## FEEDBACK REPORT



## Work stream no. 1 - Medical / Healthcare Aspects — Sub-stream 1

National Coordinator: Dr Herman Edeling, Dr Gian Marus & Prof Jacques Goosen

Sub-stream No. 1	Access to treatment – Medical/Surgical (Emergency, Follow-Up, Complications, etc.)					
FOCUS AREA	SOLUTION	CLAIMANT	STATUS	DEPENDENCIES	ACTIONS TO IMPLEMENT	IMPACT ON KEY RAF ELEMENTS
Large scale inadequacy of treatment for MVA victims.  High and potentially avoidable levels of permanent disability and economic dependency.  RAF cannot forever fund poor treatment without intervening to ensure effective treatment.	<ul> <li>A. RAF to support and use existing high-quality SA Trauma Registries.</li> <li>B. Change RAF documentation to collect meaningful medical and cost data.</li> <li>C. Create effective data storage, management and research system.</li> <li>D. Create evidence-based management system to monitor and intervene wrt treatment and promote effective treatment.</li> <li>E. Provide immediate payment to compliant service providers.</li> </ul>	Effective, just and equitable treatment of injuries.  Reduction of permanent disability and dependency.  Return accident victims to economic productivity and dignity.  What gets measured gets done.	Complete	In-bound – Input / info needed from another group in order to proceed.  NO  Outbound - Need to complete before other group(s) can proceed. YES	Publish RAF directives.  (COMMENT. In collaboration with outside experts/organizati ons if necessary. APRAV and SAMLA are willing to assist.)	<ol> <li>Impact on RAF Act? POSSIBLY</li> <li>Impact on RAF Regulations? POSSIBLY</li> <li>Impact on settlement agreements? NO</li> <li>Impact on RAF budget? DEFER TO FINANCE STREAM</li> <li>Impact on Fuel Levy? DEFER TO FINANCE STREAM</li> </ol>