The voice of the Case Manager

CMASANOW

CMASA CONFERENCE

Feedback

WITHDRAWING LIFE-SUSTAINING TREATMENT

A Brief Legal Overview

Dementia Patients

How to work with them

AUGUST 2019

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

Note from the desk of the Chairperson

Carol Garner - South Africa

Can you believe that our conference was 3 months ago and once again it was a huge success. Thank you to everyone who gave us feedback.

One of the funny items of feedback was we need to find younger fitter people to handle the roaming microphones for question time... so watch this space I will be scouting for volunteers for KZN next year.
It seems that the speaker selection this year once again hit the right spot but unless you tell us what you want, we have to guess and assume what topics you want covered.

Next year we want to include more case managers doing the presentations as it is important to hear from our own about their challenges and successes. Look out for a mailer in this regard.

Case managers week is quickly approaching so look out for the invite and register as we want to celebrate with the students who passed the first Case Manager course.

See you soon
Carol Garner

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CMSA 2019 conference – Las Vegas

By Carol Garner, CMASA Chairperson

As usual this conference is on a different scale with over 2000 delegates and 300 exhibitors over 4 days.

It was held in the Mirage Hotel on the main Las Vegas strip and when they say the Strip that's exactly what it is. One long street with themed hotels on both sides. Each hotel had hundreds of slot machines and gambling tables.

The conference this year focused much more on self development and preservation than before , as always they had a main session daily and break away sessions offering presentations on a varienty of subjects from stress management law and ethics. There were 3 outstanding motivational speakers in the main sessions one of whom was the first female top gun pilot who told hair raising stories of her days in the dessert war.

I cannot explain how much value there is in attending these conferences, apart for the size it is the networking and getting to understand that while we are miles apart our challenges are the same.

2020 is being held in Boston just before the 4th July celebrations and it would be really good to go with a team again, it' s very lonely going alone.

Conference 2019 - Survey Responses

By CMASA

At the 2019 COnference, we did a survey to identify what people liked about the conference, areas to improve as well as suggestions for new and different ways of hosting the conference. All of this feedback is taken into account by the team when we plan for the next conference in 2020. Below you will find a snapshot of some of the feedback we received from those who attended the conference.

What did you like about the Conference?

"Was informative to me and able to meet case managers from different areas."

"Really made me realise the value of my job."

"The variety of industry leaders coming together."

Was there anything you disliked about the Conference?

"Size of the conference room itself.."

"Limited time to speak to the company sponsors and presenters."

"Not enough networking opportunities."

Do you have any suggestions how we can improve the Conference?

"Trying to use young people on the floor for the handing of Mic for the speakers and being involved."

"More categories for the awards, no runners-up to any categories."

"Get more sponsors involved."

What motivated you to attend the Conference?

"It was the first so was just curious and I loved it will go every time."

"It was the first so was just curious and I loved it will go every time."

"The CMASA spirit and the association is fantastic."

What did you think of the Conference Programme as a whole?

"Fantastic event that I was thrilled to be a part of."

"All I can say is that the conference was well planned & executed well."

"It was very well done. It by far exceeded my expectations."

Please rate your overall impression of the Exhibitions.

"Excellent. Would like to see more."

"A lot of effort was made by the Service providers."

"It was excellent I did even see what the other provinces are doing outside the scope on the hospital."

How did you find the Dinner & Awards evening?

"Wow it was stunning."

"Great fun! Loved the theme."

Not everyone dressed the theme and not everyone enjoyed the entertainment."

Workshop 2019 - Survey Responses

By CMASA

Q1 What did you like about the Workshop?

- The information we received from case managers from Botswana and Kenya, was very interesting.
- Loved the interactive sessions.

Q2 Was there anything you disliked about the Workshop?

- The venue was a bit cramped. The chairs were right against each other and there were not enough tables to stand and eat.
- The venue's IT support was pathetic

Q3 Do you have any suggestions how we can improve the Workshop?

- Workshop to be more intensive and interactive instead of presentations.
- Maybe more case managers can present 'a day in the life of...' and give insight into how they go about looking after their patients?

Q4 What motivated you to attend the Workshop?

- Felt more applicable and practical than conference.
- I always enjoy the networking and come away with something that I have learnt.

Q5 What did you think of the Workshop Programme as a whole?

- Very interesting and varied It was excellent.
- Issues relevant to the 'now' was discussed.

Q6 How would you rate the presenters?

- Excellent x9/ Good x1
- The presenters articulated their presentation very well, and the information shared was very relevant.

Q7 Please recommend topics/speakers for future Workshops.

- How to have a multidisciplinary meeting with all relevant stake holders about a case. Case management in the public sector, especially in the districts hospital setup.

Q8 How would you rate the Workshop overall?

- Worth It.
- Was very informative. I will definitely attend next year again.

Q9 Any other comments?

- The workshop was a highlight for me.
- Loved the interaction with like minded people. you realized that people in the other sectors are also struggling with the same issues and it is not just a public sector issue.

Spotlight on the Standards of Practice #4

By CMASA

D. STANDARD: PLANNING

The professional case manager, in collaboration with the client, client's family or family caregiver, and other members of the interprofessional health care team, where appropriate, should identify relevant care goals and interventions to manage the client's identified care needs and opportunities. The case manager should also document these in an individualized case management plan of care.

How Demonstrated:

- Documented relevant, comprehensive information and data using analysis of assessment findings, client and/or client's family or family caregiver interviews, input from the client's interprofessional health care team, and other methods as needed to develop an individualized case management plan of care.
- Documented client and/or client's family or family caregiver participation in the development of the written case management plan of care.
- Documented client agreement with the case management plan of care, including agreement with target goals, expected outcomes, and any changes or additions to the plan.
- Recognized client's needs, preferences, and desired role in decision-making concerning the development of the case management plan of care.
- Validated that the case management plan of care is consistent with evidence-based practice, when such guidelines are available and applicable, and that it continues to meet the client's changing needs and health condition.
- Established measurable goals and outcome indicators expected to be achieved within specified time frames. These measures could include clinical as well as non-clinical domains of outcomes management. For ex-ample, access to care, cost-effectiveness of care, safety and quality of care, and client's experience of care.
- Evidence of supplying the client, client's family, or family caregiver with information and resources necessary to make informed decisions.
- Promoted awareness of client care goals, outcomes, resources, and services included in the case management plan of care.
- Adherence to payer expectations with respect to how often to contact and re evaluate the client, redefine long and short term goals, or update the case management plan of care.

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CMASANOW Magazine is our very own publication, specifically geared towards the Case Manager. This is 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.

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SleepNet-BreatheNet Article in the Financial Mail

Until recently, children like Elizabeth (pictured here), were given no hope of living normal lives, in fact, they were given very little chance of survival at all.

Elizabeth suffers from Spinal Muscular Atrophy, a genetically inherited neuromuscular condition. This condition causes progressive muscle weakness. Within the first year of her life, Elizabeth received a tracheostomy to keep her airway open and was placed on a ventilator to help her breathe.

Elizabeth spent most of her first year of life in hospital. Happily, she is now 7 years old and lives with her family at home. She is fully dependent on the ventilator to breathe and needs an assortment of equipment at home to keep her safe and to prevent the need for hospital admissions. Surprisingly, mechanically dependent children, like Elizabeth, are not as uncommon as you may think. In 1991 the first world survey of neuromuscular disorders (NMDs) was published revealing that 1:3500 of the population may be expected to have a disabling inherited neuromuscular disease manifesting in early childhood or later in life. Since 1991 diagnostics have greatly improved through genetic testing and more recent studies show an increase and are likening the prevalence of NMDs to Parkinson's Disease (1-2:1000).

Not all NMD patients need to nor elect to go on mechanical ventilation. However, with the latest technology and scientific know-how, the equipment is smaller, safer, more robust and user friendly, giving more patients access to what was previously only available in the ICU.

Though quite common in first world countries, sending mechanically assisted patients' home is a relatively new concept in South Africa. In the private sector, Medical Schemes are fast realising that treating these patients at home is far less financially onerous than in the ICU. The public sector (State), however, has yet to establish a payment methodology for such homecare practice.

About us

• SleepNet-BreatheNet offers a comprehensive service to patients requiring mechanical assistance for respiratory and neuromuscular conditions
• The company is represented Nationally with 5 branches in South Africa that are well situated for easy access
• There are two main divisions in the company
o Sleep division
o Home Ventilation Program
• The company complies with all statutory requirements and is licenced with the South Africa Product Regulatory Authority (SAPHRA)

Contact details

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CMASA Gauteng Chapter Session on 2nd August 2019

Written by Brenda Naidu – MSO National Network Case Manager and CMASA Gauteng Chapter Leader

The **Case Management Association of South Africa Gauteng Chapter** held its 2nd session in 2019, on 2nd August at Bayer Head Office in Kempton Park. The chapter meetings aim to inform, support and educate case managers, as well as provide a networking opportunity to interact with counterparts in the healthcare industry.

The event was sponsored and hosted by Bayer.The chapter was well attended by CMASA members from the various industry representatives in healthcare. Delegates included public sector, funders, and private hospital groups and managed healthcare companies.

The theme of the session was **"Every Heartbeat Matters"** and the presentations that followed were informative, educational and thought provoking.

Dr Thys Kruger, from Medcare, a former MSO medical advisor, whose presentation on **"Compliance Guideline in SA"**, provided statistics on the challenges facing the management of lifestyle related illnesses especially cardiovascular diseases and the impact thereof on the healthcare industry. He also highlighted that regular screenings, appropriate immunisations, medicine compliance, education and proper record keeping by the primary healthcare physician can play a vital role in lifestyle disease management.

Jill Hagley, from Bayer, spoke about the importance of **"When is Low dose Asprin No Dose Asprin"** in the prevention and management of Cardiovascular related diseases. She also emphasised that under controlled circumstances despite its side effects low dose asprin given for secondary prevention of heart attacks, strokes and as an antiplatelet medication to prevent blood clots, can be of benefit rather than a risk.

Dr Naran Jairam, who is a Medical director at Bayer, presented his findings on his PhD research paper "**An Investigation into the Use of Anticoagulants in Patients with Non-Valvular Atrial Fibrillation: A Retrospective Claim Database Analysis".** Interestingly, his findings were based on the analysis of the ICD-10 coding obtained from the MSO database from 2013-2016. His research demonstrated that anti-coagulation was not appropriately prescribed in a significant number of patients and he also stated the possible reasons for this including the side effects of anti-coagulants.

Gisela Brettschneider, CMASA member from MSO, gave a humorous, honest but alarming personal experience following her husband's admission for a heart attack. She highlighted from the patient's family perspective, the poor service she received from her funder during the utilisation review phase including the lack of support from the hospital and funder case managers. During this thought provoking presentation, case managers were reminded of their role of being an advocate not only to the patient but to the family as well.

CMASA chairperson Carol Garner, provided feedback on her recent trip to Las Vegas where she attended the Case Management Society of America (CMSA) annual conference. The goals and focus going forward is on strong leadership to drive case management in a changing, challenging healthcare landscape; mentorship of new case managers entering the industry; self-preservation of case managers; post discharge follow up of patients and reducing the re-admission rates.

In closing at the CMASA Gauteng chapter session we were left with this inspiring quote from Benjamin Franklin:

"Tell me and I forget, teach me and I might remember, involve me and I learn"

Withholding or Withdrawing Life-Sustaining Treatment in the Face of Terminal Illness: A Brief Legal Overview

By Christelle van Greunen

Introduction

The only certainty in life is death and taxes.
The topic of death has inspired and haunted many a philosopher, poet and writer over the centuries.
We have been able, through medical advances, to significantly increase the life expectancy of entire populations. At the same time, we may however prolong a terminally ill patient's unnecessary suffering by these very same technological advances. In medical and legal circles alike, this has often brought about many an ethical dilemma.

What the courts say

The courts have ruled that where a patient's condition is terminal with a hopeless prognosis, withdrawing or withholding treatment does not constitute a new intervening act between the underlying cause of death and the withdrawal of treatment and is therefore lawful.
Furthermore, our courts are also of the opinion that basic biological functions such as heartbeats and respiration does not equate to living in the human context. There must be some brain function.

The National Health Act considers brain death as death, and when treatment is withdrawn or withheld where a patient is artificially alive but brain dead, it is not unlawful. When a patient is kept artificially alive but is brain dead at the time, giving a Do-Not-Resuscitate ("DNR") order or withdrawing life-sustaining treatment (such as nasogastric feeding and artificial respiratory treatment) will not be unlawful and is acceptable.

The legal test in these cases are whether there was a duty on the physician to commence or continue with resuscitative procedures. In the matter of Clarke v Hurst NO and Others the court held that if life-sustaining procedures were commenced and was not successful in sustaining cortical and cerebral functions, but merely biological functions such as respiration, heartbeat, blood circulation and digestion, the resuscitative measures cannot be considered to have been successful and therefore no duty to continue with it arose.
Medical practitioners need to keep the reasonable prospects of recovery of a patient in mind, and if so, what the patient's quality of life will be like after the fact. It must be remembered that the intention is to provide care that is in the patient's best interests.

Who may decide to withhold/withdraw treatment?

In some instances a patient does not have the mental or legal capacity to make the required decision on whether his life sustaining treatment may be switched off or withheld, and in those cases consent may be given by a court-appointed curator, or the patient's spouse or family, provided they are themselves competent to do so. As stated above, if it is the intention of the medical professional to provide care that prolongs the life of the patient, this is usually considered to be the best interests of the patient.

DNR orders and consent to the withholding / withdrawing of treatment may be problematic, however, as acting thereon can hasten the patient's death. If a medical professional makes a decision without careful consideration of the relevant guidelines , he may end up facing criminal charges. If there is any doubt or information lacking in the face of a critical life-threatening emergency, physicians are advised to commence with the necessary treatment until such a time as a more definitive assessment can be made.

The patient:
Where a patient possesses the mental capacity to appreciate his circumstances and the consequences of the decision he makes, such a patient may refuse medical treatment when it is offered by the practitioner. This is an explicit rejection of medical paternalism and it endorses the fundamental right of a patient's autonomy in terms of the Bill of Rights as set out in the Constitution.

The patient who lacks decisional capacity:

The Living Will
It may also be deduced from earlier or prior expression of views, such as in a living will, that a patient does not want the medical treatment which would prolong any unnecessary suffering. A living will is a document, written by the patient, when s/he was of sound mind and had decisional capacity, wherein s/he states his/her wishes should they face terminal illness and their condition deteriorate to the extent that s/he would not be able to consent to the withholding or withdrawal of treatment.

Although living wills are still being considered by the legislature, it gives a good indication on the patient's previously expressed views on medical treatment that would only prolong his/her suffering and may be considered legally binding. A living will is however open to misinterpretation, and if the wording is too general or if it is not recent, it should be approached with caution.

The proxy decision maker
A patient may mandate another person as his proxy decision maker in terms of the National Health Act , to make decisions on their behalf when they are no longer able to do so. The proxy decision maker may then instruct medical practitioners to withhold life-prolonging treatment to such a patient when there is no reasonable prospect of recovery.

Ultimately, the decision lies with the medical practitioner to continue with aggressive treatment or whether to do palliative care only. As stated above, the practitioner must consider the patient's quality of life following such life-prolonging treatment, taking cognisance of the prior expressed views by the patient and the patient's family.
The Health Professions Council for South Africa ("HPCSA") provides guidelines to medical practitioners for the withdrawal or withholding of treatment in these cases.

The HPSCA requires that practitioners always involve the family of the patient in the discussions wherever practicable. Practitioners should never act in haste, and document fully and clearly any decisions that are made including reasons for their decision. If a disagreement arises about the patient's best interests, the practitioner should seek a review, and failing that, legal advice.

In conclusion
When a practitioner is faced by the question on whether to withdraw or withhold life-sustaining treatment of a patient, many legal factors come into play. Such a practitioner should be guided by the ethical guidelines of the medical profession, and always act within the ambit of the law. Most importantly though, the practitioner's decision must reflect the best interests of the patient.

Sorry to Say Goodbye

By CMASA

The time has come to make big decisions if we want to be taken seriously by Industry.

The board has decided that if fees are not paid membership will be cancelled and all member benefits will cease.

2 Employer groups have adopted the approach that they will only employ case managers who are paid up members of the association and that is so exciting for us and we hope more will follow.

We will keep a record of email addresses and contact details in order to still send out communication but discounts and access to member only web portal will be stopped.

Please pay your fees, its only R350 a year and you can pay it off monthly so its not a difficult process.

Dementia Patients - how to work with them - tips

GET TO KNOW THE PERSON
Know their likes and dislikes
Gather life history
Have three points of conversation

SMILE ! THE PERSON WITH DEMENTIA WILL NOTICE
Your emotional state
Your body language
Tone of voice

SLOW DOWN
Provide care in a relaxed manner
Enable the person to do things for themselves
Keep it simple

INTRODUCE YOURSELF
Let the person know who you are
Tell them what you are there for
Obtain their permission to assist with care

COMMUNICATE CLEARLY
One point at a time
Make sure glasses and hearing aids are used if needed
Use an interpreter if needed

STEP BACK – WHEN THE PERSON IS AGGRESSIVE
Leave the area
Reassess and try again later
Try to identify the trigger to the behaviour

KEEP IT QUIET
Stop and listen
Reduce conflicting noises
Avoid crowds and lots of noise

DON'T ARGUE
Go with the flow
Acknowledge and respect what the person is saying and doing
Telling them they are wrong may have a negative effect

ENGAGE AND ENCOURAGE
Get the person started with a meaningful activity
Set activities up to succeed
Thank them for assisting you and themselves

CONSIDER SAFETY
Approach safely
Keep a safe distance
Allow yourself an exit

DISTRACT
Talk or learn about their life
Give them something to do
Provide a relaxed environment

TALK WITH OTHERS
What has worked and what hasn't
Talk together about what has happened
Record what you did