



Managing Complex Cases

*A STUDY GUIDE FOR
CASE MANAGERS*

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Contents

| | |
|---|------------|
| About the authors | .iv |
| Introduction | .v |
| How to use the HAL model | .1 |
| Complex case #1: Ethics consult helps convince a difficult physician to implement a plan of care | 15 |
| Complex case #2: Considering the patient’s best interest, payment, and bed capacity while managing a case | 19 |
| Complex case #3: A case manager thinks outside the box when planning discharge for uninsured patient | 23 |
| Complex case #4: A noncompliant patient incurs extreme costs and extended LOS | 27 |
| Complex case #5: Helping a noncompliant patient with both schizophrenia and diabetes manage his health | 31 |
| Complex case #6: A comatose stroke patient with no significant other, family, or friends | 35 |
| Complex case #7: Russian woman discharged early with nursing staff help | 39 |
| Complex case #8: Seizure disorder patient noncompliant with medications | 43 |
| Complex case #9: Adult patient with an eating disorder | 47 |
| Complex case #10: Prostate cancer patient with severe anxiety | 51 |
| Complex case #11: Patient with subdural hematoma becomes complex after poor discharge planning | 55 |
| Complex case #12: A diabetic patient with behavioral and mental issues | 59 |
| Continuing education credit quiz | .63 |
| Evaluation | .76 |

Ethics consult helps convince a difficult physician to implement a plan of care

The problem

Mrs. Brown is a 68-year-old patient who is comatose, post-ventricular fibrillation cardiac arrest, and on day five of her stay in the medical intensive care unit of a large, metropolitan teaching hospital. The case manager approaches the patient's physician, Dr. D., daily since Mrs. Brown's admission. She requests a plan, but the physician will not provide one—despite the fact that the patient shows no significant signs of improvement.

Instead, Dr. D. speaks only of continuing medical intervention. "I am going to do everything possible for Mrs. Brown," he says to the patient's husband and daughter. "I see no end to this case."

The case manager notices that the family seems to hang onto every word of hope expressed by the physician, and she believes that this presentation is not in the best interest of the family because the patient's prognosis remains unclear.

The case manager's approach

Frustrated by the multiple concerns presented by this case—including the absence of a plan of care, the lack of an established realistic prognosis, the ongoing encouragement to the family in a case that may prove to be futile, and the high utilization of clinical resources—the case manager turns to her peers.

When her peers cannot offer any suggestions, she has no choice but to move the case up the chain of command to her case management director and her physician medical advisor.

Together, they review the case and decide that the medical advisor should intervene on a physician-to-physician level. This type of exchange often proves successful, but, in this case, Dr. D. is adamant about continuing care despite the prognosis.

COMPLEX CASE # 1

In the course of the discussion with the medical advisor, Dr. D. also mentions that his own mother is the same age as the patient. It becomes clear that a definite conflict in values exists between Dr. D. and the case management team. The next step is to seek a consult with the hospital's ethics committee.

The case manager wastes no time requesting an ethics consult. If a request is inappropriate or too early, it usually prolongs a case. However, with this patient, she believes she has taken all the necessary steps prior to requesting the consult, and, in the long run, it will benefit everyone involved.

The outcome

When the ethics committee convenes, representatives from the patient's caregiving and spiritual teams attend all the sessions. Dr. D. remains reluctant to terminate the care throughout most of the ethics review process, but gradually becomes more open to the inevitable outcome of this case.

At the conclusion of the review, Dr. D. is able to develop a reasonable plan of care that considers the complexity of the clinical case, the family's needs, and the patient's wishes. The case manager is now able to coordinate care and quality while working toward achieving the expected outcome of this case.

Resources

Name and contact information of medical advisor:

Hospital ethics committee contact information:

Process your facility uses to request an ethics consult:

Other resources:

HAL MODEL ASSESSMENT

For complex case management

H = High to very effective (score of >75%)
 A = Average to moderately effective (score of 50%–75%)
 L = Low to minimally effective (score of <50%)

Professional comfort (PC-1)

H = 25% A = 15% L = 5%

- Professional objectivity
- Personal values and ethics
- Cultural and religious influence
- Life experiences and maturity
- Personality type
- Family history/dynamics

PC-1 score = _____

Professional competency (PC-2)

H = 25% A = 15% L = 5%

- Clinical knowledge and skills
- Professional training and education
- Licensure and certification/code of ethics
- Resource knowledge and management
- Skills of your manager or supervisor
- Case experiences/patients and populations

PC-2 score = _____

Consultation (C-1)

H = 25% A = 15% L = 5%

- Mentor/mentorship
- Supervision/case conferences
- Whom you counsel/seek counsel from

C-1 score = _____

Collaboration (C-2)

H = 25% A = 15% L = 5%

- Interdisciplinary/multidisciplinary meetings
- Teamwork for continuity of care
- Team up for desired goals

C-2 score = _____

Score: PC-1 + PC-2 + C1 + C2 = _____%

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