## Complex Care Resolution For Older Adults with Responsive Behaviours

## Definition

*Complex care* refers 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 supportive approach with more than one agency contributing coordination and services. The aim of complex care resolution is to address and mitigate system gaps and ultimately resolve individual cases.

## **Principles**

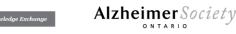
Complex care resolution should incorporate:

- Person and family centred resolution within an integrated system of care
- A preventative approach (in terms of both progression of disease and escalation of services)

## **Recommended Components to Support Complex Case Resolution**

- 01. Establish a Complex Care Review Panel with Flexible Cross-Sector Representation: Consider a core membership for complex care reviews (including representation from LTC, acute care, specialty services, community care, primary care etc.) and allow the flexibility to pull in or excuse service representation depending on the individual care.
- 02. **Escalation Structure**: Establish multiple check-points to resolve complex care cases before bringing to a complex care review panel (e.g. internal identification and comprehensive review of individual case).
- 03. **Eligibility Criteria:** Establish criteria that will be used to determine if a case is appropriate for a complex care review panel. Consider the following criteria as an example:
  - Complex behavioural needs that require multi-agency consultation
  - Resides either in the community or in a congregated setting (e.g. LTCH, Hospital, Supportive Housing, complex continuing care, etc.)
  - Current or emergent needs and would benefit from consultation within a one to two week window (i.e. Not Crisis)
  - Geriatric (any individuals applying to a LTCH will be considered for care conference)
- 04. **Staff Support for Review Panel**: Designate a person within the system to coordinate and initiate complex care reviews. This individual will work with the agency who initially flags a case for review to identify the additional service representation that is needed for a complex care review. The staff support will coordinate and chair complex care review meetings and capture action steps.







- 05. **Confidentiality Agreements:** If panel representation includes individuals outside the circle of care, use confidentiality agreements or remove identifiers included in case information.
- 06. Meetings: Consider both flexible and regular meetings for complex care reviews.
  - Flexible Meetings: Maintain the flexibility to initiate reviews as needed to accommodate the emerging needs of the client and availability of panel members who need to be present to discuss an individual case.
  - **Regular Meetings**: Establish regular meetings enable the review panel to assess outcomes of previous cases, ensure all agencies are providing agreed-upon support, and identify what went well and where there are opportunities for system and service improvement. Share any issues back to regional BSO steering committee for action.
- 07. **Dispute Resolution and Final Decision Making**: Designate a senior-level individual or panel, external to the regular complex care review panel, who has final decision making authority. Cases should only be brought to this individual/group if there is a dispute, or if the review panel cannot agree upon a strategy for complex care resolution. This ensures that even when a perfect solution is not available, best-case resolution is still pursued.

Complex care resolution tables provide an opportunity to collaboratively resolve complex care cases, as well as identify system gaps and emerging opportunities for improved care. It is recommended that panel communicates any systemic issues to the BSO steering committee for review and action.