

Pediatric Directors Forum Inquiry:  
Patient Navigation and Throughput (6/2017)

Facility	Pediatric Admission Coordinators	Case Managers	Nurse Navigators
A	Nurse Liasons; RN required; assist MD with pre-admission process; one assigned to local children's hospital	Yes; RN and SW, assist in discharge planning; caseload estimated 12-16 patients	not for peds, but have identified benefit for care manager to follow up OP for pediatrics
B	yes; RN; 1:28 bed unit; admit 30-40 patients/month	Yes; 1:14 and a UM/UR nurse; can be RN, SW, or any rehab therapist; OP day rehab has 1.5 FTE, 1:15-18	Not in rehab
C	no inpatient rehab		
D	Inpatient Coordinator; handles referral through inpt admission, through first OP clinic follow up visit ; RN; 4-10 caseload inpt; OP caseload estimated at 20	Same as inpatient coordinator (who does intakes, case mgmt, and discharge planning); additional social worker shared with other disciplines; Nurse Clinicians on OP side share OP caseload (4 RNs for 2166 active outpatients)	Not called this, have inpatient coordinator
E	access management specialist/case manager; RN; preadmission through inpatient role, post-rehab follow up calls but no OP caseload; 10 bed unit; ADC 5-6	Inpatient social workers also share help in discharge planning and equipment. 10 bed unit; ADC 5-6	
F	Care manager; RN; 12 bed unit but all referrals for rehab as well	Same person as the care manager/admissions coordinator; RN; different case managers for OP	No; called care managers
G	Yes; RN or SW; all pediatric referrals and covers 1 additional hospital for adult referrals	Yes, SW or RN handle from point of inpatient admission to inpatient discharge; have mixed pediatric and adult caseload	No, considering transition to this model within next year.
H	Yes, RN; 3 share adult and pediatric caseload for rehab	Not currently, roles are shifting currently. Historically, RN. Currently some social work and some RN and some clinical assistants managing these tasks. Some OP programs have case managers	No