表 5. ⑤Randomized Control Trial を用いた研究

No	Authors	Title	Source	Abstract
E-⑤-1	Douglas S. Daly BJ. Rudy EB. Sereika SM. et al	Survival experience of chronically critically ill patients.	Nursing Research. 45(2):73-7, 1996 Mar-Apr.	Intensive care unit (ICU) patients were randomly assigned to either a traditional ICU or a special care unit (SCU) for chronically critically ill patients. The SCU used a low-technology, family-oriented environment, nursing case management, no physician house staff, and a shared governance model. In comparison, the ICU used high technology, limited family visiting, primary care nursing, and a bureaucratic management model. The survival experience of chronically critically ill patients in the two environments during hospitalization, as well as after hospital discharge, was examined. Using survival analytic techniques, the 1-year cumulative mortality for all patients in the study was found to be 59.9%. Risk of death was significantly lower after discharge than during hospitalization. Similar mortality experiences were found for SCU and ICU patients. Thus, the high-technology ICU environment did not produce better outcomes than the SCU environment.
E-⑤-2	Aubert RE. Herman WH. Waters J. Moore W. Sutton D. Peterson BL. Bailey CM. Koplan JP.	Nurse case management to improve glycemic control in diabetic patients in a health maintenance organization. A randomized, controlled trial.	Annals of Internal Medicine. 129(8):605-12, 1998 Oct 15.	Control of hyperglycemia delays or prevents complications of diabetes, but many persons with diabetes do not achieve optimal control. To compare diabetes control in patients receiving nurse case management and patients receiving usual care. Randomized, controlled trial.Primary care clinics in a group-model health maintenance organization (HMO). 17 patients with type 1 diabetes mellitus and 121 patients with type 2 diabetes mellitus. The nurse case manager followed written management algorithms under the direction of a family physician and an endocrinologist. Changes in therapy were communicated to primary care physicians. All patients received ongoing care through their primary care physicians.The primary outcome, hemoglobin A1c (HbA1c) value, was measured at baseline and at 12 months. Fasting blood glucose levels, medication type and dose, body weight, blood pressure, lipid levels, patient-perceived health status, episodes of severe hypoglycemia, and emergency department and hospital admissions were also assessed.72% of patients completed follow-up. Patients in the nurse case management group had mean decreases of 1.7 percentage points in HbA1c values and 43 mg/dL (2.38 mmol/L) in fasting glucose levels; patients in the usual care group had decreases of 0.6 percentage points in HbA1c values and 15 mg/dL (0.83 mmol/L) in fasting glucose levels ($P < 0.01$). Self-reported health status improved in the nurse case management group ($P = 0.02$). The nurse case management intervention was not associated with statistically significant changes in medication type or dose, body weight, blood pressure, or lipids or with adverse events. A nurse case manager with considerable management responsibility can, in association with primary care physicians and an endocrinologist, help improve glycemic control in diabetic patients in a group-model HMO.

E-⑤-3	Cox GB. Walker RD. Freng SA. Short BA. Meijer L. Gilchrist L.	Outcome of a controlled trial of the effectiveness of intensive case management for chronic public inebriates.	Journal of Studies on Alcohol. 59(5):523-32, 1998 Sep.	The objective of this study was to test whether an intensive case management intervention would be effective with a group of homeless chronic public inebriate clients. The primary goals of the case management were to improve the financial and residential stability of the clients and to reduce their use of alcohol. Subjects (N = 298, 81% male) were interviewed at baseline, randomly assigned to treatment and control conditions and given follow-up interviews at 6-month intervals for 2 years. Case management services were provided for the duration of the project. Follow-up rates for the first three interviews averaged 82%. Repeated measures MANCOVAs showed significant group differences favoring the case-managed group in all three areas targeted by the intervention: total income from public sources, nights spent in "own place" out of the previous 60 nights and days drinking out of the previous 30 days. The results held whether the three variables were analyzed jointly or separately and for alternative measures of drinking and homelessness. Although statistically significant, the group differences are generally not large. The results indicate that case management had a beneficial effect on the clients receiving it. This effect may have been the result of an increase in services received by the case-managed clients.
E-⑤-4	Holloway F. Carson J.	Intensive case management for the severely mentally ill. Controlled trial.	British Journal of Psychiatry. 172:19-22, 1998 Jan.	The aim was to compare the efficacy of intensive clinical case management (ICM) with standard community care in the management of 'hard to treat' patients with a severe mental illness. A randomised controlled trial was carried out in East Lambeth, a deprived area of inner London. Seventy people with psychosis designated as 'hard to treat' by referring teams were included; 35 were randomised to ICM (case load eight patients per worker), and 35 to standard care, which offered follow-up by a community psychiatric nursing service (30 patients per worker). Outcome measures were admissions and hospital bed utilisation; contact with services; symptomatology; social behaviour; social functioning; quality of life; patients' satisfaction with care at 9 and 18 months. There were no differences in patients' symptoms, social behaviour or social functioning. Quality of life was significantly improved in patients receiving ICM at 9 months. Satisfaction with care was significantly greater among case-managed patients. All ICM patients remained in contact with services throughout the study, while six control patients were refusing all contact with services at 18 months. ICM failed to improve the clinical outcome of 'hard to treat' patients. The service was successful in maintaining contact with patients, was greatly appreciated and had a positive effect on their perceived quality of life.
E-⑤-5	Davis AL. Holman EJ. Sousa KH.	Documentation of care outcomes in an academic nursing clinic: an assessment.	Journal of the American Academy of Nurse Practitioners. 12(12):497-502, 2000 Dec.	To assess documentation of client data collected at an academic nursing clinic using the Wilson and Cleary Health Related Quality of Life (HRQOL) conceptual model as a framework. A chart audit of 100 randomly selected active client records was conducted. Although several significant HRQOL variables were documented, data regarding general health perception and quality of life were not present. The HRQOL conceptual model provided an appropriate structure for evaluating the documentation. Further effort must be made to include key HRQOL dimensions in the clinic's documentation system. Documenting the quality of care provided in nursing clinics is essential in order for other professionals and the public to recognize nursing professionals as accountable and credible. This project formed the basis for a computerized outcomes-based client record system.

E-⑤-6	Egan E. Clavarino A. Burridge L. Teuwen M. White E.	A randomized control trial of nursing-based case management for patients with chronic obstructive pulmonary disease.	Lippincott's Case Management. 7(5):170-9, 2002 Sep-Oct.	This study assessed the impact of a randomized trial of nursing-based case management for patients with chronic obstructive pulmonary disease, their caregivers, and nursing and medical staff. Sixty-six patients were matched by FEV on admission to hospital, and randomized into an intervention or control group. Intervention group patients reported significantly less anxiety at 1 month postdischarge; however, this effect was not sustained. There was little difference between groups in terms of unplanned readmissions, depression, symptoms, support, and subjective well being. Interviews with patients and caregivers found that the case management improved access to resources and staff-patient communication. Interviews with nursing and medical staff found that case management improved communication between staff and enhanced patient care.
E-⑤-7	Harrison-Read P. Lucas B. Tyrer P. Ray J. Shipley K. Simmonds S. Knapp M. Lowin A. Patel A. Hickman M.	Heavy users of acute psychiatric beds: randomized controlled trial of enhanced community management in an outer London borough.	Psychological Medicine. 32(3):403-16, 2002 Apr.	Heavy users of psychiatric services, often defined as the population that uses the most beds, consume a large part of the resources used by the whole service, despite being relatively small in number. Any intervention that reduces heavy use is therefore likely to lead to significant savings, and enhancement of standard care using a form of intensive case management akin to assertive community treatment was thought to be a pragmatic strategy for testing in this group. The effectiveness of enhanced community management (ECM) was compared with standard care alone in heavy users, who represented the 10% of patients with the highest number of hospital admissions and occupied bed days over the previous 6.5 years in an outer London borough. One hundred and ninety-three patients were randomly assigned to ECM or standard care and their use of services was determined after 1 and 2 years, with assessments of costs, clinical symptoms, needs, and social function made before entry into the study and after 1 and 2 years. Despite a 24 fold increase in community contacts in the study group, there were no significant differences between the two groups in any of the main outcome measures. Small savings on in-patient and day-hospital service costs were counterbalanced by the increased costs of outpatient and community care for the subjects assigned to ECM. Clinical outcome data derived from interviews in two-thirds of the subjects were similar in both groups. Providing additional intensive community focused care to a group of heavy users of psychiatric in-patient services in an outer London borough does not lead to any important clinical gains or reduced costs of psychiatric care.
E-⑤-8	Markle-Reid M. Browne G. Roberts J. Gafni A. Byrne C.	The 2-year costs and effects of a public health nursing case management intervention on mood-disordered single parents on social assistance.	Journal of Evaluation in Clinical Practice. 8(1):45-59, 2002 Feb.	This randomized controlled trial was designed to evaluate the 2-year costs and effects of a proactive, public health nursing case management approach compared with a self-directed approach for 129 single parents (98% were mothers) on social assistance in a Canadian setting. A total of 43% of these parents had a major depressive disorder and 38% had two or three other health conditions at baseline. Study participants were recruited over a 12 month period and randomized into two groups: one receiving proactive public health nursing and one which did not. At 2 years, 69 single parents with 123 children receiving proactive public health nursing (compared with 60 parents with 91 children who did not receive public health nursing services) showed a slightly greater reduction in dysthymia and slightly higher social adjustment. There was no difference between the public health and control groups in total per parent annual cost of health and support services. However, costs were averted due to a 12% difference in non-use of social assistance in the previous 12 months for parents in the public health nursing group. This translates into an annual cost saving of 240,000 dollars (Canadian) of costs averted within 1 year for every 100 parents. In the context of a system of national health and social insurance, this study supports the fact

				that it is no more costly to proactively service this population of parents on social assistance.
E-⑤-9	Gary TL. Bone LR. Hill MN. Levine DM. McGuire M. Saudek C. Brancati FL.	Randomized controlled trial of the effects of nurse case manager and community health worker interventions on risk factors for diabetes-related complications in urban African Americans.	Preventive Medicine. 37(1):23-32, 2003 . (42 ref)	African Americans suffer disproportionately from diabetes complications, but little research has focused on how to improve diabetic control in this population. There are also few or no data on a combined primary care and community-based intervention approach. Precede-Proceed behavioral model,randomly assigned 186 urban African Americans with type 2 diabetes (76% female, mean A SD age 59 A 9 years) We randomly assigned 186 urban African Americans with type 2 diabetes (76% female, mean A SD age 59 A 9 years) to 1 of 4 parallel arms: (1) usual care only; (2) usual care + nurse case manager (NCM); (3) usual care + community health worker (CHW); (4) usual care + nurse case manager/community health worker team. Using the framework of the Precede-Proceed behavioral model, interventions included patient counseling regarding self-care practices and physician reminders. The 2-year follow-up visit was completed by 149 individuals (84%). Compared to the Usual care group, the NCM group and the CHW group had modest declines in HbA(1c) over 2 years (0.3 and 0.3%, respectively), and the combined NCM/CHW group had a greater decline in HbA(1c) (0.8%. P = 0.137). After adjustment for baseline differences and/or follow-up time, the combined NCM/CHW group showed improvements in triglycerides (-35.5 mg/dl; P = 0.041) and diastolic blood pressure, compared to the usual care group (-5.6 mmHg; P = 0.042). Combined NCM/CHW interventions may improve diabetic control in urban African Americans with type 2 diabetes. Although results were clinically important, they did not reach statistical significance. This approach deserves further attention as a means to reduce the excess risk of diabetic complications in African Americans.

E-⑤-10	Goodwin JS. Satish S. Anderson ET. Nattinger AB. Freeman JL.	Effect of nurse case management on the treatment of older women with breast cancer.	Journal of the American Geriatrics Society. 51(9):1252-9, 2003 . (58 ref)	To evaluate the effect of nurse case management on the treatment of older women with breast cancer. Three hundred thirty-five women (166 control and 169 intervention) aged 65 and older newly diagnosed with breast cancer.Randomized prospective trial.Women seeing surgeons randomized to the intervention group received the services of a nurse case manager for 12 months after the diagnosis of breast cancer. The primary outcome was the type and use of cancer-specific therapies received in the first 6 months after diagnosis. Secondary outcomes were patient satisfaction and arm function on the affected side 2 months after diagnosis. More women in the intervention group received breast-conserving surgery (28.6% vs 18.7%; P=.031) and radiation therapy (36.0% vs 19.0%; P=.003). Of women undergoing breast-conserving surgery, greater percentages in the case management group received adjuvant radiation (78.3% vs 44.8%; P=.001) and axillary dissection (71.4% vs 44.8%; P=.057). Women in the case management group were also more likely to receive more breast reconstruction surgery (9.3% vs 2.6%, P=.054), and women in the case management group with advanced cancer were more likely to receive chemotherapy (72.7% vs 30.0%, P=.057). Two months after surgery, higher percentages of women in the case manager group had normal arm function (93% vs 84%; P=.037) and were more likely to state that they had a real choice in their treatment (82.2% vs 69.9%, P=.020). Women with indicators of poor social support were more likely to benefit from nurse case management.Nurse case management results in more appropriate management of older women with breast cancer.
E-⑤-11	Kinney ED. Kennedy J. Cook CAL. Freedman JA. Lane KA. Hui SL.	A randomized trial of two quality improvement strategies implemented in a statewide public community-based, long-term care program.	Medical Care. 41(9):1048-57, 2003 . (26 ref)	It has not been demonstrated that the implementation of computerized quality improvement strategies can improve client-centered outcomes in public community based, long-term care (CBLTC) programs. To test and evaluate 2 innovative computer-assisted, client-centered quality improvement strategies for public community-based, long-term care. The first strategy, the Normative Treatment Planning (NTP) program, assesses needs, prescribes services, and evaluates outcomes. The second strategy, the Client Feedback System (CFS) program, provides service vendors with feedback on client perceptions of services. A total of 2222 clients (86% of eligible program clients) enrolled in Indiana's state case management program.A 2 x 2 factorial design with the 2 strategies using cluster randomization. A total of 2222 clients (86% of eligible program clients) enrolled in Indiana's state case management program and/or the Medicaid home and community-based services waiver program for the aged and disabled as of January 1, 1995. Outcomes of needs met and client satisfaction were measured through telephone surveys every 6 months for 2 years.A total of 1006 participants (45%) completed the 2-year evaluation study. For the group using only the NTP program, perception of needs met and client satisfaction were significantly better than the control group over the 2 years. During this period, the group using only the CFS program had significantly better client satisfaction than the control group. However, the effect sizes of the significant differences were small, and no statistically significant effects were found for the group using both programs. Client-centered quality improvement strategies can be implemented to enable public CBLTC programs to meet client needs better and increase client satisfaction.
E-⑤-12	Gary TL. Batts-Turner M. Bone LR. Yeh HC.	A randomized controlled trial of the effects of nurse case	Controlled Clinical Trials. 25(1):53-66, 2004 Feb.	The objective of the study was to determine the effectiveness and cost-effectiveness of primary care and community-oriented interventions in managing HbA1c, blood pressure, and lipids, and reducing hospitalizations and emergency room visits over 2 years. We describe an ongoing, randomized controlled trial of 542 urban African-Americans with type 2 diabetes ages 25 years and older who are members of a university-affiliated

	Wang NY. Hill-Briggs F. Levine DM. Powe NR. Hill MN. Saudek C. McGuire M. Brancati FL.	manager and community health worker team interventions in urban African-Americans with type 2 diabetes.		managed-care organization in Baltimore, MD. The participants are 74% female, have a mean age of 58 years, and 35% have yearly incomes greater than 7500 US dollars. Participants were randomized to one of two intervention groups for a period of 2 years: (1) usual medical care plus minimal telephone intervention implemented by a trained lay health educator (control group) or (2) usual medical care plus intensive intervention implemented by a nurse case manager (NCM)/community health worker (CHW) team. The intensive NCM/CHW team executes individual plans of care using evidence-based algorithms that focus on traditional diabetes self-management, screening and management of diabetes-related complications, and social issues surrounding diabetes care. Face-to-face NCM visits are conducted in the clinic once per year and CHW visits are conducted in the participant's home one to three times per year, both with additional follow-up contacts as needed. Written and verbal feedback (when necessary) is provided to the participant's primary care physician. All participants are expected to attend a 24-month follow-up visit where data are collected by interviewers blinded to intervention assignment. As of May 1, 2003, recruitment is complete, interventions are being fully implemented, and 24-month follow-up visits are beginning. Baseline sociodemographic characteristics, health-care utilization, health behaviors, and clinical characteristics of the study population are reported. This study is designed to test the hypothesis that a primary-care-based NCM plus CHW team approach is an effective, practical, and economically feasible strategy for translating current knowledge about type 2 diabetes into high-quality health care for urban African-Americans.

表 6. ⑥介入研究

No	Authors	Title	Source	Abstract
E-⑥-1	Einstadter D. Cebul RD. Franta PR.	Effect of a nurse case manager on postdischarge follow-up.	Journal of General Internal Medicine. 11(11):684-8, 1996 Nov.	To examine whether use of a nurse case manager to coordinate postdischarge care would improve rates of follow-up, emergency department utilization, and unexpected readmission for general medicine patients. Prospective cohort trial. Publicly supported, tertiary-care teaching hospital.Four hundred seventy-eight patients admitted to the general medicine service. Use of a nurse case manager to provide discharge planning before hospital discharge and to arrange for postdischarge outpatient follow-up. Patients in the control group had discharge planning in the traditional ("usual care") manner. The proportion of patients with scheduled outpatient appointments in the medical clinic and the proportion making clinic visits, emergency department visits, or with readmission to the hospital within 30 days following discharge. A significantly greater proportion of patients assigned to the nurse case manager intervention had appointments scheduled at the time of hospital discharge (63% vs 46%, $p < .001$), and made scheduled visits in the outpatient clinic (32% vs 23%, $p < .03$). Intervention group patients were especially more likely than control group patients to have definite follow-up appointments if they were discharged on weekends. Intervention and control group patients did not differ, however, in the rates of emergency department utilization ($p = .52$) or unexpected readmissions within 30 days of discharge ($p = .11$). Use of a nurse case manager to coordinate outpatient follow-up prior to discharge improved the continuity of outpatient care for patients on a general medical service. The intervention had no effect on unexpected readmissions or emergency department utilization.
E-⑥-2	Noedel NR. Osterloh JF. Brannan JA. et al	Critical pathways as an effective tool to reduce cardiac transplantation hospitalization and charges.	Journal of Transplant Coordination. 6(1):14-9, 1996 Mar.	A critical pathway is a component of managed care focusing on outcome-oriented, cost-effective care. This retrospective review of 74 cardiac transplants in 72 patients evaluated the influence of critical pathways on clinical management, length of hospitalization, and hospital charges. Transplant patients were divided into group 1 ($n = 51$), which received standard primary nursing care, and group 2 ($n = 23$), which received nursing case management using a critical pathway. The number of intensive care unit days for group 2 was significantly smaller than for group 1, as were duration of hospitalization and hospital charges. The critical pathway provided for systematic delivery of care and decreased length of hospitalization and charges without compromising safety or quality.
E-⑥-3	Taylor CB. Miller NH. Herman S. Smith PM. Sobel D.et al	A nurse-managed smoking cessation program for hospitalized smokers.	American Journal of Public Health. 86(11):1557-60, 1996 Nov.	This study evaluated a nurse-managed smoking cessation program for smokers hospitalized for a variety of conditions. Hospitalized patients who smoked prior to hospitalization and who were motivated to quit ($n = 660$) were randomized to intervention or usual-care groups and followed for the next year. The intervention included a meeting with the nurse-case manager; the use of a videotape, workbook, relaxation audiotape, and nicotine replacement therapy; and nurse-initiated phone contacts after discharge. The 12-month confirmed cessation rates were 21% and 31% for, respectively, the usual-care and intervention groups (odds ratio = 1.7; 95% confidence interval = 1.1, 2.3). A nurse-managed smoking cessation intervention can significantly increase cessation rates for hospitalized patients.

E-⑥-4	Aadalen SP.	Methodological challenges to prospective study of an innovation: interregional nursing care management of cardiovascular patients.	Journal of Evaluation in Clinical Practice. 4(3):197-223, 1998 Aug.	This paper discusses the methodological challenges of conducting an interregional intersystem study in a highly competitive health care environment. Nurses from a three-hospital rural health consortium and an urban tertiary medical centre collaborated in a two-phase study (a) to describe current interregional cardiovascular health care process (phase I) and (b) to test an interregional nurse-coordinated cardiovascular health care model (phase II). Phase I was a 1-year exploratory descriptive retrospective study involving patient interviews and chart reviews. Findings from the phase I study suggested a pattern of patient health problems occurring weeks and months following successful tertiary centre interventions. Phase II was a quasi-experimental prospective study with 90 intervention subjects and 64 comparison group subjects who completed pencil and paper survey tools over a 12-month period following discharge from the tertiary centre. Nurse and doctor providers completed a satisfaction survey twice, at an interval of 1 year. Concurrent data collection via telephone calls (comparison group) and a retrospective record review (intervention group) provided data on cost, resource use and system efficiency. Initial results of phase II are presented, together with tests of significance for hypotheses related to interregional nurse care management and patient outcomes, patient satisfaction, cost/system efficiency, and provider satisfaction. Methodological considerations and recommendations related to phases I and II of this interregional collaborative cardiovascular project are presented and discussed.
E-⑥-5	Gunningberg L. Lindholm C. Carlsson M. Sjoden PO.	Implementation of risk assessment and classification of pressure ulcers as quality indicators for patients with hip fractures.	Journal of Clinical Nursing. 8(4):396-406, 1999 Jul.	The aims of the study were (i) to investigate the prevalence of pressure ulcers in patients with hip fracture, on arrival at a Swedish hospital, at discharge, and two weeks post-surgery; (ii) to test whether clinical use of the Modified Norton Scale (MNS) could identify patients at risk for development of pressure ulcers; and (iii) to compare the reported prevalence of pressure ulcer in the experimental group, where risk assessment and classification of pressure ulcers was performed on a daily basis, with that of the control group, where it was not. The study design was prospective, with an experimental and a control group. The intervention in the experimental group consisted of risk assessment, risk alarm and skin observation performed by the nurse on duty, in the A & E Department, and daily throughout the hospital stay. To facilitate the nurse's assessment, a 'Pressure Ulcer Card' was developed, consisting of the MNS and descriptions of the four stages of pressure ulcers. On arrival at the hospital, approximately 20% of patients in both groups had pressure ulcers. At discharge, the rate had increased to 40% (experimental) and 36% (control). Clinical use of the MNS made it possible to identify the majority of patients at risk for development of pressure ulcers. Patients who were confused on arrival developed significantly more pressure ulcers than patients who were orientated to time and place. No significant difference was found in the reported prevalence of pressure ulcers between the experimental and control groups.
E-⑥-6	Holtkamp CC. Kerkstra A. Ooms ME. van Campen C. Ribbe MW.	Effects of the implementation of the Resident Assessment Instrument on gaps between perceived needs and nursing care supply for	International Journal of Nursing Studies. 38(6):619-28, 2001 Dec.	This study evaluated the effects of the implementation of the Resident Assessment Instrument (RAI) on gaps perceived between residents' needs and nursing care received in Dutch nursing homes. In a controlled group design residents were interviewed before and after the implementation. Most gaps were perceived in the psycho-social area rather than physical or needs with aids and facilities. In general, perceived gaps decreased more strongly in the experimental group. The results give an indication that assessment using RAI leads to a better meeting of the residents' perceived needs. More research is needed to investigate the quality of the assessment using RAI in more detail.

		nursing home residents in the Netherlands.		
E-⑥-7	Leung AC. Liu CP. Tsui LL. Li SY.et al	The use of the Minimum Data Set: home care in a case management project in Hong Kong. (27 ref)	Journal of Case Management, The Journal of Long Term Home Health Care. 3(1):8-13, 2001.	130 hospital-discharged elderly patients received our comprehensive assessment by using a Chinese Minimum Data Set-Home Care (MDS-HC). Our case manager developed and implemented care plans with reference to the computer-generated Clients Assessment Protocols. Results showed that the MDS-HC was sensitive to identify elderly persons' holistic needs, and helpful in formulating all-inclusive care plans.
E-⑥-8	Jonge PD. Zomerdijk MM. Huyse FJ. Fink P. Herzog T. Lobo A. Slaets JP.Arolt V. Balogh N. Cardoso G. Rigatelli M.	Mental disturbances and perceived complexity of nursing care in medical inpatients: results from a European study.	Journal of Advanced Nursing. 36(3):355-63, 2001 Nov.	The relationship between mental disturbances - anxiety and depression, somatization and alcohol abuse - on admission to internal medicine units and perceived complexity of care as indicated by the nurse at discharge was studied. The goal was to study the utility of short screeners for mental disturbances to select patients for case-management on admission. The study had a cohort design: patients were included on admission and followed through their hospital stay until discharge. The study was conducted within the framework of the European Biomed 1 Risk Factor study. In the first 3 days of admission the patients were interviewed by a trained health care professional, who scored the SCL-8D, a somatization questionnaire based on the Whiteley-7 and the CAGE. At discharge, nurses rated the complexity of the patient's care. Patients with high scores on anxiety and depression (SCL-8D) and on somatization received higher ratings on perceived nursing complexity than those with low scores, with and without control for age, severity of illness and chronicity. The actual nursing intensity and medical care utilization, as measured daily by means of a checklist, could not explain these relations. No differences were found between patients with high or low scores on alcohol abuse. The study shows a potential use of screeners for mental disturbances to detect patients for whom nurses might need additional help. However, mental disturbance is not the sole criterion: functional status and other variables that predict medical and nursing care utilization should be included in a screening strategy for case-management programmes.
E-⑥-9	Gerdner LA. Buckwalter KC. Reed D.	Impact of a psychoeducational intervention on caregiver response to behavioralproblems.	Nursing Research. 51(6):363-74, 2002 Nov-Dec.	Eighty percent of persons with Alzheimer's disease and related disorders are cared for by family members who often lack adequate support and training for this all-consuming job. To evaluate the efficacy of a longitudinal, multisite, community-based intervention designed to teach home caregivers to manage behavioral problems in persons with Alzheimer's disease.Progressively Lowered Stress Threshold model (Hall & Buckwalter, 1987). 237 caregiver/care recipient dyads (n = 132 Experimental; n = 105 Comparison). The experimental group received a psychoeducational nursing intervention. The comparison group received routine information and referrals for case management, community-based services, and support groups. Although a variety of psychosocial outcomes were compared between caregivers in the two groups, this article focuses on frequency and response to behavioral problems and functional decline. The Progressively Lowered Stress Threshold intervention had a statistically significant effect on spousal response to memory/behavioral problems ($p < .01$) for all caregivers and on response to activities of daily living problems ($p < .01$) for spousal caregivers. In addition, nonspouses in the

				experimental group reported a reduction in the frequency of memory/behavioral problems (p <.01). No intervention effect on reports of activities of daily living frequencies was found for either spouses or nonspouses. This Progressively Lowered Stress Threshold-based intervention had a positive impact on both the frequency of and response to problem behaviors among spousal caregivers.
E-⑥-10	Lincoln AE. Feurstein M. Shaw WS. Miller VI.	Impact of case manager training on worksite accommodations in workers' compensation claimants with upper extremity disorders.	Journal of Occupational and Environmental Medicine. 44(3):237-45, 2002 . (34 ref)	Management of the return-to-work process in claimants with work-related upper extremity disorders often poses challenges to the health care provider, claimant, and employer. Modifying workplace ergonomic risk factors as a component of the workplace accommodation process may improve return-to-work outcomes by reducing recurrent pain and discomfort.208 accommodations were recommended and 155 of these were implemented (75%). A case-control evaluation of the effects of a 2-day training program for nurse case managers that was designed to facilitate the implementation of workplace accommodations within a workers' compensation health care delivery system. After the training, 101 claimants with compensable upper extremity disorders were randomly assigned to case managers with and without training. Claimants of trained nurses received 1.5 times as many recommendations for accommodations as claimants managed by nurses not trained in the process, and 1.4 times as many accommodations were implemented, although no differences were found between the two groups in implementation rates. Trained nurses were more likely to recommend accommodations addressing workstation layout, computer-related improvements, furnishings, accessories, and lifting/carrying aids, whereas the untrained nurses were more likely to suggest light duty and lifting restrictions. This study indicates that the training was associated with a change in the practice behavior of case managers regarding the workplace accommodation process. More research is needed to identify barriers to implementation and develop more effective approaches to facilitate worksite accommodations in disabled workers with carpal tunnel syndrome and other persistent upper extremity disorders.
E-⑥-11	Little M. Saul GD. Testa K. Gaziano C.	Improving pregnancy outcome and reducing avoidable clinical resource utilization through telephonic perinatal care coordination.	Lippincott's Case Management. 7(3):103-12, 2002 May-Jun.	The effects of telephonic nursing case management and standard care in a low-income, high-risk pregnancy population, controlling for gestational age at referral and risk factors (medical, demographic, and behavioral) were compared. The hypothesis was that a program of telephonic perinatal nursing care coordination and case management would increase mean gestational ages and mean birth weights and would reduce clinical resource utilization, compared with standard nursing care.The methods focused on a telephonic model developed during the past 16 years that included risk assessment, patient education, coordination of care for home services and clinic appointments, coordination of interventions requested by care providers, and patient advocacy. The patient population, primarily of minority cultural and racial backgrounds, obtained prenatal care from two large obstetric clinics and delivered at a level-3 tertiary care center. They were randomly assigned to treatment (N = 61) and control (N = 50) conditions. Interpreters were used for any contacts with non-English-speaking patients.The results demonstrated increased mean birth weights for the treatment group when intervening variables were controlled. Mean gestational age at delivery was not significantly different between groups. Telephonic case management saved an average of 501.31 dollars per patient in inpatient and outpatient costs combined. In the treatment group, for every dollar spent on case management costs, the savings were 4.08 dollars.
E-	Riegel B.	Effect of a	Archives of	Case management is believed to promote continuity of care and decrease hospitalization rates, although few

⑥ -12	Carlson B. Kopp Z. LePetri B. Glaser D. Unger A.	standardized nurse case-management telephone intervention on resource use in patients with chronic heart failure.	Internal Medicine. 162(6):705-12, 2002 Mar 25.	controlled trials have tested this approach. To assess the effectiveness of a standardized telephonic case-management intervention in decreasing resource use in patients with chronic heart failure. A randomized controlled clinical trial was used to assess the effect of telephonic case management on resource use. Patients were identified at hospitalization and assigned to receive 6 months of intervention (n = 130) or usual care (n = 228) based on the group to which their physician was randomized. Hospitalization rates, readmission rates, hospital days, days to first rehospitalization, multiple readmissions, emergency department visits, inpatient costs, outpatient resource use, and patient satisfaction were measured at 3 and 6 months. The heart failure hospitalization rate was 45.7% lower in the intervention group at 3 months (P =.03) and 47.8% lower at 6 months (P =.01). Heart failure hospital days (P =.03) and multiple readmissions (P =.03) were significantly lower in the intervention group at 6 months. Inpatient heart failure costs were 45.5% lower at 6 months (P =.04). A cost saving was realized even after intervention costs were deducted. There was no evidence of cost shifting to the outpatient setting. Patient satisfaction with care was higher in the intervention group. The reduction in hospitalizations, costs, and other resource use achieved using standardized telephonic case management in the early months after a heart failure admission is greater than that usually achieved with pharmaceutical therapy and comparable with other disease management approaches.
E- ⑥ -13	Ruland CM.	Handheld technology to improve patient care: evaluating a support system for preference-based care planning at the bedside.	Journal of the American Medical Informatics Association. 9(2):192-201, 2002 Mar-Apr.	Despite an increasing movement toward shared decision making and the incorporation of patients' preferences into health care decision making, little research has been done on the development and evaluation of support systems that help clinicians elicit and integrate patients' preferences into patient care. This study evaluates nurses' use of CHOICE, a handheld-computer-based support system for preference-based care planning, which assists nurses in eliciting patients' preferences for functional performance at the bedside. Specifically, it evaluates the effects of system use on nurses' care priorities, preference achievement, and patients' satisfaction. Three-group sequential design with one intervention and two control groups (N=155). In the intervention group, nurses elicited patients' preferences for functional performance with the handheld-computer-based CHOICE application as part of their regular admission interview; preference information was added to patients' charts and used in subsequent care planning. Nurses' use of CHOICE made nursing care more consistent with patient preferences (F=11.4; P<0.001) and improved patients' preference achievement (F=4.9; P<0.05). Furthermore, higher consistency between patients' preferences and nurses' care priorities was associated with higher preference achievement (r=0.49; P<0.001). In this study, the use of a handheld-computer-based support system for preference-based care planning improved patient-centered care and patient outcomes. The technique has potential to be included in clinical practice as part of nurses' routine care planning.

E-⑥-14	Ernst ME. Brandt KB.	Evaluation of 4 years of clinical pharmacist anticoagulation case management in a rural, private physician office.	Journal of the American Pharmacists Association: JAPhA. 43(5):630-6, 2003 Sep-Oct.	To evaluate patient outcomes after 4 years of anticoagulation case management by a pharmacist and to document patient and provider satisfaction with the service. Rural, private physician office in Mt. Vernon, Iowa. Clinical pharmacist anticoagulation clinic. Under a protocol reviewed annually, a clinical pharmacist faculty member from the University of Iowa College of Pharmacy provides on-site, point-of-care anticoagulation dose adjustment and monitoring 1 day per week. Data on anticoagulation outcomes from 1998 to 2002 were obtained through retrospective review of medical charts of patients served by the clinic. A survey of patient satisfaction with the clinic was mailed to all currently active patients enrolled in the anticoagulation clinic, and a second satisfaction survey was distributed to providers and ancillary staff of the physician office. Eighty patients met the criteria for evaluation of therapeutic outcomes. The mean +/- standard deviation percentage of international normalized ratios in the therapeutic range ("percent therapeutic") for the anticoagulation clinic population was 57.5 +/- 17.4. The percent therapeutic for patients who had been on warfarin before enrolling in the pharmacist case management anticoagulation clinic (defined as the usual medical care group) was 37.6%, compared with 57.8% for those patients receiving care in the pharmacist case management anticoagulation clinic ($P < .001$). In nearly all instances, responses to the surveys indicated that patient and provider satisfaction with the anticoagulation service was extremely high. A clinical pharmacist can provide anticoagulation case management services safely and effectively in a private physician office, and the service is highly valued by both patients and providers. We believe case management is an optimal method for systematically monitoring outpatient anticoagulation therapies and is preferable to usual medical care.

表 7. ⑦縦断研究				
No	Authors	Title	Source	Abstract
E-⑦-1	Muller A. Baker JA.	Evaluation of the Arkansas Medicaid primary care physician management program.	Health Care Financing Review. 17(4):117-33, 1996 Summer.	Arkansas implemented a primary-care case-management program in February 1994. This study evaluates the program during its first 17 months. Using quarterly data collected for the Health Care Financing Administration (HCFA), a pooled cross-sectional time series analysis (1991:4-1995:2) estimates the effect of eligibles' program enrollment on expenditure (total, inpatient hospital, outpatient hospital, physicians, prescription drugs, laboratory and X-ray) and utilization measures (outpatient visits, physician visits, prescription drugs). The Arkansas Medicaid managed care program appears to have somewhat reduced growth in total vendor payments and also appears to have improved access to primary medical services.
E-⑦-2	Conrad KJ. Hultman CI. Pope AR. Lyons JS. Baxter WC. et al	Case managed residential care for homeless addicted veterans. Results of a true experiment.	Medical Care. 36(1):40-53, 1998 Jan.	The effectiveness of case-managed residential care (CMRC) in reducing substance abuse, increasing employment, decreasing homelessness, and improving health was examined.A five-year prospective experiment included 358 homeless addicted male veterans 3, 6, and 9 months during their enrollment and at 12, 18, and 24 months after the completion of the experimental case-managed residential care program. The customary control condition was a 21-day hospital program with referral to community services. The experimental group averaged 3.4 months in transitional residential care with ongoing and follow-up case management for a total of up to 1 year of treatment. The experimental group showed significant improvement compared with the control group on the Medical, Alcohol, Employment, and Housing measures during the 2-year period. An examination of the time trends indicated that these group differences tended to occur during the treatment year, however, and to diminish during the follow-up year. Within groups, significant improvements were observed with time from baseline to all posttests on the four major outcomes. We learned, however, that veterans had access to and used significant amounts of services even without the special case-managed residential care program. This partially may account for improvements in the control group and may have muted the differences between groups.
E-⑦-3	Cox GB. Walker RD. Freng SA. Short BA. Meijer L. Gilchrist L.	Outcome of a controlled trial of the effectiveness of intensive case management for chronic public inebriates.	Journal of Studies on Alcohol. 59(5):523-32, 1998 Sep.	The objective of this study was to test whether an intensive case management intervention would be effective with a group of homeless chronic public inebriate clients. The primary goals of the case management were to improve the financial and residential stability of the clients and to reduce their use of alcohol. Subjects (N = 298, 81% male) were interviewed at baseline, randomly assigned to treatment and control conditions and given follow-up interviews at 6-month intervals for 2 years. Case management services were provided for the duration of the project. Follow-up rates for the first three interviews averaged 82%. Repeated measures MANCOVAs showed significant group differences favoring the case-managed group in all three areas targeted by the intervention: total income from public sources, nights spent in "own place" out of the previous 60 nights and days drinking out of the previous 30 days. The results held whether the three variables were analyzed jointly or separately and for alternative measures of drinking and homelessness. Although statistically significant, the group differences are generally not large. The results indicate that case management had a beneficial effect on the clients receiving it. This effect may have been the result of an increase in services received by the case-managed clients.

E-⑦-4	Sherman PS. Ryan CS.	Intensity and duration of intensive case management services.	Psychiatric Services. 49(12):1585-9, 1998 Dec.	Two policy issues related to intensive case management programs were examined: limiting caseload size to ensure that services are intensive and providing intensive services to the same clients in perpetuity. The Denver Acuity Scale, which indicates need for services on a 5-point scale, was used for determining the service intensity needed by consumers and for increasing case managers' efficiency when caseload size varied. The acuity ratings of individuals in the Denver intensive case management program were examined to evaluate the effects of service duration on decompensation. Each consumer was rated at every service contact. The percentage of individuals readmitted to the program after they graduated was calculated, and the trajectories of 87 individuals who continued to be served by the program after they attained the highest rating of functioning were examined. Of the 112 individuals who graduated from the program in the 29-month study period, four (4 percent) were readmitted. More than half of the 87 consumers who achieved the highest functioning level did not deviate from that level for the remainder of the study period. Nearly a fifth showed some deterioration shortly after achieving that level but then improved. Slightly more than a fourth continued to deteriorate, but many never reached the lowest levels of functioning. To increase efficiency and ensure appropriate service levels, service intensity should be based on individual consumers' functioning levels. Most consumers are unlikely to need intensive case management in perpetuity. Providing more intensive services than needed or providing services longer than needed is inefficient and may even impede consumer recovery.
E-⑦-5	Kane RA. Degenholtz HB. Kane RL.	Adding values: an experiment in systematic attention to values and preferences of community long-term care clients.	Journals of Gerontology Series B-Psychological Sciences & Social Sciences. 54(2):S109-19, 1999 Mar.	We tested the effects of providing case managers with tools to assess and respond to client values and preferences on their subsequent knowledge of clients' values and their practices in arranging long-term care. Using a quasi-experimental design with newly enrolled, cognitively intact clients, we compared case managers, clients, and care plans at the experimental and control agency.Three weeks after enrollment, experimental clients were significantly more likely to report that case managers had asked them about their own preferences and offered them choices about services. Actual client values reported at the 3-month follow-up were similar for the two groups, with experimental case managers only slightly more accurate judges of their clients' responses to values questions. At follow-up, experimental case managers reported more case activity tailoring plans to client preferences, a finding confirmed by record reviews. Client acuity, measured by ADL functioning and prior hospital use, was associated with less perceived discussion of client preferences during the initial care planning process, but more case activity related to client preferences during the first three months. The study suggests it is possible to sensitize case managers to the importance of assessing and acting on client values. Getting them to do so consistently, however, may require changes in the practice environment.
E-⑦-6	Ford R. Barnes A. Davies R. Chalmers C. Hardy P. Muijen M.	Maintaining contact with people with severe mental illness: 5-year follow-up of assertive outreach.	Social Psychiatry & Psychiatric Epidemiology. 36(9):444-7, 2001 Sep.	Assertive outreach is a central strand of Government mental health policy in England. Are different long-term models of mental health care which include assertive outreach associated with different service user outcomes and cost? We conducted a multi-site 5-year follow-up study of people with severe mental illness. From 0 to 18 months all three sites had Intensive Case Management (ICM) teams practising assertive outreach. From 18 to 60 months one team sustained ICM, one team merged and another was disbanded. All 131 original ICM team clients were the study participants. Outcome was measured in terms of sustained engagement with statutory mental health services, psychiatric symptoms, social functioning, resource use and cost. All 120 live participants were traced. Only four people had no service contact; when contacted by a researcher they appeared to be coping well. No

				incidents of serious violence were discovered. No differences existed between teams in the mean total symptom or total social functioning change scores at follow-up, after controlling for baseline differences. No differences existed in mean cost between teams during the first 18 months. Mean (standard deviation) annualised costs varied considerably in the 18-60 month period: sustained team Pound Sterling13,734 (10,820); integrated team Pound Sterling11,037 (13,603); disbanded team Pound Sterling5,742 (7,007) (F=4.4, 105 df, p=0.015). CONCLUSION: Continued specialist assertive outreach service models have higher costs than non-specialist services for no apparent benefit. In the long term new assertive outreach services should have procedures in place to transfer people to lower intensity and lower cost care.
E-⑦-7	Lonnroth K. Thuong LM. Lambregts K. Quy HT. Diwan VK.	Private tuberculosis care provision associated with poor treatment outcome: comparative study of a semi-private lung clinic and the NTP in two urban districts in Ho Chi Minh City, Vietnam. National Tuberculosis Programme.	International Journal of Tuberculosis & Lung Disease. 7(2):165-71, 2003 Feb.	Ho Chi Minh City, Vietnam. To compare tuberculosis case management and treatment outcome between a semi-private chest clinic and a publicly run national tuberculosis programme (NTP). Prospective, non-randomised, comparative cohort study. Case-management and treatment outcome was determined for 176 patients treated in the semi-private clinic and 326 patients treated in the NTP. In the semi-private clinic cohort, significantly fewer patients completed treatment and/or were cured than in the NTP cohort (48.9% vs. 85.0%, P < 0.001). Among patients with sputum-positive pulmonary TB, significantly fewer were cured in the semi-private clinic cohort compared to the NTP cohort (22.2% vs. 79.2%, P < 0.001), and treatment success was significantly lower (35.2% vs. 79.7%. P < 0.001). Adjustment for a number of potential confounders did not change these findings significantly. Treatment outcome was considerably better in the NTP than in the semi-private clinic. The difference is not likely to be due to differences in patient characteristics or in provider knowledge. Different financial incentives for the providers in the two settings and ways of paying for services by patients are possible reasons for the observed difference in the quality of case management and treatment outcome.
E-⑦-8	Rosenheck RA. Neale MS.	Therapeutic limit setting and six-month outcomes in a Veterans Affairs assertive community treatment program.	Psychiatric Services. 55(2):139-44, 2004 Feb.	This study examined the relationship of limit-setting interventions and six-month outcomes in assertive community treatment. Case managers from 40 Veterans Affairs assertive community treatment teams at 40 different sites documented their use of 25 limit-setting activities with 1564 clients during the first six months of treatment. Five scales were constructed representing different types of limit-setting activities: withholding certain types of assistance until the client curtailed certain behaviors; behavioral contracting in which specific goals were identified and linked to reinforcers if the goals were achieved; invocation of external authorities, such as a probation officer; seeking a declaration of incompetence to manage funds or initiation of a request for a payee; and forced hospitalization through civil commitment. Structured interviews conducted at baseline and six months documented changes in clinical status and community adjustment. Multiple regression analysis was used to examine the relationship between limit-setting interventions and outcomes at both the level of the individual client and at the level of the team, adjusting for potentially confounding baseline client characteristics. All five measures of specific limit-setting activities were associated with poorer outcomes on four to six of the eight outcome measures. The

				site-level comparison of outcomes showed more violent behavior at sites that made more extensive use of these interventions but also greater employment. After the analysis controlled for potentially confounding factors, clients exposed to limit-setting interventions had poorer outcomes than others on many measures, suggesting that within the limits of a nonexperimental study, such interventions do not appear to prevent adverse outcomes.
E-⑦-9	Tobacman JK. Kissinger P. Wells M. Prokuski J. et al	Implementation of personal health records by case managers in a VAMC general medicine clinic.	Patient Education & Counseling. 54(1):27-33, 2004 Jul.	The study objective was to determine the feasibility of implementation of personal health records (PHRs) by case managers (CMs) in a Veterans Affairs Medical Center (VAMC) Continuity of Care (COC) Clinic, to ascertain the impact of PHRs on patient access to vital health information, and to assess the effect on provider-patient communication. One hundred and fifty patients and 8 nurse CMs in the general medicine COC Clinic at the Iowa City VAMC participated in a prospective cohort study in which an intervention, implementation of PHRs, was performed in one half of the patients, selected at random by their CMs. All participants responded to questions about their personal possession of documentation of vital health information. Initially, the majority of subjects possessed poor documentation of basic health information. At follow-up, significant differences occurred between the cohort with PHRs and the cohort without in their documentation of immunizations, allergies, medications, and operations.

表 8. ⑧横断研究

No	Authors	Title	Source	Abstract
E-⑧-1	Swindle DN. Weyant JL. Mar PS.	Nurse case management: collaborative beyond the hospital walls.	Journal of Case Management. 3(2):51-5, 1994 Summer.	In 1989, St. Joseph Medical Center initiated a community-based nursing case management program with two nurses providing care to high-risk, chronically ill, frail elderly patients. This program has expanded to five registered nurses actively following over 120 patients. Target populations now served have expanded to include: frail elderly, high-risk pregnant women, premature infants, AIDS patients, and those with chronic physical and mental illness. The nurse manages and coordinates the care for patients through all settings (community and hospital), brokering services, acting as a patient advocate, and giving traditional hands-on care as needed. Outcomes analysis has shown that, after nursing case management intervention, the patients demonstrated a 71% decrease in admissions to the medical center, a 21% decrease in length of stay, and a 64% decrease in Emergency Room usage. Nursing case management helps to prevent patients' health problems from becoming more complex. Consequently, managing their health effectively requires fewer, less costly resources while achieving improved patient outcomes.
E-⑧-2	Boyd ML. Fisher B. Davidson AW. et al.	Community-based case management for chronically ill older adults.	Nursing Management. 27(11):31-2, 1996 Nov.	A comparison study was done between case managed and non-case managed chronically ill older adults. A decrease in emergency department visits, hospital admissions, hospital length of stay and primary care physician visits resulted. In addition, a +93,519.97 difference in lost net reimbursement was found between the two groups.
E-⑧-3	Miller DK. Lewis LM. Nork MJ. Morley JE.	Controlled trial of a geriatric case-finding and liaison service in an emergency department.	Journal of the American Geriatrics Society. 44(5):513-20, 1996 May.	To evaluate the effects of a program of case-finding and liaison service for older patients visiting the emergency department. Nonrandomized controlled trial with systematically assembled intervention cohort and matched control group. An urban teaching hospital. There were 385 intervention subjects aged 65 years and older and 385 control subjects matched by day of visit, gender, and age within 5 years. Geriatric medical, dental and social problems were identified in intervention subjects by a geriatric nurse clinician using well validated assessment instruments during a 30-minute evaluation. Recommendations were made to the patient, family, and attending emergency department physician, and attempts were made to arrange appropriate follow-up services. Frequency with which geriatric problems were identified in intervention subjects; physician, patient, and family compliance with recommendations; and mortality, institutionalization, health status, use of medical and social services, presence of an advanced directive, and quality of life at 3-month follow-up. Sixty-seven percent of patients were dependent in at least one activity of daily living, 82% had at least one geriatric problem identified, and 77% reported at least one unmet dental or social support need. The cost of identifying geriatric and dental/social issues was $5 and $1, respectively, for each problem. Physicians compiled with 61.6% of suggestions, and patients and families complied with 36.6% of recommendations. Mortality and nursing home residence proportions at 3 months were not significantly different (9.3% vs 9.7% and 5.0% vs 2.5% in intervention and control groups, respectively). Intervention subjects reported more difficulty communicating (21% fair or poor ability vs 13%, P = 0.2) than did control subjects. There were strong

				trends for fewer subsequent visits to emergency departments (0.26 intervention vs 0.39 control, P = .06) and more advance directives in the intervention group (6.7% intervention vs 2.9% control, P = .07). There was no statistically or clinically significant difference in any other health outcome. The number of new dental or social services initiated per patient over the 3-month follow-up was nearly identical (1.7 in the intervention group vs 1.5 in the control). Results in subjects aged 75 years and older and those discharged home from the emergency department were essentially identical to those in the main group. Numerous previously unrecognized geriatric medical and social problems can be detected in older persons visiting the emergency department. Despite this, an emergency department-based geriatric assessment and management program failed to produce improved outcomes. This suggests that either disease acuity is an overwhelming factor in subsequent outcome or, alternatively, more control over medical and social service delivery during and after the emergency department visit than was demonstrated in this program will be required before successful outcomes can be assured.
E-⑧-4	Williamson P. Ponder B. Church S. Fiddler M. Harris R.	The genetic aspects of medullary thyroid carcinoma: recognition and management.	Journal of the Royal College of Physicians of London. 30(5):443-7, 1996 Sep-Oct.	To examine the extent to which clinicians recognize the genetic aspects of medullary thyroid carcinoma (MTC) and undertake appropriate investigation and management of patients and their at-risk relatives. retrospective review of case notes. all individuals aged 70 or under with a 'raised' calcitonin level during 1990-91. Information was obtained from a questionnaire. Forty-one cases were diagnosed in 1990-91: 10 (24%) multiple endocrine neoplasia (MEN) type 2A, four (10%) MEN type 2B, and 27 (66%) sporadic MTC. Between 1980 and 1989, 87 cases were diagnosed: 20 (23%) MEN type 2A, six (7%) MEN type 2B, four (5%) familial MTC, 53 (61%) sporadic MTC, and four (5%) of uncertain diagnosis. a pedigree was drawn in only 7/37 (19%) and 26/83 (31%) of cases diagnosed in 1990-91 and 1980-89, respectively, where a family history had been taken. All known hereditary cases were investigated for phaeochromocytoma. In 9/27 (33%) and 14/52 (27%) apparently sporadic cases diagnosed in the two periods respectively, no investigations were performed. Genetic counselling was offered to all known hereditary cases except one, but no offer was made in 11/25 (44%) and 16/52 (31%) apparently sporadic cases. There was no record that screening should be offered to the family in 15/35 (43%) and 25/68 (37%) cases identified from clinical investigations; in the majority it could be argued that it should have been. this study has shown that clinicians do not always have the necessary training or experience to undertake family studies and screening in this rare disorder.
E-⑧-5	Storfjell JL. Mitchell R. Daly GM.	Nurse-managed healthcare. New York's Community Nursing Organization.	Journal of Nursing Administration. 27(10):21-7, 1997.	The Visiting Nurse Service of New York's Community Nursing Organization was developed to test the effectiveness of community-focused nursing case management services with elderly enrollees in a capitated reimbursement system. After 3 years of operation, it is evident that the long-term relationship between the nurse and the enrollee was the key to financial and clinical success.

E-⑧-6	Anderson-Loftin W. Stiles AS.	Developing and testing a case manager impact profile.	Nursingconnections. 12(4):5-25, 1999 Winter.	The purpose of this study was to develop and test an instrument to measure the activities and perceived outcomes of rural nurse case managers in hospital settings. The Nurse Case Manager Impact Profile (NCMIP) is a 69-item, Likert-type questionnaire organized into two scales, the Activity Scale and the Outcome Scale. Content validity of the NCMIP was endorsed by four experts in nursing case management and rural nursing. Its validity and reliability were assessed in a survey of nurse case managers (N = 302) in nonfederal, rural, U.S. hospitals. Internal consistency was high for the five Activity subscales and for the Activity and Outcome scale: Individual Advocacy (alpha = .85), Clinical Practice (alpha = .85), Teaching (alpha = .89), Research (alpha = .86), System Advocacy (alpha = .85), Activity (alpha = .93), and Outcome (alpha = .92). Factor analysis with orthogonal varimax rotation resulted in clear confirmation of a five-dimensional Activity scale and of two of the five subscales. Factor solutions, however, suggested a reconceptualization of three subscales into three new factors with unifying themes. Although factor solutions confirmed two of the four dimensions of the Outcome Scale, items for the remaining two dimensions reconfigured to suggest overlapping domains. Psychometric testing suggests that the NCMIP warrants further development and testing and, like any new instrument, should be used with discretion and caution.
E-⑧-7	Anderson-Loftin W.	Nurse case managers in rural hospitals.	Journal of Nursing Administration. 29(2):42-9, 1999 Feb.	Many rural hospitals are struggling to survive the capitated care environment by implementing nursing case management. However, little is known about what rural nurse case managers (NCMs) do to achieve outcomes or what their qualifications should be.This national survey of NCMs (N = 302) in rural hospitals.Suggests that individual advocacy, teaching, and clinical practice play key roles in the practice of rural NCMs and that the education and experience of NCMs does affect their practice.
E-⑧-8	Chase-Ziolek M. Striepe J.	A comparison of urban versus rural experiences of nurses volunteering to promote health in churches.	Public Health Nursing. 16(4):270-9, 1999 Aug.	Recent years have seen a resurgence of the health and healing role of the church. Nurses have been involved in this movement through the development of health ministry and parish nursing with a growing number of nurses volunteering theirservices to congregations. This program evaluation research study compares two programs (one in an urban environment and the other in a rural environment) that use nurses who volunteer in congregations to promote health and well-being.The study found that the two programs differed significantly with regards to the location where nurses provided care. The urban nurses provided most service at the church, while the rural nurses provided service through home visits and phone calls as well as at the church. The groups were also significantly different in the ethnicity, education, work status, and age of the nurses. Further differences were also found in the type of services the nurses provided; for example, the rural nurses were more involved in case management and practical assistance than their urban peers. The two groups were similar in the program support they valued and in their appreciation of the opportunity to integrate their faith and their nursing practice.

E-⑧-9	Parson C.	Managed care. The effect of case management on state psychiatric clients.	Journal of Psychosocial Nursing & Mental Health Services. 37(10):16-21, 1999 Oct.	This study examined whether case management services, mandated under the managed care contract for adult clients in a medium-sized state psychiatric hospital in Tennessee between July 1996 and June 1997, were offered as specified, and the impact these services had on recidivism for individuals who were identified as having a severe or persistent mental illness. Although all of the clients were offered case management, 47% refused the service. Of the 14 who had one or more readmissions, six (43%) had case management. These findings demonstrate that health care providers must offer sufficient information to their clients so that they can use the managed care system more effectively.
E-⑧-10	Eldar R. Ring H. Tshuwa M. Dynia A. Ronen R.	Quality of care for urinary incontinence in a rehabilitation setting for patients with stroke. Simultaneous monitoring of process and outcome.	International Journal for Quality in Health Care. 13(1):57-61, 2001 Feb.	To study the quality of care provided for patients with urinary incontinence following a stroke, by monitoring both process and outcome elements of care simultaneously. Prospective follow-up of patients (of all ages and of both sexes) with urinary incontinence that appeared following a stroke who were admitted for rehabilitation during a six 6-month period. A ward for stroke rehabilitation in The Loewenstein Hospital-Rehabilitation Centre in Raanana, Israel. Thirty-seven patients with stroke and urinary incontinence (mean age 61 years, 68% men) were included in the study; 84% of the 37 patients were discharged, although only 25% of them were continent. No lasting complications of urinary incontinence developed and there was no interference with rehabilitation activities. There was a correlation between incontinence and low score of Functional Independence Measure (FIM) on admission, being higher on discharge in those who became continent than in those who did not. Ward staff are aware of the potential problem of incontinence in patients with stroke. The problem is identified on admission and accorded adequate attention and care with satisfactory outcomes. The approach of monitoring process and outcome elements of care simultaneously in conditions that, during inpatient rehabilitation of patients with stroke, may endanger life, interfere with rehabilitation and delay functional recovery, could be a useful way to assess and improve the quality of care.
E-⑧-11	Gathercole MF. DeMello LR.	Development of the Workload Analysis Scale (WAS) for the assessment and rehabilitation services of Ballarat Health Services.	Social Work in Health Care. 34(1-2):143-60, 2001.	This study describes the development of the Workload Analysis Scale (WAS), designed to predict the likely workload involved for social workers working with clients in the assessment and rehabilitation areas of Ballarat Health Services (BHS). Such a scale would allow more equitable case allocation, flagging of difficult cases, better work prioritisation, training of new staff and tracking changes over time. Items for the scale were developed in consultation with workers. Initially the scale consisted of 33 items divided into five subscales, relating respectively to treatment factors, demographics, psychosocial complexity, planned interventions and variable staff factors. Eight staff members of BHS contributed to the completion of the scale for 111 clients seen over a four month period on the rehabilitation and assessment wards. Initial analysis of the data led to a modification of the scale and subsequent satisfactory measures of reliability and validity.