

## Acquired Brain Injury Services – Inpatient Telephone Follow Up Tip Sheet

**Purpose/Goal:** Guide, NOT Solve. We are promoting self-management

“Self-management is a person-centered approach in which the individual is empowered and has ownership over the management of their life and conditions” - Long-Term Conditions Alliance Scotland (2008) and self-efficacy.

Setting Up the Call:	
Set parameters for time and content	<ul style="list-style-type: none"> <li>➤ About 15 minutes</li> <li>➤ Focus on reviewing areas you &amp; team had concerns about prior to discharge and how things have been going since leaving rehab</li> </ul>
Reiterate purpose	<ul style="list-style-type: none"> <li>➤ Guide them in addressing any issues that arose from team’s recommendations</li> <li>➤ Guide in self-managing new issues that arose after leaving TRI</li> <li>➤ Redirect to resources in the community to help manage issues</li> </ul>

**SCRIPT:**

- This is a quick check-in call that will take about 15 minutes or so.
- We will talk about how things are going with areas you and your rehab team at TRI had concerns about at discharge.
- My role here will be to celebrate things that are going well
- And if need be, to help you problem solve on how to self-manage any issues that did arise – this would include: ways you can work on dealing with the resources you have available at home and in your community, including guiding you on how to connect to those resources

Ending the Call: How to close this loop
<ul style="list-style-type: none"> <li>➤ Give brief summary of what was discussed &amp; have patient teach-back</li> <li>➤ Review what patient will need to follow-up on in community &amp; have patient teach back</li> <li>➤ If patient has issue with team recommendations: connect with core team &amp; set estimated time frame for when will reconnect with patient (if necessary)</li> </ul>

**SCRIPT:**

- Today you said things are going well with A, B & C.
- But were having a problem a new problem with E, and F is a problem you’ve been having with a recommendation we made.
- Use teach-back to have the patient recite back the plan to deal with any issues discussed.

How to Help Self-Manage
<p><b>C - Current Plan:</b></p> <ul style="list-style-type: none"> <li>• What are you <b>Planning</b> to do to remedy this problem/issue?</li> </ul> <p><b>P - Support People:</b></p> <ul style="list-style-type: none"> <li>• What <b>Supports/Support People</b> can you call in to help you with this? (E.g., family, CCAC/case mangers etc... )</li> <li>• <b>Who</b> has information that would be help you create a plan to solve the problem? (e.g., pharmacist/doctor would have information to help address concern with side-effect of medication)</li> </ul> <p><b>R - Resources:</b></p> <ul style="list-style-type: none"> <li>• Link to <b>Resources/Information</b> that may offer additional help with problem solving Information.</li> </ul>

### Community Resources

- 211:
  - Free helpline that connects you to community and social services in your area 24 hours a day, 365 days a year, in over 150 languages.
  - Phone: Dial '2-1-1', Web- [www.211ontario.ca](http://www.211ontario.ca)
- CNAP
  - The Community Navigation and Access Program: A network of 30+ community support service (CSS) agencies in the Toronto area who are collaborating to improve access and coordination of support services for older adults, their care providers and health care stakeholders
  - Contact: **1-877-621-2077** –or- **416-217-2077**
- Telehealth
  - Telehealth Ontario is a free, confidential service you can call to get health advice or information. A Registered Nurse will take your call 24 hours a day, seven days a week.
  - Contact: **1-866-797-0000**
- [www.healthline.ca](http://www.healthline.ca)
  - Search by postal code/region/topic area to find local health & community services in Ontario
- Brain Injury Society of Toronto (BIST):
  - Non-Profit organization seeking to provide education, awareness, support and advocacy to people with ABI. Different programs including support groups and social gatherings, etc.
  - Contact: 416-830-1485, web: [www.bist.ca](http://www.bist.ca)

### Common Scenarios

1. Patient complaining of new onset headaches/dizziness/side effects of medications/pain/changes in sleep
  - *You can advise the patient to see their family doctor.*
2. Patient was referred for ongoing therapy, and has not received a call from the outpatient facility
  - *Encourage patient to look in their discharge binder for the contact information for the outpatient facility, encourage them to reach out to follow up on status of application.*
3. Patient reports issues with equipment
  - *Encourage patient to reach out to vendor (contact information should be in the discharge binder) or liaise with their outpatient team if appropriate.*
4. Patient had a fall, and is experiencing new symptoms
  - *Encourage patient to reach out to family doctor, or to go to emergency.*
5. Patient hasn't received a response from CPP (or any financial aids)
  - *Encourage patient to speak with outpatient SW if available. If this was initiated in inpatient, encourage patient to look at the discharge summary from SW/Francine for contact information.*
    - **CPP (Retirement and Disability): 1-800-277-9914**
    - **E.I. (all types): 1-800-206-7218**
    - **OW/ODSP office locator: [www.ontario.ca/socialassistance](http://www.ontario.ca/socialassistance) , or contact your social worker or community resource worker.**
6. Recommended supervision not able to be provided, for whatever reason
  - *Encourage patient to speak with their therapy team if available regarding gaps in available support at home.*
  - *If patient feels that additional support is needed at home, encourage them to contact Home and Community Care (previously CCAC)*
7. Patient is reporting new psychiatric symptoms (i.e. hallucinations, delusions)
  - *Contact family doctor or go to Emergency*

***\*It is important to note that if you do not feel comfortable addressing an issue in the moment, you can always consult with the team and call the patient back.***

***\*If you are anticipating that the call will bring up issues that may be difficult to address, you can make the call with another team member present for support.***