

July 10, 2006

SOCIAL WORK CASE MANAGEMENT IN VHA POLYTRAUMA CENTERS

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

2. BACKGROUND

a. VHA offers specialized expertise in the care of patients with multiple traumas at VHA Polytrauma Rehabilitation Centers located at Minneapolis VA Medical Center; Hunter Holmes McGuire VA Medical Center in Richmond, VA; James A. Haley Veterans' Hospital in Tampa, FL; and the VA Palo Alto Health Care System. Polytrauma Rehabilitation Centers provide coordinated health and rehabilitation services to active duty service members and veterans who have experienced severe injuries resulting in multiple traumas, including spinal cord injuries, traumatic brain injuries, visual impairment, amputations, combat stress, and Post-traumatic Stress Disorder (PTSD). Many, if not most, of the service members and veterans treated were combat-injured in support of Operation Iraqi Freedom (OIF) and/or Operation Enduring Freedom (OEF).

b. The active involvement of families of the service members and veterans treated at the Polytrauma Rehabilitation Centers is crucial to successful treatment and rehabilitation. Support of the service members, veterans, and families requires coordination of comprehensive services and close monitoring through social work case management.

3. POLICY: It is VHA policy that each Polytrauma Rehabilitation Center must provide social work case management services for OIF and/or OEF polytrauma patients, with a ratio of one social worker case manager for no more than six OIF and/or OEF polytrauma inpatients.

4. ACTION

a. **Facility Director.** The facility Director at each VHA facility with a Polytrauma Rehabilitation Center is responsible for:

(1) Assigning sufficient social work Full-time Equivalents (FTE) to allow one social worker case manager for no more than six OIF and/or OEF polytrauma inpatients.

(2) Ensuring that after hours social work case management coverage is 24 hours a day, 7 days a week through use of a paid on-call system with cell phones.

(3) Ensuring that social worker case managers assigned to OIF and/or OEF polytrauma patients have no other assignments and are not responsible for additional patients.

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b. **VHA Social Work Chief or Executive.** The Social Work Chief or Executive at each VHA facility with a Polytrauma Rehabilitation Center is responsible for:

(1) Assigning social worker case managers to provide case management services in the facility's Polytrauma Center, using the ratio of one social worker case manager for every six OIF and/or OEF polytrauma inpatients. In care line organizational structures, Social Work Executives must work closely with care line managers to assign social worker case managers to meet the required ratio.

(2) Training social worker case managers about the psychosocial and case management needs of OIF and OEF polytrauma patients and their families and assisting the case managers in identifying VA and non-VA resources to meet those needs.

(3) Developing and implementing an after hours social worker case manager on-call system, including scheduling social worker case managers who have knowledge of and expertise in polytrauma rehabilitation and issues related to the transfer and treatment of active duty military personnel for on-call duty. The coverage pool can include social worker case managers not currently assigned to Polytrauma Rehabilitation Units, but who have expertise in working with severely-injured veterans undergoing long-term rehabilitation, such as in spinal cord injury treatment programs.

c. **Social Worker Case Managers.** Social worker case managers in Polytrauma Rehabilitation Centers are responsible for:

(1) Communicating with the VHA social worker liaison, or military social worker at the referring Military Treatment Facility, regarding the transfer of active duty polytrauma patients to the VHA Polytrauma Rehabilitation Center.

(2) Making initial contact with the polytrauma patient and the patient's family prior to transfer to the VHA Polytrauma Rehabilitation Center. If the family intends to accompany the patient, the social worker case manager assists the family in making lodging and transportation arrangements.

(3) Meeting with the polytrauma patient and the patient's family on the day of admission, or in the case of after hours admissions, on the next business day, to welcome them to the Polytrauma Center and to provide orientation about social work case management services, support services available to polytrauma patients and their family members, and community services, programs, and resources.

(a) This includes providing information about the VHA Polytrauma Call Center and how the patient and family can reach the social worker case manager after hours.

(b) If a polytrauma patient is scheduled for admission after hours, the social worker case manager should make a telephone call to the patient and/or the patient's family on the day of

admission to ensure that the transfer arrangements went smoothly and that the patient and family's immediate needs are being met.

NOTE: On-call social worker case managers should exercise clinical judgment as to when face-to-face services may be necessary after hours.

(4) Completing a comprehensive psychosocial assessment of the polytrauma patient and the patient's family.

(5) Developing a psychosocial treatment plan in collaboration with the patient, the patient's family, and the interdisciplinary Polytrauma Center treatment team.

(6) Having daily contact and providing on-going case management services to the polytrauma patient and supportive services to the family. The social worker case manager serves as liaison for the patient's family and as an advocate for the patient and the patient's family.

(7) If the polytrauma patient is on active duty, linking the patient and the patient's family with the Army and/or Marine liaison assigned to the Polytrauma Rehabilitation Center. The social worker case manager needs to communicate regularly with the Military Treatment Facility case manager responsible for the patient.

(8) Writing a detailed discharge plan in the medical record describing follow-up care and services required, to include: medical, nursing, and home care needs; equipment and supplies; prosthetic and/or orthotic equipment; psychosocial needs; and instructions for post-discharge care.

(a) The social worker case manager is responsible for sending the plan to the military treatment facility or VHA facility providing post-discharge health care services.

(b) The social worker case manager must provide easy-to-understand discharge information in writing for the polytrauma patient and the patient's family.

5. REFERENCES

- a. M-2, Part XII, Chapter 3.
- b. VHA Social Work Service Practice Guidelines: Psychosocial Assessment, Psychosocial Treatment, Discharge Planning and Current Literature, October 1994.
- c. VHA Social Work Practice Guideline #2, Social Work Case Management, September 1995.
- d. Public Law 106-419, Section 205, the Veterans Benefits and Health Care Improvement Act of 2000.
- e. VHA Handbook 1172.1, Polytrauma Rehabilitation Procedures.

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6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services, Office of Care Coordination, Social Work Service (11CCSW), is responsible for the contents of this Directive. Questions may be referred to the Director, Social Work Service at 202-273-8459.

7. RESCISSIONS: VHA Directive 2005-017 is rescinded. This VHA Directive expires July 31, 2011.

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