Second Edition

Competency Evaluation Tools

for

Case Management Professionals

Karen Zander, RN, MS, CMAC, FAAN

CCM
THE CENTER FOR CASE MANAGEMENT

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About the Author

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Karen Zander, RN, MS, CMAC, FAAN, is principal and co-owner—with Kathleen Bower—of The Center for Case Management, Inc. Their pioneering work with clinical case management and CareMap® systems, begun at New England Medical Center Hospitals in Boston, is internationally recognized. Hospitals and Health Networks named her a cutting-edge leader.

Zander is the coauthor of *Emergency Department Case Management: Strategies for Creating and Sustaining a Successful Program* and *Hospital Case Management Models: Evidence for Connecting the Boardroom to the Bedside*, published by HCPro, Inc. She is a member of the credentialing board for the Case Management Administrator Certification exam. She has two grown daughters and lives with her husband, 98-year-old mother, and 14-year-old dog, Pepper.

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Competency Evaluation Tools: Guidelines for Use

Learning Objectives:

1. Define competency in relation to case management

2. Differentiate between the three domains of competency evaluated in this toolkit

3. Explain the challenge of evaluating case management professionals

4. Identify the distinct functions that make up the case management role

5. Analyze an individual's performance based on his or her competency level

6. Recognize how to encourage an individual to advance from one competency level to the next

Complete Set of Competency Evaluation Tools

- Case Management Administrator/Director

- Access and/or Liaison

- RN Case Manager, Emergency Department (NEW)

- Utilization Review/Utilization Management

- Clinical Documentation (Improvement) Specialist: RN (NEW)

- Care Coordination/Care Facilitation

- Discharge/Transition Planning

- Integrated Role: Utilization Review, Care Coordination, and Discharge Planning (NEW)

- Disease Management

- Clinical Social Work (MSW-Prepared)

- Physician Advisor or Medical Director

Case management is an evolving service in acute care hospitals because it is increasingly acknowledged as the linking pin between many goals and targets. Case management services, through an array of discreet functions, bring quality, financial satisfaction, and other goals together at the patient-care level. In other words, case management people in specific roles connect the boardroom with the bedside.[1] Case management professionals work in the service of the patient and family, but also within the context of the reality of reimbursement and the efficiency needs of acute care hospitals. Nurses, social workers, physicians, and others working in case management provide the engine that drives throughput as each patient and family receives a customized journey into, through, and beyond the hospital level of care.

What Is Competency?

A competent case management professional conducts an intentional practice in which the interventions that are made are based on an accurate assessment, an effective working relationship with many people, and a specific goal. Good results in case management don't usually happen

by accident (although they may occur by luck at times). Patients and their families, as well as healthcare professionals, assume that case managers, social workers, and physicians working within case management services will be totally competent.

Competency is not only the visible performance of a role or job, but also the sum total of the knowledge and values that people bring to the table to carry out their responsibilities. Organizations strive to have employees that are competent to ensure a stable and safe work process. However, organizations tend to focus exclusively on the visible performance and not the cognitive, conceptual, important beliefs, and other foundations that create the desired activity. Defining competency too narrowly causes confusion and inconsistency between people hired to do the same work.

Similarly, a definition limited to behavior criteria alone can create a shallow orientation and framework for professional development.

This set of tools covers the visible and nonvisible domains of competence, because the competent performer "feels responsible for, and thus emotionally involved in, the result of his choice."[2] As such, the competency level is extremely important in establishing and achieving specific accountabilities for results of processes rather than processes alone.

In other words, competent performance requires knowledge, skill, and energy that arise from an honest belief in the work. We have all known people who have the "book knowledge" but don't apply it, or who "go through all the right motions" but don't understand why those motions are effective. A social worker may wait until a physician writes a discharge order before speaking with the patient, demonstrating a correct response but not a proactive approach. A physician advisor of case management may agree with a case manager about the inappropriateness of an admission order for a patient, but might not actually discuss the issue with the admitting physician.

Knowledge, skill, and values have been defined by Bloom and other learning theorists as the three domains in which a person can gain expertise.[3] It is not possible to be fully competent in case management unless a person is competent in all three domains:

- **Knowledge or cognitive domain:** The "knowledge structure" that includes comprehension, application, analysis, synthesis, and evaluation

- **Psychomotor or skill domain:** Skill development that involves imitation, manipulation, precision, articulation, and naturalization

- **Effective or value and belief domain:** The perception of value issues, starting with being receptive and responsive, then valuing, organizing, conceptualizing, and characterizing by value

The Challenge of Evaluating Case Management Professionals

Because case management professionals work collaboratively but relatively (if not completely) independently, they do not require or receive constant direct supervision. They have to create networks and insert themselves within teams, nursing units, physician services, and between departments. Their presence is frequently sought, but their work is not as observable as those in direct care and, therefore, not as well understood. They help convert ambiguous situations into decisions and interventions. They use many skills—and a lot of personal gumption—to create access, reimbursement, a smooth clinical course, and accurate care transitions for an effective recovery. Although their comprehensive work is difficult to define, it is definable and strategic for each patient and family. Ultimately, case management professionals are held to the measurable results related to their roles.

Case management has become a specialty within social work, nursing, and even the physicians' world (in the role of physician advisor/director). Each person may also have different academic preparation, a different career path, and a different orientation to case management functions. In addition, each person may have a role that combines different functions, such as utilization review (UR) and clinical documentation improvement. Because of the diverse functions involved in different roles, there is no such entity as one case management competency list or tool.

Helping a new person develop from a beginner level to competence and even beyond may take time and different approaches. Case management literature is now filled with employment

interview and skill checklists. The specialty is also replete with certification exams that have identified large areas of knowledge deemed necessary to practice in clinical settings. Checklists, job descriptions, certifications, and other methods do not fully describe or explain levels of competence and do not sequence learning experiences.

Pat Benner brought the idea of growing into competency, from a novice to an expert clinician, to the nursing profession.[4] Case management professionals experience the same staged growth, and the stages can be used to guide growth proactively as well as measure/evaluate it.

Dreyfus and Dreyfus, two educators and scientists from Berkeley, CA, found that a "person usually passes through at least five stages of qualitatively different perceptions of their tasks as skill improves."[5] The former Competency Development Corporation[6] created helpful terms and descriptions for the first five stages and added Innovation and Discovery as a sixth stage. The Center for Case Management merged the Benner, Dreyfus and Dreyfus, and Competency Development Corporation's frameworks for evaluating competency and defined competency for each function within a hospital case management service. In 2004, a national advisory group reviewed the new framework (included here) and defining characteristics for each level and function and determined that they were accurate and comprehensive.

As the distinct case management functions defined in the following section become more clearly articulated and performed during the next few years, evaluation of competency and levels beyond should become even more straightforward. However, it will remain necessary to help each individual track his or her growth from orientation through competency each time he or she embarks on a new function or a new role.

Measuring Competency of Case Management Functions

There are many functions under the broad umbrella of case management. Case management is a department or service that is institutional-specific and individually operationalized. Roles may include several functions, which can be defined as:

- **Case management administrator/director:** This person is responsible for the development and operations of tools, roles, and systems; the case management administrator is

accountable for meeting the targets on the case management dashboard collaboratively developed with administration.

- **Access/liaison function:** The emphasis of access and liaison is on facilitating the entry of patients into specific levels of care and access to community services. It can include liaison screening, bed placement, registration, pre-authorization, and recertification. It might also include booking and transportation. This function may be clerical and is often shared with the business office.

- **Emergency department registered nurse (RN) case manager:** An RN that assists the patient, emergency deparment (ED) staff, and hospital in determining the accurate level of care between observation and inpatient, discharge planning directly from the ED, and developing and implementing a case management plan for frequent patient visitors to the ED. Methods include the use of criteria, negotiation, and creative problem solving.

- **UR/utilization management RN:** The emphasis of UR is on reviewing or auditing patients using criteria that demonstrate medical necessity to achieve reimbursement for the services. It also includes the specialty of denial management. The goals of UR/denial management are on appropriateness of medical necessity with targets of length of stay, no avoidable days, and, currently, accurate use of observation status. This function may also include auditing quality indicators. Tools may be automated and include standardized criteria and avoidable-day documentation. Methods include discussions with physicians, negotiations with payers, and referrals to a physician advisor.

- **Care coordination:** The emphasis of care coordination is on positive partnerships with nursing, physicians, and other key disciplines in order to pace the care toward outcomes while meeting core measures within the appropriate level of care. Targets of the care coordination function are lower cost per case via lower resource utilization and strategic clinical interventions. Tools include clinical paths, treatment plans, and order sets. Methods include care coordination rounds and complex care rounds.

- **Discharge/transition planning:** Discharge planning is a legally mandated function including collaboratively determining level of care needs beyond acute care, providing decision support to patients, families, and physicians, managing patient and family expectations, and ensuring a smooth transition to the next level of care and services. Discharge planning is nonlinear; it is a complex, interwoven set of tasks and responsibilities that may be completed by one or more person from one or more profession.

- **Case manager with integrated functions:** An RN who has three main daily functions to provide in a timely and integrated workflow: UR, care coordination, and determination of Plan A and B for the next level of care.

- **Disease management professional:** Disease management consists of a group of coherent interventions designed to prevent or manage one or more chronic conditions using a systematic, multidisciplinary approach and potentially employing multiple treatment modalities.[7] Disease management interventions might be coordinated by any discipline in healthcare. Tools include educational tools, the Internet, and diaries. Methods include scheduled meetings, classes, appointments, and group support.

- **Clinical social work:** A master's-prepared clinical social worker provides skilled interventions for the support and/or resolution of patient and family crises, problem solving and decisions, advocacy and facilitation necessitated by life-changing events (i.e., adoption, guardianship, abuse, placement, bereavement), mediation of risk factors and coping with disease or disability, and other psychosocial and/or socioeconomic issues. The role may include other functions, such as discharge planning, although this should not be the core of the clinical social worker's functions.

- **Clinical documentation improvement specialist:** An RN that specializes in detailed medical record review, usually concurrently to the patient's hospital stay, to ensure that the physician documentation accurately reflects the patient's entire condition, comorbidities, and complications before submission to payers. Methods include auditing, querying, educating, and analysis.

- **Physician advisor:** A physician specifically appointed to the responsibilities of advising the case management department and the administration on the needs and practices of physicians, and advising physicians on the criteria and regulations to which the organization must comply and/or cooperate. The physician advisor, also titled the medical director of case management, is the link between the case management department, the medical staff, the vice president of medical affairs, and the hospital for matters related to physician practice and behaviors as they affect cost and quality outcomes.

How to Measure Competency by Level

This toolkit acknowledges the uniqueness of each person and their interest in developing mastery in case management, the variety of responsibilities within models within which professionals work, and the standardization of a pathway to growth. The goal is not that every individual reach the "innovation and discovery" level in all or even some of the domains. In fact, innovation and discovery may never be reached. Rather, the overarching goal for evaluating competency using these tools is that most professionals will be able to feel and enact the pleasure and autonomy of conducting a practice (rather than performing a job) and should also be able to teach others. In other words, that each person using these tools can attain the proficiency level if desired.

- **Introduction:** A relatively passive and dependent state, like a sponge that takes in information but needs to learn the basic conceptual/factual structures and principles to be able to function.

- **Familiarization:** A trial-and-error period as one practices and tries on new learning experiences; a relatively unstable state necessary to the formation (according to Benner) of paradigms, perspective, and active participation.

- **Competence:** A relatively stable state in which the learner is safe and can be effective. Actions can be independently fulfilled and are within standards. Actions can be adapted for noncomplex situations. Thought processes are internally consistent and often open to external feedback.

- **Proficiency:** An active and relatively comfortable state in which there is ease at carrying out tasks in both simple and complex situations; communication and problem solving are the norm; the person begins to teach and/or manage the behavior of others. This state is epitomized by commitment.

- **Excellence:** A highly effective state in which the learner can move cross-culturally, translating standard and goal and commonalities from one profession or culture to another; the person is an acknowledged leader and teacher, contributing to theory testing and development.

- **Innovation/discovery:** An extremely productive state in which ideas are constantly generated, negotiated, stimulated, and repeatedly tested in reality. The person can work with projects and people and systems, sorting out multiple variables. Creativity is paramount.

How to Use This Tool for Self- or Employee Evaluation

1. Identify from the list below the function or functions that the case management professional is fulfilling on a daily or at least weekly basis. There may be some overlap between functions, and there may also be some combined functions.

2. Read each statement carefully for each level. Realize whether you are reading descriptions for the knowledge (cognitive), skill (psychomotor), or value/belief domain.

3. Check all the statements that describe the person's demonstrated knowledge, skill, and value.

4. Do not be concerned if an experienced person does not cluster around the proficiency level or in all three domains of proficiency. In fact, any difference between levels helps define how the employee can improve, be more consistent, and/or be more credible.

5. The descriptors that are underlined hold more weight (importance) than the others in the same level and domain. These weights can be organizationally defined, but, once defined, should not be used with different importance between individuals in the role.

6.   When measuring any domain, keep in mind that responsibility is the act of completing tasks versus accountability, which is the acceptance of responsibility of one's own actions and those of others. Therefore, accountability is a higher order of professional development than responsibility.

7.   In analyzing the findings, if the three domains are very diverse, you have a person who is not really comfortable in the current role. If the three domains are different by one level, you should focus on bringing the levels that are not at the highest level up to match each other.

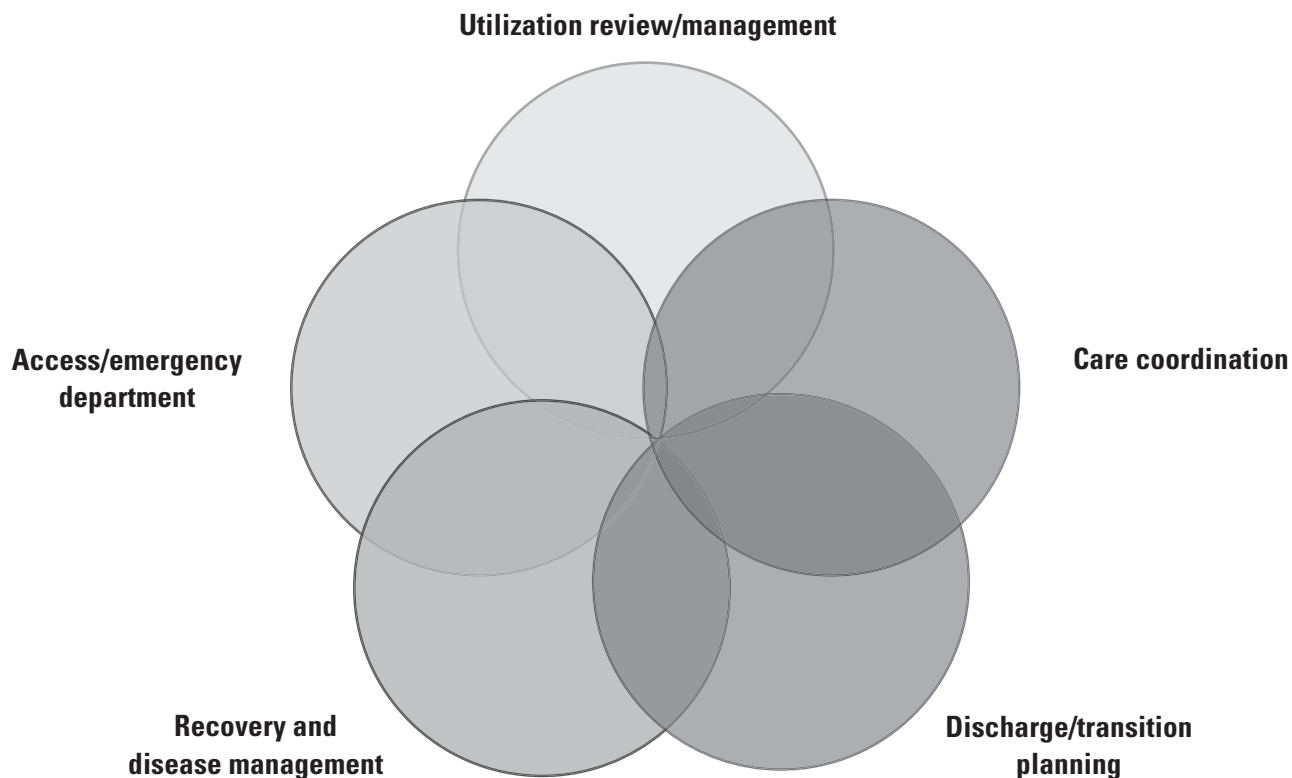## How to Use This Tool During Performance Evaluations

1.   Fill in the top portion of the evaluation, including the employee's name, the evaluator's name, the date of evaluation, and the type of meeting (performance or goal-setting).

2.   If there is no specific tool that fully describes a role, use the blank template that is included to merge criteria from the other tools or create your own.

3.   Put a checkmark next to the statements that best fit the person in each of the three domains. The verbs in bold, capital letters help define the behaviors expected at each level in each domain; more specific behaviors related to the function are then listed. Underlined items are suggested to be the central theme of that function for the intersection between the domain and the level.

4.   If you evaluate the three domains at the same level, the person is really ready to grow to the next level.

5.   If you evaluate the three domains at different levels, the person may not be comfortable in his or her current role.

6.   If the three domains are different by one level, the evaluator should always focus on ways to help the employee bring the lower levels up to match the higher ones.

Follow these recommendations for counseling for professional growth and development by helping the person being evaluated advance to the next level:

- **To advance from intro to familiarization:** Help the individual avoid looking and feeling stupid, inept, or lost. Provide structured guidance by a preceptor who understands teaching/ learning principles and can explain how to solve problems.

- **To advance from familiarization to competence:** Provide the individual with regular feedback and opportunities to practice.

- **To advance from competence to proficiency:** Allow time for the individual to get more experience and encourage him or her to view his or her role as a professional practice rather than a job. Expect the individual to participate with peers and multidisciplinary, community, political, and administrative colleagues individually and in group opportunities with the goal of sharing experiences, peer consultation, and continuous quality improvement.

- **To advance from proficiency to excellence:** Promote the individual's ability to conceptualize and test his or her own values; focus on deep learning and exposure to cross-discipline and cross-cultural experiences.

- **To advance from excellence to innovation/discovery:** Recognize and reward the individual's personal and professional autonomy. Focus on questions, paradoxes, and cognitive dissonance.

Functions of Case Managers in Hospitals

Utilization review/management

Access/emergency department

Care coordination

Recovery and disease management

Discharge/transition planning

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Chapter 1

Case Management Administrator/Director Competency Evaluation Tool

Case Management Administrator/Director Competency Evaluation Tool

The case management administrator/director is responsible for the development and operations of tools, roles, and systems that comprise a case management service. The case management administrator is accountable for meeting the targets for case management that are collaboratively developed with administration.

Employee:

Evaluator:

Type of review:

Date:

Levels of Competency: Case Management Administrator/Director

Note: The following descriptors constitute a core of competency. Many more may be added to customize to the organization.

	✔	**Cognitive knowledge**	✔	**Psychomotor skill**	✔	**Values/beliefs**
Introductory (learning; focusing on "me" and the task)		**Defines, describes**		**Perception**		**Receives, listens**
	❑	1. Discusses current, target, and benchmark goals for the department reflected in the organization's multivariate display (i.e., value compass, data dashboard, balanced scorecard) and has a vision for achievement	❑	1. Meets with each staff person reporting to him or her as well as the physician advisor to establish a working relationship	❑	1. Reviews the job description, HR policies, utilization review plan, and other case management–related documents and discusses expectations with his or her supervisor
	❑	2. Describes the role of the case manager and the case management administrator in his or her own words	❑	2. Interacts with key personnel in the business office, admitting, medical records, education, nursing, physicians, physical therapists, occupational therapists, speech and language pathologists, respiratory therapist, and HR concerning mutual responsibilities to begin to develop an internal network	❑	2. Enjoys and engages with clinical settings and issues and working with multidisciplinary groups
	❑	3. Reviews the organization's information systems, data sources, data types, and data analysis processes	❑	3. Clearly articulates the purpose and direction of the case management department to the case management staff and to the entire organization to foster cooperation and feedback	❑	3. Treats each patient's history and current condition with confidentiality and respect

	✔	Cognitive knowledge	✔	Psychomotor skill	✔	Values/beliefs
	❑	4. Describes the job description and expectations of all persons who are direct reports			❑	4. Schedules frequent staff meetings to listen to the staff's needs and to develop the group's cohesiveness
	❑	5. Reviews the revenue cycle				
Familiarization (rehearsing; focusing on the staff's deliverables)		**Comprehends**		**Guided response**		**Responds**
	❑	1. <u>Identifies the strengths and weaknesses of each staff member and establishes a plan for how to make improvements</u>	❑	1. <u>Reviews and explains the operational budget</u>	❑	1. <u>Participates in a continuous evaluation of his or her own learning needs</u>
	❑	2. Describes how the case management department uniquely fits into the organization and its relationship with external resources, risks, goals, and expectations	❑	2. Meets with key personnel from the postacute continuum to discuss mutual goals	❑	2. Remains open, receptive, and positive to the range of politics and personalities that interface with the department
	❑	3. Identifies the strengths and weaknesses of the department as a whole	❑	3. Meets with key personnel from the payer community to discuss mutual goals and guidelines	❑	3. Respects diverse perspectives in order to promote creative problem solving
	❑	4. Identifies at-risk populations and strategies to decrease the risk	❑	4. Integrates management approaches with identified gaps between current operations and anticipated targets	❑	4. Communicates teamwork, caring, and compassion
	❑	5. Envisions the interdependencies of clinical and data systems within the organization	❑	5. Is constantly a standard bearer and a role model		
			❑	6. Contributes to the organization's understanding and success with the revenue cycle		

	✔	Cognitive knowledge	✔	Psychomotor skill	✔	Values/beliefs
Competence (doing; meeting targets; focusing on collaborative partnerships)		**Conceptualize**		**Effectively and independently carries out tasks**		**Demonstrates commitment**
	❏	1. <u>Sorts through multiple inputs and feedback to generate an ongoing development plan for the department</u>	❏	1. <u>Presents the executive team with ongoing, reliable information about the treatment and flow of patients throughout all levels of care from access through the 30-day recovery period</u>	❏	1. <u>Collaborates with all disciplines and departments to optimize key clinical and financial outcomes within best-practice, ethical, legal, and regulatory parameters</u>
	❏	2. Explains processes to use when physicians, systems, data, and other operations do not meet expectations	❏	2. Negotiates and seeks approval of the operational budget	❏	2. Adheres to the American Case Management Association's Standards of Practice for Hospital and Health System Case Management: • Collaboration • Communication • Facilitation • Coordination • Advocacy • Resource management • Accountability
	❏	3. Describes strengths and inherent limitations of data, research, trends, and benchmarks	❏	3. Selects and uses intensity of service and other tools effectively	❏	3. Effectively communicates the value of case management activities within the organization and community to obtain synergy, cooperation, and collaborative partnerships
	❏	4. Consistently applies critical thinking to all planning	❏	4. Develops, writes, implements, and evaluates the strategic plan for the organizationwide case management process	❏	4. Values employee engagement and satisfaction with work responsibilities and the work environment

	✔		**Cognitive knowledge**	✔		**Psychomotor skill**	✔		**Values/beliefs**
	❏	5.	Attends conferences and other forums to continuously keep up to date on local, regional, and national trends related to case management	❏	5.	Creates a system for the ongoing education and development of the staff as a group and individually	❏	5.	Embraces change that is believed necessary to improve efficiency and/or effectiveness
				❏	6.	Follows standard HR procedures and uses their consultation as necessary to avoid crises	❏	6.	Takes care of him- or herself in order to take care of others when on the job
				❏	7.	Establishes a partnership with the vice president of medical affairs, physician advisor, and other medical associates	❏	7.	Consistently resolves conflicts between meeting patient's needs and the needs of the department or the individuals within it
				❏	8.	Constructs or adapts a data dashboard			
				❏	9.	Establishes, manages, and constantly evaluates departmental policies and procedures, department goals, and staffing levels/ workload assignments			
				❏	10.	Reviews and follows regulations governing the practice of the departments			
				❏	11.	Monitors staff satisfaction and engagement in the goals and improvements of the department and the organization			
				❏	12.	Establishes a robust mechanism for denial prevention and management			

	✔	**Cognitive knowledge**	✔	**Psychomotor skill**	✔	**Values/beliefs**
Proficiency (mastery of complexity; precepting; focusing on others)	❑	**Analyses** 1. <u>Formulates effective approaches to creating necessary and sustainable change</u>	❑	**Complex, overt actions** 1. <u>Works through ambiguous situations in order to clarify direction and successfully manage change</u>	❑	**Evaluates** 1. <u>Maintains principles of care and case management during periods of high stress and difficult challenges</u>
	❑	2. Acknowledges and analyzes formal and informal assessments of the local healthcare market and their impact on the organization	❑	2. Provides decision support as needed by the executive team	❑	2. Assists employees to find inner strength and empower behavioral excellence
	❑	3. Identifies resources required to achieve goals if current resources are insufficient	❑	3. Constantly monitors the effectiveness of tools, roles, and systems	❑	3. Develops a network of case management colleagues at the local, regional, and state level to remain aware of ongoing regulatory and legislative changes
	❑	4. Obtains certification as a case management administrator or other national case management certification	❑	4. Reconstructs the data dashboard as priorities change	❑	4. Always takes a proactive approach to avoid crises
			❑	5. Conducts formal groups in rapid-cycle and performance-improvement activities	❑	5. Develops a network of case management colleagues outside the organization for ongoing resources and support
			❑	6. Provides oversight of compliance with regulations, laws, and ethics via audits and other mechanisms		
			❑	7. Establishes and manages programs and projects that focus upon staff and departmental growth		

	✔	Cognitive knowledge	✔	Psychomotor skill	✔	Values/beliefs
			❑	8. Integrates additional resources to achieve goals		
			❑	9. Attains high satisfaction and retention levels of valuable staff members		
Excellence (leading; focusing on the larger system)	❑	**Synthesizes** 1. <u>Evaluates the applicability of current healthcare trends to the organization and system</u>	❑	**Adapts** 1. <u>Adapts the strategic plan as important new risks and needs are understood</u>	❑	**Reorganizes usefully** 1. <u>Brings energy and leadership to the reorganization of structures, policies, practices, etc., to better meet margin and mission goals of the larger system</u>
	❑	2. Collaboratively determines a potential response to new trends	❑	2. Debates with fellow administrators using conviction and respect	❑	2. Participates in local, regional, state, or national committees to advocate or fight against proposed regulatory changes
			❑	3. Can weigh alternatives and articulate them	❑	3. Constructively questions new health policies and practices
Innovation/ discovery (creating; focusing on the greater good and greater functionality)	❑	**Experiments, researches** 1. Incorporates and integrates related theories, evidence, practice standards, and other established knowledge into new methods and models of case management	❑	**Invents, creates** 1. Connects overtly disparate realities in a new way that solves a problem encountered at the patient, organization, or community level	❑	**Leads, value maturity** 1. Embraces multivariate realities and uses them to motivate and empower him- or herself and others to create something new
	❑	2. Makes sound hypotheses and conducts formal research in some aspect of case management	❑	2. Designs systems to aid in achieving goals	❑	2. Inspires individuals and groups to develop improved systems for care delivery and management across time and place

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