Case managers face complex cases everyday. Each case presents a unique challenge and case managers often find themselves struggling to find an effective approach to safely discharge the patient while keeping length of stay (LOS) and costs low. Now there’s help. Managing Complex Cases: A study guide for case managers is designed especially for case managers and provides innovative and field-tested strategies that will help case managers tackle any complex case effectively.

Managing Complex Cases walks you through 12 real-life complex cases from practicing case managers such as undocumented aliens, end-of-life patients, patients using free care, and patients with behavioral and psychological issues. Each case is designed to spark conversation among staff so they can share successful strategies and approaches to various complex circumstances.

This unique resource also features the High-Average-Low ("HAL") competency assessment tool—a field-tested model that empowers case managers to approach complex cases more effectively through assessing their competency before seeking resources to tackle a complex case.

Managing Complex Cases will help case managers:
- Reduce unnecessary hospitalization days—boosting your bottom line!
- Achieve greater job satisfaction—which increases staff retention rates!
- Gain confidence when approaching a new case—regardless of the complex factors it’s the key to an effective case management strategy
- Use resources appropriately and effectively—knowing all of your options is your best bet for success!
- Reduce the number of staff hours spent on a complex case—case managers will feel more competent and become more efficient when managing complex cases.

Use this tool to lunch and learn! Case managers can go through the series of questions after each case study and share their ideas for handling each case. It’s an excellent way to learn field-tested strategies from peers. Plus, we’ve provided space to write local and state resources that they can go back and reference if confronted with a patient with similar circumstances.

With Managing Complex Cases: A study guide for case managers your staff will be fully equipped to take on any complex situation and manage every complex case successfully.
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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.
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%)

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PC-1 score = __________  
PC-2 score = __________

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<td>H = 25% A = 15% L = 5%</td>
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C-1 score = __________  
C-2 score = __________

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