





# Partner Policy: Case Management

### Introduction

WPO aims to manage all clinical cases efficiently and effectively to ensure the participant gains the greatest possible benefit they can from using the service. This policy covers those cases where the participant self-refers into the service; the case management of Management Referrals, Rapid Response Critical Incidents and Frequent Users of the Service are subject to the associated separate policies.

This Policy assumes that Partners are using the WPO Case Management System. Use of this system ensures that up-to-date client organisational and specific participant information is available consistently to both WPO and the Partner.

### Policy

WPO's Partners will manage all WPO cases in a clinically appropriate and ethical manner.

When a WPO Partner receives a query from a participant regarding a case they are managing, they will manage the resolution of the query as quickly and appropriately as possible.

The details of all case management will be documented in the WPO Case Management System. WPO clinical documentation standards will be adhered to consistently. All actions taken on a case, or contacts with either a participant or a provider, will be recorded and documented in such a way that the action taken or agreed is clear and can be quickly assimilated and acted upon should another clinician (either Partner or WPO) then need to pick up the case.

Partners will review all Couples, Families, Minors, Transitional Support and Assessment Only cases for which they are responsible after the first session. Following this review, they will either authorise up to all the sessions available under the participant's benefit, offer one further session to aid in the transition to insurance/private pay or ongoing resources or deny any further sessions and offer additional resources to the participant.

All Clinical Call Backs will be attempted within one business day of the request being received.

Created Date: September 2020 Document Valid as of: September 2020 Revision #: 1 Next Revision Date: March 2021 Document Owner (Dept): Clinical \*\* Any printed document is considered an uncontrolled document. Please refer to the intranet or your departmental storage location\*\*



Partners will monitor and take appropriate action on all emails received from WPO or from a WPO participant directly. Emails will be responded to in the order in which they were received or dependent on urgency. Partners must acknowledge receipt of all emails and action within 24 hours; if contact with a participant is not made within 24 hours, WPO need to be informed.

If, during the course of their work, a Partner becomes aware that a participant is dissatisfied with some aspect of their care, the case will be escalated to WPO.

#### **Clinical Practice**

- Some organisations for whom WPO provides EAP services have requested specific case management procedures. These will be detailed in the WPO Case Management System. Partners will adhere to these and implement them within their case management process. Where a client organisation has requested that clinical check-ins are performed to confirm with a participant that they have progressed their referral and are at no further need of support or assistance at this time, only one attempt to contact will be made. This attempt can be made via email (if consent is provided) or telephone.
- Partners will provide a means whereby providers can contact the Partner organisation and communicate with a Partner clinician in a timely fashion. Where no clinician is available to respond in that moment, the provider can expect a response within 1 business day.
- Providers completed case notes must be uploaded onto the WPO Case Management System at the end of the Intervention. Partner's Providers must be aware that they should contact the Partners clinical team at any time during a clinical intervention if they identify certain developments (e.g. risk situations or goal slip) on a case. In addition, all completed case notes will be reviewed by the Partner to identify any issues that may require further action.
- Unless a participant has stated that they do not want voicemail or email messages left for them, detailed messages (either on voicemail or email) will be left for the participant/provider when an attempt to contact a participant or a provider is unsuccessful. The participant/provider will be asked to call back, on the agreed WPO access line, if they need to discuss further.

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- Generally, when a Partner is required to reach out to either a participant or a provider (and no risk or urgency has been identified) they will make two attempts to contact. At least one of these attempts will be via the telephone unless the participant/provider has specifically requested that all contact be through email or no phone number is available. Where risk or urgency has been identified further attempts may be required as clinically appropriate. Partners will always be mindful not to attempt contact with a participant so many times that the participant feels harassed.
- When a partner is asked to reach out to a participant following a complaint, 3 attempts will be made to establish contact and resolve the issue.



## **CHANGE HISTORY:**

**Document Original Author**: Alison Brown; Vice President Global Clinical Quality

**Stakeholders:** Global Infrastructure, Clinical Operations, Quality, Learning & Development, Sales & Account Management.

Change Date:	Approved by:	Subject Matter Expert(S) [SME] Utilized:	Description/Details of Change [Why & What]:
September 2020	Alan King	Alison Brown/ Maullika Sharma/ Maria Guimaraes	Document Initially Created