

**“FINDING SOLUTIONS FOR RAF” initiative by APRAV / SAMLA**  
**Feedback from Workstream 1 (Medical & Healthcare aspects).**  
**Sub-stream 4 (Protection & Case Management)**

*Compiled by the appointed task team:*  
*Gugu Gopfert (OT), Dries Cuyler (Advocate), Lesego Mashishi (OT) and Julia Buchanan (OT)*

*September 2020*

---

**A. PREAMBLE**

The definition of Case Management as drafted by the Case Management Association of South Africa (CMASA):

*“Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes.”*

The Protection and Case Management team identified several key areas and issues that require immediate attention. An in-depth Annexure is attached with this document.

**B. RECOMMENDATIONS ON THE IDENTIFIED KEY AREAS AND ISSUES**

1. The roles and responsibilities of the Case Manager must be broadly defined. The system should support a client-centred approach to case management.
2. Only health care practitioners, who are experienced in rehabilitation and / or disability management (preferably Occupational Therapists, Physiotherapists, Speech Therapists) should be appointed as rehabilitation Case Managers. However, there may be a need for Nurses to be appointed in acute hospital settings or when specific longer-term nursing needs are identified.
3. Establish clear guidelines and criteria, giving the earliest stage in process, when cases may be referred for initial case management intervention, preferably before hospital discharge. These should factor in the nature and severity of injuries, socio-economic factors etc.
4. Experienced practitioners of identified core disciplines should be readily available via the regional RAF officers, to educate / advise / monitor case managers, as necessary.
5. All victims of road accidents should be provided with a detailed information when the Undertaking Certificate is issued. The attorneys representing claimants, or a RAF official (for direct claims), should declare by way of signatories from both parties that the contents have been clearly explained to the individual (or a family member) in a language or a manner that could be understood.

6. Establish a dedicated undertaking management team in each region – to advise clients and service providers, to assess and process undertaking claims, to monitor expenditure, etc.
7. Appropriate systems be put in place, within the respective finance department/s, for service provider reimbursement, for example, tariff guidelines should be established for routine services, to expedite processing of claims.
8. For regular service provision costs and / or high cost items, pre-authorisation for payment should be requested, accompanied by a letter of motivation explaining the need for the service and / or product. This is to guard against over servicing.
9. A Curator Persona should be appointed in instances where the victim is unable to take responsibility for himself, his safety health and well-being, or to make decisions that will impact on his life – and no family member is available to perform these functions on his / her behalf.
10. Any Curator Bonis or Trust appointed to manage the funds awarded to a road traffic victim, should be encouraged to appoint a case manager / special advisor whenever this may be indicated, to assess the individual's needs at any given stage and advise the Curator as to what services / products are required. Note that this is not limited to the adaptive equipment.
11. Assistance or education on financial management should be made available for the individuals who are vulnerable, even though they are of sound mind. Vulnerability may be because of a physical impairment (e.g. quadriplegia), emotional vulnerability, and / or because of risk of family members / friends embezzling the funds.

### **C. CONCLUSION**

As extensively narrated in the attached Annexure, the existing policies and procedures, the appointment of case managers and case management teams, post hospitalisation medical intervention, disability management, provider services, return to work processes, financial management and the protection of allocated funds, require a major overhaul.

The listed issues and recommendations are based on our collective understanding of the current situation, and how we believe the operational systems should be improved.

We would be willing, as a team, to engage on further collaborative discussions in the future, if so requested.