The voice of the Case Manager

CMASANOW

CASE MANAGEMENT
AS PART OF PROJECT MANAGEMENT

SPOTLIGHT
ON THE STANDARDS OF PRACTICE

CAROL GARNER
CASE MANAGER OF THE YEAR

2018
WINNING CASE STUDY

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

International Case Manager of the Year 2018

Carol Garner - South Africa

The Case Management Society of America is proud to announce the recipient of the Case Manager of the Year, at the 28th Annual Conference & Expo in Chicago, Illinois in June 2018.

The 2018 Case Manager of the Year was awarded to Carol Garner, RN, CCMSA. She has been described as a pioneer, a leader, a mentor, an inspiration, a relationship builder, an innovator, and is known for expanding her passion for case management globally.

Carol began her nursing career in 1975. In 1998, Carol took a leap and challenged the "Pre-auth Only" environment by appointing one of the first case managers for South Africa. Despite a huge resistance from an industry that saw case management as negative and very strange, a case management team was successfully put together and changed healthcare.

Carol has been touted as responsible for changing the way an entire country is understanding and experiencing case management; she was even able to win over the initially skeptical and sometimes hostile treating specialists through relentless preaching of her vision.
After attending the 2010 CMSA Annual conference, Carol was key in launching the Case Manager Association of South Africa to represent the case managers of South Africa. She not only carries the title of Founding member, but continues to Chair the association. In less than a decade, CMASA has grown to over 1,000 members. She continues to expand her relationships with other case management organizations.

Beyond her connections with The Case Management Society of America (CMSA) and The Case Management Society UK (CMSUK)§, she has recently been approached to mentor the development of sister associations in Dubai, Nigeria, and Botswana.

Carol was also inspirational in supporting and contributing content to the first official certified case management course for South African case managers; she has since ventured out on her own to launch her own case management company, Global Case Management.

Carol has stated "I am both honored and humbled to be the 2018 recipient of the CMOY award and to think that this is the first time its been awarded Internationally makes it even more special.

Case Management in South Africa has only developed as much as it has through the support and commitment of the US for which we are eternally grateful, we learn more and more with every interaction.
Allowing us to use your Standards of Practice to set the bench mark for the gold standard in SA is so appreciated because we had nothing to go on, no guidelines and no minimum criteria.

The standards have been integrated into our formal CCM training course that was introduced in 2017. Using these standards in the case management setting has definitely improved the quality and approach to case management.

In my personal capacity I am already seeing a different level of respect and awareness and there has been an increase in the number of client referrals to my company which is awesome. There is no doubt the association will be taken more seriously now and we will be able to step it up a gear.

To reiterate what I said when accepting the award and quoting John Sailsbury from the 12th century: "We are like dwarfs sitting on the shoulders of giants. We see more, and things that are more distant, than they did, not because our sight is superior or because we are taller than they, but because they raise us up, and by their great stature add to ours."

CMSA has been our giant and we thank them for allowing us to sit on their shoulders."

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

Case Management as part of Project Management

By Charne Willemse

A project is temporary, it has a beginning and definite end. The same can be said about case management... you start with a human falling ill, this is the beginning, and you have an end, where the patient is healed or passes away.

In this article we will compare case management to project management. Through this process you will be given the 5 basic phases of project management and show you can apply it in case management. In doing so, this will help to show you a more cost friendly approach to the finance and the outcomes of each case.
In an ideal world we won't have any variables but in reality something always go wrong. In project management it could be the impact of the weather or absentee of workers or even the exchange rate causing fluctuation of the currency. In case management, complications are more often than not the reason for the cheque book not balancing.
Phase 1
In the context of project management is "Initiating". The idea for a project will be carefully examined so as to determine whether or not the idea benefits the organization. During this phase, a decision-making team will identify if the project can realistically be completed.
The initiating phase in case management is where the team decides what case will be referred to them and what the criteria is to follow. You will have different case management teams, which may include: Imbedded case management (on site case managers.), Rehab/ step down case managers, disease management case manager focusing more on out patients as well as the case manager/social workers looking after the elderly and community.

Phase 2 is the "Planning" in project management. This is where a project plan, charter and /or project scope may be put in writing, outlining the work to be performed. During this phase, a team should prioritize the project, calculate a budget and schedule and determine what resources are needed.
During this phase the case manager will create a cost estimate regarding the various cost drivers. They will then communicate this plan with the treating doctor, gather any additional information and discuss future treatment as well as a discharge plan.

Phase 3 in project management focuses on "executing". The various resource tasks are distributed and teams are informed of their responsibilities. This is a good time to bring up important project related information.
In case management you will to gather the necessary quotations and arrange for all appliances should they be needed. The case manager will also get the allied services that are needed involved to ensure discharge isn't propose.

Phase 4 "Monitoring and Controlling" is identified in this phase when the project manager will compare the project status and progress to the actual plan, as well as if the resources performed the scheduled work. During this phase, project managers may need to adjust schedules or do what is necessary to keep the project on track. At this stage in regard to the case manager, they will discuss the case with team member and the medical advisors. They will also advise the doctor of funder discussions and any short falls. The patients family should already be involved at this stage. Family meetings are very important to ensure no nasty surprises at the end. During this stage the needs for placement or home care will be established, and from this we will also be able to minimize the re-admission rate.

During this phase the case manager will also ensure the appropriate health education is given and the member is clear on how to take their medication. The case manager will also ensure that all devices have been authorized and received, so as to avoid the risk of further injury.

Phase 5 is the final phase. "Closing" in project management the task will be completed and the client will have signed off and approved the outcome, an evaluation is necessary to highlight project success and/or learn from project history.
In case management closing a case can mean many different things. We are going to focus on where the patient is discharged. Here the case manager will ensure that all the coding and tariff codes are correct before closing the case. They will also ensure a handover happens seamlessly to the community case manager or social worker should the patient require these ongoing services.

The way that we as case managers will learn is through case histories, with case studies and discussions on these. By publishing our case and findings, this will enable our colleges to learn and openly debate on what is the best practice for case management.

CMASANOW Magazine Launch

We are proud to announce that we will be launching **CMASANOW Magazine** which is our very own publication, specifically geared towards the Case Manager.

This will be a quarterly publication packed with interesting articles, the latest international and local industry news, as well as vital information to help you become the best case manager possible.

Should you or your business be interested in featuring and advertising in CMASANOW, please contact **Carol Garner on 010 592 2347 or email info@casemanagement.co.za.**

Spotlight on the Standards of Practice

By Case Manager Society of America (CMSA)

A. STANDARD: CLIENT SELECTION

PROCESS FOR PROFESSIONAL CASE MANAGEMENT SERVICES

The professional case manager should screen clients referred for case management services to identify those who are appropriate for and most likely to benefit from case management services available within a particular practice setting.

How is this demonstrated:

• Documentation of consistent use of the client selection process within the organization's policies and procedures.

• Use of screening criteria as appropriate to select a client for inclusion in case management. Examples of screening criteria may include, but are not limited to:

• Barriers to accessing care and services

• Advanced age

• Catastrophic or life-altering conditions

• Chronic, complex, or terminal conditions

• Concerns regarding self-management ability and adherence to health regimens

• Developmental disabilities

• End-of-life or palliative care

• History of abuse or neglect

• History of mental illness, substance use, suicide risk, or crisis intervention

• Financial hardships

• Housing and transportation needs

• Lack of adequate social support including family caregiver support

• Low educational levels

• Low health literacy, reading literacy, or numeracy literacy levels

• Impaired functional status and/or cognitive deficits
• Multiple admissions, readmissions, and emergency department (ED) visits

• Multiple providers delivering care and/ or no primary care provider

• Polypharmacy and medication adherence needs

• Poor nutritional status

• Poor pain control

• Presence of actionable gaps in care and services

• Previous home health and durable medical equipment usage

• Results of established predictive modelling analysis and/or health risk screening tools indicative of need for case management

• Risk taking behaviours

• Recognition that a professional case man-ager may receive pre-screened client referrals from various sources, including (but not limited to) direct referrals from health care professionals and system-generated flags, alerts, or triggers. In these situations, the case manager should document the referral source and why the client is appropriate for case management services.

Case Study of the Year 2018

By Chrystal Meyer

The child was born as a healthy baby girl. She developed like any other girl until the age of 5. On the 09th June 2015 child fell ill at school and was vomiting (Aged 5). Her mother noted that she had a viral rash the previous week. On arrival at home, her child was fine. She was eating a little and playing in her room. The next morning she became lethargic and was running a fewer. The mother took her to the Doctor. Her condition worsened visibly. She than began complaining of a headache and an aching body. She was admitted into Sunward Park hospital.

A lumbar puncture was performed and she was diagnosis with meningitis. CT scan and MRI scan showed swelling of the brain as well as an intracranial brain abscess. The child later lost consciousness and had to be intubated. She was rushed to the theatre where an External ventricular drain was inserted to relieve pressure on the brain.
Two days later, the patient was airlifted to hospital. Another scan was done and it was established that she also had an Ischemic stroke. On the 06 July 2015 a peg tube was inserted and lumbar puncture done. By 13 July 2015 she was still ventilated and fed with a peg tube. Then severe intracranial infection set in. Her GCS (Glasgow coma score – indication of brain activity) reduced and her heartbeat slowed down. On the 30 July the child's right lung collapse and for which she needed a thoracotomy and a Pacemaker was inserted. She suffered from muscle spasm and Botox was given. On the 11 September she went into multi-organ failure and the risk of not surviving this episode was very real. The diagnosis at this point was Strep meningitis, obstructive Hydrocephalus, intracranial abscess, respiratory failure and septicaemia. Despite this serious turn of events the child survived. There were many attempts to wean her off the ventilator before discharging her home. However, in October 2015, the Doctor discussed with family that the future plans is to have the child discharge home with home ventilation. Persuading the family that it would be safe for the child to be discharged on a ventilator was not easy and I had to work closely with the staff to facilitate the safe discharge home.

Eventually they agreed. The Scheme purchased the machine for the child, the family was trained and after more than half a year in hospital she went home on 18 December. Three days later on the 21st December 2015 the child was readmitted with Respiratory Failure. She remained in ICU with respiratory infection for 2 weeks before she was discharged again. This extremely traumatic course of events combined to the readmission lead to sever anxiety of the family to take responsibility for her.

After another 5 months she was admitted for respiratory and Neurological assessment with the expectation from the family that there is something to be done to make her better. Unfortunately shortly thereafter she was admitted twice within a 2 month period with Adult respiratory distress syndrome.

On 19 September 2016 she was admitted for rehabilitation. At this point the family anxiety and desperation to do everything possible to make their daughter better started to take its toll. They wanted to try every opportunity of rehabilitation to escape the spiral of catastrophic health incidents. This is a very natural and human reaction to the situation.

At this point the HomeCare+ team stepped in to support the family whilst limiting the dependence on the scheme to fund unrealistic treatment. This was an extremely difficult journey. It is only natural for parents to do whatever is available for their child. Initially the focus was on battles to get outstanding accounts paid, battles to get more and more rehabilitation funded and battles to try and get funding for experimental treatment. Slowly the team gained the trust of the family. The scheme supported us in funding appropriate treatment for this child and supporting engagement with her mother.
The family learnt to trust that the scheme will be supportive and that they can help and stimulate the child to progress at her own time and with her limitations. They feel more confident to deal with medical emergencies and know there is a team to help them if they need it. This process started very

slow but gained momentum when we identified an independent case manager to visit the home and stepped in with very regular engagements and physical visits.

All the mother wanted was someone she could speak to and raise her concerns face to face.
Since then there was only one admission on the 29 September 2017 for a bronchoscopy. This was an appropriate evaluation that will be repeated in future. She was discharge on the same day.

The child is at home and still ventilated, on CPAP for ±16 hours daily on Thermovent 2-3 times a day for ±1 minute at a time. Her cognitive development and her vocabulary have improved since discharge. She recognises her family and knows their names. She manages short sentences instead of words. Her mobility is slowly improving. The main focus is to wean her from the ventilator. Her progress is very slow. Child has not been admitted into hospital since September 2017 with the assistance of the extended HomeCare+ team.

The scheme has been pivotal in the unfolding of the life story of this child. The scheme's continued understanding, support and trust in the case management team who is managing this child has been outstanding. This has paid off in the best possible outcome for this girl and her family. From an initial aggressive relationship the family is now cooperating 100% and the outcome for all is rewarding. Sometimes as a case manager your role is just a support to the family and nothing more, however without that support the family would have been left on their own to cope.

Healthcare Academy

DUXAH

duxah.co.za

CASE MANAGEMENT TRAINING PROGRAMME

Endorsed by CMASA; Includes 30 credits INSETA

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

About the programme

This programme will equip and empower the healthcare professional with knowledge and skills required to be a case manager. These modules include the skills necessary to achieve continuity of services, quality care and efficient, effective human resource management. At the exit point, the participant will have an understanding of who they are in context to their role and occupation as a case manager.

- A minimum of one module can be completed online, over a 6 month period. This includes all assessments.
- Should a student pay for all four modules in advance, a 10% discount will be given.
- CMASA members will receive a further 10% discount for the full programme. Alternatively CMASA members will also receive 10% discount per module.
- For non-clinically trained individuals: Anatomy & Physiology and Medical Terminology (offered by DUXAH), will be a prerequisite to register for the case management modules.
- There is a compulsory practical work experience component that requires completion within a healthcare environment and is necessary in order to complete the training programme
- All modules must be completed sequentially.

FOR FURTHER INFORMATION CONTACT:

DUXAH

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To **register online** please visit: www.duxah.co.za