BEST PRACTICES FOR HOSPITAL SOCIAL WORKERS & TRANSITIONAL CARE COORDINATORS RE: SAFE & EFFECTIVE DISCHARGE PLANNING

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Introduction

Trauma hospital workers do an exceptional job helping patients and their families following a trauma.

But what happens after the in-patient period? Do patients always return to a safe home environment with care supports in place and rehabilitation coordinated?

What more can be done to ensure the patient's safe return home and the continuity of rehabilitation post-discharge?

This panel's presentation will look at the challenges associated with effective discharge planning and will suggest some best practices to help address some of those challenges.

1) Challenges for an Effective Discharge

As a preliminary step, the panel attempted to understand the scope of the problems and challenges associated with effective discharge planning.

The panel felt that the issue of effective discharge planning must be considered from the perspective of all interested parties including: patients and their families, hospital staff, private healthcare providers and advocates for injured persons.

The panel decided to gather information by circulating a survey to our network of contacts and colleagues. The goal was to gain a deeper understanding of the perceived hurdles associated with effective discharge planning from hospital following a trauma.

The survey was completed by dozens of hospital providers, private health practitioners, former patients, family members of former patients and their advocates.

The questions asked on the survey were:

> *What do you believe are the most significant current challenges/problems in relation to safe, efficient and smooth discharge from hospital following a trauma? And, do you have any suggestions to any of the problems/challenges you have identified?*

The questions were intended to allow respondents to identify the problems and to suggest solutions in order to provide this panel with rich material for this discussion.

Findings re Discharge Challenges

The results of the discharge challenge survey were gathered and categorized.

While a comprehensive summary of the survey results is attached at Tab B to this paper, the panel has identified four main discharge problems, namely:

a) Information;

b) Communication;

c) Coordination; and,

d) Execution.

Each of these four problems is explained further below.

a) Information

The results of the discharge challenge survey identified concerns with the information that was being provided to patients.

Patients and their families expressed:

- a lack of an understanding of the in-patient hospital services;
- a minimal understanding of the discharge timing and possibilities;
- confusion over legal rights and how to access any available benefits; and,
- an interest in more information about the injuries.

Verbal discussions about key issues were reported as inadequate since multiple family members wanted the same information and since absorbing the information was difficult when still dealing with the shock of the incident and its subsequent impact.

b) Communication

Lack of communication was overwhelmingly identified as the most commonly reported barrier to effective and safe discharge from hospital.

Many people reported regular breakdowns in communication between the various interested parties—the hospital team, the patient, their family, involved community providers, the personal injury lawyer and the insurer. The communication breakdowns between the team were causing discharge delays as well as generalized frustration and confusion.

Notoriously, there were frequent misunderstandings related to who was supposed to facilitate each of the key discharge related tasks.

c) Coordination

With problems identified with information and communication, it is no surprise that the issue of coordination of services was identified as a discharge hurdle.

Many people identified delays in discharge as a key problem. The delays were customarily related to the lack of timely coordination of home inspections and the inability to secure all of the necessary equipment.

Commonly, there was confusion over what information was required to complete the insurance forms and who was submitting the required forms needed to implement the discharge plan.

d) Execution

With mounting pressure to shorten length of stays at hospital, many people identified limitations in resources as a major problem impacting the execution of a safe and effective discharge plan.

The reduced accident benefits were noted as a problem that enhanced pressure on hospital services. As well, changes to the legislation have left many providers uncertain as to what in fact a client is entitled to receive. Language and transportation issues were also noted as ongoing concerns impacting execution.

Lastly, when the discharge plan was ready to be implemented, problems with payment for equipment and other necessary items were repeatedly referenced as a roadblock to implementation.

Conclusion re Discharge Challenges

The results of the discharge challenge survey made it clear that, while the hospital trauma workers and the private care providers (OT, case manager, etc.) understood what needed to be done to ensure a safe and effective discharge, there was typically confusion over who was facilitating some of the crucial discharge planning initiatives, and how those initiatives can be addressed in keeping with any hospital policies restricting third party referrals.

2) Best Practice Discharge Planning Guideline

Noting the intertwined problems of communication, information, coordination and execution, the panel sought to develop some Best Practice Guidelines.

Some of those solutions include:

a) Providing Useful Written Information;

b) Providing and Helping Complete Insurance Forms;

c) Ensuring a Team is Assembled; and,

d) Conducting Inclusive Team Meetings

Each of those solutions is discussed in more detail below.

It is important to note that many of the recommendations below, like making OCF (accident benefit claim) forms available, should not be controversial in the least and should in no way conflict with internal hospital protocol.

a) Providing Useful Written Information

Because the family is already dealing with the shock of an injury to their loved one, and all of its many significant ramifications including serious financial consequences, patients and their families need to be given written information. The written information can be reviewed at their leisure and can be shared with other members of their family.

There are a number of areas that have been identified as areas where information was felt to be lacking. As a result, the following is suggested as information that should be provided in written form wherever possible:

1) Hospital Information Brochure - provide a written brochure with details about the hospital's in-patient services. The document should set out what is provided and what to expect regarding discharge possibilities and timing.

2) Injury Resources - provide a document that directs patients and their families to useful online information or to books/publications about their injuries.

3) Rights Brochure - provide a What You Need to Know About Your Rights brochure summarizing a patient's legal rights, outlining the benefits available, setting out the key deadlines, providing

information about how to access benefits and the need to notify insurers (with caution in doing so), and about keeping a visitation log along with receipts.

4) A Guide to Hiring a Qualified Personal Injury Lawyer - provide an outline that dispels the fear of consulting with a lawyer (i.e. no cost, no obligation), and provides useful information about how to hire a qualified personal injury lawyer - one with objectively validity credentials such as being Certified by the Law Society of Upper Canada as a Specialist in Civil Litigation {note that some other objective criteria would include recognition by their peers as a personal injury expert in Lexpert and/or Best Lawyers in Canada and being associated with a Top 10 Personal Injury Law Firm in Canada according to Canadian Lawyer Magazine}.

5) Provide Information about how to Find Private Providers—provide links to resources that will allow patients and their families to find qualified providers based on their experience, geography and language skills {for example, where the hospital allows it, reference can be made to the Trauma Resource Directory at www.traumaresourcedirectory.com—a free yellow pages type directory for all service providers in Ontario that is searchable by experience, geography and language skills—and while the website is maintained by Thomson, Rogers anyone can register in the directory at no charge}.

b) Providing and Helping Complete Insurance Forms

To open up an accident benefit file, the insurer must be sent an Application for Benefits (OCF1) and a Disability Certificate (OCF3). While completion of the Application for Benefits (OCF1) is entirely in a patient's control, the Disability Certificate (OCF3) is not.

The Disability Certificate (OCF3) is to be completed by a treating health practitioner and, when a patient is an in-patient at a trauma hospital, that task should ideally be addressed by the hospital while the patient is an in-patient.

The hospital might implement a review of how they assist patients in completing a Disability Certificate (OCF3). It is extremely problematic to discharge someone without providing them with a completed Disability Certificate (OCF3)—it causes major delays in treatment and can result in patients slipping through the cracks.

Also, and often most importantly, a completed OCF19 (Catastrophic Impairment Application) should be completed whenever possible (i.e. when there is a recorded GCS of 9 or less, where the patient is paraplegic/quadriplegic or where there has been a loss of a limb). Note that this document is crucial to accessing enhanced benefits in a timely manner and that the application can really only be completed by the hospital physician as the hospital is the only one with access to the necessary supporting documents at that time.

All of the OCF forms are available on the publically accessible website operated by the Financial Services Commission of Ontario at: www.**fsco**.gov.on.ca

In terms of best practices the following is suggested:

1) Provide the patient and their family with the standard OCF forms (OCF1—the Application for Benefits, and ideally the OCF2—Employer's Confirmation Form that they should give to their employer for completion) - explain they must complete and submit the OCF1 as soon as possible to avoid benefit delays and they can consider asking a qualified personal injury lawyer for guidance and assistance.

2) Complete an OCF 3 (Disability Certificate) - have the patient sign the form and have it completed (by the treating hospital physician, nurse-practitioner, etc.). Send it in to the insurer directly and provide the patient with a copy to give to their personal injury lawyer/team. Where the hospital is simply unable to complete it, they should make sure that proper directions are provided to patients on how to get it completed and the importance of doing so.

3) Complete an OCF19 (Catastrophic Impairment Certificate) wherever possible - have the patient sign it and have it completed by the treating physician. Send it in to the insurer directly and provide the patient with a copy to give to their personal injury lawyer/team. Where the hospital is simply unable to complete it, they should make sure that proper directions are provided to patients on how to get it completed and the importance of doing so.

c) Ensuring a Team is Assembled

The key to effective discharge planning is ensuring a seamless transition of care at all discharge junctions. This will ensure that there is a safe home environment and continuity of rehabilitation following discharge.

A private team will manage everything post discharge, so the key is involving a team early on to support the transition and to be involved immediately post-discharge.

In terms of best practices, the following should be considered:

1) Involve a Qualified Personal Injury Lawyer from the outset - encourage the family to consult with a qualified personal injury lawyer. The patient should be told that a qualified personal injury lawyer will meet them free of charge and with no obligation to simply explain their rights and discuss how they may be able to assist them. The lawyer will not ask for payment until a settlement is reached and will only be paid a fraction of any settlement. Where possible, help them find someone qualified and experienced, and encourage them to ask certain key questions about the personal injury lawyer's experience, etc.

2) Explain and assist patient to access private providers - explain to the family that they should engage a private occupational therapist to conduct a home safety inspection (at the insurer's expense), and that they should locate suitable private health providers to provide treatment in accordance with the recommendations within the discharge report (again at the insurer's expense). In circumstances where a catastrophic impairment application is made, advise patients of their right to select a private case manager, rather than being assigned a case manager by their insurer. It is unrealistic to assume the family doctor will help them follow through on all of the discharge recommendations.

d) Conduct Inclusive Team Meetings

Once a team is assembled, make sure they are all aware and are invited to the team meetings. Provide them with as much notice as possible.

In terms of best practices, with permission of the patient:

1) Coordinate the timing of the team meeting in consultation with the family;

2) Invite the private providers to the team meeting (as long as the patient and the family have consented to this involvement);

3) Welcome the patient's personal injury lawyer at the team meeting;

4) Provide a written discharge summary setting out the recommendations in a flexible manner that contemplates changes, including deteriorations, in health and care needs post-discharge; and,

5) Organize another team meeting if the discharge plan is altered in a significant way.

Checklist and Critical Path Documents

In an effort to provide a summary of some of the key items to consider improving communication, information, coordination and execution, the panel has prepared the attached Checklist (at Tab C). The checklist should be used as a guide to remind you to consider certain issues when dealing with a new patient.

To assist hospital workers in communication challenges the Panel has put together the attached Critical Path re Communication (at Tab D) document outlining some suggestions on effective communication protocol.

Lastly, to summarize how to best assist patients with motor vehicle rights, the panel has provided the attached Critical Path document (at Tab E) setting out a roadmap to follow to assist accident victims following a motor vehicle accident.

Conclusions

With added pressure to reduce the length of hospital stays and with reduced benefits, hospital trauma workers and the private healthcare community must collaborate from the early stages of treatment to facilitate an effective and safe discharge.

The private team, including a qualified personal injury lawyer, should be coordinated and involved as soon as possible so that they can participate in hospital discharge planning. Doing so, will improve patient satisfaction and will have favourable impacts on a patient's rehabilitation.