Nurse-led case management for community dwelling older people: an explorative study of models and costs.

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Nurse-led case management for community dwelling older people: an explorative study of models and costs.

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Abstract

AIM: To compare community matrons with other nurses carrying out case management for impact on service use and costs.

BACKGROUND: In England, nurses working in general practice, as district nurses and disease-specific nurses, undertake use case management. Community matrons were introduced to case management to reduce unplanned hospitalizations of people with complex conditions.

METHODS: Managers in three Primary Care Trusts (PCTs) identified four nurses/matrons engaged in case management. Nurses/matrons recruited five community-dwelling patients referred to them for case management. Patients reported use of health/social services for 9 months, 2008 to 2009. Nurses/matrons completed activity diaries.

RESULTS: Service use data were available for 33 patients. Compared with other nurse case managers, community matrons had: smaller caseloads; more patient contact time (mean 364 vs. 80 minutes per patient per month); and older patients (mean age 81 vs. 75 years, P = 0.03) taking more medications (mean 8.9 vs. 5.6, P = 0.014). Monthly costs were significantly higher for patients managed by community matrons (add £861), and who lived alone (add £696). Hospitalizations were not associated with patient or service delivery factors.
CONCLUSION: Further research on cost-effectiveness of case management models is required.

IMPLICATIONS FOR NURSING MANAGEMENT: The case for continued investment in community matrons remains to be proven.