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# Complex Case Resolution Process:
## Supporting Older Adults with Cognitive Impairment and Responsive Behaviours

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Waypoint
CENTRE for MENTAL HEALTH CARE
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Ontario
North Simcoe Muskoka Local Health Integration Network
Réseau local d'intégration des services de santé de Simcoe Nord Muskoka

# Outline

- Background
- What is the Complex Case Resolution Process?
- Process Implementation
- Enablers
- Lessons Learned

# Background

**2013-2015**

- Multiple BSS cases highlighted need for standard process for complex cases
- Behaviour Concurrent Review (November 2015)

**December 2015**

- NSM Behaviour Task Force work plan priority to develop and implement a Complex Case Resolution Process (CCR)

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## Behaviour Concurrent Review (November 2015)

- Part of LHIN ALC work
- 41 ALC patients with cumulative ALC LOS 10,534 days
- Expert Panel identified challenges:
  - Resources operating in silos
  - Lack of co-ordination/ designation of most responsible care co-ordinator
  - Timeliness of external/internal referrals and accountability
  - System-wide lack of unawareness and engagement/referral of resources
  - Cross ministry populations
  - Complexity of cases – medical, MH, social
- Recommendations: Immediate Priorities
  - Complex Cases: Establish a regional body for management of complex cases and foster inter-agency collaboration

# What is the CCR Process?

"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.

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**Purpose:**

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

***Right Patient … Right Place …***
***Right Time … Right Provider …***
***RIGHT CARE***

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**Intended Impact:**

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.

# Process Implementation

**Timelines:**

- Draft process approved April 2016
- Pilot June 2016
- Approval and roll-out September 2016

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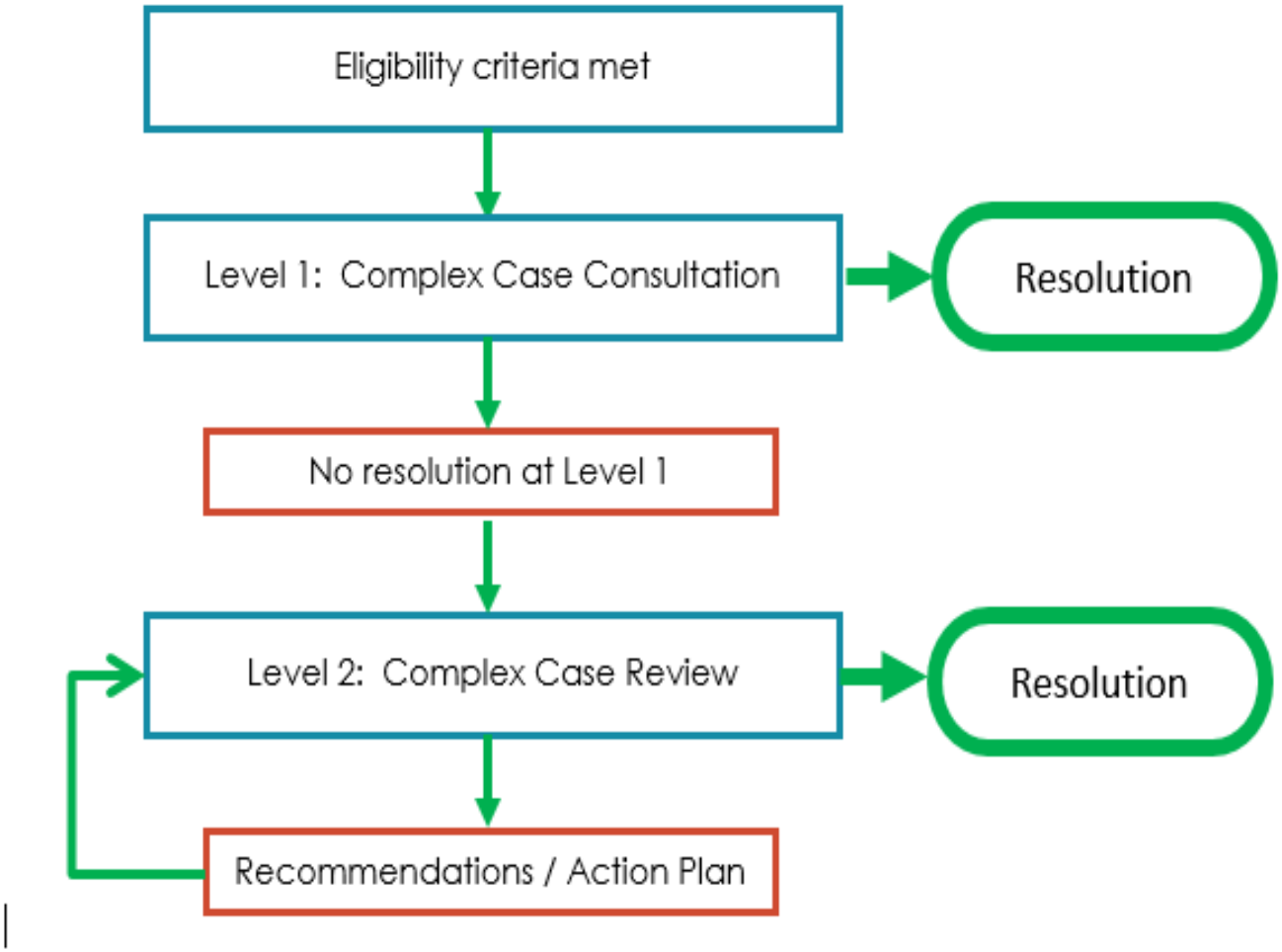
## Process:

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**Eligibility Criteria:**

Must 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
- 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.

# 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.

***Concept = Hallway Conversation***

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# Appendix A

## Level 1 – Complex Case Consultation Guideline

**Complex Case Resolution Criteria:**

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

| ✓ - Completed | Before calling for a Level 1 consultation, complete the following |
|---|---|
| ☐ | **Behaviour identified and an assessment of triggers has been completed.**<br>o Are there concerns with ongoing or worsening behaviours? |
| **P**HYSICAL | **Rule out medical causes by physician / NP**<br>o Is there an infection – urinary or pneumonia?<br>o Is the patient in pain?<br>o Are there problems with vision, hearing, bladder or bowel?<br>o Are basic needs met – need to use the bathroom / hungry / cold / thirsty / tired?<br>o Is blood work normal?<br>o Have there been new medications started?<br>o Are levels within range? |
| **I**NTELLECTUAL | o Does the patient have dementia or other cognitive impairment?<br>o Is current status consistent with history or has there been a change? |
| **E**MOTIONAL | o Is the patient afraid/scared?<br>o Is there depression or anxiety?<br>o Is there a psychotic disorder (schizophrenia, paranoia)? |
| **C**APABILITIES | o Consider changes in abilities related to aging or illness that may be triggering behaviour? |
| **E**NVIRONMENT | o Is there something in the environment triggering behaviour – noise, strangers, objects? |
| **S**OCIAL | o Are there triggers relating to the person's history, social status or culture?<br>o Consider potential of past trauma triggering behaviour? |
| ☐ | A plan to neutralize triggers and consequences of behaviour is in place **and in use.** |
| ☐ | Consequences or results of the behaviour place the patient or others at risk for injury or harm? |
| ☐ | All stakeholders have been engaged in plan of care (case conference completed) |
| ☐ | Determination that individual is at risk of adverse outcomes/hospitalization OR if in hospital at risk of extended ALC LOS (Alternate Level of Care Length of Stay) |

# 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).
- Timelines: Level 2 Consultations to be organized within 5 business days from the time of referral; 1-4 meetings.

***Concept = Expert Collaboration & Planning***

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**Pilot Project:**

Duration: April 25 – May 31, 2016

Scorecard Outcomes:

- 6 Referrals:
  - 3/5 sub-geographic regions
  - Hospital and community sector (no LTC case referred)
  - 4/6 managed via "telephone consultation" (Level 1)

    In each case recommendations were made for next steps.
  - 1 case did not meet eligibility (no cognitive impairment dx) but accepted to test process and assess system needs
- 2 - CCR Level 2 reviews conducted
  - MRP attendance at both CCR's
  - Level 2 meeting within 2 business days of referral - not met

Pilot Successes

- Collaboration
- Process
- Capacity Building

Pilot Challenges

- Ineligibility
- Paperwork
- Consent & Capacity
- Ability to meet timelines


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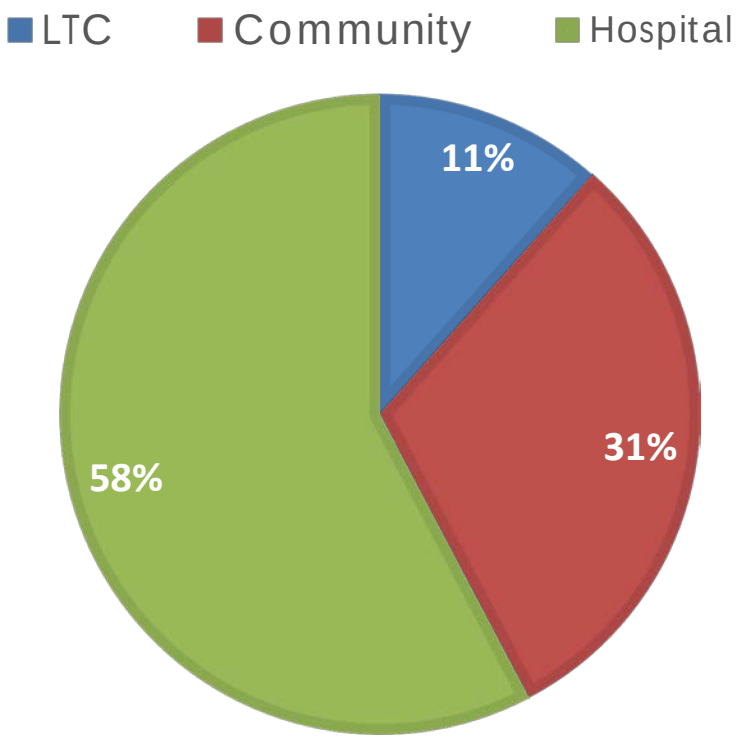
## Implementation (to date) Outcomes:

- 26 Level 1 Consultation (April 25/16-March 31/17)
- 3 required a Level 2 Review

| | |
|---|---|
| **LTC** | 3 |
| **Community** | 8 |
| **Hospital** | 15 |
| **Total** | **26** |

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- Inclusive of:
  - Cognitive impairment with responsive behaviours
  - Multiple agencies involved (CCAC with PSW support, CMHA, Acute Care, Primary Care, Tertiary consultative services etc.)
  - Mental health
  - Comorbid medical dx
  - EMS
  - Police involvement

# Enablers

- A health care system that is ready to embrace a process:
  - Provincial pressures / directions
  - LHIN directions / support
  - Financial pressures
  - Quality of care pressures

- HSP engagement across the continuum of care, including physicians and senior teams
- Evidence (quantitative and qualitative) supporting the needs
- Family engagement

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# Lessons Learned

- Capacity building related to internal and system process
- Sometimes all that is needed is validation
- Lack of consistency of Best Practice use across all sectors
- Challenges with navigating through the healthcare system for HSP and clients
- Ability to have an impartial lens on a complex situation
- Improved communication between sectors (case based)


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# Questions


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