Therapeutic Neglect

Benign/Masterful Non Intervention

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Why I’m talking about this subject?

- I can’t keep quiet in meetings
- The topic piqued Vicki’s interest – I’ve been trying to get out of this ever since!
- I’ve got 40 years experience of working in ABI (30 years of case management) and 50 years of social work/case management
- I know how to play “Slap the Rat”
- I’ve learned when to do nothing!

Prioritisation - TRIAGE

TRIAGE = The process of sorting people based on their need for immediate medical treatment as compared to their chance of benefiting from such care.

OR The sorting of patients (as in an emergency room) according to the urgency of their need for care

- Those who are likely to live, regardless of what care they receive;
- Those who are unlikely to live, regardless of what care they receive;
- Those for whom immediate care may make a positive difference in outcome.

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NHS MODEL of TRIAGE

Clinical urgency

Contact type - clinical vs admin

Service type: blood tests, ECG, wound care, family planning, clinician appointment

Appointment type: telephone, written, video, face to face

Clinician type: GP, nurse, mental health practitioner, phyiotherapist....

Individual needs of the patient making the request

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TRIAGE – Case Management Model

Assigning priority order to client's needs on the basis of where funds and other resources can best be used, most needed and/or most likely to achieve success.

TRIAGE – Case Management Model

- Assessment of the issues
- Skills/Knowledge/Experience of the case manager
- Availability of resources and services
- Meeting Client expectations
- Meeting Referrer and Family expectations

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Practical Application

- Client with severe ABI in motorcycle accident with orthopaedic and nasty facial injuries.
- Initial assessment 2 years post injury was for 24 hour care and support but family providing most of the support and she would only accept a few hours per week of input.
- Case manager very experienced and very capable
- Priorities included managing her medical needs in terms of infection, pain and nutrition; and finding suitable accommodation.
- Client wanted to be as independent as she could be
- Family wanted her to have as much care as possible so that she wouldn't call upon them for support
- Referrer was managing her compensation claim

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Practical application

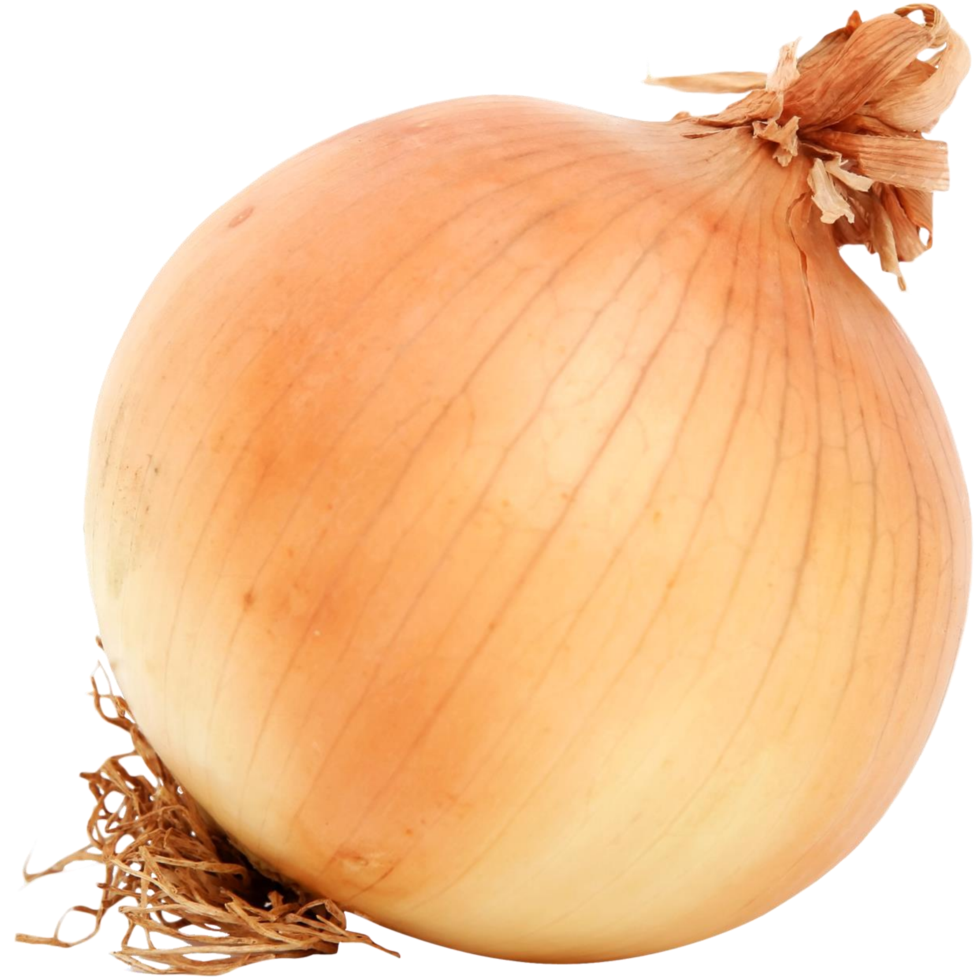
- Medical needs took priority – the risk of infection was too great
- Appropriate accommodation was found
- Care and support continued at a minimal level at the client's request
- She demonstrated that she could be more independent than expected and used her case manager appropriately for things she couldn't manage herself
- She was therefore living as independently as she could but would have been overwhelmed with care if her family's view had had precedence.

Two Sides of the ONION

LEFT SIDE

Things you can't change:

- nature and degree of the ABI and other injuries
- Family and social background and relationships
- Cultural background/ethnicity
- Pre injury health and mental health
- Pre injury education and employment



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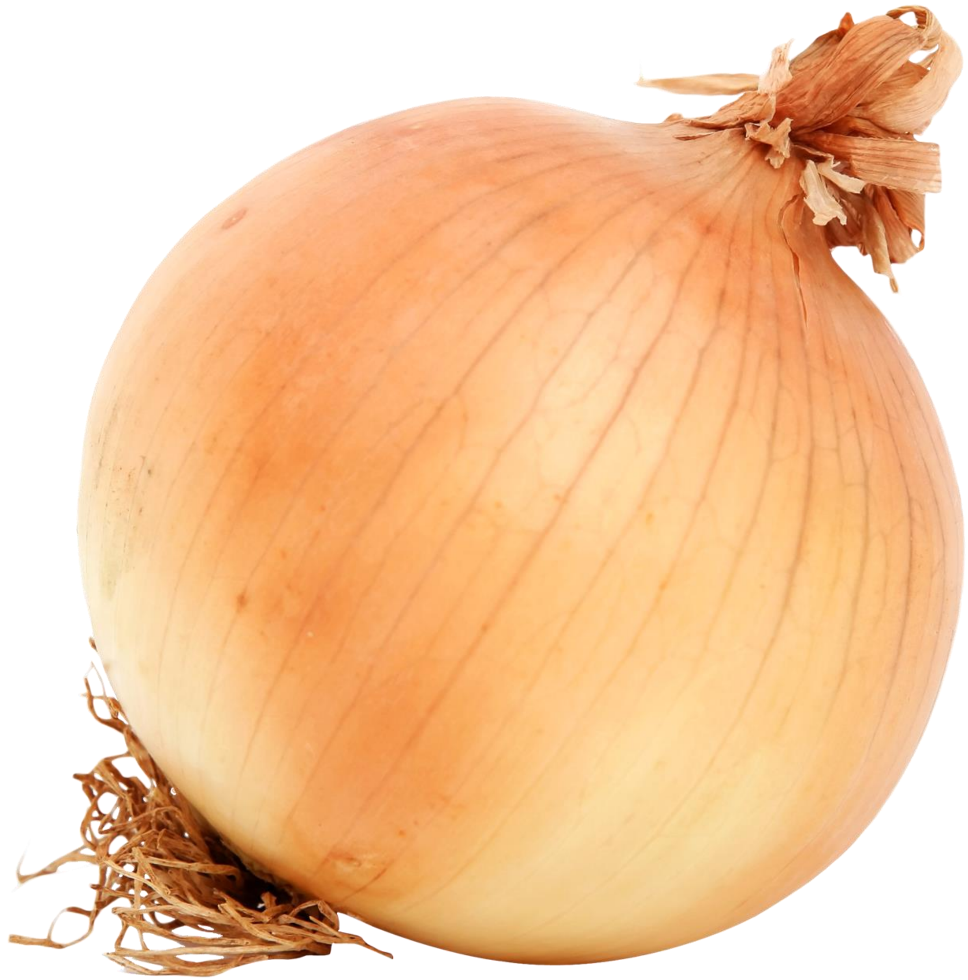

Two Sides of the ONION

RIGHT SIDE

Things you can change:

- Accommodation
- Independence – physical, mental and functional
- Access to resources, services and equipment
- Level and standards of care
- Access to rehabilitation
- Family attitudes and behaviour(sometimes)
- Current health and welfare

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Should we prioritise the things we can change?

Sometimes the things we can't change impact upon our clients and we have to get involved:

- Safeguarding
- Financial abuse
- Family making decisions which aren't in best interests

And just when you've sorted one thing out, another raises its head! Slap the Rat!

We're there for the Long Haul

Some of our clients will be case managed for the rest of their lives

However will we be the case managers for that lifetime?

How long will we be involved as a % of that person's lifetime?

What long term impact can we have?

Most of our impact is in the early years post injury

Our long term input, by and large, is a watching brief only intervening when necessary to maintain standards and quality of life.

We therefore need to learn when to respond and when not.

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Therapeutic Neglect

- We need to learn when to do nothing
- When something will resolve of itself
- When to let sleeping dogs lie

Otherwise we can make situations worse, increase costs unnecessarily, cause emotional distress to the client and their family and …..

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