequate
- Care Goals
  - Remain realistic & appropriate

30

©National Registered Nurse Practice Development Center LLC. Content may not be reproduced or used without the written permission.

Case Closure & Termination of RNCM Services

- Patient, provider or payor requests termination
- Patient is no longer eligible for insurance coverage of RNCM services
- Changes in medical condition that warrant concluding the RNCM services
- Patient/CM goals have been met
- Patient/family opt to change
- Patient died
- RNCM is no longer available
- The CM company closed or relocated
- The CM program was discontinued

National Registered Nurse Case Manager Certificate Program

31

Terminating Services - Advice for RNCMs

- Educate the patient and caregiver about the need for case closure
- Share the expectation of case closure with the patient and family at the initial interview
- Transition care to the next RNCM or provider to maintain continuity of care
- Answer patient and family questions
- Alleviate patient and family anxiety
- Reintroduce the need for case closure several days prior to the last date of involvement in the case

National Registered Nurse Case Manager Certificate Program

32

Adapt the Care Planning Process to your setting and population to establish the standard of care that will guide your practice

National Registered Nurse Case Manager Certificate Program

33

Communication, Advocacy & Care Planning

Key Activity Domains

Include in all RNCM position descriptions

National Registered Nurse Case Manager Certificate Program

34

Next Steps

- Review/Download the posted Resources.
- Complete the Practice Development Activity
- Take the Test Your Knowledge Self-Assessment Quiz
- When you're ready move onto the next topic
- Questions? Let me know:
  - Kelly.kruse@nationalrn.com
  - (608) 437-6035 CST

National Registered Nurse Case Manager Certificate Program

35

©National Registered Nurse Practice Development Center LLC. Content may not be reproduced or used without the written permission.