

The voice of the Case Manager

CMASANOW

the changing world around us

USE GRATITUDE

to Counter Stress and Uncertainty

MY EXPERIENCE

through the Coronavirus minefield

WHAT IS PTSD?

is the coronavirus inflicting emotional trauma?

Note from the desk of the Chairperson

Carol Garner - South Africa



What a crazy time, in my wildest dreams I would never have imagined the chaos of the last 10 months. I don't think I have ever been so busy co ordinating care, managing discharges and equipment and chatting to stressed families who are left in the dark.

This past year has brought to light the true value of being a Case Manager, I know that sometimes we feel overwhelmed, but wow pat yourselves on the back, you deserve every accolade that comes your way.

Working remotely has become a way of life, zoom calls with dogs barking in the background is normal, while this is great, the downside is I find I am working longer hours with fewer breaks and that has issues of its own.

This newsletter addresses many of the issues we face now and have had to adapt to as the world around us changes.

I don't know when we will see each other again, but until we do, stay strong, safe and healthy.

And as always passionate about our profession.

See you soon
Carol Garner



Use Gratitude to Counter Stress and Uncertainty

Extracted from Harvard Business review - by Christopher Littlefield

October 20, 2020

Job and life advice for young professionals.

Taking care of our mental health during a pandemic isn't easy. Since the outbreak began, we've all been feeling – understandably – a lot more stressed. One study found that 57% of people are experiencing greater anxiety, and 53% of us are more emotionally exhausted. These kinds of emotions tend to arise when we lose some form of stability in our lives. Right now, we just don't know what comes next. Living in a constant state of uncertainty can feel like running a race with no finish line or completing a puzzle without a reference picture. Everything seems unclear, and the worst seems possible.

Of course, this not a fun state of mind to be in. So what can we possibly do to help minimize the impacts of uncertainty on our wellbeing? While it may not address the root cause, research shows that gratitude can help balance us out.

“Gratitude is an emotion that grounds us and is a great way to balance out the negative mindset that uncertainty engenders,” said Dr. Guy Winch, author of the book *Emotional First Aid*. When we express gratitude, our brain releases dopamine and serotonin – two hormones that make us feel lighter and happier inside. If we want to take care of our minds during this pandemic, understanding how to trigger this feeling is an important tool to have at our disposal.

Before you can trigger it, let's understand why gratitude is so important. We experience gratitude when we shift our focus from what we don't have to what we do, and when we take time to appreciate and be thankful for those who have contributed to the abundance in our lives. Nearly a decade of research by Dr. Robert Emmons – the world's leading scientific expert on gratitude – and others has found that people who have regular gratitude practices are healthier, happier, and have better relationships. Further research suggests that gratitude is also key in helping individuals and teams persevere in challenging tasks.

Think of your mind like your digestive system – what you put in it impacts how you feel. When you flood your mind with a constant flow of worry, envy, resentment, and self-criticism (compounded by a barrage of news and other media) it negatively impacts your mental wellbeing. A gratitude practice is like a workout and a healthy eating plan for your mind.

In his article *Why Gratitude is Good*, Dr. Emmons shares, “You can't feel envious and grateful at the same time. They're incompatible feelings, because if you're grateful, you can't resent someone for owning things you don't.” He goes on to share that his research found that people with high levels of gratitude have low levels of resentment and envy. When we take time to focus on what we are grateful for, we choose positive emotions over negative, thus we take steps to nurture our mental health and wellbeing. How do we trigger gratitude in ourselves? It's simple. We take time to shift our focus.



How to Trigger Gratitude in Ourselves

Have you ever noticed that when you are looking to buy a new phone or a jacket all of a sudden everyone around you has it? That's because, consciously or unconsciously, whatever we are focused on is what we see. If we want to trigger gratitude in ourselves, we need to intentionally shift our focus to that which we are grateful for. The simplest way to do this is through questions and prompts and a few daily rituals.

Pause and reflect

When you find yourself stuck in a constant state of worry, or hyper focused on what is not working around you, try to pause for a second and ask yourself one or two of the following questions.

1. What have I gotten to learn recently that has helped me grow?
2. What opportunities do I currently have that I am grateful for?
3. What physical abilities do I have but take for granted?
4. What did I see today or over the last month that was beautiful?
5. Who at work am I happy to see each day and why?
6. Who is a person that I don't speak to often, but, if I lost them tomorrow, it would be devastating? (Take this as a cue to reach out today!)
7. What am I better at today than I was a year ago?
8. What material object do I use every day that I am thankful for having?
9. What has someone done for me recently that I am grateful for?
10. What are the three things I am grateful for right now?

By taking time to write down our answers, we consciously redirect our attention to that which we are grateful for. It's also a great way to look back and realize what we may have thought of as insignificant was actually the things that brought us joy.

Write a gratitude journal

One common practice is to keep a daily gratitude journal. Jae Ellard, the founder of mindful-based consulting company Simple Intentions, recommends book-ending your day with thoughts of gratitude. She recommends carving out a few minutes at the beginning of the day and end of the day for reflection. Maybe it is the fresh pomegranate you had with your yogurt or gratitude for the health of one's families. Dr. Winch suggests starting the practice of "writing one paragraph every day about one thing for which we're truly grateful and why that thing is meaningful to us." He says, "This introduces positive thoughts and feelings into an emotional climate that is tipped too much toward the negative." We can also focus our gratitude exercise toward the meaningful things in our lives of which we are certain, such as our friendships, passions, or family, thereby reminding ourselves that while uncertainty exists in some aspects of our lives, certainty still prevails in many others.

Build it in like a routine

Since the start of the pandemic, my wife, our four-year-old daughter, and I start every meal by going around the table and sharing one thing we are grateful for. It may be our health, the food on our table, or getting to play with Legos for an hour earlier that day. Although my daughter resisted the practice at first, she is the first one to remind us if we now eat a bite without sharing our thoughts.

I recently came across someone who has taken on the practice of sharing one picture a day on LinkedIn of something he is grateful for and tells his audience the reason behind it. His daily practice not only helps him focus on the positive but inspires others to do the same.

Another way to create a ritual around gratitude is to start or end each virtual meeting or co-study session with a grateful minute. Pick any one or two questions outlined above and invite a few team members or friends to share their answers.

If we want to be able to keep running in this race with no clear finish line, we need to learn to take better care of the runner. Although there is no one solution, learning to trigger gratitude may help us cope along the way.



CMASANOW Advertising Opportunity

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.

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**.

My experience through the Coronavirus minefield

By Alison Brandes

The 15 December 2020, changed my life in more ways than one. It was the day that my husband and I tested positive for COVID-19.

At that stage, my symptoms were, a cold and a slight cough, and my husband had a temperature of 37.5 degrees. Nothing too serious to worry about, except that Ian has a number of co-morbidities, so I would have to watch him for any serious changes.

We didn't panic, we honestly thought we would just stay at home, stay hydrated and eat properly and just get through this together.

How wrong we were. To say that this was a roller coaster ride is putting it mildly! Ian's temperature just would not break, for days; he was so hot, sleepy and miserable. Nothing seemed to bring his temperature down. Getting him to eat was impossible and to drink was a mission. In fact we both had no appetite and no energy to even stick a ready-made meal in the microwave, let alone, eat it. I was trying hard to keep us hydrated, at least.

On top of Ian's issues, I was starting to feel worse. My chest was getting tighter and I seemed to be battling for air at times.

We still naively thought that we could cope through this and we certainly didn't want to expose anyone else to our germs.

Every day seemed to be a new challenge and we were getting worse. Ian had started falling, every time he got out of bed. Imagine the scene, he is 6ft4" and I am 5ft1", me trying to lift him! He eventually had to stay in bed, which was a nightmare for me, as I had to empty the bucket he was using and I was battling to breathe. Then, came the diarrhoea, which was a whole new level of messnot going to get into that.

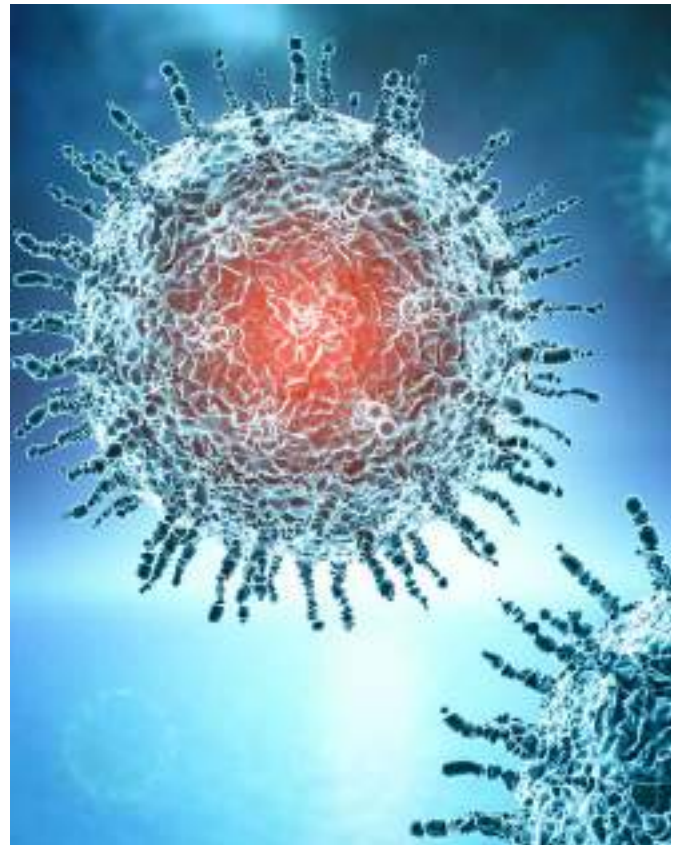
Eventually, on around the 24 December, Carol Garner (my guardian angel) called us just to find out how we were. She could hear that we were not doing well and decided to take control, for which I am so grateful. She contacted a home care agency for a home nurse,

who was supposed to start on Christmas day....great expectations. The nurse didn't arrive and it was at this point that I realized I couldn't do this anymore; we needed oxygen and medical intervention.

I called my sister-in-law who called my husband's specialist to discuss what to do. Before I knew it, there was an ambulance outside our house and we were whisked away to hospital. At this stage, my oxygen saturation was 78% and Ian's was 82%. The oxygen that they gave to us was a sweet relief.

We were both so weak from lack of food and just feeling generally unwell, that we were taken to hospital in a t-shirt and underwear! I had no energy to search for pants or shoes, let alone pack a bag for hospital. We had both never felt so dreadful in our entire lives, although my husband swears he was a day away from "turning a corner"MEN!!

We were admitted into the ER, and we were split up, so I had no idea how or where Ian was and that was worrying for me, as I needed to see him, just to make sure he was ok.





The specialist came to see us both, chest x-rays were done, bloods were drawn, which included blood gases, wow....that was sore! Drips were inserted and full face oxygen was administered.

The specialist had a chat with me, in the ER about our situation and it was such a brutally honest discussion that I was shocked. He told me that he had two patients in ICU that he was expecting to die that night....so “matter of fact”....and even as a medical professional and knowing that things were bad out there, it shook me up a bit. He then proceeded to tell me that if he had to choose between me and my husband to put into ICU, that he would choose me, because I stood a better chance of survival. This knocked me to my core and I begged him to do everything he could for both of us and to please not give up on my husband of 33 years. That made me cry....the true reality of our situation suddenly hit me hard. Luckily, we did not need ICU or high care at this time and I prayed we wouldn't get to that stage.

We were eventually pushed to the COVID ward, which was full. Watching the nurses walking around with their PPE and still managing to smile and make you, as the patient feel comfortable, was something to be admired. At that stage I knew Ian was in the same ward, but I wasn't sure what room. The doctor then insisted that Ian and I be put in a room together, which was so lovely of him. It was appreciated by both of us.

While we spent 5 days in hospital, being looked after, being pummeled by the physio and generally just resting and regaining our strength, we had a case manager (Carol Garner, yes our fearless leader) who cracked the whip so hard, even my boss at Momentum Health Solutions got involved! We had the Scheme case managers who approved everything as quickly as possible.

We were discharged home after 5 days and our oxygen machines were waiting for us. There was also back up cylinders, just in case the power went out. She had thought of everything. The role that Carol, our case manager had taken, in getting us home safely, was phenomenal. She was and still is a true patient advocate. We spent two weeks on oxygen, the first week, mainly full time and the second week, intermittently as we wanted to wean ourselves off.

The reality is that we still get tired and breathless at times, so we know to take it easy.

Case Managers play such an important role in this process of guiding patients and assisting the doctors and honestly, we were blessed with the best.

The support that Ian and I had from friends and family was second to none and I know that we could not have made it through without it all.

From the food that was ordered and delivered, to the personal food drop offs, to the prayers and the well wishes.....it was honestly so overwhelming. We are both so grateful for everything.

The reality of the situation with this Virus is:

- This virus is not a normal flu virus, really people take note.
- This virus does not discriminate. Healthy people are dying, young people are dying.
- This virus is a killer. This second wave, particularly, has turned numbers into names of people that you know.
- You need to ask for help if you need it.

Wear your mask, sanitize your hands and social distancing are necessities to survive this pandemic & not merely suggestions.

Our fallen hero's

By Queen Namane

Fare Thee Well, Sr Cathy Pretorius, gone but not forgotten. As we have lost on earth, however Heaven has gained a dedicated, hardworking, meticulous and energetic Case Manager. May your Soul Rest in Eternal Peace. A sad moment when one reflects into 2020 COVID 19 Pandemic era, where Sibanye Health lost 2 Health Workers due to COVID 19 related complications. One of them was a Case Manager.

As one of our roles as Case Managers is “duty of care”, even during the “Blazing era” of the highest curve of the COVID 19 pandemic, a Case Manager, being on the frontline, must proceed with normal activities of the day and serve the patients needs, the community and the nation. This was the time that one could reflect deep into our Nurses Pledge and all the dedication of Florence Nightingale during the World War at the soldiers camp. She never got tired or afraid of any blazing guns, missiles, nor plagues that surrounded her. She proceeded with her good work.

Such is the life of the Health Care worker, including the Case Manager of today, during COVID-19 pandemic. To all our essential healthcare workers,

Thank you very much for all that you are doing during this pandemic. I can only imagine how challenging your job is right now. Know that so many of the nation are incredibly grateful for all the inspiring work you are doing. Please take good care and know that you are appreciated and in everyone's prayers. Please soldier on, keep safe and use your PPE's effectively and appropriately. The entire Country is proud of you.

2020 HCW COVID 19 Pandemic Report

Sibanye Stillwater Health Division: Total Staff Compliment: 328 HCW.

Month	Month No.	Cases
January	1	0
February	2	0
March	3	0
April	4	0
May	5	0
June	6	14
July	7	32
August	8	2
September	9	2
October	10	1
November	11	5
December	12	8
		64 (19.5%)

Operation	Month							
	January	February	March	April	May	June	July	August
Beatrix	0	0	0	0	0	0	9	0
Bleskop OHC	0	0	0	0	0	3	4	2
Brakpan	0	0	0	0	0	1	0	0
ED	0	0	0	0	0	3	5	0
Kloof	0	0	0	0	0	4	2	0
Kloof PHC	0	0	0	0	0	0	1	0
Kopaneng Clinic	0	0	0	0	0	1	0	0
Libanon OHC	0	0	0	0	0	0	1	0
Marikana	0	0	0	0	0	2	10	0
Sub Totals	0	0	0	0	0	14	32	2
Total								

Action	Cases
Self-Isolation	35
Hospitalization	27

Result	Cases
Death	2

Newsletter - Ivan Rogers

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NEWSLETTER
12 January 2021

Ivan Rogers

THE MONTH IN FOCUS

We start the new year by discussing a couple of world events that impacted the markets in December.

ECONOMIC COMMENTARY - BY DR. FRANCOIS STOFBERG

Welcome to 2021

British and European policymakers finally reached a deal, avoiding the bad-for-all case of a hard Brexit. All that is left to do now is iron out some of the wrinkles in the deal. But as the more rapid-spreading South Africa strain of COVID-19 was found, Britain entered a third round of hard lockdown. With this latest lockdown even schools were closed, which will most likely force the service-driven economy into a deeper recession. Any hopes of a revitalized post-Brexit economy are dwindling for now.

The United States (US) seems to be falling off the rocker. Pro-Trump protestors stormed the capitol, seemingly unhappy with Trump stepping aside on 20 January 2021. Twitter banned or removed many of the President's accounts based on inciting violence. This raises many questions not only regarding freedom of speech (a cornerstone of US democracy) but also tech-dominance. Despite Democrats and Republicans finally agreeing on a second round COVID-relief, with a price tag of USD900 billion, incoming president Joe Biden said this was only a down payment for the action that was needed to revitalize the US economy. He was referring to a multi-trillion-dollar fiscal plan to support households, state, local governments and businesses, as well as ramp up infrastructure spending. To raise the funds needed for this ambitious plan he suggests taxing the wealthy, as well as corporate America. We agree with the notion of supporting businesses and spending on outdated US infrastructure. But we believe it is unwise to force more cash down the throats of households, or to spend more on ineffective, poorly run, state and local governments. Nevertheless, markets appreciated the news tremendously and all three the major US indices, the Dow Jones, S&P500, and NASDAQ, reached all-time highs. More fiscal and monetary stimulus means more equity support.

In South Africa (SA) vacationers were hit with bad news when President Ramaphosa closed beaches in many of our favourite holiday destinations. This was met with such disregard that government had to deploy the army to assist local authorities. Until now the presidency has been able to avoid another hard lockdown, but we are unsure for how much longer. Daily active cases have now reached an all-time high in SA, and a failed state, clouded by gross incompetence, has once again put us in a position where harder lockdown measures might become a necessity. Many of our developmental peers have already started to roll out vaccines. Russia and China have been at it for weeks, and India will start with their roll out within the week. In SA, we are still left in the dark about when vaccines will be freely, and widely available. For this reason, we are concerned that the anticipated local economic recovery will take longer than expected. Although we might still be swept up in a global recovery story if vaccines are rolled out effectively abroad and new strains are managed accordingly. In terms of consumer, business, and investor sentiment towards SA, a lot is riding on the February budget. President Ramaphosa seems to have consolidated power during 2020 as informal inquiries, and various commissions started to rattle the cages of the corrupt. If he can use his newfound power to push through tough expenditure cuts to the civil service wage bill, we might stand at the good end of the global growth story.

IN CLOSING

Together with our asset management team at Efficient Private Clients, we will continue to track these macro-economic developments, always considering how this could affect your portfolio, and plan accordingly. Attached please find our monthly update on global indices, currencies and commodities as provided by Efficient Private Clients.

Kind regards,
Ivan Rogers
Registered Financial Advisor

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UPDATE

Global Indices, Currencies and Commodities, 12 January 2021

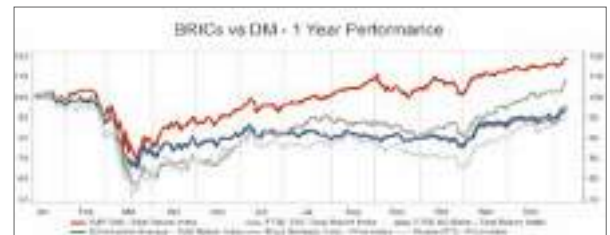
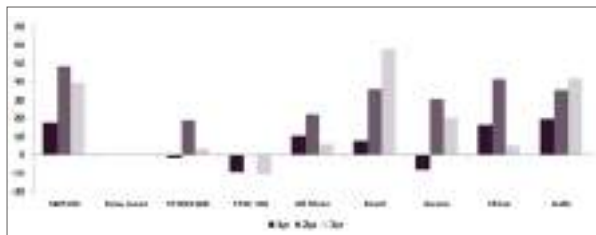
GLOBAL INDICES

	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
South Africa					
All Share	83538.18	7.2%	17%	17%	5%
Top 40	88428.94	7.7%	14%	13%	6%
Mid Cap	82057.05	3.0%	-15%	-7%	2%
Small Cap	49964.21	2.6%	-2%	6%	-8%
Resource 30	85290.33	15.5%	11%	27%	18%
Industrial 25	82567.03	1.2%	16%	14%	3%
Financial 15	12216.5	5.5%	-20%	-13%	-1%

	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
Asia					
Nikkei 225	28149.04	6.0%	22%	18%	10%
Hang Seng	27928.12	6.0%	1%	6%	8%
Mumbai	3100.1682	6.7%	18%	15%	2%
India SENSEX	48782.51	7.0%	18%	16%	14%

	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
Europe					
FTSE 100	6074.25	4.8%	-9%	0%	0%
IBEX 35	10495.5	2.8%	5%	14%	7%
CAC 40	3704.89	2.8%	-3%	9%	6%
STOXX 600	411.17	4.2%	-7%	9%	6%
Russia RTS	1865.5	7.0%	-6%	18%	15%

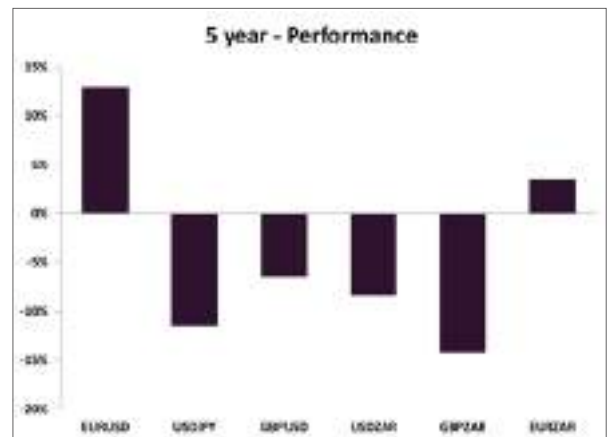
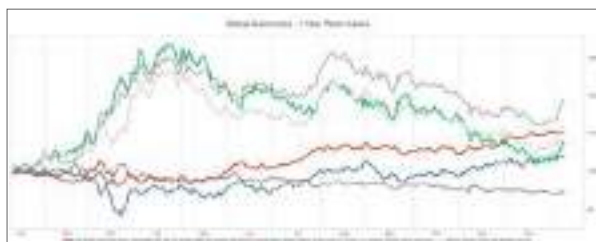
	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
Americas					
DAX JONES	23007.87	4.3%	8%	14%	14%
S&P 500	3024.68	3.3%	18%	22%	12%
Nasdaq	11881.807	4.9%	45%	38%	23%
Russel 2000	23007.87	3.3%	6%	14%	14%
Brazil Ibovespa	126876.61	8.9%	8%	17%	25%



CURRENCIES

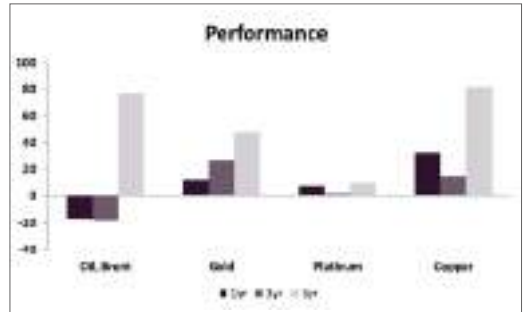
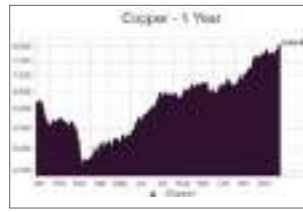
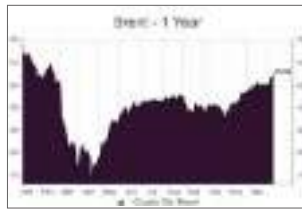
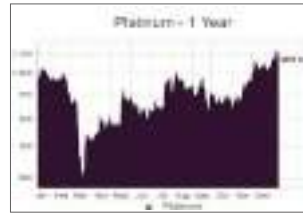
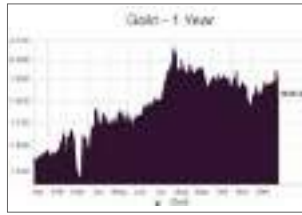


Currency	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
USD/GBP	0.78	0.8%	1%	1%	-2%
GBP/USD	1.27	-0.8%	-1%	-1%	2%
EUR/USD	1.18	4.2%	11%	9%	0%
USD/EUR	0.85	-4.2%	-11%	-9%	0%
USD/JPY	103.00	-8.1%	-2%	-2%	-1%



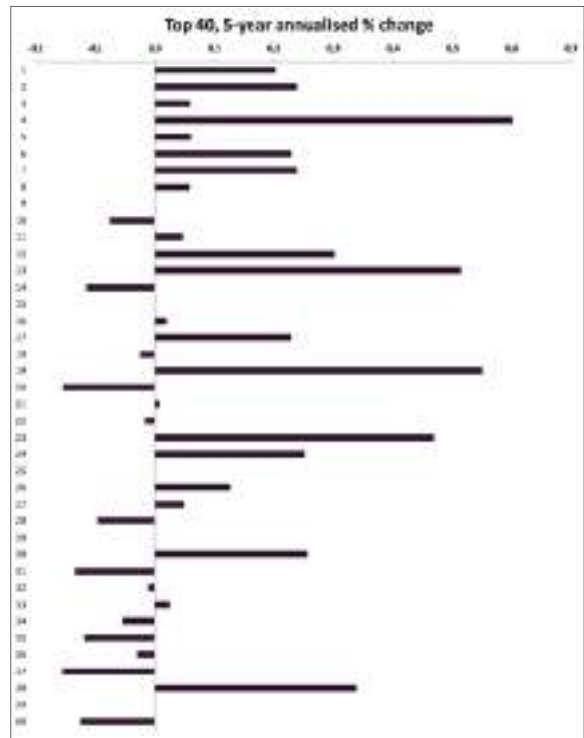
COMMODITIES

Commodities	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
Gold	1870.40	-2.2%	12%	15%	2%
Platinum	1071.30	2.7%	8%	11%	2%
Silver	24.04	0.8%	12%	21%	11%
Brent Crude	30.09	14.5%	-17%	-1%	10%
Copper	3.96.00	6.7%	12%	17%	12%



TOP 40

Rank	Company	Close	1M %	1 Year %	2Y Ann %	5Y Ann %
1	Naspers	3070.27	1.3%	17%	11%	19%
2	IMP Group Plc	816.15	11.1%	36%	10%	11%
3	Compagnie Financiere	143.48	14.2%	10%	10%	0%
4	Anglo	532.17	14.5%	43%	50%	10%
5	FirstRand	15.41	9.7%	14%	10%	14%
6	AngloGold Ashanti	114.58	6.6%	10%	15%	19%
7	Safaricom Ltd	114.40	4.5%	10%	12%	14%
8	Mondi Plc	118.11	11.6%	22%	13%	0%
9	Procter & Gamble	1683.91	-1.2%	6%	14%	7%
10	British American Tobacco Plc	515.10	1.4%	10%	14%	7%
11	Standard Bank	112.18	5.2%	20%	25%	5%
12	Wabanye Tobaccoer Ltd	81.80	10.5%	17%	14%	14%
13	Impress	206.44	6.4%	15%	14%	11%
14	Mtn Group	67.95	1.9%	15%	11%	11%
15	Old Corp Ltd	236.10	6.7%	13%	4%	11%
16	SaskTel	58.51	1.0%	13%	14%	14%
17	Castlec	1442.11	11.2%	1%	10%	10%
18	Vodacom Group (Pty) Ltd	112.88	8.1%	15%	1%	2%
19	Angloplac	108.58	10.0%	11%	6%	10%
20	Sasol	114.14	11.1%	16%	11%	10%
21	Shoprite	138.34	6.4%	15%	14%	1%
22	Alisa Group Ltd	112.98	4.4%	15%	14%	7%
23	Northam Platinum	112.98	10.4%	10%	11%	11%
24	Clicks Group	212.41	9.8%	1%	14%	14%
25	Mobichoice Group Ltd	118.87	6.6%	12%	11%	14%
26	Balwood Group Limited	117.34	9.1%	11%	11%	14%
27	Discovery	115.84	17.0%	10%	2%	10%
28	Remgro	136.43	1.4%	10%	10%	10%
29	Old Mutual Ltd	12.00	4.7%	11%	10%	10%
30	Woolworths	78.87	4.7%	10%	10%	10%
31	Capitec	118.00	10.2%	10%	0%	10%
32	Reinet Investments Soc	210.45	6.7%	7%	10%	7%
33	Scan	117.82	4.4%	1%	7%	10%
34	Netbank	110.05	1.1%	10%	11%	6%
35	Greenpoint	12.05	1.4%	10%	10%	10%
36	M-Price Group Ltd	116.65	6.7%	1%	11%	7%
37	Woolies	81.00	11.7%	10%	10%	10%
38	Exaro Resources Ltd	117.00	17.0%	11%	10%	14%
39	Next Resource Plc	10.00	6.7%	11%	10%	10%
40	Investec Plc	45.28	1.0%	10%	10%	10%



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Spotlight on the Standards of Practice #8

By CMASA

FACILITATION, COORDINATION, AND COLLABORATION

The professional case manager should facilitate coordination, communication, and collaboration with the client, client's family or family caregiver, involved members of the interprofessional health care team, and other stakeholders, in order to achieve target goals and maximize positive client care outcomes.

How Demonstrated:

- Recognition of the professional case manager's role and practice setting in relation to those of other providers and organizations involved in the provision of care and case management services to the client.
- Developing and sustaining proactive client-centered relationships through open communication with the client, client's family or family caregiver, and other relevant stakeholders, to maximize outcomes and enhance client's safety and optimal care experience.
- Evidence of facilitation, coordination, and collaboration to support the transitions of care, including:
 - Transfers of clients to the most appropriate health care provider or care setting are coordinated in a timely and complete manner.
 - Documentation reflective of the collaborative and transparent communication between the professional case manager and other health care team members, especially during each transition to another level of care within or outside of the client's current setting.
 - Use of the case management plan of care, target goals, and client's needs and preferences to guide the facilitation and coordination of services and collaboration among members of the interprofessional health care team, client and client's family or family caregiver.
- Adherence to client privacy and confidentiality mandates during all aspects of facilitation, coordination, communication, and collaboration within and outside the client's care setting.
- Use of special techniques and strategies such as motivational interviewing, mediation, and negotiation, to facilitate

transparent communication and building of effective relationships.

- Coordination and implementation of the use of problem-solving skills and techniques to reconcile potentially differing points of view.
- Evidence of collaboration that optimizes client outcomes; this may include working with community, local and state resources, primary care providers, members of the interprofessional health care team, the payer, and other relevant stakeholders.
- Evidence of collaborative efforts to maximize adherence to regulatory and accreditation standards within the professional case manager's practice and employment setting.

What is post-traumatic stress disorder (PTSD) and is the coronavirus pandemic inflicting emotional trauma causing it?

By Lindiwe Kanzi

PTSD is a condition marked by the development of symptoms after exposure to traumatic life events. The person reacts to this experience with fear and helplessness, persistently relives the event and tries to avoid being reminded of it. Mental health problems can affect anyone and PTSD can affect people differently.

A large number and range of events can serve as traumas in producing PTSD symptoms and the COVID-19 pandemic has many potential sources of trauma. The traumatic stressors due to the coronavirus could be the death of a loved one, witnessing death, extreme exposure to COVID-19, severe illness and hospitalization.

The pandemic has triggered significant emotional, physical and economic problems around the world which has caused many changes, resulting in us all experiencing disruption to our daily lives and routines. People having to work remotely from home, where it's not easy for others especially with kids around and juggling child care and work at the same time.

Some are battling to focus with home distractions which can include loss of income, trying to be productive and communicate well with team members from afar.

Lockdown has also put us into forced self-isolation where we are unable to see our loved ones and our social support is what is importantly needed to lessen or totally eliminate the negative effects of stress.

The COVID-19 pandemic imposed on us a virtual existence, which has also impacted on social interaction, where it's difficult to build relationships, engage in social recreational activities, solve complex challenges and generate ideas to be kept motivated.

To cope in these difficult times has been very challenging, but one has to remain hopeful and stay positive. Staying connected, talking to friends, family and others on a regular basis may help reduce feeling of isolation. For example, texting, making phone calls or sending an email. A person can also try to improve their sense of control and ability to endure stressful situations by accepting circumstances that they are unable to change and focusing on what they can do may help reduce stress. Using techniques to stay calm might help too, this includes from exercising to eating well and avoiding stress by watching your favorite show on TV.



Imagine a Hiring Process Without Resumes

By David DeLong and Sara Marcus



Illustration by Andrea Manzati

Despite near record unemployment during the Covid-19 recession, plenty of employers will face major challenges in hiring low-skill, entry-level workers when economic conditions improve. This is, in part, because the overall U.S. workforce will grow only 0.4% in the next several decades. A big part of the problem of finding low-skill workers is the barriers employers create when they focus on screening people out. Typical staffing processes are costly, time-consuming, and repeated endlessly. Businesses spend about \$4,100 per employee processing resumes, then conducting interviews, background checks, and drug tests.

Meanwhile, business leaders are being pressed to increase inclusion and diversity in their companies, whose typical hiring practices often exclude millions of people who are denied opportunities to make a living. They include the formerly incarcerated, the homeless, and those in recovery. What if there was a solution that not only meets workforce needs but also creates economic opportunities for those facing major barriers to employment?

While it may not be feasible for every business, the concept of “open hiring” is an innovative, counterintuitive strategy worth considering if your organization finds it difficult to recruit and retain dependable entry-level workers. This approach, which eschews resumes, interviews, and background checks, focuses solely on human potential and provides employment to anyone willing and able to work. Some of these requirements, like background checks, may be necessary in sectors such as education, government, healthcare, and finance. But for industries that rely heavily on front-line talent – manufacturing, distribution, retail, and food services, where candidates can be trained on the job – open hiring offers the opportunity for more diverse talent that would otherwise be passed over or ignored.

Open hiring shifts resources to invest in workers, rather than finding ways to exclude them. Most important, this approach allows companies to build more resilient businesses and address one of today’s greatest social challenges: providing economic opportunities for people often viewed as unemployable.

Since 1982, Greyston Bakery in Yonkers, New York, which produces millions of pounds of baked goods annually for customers like Ben & Jerry’s and Whole Foods Market, has used this approach while building a successful business



with 70 Open Hire employees. New hires are offered a position when their name comes up next on the list of people who have expressed interest in working at the bakery. No resume, job interview, background check, or drug test is required. As a result, the business has virtually no hiring costs.

Greyston then invests about \$1,900 in hard and soft skills training for new bakers, as well as providing access to extensive wraparound services. Understanding that a job is just the first step for many in achieving success, the bakery connects employees with health, housing, childcare, and transportation needs to resource that will help keep them employed. So, when a young baker starts consistently showing up late for work, a counsellor intervenes and may discover the employee's childcare arrangements have fallen apart. The counsellor then works with the employee to find a solution that benefits his family and the business.

This model has enabled Greyston to build a profitable business over its 38-year history, while also putting money back into the community of southwest Yonkers. Greyston recently calculated that it generates nearly \$7 million of local economic impact annually through public assistance savings, increased tax revenue, as well as reduced incarceration costs.

Greyston is now working to scale open hiring and guide other employers in adopting this innovative staffing approach through its Center for Open Hiring (one of us, Sara, is the director). About half a dozen businesses have successfully adapted this model to their operations.

One such company is The Body Shop, the international cosmetics company, which piloted open hiring in one of its distribution centers. The Body Shop typically hires 200 seasonal employees to handle the holiday rush in its warehouse located in Raleigh, North Carolina. Adopting the open hiring approach in late 2019, recruiters asked people just three questions:

Are you legal to work in the U.S.?

Can you stand on your feet for eight hours?

Can you lift up to 50 pounds?

The results? Executives said they were able to quickly fill positions with fewer resources during the holiday rush. Turnover among the seasonal workers was down 60% over the previous year and warehouse productivity increased by 13%. Management reported the best hiring season in the distribution center in years. Due to this success, The Body Shop now is expanding this new hiring practice to other entry level positions in their retail stores.

While your company may not be able to adopt open hiring as broadly as Greyston Bakery, it is possible to apply parts of the practice – and philosophy – to ease your hiring challenges in specific departments or functions. Here are four keys that are essential for open hiring to succeed:

Tie Open Hiring to the Company's Mission

“You have to be passionate and persistent,” said Trish Patton, vice president of HR at The Body Shop. “I wasn’t going to drop this idea. It’s what we should be doing for our business and our communities, and it leads back to our purpose – that we exist to fight for a fairer more beautiful world.” As with any strategy, you must tie the benefits of open hiring back to your business needs and, once committed, successfully navigate any barriers to implementation. For instance, Patton reports, “We thought we had to roll out unconscious bias training to our managers before we could do this. But, instead, we said there’s never a good time to do this. We have to start sometime. You don’t have to have it perfect. Just try to make change a little bit at a time.”

Pursue Internal Buy-in

Bringing this approach into any organization may feel uncomfortable to managers and current employees. They may express concern about whether they’ll be able to trust co-workers with troubled pasts. That’s why Greyston found that having a dialogue with management and current employees about these concerns is vital.

To accomplish this at The Body Shop, sponsors of the open hiring initiative met with corporate leadership, managers at the distribution center, supervisors, and current employees to clearly communicate their plan and its anticipated benefits. Working with the Center for Open Hiring, they explained Greyston’s experience, what the approach meant, and what it didn’t mean.

The Body Shop’s management also made sure existing employees understood that performance expectations and standards weren’t going to change. Including the warehouse staff in the implementation process also connected them to the business’s broader mission, which includes supporting local communities.

Reinforce Accountability

“Open hiring does not mean no accountability,” says Joe Kenner, Greyston’s CEO, “All we have gotten rid of are the interviews and background checks. Food, safety, and professional standards – all those must be met. This job is not a promise. It’s an opportunity. We have strict standards we need to adhere to for customers like Ben & Jerry’s, Unilever, and Whole Foods, and expect all employees to meet those standards. We’re very strict about that.”

To implement open hiring successfully, an organization must have a clear, consistent accountability system in place. But it must be used in a way that enables conversations about why an employee is having performance problems – for example, transportation, childcare, or mental health issues. Greyston’s general manager, who has been supervising bakery employees for decades, says that, in his experience, performance problems are usually driven by what is happening in an employee’s life today, not by their past.

Create an Ecosystem that Supports the Whole Employee

Greyston’s leaders know open hiring doesn’t work unless there is an ecosystem set up to support employees’ success at work. This means finding other partners who can help workers address barriers to successful employment. For example, the bakery partners with a local social service agency to fund a care coordinator who helps Greyston’s workers find resources such as housing, childcare, substance abuse counselling, or whatever is needed to keep them on the job. The coordinator will also help the bakers with career planning or job searches when they want to move on. Though funded by Greyston, the coordinator works for the agency, independent of the bakery, to ensure employee confidentiality.

Although not for all businesses, open hiring can be a practical, profitable, and inspiring solution to what seem like two intractable problems: finding productive talent and creating good job opportunities for often-excluded individuals. For businesses that struggle to find and retain entry-level employees who can be trained on the job, the challenge is often knowing where to begin. Our advice is to start slowly. Maybe it is the solution for filling one position, or perhaps your first step is removing one barrier to employment, such as requiring a high school degree or a background check. Just start somewhere. The payoff will be worth it.

Skin Cancer

South Africa has the second highest incidence of skin cancer in the world after Australia. According to the Cancer Association of South Africa (CANSA) 2010 statistics, about 20 000 new cases are reported every year and 700 deaths occur as a result of skin cancer.

by Ronelle Smit - Clinical Analyst

Anatomy of the human skin

The outer layer of the skin is called the epidermis. The skin helps to control body temperature, stores water and fat, and gives the skin its colour. The epidermis is a protective layer that contains melanin (pigment) which protects against heat, sunlight, injury, and infection. The second layer is the dermis that contains the nerve endings, sweat glands, oil glands, and hair follicles. Underneath these two layers is a fatty layer of subcutaneous tissue (subcutaneous meaning “under the skin”). The picture below shows the different layers of the skin.

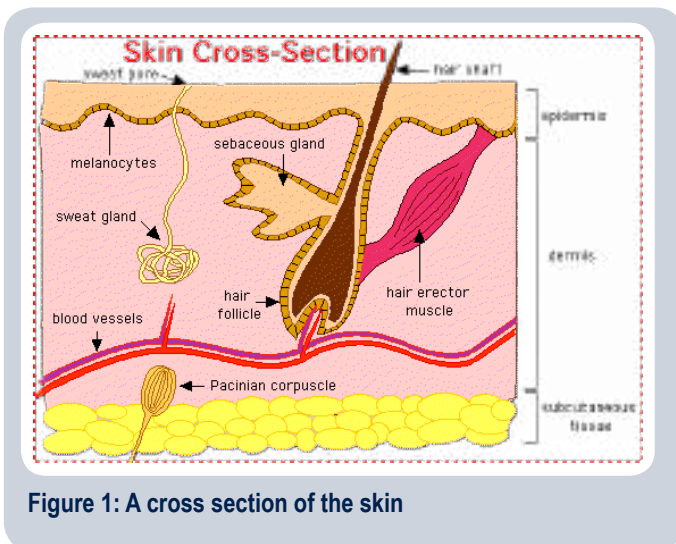


Figure 1: A cross section of the skin

Definition of skin cancer

Skin cancer is the abnormal growth of skin cells and most often occurs on the part of the skin exposed to the sun. The condition affects both men and women. However, the areas of the body where the cancer is more likely to occur differ

from case to case. The image below gives an indication of the body areas that may be affected by skin cancer.

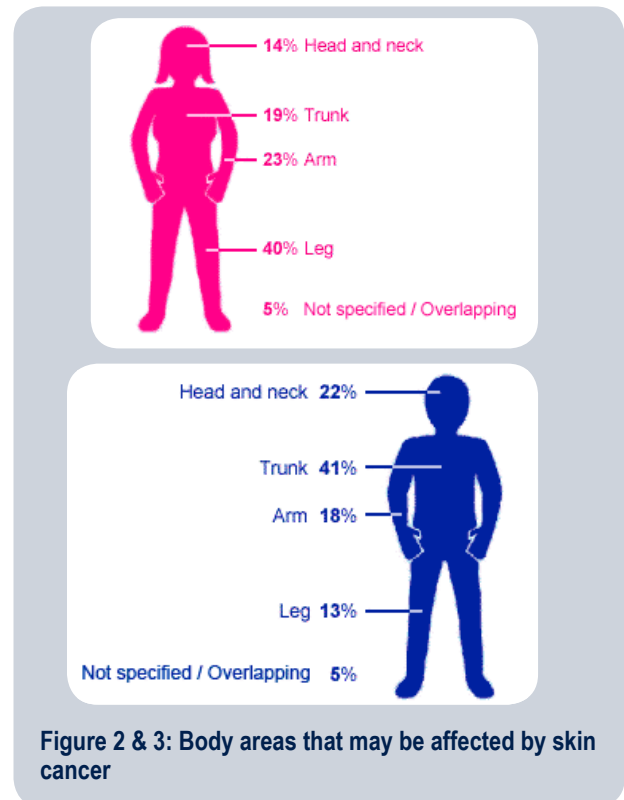


Figure 2 & 3: Body areas that may be affected by skin cancer

Types of skin cancer

Different types of skin cancers exist. The table below gives information on the different types and the Prescribed Minimum Benefit – Diagnostic Treatment Pair that includes the specific type of cancer.

Although all of the types of skin cancer are included in the PMB Regulations, this article will focus on the most com-

Type of skin cancer	Diagnostic Treatment Pair
Basal cell skin cancer	954J - Cancer of skin, excluding malignant melanoma - treatable
Squamous cell cancer	954J - Cancer of skin, excluding malignant melanoma - treatable
Melanoma	953J - Malignant melanoma of skin - treatable
Merkel cell carcinoma	954J - Cancer of skin, excluding malignant melanoma - treatable
Lymphoma of the skin (cutaneous T-cell cancer)	901S - Acute leukaemia's, lymphomas
Kaposi sarcoma	952J - Cancer of soft tissue, including sarcomas and malignancies of the adnexa - treatable

mon types of skin cancer, i.e. basal cell carcinoma, squamous cell carcinoma and melanoma.

Basal cell cancer

Basal cell cancer is also referred to as basal cell carcinoma and is usually not life threatening. This type of skin cancer involves the lowest level of the outer layer of the epidermis. It is slow growing and seldom invades adjacent areas. It is the most common type of skin cancer and usually occurs in areas of the body exposed to the sun. These include areas such as your neck, face, back, chest and shoulders with the nose as the most commonly affected area.

Basal cell carcinoma can be recognised by the following signs and symptoms:

- Red, tender, flat spot that bleeds easily
- Small, fleshy bump with a smooth, pearly appearance, often with a depressed centre
- Smooth, shiny bump that may look like a mole or cyst
- Patch of skin, especially on the face, that looks like a scar and is firm to the touch
- Bump that itches, bleeds, crusts over, and then repeats the cycle and has not healed in 3 weeks
- Change in the size, shape, or colour of a mole or a skin growth

Basal cell carcinoma has an excellent prognosis and can be cured if identified early and treated correctly.

Squamous cell cancer

As indicated in the name, this type of cancer occurs in the squamous cells in the upper layers of the epidermis. Squamous cell cancer is usually not life threatening, but can be aggressive in some cases. It can grow to large lesions and spread to other parts of the body that can cause serious complications. Most squamous cell carcinomas are the result of prolonged exposure to ultraviolet (UV) radiation of the sun or from tanning beds or lamps.

Squamous cell carcinoma can be recognised by the following

signs and symptoms:

- Firm, red nodules
- Flat sores with a scaly crust
- New sore or raised area on an old scar or ulcer
- Rough, scaly patch on your lip that may evolve to an open sore
- Red sore or rough patch inside your mouth
- Red, raised patch or wart-like sore on or in the anus or on your genitals

Risk factors that may increase your risk to develop basal cell or squamous cell carcinoma includes, but are not limited to:

- Chronic sun exposure
- Radiation therapy
- Fair skin
- Gender as men are more likely to develop basal cell carcinoma than women
- Age - the majority of basal cell carcinomas occur after age 50 as it takes years to develop
- Personal or family history of skin cancer
- Immune-suppressing drugs
- Inherited syndromes that cause skin cancer such as certain rare genetic diseases

Melanoma

Melanoma is the most serious skin cancer. It develops in the cells (melanocytes) that produce the pigment (melanin) that gives your skin its colour. Although melanoma most often develops in areas of the body that had a lot of sun exposure, the exact cause is not known. Melanomas can develop anywhere on your body, such as the soles of your feet, palms of your hands and fingernail beds. This type of melanoma is called hidden melanomas and is more common in people with darker skin.

First signs and symptoms of melanoma often include:

- A change in an existing mole
- Development of a new pigmented or unusual-looking growth on your skin

Identifying the characteristics of unusual moles can be done by using the letters ABCDE:

- A - Asymmetrical shape. Examine your body for moles with irregular shapes such as two very different-looking halves.
- B - Irregular Border. Examine your body for moles with irregular, notched or scalloped borders.
- C - Changes in Colour. Examine your body for growths that have more than one colour or an uneven distribution of colour.
- D - Diameter. Examine your body for new growth in a mole that is larger than about 5 millimetres.
- E - Evolving. Examine your body for changes over a time period. This includes a mole getting larger or changing colour or shape, or the development of itchiness or bleeding.

Risk factors that may increase your risk to develop melanoma includes, but are not limited to:

- Fair skin
- History of sunburn as even one or more severe, blistering sunburns can increase your risk of melanoma
- Excessive ultraviolet (UV) light exposure
- Presence of more than 50 ordinary moles or unusual moles
- Family history of melanoma such as a parent, child or sibling
- Weakened immune system

Reducing the risk of developing skin cancer

You can reduce the risk of developing of skin cancer by:

- Avoiding the sun between about 10:00 and 16:00.
- Wearing sunscreen even in winter. Use a sunscreen with a Sun Protection Factor (SPF) of at least 15 and that protects against all the UV-rays.
- Wearing protective clothing and sun-glasses.
- Avoiding tanning lamps and beds.
- Examining your skin regularly for new skin growths or changes in existing moles, freckles, bumps and birthmarks.

Skin cancer and PMBs

The Prescribed Minimum Benefits (PMBs) include the diagnosis, treatment and care of all PMB conditions. The PMB regulations only specify the treatment component of the conditions. The diagnostic tests required as well as care that is clinically appropriate must however still be funded by your medical scheme.

Diagnosis

The PMB diagnostic treatment pair for basal and squamous cell carcinoma specify that the conditions are only included if histologically confirmed. The diagnosis must be confirmed by a positive skin biopsy result. This information is critical to remember as it may lead to co-payments on accounts or even unpaid accounts if the test is negative. Histology is the study of the form of structures seen under a microscope.

The diagnosis of basal cell carcinoma, squamous cell carcinoma and melanoma include:

- The doctor will take a detailed medical history in which he/she will ask questions relating to your history of previous skin cancer, when you first noticed the lesion, painfulness of the lesion, sun exposure, as well as family history in relation to the condition.
- A skin examination of the whole body will be done.
- A biopsy (taking of a sample of the lesion). Depending on the type and size of the lesion a biopsy can be done under local anesthesia in the doctor's rooms or under general anesthesia in the theatre.

The tissue taken during the biopsy will be sent to the pathologist laboratory for the histology. If skin cancer is confirmed (malignant neoplasm of the skin) and the type of cancer is determined, the PMB regulations apply and the scheme must fund all your accounts according to the PMB requirements. If no skin cancer is confirmed all the accounts will be funded according to your scheme's rules and limits.

Treatment

Treatment that must be funded as PMB level of care may not be less than the type of treatment that is available to state sector patients.

Type of skin cancer	Diagnostic Treatment Pair – Treatment component
Basal cell skin cancer	If histologically confirmed, Medical and surgical management, which includes radiation therapy.
Squamous cell cancer	If histologically confirmed, Medical and surgical management, which includes radiation therapy.
Melanoma	Medical and surgical management, which includes radiation therapy.

Basal and Squamous cell carcinoma

The following treatment qualifies as PMB level of care:

- Curettage and cryotherapy - involves removing the surface of the skin with a scraping instrument (curet) and then freezing (cryotherapy) the base and edges of the biopsy site with liquid nitrogen
- Freezing - involves freezing cancer cells with liquid nitrogen (cryosurgery). This is usually done for superficial skin lesions.
- Medicated creams or lotions.
- Simple excision - the cancerous tissue and a surrounding margin are cut out. Your doctor may recommend removing additional normal skin around the tumor in some cases (wide excision).
- Mohs surgery – involves removal of the cancer layer by layer and examining each layer under a microscope until no abnormal cells remain.
- Radiation therapy.

Other treatment options that do not qualify for PMB cover are available. It is important to know that your scheme may fund them from your day-to-day benefits or medical savings account but the medical scheme may also deny authorisation and funding completely.

- Electrodessication (drying up of tissue using a high-frequency electric current applied with a needle-shaped electrode) and curettage (ED and C).
- Laser therapy.
- Photodynamic therapy.

Melanoma

The following treatment qualifies as PMB level of care for early stage melanoma:

- Surgical removal of the melanoma – involves removal of a very thin melanoma during a biopsy or removal of the cancer, the border of normal skin and a layer of normal tissue underneath the skin.

The following treatment qualifies as PMB level of care for melanomas that have spread beyond the skin:

- Surgical removal of the melanoma and affected lymph nodes.
- Chemotherapy
- Radiation therapy
- Biological therapy namely interferon treatment.

This article does not discuss metastatic melanoma. It is therefore important to clarify your benefits for treatment of metastatic melanoma with your treating doctor and medical scheme.

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WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our [website](#)

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My Changing World into Managed Healthcare

By Christa Botha

Dear Colleagues

I am following up on my career change article, from hospital case management into Managed Healthcare.

I believed my comments were not well received regarding the quality of some of the hospital updates that we receive.

To be honest, I am still surprised with the clinical info that we receive, especially, the high cost cases. We receive the medication information and normal vital signs with a one line explanation, "Patient on oxygen 2l, mobilizing well, sitting in the chair." and then ICU rates are billed. Ask yourself the question, would you approve an ICU stay based on this information?

I have learnt so much in the six months that I have been in the Managed Care environment and I am still learning every day.

I clearly understand why Funders/Managed Health Care providers are being seen as difficult by the hospitals, but there are clinical policies and processes to be followed that I was not aware of while I was a hospital case manager and NO there are no incentives for the Managed Healthcare case manager if he/she manages to save costs. This is done, to assist our members and manage their benefits effectively and efficiently.

We are all affected by COVID-19, we are all overworked, stressed out, as some of us have lost family, friends and colleagues to this virus. We say a prayer to all the fallen heroes.

We are in a evolving business with daily changes and it is difficult to keep up and remember all of it. My goal, not wish, is that we ALL work together as one, as we are all case managers.

All the best for 2021.



Hospitals and Groups

P A A Y H H E R A C H T L A E H E F I L I L X N
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