

focus on

Serious Injury Care

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Working together for smooth transitions

For many people who have sustained a serious injury, making the transition from the safe, supportive environment of a hospital or rehabilitation centre to the community is a challenging process fraught with uncertainty and emotional turmoil. Careful planning and collaboration among a patient's health care professionals, as well as the active involvement of patients and their families, are the keys to a less stressful transition.

"Each case is unique – each individual, their environment, their social situation, all of that has to be considered," says Lori Cockerill, Program Manager, Health Care Services, at WorkSafe BC, the workers' compensation board in British Columbia.

"When you start transferring back into the community, it becomes very complex, and it's not the same in every jurisdiction," adds John Steeves, Founding Director of ICORD, a multidisciplinary research centre in Vancouver that is dedicated to providing solutions for spinal cord injuries. "Sometimes, people don't go home, but transition to an outpatient facility that's able to best serve their daily needs. For example, if someone came from a very remote, small community with limited accessibility for people with physical disabilities, it may be better to stay in an urban setting. Sometimes, renovations to the person's home are necessary. These are among the many considerations to deal with during the inpatient rehabilitation period."

The team approach begins in the institutional setting. Typically, in addition to an attending physician (often a physical medicine or rehabilitation specialist, also known as a physiatrist), patients are assigned a case manager or social worker, who finds ways to meet their needs in the community. The case manager also liaises with any agencies that are involved, such as government agencies, workers' compensation boards and private insurers. Other health professionals, such as physiotherapists, are involved as needed.

At WorkSafeBC, case management teams include a case manager, a team assistant, a medical advisor, a nurse advisor, a psychology advisor and, for severely injured clients, physiotherapists and occupational therapists acting as advisors.

One of the greatest benefits of the team approach is that each health care professional offers expertise and experience in a specific area. "The individual with a physical disability needs a whole panorama of care that can't be provided by any one individual," says Steeves. "The team approach is really incredible – it allows people to become very sophisticated in their realm of activity, so the individual is getting the best care in each discipline."

Teamwork also enables faster delivery of services, says Cockerill. "At WorkSafeBC, case managers are often busy managing claim-related activities and planning the clinical strategy. They rely heavily on the



John Steeves, Founding Director of ICORD.

medical advisor for advice. The nurse advisors are often the ones who find out about hospital discharges and scramble to get services in place, especially if the patient needs an IV, wound care or supplies, or repeat visits – for example, for home care. The team assistant is often a point of contact for referrals and external providers. During the initial spike of activity, such as hospital discharge, the nurse advisor is often the person who keeps things going until the cast is off, the stitches are healed or the wound is better."

In many cases, the coordination of services is the biggest challenge of the team approach once a patient has left a health care facility. Often, patients access a service, such as home care, inpatient care or rehabilitation, but it's isolated, says Steeves. "The only person who can maintain the continuity is the individual

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accessing the services – they have to advise each team member as to what’s being provided and what’s missing. That’s not a very efficient way of doing things. It’s better to bring the team together. The more interactions, the better.”

Cockerill agrees that, for the team approach to work, effective communication



Lori Cockerill, Program Manager, Health Care Services, at WorkSafe BC.

is essential. “When [health professionals] stand side by side, it’s easy – not only can you see the issues, but you can chat with one another.” Outside the institution, discussions via voice mail, reports and email take longer, and misunderstandings are more likely. (To streamline the process, WorkSafeBC has introduced easy-to-read report templates, and it gives certain team members the ability to process referrals and provide supplies so these tasks are done quickly.)

Clients and their families should consider themselves part of the health care team. Cockerill recommends keeping the lines of communication with the case management team as open as possible, and understanding who provides which services.

As a patient recovers from injuries and adapts to life with a disability, emotional support from family and friends is vital. Steeves advises families to stay engaged in the care process. “Don’t be passive about what’s going to happen to your loved one. Read, ask questions, and become involved; otherwise, things tend to fall through the cracks, and may not be dealt with or provided in a timely fashion.”

This includes looking beyond the provision of basic needs. For example, if a

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Bayshore Home Health – a leader in serious injury home care

Bayshore Home Health is a Canadian-owned company and has been a trusted provider of home and community care services since 1966. It operates more than 40 home care offices and 20 community care clinics nationally, and works with many organizations that deliver specialized home care services to clients with serious injuries, including workers’ compensation boards, auto insurers, rehabilitation service providers and government care agencies. To learn more about any of the services listed below, please call 1-866-265-1920.

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patient was attending university before their injury and wants to resume studies, it’s prudent to inform the health care team and the school as soon as possible. “Be aware of things a person might want to do and how to access them. Too often, family members feel lost at sea – they wait to be told what can be done rather than saying ‘can we do this?’ The reflexive answer from the health care or social services system might be ‘no,’ and if that’s the case, you should say, ‘why not?’” says Steeves. “You don’t have to be confrontational, but be more positively aggressive about finding out why something can’t be provided, and what alternatives are available.”

Clients and families can help facilitate teamwork by keeping information for health care professionals in one place, such as a logbook or binder. “If you can compile information, include contact information, for all the different caregivers as well as financial details and patient education. That’s a huge asset,” says Chris Clark, Area Director of Bayshore Home Health’s Vancouver branch.

Every year, Bayshore provides home care to numerous clients across Canada with serious injuries, referred through hospitals and rehab facilities. Ideally, discussions about home care begin before a client leaves the inpatient setting. “We have strong teamwork between our assessment teams, schedulers and caregivers,” says Clark. “Our staff are also aware of the emotions involved, and they recognize that there is a real human picture, including the impact of the injury on a client’s family.”

For long-term care, continuity of caregivers is very beneficial. Bayshore strives to provide consistency as well as emotional support. “Finding the right people can take time – there has to be a true connection and a human bond,” says Clark, adding that clients should not hesitate to provide feedback. “We welcome the opportunity to find that match, because it’s better for our workers, our clients and their families.”

Resources

Organizations that assist people with disabilities, such as paraplegia associations and brain injury associations, are excellent resources. Services may include education session, information on accessing services, peer counselling and support groups, career and education support, outpatient clinics and advocacy. To find provincial and national disability organizations, consult your case manager or visit Access Guide Canada at abilities.ca/aggc.

Wheelchair users needed for research study in Vancouver

The Rehabilitation Sciences Research Graduate program at the University of British Columbia is conducting a study about confidence with wheelchair mobility. You are invited to take part if you use a manual wheelchair and live in the community. A stipend will be provided. For more information or to take part in this study, please call Paula Rushton at 604.737.6311.