

Complex Case Resolution Process

** For Older Adults with Cognitive Impairment
and Responsive Behaviours in the NSM Region*

I am a person, hear me, care with me, keep me well.

Submitted To: Behaviour Task Force

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PREAMBLE

Older adults with cognitive impairment and responsive behaviours account for a significant number of ALC days across the NSM LHIN. Many of these individuals are identified as complex cases by health service providers. Complex cases refer to individuals who, because of the nature and complexity of their needs, do not fit into traditional health services and so are unable to move smoothly through the system. These individuals require an integrated collaborative approach to care planning and service delivery that involves multiple agencies and providers.

COMPLEX CASE RESOLUTION PROCESS

Purpose

To facilitate the flow of older adults with cognitive impairment and responsive behaviours through the health system through the use of a collaborative standardized regional approach to complex case resolution.

Description

The Complex Case Resolution (CCR) process brings together agencies and providers to resolve complex cases using a standardized approach to case review. It is recognized that to meet the needs of individuals in exceptional and complex circumstances, a creative and collaborative dialogue between service providers and caregivers can lend to improved outcomes. Through access to clinical experts and the use of algorithms and standardized templates, the CCR process will:

- Support the identification of recommendations and the development of an integrated plan of care to improve outcomes, including transitions.
- Improve collaboration and communication between health system partners, including older adults and their caregivers.
- Increase the capacity of NSM health service providers in the assessment and management of complex cases.

Eligibility Criteria

Eligibility for CCR by the NSM Specialized Geriatric Services (SGS) Program will be limited to cases that meet **ALL** of the following criteria:

- Older adults with cognitive impairment and an associated responsive behavior(s) who have utilized health care services within the NSM LHIN region.

Of note:

- *Cognitive impairment and the associated responsive behavior(s) can be due to mental health, addictions, dementia and/or other neurological or cognitive disorders.*
- *There is no specific age limit as the process of aging may occur in any of the following five dimensions: chronological, biological, psychological, social and*

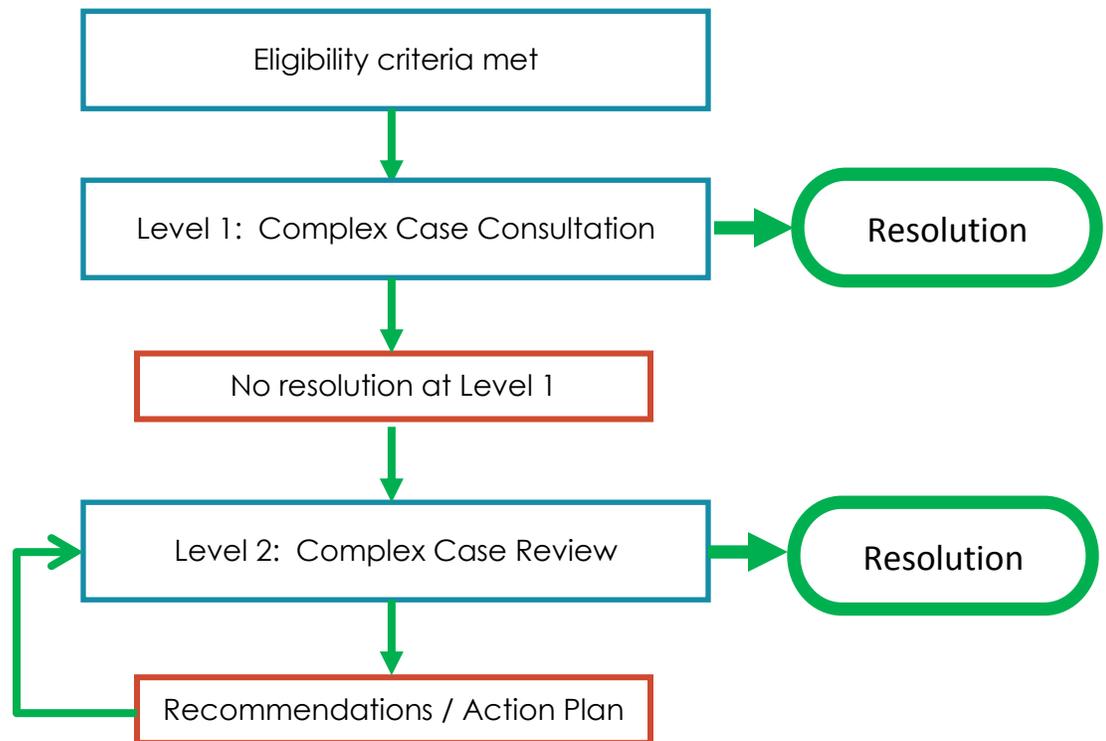
developmental.

Of note, there is a separate CCR process led by Developmental Services Ontario for the dual diagnosis population.

- The responsive behavior may or may not have associated medical needs.
- The responsive behavior is delaying, or has the potential to delay, the discharge and/or flow of the older adult through the system.
- The case requires cross sector collaboration and coordinated solutions.
- All known options have been explored and attempted (as appropriate) by the organization.
- There is identification by an organization leader that the case would benefit from the CCR process.

Process

The CCR process is comprised of two levels of consultation support. It is expected that both levels will be realized using existing resources. The CCR process does not provide crisis support.



Level 1: Complex Case Consultation

The Idea in Brief:

This is an **informal** consultation with the NSM SGS Program to discuss complex cases. This virtual “hallway conversation” provides an opportunity for collaborative problem solving while concurrently building capacity through mentorship, education and the application of a standardized approach to care.



- **SGS Program Lead:** Behaviour Support System Manager or delegate.
- **Key Resource:** Complex Case Consultation Guideline (Appendix A).
- **Referral Source:** An individual in a leadership position (i.e. Manager, Director, etc.) with one of the agencies involved in care. The individual initiating the Level 1 Consultation will be known as the “Integrated Care Lead”
- **Referral Requirements:** The consultation is anonymous and therefore a written consent is not required.
- **Case Leader:** The “Integrated Care Lead” will assign an individual from within their organization to lead the process.
- **Membership:** Behaviour Support System Manager or delegate; Case Leader
- **Timelines:** Initial response to referral within 2 business days; 1-2 phone call conversations.

Level 2: Complex Case Review

The Idea in Brief:

This is a **formal** collaborative case review for cases that cannot be resolved through a Level 1 Consultation and require escalation. In this phase, relevant partners with leadership decision making authority are gathered to engage in discussion and action to address the needs of the person with responsive behaviours and their care partners.



- **SGS Program Lead:** Behaviour Support System Manager or delegate.
- **Key Resource:** CCR Standard Template (Appendix B).
- **Referral Source:** Behaviour Support System Manager.
 - The Behaviour Support System Manager will initiate a Level 2 Consult when the Level 1 Consultation does not sufficiently support the needs of the case.
- **Referral Requirements:** None.
- **Case Leader:** Integrated Care Lead
 - The Integrated Care Lead will:
 - Coordinate the logistics of the meeting, set and lead the agenda;
 - Complete the CCR Standard Template;
 - Ensure the completed CCR Standard Template is placed in the client's medical record. Of note, the primary medical record for a Level 2 Consultation is the record of the Integrated Care Lead's agency.
 - Secure necessary Patient or Substitute Decision Maker consents to engage those outside the Circle of Care (Appendix C).
- **Membership:**
 - Behaviour Support System Manager or delegate
 - Integrated Care Lead
 - Most Responsible Physician
 - Patient and/or Substitute Decision Maker

	<ul style="list-style-type: none"> ○ Key Direct Care Providers (Acute Care, CCAC, LTC, CSS, EMS, Police) ○ Administrator from each stakeholder agency with senior leadership decision making authority <p>Ad Hoc (At the discretion of the Behaviour Support System Manager):</p> <ul style="list-style-type: none"> ○ Director, NSM SGS Program ○ Geriatric Psychiatrist ○ Geriatrician ○ Legal Counsel ○ Patient Advocate / Ethicist <ul style="list-style-type: none"> ● Timelines: Level 2 Consultations to be organized within 5 business days from the time of referral; 1-4 meetings.
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REFERENCES:

Central East Network of Specialized Care: Process to Access Specialized Resources (March 2015). Community Networks of Specialized Care.

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