

BCN Complex Case Consultation (C³)

Objective

- To provide an opportunity to discuss difficult and complex cases in a safe, supportive, and confidential environment with peer colleagues
- To discuss/recommend potential services and approaches to:
 - Improve a member's functioning and quality of life
 - Reduce ED and/or inpatient admissions

Ground Rules

- Confidentiality: All members will sign a confidentiality agreement when they join the committee.
- Presume good intent: All parties involved want what's best for the member, including previous providers. Use respectful language when discussing other community members, member, and member's family .
- Strength based, trauma informed language: Not "treatment resistant" but "we have yet to find an effective way to engage this member". Not "what's wrong with her?" but "what's happened to her?"
- Be open to suggestions, even if they seem unorthodox.
- Suggestions/recommendations from the panel are non-binding. Provider and member are the ones who ultimately decide if a suggestion is appropriate.
- The "C3 presentation guidelines" document is for the presenting provider's use only. This should **not** be submitted to BCN.
- Presenters are encouraged to stay the entire time so they can contribute on other cases being discussed.

Format

1. Introductions/Ground rules review
2. Presenting provider will start consultation by orally presenting the case. Panel members will listen and take notes (if they choose) but will hold questions until the end of the presentation
3. Questions/clarification: Panel has the opportunity to ask clarifying questions about case.
4. Recommendations/suggestions: Everyone on the panel will have a last opportunity (if they did not in the previous phase) to give suggestions. Suggestions and recommendations may or may not be acted upon by provider.

Targeted time for a presentation is approximately 20 minutes per case.