


# Jane's Story



Jane is a 46 year old mother of 2 primary school age children who was involved in a very serious car accident.

**Jane was transferred to hospital and placed in an induced coma. Medical imaging showed that Jane had sustained a severe brain injury. Jane also sustained a traumatic amputation of her right arm up to her elbow.**

The hospital staff identified that as a result of the brain injury and amputation that Jane was likely to be eligible for the Lifetime Support Scheme (LSS). The hospital social worker contacted the Lifetime Support Authority (LSA) to advise.

## Application

**The Lead Service Planner went to the hospital to meet with Jane's mother, who was making decisions for Jane whilst Jane was unable to. The Lead Service Planner explained to Jane's mother what the Scheme was and completed an application form with her.**

**The LSA sought information from SAPOL to confirm the car accident and the medical team provided medical information to confirm eligibility. Jane was accepted as a participant of the LSS. From the date of acceptance the LSS began funding Jane's hospital care including any medical investigations and pharmaceuticals required.**

## Hospital & Rehabilitation

A Service Planner was allocated to Jane. The children were having difficulty coping with Jane's accident so the Service Planner arranged counselling for the children. Once Jane was brought out of the coma she was in post traumatic amnesia and was very restless. Jane's mother had difficulty understanding these changes in Jane so a support and information session was arranged for Jane's mother to assist her to understand brain injury and what she might expect.

The Service Planner maintained regular contact with Jane's mother and assisted to facilitate access to a bed in rehabilitation. Once Jane transferred to rehabilitation, the Service Planner maintained contact with Jane's mother, the rehabilitation team and attended the regular family meetings.

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To assist Jane's rehabilitation and eventual discharge from rehabilitation the Service Planner arranged the following:

- Equipment – wheelchair, quad stick, shower chair, toilet raise, bed blocks, spike board, right handled knife and lipped plate.
- Home modifications – bath removed and level access shower installed, grab rails, ramp at front door, threshold ramps at internal small steps, and bathroom door widened.
- Attendant care – to facilitate overnight and weekend leave to assist with self care and support for parenting children.
- Transport – provision of taxi vouchers to and from appointments and leave to and from the rehabilitation centred.
- Prosthetic for her right arm and associated liners etc.

## 1st Year Home

Once Jane discharged home her Service Planner visited her within a few days to review the arrangements in place. Jane had daily attendant care to assist her with personal care, meal preparation, parenting support and other domestic activities. The following week Jane commenced community based rehabilitation including speech pathology, occupational therapy, physiotherapy and psychology. The following additional services were also provided:

- Vehicle modifications including spinner knob.
- Counselling for children and mother.
- Gardening and home maintenance activities.
- GP consultations.
- Rehabilitation specialist consultations.
- Pharmaceuticals and continence consumables.
- Driver assessment and retraining.
- Taxi vouchers to and from appointments until regained license.
- Travel reimbursement for travel in own car to and from appointments once regained license.



## Ongoing Treatment, Care and Support

**Jane's rehabilitation services eventually ceased as Jane's recovery slowed, however she did receive further bursts of therapy intervention as required in the future.**

Jane regained independence with some personal care and light domestic and gardening tasks, however continued to require assistance with dressing, heavy cleaning, main meal preparation and gardening tasks. Jane also received the following services:

- Psychology intervention to assess return to work potential.
- Occupational therapy to support return to work transition.
- Ongoing attendant care as stated above.
- Equipment repairs, maintenance and replacement including prosthetics.
- Continence review assessments and ongoing consumables.