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Care & Case Management Manual – COCOS-MS

Communication, Coordination und Security for people with Multiple Sclerosis

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Monthly overview

The monthly overview is intended to provide an overview of the structure of the study CCM.

Terminology: First assessment, follow-up assessment, brief assessment, final assessment, data collection research

Week	Month	Content	Research
0	0	Baseline assessment	T0
1	1	Personal data / first assessment / action plan / care plan / cooperation plan	
2	1	Telephone contact und monitoring	
3	1	Telephone contact und monitoring	
4	1	Telephone contact und monitoring	
5	2	Brief assessment/ process control (monitoring / update care plan)	
6	2	Telephone contact und monitoring	
7	2	Telephone contact und monitoring	
8	2	Telephone contact und monitoring	
9	3	Follow-up assessment / evaluation participation / process control (monitoring / update care plan)	
10	3	Telephone contact und monitoring	
11	3	Telephone contact und monitoring	
12	3	Telephone contact und monitoring	
13	3	Follow-up assessment	T1
14	4	Brief assessment / process control (monitoring / update care plan)	
15	4	Telephone contact und monitoring	
16	4	Telephone contact und monitoring	
17	4	Telephone contact und monitoring	
18	5	Brief assessment / process control (monitoring / update care plan)	
19	5	Telephone contact und monitoring	
20	5	Telephone contact und monitoring	
21	5	Telephone contact und monitoring	
22	6	Follow-up assessment / evaluation participation / process control (monitoring / update care plan)	



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Week	Month	Content	Research
23	6	Telephone contact und monitoring	
24	6	Telephone contact und monitoring	
25	6	Telephone contact und monitoring	
26	6	Follow-up assessment	T2
27	7	Brief assessment / process control (monitoring / update care plan)	
28	7	Telephone contact und monitoring	
29	7	Telephone contact und monitoring	
30	7	Telephone contact und monitoring	
31	8	Follow-up assessment / evaluation participation / process control (monitoring / update care plan)	
32	8	Telephone contact und monitoring	
33	8	Telephone contact und monitoring	
34	8	Telephone contact und monitoring	
35	9	Brief assessment / process control (monitoring / update care plan)	
36	9	Telephone contact und monitoring	
37	9	Telephone contact und monitoring	
38	9	Telephone contact und monitoring	
39	9	Follow-up assessment	T3
40	10	Brief assessment / process control (monitoring / update care plan)	
41	10	Telephone contact und monitoring	
42	10	Telephone contact und monitoring	
43	10	Telephone contact und monitoring	
44	11	Follow-up assessment / evaluation participation / process control (monitoring / update care plan)	
45	11	Telephone contact und monitoring	
46	11	Telephone contact und monitoring	
47	11	Telephone contact und monitoring	
48	12	Brief assessment / process control (monitoring / update care plan)	
49	12	Telephone contact und monitoring	
50	12	Telephone contact und monitoring	



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Week	Month	Content	Research
51	12	Telephone contact und monitoring	
52 52	12 12	Final assessment / evaluation participation / dispensation – Follow-up assessment	T4

Important: The final interview (final assessment/evaluation participation/dispensation) should always be conducted at the end of the CCM process, if possible, even in the event of premature CCM termination. Similarly, a final outcome assessment should be conducted, if possible, should the study be terminated prematurely.



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1. Month 1: Personal data/first assessment/action plan/care plan/cooperation plan/telephone contacts/monitoring

1.1 Personal data

1.1.1 Patient

Date: |__|_|_| |__|_|_|_|_|_|

Duration: _____

Patient-Code: _____

Name: _____

Age: _____ Gender: female | male | diverse: _____

Address: _____

patient group:

Subgroup 1: highly active MS with indication for & treatment with escalating immunotherapeutic agent

Subgroup 2: primary or secondary chronic progressive MS

with immunotherapeutic treatment options

without immunotherapeutic treatment options

Inpatient facility? yes | no

Tel No.: _____

E-mail address: _____

EDSS score: _____ Degree of disability: _____

Treatment: inpatient | outpatient | other: _____

Native language: _____

Occupation: yes | no

Working days: _____ Mo | Tu | We | Th | Fr | Sa | Su

Weekly hours: _____



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Informed consent given by:

Patient

Legal guardian or healthcare agent

Name Legal guardian/healthcare agent: _____

Address _____

Tel No. / E-Mail address: _____

Native language: _____

Comments on 1.1

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1.1.3 Crises and emergency contacts

Please enter here which (quickly deployable) actions and contacts (including telephone numbers) are intended for crises and emergency contacts.

Crisis and emergency situation	Action	Contact

Notes on 1.3:



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1.2. First assessment

1.2.1 Current treatment

Date: |__|_|__|_|__|_|__|_| Duration: _____

Inpatient treatment	Outpatient treatment	
<input type="checkbox"/> Hospital: neurology	<input type="checkbox"/> General physician	<input type="checkbox"/> Psychotherapy
<input type="checkbox"/> Hospital: palliative care	<input type="checkbox"/> Neurologist	<input type="checkbox"/> Outpatient care
<input type="checkbox"/> Hospital: other ward	<input type="checkbox"/> Internal physician	<input type="checkbox"/> Palliative care / consultation
<input type="checkbox"/> Rehabilitation clinic	<input type="checkbox"/> Urologist	<input type="checkbox"/> MS nurse
<input type="checkbox"/> Hospice	<input type="checkbox"/> Palliative care physician	<input type="checkbox"/> Voluntary service / hospice care
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Outpatient rehabilitation
<input type="checkbox"/> Other:	<input type="checkbox"/> Other specialist	<input type="checkbox"/> Physiotherapy
	<input type="checkbox"/> Specialist palliative home care	<input type="checkbox"/> Speech therapy
	<input type="checkbox"/> MS special outpatient clinic	<input type="checkbox"/> Occupational therapy
	<input type="checkbox"/> Other:	



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1.2.3 Assessment

Date: |__| |__| |__| |__| |__| |__| **Duration:** _____

1.2.3.1 Patient

Please enter here the assessment from the patient's perspective. His or her goals are to be written down with codes. The comments column can be used for details. The codes used can be found in the legend.

The assessment should be made according to the following criteria. If assessment is not possible, code "99" = unknown needs to be entered.

Severity of the problem

- 0 = none: Patient experiences the situation as unproblematic and not stressful.
- 1 = moderate: The situation causes limitations that are sometimes experienced as problematic and slightly stressful by the patient.
- 2 = significant: The situation causes limitations that are often experienced as problematic and clearly stressful by the patient.
- 3 = high: The situation causes limitations that are predominantly experienced as problematic and highly stressful by the patient.
- 4 = very high: The situation causes limitations that are consistently experienced as problematic and extremely stressful by the patient.

Resources

- 0 = none: Patient does not identify own abilities, strengths or capabilities within themselves and/or their environment that could contribute to problem-solving.
- 1 = marginal: Patient identifies individual abilities, strengths or capabilities within themselves and/or their environment which may still need to be developed and could contribute to problem-solving.
- 2 = sufficient: Patient identifies general abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and can probably be accessed.
- 3 = good: Patient recognizes many abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and which - if not already been done - are highly likely to be accessed.
- 4 = very good: Patient recognizes a great number of abilities, strengths or capabilities within themselves and/or their environment which can make a specific contribution to problem-solving and can be used quickly.



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Need: The Case Manager will assess the needs for an intervention which results from comparing and weighing the problem and resources, without determining them mathematically. This assessment can also be made throughout the follow-up assessment.

- 0 = No need: There is no need for an intervention as no problem has been identified or the problem can be solved by means of existing resources.*
- 1 = Need for monitoring: There is a problem that can widely be overcome with existing resources. It should regularly be checked for changes as external support may be useful or necessary at times.*
- 2 = Need for action: There is a problem that requires additional resources to be (re)developed in order to deal with it. External intervention is necessary.*
- 3 = Need for intervention: There is a problem which basically requires resources to deal with it. External intervention is necessary, otherwise there is a high risk for the situation to worsen.*
- 4 = Crisis intervention: Immediate intervention is required to prevent or respond to an escalation of the situation. The assessment must be discontinued and can only be continued once the situation has stabilized.*



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Section health

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ‚none‘, 1 = ‚moderate‘, 2 = ‚significant‘, 3 = ‚high‘ and 4 = ‚very high‘; 99 = ‚unknown‘.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ‚none‘, 1 = ‚marginal‘, 2 = ‚sufficient‘, 3 = ‚good‘ and 4 = ‚very good‘; 99 = ‚unknown‘.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ‚no need‘, 1 = ‚need for monitoring‘, 2 = ‚need for action‘, 3 = ‚need for intervention‘ and 4 = ‚Crisis intervention‘; 99 = ‚unknown‘.

Physical health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKK 01 of MS (physical)					
BKK 02 Other physical diseases					
BKK 03 Medication					

Physical health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGK 01 Spasticity, paralysis, numbness, misperceptions (etc.)					
BGK 02 Pain					
BGK 03 Coordination, fine motor skills					
BGK 04 Swallowing, speech and language disorders					



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Physical health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGK 05 Vision (including double vision etc.)...					
BGK 06 Hearing, smell, taste					
BGK 07 Disease progression (MS)					
BGK 08 Difficulty breathing					
BGK 09 Skin (including wounds)					
BGK 10 Urogenital tract (urinary retention, incontinence, menstruation, erectile dysfunction)					
BGK 11 Gastrointestinal tract (nausea, vomiting, constipation, fecal incontinence)					
BGK 12 Other internal diseases (cardiovascular, diabetes, hypertension, lipometabolism)					
BGK 13 Weight					
BGK 14 Access to routine health screenings					
BGK 15 Dealing with immunotherapeutic agents					
BGK 16 Dealing with other medication					



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Mental health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPK 01 Mental situation					

Mental health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 01 Dealing with stress/stressful situations					
BGP 02 Concentration					
BGP 03 Cognition					
BGP 04 Disorientation					
BGP 05 Personality changes					
BGP 06 Fatigue					
BGP 07 Depression					
BGP 08 Depressive mood					
BGP 09 Suicidal thoughts					
BGP 10 Anxiety/inner restlessness					
BGP 11 Anxiety/panic attacks					



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Mental health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 12 Grief					
BGP 13 Being able to express emotions					
BGP 14 Biographical disruption					
BGP 15 Autonomy					
BGP 16 Smoking					
BGP 17 Alcohol and drug consumption					



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Section autarky

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ‚none‘, 1 = ‚moderate‘, 2 = ‚significant‘, 3 = ‚high‘ and 4 = ‚very high‘; 99 = ‚unknown‘.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ‚none‘, 1 = ‚marginal‘, 2 = ‚sufficient‘, 3 = ‚good‘ and 4 = ‚very good‘; 99 = ‚unknown‘.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ‚no need‘, 1 = ‚need for monitoring‘, 2 = ‚need for action‘, 3 = ‚need for intervention‘ and 4 = ‚Crisis intervention‘; 99 = ‚unknown‘.

Autarky patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAP 01 Self-sufficiency care					
BAP 02 Self-sufficiency household and organization					
BAP 03 Medical, nursing, therapeutic care					
BAP 04 Mobility					
BAP 05 Living					
BAP 06 Work and employment (e.g. voluntary work)					
BAP 07 Financial and social situation					



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Self-sufficiency patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSV 01 Satisfaction with outer appearance					
BSV 02 Washing upper body					
BSV 03 Washing lower body					
BSV 04 Incontinence care					
BSV 05 Showering/taking a bath					
BSV 06 Dental care					
BSV 07 Hair/nail care					
BSV 08 Putting on clothes incl. shoes					
BSV 09 Cleaning the apartment					
BSV 10 Eating independently					
BSV 11 Drinking independently					
BSV 12 Preparing food					
BSV 13 Shopping					
BSV 14 Preparing medication					



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Self-sufficiency patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSV 15 Procurement of medication					
BSV 16 Own organization of daily structure					
BSV 17 Coordinating appointments					

Medical, nursing und therapeutic care patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMP 01 General medical care					
BMP 02 Neurological care					
BMP 03 Other specialist care					
BMP 04 Nursing care					
BMP 05 Physiotherapy					
BMP 06 Occupational therapy					
BMP 07 Speech therapy					
BMP 08 Psychotherapy					



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Medical, nursing und therapeutic care patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMP 09 Information about MS (Follow-up, therapy, self-help services)					

Mobility patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMO 01 Walking within the apartment					
BMO 02 Walking outside the apartment					
BMO 03 Going up stairs					
BMO 04 Standing securely					
BMO 05 Access to individual means of transport (car, bicycle, scooter, motorcycle)					
BMO 06 Use of individual means of transport					
BMO 07 Access to public transport					
BMO 08 Use of public transport					



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Living patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BWO 01 Place of residence					
BWO 02 Type of apartment / house / apartment / room					
BWO 03 Access to apartment / house etc.					
BWO 04 Accessibility living and sleeping rooms					
BWO 05 Accessibility bathroom					
BWO 06 Accessibility kitchen and other premises					
BWO 07 Accessibility balcony / terrace / garden					

Work and employment patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAB 01 Employability					
BAB 02 Work ability					
BAB 03 Working hours					
BAB 04 Workplace arrangement					



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Work and employment patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAB 05 Meaningful activities (e.g. volunteer work)					

Financial and social law situation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFS 01 Financial security of subsistence					
BFS 02 Financial security of care					
BFS 03 Financing of housing adaptation					
BFS 04 Financing of medical aids					
BFS 05 Social insurance agency (e.g. health insurance)					
BFS 06 Debts					
BFS 07 Old-age provision					
BFS 08 Being able to represent legal interests themselves					
BFS 09 Recognition of (severe) disability					
BFS 10 Other social law needs (e.g. custody)					



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Section social situation and participation

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.

Social situation und participation patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSP 01 Involvement of family and friends					
BSP 02 Role as e.g. partner, child, parent, friend					
BSP 03 Pursuing hobbies/interests					
BSP 04 Cultural/social/political participation					
BSP 05 Spiritual/pastoral support					

Communication patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKO 01 Use of computer/tablet/smartphone					
BKO 02 Use of mobile/telephone					



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Communication patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKO 03 Access to information media (internet, television, newspapers)					
BKO 04 Writing, reading, listening					

Social inclusion patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSE 01 Feeling like they belong					
BSE 02 Concern for family/relatives					
BSE 03 Maintaining friendships					
BSE 04 Participation in events with family/friends					
BSE 05 Being a parent, son, daughter, friend					
BSE 06 Being a partner					
BSE 07 Love and sex life					
BSE 08 Family planning, access to contraceptives					



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Social and political participation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 01 Participation in neighborhood/club life					
BGP 02 Access to educational opportunities (e.g. adult education center “VHS”)					
BGP 03 Political participation (right to vote, demonstrations)					

Recreational activities patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFG 01 Sufficient leisure time					
BFG 02 Pursuing hobbies/interests					
BFG 03 Doing sports					
BFG 04 Use of cultural events (cinema, theatre, concerts)					
BFG 05 Going on vacation					

Religion and spirituality patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BRS 01 Opportunity to express religion/spirituality					



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Religion and spirituality patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BRS 02 Contact with spiritual/pastoral support					
BRS 03 Finding own spirituality/religion					

Comments:



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1.2.3.2 Caregiver

Date: |__|_|__|_|_|_|_|_| Duration: _____

Please enter here the assessment from the caregiver's perspective. His or her goals are to be written down with codes. The comments column can be used for details. The codes used can be found in the legend.

The assessment should be made according to the following criteria. If assessment is not possible, code "99" = unknown needs to be entered.

Severity of the problem

- 0 = none: Caregiver experiences the situation as unproblematic and not stressful.
- 1 = moderate: The situation causes limitations that are sometimes experienced as problematic and slightly stressful by the caregiver.
- 2 = significant: The situation causes limitations that are often experienced as problematic and clearly stressful by the caregiver.
- 3 = high: The situation causes limitations that are predominantly experienced as problematic and highly stressful by the caregiver.
- 4 = very high: The situation causes limitations that are consistently experienced as problematic and extremely stressful by the caregiver.

Resources

- 0 = none: Caregiver does not identify own abilities, strengths or capabilities within themselves and/or their environment that could contribute to problem-solving.
- 1 = marginal: Caregiver identifies individual abilities, strengths or capabilities within themselves and/or their environment which may still need to be developed and could contribute to problem-solving.
- 2 = sufficient: Caregiver identifies general abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and can probably be accessed.
- 3 = good: Caregiver recognizes many abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and which - if not already been done - are highly likely to be accessed.



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4 = very good: Caregiver recognizes a great number of abilities, strengths or capabilities within themselves and/or their environment which can make a specific contribution to problem-solving and can be used quickly.

Need: The Case Manager will assess the needs for an intervention which results from comparing and weighing the problem and resources, without determining them mathematically. This assessment can also be made throughout the follow-up assessment.

0 = No need: There is no need for an intervention as no problem has been identified or the problem can be solved by means of existing resources.

1 = Need for monitoring: There is a problem that can widely be overcome with existing resources. It should regularly be checked for changes as external support may be useful or necessary at times.

2 = Need for action: There is a problem that requires additional resources to be (re)developed in order to deal with it. External intervention is necessary.

3 = Need for intervention: There is a problem which basically requires resources to deal with it. External intervention is necessary, otherwise there is a high risk for the situation to worsen.

4 = Crisis intervention: Immediate intervention is required to prevent or respond to an escalation of the situation. The assessment must be discontinued and can only be continued once the situation has stabilized.



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³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.

Physical health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKB 01 Physical diseases					
BKB 02 Physical burden due to care					

Mental health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPB 01 Emotional burden as caregiver					
BPB 02 Mental diseases					

Autarky caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBS 01 Housekeeping (shopping, cleaning, etc.)					
BBS 02 Organization (e.g. appointments)					
BBS 03 Mobility					



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Autarky caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBS 04 Living					
BBS 05 Work					
BBS 06 Financial protection					

Social involvement and participation caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBE 01 Family involvement					
BBE 02 Maintaining friendships					
BBE 03 Role as e.g. partner, child, parent, friend					
BBE 04 Pursuing hobbies/interests					
BBE 05 Cultural/social/political participation					
BBE 06 Spiritual/pastoral support					



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Comments:



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1.3. Action plan/care plan/cooperation plan

1.3.1 Action plan

Date: |__| |__| |__| |__| |__| |__| **Duration:** _____

Using the manual codes (see legend), please enter here which action you would like to suggest to achieve the patient's goals and keep track of whether the suggestion was agreed upon or rejected. If there is not enough space in the table, you can additionally use the supplementary sheet 'action plan' (see appendix).

¹please specify the proposed action here.

Goal	Suggestive action		Patient decision				Comment
	Code	Translation ¹	Date	Agreement	Undecided	Rejection	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Goal	Suggestive action		Patient decision				Comment
	Code	Translation ¹	Date	Agreement	Undecided	Rejection	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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1.3.2 Care plan

1. Plan:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____
Revised:	Date: __ __ __ __ __	Duration: _____

Using the manual codes (see 'KOKOS-MS CM manual legend'), please enter here which action you have planned to achieve the patient's goals and keep track of whether the goals have been achieved or not. The plan should be revised as part of the regular follow-up assessment. If there is not enough space in the table, you can additionally use the supplementary sheet 'care plan' (see appendix).



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The goal achievement is to be assessed from the patient's perspective and evaluated as follows:

- | | |
|-------------------------|--|
| 0 = not achieved: | The goal has not been achieved in any way or appears just as far as when the goal was set. |
| 1 = hardly achieved: | The goal has moved a little closer than when the goal was set. |
| 2 = partially achieved: | The goal has moved significantly closer than when the goal was set. |
| 3 = achieved: | The current situation corresponds to the set goal. |
| 4 = more than achieved: | The current situation is considered better than the set goal. |

¹Please document the goal achievement according to the following scale: 0= not achieved, 1= hardly achieved, 2= partially achieved, 3= achieved, 4= more than achieved.

No.	Section	Goal	Action			Cooperation partner	Goal achievement ¹	Comment
			Code	Appointment	Location			



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No.	Section	Goal	Action			Cooperation partner	Goal achievement ¹	Comment
			Code	Appointment	Location			



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1.4 Telephone contacts und monitoring

Documentation of the weekly telephone contacts. Please document content, topics and patient satisfaction.

1.4.1 First telephone contact und monitoring

Date: _____ Duration (in minutes): _____ conducted with: <input type="checkbox"/> patient <input type="checkbox"/> caregiver <input type="checkbox"/> both	
<p>Topics (following the sections of the brief assessments in key points):</p> <p><input type="checkbox"/> Section physical health _____</p> <p><input type="checkbox"/> Section mental health _____</p> <p><input type="checkbox"/> Section autarky _____</p> <p><input type="checkbox"/> Section social involvement and participation _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>CCM-services:</p> <p><input type="checkbox"/> Information</p> <p><input type="checkbox"/> Training/instruction</p> <p><input type="checkbox"/> Consultation</p> <p><input type="checkbox"/> Coordination</p> <p><input type="checkbox"/> Linking</p> <p><input type="checkbox"/> Planning (appointments)</p> <p><input type="checkbox"/> Monitoring</p> <p><input type="checkbox"/> Other (text entry):</p>



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¹Enter a value from 0 to 4 here to indicate satisfaction with the CCM actions, where 0 = 'very dissatisfied', 1 = 'dissatisfied', 2 = 'neither satisfied nor dissatisfied', 3 = 'satisfied' and 4 = 'very satisfied'; 99 = 'unknown'.

Action	Initiated	Continued	Finished	Satisfaction ¹	Comment
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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1.4.2 Second telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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1.4.3 Third telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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2. Month 2: Brief assessment/process control (monitoring, update care plan)/telephone contacts

2.1 Brief assessment

*In the brief assessment, a new assessment and clarification of needs is conducted with the patient and caregiver following the superordinate sections to identify and eventually initiate a follow-up assessment, if necessary. For this purpose, the **care plan** (see chapter 3) will also be revised.*

Brief assessment	Month: _____	Date: __ _ __ _ __ _	Duration: _____
Brief assessment conducted <input type="checkbox"/> yes <input type="checkbox"/> no			
Persons involved: _____			
If „no“, reason: _____			



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2.1.1 Patient

Please enter here the assessment from the patient's perspective. His or her goals are to be written down with codes (see legend). The comments column can be used for details.

Date: |__|_|_|_|_|_| | Duration: _____

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ‚none‘, 1 = ‚moderate‘, 2 = ‚significant‘, 3 = ‚high‘ and 4 = ‚very high‘; 99 = ‚unknown‘.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ‚none‘, 1 = ‚marginal‘, 2 = ‚sufficient‘, 3 = ‚good‘ and 4 = ‚very good‘; 99 = ‚unknown‘.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ‚no need‘, 1 = ‚need for monitoring‘, 2 = ‚need for action‘, 3 = ‚need for intervention‘ and 4 = ‚Crisis intervention‘; 99 = ‚unknown‘.

Physical health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKK 01 of MS (physical)					
BKK 02 Other physical diseases					
BKK 03 Medication					

Mental health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPK 01 Mental situation					



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Autarky patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAP 01 Self-sufficiency care					
BAP 02 Self-sufficiency household and organization					
BAP 03 Medical, nursing, therapeutic care					
BAP 04 Mobility					
BAP 05 Living					
BAP 06 Work and employment (e.g. voluntary work)					
BAP 07 Financial and social situation					

Social Situation und participation patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSP 01 Involvement of family and friends					
BSP 02 Role as e.g. partner, child, parent, friend					
BSP 03 Pursuing hobbies/interests					
BSP 04 Cultural/social/political participation					
BSP 05 Spiritual/pastoral support					



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2.1.2 Caregiver

Please enter here the caregiver's needs. His or her goals are to be written down with codes (see legend). The comments column can be used for details.

Date: |__|_|__|_|_|_|_| Duration: _____

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.

‘

Physical health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKB 01 Physical diseases					
BKB 02 Physical burden due to care					

Mental health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPB 01 Emotional burden as caregiver					
BPB 02 Mental diseases					



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Autarky Caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBS 01 Housekeeping (shopping, cleaning, etc.)					
BBS 02 Organization (e.g. appointments)					
BBS 03 Mobility					
BBS 04 Living					
BBS 05 Work					
BBS 06 Financial protection					

Social involvement and participation caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBE 01 Family involvement					
BBE 02 Maintaining friendships					
BBE 03 Role as e.g. partner, child, parent, friend					
BBE 04 Pursuing hobbies/interests					
BBE 05 Cultural/social/political participation					
BBE 06 Spiritual/pastoral support					



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Social involvement and participation caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment

Comments:



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2.2 Monitoring

Please document the current status of the action plan and implementation. If there is not enough space in the table, you can additionally use the supplementary sheet 'monitoring' (see appendix).

¹Enter a value from 0 to 4 here to indicate satisfaction with the CCM actions, where 0 = 'very dissatisfied', 1 = 'dissatisfied', 2 = 'neither satisfied nor dissatisfied', 3 = 'satisfied' and 4 = 'very satisfied'; 99 = 'unknown'.

Action	Initiated	Continued	Finished	Satisfaction ¹	Comment
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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2.3 Telephone contacts und monitoring

Documentation of the weekly telephone contacts. Please document content, topics and patient satisfaction.

2.3.1 First telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 4.1.2.1) from the appendix.



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2.3.2 Second telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 4.1.2.1) from the appendix.



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2.3.3 Third telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 4.1.2.1) from the appendix.

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3. Month 3: Follow-up assessment/evaluation of participation/process control (monitoring, update care plan)/telephone contacts

The follow-up assessment corresponds to the initial assessment. It also evaluates the patient's participation and revises the **care plan** (see Chapter 3) to adapt it to the current situation.

3.1 Follow-up assessment

Date: |__| |__| |__| |__| |__| |__| |__| | Duration: _____

3.1.1 Prescribed medication and pro re nata medication

Prescribed medication:					
Medication/active ingredient	Application	Dosage	Dosage regimen	Indication	Prescriber



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Prescribed medication:					
Medication/active ingredient	Application	Dosage	Dosage regimen	Indication	Prescriber

Pro re nata medication:					
Medication/active ingredient	Application	Dosage	Dosage regimen	Indication	Prescriber



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3.1.2 Patient

Please enter here the assessment from the patient's perspective. His or her goals are to be written down with codes. The comments column can be used for details. The codes used can be found in the legend.

The assessment should be made according to the following criteria. If assessment is not possible, code "99" = unknown needs to be entered.

Severity of the problem

0 = none: Patient experiences the situation as unproblematic and not stressful.

1 = moderate: The situation causes limitations that are sometimes experienced as problematic and slightly stressful by the patient.

2 = significant: The situation causes limitations that are often experienced as problematic and clearly stressful by the patient.

3 = high: The situation causes limitations that are predominantly experienced as problematic and highly stressful by the patient.

4 = very high: The situation causes limitations that are consistently experienced as problematic and extremely stressful by the patient.

Resources

0 = none: Patient does not identify own abilities, strengths or capabilities within themselves and/or their environment that could contribute to problem-solving.

1 = marginal: Patient identifies individual abilities, strengths or capabilities within themselves and/or their environment which may still need to be developed and could contribute to problem-solving.

2 = sufficient: Patient identifies general abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and can probably be accessed.

3 = good: Patient recognizes many abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and which - if not already been done - are highly likely to be accessed.

4 = very good: Patient recognizes a great number of abilities, strengths or capabilities within themselves and/or their environment which can make a specific contribution to problem-solving and can be used quickly.



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Need: The Case Manager will assess the needs for an intervention which results from comparing and weighing the problem and resources, without determining them mathematically. This assessment can also be made throughout the follow-up assessment.

- 0 = no need: *There is no need for an intervention as no problem has been identified or the problem can be solved by means of existing resources.*
- 1 = Need for monitoring: *There is a problem that can widely be overcome with existing resources. It should regularly be checked for changes as external support may be useful or necessary at times.*
- 2 = Need for action: *There is a problem that requires additional resources to be (re)developed in order to deal with it. External intervention is necessary.*
- 3 = Need for intervention: *There is a problem which basically requires resources to deal with it. External intervention is necessary, otherwise there is a high risk for the situation to worsen.*
- 4 = Crisis intervention: *Immediate intervention is required to prevent or respond to an escalation of the situation. The assessment must be discontinued and can only be continued once the situation has stabilized.*

Section health

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.



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Physical health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKK 01 of MS (physical)					
BKK 02 Other physical diseases					
BKK 03 Medication					

Physical health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGK 01 Spasticity, paralysis, numbness, misperceptions (etc.)					
BGK 02 Pain					
BGK 03 Coordination, fine motor skills					
BGK 04 Swallowing, speech and language disorders					
BGK 05 Vision (including double vision etc.)...					
BGK 06 Hearing, smell, taste					
BGK 07 Disease progression (MS)					
BGK 08 Difficulty breathing					
BGK 09 Skin (including wounds)					



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Physical health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGK 10 Urogenital tract (urinary retention, incontinence, menstruation, erectile dysfunction)					
BGK 11 Gastrointestinal tract (nausea, vomiting, constipation, fecal incontinence)					
BGK 12 Other internal diseases (cardiovascular, diabetes, hypertension, lipometabolism)					
BGK 13 Weight					
BGK 14 Access to routine health screenings					
BGK 15 Dealing with immunotherapeutic agents					
BGK 16 Dealing with other medication					

Mental health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPK 01 Mental situation					



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Mental health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 01 Dealing with stress/stressful situations					
BGP 02 Concentration					
BGP 03 Cognition					
BGP 04 Disorientation					
BGP 05 Personality changes					
BGP 06 Fatigue					
BGP 07 Depression					
BGP 08 Depressive mood					
BGP 09 Suicidal thoughts					
BGP 10 Anxiety /inner restlessness					
BGP 11 Anxiety /panic attacks					
BGP 12 Grief					
BGP 13 Being able to express emotions					
BGP 14 Biographical disruption					



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Mental health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 15 Autonomy					
BGP 16 Smoking					
BGP 17 Alcohol and drug consumption					

Section autarky

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.

Autarky patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAP 01 Self-sufficiency care					
BAP 02 Self-sufficiency household and organization					
BAP 03 Medical, nursing, therapeutic care					
BAP 04 Mobility					



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Autarky patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAP 05 Living					
BAP 06 Work and employment (e.g. volunteer work)					
BAP 07 Financial and social situation					

Self-sufficiency patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSV 01 Satisfaction with outer appearance					
BSV 02 Washing upper body					
BSV 03 Washing lower body					
BSV 04 Incontinence care					
BSV 05 Showering/taking a bath					
BSV 06 Dental care					
BSV 07 Hair/nail care					
BSV 08 Putting on clothes incl. shoes					
BSV 09 Cleaning the apartment					



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Self-sufficiency patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSV 10 Eating independently					
BSV 11 Drinking independently					
BSV 12 Preparing food					
BSV 13 Shopping					
BSV 14 Preparing medication					
BSV 15 Procurement of medication					
BSV 16 Own organization of daily structure					
BSV 17 Coordinating appointments					

Medical, nursing und therapeutic care patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMP 01 General medical care					
BMP 02 Neurological care					
BMP 03 Other specialist care					



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Medical, nursing und therapeutic care patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMP 04 Nursing care					
BMP 05 Physiotherapy					
BMP 06 Occupational therapy					
BMP 07 Speech therapy					
BMP 08 Psychotherapy					
BMP 09 Information about MS (Follow-up, therapy, self-help services)					

Mobility patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMO 01 Walking within the apartment					
BMO 02 Walking outside the apartment					
BMO 03 Going up stairs					
BMO 04 Standing securely					



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Mobility patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMO 05 Access to individual means of transport (car, bicycle, Scooter, Motorcycle)					
BMO 06 Use of individual means of transport					
BMO 07 Access to public transport					
BMO 08 Use of public transport					

Living patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BWO 01 Place of residence					
BWO 02 Type of apartment / house / apartment / room					
BWO 03 Access to apartment / house etc.					
BWO 04 Accessibility living and sleeping rooms					
BWO 05 Accessibility bathroom					
BWO 06 Accessibility kitchen and other premises					
BWO 07 Accessibility balcony / terrace / garden					



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Work and employment patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAB 01 Employability					
BAB 02 Work ability					
BAB 03 Working hours					
BAB 04 Workplace arrangement					
BAB 05 Meaningful activities (e.g. volunteer work)					

Financial and social law situation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFS 01 Financial security of subsistence					
BFS 02 Financial security of care					
BFS 03 Financing of housing adaptation					
BFS 04 Financing of medical aids					
BFS 05 Social insurance agency (e.g. health insurance)					
BFS 06 Debts					
BFS 07 Old-age provision					



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Financial and social law situation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFS 08 Being able to represent legal interests themselves					
BFS 09 Recognition of (severe) disability					
BFS 10 Other social law needs (e.g. custody)					



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Section social situation und participation

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.

Social Situation und participation patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSP 01 Involvement of family and friends					
BSP 02 Role as e.g. partner, child, parent, friend					
BSP 03 Pursuing hobbies/interests					
BSP 04 Cultural/social/political participation					
BSP 05 Spiritual/pastoral support					

Communication patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKO 01 Use of computer/tablet/smartphone					
BKO 02 Use of mobile/telephone					



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Communication patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKO 03 Access to information media (internet, television, newspapers)					
BKO 04 Writing, reading, listening					

Social inclusion patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSE 01 Feeling like they belong					
BSE 02 Concern for family/relatives					
BSE 03 Maintaining friendships					
BSE 04 Participation in events with family/friends					
BSE 05 Being a parent, son, daughter, friend					
BSE 06 Being a partner					
BSE 07 Love and sex life					
BSE 08 Family planning, access to contraceptives					



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Social and political participation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 01 Participation in neighborhood/club life					
BGP 02 Access to educational opportunities (e.g. adult education center “VHS”)					
BGP 03 Political participation (right to vote, demonstrations)					

Recreational activities patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFG 01 Sufficient leisure time					
BFG 02 Pursuing hobbies/interests					
BFG 03 Doing sports					
BFG 04 Use of cultural events (cinema, theatre, concerts)					
BFG 05 Going on vacation					

Religion and spirituality patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BRS 01 Opportunity to express religion/spirituality					



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Religion and spirituality patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BRS 02 Contact with spiritual/pastoral support					
BRS 03 Finding own spirituality/religion					

Comments:



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3.1.3. Caregiver

Date: |__| |__| |__| |__| |__| |__| **Duration:** _____

Please enter here the assessment from the caregiver's perspective. His or her goals are to be written down with codes. The comments column can be used for details. The codes used can be found in the legend.

The assessment should be made according to the following criteria. If assessment is not possible, code "99" = unknown needs to be entered.

Severity of the problem

- 0 = none: Caregiver experiences the situation as unproblematic and not stressful.
- 1 = moderate: The situation causes limitations that are sometimes experienced as problematic and slightly stressful by the caregiver.
- 2 = significant: The situation causes limitations that are often experienced as problematic and clearly stressful by the caregiver.
- 3 = high: The situation causes limitations that are predominantly experienced as problematic and highly stressful by the caregiver.
- 4. = very high: The situation causes limitations that are consistently experienced as problematic and extremely stressful by the caregiver.

Resources

- 0 = none: Caregiver does not identify own abilities, strengths or capabilities within themselves and/or their environment that could contribute to problem-solving.
- 1 = marginal: Caregiver identifies individual abilities, strengths or capabilities within themselves and/or their environment which may still need to be developed and could contribute to problem-solving.
- 2 = sufficient: Caregiver identifies general abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and can probably be accessed.



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3 = good: *Caregiver recognizes many abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and which - if not already been done - are highly likely to be accessed.*

4 = very good: *Caregiver recognizes a great number of abilities, strengths or capabilities within themselves and/or their environment which can make a specific contribution to problem-solving and can be used quickly.*

Need: *The Case Manager will assess the needs for an intervention which results from comparing and weighing the problem and resources, without determining them mathematically. This assessment can also be made throughout the follow-up assessment.*

0 = No need: *There is no need for an intervention as no problem has been identified or the problem can be solved by means of existing resources.*

1 = Need for monitoring: *There is a problem that can widely be overcome with existing resources. It should regularly be checked for changes as external support may be useful or necessary at times.*

2 = Need for action: *There is a problem that requires additional resources to be (re)developed in order to deal with it. External intervention is necessary.*

3 = Need for intervention: *There is a problem which basically requires resources to deal with it. External intervention is necessary, otherwise there is a high risk for the situation to worsen.*

4 = Crisis intervention: *Immediate intervention is required to prevent or respond to an escalation of the situation. The assessment must be discontinued and can only be continued once the situation has stabilized.*



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¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ‚none‘, 1 = ‚moderate‘, 2 = ‚significant‘, 3 = ‚high‘ and 4 = ‚very high‘; 99 = ‚unknown‘.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ‚none‘, 1 = ‚marginal‘, 2 = ‚sufficient‘, 3 = ‚good‘ and 4 = ‚very good‘; 99 = ‚unknown‘.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ‚no need‘, 1 = ‚need for monitoring‘, 2 = ‚need for action‘, 3 = ‚need for intervention‘ and 4 = ‚Crisis intervention‘; 99 = ‚unknown‘.

Physical health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKB 01 Physical diseases					
BKB 02 Physical burden due to care					

Mental health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPB 01 Emotional burden as caregiver					
BPB 02 Mental diseases					

Autarky caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBS 01 Housekeeping (shopping, cleaning, etc.)					
BBS 02 Organization (e.g. appointments)					
BBS 03 Mobility					



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Autarky caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBS 04 Living					
BBS 05 Work					
BBS 06 Financial protection					

Social involvement and participation caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBE 01 Family involvement					
BBE 02 Maintaining friendships					
BBE 03 Role as e.g. partner, child, parent, friend					
BBE 04 Pursuing hobbies/interests					
BBE 05 Cultural/social/political participation					
BBE 06 Spiritual/pastoral support					



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Comments:



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3.2 Evaluation of participation

Please let the patient estimate to what extent his/her participation have been realized.

To what extent is this statement true?	0 = very little 1 = little 2 = moderate 3 = much 4 = very much	Comments
My wishes have been realized.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I choose the service providers.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I felt relieved by the implementation of actions.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I choose the actions.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I have a say.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
My values and ideas are taken into account.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
The level of support I receive is appropriate.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I live a self-determined life.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I feel relieved.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	



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3.3 Monitoring

Please document the current status of the action plan and implementation. If there is not enough space in the table, you can additionally use the supplementary sheet 'monitoring' (see appendix).

¹Enter a value from 0 to 4 here to indicate satisfaction with the CCM actions, where 0 = 'very dissatisfied', 1 = 'dissatisfied', 2 = 'neither satisfied nor dissatisfied', 3 = 'satisfied' and 4 = 'very satisfied'; 99 = 'unknown'.

Action	Initiated	Continued	Finished	Satisfaction ¹	Comment
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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3.4 telephone contacts und monitoring

Documentation of the weekly telephone contacts. Please document content, topics and patient satisfaction.

3.4.1 First telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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3.4.2 Second telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 4.1.2.1) from the appendix.



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3.4.3 Third telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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4. Month 4: Brief assessment/process control (monitoring, update care plan)/telephone contacts

Please enter here the brief assessment and „Telephone contact und monitoring“ (see chapter 2.1)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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5. Month 5: Brief assessment/process control (monitoring, update care plan)/telephone contacts

Please enter here the brief assessment and „Telephone contact und monitoring“ (see chapter 2)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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6. Month 6: Follow-up assessment/evaluation of participation/process control (monitoring, update care plan)/telephone contacts

Please enter here the follow-up assessment, table „evaluation of participation“, and „telephone contacts und monitoring“ (see chapter 3)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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7 Month 7: Brief assessment/process control (monitoring, update care plan) /telephone contacts

Please enter here the brief assessment and „Telephone contact und monitoring“ (see chapter 2)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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8. Month 8: Follow-up assessment/evaluation of participation/process control (monitoring, update care plan) /telephone contacts

Please enter here the follow-up assessment, table „evaluation of participation“, and „telephone contacts und monitoring“ (see chapter 3)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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9. Month 9: Brief assessment/process control (monitoring, update care plan)/telephone contacts

Please enter here the brief assessment and „Telephone contact und monitoring“ (see chapter 2)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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10. Month 10: Brief assessment/process control (monitoring, update care plan) /telephone contacts

Please enter here the brief assessment and „Telephone contact und monitoring“ (see chapter 2)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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11. Month 11: Follow-up assessment/evaluation of participation/process control (monitoring, update care plan) /telephone contacts

Please enter here the follow-up assessment, table „evaluation of participation“, and „telephone contacts und monitoring“ (see chapter 3)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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12 Month 12: Brief assessment/process control (monitoring, update care plan) /telephone contacts/final assessment/evaluation participation/dispensation

12.1 Brief assessment

Please enter here the brief assessment (see chapter 2.1)

*Please pay attention to the revision of the **care plan** (see chapter 1.3.2)!*



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12.2 Monitoring

Please document the current status of the action plan and implementation. If there is not enough space in the table, you can additionally use the supplementary sheet 'monitoring' (see appendix).

¹Enter a value from 0 to 4 here to indicate satisfaction with the CCM actions, where 0 = 'very dissatisfied', 1 = 'dissatisfied', 2 = 'neither satisfied nor dissatisfied', 3 = 'satisfied' and 4 = 'very satisfied'; 99 = 'unknown'.

Action	Initiated	Continued	Finished	Satisfaction ¹	Comment
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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12.3 Telephone contacts und monitoring

12.3.1 First telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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12.3.2 Second telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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12.3.3 Third telephone contact und monitoring

Please insert here "Telephone contact and monitoring" (see 1.4.1) from the appendix.



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12.4.1 Final assessment

The codes used can be found in the legend.

12.4.1.1 Patient

Date: |__|_|_|_|_|_|_|_| **Duration:** _____

Please enter here the assessment from the patient's perspective. His or her goals are to be written down with codes. The comments column can be used for details. The codes used can be found in the legend.

The assessment should be made according to the following criteria. If assessment is not possible, code "99" = unknown needs to be entered.

Severity of the problem

0 = none: Patient experiences the situation as unproblematic and not stressful.

1 = moderate: The situation causes limitations that are sometimes experienced as problematic and slightly stressful by the patient.

2 = significant: The situation causes limitations that are often experienced as problematic and clearly stressful by the patient.

3 = high: The situation causes limitations that are predominantly experienced as problematic and highly stressful by the patient.

4 = very high: The situation causes limitations that are consistently experienced as problematic and extremely stressful by the patient.

Resources

0 = none: Patient does not identify own abilities, strengths or capabilities within themselves and/or their environment that could contribute to problem-solving.

1 = marginal: Patient identifies individual abilities, strengths or capabilities within themselves and/or their environment which may still need to be developed and could contribute to problem-solving.

2 = sufficient: Patient identifies general abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and can probably be accessed.



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3 = good: *Patient recognizes many abilities, strengths or capabilities within themselves and/or their environment which can contribute to problem-solving and which - if not already been done - are highly likely to be accessed.*

4 = very good: *Patient recognizes a great number of abilities, strengths or capabilities within themselves and/or their environment which can make a specific contribution to problem-solving and can be used quickly.*

Need: *The Case Manager will assess the needs for an intervention which results from comparing and weighing the problem and resources, without determining them mathematically. This assessment can also be made throughout the follow-up assessment.*

0 = no need: *There is no need for an intervention as no problem has been identified or the problem can be solved by means of existing resources.*

1 = Need for monitoring: *There is a problem that can widely be overcome with existing resources. It should regularly be checked for changes as external support may be useful or necessary at times.*

2 = Need for action: *There is a problem that requires additional resources to be (re)developed in order to deal with it. External intervention is necessary.*

3 = Need for intervention: *There is a problem which basically requires resources to deal with it. External intervention is necessary, otherwise there is a high risk for the situation to worsen.*

4 = Crisis intervention: *Immediate intervention is required to prevent or respond to an escalation of the situation. The assessment must be discontinued and can only be continued once the situation has stabilized.*



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Section health

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ‚none‘, 1 = ‚moderate‘, 2 = ‚significant‘, 3 = ‚high‘ and 4 = ‚very high‘; 99 = ‚unknown‘.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ‚none‘, 1 = ‚marginal‘, 2 = ‚sufficient‘, 3 = ‚good‘ and 4 = ‚very good‘; 99 = ‚unknown‘.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ‚no need‘, 1 = ‚need for monitoring‘, 2 = ‚need for action‘, 3 = ‚need for intervention‘ and 4 = ‚Crisis intervention‘; 99 = ‚unknown‘.

Physical health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKK 01 of MS (physical)					
BKK 02 Other physical diseases					
BKK 03 Medication					

Physical health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGK 01 Spasticity, paralysis, numbness, misperceptions (etc.)					
BGK 02 Pain					
BGK 03 Coordination, Fine motor skills					
BGK 04 Swallowing, speech and language disorders					



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Physical health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGK 05 Vision (including double vision etc.)...					
BGK 06 Hearing, smell, taste					
BGK 07 Disease progression (MS)					
BGK 08 Difficulty breathing					
BGK 09 Skin (including wounds)					
BGK 10 Urogenital tract (urinary retention, incontinence, menstruation, erectile dysfunction)					
BGK 11 Gastrointestinal tract (nausea, vomiting, constipation, fecal incontinence)					
BGK 12 other internal diseases (cardiovascular, diabetes, hypertension, lipometabolism)					
BGK 13 Weight					
BGK 14 Access to routine health screenings					
BGK 15 Dealing with immunotherapeutic agents					
BGK 16 Dealing with other medication					



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Mental health patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPK 01 Mental situation					

Mental health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 01 Dealing with stress/stressful situations					
BGP 02 Concentration					
BGP 03 Cognition					
BGP 04 Disorientation					
BGP 05 Personality changes					
BGP 06 Fatigue					
BGP 07 Depression					
BGP 08 Depressive mood					
BGP 09 Suicidal thoughts					
BGP 10 Anxiety/inner restlessness					
BGP 11 Anxiety/panic attacks					



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Mental health patient (long)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 12 Grief					
BGP 13 Being able to express emotions					
BGP 14 Biographical disruption					
BGP 15 Autonomy					
BGP 16 Smoking					
BGP 17 Alcohol and drug consumption					



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Section autarky

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ‚none‘, 1 = ‚moderate‘, 2 = ‚significant‘, 3 = ‚high‘ and 4 = ‚very high‘; 99 = ‚unknown‘.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ‚none‘, 1 = ‚marginal‘, 2 = ‚sufficient‘, 3 = ‚good‘ and 4 = ‚very good‘; 99 = ‚unknown‘.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ‚no need‘, 1 = ‚need for monitoring‘, 2 = ‚need for action‘, 3 = ‚need for intervention‘ and 4 = ‚Crisis intervention‘; 99 = ‚unknown‘.

Self-sufficiency patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSV 01 Satisfaction with outer appearance					
BSV 02 Washing upper body					
BSV 03 Washing lower body					
BSV 04 Incontinence care					
BSV 05 Showering/taking a bath					
BSV 06 Dental care					
BSV 07 Hair/nail care					
BSV 08 Putting on clothes incl. shoes					
BSV 09 Cleaning the apartment					



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Self-sufficiency patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSV 10 Eating independently					
BSV 11 Drinking independently					
BSV 12 Preparing food					
BSV 13 Shopping					
BSV 14 Preparing medication					
BSV 15 Procurement of medication					
BSV 16 Own organization of daily structure					
BSV 17 Coordinating appointments					

Medical, nursing und therapeutic care patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMP 01 General medical care					
BMP 02 Neurological care					
BMP 03 Other specialist care					
BMP 04 Nursing care					



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Medical, nursing und therapeutic care patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMP 05 Physiotherapy					
BMP 06 Occupational therapy					
BMP 07 Speech therapy					
BMP 08 Psychotherapy					
BMP 09 Information about MS (Follow-up, therapy, self-help services)					

Mobility patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMO 01 Walking within the apartment					
BMO 02 Walking outside the apartment					
BMO 03 Going up stairs					
BMO 04 Standing securely					
BMO 05 Access to individual means of transport (car, bicycle, scooter, motorcycle)					



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Mobility patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BMO 06 Use of individual means of transport					
BMO 07 Access to public transport					
BMO 08 Use of public transport					

Living patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BWO 01 Place of residence					
BWO 02 Type of apartment / house / apartment / room					
BWO 03 Access to apartment / house etc.					
BWO 04 Accessibility living and sleeping rooms					
BWO 05 Accessibility bathroom					
BWO 06 Accessibility kitchen and other premises					
BWO 07 Accessibility balcony / terrace / garden					



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Work and employment patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BAB 01 Employability					
BAB 02 Work ability					
BAB 03 Working hours					
BAB 04 Workplace arrangement					
BAB 05 Meaningful activities (e.g. volunteer work)					

Financial and social law situation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFS 01 Financial security of subsistence					
BFS 02 Financial security of care					
BFS 03 Financing of housing adaptation					
BFS 04 Financing of medical aids					
BFS 05 Social insurance agency (e.g. health insurance)					
BFS 06 Debts					
BFS 07 Old-age provision					



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Financial and social law situation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFS 08 Being able to represent legal interests themselves					
BFS 09 Recognition of (severe) disability					
BFS 10 Other social law needs (e.g. custody)					



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Section social situation and participation patient

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.

Social Situation und participation patient (brief)					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSP 01 Involvement of family and friends					
BSP 02 Role as e.g. partner, child, parent, friend					
BSP 03 Pursuing hobbies/interests					
BSP 04 Cultural/social/political participation					
BSP 05 Spiritual/pastoral support					

Communication patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKO 01 Use of computer/tablet/smartphone					
BKO 02 Use of mobile/telephone					



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Communication patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKO 03 Access to information media (internet, television, newspapers)					
BKO 04 Writing, reading, listening					

Social inclusion patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BSE 01 Feeling like they belong					
BSE 02 Concern for family/relatives					
BSE 03 Maintaining friendships					
BSE 04 Participation in events with family/friends					
BSE 05 Being a parent, son, daughter, friend					
BSE 06 Being a partner					
BSE 07 Love and sex life					
BSE 08 Family planning, access to contraceptives					



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Social and political participation patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BGP 01 Participation in neighborhood/club life					
BGP 02 Access to educational opportunities (e.g. adult education center “VHS”)					
BGP 03 Political participation (right to vote, demonstrations)					

Recreational activities patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BFG 01 Sufficient leisure time					
BFG 02 Pursuing hobbies/interests					
BFG 03 Doing sports					
BFG 04 Use of cultural events (cinema, theatre, concerts)					
BFG 05 Going on vacation					

Religion and spirituality patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BRS 01 Opportunity to express religion/spirituality					



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Religion and spirituality patient					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BRS 02 Contact with spiritual/pastoral support					
BRS 03 Finding own spirituality/religion					

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4 = very good: Caregiver recognizes a great number of abilities, strengths or capabilities within themselves and/or their environment which can make a specific contribution to problem-solving and can be used quickly.

Need: The Case Manager will assess the needs for an intervention which results from comparing and weighing the problem and resources, without determining them mathematically. This assessment can also be made throughout the follow-up assessment.

0 = no need: There is no need for an intervention as no problem has been identified or the problem can be solved by means of existing resources.

1 = need for monitoring: There is a problem that can widely be overcome with existing resources. It should regularly be checked for changes as external support may be useful or necessary at times.

2 = need for action: There is a problem that requires additional resources to be (re)developed in order to deal with it. External intervention is necessary.

3 = need for intervention: There is a problem which basically requires resources to deal with it. External intervention is necessary, otherwise there is a high risk for the situation to worsen.

4 = crisis intervention: Immediate intervention is required to prevent or respond to an escalation of the situation. The assessment must be discontinued and can only be continued once the situation has stabilized.

¹Enter a value from 0 to 4 to indicate the *severity of the problem*, where 0 = ,none', 1 = ,moderate', 2 = ,significant', 3 = ,high' and 4 = ,very high'; 99 = ,unknown'.

²Enter a value from 0 to 4 to indicate the *manifestation of the resource*, where 0 = ,none', 1 = ,marginal', 2 = ,sufficient', 3 = ,good' and 4 = ,very good'; 99 = ,unknown'.

³Enter a value from 0 to 4 to indicate the *need*, where 0 = ,no need', 1 = ,need for monitoring', 2 = ,need for action', 3 = ,need for intervention' and 4 = ,Crisis intervention'; 99 = ,unknown'.



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Physical health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BKB 01 Physical diseases					
BKB 02 Physical burden due to care					

Mental health caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BPB 01 Emotional burden as caregiver					
BPB 02 Mental diseases					

Autarky caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBS 01 Housekeeping (shopping, cleaning, etc.)					
BBS 02 Organization (e.g. appointments)					
BBS 03 Mobility					
BBS 04 Living					
BBS 05 Work					
BBS 06 Financial protection					



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Social involvement and participation Caregiver					
Content	Problem ¹	Resource ²	Need ³	Goal	Comment
BBE 01 Family involvement					
BBE 02 Maintaining friendships					
BBE 03 Role as e.g. partner, child, parent, friend					
BBE 04 Pursuing hobbies/interests					
BBE 05 Cultural/social/political participation					
BBE 06 Spiritual/pastoral support					

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12.5 Evaluation of participation

Please let the patient estimate to what extent his/her participation has been realized.

To what extent is this statement true?	0 = very little 1 = little 2 = moderate 3 = much 4 = very much	Comments
My wishes have been realized.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I choose the service providers.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I felt relieved by the implementation of actions.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I choose the actions.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I have a say.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
My values and ideas are taken into account.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
The level of support I receive is appropriate.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I live a self-determined life.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
I feel relieved.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	



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12.6 Reasons for deviation from goal achievement

Please enter here, using the numbering of the goals listed in 3.3, what has led to deviations from the respective goal, if this was the case. Multiple answers are possible. Document this for goals that have not been achieved only (goals achieved are documented in 5.2.). If there is not enough space in the table, the supplementary sheet "Deviation from goal achievement" (see appendix) can additionally be used.

Goal code:										
Health condition changed / declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual action not delivered well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation problems with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual action not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual action not accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation / Care & Case Management terminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCM competencies were not sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (text entry)										
Not specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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12.7 Dispensation

Patient and caregiver will be told that the CCM study is finished by the end of 12 months, even though not all goals may have been achieved. In order to ensure sustainable support, a list of the lasting cooperation partners will be created in 12.7.1.

12.7.1 Lasting cooperation partner

Please enter here the cooperation partners for the patient and caregiver remaining after the end of the study CCM. A copy of the list will be given to the patient and caregiver.

Cooperation partner	Specific person	Contact information	Order / information	Comment

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Cooperation partner	Specific person	Contact information	Order / information	Comment