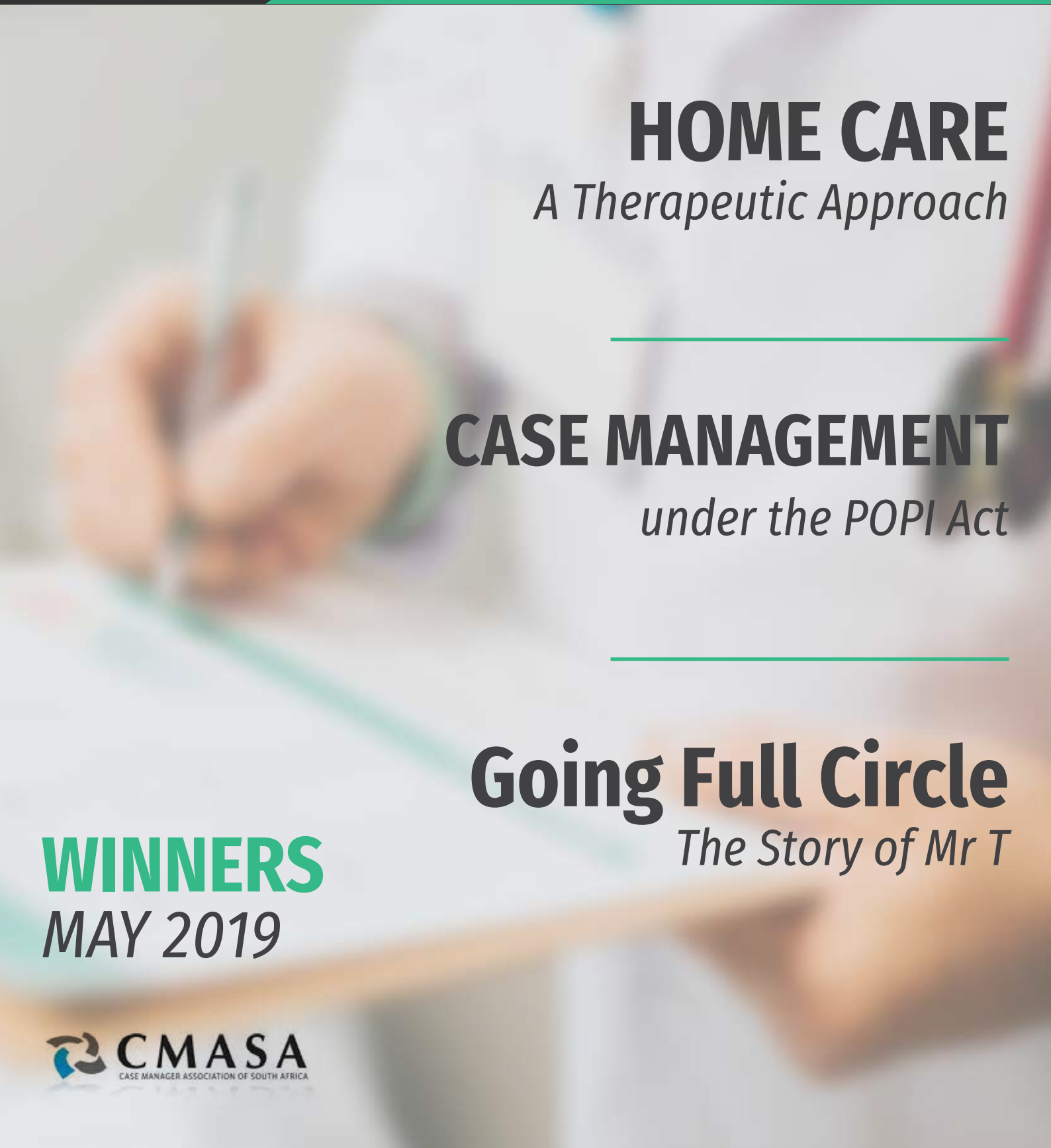
The voice of the Case Manager

CMASANOW



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WINNERS
MAY 2019

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

Note from the desk of the Chairperson

Carol Garner - South Africa

Its conference time again and its very exciting to see everyone again and hear all the stories of what has happened in the last year.

We congratulate all the award recipients this year, you have each made an incredible impact on or industry and I am honoured to be associated with you. Your commitment and dedication to the field of case management is an inspiration to all of us.

Once again, the speakers at conference are varied and specialists in their field, those who attended the workshop would have enjoyed the debates and challenges about the practical application of Case Management no matter what section of the industry you work in.

Within the next 3 weeks we leave for the US conference, this year the SA delegation is a lot smaller than previous years' but the important thing is that we will be there and will bring back all the learning opportunities.

I trust you have enjoyed our conference and look forward to seeing you all again soon.

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CMASANOW Magazine is our very own publication, specifically geared towards you, 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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Home Care - Therapeutic Approach

By Antionette Potgieter RN, Santro Nursing Care (Pty) Ltd, SA

Therapeutic Home Care provides a service in the community by caring for the frail and vulnerable in the comfort of their own home. This type of care helps families and patients to have more access to the specific care they require, which is more affordable and beneficial to all parties concerned. This type of care is more accessible especially where families have to work and still care for a family member that is critically ill or at the end stage of life, this also includes those patients that are frail and who do not want to go to a facility, but prefer to stay in the environment that they know and where they are more comfortable.

This type of care has influential factors that need to be taken in consideration when a family must decide or plan for home care. Factors like illness, disability, lack of transport, funds available, effectiveness and goals for the patient, but this type of care also raises many concerns like ethical concerns regarding boundaries, confidentiality and confusion of roles. Concerns beyond the scope of practice and/or abuse.

Home care is becoming more common and people who wish to make use of home care must be mindful of all these boundaries, limitations and obstacles that can happen when contracting these home care services. A professional service with boundaries must always be used in order to ensure that the patient's privacy is protected.

The benefit of this type of care is that patients tend to recover quicker when they are at home. This is usually because they are more relaxed in their own homes. This leads to more effective healing.

When you choose a nursing agency, ensure that this is an agency that can provide a more holistic team approachto care. The patient and family will have access to more experts to assist with the care of the patient and this allows a more personalized approach.

In the long-term this can have major financial implications if the family do not have a medical aid. It is imperiative to find out what financial resources are available for the patients care, before the planning begins.

Make sure the Nursing agency that you use, can provide you with clear evidence of what they offer and what type of care they provide and that they are an accreditated agency. If they are not accredited, the medical aid will have an issue in paying for the services requested. Check the staff credentials, are they properly qualified? Be aware of who you allow into your home? Does the agency have an emergency system in place if something goes wrong at home? Did the agency send the carer to your home. Does the agency do staff evaluations, etc.

Give families and the people they love the opportunity to decide how they want to spend the last few months/ years of their lives and give them the dignity and choice to choose how they want to be cared for.

Case Management under the POPI Act

By Christelle van Greunen

The Protection of Personal Information Act 4 of 2013, or POPI Act (POPIA), is South Africa's answer to bring the country in line with existing data protection laws around the world. The Act is not fully in force yet, but once it is, it will have certain implications for all case managers.

The Case Managers Association of South Africa (CMASA) have their own Standards of Practice pertaining to client confidentiality and privacy. Case managers are required to act in a manner consistent with their client's best interests in all aspects relating to communication and record keeping. Case managers are required to work within the scope of their underlying profession, as such, case managers are required to keep updated on the relevant laws pertaining to confidentiality, privacy and protection of their client's medical information. This practice in case management falls squarely within the ambit of POPIA.

POPIA does not replace the existing practice guidelines on case management which safeguards confidential client information, but creates an additional framework within which case managers now need to now practice. It affects all private and public organisations that possess and process personal information of private individuals, and the requirements, as outlined in the Act, must be complied with when this information is outsourced to a third party.

POPIA regulates the collection of data in that it may only be collected for the specific purpose of providing a service to a particular subject (patient or client). Information collected by or held in possession of a case manager is to be kept only if it is in the client's best interests, and only if such a case manager is providing services to such a client.

Interestingly, POPIA now also requires a case manager to take reasonable steps to inform (either in writing or orally) a client or patient that his/her information has been collected by another source, including the identity of the source as well as the purpose of the collection. POPIA requires further that any information held by a case manager should be preserved by protecting it from loss, damage and unauthorised destruction.

It further requires measures to be taken to protect a client's information from unlawful access, and that reasonable technical and organisational processes are to be implemented to safeguard this protection of information, taking into account the case manager's resources as well as the information requiring protection.

Case managers are urged to identify all reasonably foreseeable risks with regards to the safekeeping of their client's information, both internal and external, in order to ascertain the necessary and appropriate measures. These measures will have to be reviewed regularly and updated as needed when new risks occur. Foreseeable risks include theft or accidental destruction of information.

Third parties may be granted access to the information processed by a case manager provided the necessary requirements have been complied with under POPIA. In most circumstances, however, the client's written informed consent is required before the information may be disclosed to a third party.

IT service providers tasked with upgrading a case manager's practice software also constitutes third party access and as such is also governed under POPIA. The IT service provider may therefore only process the information if the case manager is aware of it and has agreed to treat all information as confidential. This agreement must preferably be in writing.

POPIA requires that the case manager inform the client as well as the Information Regulator in the event of the case manager reasonably suspecting an unauthorised

information leak. It is required that such notification be done in writing and it must include enough information pertaining to the leak to enable the client to take the necessary measures to protect him-/herself.

The case manager is required to include the possible consequences of the disclosure and a description of the measures he or she intends to take. Furthermore, the patient should be informed of the identity of the individual who made the unauthorised access.

Should a case manager not comply with the provisions of POPIA, they may subject themselves to a complaint lodged with the Information Regulator or a civil claim for damages. Lastly, criminal proceedings may also be instituted against such a practitioner, and if convicted, he or she may be sentenced to pay a fine of up to R 10 million or imprisonment for up to 10 years or both. POPIA will require that case managers in future register with the Information Regulator, compile a PAIA manual for their practice and generally comply with the requirements set out therein.

For case managers this is not simply a matter of legal compliance with the Act, but more importantly it is the extension of the principle of upholding the best interests of their client. Practitioners will have a two-year grace period from the date it fully comes into force within which to bring their practices up to par with the Act.

Sources:

1. Protection of Personal Information Act 4 of 2013.
2. Standards of Practice for Case Management 2016.
3. https://www.michalsons.com/blog/the-impact-of-popi-on-electronic-document-and-records-management-systems-edrms/12149, accessed 8 May 2019.
4. https://www.medicalprotection.org/southafrica/casebook/casebook-may-2013/understanding-popi, accessed 7 May 2019.
5. https://www.medicalacademic.co.za/news/popi-ready-for-it/, accessed 9 May 2019.

Going Full Circle–The Story of Mr T

By Kay Cupido

Mr. T came to South Africa in 2017 in the hope of building a better life for himself. He was a 22 year old young man from Zimbabwe. He moved in with his aunt and uncle in Strand and started doing casual work. In March 2017 his life changed dramatically when he was involved in a motor vehicle accident. He fell from the back of a moving bakkie and landed in between the bakkie and its trailer.

He sustained a T11-T12 fracture dislocation and a complete Spinal cord injury at T10 level. Over a period of 6 months he was treated at three different hospital and eventually he was sent for rehabilitation.

Our paths crossed at this point. I was asked by the social work at the rehab Centre to visit Mr. T to discuss the role that RAF can play in his future. I discussed the lodging of his claim briefly and then most importantly discussed the future medical expenses benefit also known as the undertaking. In our seriously injured claimants we may request an Urgent Interim Undertakings, which is a pre-settlement benefit to assist with early rehabilitation and prevention of complications.

He was unsure what to do and wanted me to chat to his family as well. I had to meet with them a few times before they eventually agreed to lodge the claim so that I could motivate for an Urgent Interim undertaking. Unfortunately the investigation of the merits took so long. His family in Strand could not accommodate him any longer due to his disability and he was sent back to Zimbabwe.

I eventually received his undertaking after many months and contacted his aunt to tell her and at the same time to enquire about his wellbeing. His aunt reported that things were difficult for him and his family and at that stage she also wanted to enquire on how far the claim was. I told her that Mr. T needs to come back to South Africa so that we can send him for his medico-legal appointments so that the claim can move forward. His aunt wanted to know if we could arrange somewhere for him to stay as they could not accommodate him. We arranged for him to be placed in a home whilst here.

They struggled for a few months to get him back to Cape Town. He and his dad travelled from Zimbabwe by bus and train for 6 days in total. From the time of him leaving to him getting here, his aunt kept me informed. When he eventually arrived his family took him straight to hospital because he was ill. He was admitted to one of the tertiary hospitals, I requested one of my colleagues to go and check up on him for me. She informed me that he was in a very poor state. He was malnourished, he had x3 grade IV bedsores and he was very weak. He was lying in the corridor for a few days already as the hospital was full. He was placed on the theatre list everyday whist he was there but got cancelled every day because of the long theatre lists.

I eventually went to the hospital myself and chatted to the doctor to see if I could have him transferred to a private facility. With his undertaking we could provide care in a private facility if the state was not able to attend to his needs. The doctor agreed and that same day he got admitted to a Private Hospital in Strand to be close to his family. I escorted him to the new facility and the next day the General surgeon did a debridement of his wounds. When I visited him a few days later he was already looking so much better. The doctor applied Vac dressings to his wounds which were very large and deep. You could get your whole fist into that hole so big it was.

Mr. T was being nursed in a single room to isolate him as he had lots of organisms growing in that wound. When I questioned him about how long he had the wounds and why he had not seeked medical attention, he said that they were there for a few months and that the Dr at the hospital in Zimbabwe said there was nothing they could do to assist him with care of the wounds.

He was treated in an acute Private facility for 3 weeks and Dr felt he was ready to be transferred to a subacute facility. I also noted at that stage that he was withdrawn and very quiet, hardly interacting when I visited him on a weekly basis. I arranged his transfer to a Sub-acute facility to continue the wound care and possibly start some rehabilitation.

Within 1 week of being there his mood changed. The facility is also a private one and they focused on holistic care. So whilst his medical care was being attended to the team has embraced his psychological, spiritual and mental care as well. Because his immediate family is in Zimbabwe and his aunt and Uncle lives in Strand, he hardly gets any visitors so he is sometimes down.

The Occupational therapist and the Physiotherapist has organized for him to visit Newlands Stadium, which is close by. He has watched the Stormers Rugby team practice and got invited to a Rugby Match. This has boosted his morale so much. Because his family are farmers, the staff at the facility have helped him start a little vegetable garden. Now if I visit him he sits and chat for an hour unlike before where he hardly had anything to say.

There has been so much improvement to his wounds, he is now ready to have surgical intervention done by a plastic surgeon to do the last phase of the wound care. He will be transferred back to an Acute Hospital for this surgery which will be done in 2 phases, so admission would be approximately 3-4 weeks. If all goes well he will return to the subacute Hospital for a short while to reinforce his rehabilitation.

As an African foreigner it is tough as he is not eligible to get a disability grant so his options are few. At least with the Road Accident Fund behind him we can pay for this accommodation from his undertaking indefinitely. Because he is a direct claimant, no Attorney involved, I have been able to motivate to fast track his claim. Every one of the multi-disciplinary team including myself as the Case Manager, are dedicated and has his best interest at heart. We do over and above what is needed, we all are involved at a much higher level. For example the OT and Physiotherapist saw that Mr.T didn't have shoes and so they collected funds to purchase him some takkies and socks.
I did a collection from my colleagues for toiletries and so every month or so I would take him some much needed items.

We have once a month progress meetings, I do weekly visits at the facility, the staff contacts me if anything is needed, and we have ensured that he had all the assistive devices he requires have been sourced.

I really feel that he has gone full circle, even though at this stage he still has to have his final surgery, as a person he has grown so much. He is now this happy, confident person who I believe would be able to cope with living independently because of all the skills he has learned from everyone that has crossed his path over the past two years.

For Mr.T, his happy ending will be him being wound free and living independently. He has said that he doesn't want to go back to Zimbabwe where conditions are harsh. Living with his family is also not an option in his current state. I have identified a home for him to go to for Paraplegics where he can live independently until such a time when he is ready to venture into the world alone.

Spotlight on the Standards of Practice #3

By CMASA

C. STANDARD: CARE NEEDS AND OPPORTUNITIES IDENTIFICATION

The professional case manager should identify the client's care needs or opportunities that would benefit from case management interventions.

How Demonstrated:

• Documented agreement among the client and/or client's family or family caregiver, and other providers and organizations regarding the care needs and opportunities identified.

• Documented identification of opportunities for intervention, such as:
• Lack of established, evidenced-based plan of care with specific goals

• Over-utilization or under-utilization of services and resources

• Use of multiple providers and/or agencies
• Lack of integrated care

• Use of inappropriate services or level of care
• Lack of a primary provider or any provider
• Non-adherence to the case management plan of care (e.g. medication adherence) which may be associated with the following:

• Low reading level

• Low health literacy and/or numeracy

• Low health activation levels

• Language and communication barriers

• Lack of education or understanding of:

• Disease process

• Current condition(s)

• The medication list

• Substance use and abuse

• Social determinants of health

• Lack of ongoing evaluation of the client's limitations in the following aspects of health condition:

• Medical

• Cognitive and Behavioural

• Social

• Functional

• Lack of support from the client's family or family caregiver especially when under stress

• Financial barriers to adherence of the case management plan of care

• Determination of patterns of care or behaviour that may be associated with increased severity of condition

• Compromised client safety

• Inappropriate discharge or delay from other levels of care
• High cost injuries or illnesses

• Complications related to medical, psychosocial or functional condition or needs

• Frequent transitions between care settings or providers

• Poor or no coordination of care between settings or providers

Reassessment of the client's condition, response to the case management plan of care and interventions, and progress toward achieving care goals and target outcomes.

Documentation of resource utilization and cost management, provider options, and available health and behavioural care benefits.

Evidence of relevant information and data required for the client's thorough assessment and obtained from multiple sources including, but not limited to:

Client interviews;

- Initial and ongoing assessments and care summaries available in the client's health record and across the transitions of care;
- Family caregivers (as appropriate), physicians, providers, and other involved members of the interprofessional health care team;
- Past medical records available as appropriate; and
- Claims and administrative data.

Congratulations to our 2019 winners

Overall Case Manager of the Year
Ina Mammoszer

Innovation and Service Excellence Award
Natasha Bender

Funder Case Manager of the Year
Winner: Kay Cupido
Runner up: Chrystal Meyer

Hospital Case Manager of the Year
Rae Adkins

Student of the Year
Marieta Van Coller

Chapter of the Year
Western Cape