Who Else Needs to be Notified of Valuable Health Information?

It may be necessary at times to share valuable health information with Interdisciplinary Team members who are not the nurse or the physician. The reasons for this are varied and will depend on each individual’s specific situation and the services which are in place.

**Why would you need to notify anyone except the nurse or physician regarding valuable health information?**

1. So the team can act as a resource for the provider or individual.
2. So the team can plan appropriately if someone cannot attend scheduled services or activities.
3. So the team can support the individual in a consistent manner regardless of service location.
4. So the team members can provide the appropriate service (i.e. therapies, adult habilitation, etc.) to assist the individual in recovery.
5. So the team can plan for ongoing supports that may be necessary for the individual.

This is not an exhaustive list of reasons to share health information and the amount of information to be shared will depend on each service providers “need to know” and the ability of the person designated to assure quality healthcare coordination to guide healthcare.

**What is “Need to Know”?**

Each individual on the Interdisciplinary Team has a different role. Some of the roles are responsible for having significantly more information regarding an individual than others. Other team members are responsible for assuring health and safety during the period of service or must implement healthcare actions during service. Yet other team members can help the team design interventions that support the individual in recovery or ongoing maintenance of health. Each of these team members has a distinct need for health information. This is the meaning of “need to know”.

**How to determine who has a “Need to Know” valuable health information:**

It is important to remember that all team members are working to assure the individual has the life they want and that they can live it in a way that assures reasonable health and safety. Any assessment of someone’s need to know health information should be based on how the information will be used. Some team members will use the information for planning decisions, for treatment options, and so that individuals are offered the correct supports to meet their current needs. Others will use the information to maintain an accurate record of the individual’s care. While the individual has the right to privacy, it
is essential to share health information in a manner which assures consistent implementation of healthcare and assures each service provider can reasonably meet their requirements.

Below are “need to know” suggestions for various key members of the Interdisciplinary Team.

What does a Case Manager “Need to Know”?

The Case Manager is the coordinator of all services on a team. The case manager not only assesses, plans, and develops the ISP, but they also are responsible to oversee all services provided to an individual through the DD Waiver. The Case Manager should have a thorough understanding of what is occurring in an individual’s life. While there is no standard, below is a list of typical health situations which will require notification of the case manager and a timeline for this notification:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>1. Hospitalization</td>
<td>Immediately</td>
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<tr>
<td>2. Condition requiring planning or service change</td>
<td>Immediately</td>
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<tr>
<td>2. Change in Diagnosis</td>
<td>At next visit</td>
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<tr>
<td>3. Change in Medication</td>
<td>At next visit</td>
</tr>
<tr>
<td>4. Physicians appointments</td>
<td>At next visit</td>
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What does a Residential Provider “Need to Know”?  

For all service models (except for those persons who do not access residential supports), the residential provider is the primary provider of healthcare supports. For this reason, the residential provider has a greater responsibility to have accurate and current health information. This applies to all types of information that may affect an individual’s care and long-term supports. The residential provider needs all information regarding an individual’s health status and care immediately, with no exception. It is only through this that an individual can be adequately supported to assure health and safety. With this being said, it is not necessary for all specifics to be shared with the direct support staff. There may be some private information that only a nurse needs to know, but for which the nurse can develop appropriate information for the staff to monitor a condition (for example, if a woman is having health related issues regarding menstruation, she may seek to have that kept private, but staff may have to monitor for symptoms). In this situation, the nurse would have a responsibility for the condition, but the staff must monitor for certain symptoms which would indicate complications. The nurse would share the symptoms, the staff would monitor and report if the symptoms occur, and the nurse would take appropriate action.
What does a Day Provider (of any type) “Need to Know”?

The day provider is typically the secondary provider of health related supports (except for individuals who do not have residential supports, in which case the day provider may be the most responsible provider for healthcare supports). The day provider must be informed immediately of any health situation or support that affects the day provider. This includes any change in health condition that must be monitored, medications to be administered, or any situation that requires a specific treatment for which the provider is responsible. Additionally, it is necessary to inform the day provider of any specific situations or medications which, in an emergency, must be shared with a nurse, physician, or hospital. The day provider will use this information to assure that the medical team has adequate information regarding the individual to prescribe appropriate care. Many health conditions are mistreated due to failure of the medical team to have accurate information.

As with residential services, there are medical conditions which do not necessarily need to be shared with the direct staff. The staff need to know what symptoms to monitor, but they have no responsibility for a health intervention. In this case, the nurse will need to know the health concern in order to educate the staff for which symptoms to monitor. The staff will monitor and report the occurrence of the conditions to the nurse.

What does a therapy provider or Behavior Support Consultant “Need to Know”?

The therapy providers and Behavior Support Consultants typically have responsibility for specific health supports related to their discipline (i.e. Occupational Therapy, Physical Therapy, Speech Language, Behavior). These providers need information that will affect the supports that are provided by the specific provider. For example, if an individual has a fracture, a surgery, or has fallen, it may affect the range of motion program or the lifting protocol. In this situation, both the OT and the PT may need to know specifically what the health condition is. The other therapists and BSC will need to know some information about why the individual appears in pain, but may not need to know the level of information that the other therapists who can address the concern need to know. As many persons respond to pain with behavioral challenges, it may be necessary to address the pain issue with the BSC, but the SLP may not need to know. With therapy providers and the BSC, the need to know is much more narrow than with the other types of providers on the team and will typically be discipline specific.

When does the entire Interdisciplinary Team “Need to Know”?

The “Need to Know” valuable health information extends to the entire team in situations where it affects overall team planning, decision making, and healthcare. Examples of this are major hospitalizations, long-term change in condition, end-of-life decisions, and any event that changes the standard care provided to an individual. In these cases, the person designated to coordinate healthcare must communicate with the team regarding the status of the individual in order for the team to develop an appropriate course of action and treatment plan. As these changes may affect not only daily support, but also service
planning, it is imperative that this information is shared in a timely manner so the team can assure the proper support for the individual.