
CONFERENCE ABSTRACT**Hospital Nurse Case Managers Drive Integrated Care**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Efrat Danino¹, Reut Ron¹, Rachelle Kaye¹, Erela Rotlevi²

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Adverse events in hospitals constitute a serious problem with grave consequences. Most are preventable. Thomas et.al has shown that preventable adverse drug events, events related to medical procedures, and falls are especially common in elderly complex patients

Data from the NHS in 2017 show rates of medical errors and adverse events in 8% to 12% of hospitalizations. A WHO patient safety report states that strategies to reduce the rate of adverse events in the European Union alone would lead to the prevention of more than 750,000 harm-inflicting medical errors per year, to over 3.2 million fewer days of hospitalization, 260 000 fewer incidents of permanent disability, and 95 000 fewer deaths per year.

Nurse case management (NCM) has developed mainly in the USA to improve cost and quality care for complex patients. Despite the positive research results and widespread implementation of NCM in the USA, NCM is not common in Israeli and European hospitals.

Continuity of care within the hospital and with community health services is the backbone of the vision of the new Assuta Ashdod Hospital in Israel. NCMs play a key role. One of the most important tasks of the NCMs, from admission until discharge, is collaboration with community health care and social services, to make the patient's transition back to the community as seamless as possible.

At admission, patients are identified for the NCM as complex patients by an algorithm in the electronic medical record. The NCM performs a multidisciplinary evaluation and coordinates the development of a hospital treatment and discharge plan. During the patient's hospitalization, the NCM is responsible for ensuring that all elements of the treatment plan are performed and is responsible for updating this plan according to the patient's needs and changing condition.

The first NCMs underwent intensive training and began to work in the Assuta Ashdod Hospital in October - just four months after its opening. An implementation study is being performed to provide quantitative and qualitative assessment regarding the process of NCM integration into the hospital and the benefits and limitations of NCM. Data will be collected for six months from the hospital's computerized systems and will be supplemented by satisfaction questionnaires administered to the patients, the multidisciplinary staff and the NCM staff. This study will assist not only in evaluating and improving the process at Assuta Ashdod

Hospital, but also in developing recommendations for other medical organizations in Israel and Europe for the successful implementation of NCM in hospitals as an important driver for integrated care.

The full evaluation and conclusions for the implementation process of NCM will be completed in Spring 2018, but lessons are already being learned for addressing the challenge of successful integrated care between hospital and community services. Key lessons so far include: the importance of appropriate training of the NCMs, alignment of expectations and a corresponding distribution of responsibilities between the various teams in the hospital and the community and the management of the personal relationships among working team members.

Keywords: nurse case manager; hospital-community integration; coordinated care; implementation evaluation
