

The *Complex ABI Needs - Inpatient Reporting Form* is a tool that allows you to summarize the needs of patients with complex issues, who are currently in an inpatient setting (e.g. acute care, inpatient rehabilitation), that meet **all 3** of the following criteria:

1. Has a diagnosis of ABI or suspected ABI; often in combination with other diagnoses (e.g. Mental Health, Addictions) **AND**
2. Has medical, behavioural, cognitive or physical impairments which can't be met by available resources **AND**
3. Has multiple barriers of specific nature prohibiting transitions (e.g. complex wound, isolation)

This form can be completed by any service provider working with a patient who meets the criteria listed above and when all appropriate resources have been explored and exhausted. Once the form is completed it should be submitted to the Toronto ABI Network by fax at 416-597-7021 or e-mail at info@abinetwork.ca

Information reported through this form will be used to summarize challenges experienced, and support the Network's advocacy efforts with policy makers to help illustrate system pressures. Below are instructions and examples on how to complete the form.

First Section – Reporting Source

- All 3 criteria must be met by patient
- All lines must be fully and clearly completed (organization, date (in mm/dd/yyyy format), name and role of person completing the form, contact information)

Second Section – Patient Information

- It is important to include Year of Birth and Age at Injury, this will provide the number of years a person has had a brain injury
- Rurality and geographic location helps us to understand access and availability of services
- It is important to track whether or not the ABI Navigator has been involved
- If consent is difficult to obtain (e.g. client is homeless and it's difficult to locate), omit postal code information.

Third Section – Current Challenges Experienced

- Select all applicable checkboxes (e.g. "Mental Health" and "Housing"); if you select "Other" indicate what the "Other" is in the text box.
- **Briefly describe the pertinent details** so that the circumstances are accurately described without providing too much information that will be hard to follow or that will identify the patient/client.
- *Example:*

Patient is paraplegic with a brain injury, severe mental health concerns, substance use and housing issues. We are unable to find a residence that can accommodate needs. Requires total care and exhibits behaviours. Has been medically stable for 6 months.

Fourth Section – Action taken to date

- Here you will indicate all past and current services received.
- Under “Service Type” you can indicate the organization at which services were or are currently being received. Can also make a note on eligibility.
- Select checkbox under:
 - Past: if the service (e.g. Outreach) was provided in the past
 - Current: if there is any active service being provided
 - Unavailable or “U/A”: select this category if service is needed but it is unavailable to the client for reasons of admission criteria, physical availability, etc.
- It is possible to indicate “Past” and “Unavailable” if, for example, the client has been discharged for problematic behaviour
- “Available but long wait” means longer than safe or appropriate to meet the need

Fifth Section – Decline Reasons & Consent

- Select reason(s) for a decline by selecting the appropriate checkbox(es).
- Next to each decline reason, use the text box indicate the service category using the “Service Type” list above, so we know which service provided the reason for decline.
- *Example:*

Decline Reasons – Select reason(s) why a patient was not accepted to a service, indicate service type in space provided.

<input checked="" type="checkbox"/> Behaviours <u>Inpatient rehabilitation</u>	<input type="checkbox"/> Program Admission Criteria _____
<input type="checkbox"/> Funding _____	<input type="checkbox"/> Sitter/Restraints _____
<input type="checkbox"/> Family Expectations _____	<input checked="" type="checkbox"/> Social Issues (e.g. Housing, Transportation) <u>OP rehab</u>
<input type="checkbox"/> Other (diagnoses, wound care, infection control) _____	

- The information in this section will be categorized to form a summary, if there is too much detail it will be difficult to appropriately categorize the key actions
- DO NOT forget to indicate verbal consent has been obtained. If consent is difficult to obtain (e.g. client is homeless and it’s difficult to locate), omit postal code information.

Questions? Contact us by phone at 416-597-3057 or by email at info@abinetwork.ca