HPSNZ GUIDANCE FOR SPORTS: DEVELOPING YOUR CASE MANAGEMENT PROCESS

HIGH PERFORMANCE SPORT NEW ZEALAND

In elite sport, **case management** is a structured way of **coordinating aspects of an athlete's care and performance support** aligned to individual performance plans (IPPs) – especially relevant (but not exclusively) when situations are complex (e.g., injury, illness, mental health support, return-to-play, safeguarding). The purpose of this guidance is to assist sports when creating their case management process for TAPS athletes, to promote coordinated, athlete-centred planning and delivery of interdisciplinary team (IDT)[1] support to optimise performance, health, and wellbeing.[2]

What sports need to consider: Action steps	Who should be involved
Policy/process considerations: **Prepare and share your process:** Consider who has case management experience within your organisation and can provide input to developing your process. Share your case management process with relevant parties so you are prepared for emergent issues (e.g., injury, illness). **Managing escalation:** Ensure appropriate escalation mechanisms are established and enacted (e.g., in cases of disagreement or lack of alignment related to decision-making for athlete care).[3] **Data storage:** Ensure you are safely storing athlete information. **Process review:** From time to time, sports should review their case management process and update/revise as needed.	• Sports are accountable for case management and should identify Who should be involved as part of the IDT. Careful consideration should be given to ensure all appropriate providers and stakeholders are included. • Clarify the team – e.g., **IDT lead, IDT Core[4] and IDT Informed** – *IDT Lead* typically owns the case management process. They need to have sufficient context and knowledge to drive the process, coordinate follow up care, maintain records, and facilitate and confirm decision-making – *IDT Core* includes subject matter experts and those providing direct service support – *IDT Informed* represents those who need to be aware of certain information but not engaged in decision-making • Consider the **organisational resources** of your sport: What type of support do you have readily available, and what is each person's current caseload/workload? • Consider the **technical skillset** of your sport's workforce and then conduct a gap analysis: Where are your strengths? And where might you need additional people/resources to close gaps? • Consider the available **external support**: Do you have a list of external providers' details who you can readily refer to when needed? • Consider the communication skills of your stakeholders: Do they need support and, if so, How will this be provided and by Whom? • Consider establishing your own **RACI IDT Process Diagram** that aligns with your organisational structure to support athlete health and wellbeing. Who is Responsible, Accountable, Consulted and Informed (RACI), and for What specifically?
Implementation considerations: **Privacy/confidentiality:** Use and share information about TAPS athletes only in accordance with the Athlete Privacy Statement. This means information should only be shared on a "need to know" basis, and athlete consent is usually required prior to sharing "Clinical Information" as defined in the Statement outside of the health team, except for in limited circumstances (e.g., health and safety, serious risk of harm).[3] **Athlete consent:** Ensure practitioners seek athlete consent to share aspects of their case that are relevant to the group, in a manner that respects athlete privacy, yet enables the group to have sufficient context to make decisions. **Informed decision-making:** Carefully consider What and How to share, to promote thoughtful decisions for athlete health and performance. Every reasonable effort should be made to include athletes in decision-making processes. **Ongoing health, wellbeing and performance review:** Case management meetings should occur with appropriate frequency to ensure discussions and actions reflect health, wellbeing and performance progression. **Artificial intelligence (AI):** Responsibility for athlete case management plans rests with the multidisciplinary team and relevant practitioners, not AI systems. AI may be used only in accordance with organisational policy and approved tools. Any AI-generated content must be reviewed, verified and approved by a human practitioner before being relied upon or incorporated into a case management plan. Sensitive athlete information, including health information, should not be entered into unapproved AI tools because doing so may compromise athlete privacy and confidentiality, expose personal information to third-party providers, and create risks that cannot be adequately managed or overseen by the multidisciplinary team.	

1 Interdisciplinary teams (IDTs) might also be known as multidisciplinary teams (MDTs), tight teams, etc.
2 This guidance document was designed to support sports when developing case management processes for TAPS athletes, and there may be unique considerations for non-TAPS athletes.
3 In cases where crises emerge, these should be managed via sports' critical incident communication plans.
4 The IDT Core typically comprises those who are Responsible in terms of the RACI model.