Smart Case Review: Solving Clinical and Systems Problems Rather Than Reacting to Them

By Joanne Kaldy

“W e’ve always done it that way.”

For a long time, this was how team members would respond to ideas for change or innovation. They then would cite the many barriers that couldn’t be overcome, such as being overworked or short-staffed. With the pandemic dragging on, the staffing crisis only intensifying, and consumer confidence in long-term care becoming shaky, innovation is no longer a luxury — it’s a necessity. Among the changes facilities are seeking are ways to improve outcomes and staffing without adding costs, administrative burdens, or interdisciplinary team workloads. Some are looking at Smart Case Review (SCR) to help.

SCR is a single, consistent method to help evaluate and improve care by discussing multiple patient cases in depth. It is based on basic universal principles of thinking, reasoning, problem-solving, oversight, and accountability. “This involves a simplified approach and fixing problems right the first time,” said Steve Levenson, MD, CMD, who created SCR. “This is a method that, if done properly, can be adopted for everyday practice. It changes the way a facility does things under duress, resolves individual patient problems and issues, and identifies processes and systems that can be improved.”

An in-depth clinical case review, SCR “combines a comprehensive clinical review with a thorough discussion about underlying processes and practices.” And as further detailed in Dr. Levenson’s JAMDA article, “Smart Case Review: A Model for Successful Remote Medical Direction and Enhanced Nursing Home Quality Improvement” (J Am Med Dir Assoc 2021; 22(12–1215.e6), SCR has several advantages over traditional quality assurance and performance improvement (QAPI) approaches. For instance, it looks at multiple issues simultaneously as part of a “big picture” review, it involves a patient-centered approach, and it focuses on process and practice as well as clinical issues.

SCR involves five basic steps:
1. Select the appropriate cases.
2. Perform methodical case reviews.
3. Define and categorize clinical, process, and performance issues identified during case review.
4. Combine findings from multiple cases and compare to key elements of quality performance.
5. Formulate specific interventions to improve care and practice.

Although various team members are involved in SCR, it needs to be championed by “someone who can put the pieces in place and facilitate change,” said Dr. Levenson. “This is a methodology for changing habits, but it doesn’t work unless people in authority in the building hold people accountable.”

Staff Shine

At a time when post-acute and long-term care facilities are facing critical staffing shortages, everyone is seeking ways to attract and engage staff. “In the book Dignity at Work [Randy Hudson, Cambridge University Press, 2001], direct care workers identified work environment as a motivating factor. This includes having a workplace where they feel valued and like their contributions matter,” said Dr. Levenson. “Several [directors of nursing] have told me that their staff felt that they were helping patients by solving problems instead of reacting to them,” he added, noting that this gave team members a sense of accomplishment.

Victoria Walker, MD, CMD, medical and clinical officer for Avel eCare Senior Care, said, “SCR has provided a structured way for all disciplines to approach case review and sequentially work through issues and invite perspectives from different disciplines.” She noted, “We have used this approach effectively for a few months, and we’re looking at using it to improve advance care planning and end-of-life care. It has opened up conversations.”

Ultimately, Dr. Walker said, “everyone wants to feel like they matter, so it’s important to have a way to habitually give each person an opportunity to share what they know and be respected and listened to.” This is key, she suggested, to meeting the basic human need to be valued, and it’s important for improving staff satisfaction.

Jean Storm, DO, CMD, a Pennsylvania-based medical director who has employed SCR at her facility, said, “As a physician, you’re in the mode of moving fast. This is a way to be thorough and make a difference. Especially when there is a lack of onsite physician presence, it helps bridge that gap.” She also used the model with medical students. “They enjoyed it and learned a lot, particularly about medications used in geriatric populations. They don’t get much of that in medical school, and it was very enlightening,” Dr. Storm said.

The need to improve care transitions is a long-standing aim in PALTC, and SCR can help with this. “People at both ends need to know why you’re sending a resident to the hospital, what workup is being done, and so on. There needs to be thorough communication,” Dr. Storm said. SCR can help prevent interventions or tests from being repeated or implemented unnecessarily. This saves time and money and can improve transitions. “When staff know what issues might come up, they can watch for them and report signs and symptoms that can cause problems or acute changes. If they can do this and say they are improving outcomes and quality of life, they feel more pride in their work and greater job satisfaction,” Dr. Storm suggested.

Drs. Walker and Storm both observed that SCR can be used in telemedicine. As this technology has gained popularity during the pandemic and shows no signs of going away, it is key to have care processes and opportunities for team communication that can be effectively employed virtually.

Lessons Learned: Change Is Inevitable

“One thing I really appreciate about SCR is that it reminds us to focus on both lessons around clinical practice and those you’re learning about the facility and its operational processes. Sometimes these processes lead to problems due to breakdowns in medical care delivery,” said Dr. Walker. “We need to look for operational elements that impact clinical care.” She added, “SCR helps make sure there is a good foundation for whatever care model is layered on top of it.”

At a time when change is coming at our teams from all directions, Dr. Walker said, “it’s easy to get distracted from the foundational underpinnings that are necessary to prevent important care elements from falling through the cracks. SCR helps keep the foundation strong.”

Dr. Levenson acknowledged that creating sustained change through SCR takes time. “Change is uncomfortable. People don’t know what they’ll face by changing. They don’t understand that they’re not doing as well as they could,” he said. “I often see facilities that think they’re providing good evidence-based care, but they’re actually engaging in regulatory-based care. This isn’t enough to thrive or even survive in the post-pandemic world.”

Senior contributing writer Joanne Kaldy is a freelance writer in New Orleans, LA, and a communications consultant for the Society and other organizations.