

Ontario Society of Occupational Therapists

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GETTING REAL: ASSESSING AND CALCULATING ATTENDANT CARE IN HOSPITAL

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Barristers and Solicitors

Real Case:

Stella

- Catastrophic Brain Injury, slow stream recovery
 - Receives insurer funded RSW, O/T and Physio in hospital
 - Reduced contractures, increased sitting tolerance
 - Increased communication skills
 - Attendant care provided by family members
 - Has daughter 21 and 2 sons (twins), 12

Case Scenario (cont'd)

Stella

Availability of Attendant Care in Hospital – NIL

Ability of patient to respond to emergency – NIL

Reliance of client on family member for comfort, safety and security and other care

- Mother
- Daughter

Initially at St. Michael's, non-responsive, moved to Bridgepoint, non-responsive, moved to Chedoke Hospital became responsive.

- Returned to Bridgepoint Hospital with in hospital private physio, private RSW and private O/T
- Able do communicate with eyes and verbally
- Limited weight bearing



Questions:

What is Stella's reality in hospital?

Can she respond to an emergency in the manner she could before the accident?

Is it necessary and reasonable that she have someone provide her with comfort safety and security?

Does she require assistance dressing?

Does she require assistance with meals?

Questions:

What is Stella's reality in hospital?

Is there a need for additional laundry to be cleaned?

Does she require assistance with exercises?

Does she require assistance for medication?

Does she require assistance bathing; with oral hygiene?

Does client require more than 24 hour care?
(2 person transfers)

Questions:

What is Stella's reality in hospital?

Does she require assistance for orthotics? (splints for contractures)

Does she require assistance in the form of supervisory care?

Does she require assistance for co-ordination of attendant care?

Does she require cuing throughout activities?

Does she require cognitive rehabilitation exercises provided by attendant?

Questions:

What is Stella's reality in hospital?

Does Hospital provide attendant care to Stella?

- No

Does OHIP provide funding for attendant care?

- No

Does Hospital receive funding under “any plan or law” to meet Stella's attendant care needs?

- No – not an “insured service” under *Health Insurance Act*

Questions:
What would Stella's reality in hospital be if private funding for attendant care and other services were not available?



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What would Stella's reality in hospital be if private funding for attendant care and other services were not available?

She would be left lying in bed with no staffing attention for twenty-two (22) of twenty-four (24) hours each day

Completing the Narrative Report after Completing Form 1 for a Person in Hospital

Sources of Information

- Family
- Nurse/Manager
- Other Hospital Clinicians

The Narrative Report: Identifying What is Available from the Hospital

“WHAT YOU SEE IS WHAT YOU GET”

NOTE If there is a budget for provision of attendant care, such a budget is not funded by the *Health Insurance Act*, or any other plan or law (SABS s. 60(2)).

Such a budget exists to the detriment to those programs from which funds are taken to be reallocated to meet short term attendant care needs

Ministry of Health Position:

Anne Utley – June 23, 2005 letter:

“Simply put, attendant care (or personal support service) is not a service provided by a nurse; is not an insured service under the HIA; is not an insured hospital service under the Act and lastly is not an OHIP insured service.”

The Narrative Report:

- 1. Attempt to identify nature of hospital interventions through records or patient care manager.**
i.e. Physio, nursing, occupational therapy, speech therapy.
- 2. Identify period of time that family members are in hospital from reported information (family) and discussion with nurse and consideration of waiting hours.**

The Narrative Report:

3. In narrative, identify actual period of time per week during which nursing or other services are provided on a one-to-one basis after considering nursing ratios.

i.e.: If ratio is 1 nurse for 12 patients, each patient has one-to-one nursing care five minutes per hour X 24 hours equals 120 minutes per day equals two hours.

The Narrative Report:

Medical Necessity for nursing = amount of nursing that has been/is being provided by the hospital.

Whether there is a medical necessity for nursing is decided by the attending physician.

As Hospitals are not funded for attendant care, the physician is making a determination about the patient's need for nursing only, on the basis of medical necessity.

The physician is not making any decision on the patient's need for attendant care ...

The Narrative Report:

...Whether there is a reasonable need for attendant care under the Form 1 is to be determined, and can only be determined by the occupational therapist who assesses the client for attendant care needs and completes the Form 1.

Retrospective Assessment of Attendant Care Needs for Clients in Hospital:

Review medical records to determine patient's level of function and needs.

Meet with Nurse Clinician or Nurse Manager to determine resources that were actually provided by hospital.

Obtain information from family members.

Include references to collateral information such as other reports dealing with function, needs.

Haimov and ING:

Arbitrator commented upon Insurer Examiner O/T's assessment:

“On Part II of the Form 1, Mr. T [insurer OT IE] allocates no time for Mr. Haimov’s inability to respond to an emergency. ...Mr. T...goes on to state

“as he is in a medical facility and is supervised, the staff will be able to handle any emergency as and when (sic) they arise”.

“Mr. T failed to appreciate the staff to patient ratio and if a nurse is with another patient, Mr. Haimov would not receive immediate nursing assistance.”

- Arbitrator M. Murray
Haimov and Ing

Lane and Economical:

See letter from Dr. Rumney:

Conclusion:

Neither OHIP nor *Health Insurance Act* provides Bloorview Rehab with funds to pay attendant care.

Any funds available at Bloorview for Attendant Care are limited, of short duration, and taken from hospital's budget funds for other services paid for by OHIP, in essence depleting the availability of other services, to meet an emergency need.

Hospital relies upon family members and insurers to meet a child's attendant care needs in hospital.

There is no "plan or law" ... "for which payment [for attendant care] is reasonably available to insured person" – s. 60(2) SABS.

FINAL QUESTION:

- When a child has been injured
- When a parent is taking off time from work to care for the child
- When the Form 1 enjoins the assessor to allocate attendant care where it is appropriate to “ensure comfort, safety and security” of injured child
- When the hospital’s emergency fund for child youth worker depletes the availability of other services to other patients in the hospital
- When the parents of the child have paid an insurance premium to purchase an automobile policy which provides for payment of attendant care benefits
- When the Form 1 is completed and a need for attendant care is identified...

...should an accident benefit Insurer fund the child’s in-hospital attendant care needs?

[Insert your answer here:]