

Frequently asked questions from the webinar

Effective case conferences:

the key to quality case management



by **Jill Dyer, BSN, RN, HCS-D, HCS-O**
of J.I.D. Consulting and Coding

Maintaining focused, well-organized case conferences reduces hospitalizations, improves quality of care, and keeps your agency in compliance.

Executive consultant **Jill Dyer, BSN, RN, HCS-D, HCS-O** of J.I.D. Consulting & Coding, recently presented an exclusive webinar that will help make your case conferences more effective. The webinar is now available for on-demand viewing at [wellsky.com/casemanagement](https://www.wellsky.com/casemanagement). In this document, Jill answers some of the most popular questions asked during the webinar.

About the author

Jill Dyer, BSN, RN, HCS-D, HCS-O is a senior-level home health executive with more than 30 years of progressive management experience. An accomplished nurse, Jill has fulfilled a wide variety of roles that inform her expertise as an industry consultant, including home health administrator, home health director of nursing, and nurse consultant for home health. Through her clinical knowledge as a nurse and extensive management experience, Jill brings a comprehensive and well-rounded perspective to her work as a consultant and educator.

Q: Do you have to talk about all patients at each case conference? Or just those who are at significant times in the episode or who are of concern?

A: Which patients you discuss at case conference is an agency decision. The purpose of case conference is to coordinate care for patients. It is to review the plan of care you have in place and make certain the goals and interventions are appropriate and being implemented timely. Looking at the plan of care 5, 7, or 10 days into the episode will enable you to review the plan of care and follow up on any changes needed. You will want to again review the plan of care on week 7 or 8 of the episode to see where you are in making progress towards goals. This will help you determine if the patient needs to be discharged or recertified and if the plan of care needs to be revised.

Always leave time to discuss any patient whose plan of care needs to be revised even if they do not fall in the time frames described above.

Q: Can agencies just use the case conference forms that some home health EMRs provide or do case conferences need to be done in a actual meeting?

A: CMS does not require a specific form for case conference or care coordination. If you choose to not have a "formal" meeting for case conference, you can use a form that would be passed to

each clinician caring for the patient. The critical aspect of conducting case conference with a form but without a meeting is that someone must be responsible for reviewing notes and implementing any changes in the plan of care.

Q: Do you have any suggestions about utilizing care conferences as a QAPI effort?

A: If you are going to utilize case conference differently than you do now, write up your plan in a Performance Improvement Plan (PIP). Decide what you want to improve – reduce rehospitalizations, increase coordination of care, increase patient satisfaction, etc. Be certain you have goals that can be measured so you can track your progress.

Q: Are care conferences for Medicare patients only or do we need to include patients who are covered by Medicaid, private pay, and other insurances?

A: The best practice is for your agency to treat all patients the same. Better coordination of care will lead to better outcomes and utilization of resources, so conferencing about all of your patients should be to your agency's advantage.

Q: Does CMS require clinicians or any disciplines to sign an attendance form for case conferences?

A: CMS does not require case conferences, they require *coordination of care*. Case conferences are tools agencies have used to accomplish this goal. However your agency chooses to coordinate care, you need to document how that coordination was accomplished. If it was done at case conference you should maintain a record of who attended.

Q: What is your recommendation for how often a patient's case should be discussed? Every other week, once a month?

A: A patient's care should be evaluated on an ongoing basis by the clinicians providing care to the patient. A discussion by the whole team caring for the patient should take place at the beginning of the episode and near the end of the episode. If a clinician identifies a concern about the plan of care or a need to revise the plan of care during the episode, the patient should be discussed at the case conference.

Q: What's the rationale for having all team members present at case conferences?

A: Having all team members present for case conferences provides a setting for all clinicians who are caring for patients to provide their input to the discussion about the care of the patient. Everyone involved in care has a unique perspective. Therapists see a dimension that is more related to activities of daily living (ADLs). Nurses understand medications and have knowledge of disease process. Home health aides bring valuable information about skin assessment, the attention of caregivers, and the patient's attitude and mental health. Each of these disciplines work together toward the holistic health of the patient.

Q: Should case conference notes be kept in the patient's chart?

A: You must document that you are coordinating care of patients. How you document that coordination is up to your agency. If you are using a conference form, I would definitely add that to the patient's chart.



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