CHALLENGES FACING TRAUMA PATIENTS AND THEIR FAMILIES

Social and Environmental Issues: Helping Patients and Families Navigate Systems of Care, Services and Benefits

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TRAUMA – IMPACT AND SUBSEQUENT SYSTEMS/SERVICES/BENEFITS

- What is Trauma?
- Who is affected by Trauma?
- Trauma in Canada – what does the data tell us?
- Trauma at the Montreal General Hospital – who are our clients?
- Trauma – impact on social roles and the role of the family
- When Trauma occurs – case examples and systems to navigate
  - Young Adult
  - Middle Age
  - Elderly
WHAT IS A TRAUMATIC INJURY?

- Trauma is “any physical injury suffered by an individual, whether intentionally or not, resulting in a shock, blow or pressure” *

- A traumatic injury can have various degrees of impact on the person

- In general, a trauma occurs without warning

- Traumas can be the result of many different situations such as....

*MUHC Trauma page http://muhc.ca/trauma/page/what-trauma
WHO CAN BE AFFECTED BY A TRAUMA?

- Anyone can suffer a traumatic injury
- Individuals of all ages and walks of life
- Families can be traumatized
- Communities can be traumatized
- Cultures can be traumatized
- Service providers can be traumatized
TRAUMA AND INJURY IN CANADA

- The leading cause of all major injury hospitalizations in Canada:
  - motor vehicle collisions

- The second leading cause of major injury hospitalizations in Canada:
  - Unintentional falls

- A small proportion of major injury hospitalizations in Canada:
  - Intentional injuries

- Alcohol plays a role in major injury cases

CANADIAN DATA

Mechanism of Injury

- Unintentional Falls
- Motor Vehicle Collisions
- Intentional Injuries
WHO ARE OUR CLIENTS AT THE MGH?

- Last year (2010-2011), there were 1535 admitted adult patients seen at the Montreal General Hospital.

- Of those 1535 patients:
  - 989 were males (64%)
  - 546 were females (36%)

- The average age of the trauma patient seen at the MGH was 53.1 years old.

- The average length of stay in hospital was 13.9 days.

- 127 died in hospital (8%).

- Patients come from a variety of geographical areas.

* MGH Trauma Registry
MGH CLIENTS

Geographical Area

- Island of Montreal
- Monteregie
- Grand Nord
- Other regions of Quebec
- Other Provinces
- Other Countries
Of these clients:

- 52% suffered a trauma secondary to a fall
- 24% due to a motor vehicle accident
- 12% due to blunt injuries
- 6% due to stab wounds
- 3% due to “other”
- 2% due to gun shot wounds
- 1% due to penetrating injuries
MGH DATA

Mechanism of Injury

- Fall
- Motor Vehicle Accidents
- Blunt Injuries
- Stab wounds
- Gun shot wounds
- Penetrating Injuries
- Other
MGH CLIENTS

- Those ages 75 + years old represent the largest age category (24%)
  - Fall (86%)
  - Motor vehicle accidents (9%)
  - Blunt injury (2%)
  - Other (2%)
  - Stabbings (1%)

- Those age 60-74 years-old represent the fourth largest category (18%)
  - Fall (69%)
  - Motor vehicle accidents (21%)
  - Blunt injuries (5%)
  - Other (3%)
  - Stabbings (1%)
  - Penetrating injuries (1%)

- Those age 45-59 years old represent the third largest category (19%)
  - Fall (49%)
  - Motor vehicle accidents (23%)
  - Blunt injuries (15%)
  - Stabbings (6%)
  - Other (4%)
  - Penetrating injuries (2%)
  - Gun shot wounds (2%)
Those ages 30-34 years old represent the smallest category (17%)

- Fall (31%) or a Motor vehicle accidents (31%)
- Blunt injuries (20%)
- Stabbings (11%)
- Other (3 %)
- Guns shot wounds (2%)
- Penetrating injuries (2%)

Those age 15-29 years old represent the second largest category of clients (21%)

- Motor vehicle accident (38%)
- Blunt injury (21%)
- Falls (19%)
- Stabbings (12%)
- Gun shot wounds (5%)
- Penetrating injuries (2%)
- Other (2%).
TRAUMA – IMPACT ON SOCIAL ROLES

- Recognized and regulated position in society
- With each role comes expectations and behaviours
- Most of us occupy more than one role

- Domains associated with social roles:
  - Personal life/primary relationships /intimacy
  - Family life/parenting
  - Friends/social network
  - Work life/work performance/job satisfaction
  - Socialization/recreation

- Trauma can impact on:
  - the level of participation
  - ability to meet expectations
  - disrupting social roles
  - create role conflict/strain
TRAUMA – THE ROLE AND IMPACT ON THE FAMILY

- Families help:
  - navigate the administrative maze of healthcare and financial benefits
  - deal with their own grief and loss
  - strive to come to terms with their loved one’s injuries and the implications it has on their family

- Navigating systems of care, services and benefits is a common source of stress for families

- Family stress interferes with:
  - ability to receive and comprehend information

- Understanding both financial and lost opportunity costs for the patient and family is important
  - Families often incur direct and indirect costs ($$) associated with having a family member in hospital and/or providing care
  - Families may experience conflicting demands and have to make painful decisions and choices as a result of a family member being injured.
  - There may be a reallocation of roles, time and resource management for family
SOCIAL ROLES OF THE YOUNG ADULT AND THE IMPACT OF TRAUMA

- The focus:
  - Continuing education vs. entering the workforce
  - Developing intimate relationships vs. marriage/starting a family
  - Focus on friendships
  - Recreational/leisure activities
  - Developing independence from family of origin

- Trauma can disrupt or permanently impact these social roles

- However, younger adults may be more likely to adapt to life changes and to adjust to their disabilities than older adults
Peter is a 22 year-old male who was stabbed by a stranger in the Metro. He was riding the Metro when he got into an altercation with another young man on the same Metro car. Words were exchanged and when Peter got off the Metro he was stabbed by this other young man in the heart. He sustained a single stab wound to the right ventricle of the heart.

Peter was rushed to the Montreal General Hospital where he went into cardiac arrest in the Emergency Room secondary to hemorrhagic shock. He required an emergency thoracotomy and he was revived but was pulseless for several minutes. It is believed that Peter sustained anoxic brain injury during the cardiac arrest. He was taken to surgery to repair the right ventricle of the heart.

Peter spent approximately 3 weeks in the Intensive Care Unit before being transferred to the ward. He was in a coma-like state for 2 months and subsequently developed contractures and severe deconditioning/weakness in all extremities. He lost his vision due to anoxic brain injury secondary to trauma – loss of ability to read, write, perform daily activities – as well as decreased cognitive ability.

Peter spent 4 ½ months in the Montreal General Hospital before being transferred to the Montreal Rehabilitation Institute for inpatient rehabilitation. He spent 3 months at the rehabilitation hospital before being discharged home. He was referred to outpatient rehabilitation at Constance Lethbridge for continued physical rehabilitation.

Peter is single. He recently separated from his girlfriend (age 18) and they had a 15 month old daughter together which they shared custody. The custody was an informal arrangement – he would care for child while his girlfriend worked as a waitress in the evenings.

Peter did not complete high school, he had a grade 8-9 education and was employed as a garbage collector and more recently, part-time as a general labourer during the day for a demolition company – he was in the process of being hired for a full-time job.

Peter's family consisted of his father, brother, and grandmother. His mother had died 2 years ago. Peter's father had substance abuse issues. Peter's brother himself had a young family of his own (3 young children) to care for and had a difficult time dealing with the trauma his brother suffered. His grandmother was supportive and involved to the best of her abilities. Peter's girlfriend's family (girlfriend's mother and mother's
"PETER"
SOCIAL ROLES &
ENVIRONMENTAL ISSUES

- Employee
- Spouse
- Parent
- Child
- Sibling
- Inpatient client
- Consumer
- Economic resources
- Shelter
- Transportation

* Karls & Wandrei  Person-In-Environment System: The PIE Classification System for Social Functioning Problems
“PETER”
SYSTEMS TO NAVIGATE

Issues:
- Welfare application and administration by third party
- Removal of administration by third party and the institution of a patient trust fund
- Payment of outstanding bills and current responsibilities (daycare fees for child)
- IVAC application
- Regie des rentes application for disability
- Rehabilitation application for physical deficits
- Louis Braille application for visual deficits
- Application for Transport Adapté
- Counselling/support for 18 year-old girlfriend who had 18 month old daughter with client
- Payment of daycare fees for client’s daughter, food vouchers for girlfriend, purchasing of clothing/CD’s/toiletries for client
- Inadequate support system (father drug abuser, mother deceased, young girlfriend whose extended family dysfunctional; paternal grandmother supportive but limited involvement)
- Impact on ability to work (could no longer work in previous employment), friends, activities previously enjoyed (blindness prevented this), parenting (ability to care for 18 month old daughter)
- Impact on decision-making – public curatorship application for possible tutorship
- Impact on housing: needed adapted housing to meet current needs; could not return to previous living arrangements
VICTIMS OF CRIMINAL ACTS
IVAC PROGRAM

- IVAC program (Indemnisation des victims d’actes criminels):
  - compensate victims for physical and psychological injuries sustained during a criminal act in Quebec

- To prove an injury:
  - the victim gives their permission for the IVAC to consult the medical or psychosocial reports listed in the application for compensation

- Victims do not have to make a complaint to the police to be able to ask for compensation

- If a complaint was filed with the police, the IVAC will ask the police for any relevant information

- The most common kind of compensation given by IVAC is for medical assistance

- IVAC reimburses general expenses

- IVAC also gives compensation for temporary or permanent injuries and disabilities
CAVAC: CENTRES D’AIDE AUX VICTIMS D’ACTES CRIMINELS

- CAVACs offer psychosocial support

- CAVAC offer services such as:
  - Telephone support
  - Emotional and moral support
  - Basic information about the legal system and a victim’s rights
  - Support for dealing with other organizations, including the courts
  - Information about appropriate legal, medical, social and community resources for victims

- CAVAC services are free and confidential

*www.cavac.qc.ca*
TRAUMA AND RESULTING IN CAPACITY

- A trauma may result in a person being unable to take care of himself or his property
- Incapacity
  - Can result from a serious accident, head trauma, or weakened state
  - Occurs when one is not physically or cognitively able to express one’s wishes or make an informed decision
  - Has a medical basis
- Legal protective supervision will not always need to be instituted
- If nobody is available to take care of the person or his property, then the Public Curator will take on this responsibility

- To a certain extent, the law allows people close to the person to look after his/her affairs
- Some insurers or government agencies agree to appoint a relative or health institution to administer benefits
  - Agencies that allow administration by a third party:
    - Regie des rentes du Quebec (RRQ – Quebec pension plan)
    - Commission de la sante et de la securite au travail (CSST)
    - Indemnisation victimes acts criminels (IVAC)
    - Société de l’assurance automobile du Quebec (SAAQ)
    - Ministère de l’Emploi et de la Solidarité sociale (social assistance and social solidarity programs)
    - Human Resources Development Canada (old age security)
    - War Veterans Allowance
PROTECTIVE SUPERVISION

- If the incapacitated person owns things that are worth a lot or has a lot of money, or the need for protection is great, protective supervision might be necessary.

- Protective supervision is a legal mechanism that safeguards people who have become vulnerable because of their incapacity.

- In all cases, there must be a medical and psychosocial evaluation of the person.

- There are 3 kinds of protective supervision, which vary depending on how incapacitated a person is:
  - Curatorship
    - Used when an adult is totally and permanently unable to care for himself/herself and manage his/her property.
  - Tutorship
    - Used when an adult is temporarily or partly unable to take care of himself/herself and manage his/her property.
  - Advisor
    - Used when an adult is slightly unable to manage his/her property. The advisor’s role is to advise and help the person manage his/her property.

*www.curateur.gouv.qc.ca*
SOCIAL ROLES OF THE MIDDLE AGE ADULT AND THE IMPACT OF TRAUMA

- The focus
  - Parental role (primary demands vs beginnings of “empty nest”)
  - Homemaker role (increased importance)
  - Spouse role (increased focus on the couple)
  - Worker role (stability vs impending retirement)
  - Member role (joining/participation vs ending/changing)
  - Friend role (increased investment in friendships)

- Trauma can disrupt or permanently impact these social roles
“PAT”

Pat is a 46 year-old man who was transferred from a hospital in Sherbrooke, QC to the Montreal General Hospital with injuries secondary to being hit by a “shunter” truck at a worksite near Sherbrooke. The “shunter” truck rolled over both his legs and backed up, rolling over his legs once again. Pat suffered multiple rib fractures, sternum fracture, lumbar spine fractures and fractures to both his legs. He had surgery to repair fractures in both legs.

Pat is single, no children. He lives alone in a rented basement apartment in Montreal. He is originally from India and he has extended family members living in India. His only family in Canada is a nephew who lives in Toronto. Pat has 2 close friends here in Montreal. Pat is a permanent resident of Canada and has RAMQ coverage.

Pat is self-employed as a truck driver – he owns and operates his own trucking company and frequently drives the Montreal –Toronto route transporting goods. He purchased a home in the Toronto area 6 months prior to the accident, was planning to move from Montreal to Toronto in 2 months (to coincide with the renewal of his trucking licence) as well as transfer his trucking business to Ontario.
“PAT”
SOCIAL ROLES & ENVIRONMENTAL ISSUES

- Worker – paid economy
- Inpatient
- Regulatory barriers to economic resources (CSST vs. SAAQ)
- Regulatory barriers to health services in Ontario (RAMQ vs. OHIP)
- Inadequate support system
“PAT”
SYSTEMS TO NAVIGATE

Issues:
- CSST application (complicated by patient being self-employed and ? eligible for CSST coverage)
- SAAQ application (complicated by type of vehicle involved in the accident and ? eligible for SAAQ compensation)
- Work issues – independent worker, complicated by intention of moving from Quebec to Ontario shortly after accident occurred; injuries and age complicating possible return to work - ? livelihood
- Financial issues (unable to work due to injuries)
- Inter-provincial issues: homes in 2 separate provinces; medical coverage in Quebec
- Rehabilitation application – patient requesting Ontario rehab; was refused therefore applied for rehab in Montreal
WORK INJURIES & THE ROLE OF CSST

- Trauma sustained at work can impact:
  - Income
  - Well-being
  - Medical costs
  - Lifestyle
  - Career

- To receive compensation from CSST the event must be:
  - Accidental
  - Directly related to work activities
  - The cause of the injury

- Benefits that can be obtained from CSST include:
  - Medical aid
  - Income replacement indemnity
  - Lump sum indemnity for bodily injuries
  - Death benefit
  - Rehabilitation

- Workers are generally insured and do not pay anything in the event of a workplace accident.

- The exception are domestic workers, self-employed workers, and employers who must register with the CSST to be eligible for compensation.

* www.csst.qc.ca
VEHICLE ACCIDENT AND THE ROLE OF THE SAAQ

- All Québec residents have insurance coverage for injury or death resulting from a motor vehicle accident.

- Those compensated by the Société are:
  - Persons injured in a motor vehicle accident
  - The surviving family of victims who die as a result of injury sustained in an accident.

- Some types of accidents are not covered by the SAAQ and the persons injured are not entitled to compensation.

- Excluded are injuries resulting from:
  - Automobile race, contest or show on a track closed to traffic
  - Snowmobile or other vehicle intended for off-road use
  - Equipment vehicle, a trailer or a farm tractor which occurs off a public highway
  - Equipment on the vehicle that functions independently of the vehicle
  - Maintenance, repair, modification or improvement of an automobile
  - The independent act of an animal carried in an automobile.

- The Société pays compensation in several forms:
  - Income replacement indemnity
  - Lump-sum indemnities
  - Death benefits
  - Care allowance
  - Reimbursement of expenses
  - Rehabilitation indemnity

* www.saaq.gouv.qc.ca
SOCIAL ROLES OF ELDERLY ADULTS AND THE IMPACT OF TRAUMA

- The focus:
  - Self-care: Autonomy vs. increased care
  - Social/Familial roles: Diminished social interaction with friends, siblings or spouse
  - Worker role: Moving from employment to retirement
  - Role reversal with children taking on a caregiver role
  - Member role: Entering more leisure activities

- Trauma can impact:
  - Physical health
  - Social interactions
  - Dependence on spouse or children
  - Quality of life
CASE EXAMPLE – PAUL

Paul is a 82 year old male, admitted due to a fall down the stairs while intoxicated. He was found by his wife, who called 911, and he was rushed to the Puvurnituk hospital. From there, he was transferred to the Montreal General Hospital, where he was diagnosed with a spinal cord injury-paraplegia with limited trunk control.

Paul underwent surgery- the procedure was a T2-T10 spinal fusion and T5-6-7 laminectomy, followed by a spinal debridement done 3 days post initial surgery. Paul’s admission was further complicated when he suffered from an infective endocarditis, was transferred to Royal Victoria Hospital Cardiac surgical unit for a mitral valve replacement, and returned to the Orthopaedic—Trauma unit a few weeks later.

Paul spent approximately 2 months at the Montreal General Hospital before being transferred to Montreal Rehabilitation Center- spinal cord injury program, where he remained for approximately 3 months. His injuries resulted in him being wheelchair bound, requiring a Hoyer lift for transfers, requiring assistance for his activities of daily living, and unable to perform any household tasks.

Paul was not able to be discharged home safely from the rehab center, and so he was transferred back to the Montreal General Hospital Orthopaedic/Trauma unit for discharge planning. Though efforts were made to get Paul back to his hometown, the equipment and personnel required to meet his care needs were unavailable. As a result, Paul remained in hospital for 3 more months, until a bed became available at the Puvurnituk hospital (located about an hour away from his community) for Long Term Care placement.

Paul is an Inuit gentleman who lives in Inukjuak. He lives with wife and 20 year old adopted daughter in a bungalow. His daughter is intellectually handicapped and dependent on him for guidance and support. The couple has been married for over 50 years. He and his wife have 7 other adult children, all of whom live close by with their own families, and all of whom work full time. His wife, (age 80) has health issues which limits her ability to manage household tasks. The bungalow in which they lives has 7 exterior steps to gain entry, no interior steps. Paul has a grade 8 education and he worked as a fisherman for most of his adult life. He is currently retired and receiving his old age security pension. His wife never worked; she was a stay at home mother. Paul is known to his CLSC for nursing care.
CASE EXAMPLE - PAUL
SOCIAL ROLES /
ENVIRONMENTAL ISSUES

- Spouse
- Parent
- Inpatient
- Absence of Adequate Health Services
- Affectional Support System
PAUL: SYSTEMS TO NAVIGATE

- **Issues:**
  - Rehab application for physical deficits
    - From being fully independent with activities of daily living and mobility prior to fall, to being wheelchair bound, requiring a lift to transfer, and being dependent for toileting, bathing and dressing
  - Supportive counselling through translator
    - Paul had difficulty coming to terms with new functional baseline and its impact on his ability to be a source of support to his wife and daughter
  - Long admissions in Montreal (hospital/rehab/hospital admission)
    - Paul did not speak English or French; Family lived in Inukjuak, resulting in Paul being separated from his wife and his family
  - Inadequate formal supports
    - Limited availability of staff from CLSC, and lack of equipment required (Hoyer lift, adaptation to house) to accommodate Paul’s desire to resume independent living – need for long term care placement.
  - Impact on housing
    - Relocating Paul to an appropriate care facility with assistance of Quebec Northern Module. Complicated by lack of long term care resources in his area- closest being Puvurnituk hospital. Only other option would be applying to a long term care facility in Montreal where he would be completely isolated from his support network
A FINAL THOUGHT….

- Service providers can be a huge help to patients and their families by being:

  - Informed
    - knowledgeable about the injury
    - implications on patient’s various roles
    - impact on future

  - Sensitive

  - Resourceful
    - Assist them in connecting with services
      - Health services
      - Therapeutic services
      - Financial compensation programs