


Navigating Chaos for Hospital Case Managers while Stabilizing Throughput

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Vascular Trauma Case Manager

• CMSNE Hospital Based Conference 2/7/26




DISCLOSURES

This presentation will provide information to the audience based on the presenter's experience and evidence-based examples of how case managers work in the throughout at acute care hospitals. This presentation is not supported by any outside companies or designed to promote products or AI systems.



OBJECTIVES

<p>1</p> <p>OBJECTIVE 1</p> <p>Explain the Hybrid staffing model for acute care case managers challenged with daily absenteeism.</p>	<p>2</p> <p>OBJECTIVE 2</p> <p>Review use of telehealth, AI and EHR resources in daily collection of analytics to manage a successful patient-centered care program.</p>	<p>3</p> <p>OBJECTIVE 3</p> <p>Articulate the challenges and considerations with coordinating, communicating, and training staff within this Hybrid model for case managers.</p>
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Throughput Defined

Optimizing the flow of patients through various departments and stages of care to ensure efficiency, timely care and patient satisfaction from admission to discharge.

Enhance communication and collaboration:

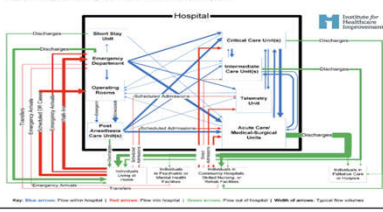
- o Establish clear communication channels
- o Improve team collaboration
- o Implementation of role-based communication




Institute for Healthcare Patient Flow

WHITE PAPER: Achieving Hospital-wide Patient Flow (Second Edition)

Figure 1. System Map: Patient Flow in the Hospital




Key: Blue arrows: Flow within hospital | Red arrows: Flow into hospital | Green arrows: Flow out of hospital | Width of arrows: Typical flow volume



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Evaluating Hospital Throughput

- Essential component to managing throughput is evaluating throughput
- Analyzing readmissions
- Recording delays
- Examining if the patient is at the right level of care at the right time
- Designing a system where initial UM starts in the ED along with triaging patient care



Ethical Principles: CCHC 2023, CDMS 2023, CRCC 2023; Principles 1, 2, 3, 4, 7; CCHC 2023, CDMS 2023


Ethical Definitions

- ADVOCACY:** The act of recommending, pleading the cause of another, to speak or write in favor of.
- AUTONOMY:** Agreement to respect another's right to self-determine a course of action; support of independent decision making.
- BENEFICENCE:** Compassion; taking positive action to help others; desire to do good; core principle of client advocacy.
- FIDELITY:** The ethical principle that directs people to keep commitments or promises.
- JUSTICE:** The ethical principle that involves the idea of fairness and equality in terms of access to resources and treatment by others.
- NONMALEFICENCE:** Duty to do no harm.

CCMC 2023, CDMS 2023, CRCC 2023



Code of Professional Conduct




Commission for Case Manager Certification

Board-certified case managers will:


- Principle 1:** public interest above their own.
- Principle 2:** respect the rights and inherent dignity of all of their clients.
- Principle 3:** always maintain objectivity in their relationships with clients.
- Principle 4:** act with integrity and fidelity with clients and others.
- Principle 7:** will obey all laws and regulations.

Standards: Section 1: The Client Advocate
Standards: Section 3: Case Manager/Client Relationships. S10 Relationship with Clients



Commission for Case Manager Certification (CCMC). Code of Professional Conduct for Case Managers. 2023.

Code of Professional Conduct




Certified Disability Management Specialist

Board-certified disability management specialists shall:

- Principle 1:** public interest above their own.
- Principle 2:** respect the integrity, dignity, and protect the welfare of those persons or groups with whom they are working.
- Principle 3:** always maintain objectivity in relationships with clients.
- Principle 4:** act with integrity and dignity in dealing with other professionals
- Principle 7:** obey all laws and regulations, avoiding any conduct or activity that could harm others.

RPC 1.03 - Competence
RPC 1.08 - Objectivity
RPC 1.14 - Conflict of Interest



Certified Disability Management Specialist (CDMS). Code of Professional Conduct. 2023.

Code of Professional Ethics

Ethical Principles:

- Autonomy
- Beneficence
- Fidelity
- Justice
- Nonmaleficence
- Veracity

Enforceable Standards of Ethical Practice

- Section A: The Counseling Relationship
- Section C: Advocacy and Accessibility
- Section F: Relationships with Other Professionals and Employers



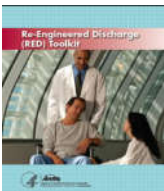
(2023)




Commission on Rehabilitation Counselor Certification (CRCC). Code of Professional Ethics for Certified Rehabilitation Counselors, 2023.

Readmission Models


- Project Red
- Care Transitions
- Project Boost
- Ideal Discharge
- Naylor Transition of Care Model




Principles 2, 3, 4, 7; CCRC 2023, CMS 2023




Care Transitions Model




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Readmissions Examination



Tools to measure readmissions Lacey score, Hospital score, patient score.




Examination of time before return and analysis if what broke down to return patient literacy understanding of discharge follow-up and medications.



Social determinants of health transport, housing, access to caregiver support, medications, groceries and ability to safely mobilize.


Principles 3, 4, 7: CCMC 2023, CDMS 2023; Section C: CRCC 2023



Healthy People 2030

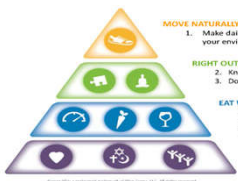
- **Attain healthy lives through wellness** preventing disease, disability injury and premature death
- **Eliminate health disparities** achieve health equity, health literacy and improve health wellbeing
- **Create social, physical and economic environments** that promote attaining the full potential for health and well being
- **Promote healthy development behaviors** and well being across all life stages
- **Engage leadership, key constituents and the public health** across multiple sectors to design policies to improve health can well being
- **Priority Areas – Healthy People 2030** | odphp.health.gov

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Blue Zone Principles


Blue Zones Power 9®



- MOVE NATURALLY**
 1. Make daily physical activity an unavoidable part of your environment
- RIGHT OUTLOOK**
 2. Know your purpose
 3. Downshift: work less, slow down, take vacations
- EAT WISELY**
 4. Eat until 80% full
 5. More veggies, less meat & processed food
 6. Drink a glass of red wine each day
- BELONG**
 7. Create a healthy social network
 8. Connect/reconnect with religion
 9. Prioritize family

© Blue Zones Project by RealAge


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Readmissions and Impact of Readmissions

- Disruption of recovery
- Prolongs illness
- Creates physical discomfort
- Emotional distress for patient
- Repeat hospitalization increase healthcare costs out of pocket expenses
- Deductibles, copays, and lost time at work
- Chronic conditions and readmissions

Principles 3, 4, 7; CCMC 2023, CDM5 2023; Section A: CRCC 2023



The Continuum of Healthcare

Standards of Practice

- Professional Responsibilities / Outcomes
- Legal / Ethics
- Advocacy
- Resource Management
- Health Information Technology
- Client Assessment
- Identifying Care Needs and Opportunities



Revised 2022



CMSA 2022

Ethical Implications

- Diversity
- Equity
- Equality
- Inclusion
- Ethical Principles





Principles 2, 3, 4, 7: CCMC 2023, CDM 2023, CRCC 2023



Ethical principle of Case Management UM/Denial mgt


The ethical obligation of case management is to have the knowledge and ability to appeal insurance denials in order to access a patient's necessary healthcare to create optimal patient outcomes.

Principle 1 or Principle 4 and Principle 5 CCMC





Hospital Capacity Challenges


- ED long waits, *is it resource allocation?*
- Overcrowding
- Boarding long length of stay in ED and inpatient units



Principles 2, 3, 4, Standard 1: CCMC 2023; RPC 1.03, RPC 1.08, CDM 2023; Section A & C: CRCC 2023



The UM Process



- CMS CONDITIONS OF PARTICIPATION FOR CM/UM
- CM/UM PURPOSE AND CROSSOVERS
- STATUS MANAGEMENT
- LENGTH OF STAY MANAGEMENT ACROSS THE HEALTHCARE CONTINUUM

CM Discharge Planning Process and How UM Formulates Your Plan

Key Components:

- Assessment
- Planning
- Coordination
- Education
- Follow-up
- Transitions of care
- Best practices for reduction of unnecessary overutilization

Utilization Management as a Framework for Transitions of Care

UM determines the appropriateness of the prescribed treatment to ensure a high quality of care and prevent unnecessary procedure. It is broken down into phases:

- Initial Review ED
- Prospective
- Concurrent
- Retrospective

Always placing the patient at the right level at the right time receiving the right care for the diagnosis.

Utilization Management Tools

- CMS conditions of participation
- Medical necessity
- Criteria sets
- Review templates
- Collaboration of team members CM/UM/PA and CDI

UM in Healthcare Across the Continuum

- Role of Utilization Management in healthcare and case management
- Key processes in UM, Admission reviews, Continued stay reviews and discharge review
- Best practices in Utilization Management to Reduce Unnecessary utilization
- Integration of UM and quality care and cost management

Triaging Hospital vs Community Care



What level of care is best for the patient?

- Hospital
- Community care
- Urgent care/ED
- PCP

Principles 2, 3, 4; CCHC 2023; RPC 1.03, RPC 1.08, RPC 1.14; CDHS 2023

Strategies


Case managers offer a unique perspective to patient transfers, and access due to their knowledge of clinical status, level of care, revenue cycle, authorization process, care coordination, progression of care and discharge barriers.

CMSA 2025

Factors Influencing the Throughput

- Staffing
- Communication
- Inefficient systems
- Layout and organization
- Delays in care
- The patient being at the right level of care to receive the right level of treatment




Principles 2, 3, 4, Standard 3: CCMC 2023; RPC 1.03, RPC 1.08, RPC 1.14; CDMS 2023

CMSA 2025

Staffing

Inadequate staffing slows evaluations, treatments, movement and discharging of patient at every level of the patient care journey.




CMSA 2025

Communication

Poor communication causes misunderstandings and errors leading to poor patient outcomes. The patient handoff process is a common area for breakdown in communication resulting in delays and mistakes.




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Inadequate Systems

Hospitals have many time consuming and laborious processes and delays in procedures. Staff time spent on administrative paperwork takes valuable time away from providing patient care at the bedside.



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Layouts and Organization

Poor layouts and organization can impede patient flow. When staff spend extra time walking long distances from patient care areas to supply rooms it slows and wastes efficiency.




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Delays in Patient Care

Any factor that delays care will impede patient flow.

- An example is a nurse who cannot access a medication dose and has to call pharmacy and is placed on hold waiting to be connected to the right person to receive the necessary treatment.
- Or a case manager setting up ambulance transport to return a patient back to a facility and ambulance always late despite set time for discharge.



Ways to Improve the Throughput



- Optimizing staff
- Improving communication
- Enhancing efficiency
- Prioritize organization
- Enhance the work environment
- Update technology. EMR AI use
- UM to assist with moving patients to the right level of care




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Patient Care Experience

ED or Direct Admission	Hospital Admission
Clinical examination	Observation unit
Working diagnosis	Medical surgical unit
Initial UM	OR
Transfer to right level of care	ICU
	CVICU
	Admission UM
	GMLOS
	Continued Stay
	Discharge Criteria

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Optimizing Staff

Staffing shortages are at an all time high.

Nurses and Social workers in ED, PACU, and procedural departments perform tasks that non-clinical staff could complete.
For example: Staff transporting patients, discharging patients, cleaning, stocking rooms.

Hiring more certified nursing assistants, transporters, housekeeping staff.

Placing RN and SW in the right roles or models for department efficiency.

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Improving Communication

Good communication is essential for good patient care. The handoff - *although an antiquated procedure* - is one of the most critical tasks to prevent errors, omissions about patients can occur without clear communication.

Technology solutions and EMR create streamlined efficient and transparent networks to facilitate communication for nurses and social workers and non-nursing staff to decrease errors that lead to poor patient outcomes.

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Enhancing Efficiency

Case managers, Nurses and Social workers are responsible for managing transport from the Emergency Room to other facilities.

It typically takes up to 45 minutes to arrange transport, make calls, fill out paperwork, fax appropriate clinical data to facilities, look up insurances, and secure authorization for transport and care.

Streamlining this process saves time and allows staff to focus on direct patient care.

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Prioritizing Organization

Evaluation the hospital layout can ensure that supplies and equipment are readily available, in convenient locations to improve efficiency.

Example:


- Many procedures and patient care access have supplies for IV setup but the pumps, blanket warmers need to be readily available for patient comfort.
- Quick access to repetitive essential tasks such as hcp, medical record release, IM or Moon forms and information on how to setup access to the patient electronic chart.

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Enhancing the Work Environment

Implementing a positive and supportive work environment and culture is essential to improving the throughput and productivity. Employers who invest in employee’s health, wellbeing and wellness see increased morale and happier, productive staff. Employers can promote cultures of teamwork, support, and healthy lifestyles.



Principles 2, 3, 4, Standard 1: CCMC 2023, RPC 1.08: CDMS 2023, Section F: CROC 2023




Updating Technology

Utilizing HIPPA compliant technology, EMR, and Patient telehealth access are effective ways to streamline communication to both the patient, family, and team members.


This allows the case managers to have direct access to patients, team members, and providers when referring for discharge planning. This communication provides quicker feedback to all team members, referral sources and patient/families - reducing delays and frustration.

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Best Practices in Readmissions Risk Prediction

- Comprehensive Patient Assessment
- Standardized Risk Assessment
- Electronic Health Record and data analysis
- Predictive Analytics
- Interdisciplinary collaboration
- Patient engagement and self-assessment
- Longitudinal data analysis

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Readmissions - What Now?

- Evaluate the reason for readmission
- Stabilize the Patient
- Communicate with patient and family
- Create enhanced Care transitions
- Critical thinking of readmission data to enhance care plan
- Address contributing factors
- Provide education and support
- Implement follow-up and monitoring
- Continuous quality improvement

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Questions?

