

February 14, 2012

SOCIAL WORK CASE MANAGEMENT IN VA POLYTRAUMA REHABILITATION CENTERS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy on social work case management in Polytrauma Rehabilitation Centers (PRC).

2. BACKGROUND

a. The Department of Veterans Affairs (VA) offers specialized expertise in the care of patients with multiple trauma at VA PRCs located at the Minneapolis VA Health Care System, Minneapolis, Minnesota; Hunter Holmes McGuire VAMC in Richmond, Virginia; James A. Haley Veterans' Hospital in Tampa, Florida; VA Palo Alto Health Care System in Palo Alto, California; and Audie L. Murphy VA Hospital in San Antonio, Texas. PRCs provide comprehensive rehabilitation services, and specialized case management to active duty Servicemembers and Veterans who have experienced Polytraumatic injuries.

b. Polytrauma is defined as two or more injuries to physical regions or organ systems, one of which may be life threatening, resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. Traumatic Brain Injury (TBI) frequently occurs in Polytrauma in combination with other disabling conditions.

c. Polytrauma social work case managers (SWCM) provide care coordination for Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Servicemembers and Veterans with Polytrauma and TBI at the PRCs. Due to the clinical and psychosocial complexity of this population, the Polytrauma SWCM serves as the Lead Case Manager and must comply with Polytrauma program procedures. When the patient is discharged from rehabilitation care at the PRC, follow-up case management needs are identified and the responsibilities are transferred to the appropriate VA or Department of Defense (DOD) case manager, as necessary.

d. The active involvement of the families of Servicemembers and Veterans treated at the PRCs is crucial to successful treatment and rehabilitation. Support of the Servicemembers, Veterans, and families requires SWCMs to coordinate comprehensive services, facilitate communication with multiple providers and stakeholders, and provide direct clinical social work services.

3. POLICY: It is VHA policy that each PRC must provide social work case management services for OEF, OIF, and OND Servicemember and Veteran Polytrauma patients, at a ratio of one SWCM for no more than six OEF, OIF, or OND Servicemember or Veteran Polytrauma inpatients and their families.

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4. ACTION

a. **Facility Directors.** The facility Director at each VA facility with a PRC is responsible for:

(1) Assigning sufficient social work Full-time Equivalents employees to allow one SWCM for no more than six OEF, OIF, or OND Servicemember or Veteran Polytrauma inpatients.

(2) Ensuring the SWCM meets the qualifications for the assignment as defined in VA Handbook 5005, Part II Appendix G39, Social Worker Qualification Standard GS-185 Veterans Health Administration.

(3) Ensuring that social work case management coverage is provided 24 hours a day, 7 days a week, through the use of an on-call cell phone system.

(4) Ensuring that SWCMs assigned to OEF, OIF, or OND Servicemember or Veteran Polytrauma patients have no other assignments, and are not responsible for any additional patients beyond a combination of six Servicemember or Veteran PRC inpatients.

b. **Facility Social Work Chief or Executive.** The facility Social Work Chief or Executive at each VA facility with a PRC is responsible for:

(1) Assigning SWCMs to the PRC, using the ratio of one SWCM for every six OEF, OIF, or OND Servicemember or Veteran Polytrauma inpatients. In care line organizational structures, Social Work Executives must work closely with care line managers to assign SWCMs to meet the required ratio.

(2) Ensuring SWCM receive appropriate orientation and demonstrate identified abilities, knowledge and skills required for social workers, as well as the competencies and education specific for Polytrauma social work case management for the OEF, OIF, and OND population (see Att. A, Att. B, and Att. C).

(3) Maintaining and implementing an afterhours SWCM on-call system, including scheduling SWCMs who have knowledge of, and expertise in, Polytrauma rehabilitation and issues related to the transfer and treatment of Polytrauma patients receiving care or being referred to the PRC.

(4) Ensuring there is ongoing evaluation of the effectiveness of Polytrauma social work case management at the PRCs. Areas of assessment may include satisfaction with care, psychosocial acuity, access to benefits, bi-directional communication with Interdisciplinary Teams (IDT), discharge planning, and family support services.

c. **Facility Social Work Case Managers (SWCM) in PRCs.** Facility SWCMs in PRCs are responsible for:

(1) Serving as the Lead Case Manager and must comply with Polytrauma program procedures.

(2) Communicating with the VA Liaison for Healthcare or military case manager, or the appropriate contact at the referring facility, regarding the transfer of Polytrauma patients to the

VA PRC.

(3) Making initial contact with the Polytrauma patient and the patient's family prior to transfer to the VA PRC. If the family intends to accompany the patient, the SWCM must assess the immediate psychosocial needs of the family and coordinate logistical arrangements such as childcare, family medical, Fisher House, or other lodging, and transportation arrangements. The SWCM must also attempt to schedule a videoconference with the PRC team, the patient, and the patient's family prior to transfer, when necessary.

(4) Documenting patient related demographic information in the Care Management Tracking and Reporting Application, an electronic database providing a means to identify and track severely injured and ill OEF, OIF, and OND Servicemembers and Veterans.

(5) Meeting with the Polytrauma patient and the patient's family on the day of admission.

(a) Patients and the patients' families must be provided the following orientation information: written materials, including local resources; a tour of the facility, bed unit, and therapy clinics; introductions to members of the IDT and instructions for how to reach the on-call SWCM after hours.

(b) If a Polytrauma patient is scheduled for admission after hours, the SWCM must contact the patient and the patient's family upon admission to ensure that the transfer arrangements went smoothly, and that the patient and family's immediate needs are being met.

***NOTE:** A face-to-face meeting with the Polytrauma patient and the patient's family on the first day of the Polytrauma patient's admission is recommended. On-call SWCM need to exercise clinical judgment regarding the need for face-to-face after hour contact and case management services.*

(6) Completing a comprehensive psychosocial assessment of the Polytrauma patient and the patient's family.

(7) Developing a treatment plan in collaboration with the patient, the patient's family, and the interdisciplinary PRC treatment team.

(8) Providing clinical services, such as: individual, family, grief, and adjustment counseling and coordination of family meetings.

(9) Having daily contact and providing ongoing case management services to the Polytrauma patient.

(10) Offering supportive services to Servicemembers, Veterans, and families, which requires the SWCM to coordinate comprehensive services, facilitate communication with multiple providers and stakeholders, and provide direct clinical social work services.

(11) Serving as liaison between the patient and the patient's family and multiple providers and stakeholders.

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(12) Acting as an advocate for the patient and the patient's family.

(13) Assessing caregiver support needs and making appropriate referrals to the facility Caregiver Support Coordinator.

(14) Linking the active duty Servicemember and the Servicemember's family with the military liaison assigned to the PRC. The SWCM:

(a) Communicates regularly with the military case manager and the appropriate contact responsible for the patient. Communication also takes place with DOD, VA, and other stakeholders involved in the patients care. Persons involved may include Federal Recovery Coordinators, Recovery Care Coordinators, or points of contact from Army Wounded Warrior, Navy Safe Harbor, or Wounded Warrior Regiment.

(b) Coordinates with the appropriate POC from Veterans Benefits Administration (VBA) during the course of care. This may include initiating a benefits application, accessing housing and automobile grants, and coordinating for VBA education.

(15) Effectively transitioning the Polytrauma patient from the PRC to the receiving military or VA system of care facility by coordinating the transition to the:

(a) Military case manager, if the patient is discharged to a DOD or military treatment facility.

***NOTE:** The military case manager serves as the primary case manager.*

(b) Appropriate Polytrauma contact at the Polytrauma Network Site, Polytrauma Support Clinic Team, Polytrauma Point of Contact and OEF, OIF, and OND Care Management Program, if the patient is discharged within the VA Polytrauma System of Care.

1. The local VA care team determines who leads case management responsibilities at the receiving VA facility based upon the recommended focus of care.

2. Upon transfer to another facility, the case manager at the target facility is identified; the patient's case manager's name is documented in the discharge summary and provided to the patient and the patient's family prior to discharge.

(16) Ensuring that each patient requiring follow-up rehabilitation services has an Individualized Rehabilitation and Community Reintegration Care Plan, which is communicated to the patient and family. The plan of care is to include follow-up goals for medical and rehabilitation care, home care needs, equipment and supplies, prosthetic and orthotic equipment, psychosocial needs, and special instructions for ongoing care. This also includes:

(a) Coordinating with other existing VA or DOD teams involved with Servicemembers or Veterans care plans for consistency across the care plans.

(b) Communicating the discharge plans and treatment recommendations to the receiving treatment facility and appropriate VA/DOD stakeholders.

- (c) Providing a summary plan of care in writing for the Polytrauma patient and the patient's family.

5. REFERENCES

- a. Public Law 111-163, Section 101, Caregivers and Veterans Omnibus Health Services Act of 2010
- b. VA Handbook 5005/23.
- c. VHA Handbook 1010.01.
- d. VHA Handbook 1010.02.
- e. VHA Handbook 1110.01.
- f. VHA Handbook 1172.1.
- g. VHA Handbook 1172.04.

6. FOLLOW-UP RESPONSIBILITY: The Office of Case Management and Social Work Services (10P4C) is responsible for the contents of this Directive. Questions may be addressed to Chief Consultant at (202) 461-7063.

7. RECISSIONS: VHA Directive 2006-043 is rescinded. This VHA Directive expires February 28, 2017.

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Under Secretary for Health

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ATTACHMENT A

REQUIRED SOCIAL WORK ABILITIES, KNOWLEDGE, AND SKILLS

1. ABILITIES. Abilities consists of the competency to:

- a. Conduct a comprehensive biopsychosocial assessment.
- b. Assess mental status and psychopathology.
- c. Provide individual, group, and family support and treatment interventions.
- d. Educate the patient and the patient's family regarding factors for optimal psychosocial functioning including: community resources, wellness, and health promotion.
- e. Engage and mobilize patient and family coping strengths and community resources.
- f. Work with a variety of professionals, agencies, and systems.
- g. Educate professional staff and community providers regarding psychosocial factors and family dynamics impacting response to treatment.
- h. Communicate and negotiate with all levels of the organization and community with documented information and recommended solutions.
- i. Identify and coordinate an array of community resources and services.
- j. Identify gaps in community resources and services.

2. KNOWLEDGE. The knowledge required consists of:

- a. Population characteristics to include cultural, ethnic, and religious diversity.
- b. Family dynamics.
- c. Knowledge and application of developmental theory and age-specific issues.
- d. Knowledge about illnesses and medications and their psychosocial sequelae.

3. SKILLS. The required skills include:

- a. Skills in oral and written communication.
- b. Skills in advocacy.
- c. Skills in counseling to facilitate life changes.
- d. Skills in conflict management and mediation.

ATTACHMENT B

**COMPETENCIES SPECIFIC FOR THE PROVISION OF POLYTRAUMA SOCIAL WORK
CASE MANAGEMENT FOR THE OPERATION ENDURING FREEDOM, OPERATION
IRAQI FREEDOM, AND OPERATION NEW DAWN POPULATION**

1. Polytrauma social work case managers need to be proficient in all areas of case management utilized in medical, surgical, primary care, and mental health settings. In addition, specialized knowledge and abilities are required, including the:

a. Ability to coordinate care for Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans between the Department of Defense (DOD) and Department of Veterans Affairs (VA). The Polytrauma social work case manager needs to be familiar with military resources used with the Polytrauma population, and should have a thorough understanding of the Polytrauma system of care including DOD and VA. The Polytrauma social work case manager should understand military active duty process issues including medical boards, Military Medical Support Office, TRICARE, and military culture (language, ranks, acronyms, etc.).

b. Knowledge required to assess and treat OEF, OIF, and OND Veterans. The Polytrauma social work case manager needs to have the ability to complete biopsychosocial assessments for returning combat Veterans including detailed military history, history of Polytrauma and treatment, assessment of Post-Traumatic Stress Disorder, grief and loss, depression, suicide risk, and substance abuse. In addition, the Polytrauma social work case manager needs to have competency in working with Spinal Cord Injury, traumatic amputation, and Visually Impaired Services Team patients, as well as knowledge of issues related to other severe injuries, such as burns and pain management.

c. Knowledge of OEF, OIF, and OND benefits. The Polytrauma social work case manager needs to be familiar with benefits available to this special population of Veterans, and be able to assist them with applying for benefits, and be able to advocate on their behalf. These benefits include, but are not limited to: military, Traumatic Injury Protection Under Servicemembers' Group Life Insurance, VA, Vocational Rehabilitation, the Comprehensive Program for Family Caregivers, Social Security, and the Americans with Disabilities Act.

d. Knowledge of OEF, OIF, and OND special issues including age-specific competency, family dynamics, and educational needs.

e. Knowledge of VA and community resources including: transitional housing, transportation, home modifications, day treatment, support groups, adaptive equipment, caregiver support services, and local, state, and Federal brain injury services.

2. Although the American Academy for the Certification of Brain Injury Specialists certification and the Case Management Certification (e.g., The Commission for Case Manager Certification) (see <http://www.ccmcertification.org/>) is recommended, the successful completion of the Veterans Health Initiatives Traumatic Brain Injury Course is required.

ATTACHMENT C

POLYTRAUMA SOCIAL WORK CASE MANAGEMENT ORIENTATION CHECKLIST

POLYTRAUMA SOCIAL WORK CASE MANAGER ORIENTATION CHECKLIST	
<p>Complete within 30 days of hire or transfer into the program by collaborating with the supervisor, co-workers and interdisciplinary team members. Education was provided on requirements and program objectives as dated and initialed below:</p> <p>Name: _____ Start Date: _____</p>	
EDUCATIONAL NEED	DATE COMPLETED
1. Overview of role of Polytrauma Social Work Case Management Mission and Vision, and Rehabilitation philosophy	
2. Tour of Polytrauma Rehabilitation Center (PRC)	
3. Polytrauma Social Work Case Management Policies and Procedures SharePoint	
4. Expectations: teamwork, use of leave time, time cards, continuing education, punctuality and timeliness, boundaries, and staff-patient relationships, professional behavior; high-profile population; understand age-based competencies of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn population; appreciation of nationally-recognized Polytrauma program	
5. Polytrauma System of Care: Inpatient Acute Rehabilitation-PRC, Regional Outpatient care-Polytrauma Network Sites; Local outpatient care at Veterans Administration Medical Centers-Polytrauma Support Clinic Teams Points of Contact	
6. Collaboration with team members and systems of communication (therapies, nursing, pharmacy, dietitian, etc.)	
7. Utilization review nurse, Clinical Nurse Specialists, Nurse Managers	
8. Roles of VA and Military Liaisons	
9. Caregiver Support Program- http://www.caregiver.va.gov/	
10. Community Resources	
11. Regulatory requirements Commission on Accreditation of Rehabilitation Facilities and The Joint Commission	
12. Traumatic Brain Injury Training	
13. Documentation requirements and time frames	
14. Functional Independence Measure	
Signature Polytrauma Social Work Case Manager Date: _____ _____ Supervisor Signature Date: _____	