

## CM I1 Manage a patient caseload which achieves the best possible outcomes for the individual

### OVERVIEW

This standard covers managing a patient caseload which achieves the best possible outcomes for the individual. This involves ensuring services are designed and reviewed to promote and maximise the achievement of the best possible outcomes for the individual, ensuring the promotion of participation and independence in order to facilitate the achievement of the best possible outcomes, managing and monitoring systems for the assessment of risk of abuse, failure to protect and harm to self and others, and for the administration of medication. This standard is relevant to those who provide proactive and co-ordinated Case Management. Here, Case Management means identifying and risk stratifying vulnerable, high-risk people with complex multiple long term conditions. Case Management should take place within the philosophy of enabling and promoting self care, self management and independence. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. legislation, guidance and policy which underpins the philosophies of participation, independence and social inclusion
2. sources of information and expertise relating to civil, legal, financial and personal rights for individuals
3. national service standards and organisational policies which indicate how participation and independence can be encouraged
4. national service standards and organisational policies and guidance which help to define the best possible outcomes for individuals
5. national service standards and organisational policies which indicate how individuals can be protected from harm
6. national service standards and organisational policies which indicate how medication should be handled in a safe way
7. the importance of ensuring clarity regarding your role, level of accountability and authority and that of others in the individuals network
8. specific legislation informs and guides the identification and definition of the best possible outcomes for specific individuals
9. legislation, guidance and policy which underpins the duties of the organisation to identify potential risk of harm, abuse and failure to protect policies which indicate how

- individuals can be protected from harm
- 10.legislation, guidance, codes of practice and policy which underpins the handling of medication
  - 11.the types of organisational factors which might affect the achievement of the best possible outcomes for the individual (such as staffing levels, shift patterns, policies and procedures etc) and the acceptability or unacceptability of the constraints these place on achieving the best possible outcomes
  - 12.the types of individual factors which might affect the achievement of the best possible outcomes for the individual (such as changing health status, level of dependency etc)
  - 13.methods to enhance communication between workers and individuals, especially where there are differences in communication (e.g. English as a second language, sensory impairment, learning disability)
  - 14.how to gather and record sufficient information to remain confident that the service is able to meet national service standards and best practice regarding the achievement of the best possible outcomes for the individual
  - 15.ways of supporting self-advocacy or available sources of advocacy for individual individuals' communication (e.g. sensory impairment, learning disability etc)
  - 16.designing and implementing procedures which assure the quality of risk assessment
  - 17.empowering those with a rightful say to participate fully in the assessment of risk and in evidence for intervention
  - 18.factors which influence a individual's ability to make decisions or to participate in decision making processes
  - 19.physical, emotional and social factors which inhibit the independence of individuals and ways in which the impact of these factors can be minimised
  - 20.the types of, and the impact of organisational factors on the likelihood of harm, and the impact of an individual's changing needs on their capacity to participate or to be independent
  - 21.the likelihood and degree of risk, acceptable and unacceptable risk, the type and source of risk and its potential impact on individuals and others in their network
  - 22.signs and symptoms of harm, abuse or failure to protect
  - 23.the different types and patterns of social and emotional behaviours which might result in abuse, harm or failure to protect
  - 24.abuse and failure to protect (such as staffing levels, recording policies)
  - 25.how and why risk factors change with time and the inter relationship between risk factors and individual rights
  - 26.factors which inhibit clear communication about indicators or suspicion of abuse (e.g. fears of whistle blowing, peer group pressure etc.) and how to minimise them
  - 27.the specific circumstances of the individual including health and social, emotional, cultural and religious needs
  - 28.different levels of understanding and acceptable and unacceptable organisational constraints
  - 29.ways of empowering those with a rightful say to participate fully in the assessment of risk and in evidence for intervention (e.g. interviewing individuals and others in their social network, working with interpreters/advocates, individual representation on management groups, effective complaints procedures)
  - 30.managing systems which ensure the performance of workers integrates the philosophies of participation, independence and social inclusion into all that goes on in the setting
  - 31.the need for staff training in this aspect of the work, what it needs to cover and how to ensure appropriate training is offered

## PERFORMANCE CRITERIA

You must be able to do the following:

- 1.ensure patient caseloads are designed, delivered and monitored in a way which promotes the achievement of the best possible outcomes for each individual
- 2.provide opportunities for relevant people to inform you when the achievement of the best possible outcomes for an individual is being adversely affected
- 3.provide opportunities for relevant people to make recommendations for improving the service's capacity to achieve the best possible outcomes
- 4.identify organisational factors, tensions and constraints, which impact upon the capacity of the service to promote the best possible outcomes for individuals
- 5.communicate to the relevant people organisational factors, tensions and constraints, which impact upon the capacity of the service to promote the best possible outcomes for individuals
- 6.take actions to improve the organisation's capacity to achieve the best possible outcomes for each individual in line with your level of authority and best practice
- 7.ensure that policies and procedures encourage, empower and enable individuals and groups to participate as fully as possible in decisions about their own care and daily living arrangements
- 8.identify tensions between the rights and choices of individuals, their protection from abuse or harm and explain the reasons for constraints on choice in a manner, at a pace and level appropriate to the understanding of the individual
- 9.gather evidence to ensure that relationships between workers and individuals are handled at a level and pace appropriate to each individual's understanding
- 10.gather evidence to ensure that relationships between workers and individuals maximise the individuals' participation in the identification and achievement of the best possible outcomes
- 11.ensure that policies and procedures for the promotion of independence and individuals' rights are communicated, understood and applied throughout the service
- 12.ensure that factors which effect levels of participation and independence are understood and can be directly identified, by all those for whom the manager is responsible
- 13.ensure that policies and procedures for managing and monitoring the assessment of risk are communicated, understood and applied throughout the service
- 14.ensure that factors which suggest that individuals are at risk of abuse, harm to self and others are understood and can be correctly identified, by all those for whom the manager is responsible
- 15.ensure that factors which indicate risk to an individual's physical or psychological health are understood and can be correctly identified, by all those for whom the manager is responsible
- 16.report changes in factors affecting level of risk to others using agreed procedures
- 17.ensure that systems for collecting, assessing, recording and communicating information concerning individual conditions and behaviours are comprehensive, effective, efficient and are consistently related to the best possible outcomes for individuals
- 18.ensure everyone within the agency is empowered to report abusive behaviour, suspicions of abuse or potential risk of harm to self or others
- 19.investigate reported indicators of abuse or changes to risk assessments and take appropriate action without delay
- 20.ensure that sources of information related to risk assessment or suspected abuse are checked for their validity and appropriate action is taken promptly

- 21.ensure that interventions designed to protect individuals from abuse or harm take account of the impact of intervention upon the individual and others
- 22.implement, monitor, review and, where appropriate, make recommendations for improving the systems you and your staff utilise for handling medication
- 23.communicate to all relevant people what the procedures for handling medication are and the importance of following those procedures
- 24.as part of monitoring the procedures for handling medication, offer the opportunity to comment about and, where appropriate, to make recommendations to improve those procedures

## **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: G5 Services and project management