Lifetime SUPPORT

case study C S 3

William's Story

William is a 78 year old man who sustained a traumatic brain injury after being involved in a motor vehicle accident.

Due to the nature of William's injuries he was airlifted to the Royal Adelaide Hospital where they discovered he had a bleed on the brain. William had to have a number of surgeries including surgery to drain the blood from his brain.

The hospital identified that as a result of the brain injury William was likely to be eligible for the Lifetime Support Scheme (LSS). The hospital social worker contacted the Lifetime Support Authority (LSA) to advise.

Application

The LSA Lead Service Planner went to the hospital to meet with William's wife Dianne, who was making the decisions for William, as he was unable to. The Lead Service Planner explained to Dianne what the Scheme was and completed an application form with her.

The LSA sought information from the police reports to confirm the car accident and the medical team provided medical information to confirm eligibility. William was accepted as an interim participant of the LSS. From the date of acceptance the LSS began funding William's hospital care including any medical investigations and pharmaceuticals required.

Hospital & Rehabilitation

A Service Planner was allocated to William. Dianne and William live in regional South Australia so the Service Planner assisted Dianne to source some accommodation to stay nearby William to provide therapy support. She initially found it challenging to understand his brain injury and what to expect. A support and information session was also arranged.

The Service Planner maintained regular contact with Dianne and assisted to facilitate access to a bed at a specialty inpatient brain rehabilitation unit. Once William was transferred to rehab his Service Planner kept in contact with him, Dianne and the treating rehabilitation team.

William's Story

To assist William's rehabilitation and eventual discharge, the Service Planner arranged the following:

- Equipment – shower chair, walking stick, technology to use a memory aid.
- Home modifications – rail at front door (3 steps).
- Attendant care – assistance with personal care (showering and dressing), assistance completing the therapy directed exercises from the speech therapist, occupational therapist and physiotherapy.
- Transport – reimbursement for travel and taxi to appointments relating to the motor vehicle injuries (MVI).
- The Community rehab team to continue therapy once home.

1st Year Home

Once William discharged home his Service Planner visited him within a few days to review the arrangements in place. William had daily attendant care to assist him with personal care, meal preparation and with daily organisation and planning. The following week William commenced community based rehabilitation including speech pathology, occupational therapy, physiotherapy and psychology. The following additional services were also provided:

- Gardening and home maintenance activities.
- Counselling and education for his wife Dianne.
- GP consultations relating to the MVI.
- Rehabilitation specialist consultations.
- Pharmaceuticals and continence consumables.
- Pre-screen for driver assessment.
- Mobility scooter.
- Smart phone for memory strategies and prompting.
- Taxi vouchers and reimbursement for travel in wife's car to and from appointments relating to MVI.
- Neuropsychologist and geriatrician assessment.
- Fall and balance group exercise class at local aged care facility.

Ongoing Treatment, Care and Support

William's rehabilitation services eventually ceased as William's recovery slowed, however he did receive further bursts of therapy intervention as required in the future.

He was reassessed after 2 years with LSA and was found to be eligible for Lifetime Participation in the Scheme. William had regained independence with some personal care and light domestic gardening tasks, however continued to receive assistance with main meal preparation. As William aged the Service Planner assisted accessing aged care services to also support him to continue living in his own home and to support William with some heavy cleaning and gardening.

William's attendant care increased as Dianne had become unwell and required care herself. Dianne was providing support to William driving him to and from his community activities. It was important to William and Dianne that he could continue these activities for example attending his local bowls.

Other examples of treatment care and support included:

- Psychology intervention.
- Occupational therapy to support return to leisure and volunteer activities.
- A burst of physiotherapy to assist with goal to return to lawn bowls.
- Ongoing attendant care.
- Equipment repairs and maintenance.