Strategies used by nurse case managers in primary care for patients with complex needs: A qualitative study



Schwarz, C.¹, Howse, D.², Delahunty-Pike, A.³, Lambert, M.⁴, Bisson, M.⁴, Chouinard, M.C.⁴, Aubrey-Bassler, K.², Doucet, S.¹, Luke., A.¹, Macdonald, M.³, Zed, J.³, Hudon, C.⁴

Department of nursing and health sciences, University of New Brunswick; Faculty of Medicine, Memorial Unviersity of Newfoundland and Labrador; Dalhousie University, Primary care Research Unit, Department of Family Medicine; Departement de medecine de famille et de medecine d'urgence, Universite de Sherbrooke

Background

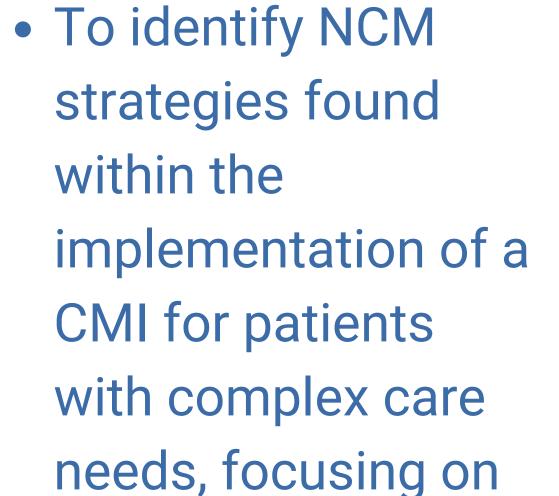
- Nurse case managers (NCMs) can play a key role in helping patients with complex care needs.
- The features of case management (CM) vary across studies, limiting our understanding of the approaches NCMs take when implementing CM.



Context

- This study is part of a larger research program which includes a 12-month Case Management Intervention (CMI) led by NCM's in participating primary care clinics in five jurisdictions: QC, NB, NS, NL, and SK.
- The core components of a CMI include:
 - 1) evaluation of patients' needs and preferences 2) co-development and maintenance of a patient

Purpose







centered individualized service plan (ISP) • 3) coordination of services • 4) education and self-management support for patients and families.

the four core components of the

CMI.

Methods

NCMs, providers, managers, and patients involved in CM were invited to take part in interviews for a realist evaluation.



A secondary analysis of the realist evaluation was conducted to identify strategies used by NCMs.



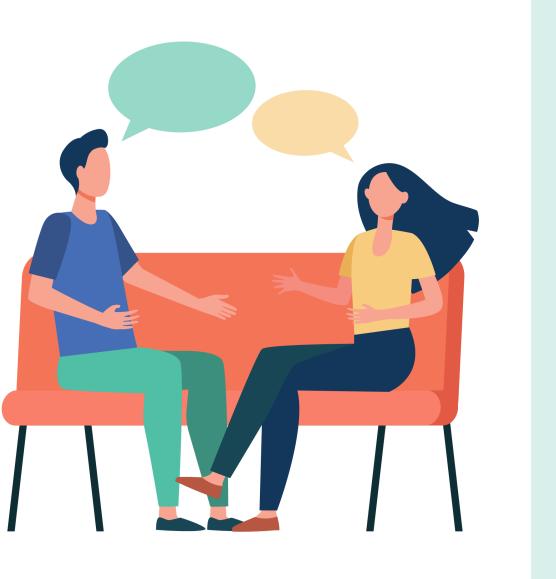
Data was obtained from provider, patient, manager and NCM interviews from QC, NL, NS and NB.



Overall participants noted that NCMs were genuine, sympathetic, caring, compassionate, kind, considerate and positive in their approach, as well as reliable and accessible. Some participants reported that the NCMs felt like a friend to them.

Assessment of patient's needs and preferences

- NCM encouraged patients and listened to them with intention.
- The CM program was interactive, patients and NCM could bounce ideas off each other.
- NCMs spoke to patient in a way they could understand without speaking down to them.
- NCM helped patients set goals according to their needs and preferences.



Co-development and maintenance of an ISP

- NCMs often had ISP meetings with patients.
- NCMs worked with patients to identify goals.
- NCM maintained regular contact with patients.
- NCM offered encouragement and tips on reaching care goals.
- NCM helped patients focus on mental health and sleep.
- NCM was accessible to patients (used text and phone calls).
- NCMs adapted plan to patient needs.

Coordination of services

 NCM helped patients get in to see their doctor. NCM was the main point of contact and was able to provide the patient with direction.



Education and self-management



- NCM helped connect patients with specialist services (eg., mental health services).
- NCM communicated with social services, food bank and Victorian Order of Nurses.
- NCM kept regular contact with the patient's doctor.

- patient on health system and how to navigate it.
- NCM provided resources and selfmanagement support (information on healthy eating, exercise etc.)



Implications

- NCMs used many strategies in accordance with the four core components of CM when implementing and carrying out the CM program.
- The approach NCMs took to CM was also crucial. NCMs were kind and compassionate when communicating with patients and focused on their care needs.
- The results from this study provide insight into the strategies used by NCMs to implement a CMI. These strategies could be helpful for NCMs as well as nurses, physicians and clinic managers who seek to implement a CMI in their clinics.

For more information please contact: Charlotte Schwarz cschwarz@unb.ca

References available upon request.