



Collaboration is key to rehabilitation

I READ with interest the article by Rachel Bush and Ed Fletcher ('Mind over matter', *Post*, 4 December 2008, p24) and could not agree more with its sentiments; collaboration, communication and partnership are key in the effective management of catastrophe claims.

The article rightly points out that partnership and collaboration between those involved in the litigation process is essential. However, how the rehabilitation provider engages with the patient and those involved in their care is also essential.

In terms of managing the clinical care of the patient, the management team from the rehabilitation company must integrate with the treating teams at the earliest opportunity. It is through effective collaboration that the rehabilitation provider can

best assist in the welfare of the patient.

The article makes reference to the case manager having experience of the appropriate neuro-rehab environment or spinal unit. In fact, this too can be improved. Rehabilitation companies should be engaging at the acute care level with a multi-disciplinary team tailored to the patient's requirement.

Effective acute management of acquired brain injury, for example, will routinely involve a core team of a neurologist, neuropsychologist, physiotherapist and occupational therapist. No one discipline can manage, understand and credibly communicate on all of these clinical aspects; this requires a multi-disciplinary approach.

With the support of solicitors and the financial backing of insurers, the collaboration of a multi-disciplinary team

takes on a pivotal role. This is most apparent in the effective co-ordination and support of the patient's transition from acute care to community re-introduction. Knowledge and experience of the primary health care trusts, social services, the role of the GP and local intermediate care facilities is essential here.

Communication, partnership and collaboration are vital not just in supporting the mechanics of rehabilitation but also in the way that good rehabilitation management engages with the acute and ongoing care teams and most importantly the patients themselves.

Matthew Beard
Director
Medicess

CII merger fail has hit confidence

*An open letter to
Dr Alexander Scott,
chief executive officer,
Chartered Insurance Institute*

IN my view I am afraid that this announcement [that the CII has ended plans to merge with Australian and New Zealand Institute of Insurance and Finance] has done serious damage to the credibility of the CII and you will need to do a lot of work to regain my, and other members' confidence (*Post* online, 18 December 2008).

I fully accept that the pros and cons of the proposed merger are many and varied — and that over the duration of the consultation, circumstances will change that impact on any proposed recommendations.

Nevertheless, as recently as 28 November you were communicating to members about the forthcoming roadshows and trumpeting the benefits — financial and otherwise — that would arise.

Clearly at that time it was still 'full steam ahead' with the concept and consultation with the members (whatever was going on behind the scenes in the financial markets).

As such the financial revised financial the ANZIIF excuse for the process later is just this to be the research, and project been appalling waste of me

I have no explanatory churned out weeks but fear these 'political spin' to address of the waste to date.

To regain the members you to prove of the circumstances 28 November unreasonable aware of on Anything as an acknowledgment your failings

Tony Jackson
Business Co
Mutual

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