# Community Integration Program Claim Review Summary Form:

# Acquired Brain Injury (ABI)

Please complete this form for injured workers who may be eligible for transfer into the Community Integration Program.

Please provide a brief description of the reasons for referral to the CIP.

Which specialised medical and like support is required by the worker to assist them in their activities of daily living?

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| --- |
|   |

Date sent to WorkSafe:

WorkSafe Victoria Agent:

Claims Manager Name:

Direct Contact Number:

Claim Status:

|  |
| --- |
| **Worker’s Details** |

WorkSafe Victoria Claim No:

Worker name:

Date of Birth:

Current Age:

Worker Address:

Worker Phone number:

Administrator/Guardian details (if relevant):

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Relationship** |
|       |       |       |
|       |       |       |

Domestic status:

|  |  |  |
| --- | --- | --- |
| **Name** | **Age (if relevant)** | **Living with worker** |
| Partner:       |       | Yes [ ]  No[ ]  |
| Child :       |       | Yes [ ]  No[ ]  |
| Parent (s):       |       | Yes [ ]  No[ ]  |
| Siblings:       |       | Yes [ ]  No[ ]  |

|  |
| --- |
| **Injury Details** |

Date of Injury:

Summary of accident:

Generic Injury description: (e.g. moderate severe ABI)

Acute Hospital details:

Consultant’s name:

Rehabilitation Hospital details:

Consultant’s name

**Post injury surgery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Surgery type / detail** | **Outcome** | **Name of Surgeon / Hospital** | **Current issues** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| --- |
| **Current Status** |

* Residential status:
* Medical status:
* Conscious state / cognition:
* Communication:
* Physical/mobility:
* Psych / behaviour:
* Neuropsychology reports:
* Social:
* Education / Employment:
* Recreational involvement:
* Personal Activities of Daily Living (PADL)/Domestic Activities of Daily Living

 (DADL)/Communication Activities of Daily Living (CADL):

**Identified Risk Flags**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks** | **No** | **Yes** | **If Yes, please provide specific details.**  |
| **Harm to Self** |  |  |       |
| **Harm to Others** |  |  |       |
| **Harm to Self and Others** |  |  |       |
| **Notable Behaviour** |  |  |       |

**Current Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication Name** | **Prescribed by (if known)** | **Reason** | **Injury related or pre-existing** | **Dosage (If available)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Current Medical / Paramedical / Rehabilitation Provider Summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name / Company** | **Discipline/Service/ Other**  | **Current approved hours / frequency** | **Treatment/ Intervention goals**  | **Contact details** | **Comment** | **Commencement of date of service** |
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**Current Equipment Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment Type/ Modification** | **Details** | **Date of request** | **Date Received** | **Comment of progress** |
| **Wheelchair** |  |  |  |  |
| **Recreational equipment** |  |  |  |  |
| **Vehicle** |  |  |  |  |
| **Home modification** |  |  |  |  |
| **Other:** |  |  |  |  |

|  |
| --- |
| **Common Law / Dispute resolution / Impairment / Income** |

* Common Law:
* Dispute resolution:
* Impairment:

**Termination/ Reduction in services:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service type** | **Date of termination/reduction** | **Reasons for termination/reduction** | **Disputation details****(if applicable)** |
|  |  |  |  |
|  |  |  |  |
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| Claim status |

[ ]  New claim (< 6 months from date of injury)

* Provide the following information:

|  |  |
| --- | --- |
| Indicator | Actual Score |
| Glasgow Coma Score (GCS): Quantifies the level of consciousness following a traumatic brain injury.  | Ambulance |       |
| Hospital |       |
| Most Recent |       |
| **Post Traumatic Amnesia (PTA):**Is the gradual process of a person coming out of coma and can last for hours, days or weeks.  |       |
| **Functional Independence Measure (FIM)**Is a basic indicator of patient disability used to track the changes in the functional ability of a patient during an episode of hospital rehabilitation care. |       |

[ ]  Existing claim (> 6 months from date of injury):

|  |
| --- |
| ABI Functional & Mobility Outcome Coding |

Please refer to the **ABI** **Functional Outcome Scale** on Pages 7-8 before completing the table below.

**Functional outcome scale**

**1. Minimal function**

**2. Conscious but dependent**

**3. Dependent in most tasks**

**4. Independent but disabled**

**5. Independent mild residual deficits**

|  |  |  |
| --- | --- | --- |
| **Severity / skill** | **Functional****Outcome rating 1-5 (see above)** | **Description of function (brief)** |
| **1. Conscious state** |       |       |
| **2. Cognition** |       |       |
| **3. Communication** |       |       |
| **4. Level of supervision** |       |       |
| **5. Personal care** |       |       |
| **6. Other Activities of Daily Living (ADL’s)**  |       |       |
| **7. Mobility** |       |       |
| **8. Accommodation** |       |       |
| **9. Access / social/recreational** |       |       |
| **10. Vocational options** |       |       |
| **11. Concurrent issues** |       |       |
| **12. Psychological status / behaviour** |       |       |
| **Total score** |       | The total score is derived by calculating the sum of each of the above functional outcome ratings. |
| **Average****Functional Outcome** |       | The average functional outcome score is derived from dividing the sum of the total score by 12. |

**-------------------------------End of form-----------------------------**

Thank you for completing the above application and supplying all relevant documentation. This information is to be considered indicative only and is subject to WorkSafe Victoria confirmation and endorsement. All information will be reviewed in order to determine eligibility for transfer to the Community Integration Program.

**ABI Functional Outcome Scale**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Severity Skill** | **1****Most severe** | **2** | **3****Moderate** | **4** | **5** **Most mild** |
| **General Functional level** | **Minimal Function** | **Conscious but dependent** | **Dependent in most tasks** | **Independent but disabled** | **Independent with mild residual deficits** |
| **1.****Conscious** **State** | Vegetative state | Generally alert – may be disorientated | Alert and generally orientated | Alert and orientated | Alert and orientated |
| **2.****Cognition****(Includes memory, concentration, attention, orientation, problem solving, safety judgment, learning, organisation, insight…)** | Non -responsive  | Severe cognitive deficits | Follows commands, reduced capacity for decision making, problems with memory, new learning | Assistance needed with planning, organisation, decision making – insight may be a problem | Higher level/mild cognitive deficits in organisation, planning: fatigue can be a problem; generally insightful |
| **3.****Communication** | No discernible skill | Some moderate prompting | Problems with increased length or complexity of spoken or written language; frequently inappropriate in social context  | Problems with retention; may be verbose, tangential or disinhibited | Mild, high level abstract language problems; may be inappropriate or face difficulty under pressure |
| **4.****Level of supervision (safety), including care (funded or other)** | Total assist – 24 hour hands-on care | Close supervision, cannot be left alone at night; significant attendant care | Supervision, including care, in unstructured settings | Some supervision with new, complex activities; may have low level care program | Independent |
| **5.****Personal Care** | Fully dependent | Dependent with personal care; always needs assistance/supervision/set up/ contact/mod assist | Able to care for self partially, sometimes needs supervision/min assist with ADL | Independent | Independent |
| **6.****Other ADLs** | Fully dependent | Dependent, mod assist with DADL & CADL; cueing/assist with public transport | Assistance of some level (either personal, domestic, community)assistance to access community –public transport, social pursuits due to safety issues | Gets out and about to shops, uses public transport or drives, sometimes needs assistance with ADL’s (may be linked to ortho injuries) | Generally independent including public transport or driving; minimal physical deficits |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Severity Skill** | **1****Most severe** | **2** | **3** **Moderate** | **4** | **5** **Most mild** |
| **General Functional level** | **Minimal Function** | **Conscious but dependent** | **Dependent in most tasks** | **Independent but disabled** | **Independent with mild residual deficits** |
| **7.** **Mobility** | Fully dependent | Accompanying physical disability/mobility, reduced coordination, may be wheelchair dependent; assist with transfers | Walking or wheelchair independent; more physically able | Independent may have ongoing physical complications from co-existing ortho. Injuries | Independent |
| **8.****Accommodation** | Nursing home or equivalent level of accommodation | Supported residence (institution or home with family/carers) | Either in community with support or supported residence | Able to live independently with regular non-residential support | Independent |
| **9.****Access / social / recreation** | N/A | Discontinued relationships, unable to return to previous social, recreational, vocational activities | Suitable for supported recreational services, may need carer to accompany, difficulty sustaining independent relationships/networks | Not possible to return to some previous activity (work, school, social) because of cognitive/physical deficits | Independent |
| **10.****Vocational options** | N/A | Unlikely to return to work or any avocational activity | Some possibility of RTW with extensive support; unlikely to compete in open job market; volunteer work a possibility | Higher RTW potential –may be to different role or adjusted workload | RTW or school potential with average performance; high proportion to pre-accident role, compete in open job market |
| **11.****Concurrent issues** | Medical issues i.e. high risk of pneumonia, epilepsy, contractures | Medical issues i.e. epilepsy | Medical issues i.e. epilepsy. Pre-existing problems (drug & alcohol, social personality) may impact on outcome | Pre-existing problems (drug & alcohol, social personality) may impact on outcome | Pre-existing problems (drug & alcohol, social personality) may impact on outcome |
| **12.****Psychological status/ behaviour** | N/A | High risk of demonstrating behavioural problems, agitation, aggression, impulsivity, withdrawn, adynamic; risk of self-harm or harm to others; isolated. Depression | Moderate risk of demonstrating behavioural problems, agitation, aggression, impulsivity, withdrawn, adynamic; risk of self-harm or harm to others; isolated. Depression | Depression. Psych status may effect management; less ability to ‘act out’ but behaviour may be an issue. | Low risk of demonstrating behavioural problems, agitation, aggression, impulsivity, withdrawn, adynamic; risk of self-harm or harm to others; isolated. Depression or Post Traumatic Stress disorder possible. |

**Submitting Application**

Please return all completed forms and supporting documentation to one of the following representatives:

**Liz Gibson**

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**Sacha English**

sacha\_english@worksafe.vic.gov.au

**Molly McIntosh**

molly\_mcintosh@worksafe.vic.gov.au

# Further Information

If you need advice or further information about the Community Integration Program or eligibility criteria, please contact the following representatives:

**Sacha English**

Agent Contract Coordinator

WorkSafe Victoria

**Phone (direct):** (03) 9940 4071

**Email:** sacha\_english@worksafe.vic.gov.au