

Children & Youth with Brain Injuries: Practical Strategies | June 7, 2018

Holland Bloorview
Kids Rehabilitation Hospital

 MARCH
OF DIMES
CANADA LA MARCHÉ
DES DIX SOUS
DU CANADA

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Catastrophic Designation for Children with ABI: The New Tests, New Rehab Prospects and Reporting Tips

Presented by:

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Getting to CAT Sooner: Overview

1. More Children ABI survivors can be CAT

2. Definition Keys

3. Look at New Technology re Dx TBI

4. Look at the KOSCHI test re AC

5. How do pre-accident problems fit in?

6. How Attendant Care Assessment help CAT

7. Writing reports with KOSCHI in mind

WHAT ARE KEY TIMES?



WHO WILL ENSURE CAT CONSIDERED AT EACH INTERVAL?



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Criterion No. 1:
Hospitalization and Imaging

CRITERION NO. 1: HOSPITALIZATION AND IMAGING

“accepted for admission, on an in-patient basis, to a public hospital named in a Guideline with positive findings on CT, MRI or any other medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident, including, but not limited to intracranial contusions or hemorrhages, diffuse axonal injury, cerebral edema, midline shift or pneumocephaly.”

CRITERION NO. 1: HOSPITALIZATION AND IMAGING

In-patient admission to public hospital;

Positive findings of intracranial pathology;

**Findings must be from medically recognized
brain diagnostic technology.**

KEY POINTS: CAT ABI DEFINITION

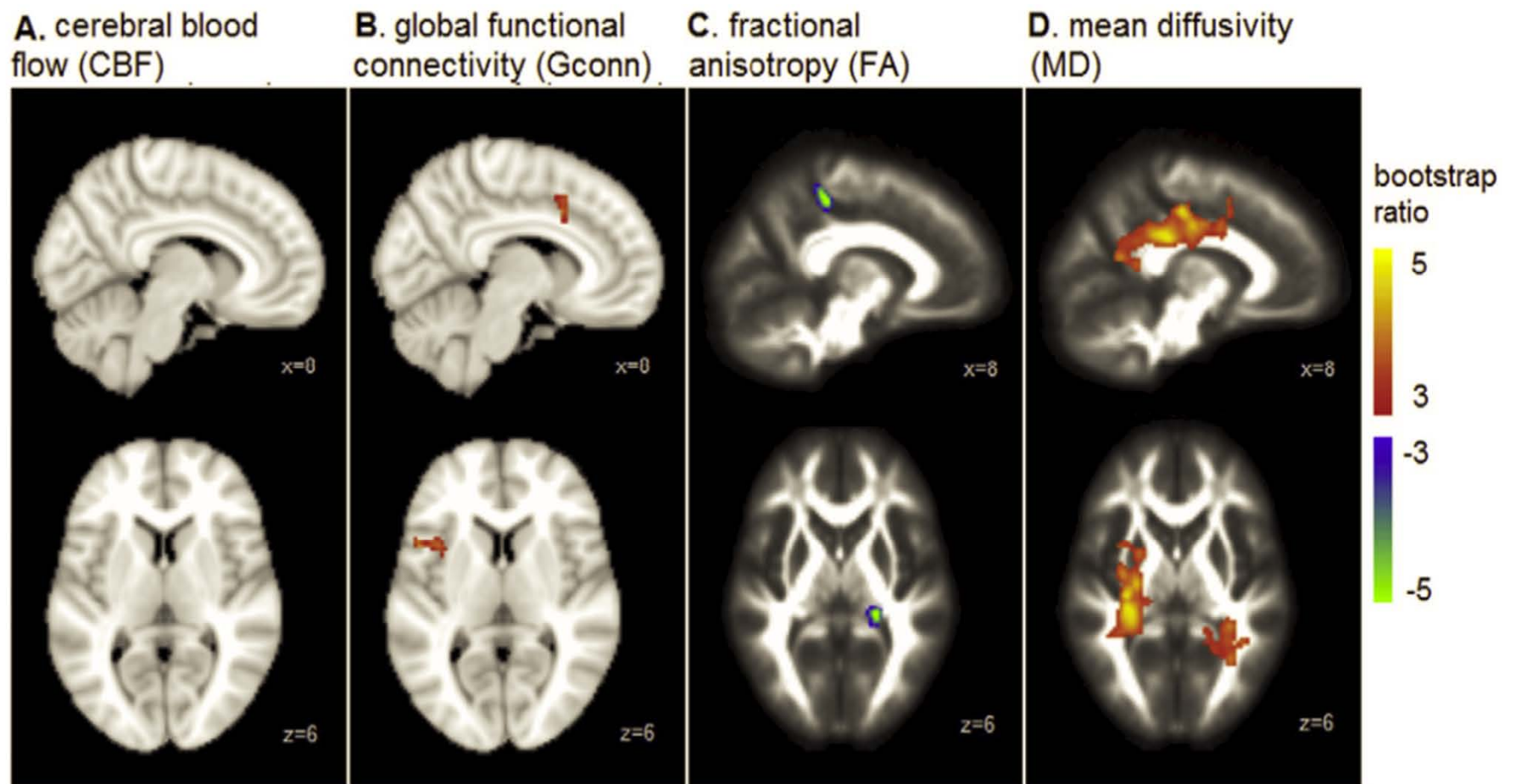
1. June 1/16 CAT Definition for TBI

2. First, need positive findings showing TBI

3. Looking at:

- CT
- MRI
- fMRI
- Neuropsych testing

fMRI Shows Positive Finding of TBI: Within One Week of Trauma



N.W. Churchill et al. / NeuroImage: Clinical 14
(2017) 480–489

Criterion No. 2:
**Admission to Pediatric
Rehabilitation Facility**

CRITERION NO. 2: ADMISSION TO PEDIATRIC REHAB

- “accepted for admission, on an in-patient basis, to a program of neurological rehabilitation facility that is a member of the Ontario Association of Children’s Rehabilitation Services”(OACRS)
- = HSN Children’s Treatment Centre
- = NEO Kids

CRITERION NO. 2: ADMISSION TO PEDIATRIC REHAB

- What is OACRS?



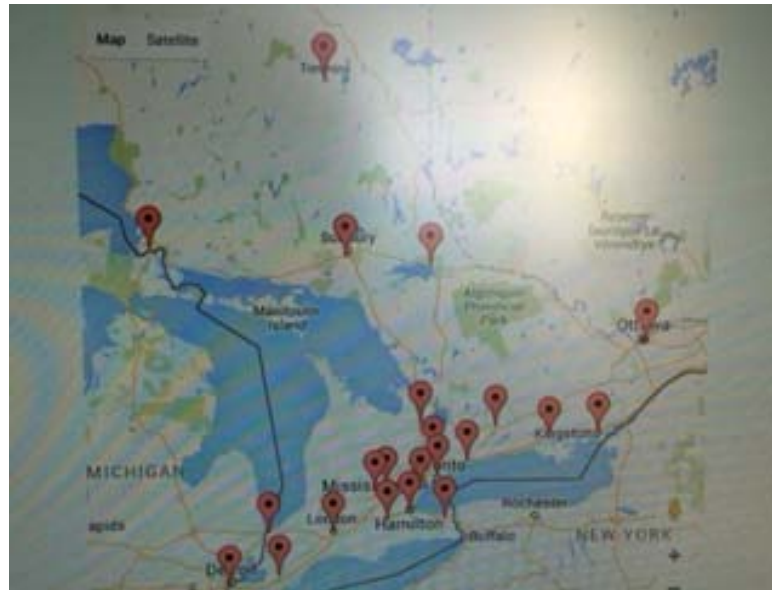
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CRITERION NO. 2: ADMISSION TO PEDIATRIC REHAB

Five Concerns:

1. Discrimination re: remote areas



CAT ABI re under 18, CAT if:

Brain injury diagnostic technology reveals TBI,
OR

Admitted as in-patient to recognized neuro -
rehab facility (Bloorview)*, OR

KOSCHI 2 (1 month post) Vegetative

*Discuss creation of Northern Rehab beds in
Sudbury, Thunder Bay and the Soo.

CRITERION NO. 2: ADMISSION TO PEDIATRIC REHAB

Five Concerns: cont'd

2. Wait lists
3. Community-based rehab
4. In-patient admission requirements
5. “Program of neurological rehabilitation”

Solution: Funding source for neuro rehab = CAT
Accident Benefits of \$935,000 per child, max

Criterion No. 3:
King's Outcome Scale
(1 to 5 months)

CRITERION NO. 3: King's Outcome Scale (1-5 months)

- King's Outcome Scale for Childhood Head injury ("KOSCHI")
- Studies have found KOSCHI to be of limited use in predicting long-term outcome
- No guidance on who will do assessments

CRITERION NO. 3: King's Outcome Scale (1-5 months)

- KOSCHI rates impairment on following scale:
 - 1) Death
 - 2) Vegetative
 - 3) Severe Disability
 - 4) Moderate Disability
 - 5) Good Recovery

Criterion No. 4:
King's Outcome Scale
(6 months)

CRITERION NO. 4: King's Outcome Scale (6+ months)

6 months +

“level of neurological function does not exceed category 3 (Severe Disability) on the KOSCHI.”

CRITERION NO. 4: King's Outcome Scale (6 months)

Severe disability:

“The child is at least intermittently able to move part of the body/eyes to command or make purposeful spontaneous movements.”

For Example: Confused child pulling at nasogastric tube, lashing out at carers, rolling over in bed.

Such a child is fully conscious and able to communicate but not yet able to carry out any self-care activities eg. feeding.

CRITERION NO. 4: King's Outcome Scale (6+ months)

Severe Disability = CAT

Implies a continuing high level of dependence,
[=AC]but the child can assist in daily activities.

For Example: Child can feed self or walk with assistance or help to place items of clothing.

Such a child is fully conscious but may still have a degree of post-traumatic amnesia.

CAT ABI re under 18, CAT if:

KOSCHI 3 (6 months post) = severe disability = predominantly dependant = limited self care abilities = requires specialized education or rehab, OR

- Not age-appropriately independent and requires supervision for more than half of waking day, **then s/he is CAT**
- IEP, IPRC

CRITERION NO. 4: King's Outcome Scale (6+ months)

“High Level of Dependence” vs “Degree of Supervision

Clinical Judgment helps open door

Pre-morbid Problems help open doors

Remedial approach

What if pre-morbid worsened?

Bottom Line in SABs: Accident Injury Worsening Premorbid Problem

- If accident caused an injury that more than minimally worsens premorbid problem, accident is responsible for the entire resulting impaired health condition
- Must determine CAT based on whole person, including accident injury, premorbid problems and potential future deterioration.



If premorbid problems

More likely to be CAT

What about post-accident problems?

- If post accident problem occurs in part as a result of accident injury, accident injury is responsible for entire result of post accident problem.

Examples:

- Late onset depression, anxiety, fatigue following accident injury related loss of function
- Fall occurs as a result of balance or self-cuing impairment from brain injury

KOSCHI AT SIX MONTHS

Findings of KOSCHI at six and nine months are highly dependent on:

- Earlier attendant care, social worker/psychology assessments, and;
- Speech cognitive communication disorder assessments.

AC and CCD assessments in the first six months which include assessment of KOSCHI criteria will inform KOSCHI six month assessment re CAT>

Criterion No. 5:
Level of Function
After 9 Months

CRITERION NO. 5: POST 9 MONTHS

“Nine months or more after the accident, the insured person’s level of function remains seriously impaired such that the insured person is not age appropriately independent and requires in-person supervision or assistance for physical, cognitive or behavioural impairments for the majority of the insured person’s waking day.”

CRITERION NO. 5: POST 9 MONTHS

Breaking down the test

Areas of focus:

“age appropriately independent”? See OSOT Guides

“in-person supervision or assistance”

“waking day”?

CAT AT 3 MONTHS – 2 YEARS DUE TO WHOLE PERSON IMPAIRMENT

- 55% WPI due to physical injuries, including brain impairment.
 - includes fractures, brain injury, nerve injury, bony and joint injuries (every injury except mental or behavioural impairments)
 - Can be done at 3 months if physician states “unlikely to cease to be less than 55%” if not: 2yrs

OTHER CAT CRITERIA

- Paraplegia or Tetraplegia
- Severe mobility impairment or use of arm or amputation
- Loss of vision both eyes

KOSCHI AND REPORTS

OT/SLP/SW/Psych & ATTENDANT CARE REPORTS:



USE OBJECTIVE TESTS

REFERENCE OBJECTIVE DATA

LIST INJURY AND IMPACT ON FUNCTION

MULTIPLE ATTENDANCES

NARRATE INSTANCES OF SUPPORT FROM CYW, FAMILY AND TEACHERS/EA's

INTERVIEW FAMILY MEMBERS

KOSCHI AND REPORTS

OT/SLP/SW/Psych & ATTENDANT CARE REPORTS:



“EXPLANATION” SECTION SHOULD SUMMARIZE OBJECTIVE TEST DATA, LIST IMPAIRMENTS AND PROVIDE DAILY EXAMPLES OF DEPENDENCY AND/OR DECOMPENSATION

DISCUSS RESPONSE IN UNEXPECTED/CHALLENGING/ UNPREDICTABLE SITUATIONS

KOSCHI AND REPORTS

OT/SLP/SW/Psych & ATTENDANT CARE REPORTS:



ADDRESS AND COMPARE PRE-ACCIDENT
FUNCTION AND POST-ACCIDENT FUNCTION IN
“EXPLANATION” SECTIONS

INCLUDE BULLET POINT LIST OF ALL IMPAIRMENTS
AFFECTING FUNCTION

KOSCHI AND REPORTS

OT/SLP/SW/Psych & ATTENDANT CARE REPORTS:



IDENTIFY PRE-ACCIDENT IMPAIRMENTS THAT
IMPACT ON RECOVERY

IF STILL REQUIRE AC AND HAVE RETURNED
TO SCHOOL, AC WILL IMPACT UPON
WHETHER ARE KOSCHI LEVEL 3

KOSCHI AND REPORTS

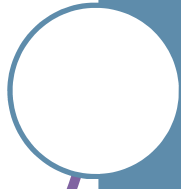
OT/SLP/SW/Psych & ATTENDANT CARE REPORTS EXECUTIVE SUMMARY:



LIST ALL PHYSICAL, COGNITIVE AND PSYCHOSOCIAL IMPAIRMENTS



NOTE CARE NEEDS AND SAFETY ISSUES



NOTE DEGREE OF CHANGE IN PRE- VS POST FUNCTION, GIVE MANY EXAMPLES OF PRE AND POST ACCIDENT FUNCTIONAL SPHERES



LIST ALL TESTING

KOSCHI AND REPORTS

OT/SLP/SW/Psych REPORTS:



INDICATE PROBABLE EFFECT OF
WITHDRAWAL OF SUPPORTS ON FUNCTION

IDENTIFY POTENTIAL DETERIORATION
CONCERNS, if any:

- Isolation, depression, risk taking

IDENTIFY SAFETY CONCERNS UNLESS CARE
IN PLACE

KOSCHI AND REPORTS

SLP REPORTS:

- COGNITIVE-COMMUNICATION DISORDERS
- IDENTIFY, DISCUSS PROMPTING, SUPERVISION, RELATE TO SOCIAL SITUATIONS OBSERVED
- ROLE OF SUPPORTS IN COMMUNICATION
- CUEING
- NOTE WITHDRAWING SUPPORTS > DETERIORATE
- CONVERSATION IMPAIRMENTS > ISOLATION
- IMPACT OF COGNITIVE FATIGUE ON CCD

KOSCHI AND REPORTS

PSYCH/SOCIAL WORKER & SLP REPORTS:

- ADDRESS CHANGED/LOSS OF RELATIONSHIP, SOCIAL WITHDRAWAL
- ROLE CHANGE IN CLASS, WITH SIBLINGS
- ABILITY TO COMMUNICATE IN MULTIPLE PERSON CONVERSATION
- EMERGENCY AND MULTIPLE STIMULUS HIGH STRESS IMPACT ON COMMUNICATION
- IMPACT ON SAFETY DUE TO CCD

KOSCHI AND REPORTS

PSYCH/SOCIAL WORKER & SLP REPORTS:



AT SCHOOL

IDENTIFY LEVEL OF ACCOMMODATIONS AND SUPPORT
REQUIRED IN ORDER TO COPE

AT HOME + SCHOOL (IEP, IPRC)

ADDITIONAL BREAKS, QUIET LEARNING ENV.

FALLOUT AT HOME DUE TO SCHOOL OVERLOAD

THANK YOU

QUESTIONS?

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