

CHCF CHIP Summary

Name, Degree: Erin Knight, LCSW

Professional Title, Organization: Director of Care Management, Sutter Health; Coordination of Care Service Director, Kaiser Permanente

CHIP Title: Reimagining Hospital Case Management: Separating Care Transitions and Utilization Management at Sutter Health

Project Description:

The medical and psychosocial complexity of the patient seeking acute care services has increased significantly as preventative care has become more comprehensive. The RN case managers in the acute setting have an average caseload of 24 patients/day and are expected to manage the transitions planning and the utilization management of all their patients. Managing dual priorities was leading to extended stays in the hospital, readmissions from complex patients, and an increase in denials and appeals from payers as they were not receiving information about medical necessity timely. Even more importantly, the RN case managers were experiencing high levels of burnout and dissatisfaction with their job as demonstrated by the "Experience of Work" survey. The goal of the project was to separate the RN case manager role into two separate roles of care transition case managers and utilization case managers to achieve:

- Improved care transitions across the continuum
- Increased medical management
- Increased efficiency in workflows and joy of work

Key Findings and Lessons Learned:

- The project initially was set to be a pilot at one hospital but became a system wide project. The design planning kicked off in January 2020 with representatives from both the Bay and the Valley Operating Units. It was implemented in December 2020.
- Covid quickly disrupted our timeline. On one hand, it slowed it down as the team had to switch to pandemic planning at our individual facilities. On the other hand, the expectation to finish was accelerated due to the financial impact of the pandemic on the organization.
- 6 of the 24 hospitals within the organization had case management departments that were labor represented. Ultimately, the project was only able to be implemented at management represented hospitals in the timeline identified.
- Frontline staff were not able to participate in the workflow design due to some being labor represented. This caused the need for re-design of some workflows post-implementation as the case managers were able to give input.
- Project was handed off to other leaders within Care Management due to a restructure that moved me into a new role supporting post-acute services in December 2020. I ultimately left the organization in April 2021.

Next Steps:

- The project was still in its early implementation stages when I left the organization, and the plan was to report out on Q1 successes and opportunities in Q2.
- I transitioned to a new organization with similar opportunities and challenges. Experiencing some of the pitfalls we encountered working with labor partners has prepared me for managing change within a labor represented environment.