The voice of the Case Manager

CMASANOW

TRIBUTE TO NURSES

BY THINUS VAN ROOYEN

BEHIND EVERY HERO IN THE FRONT LINE

THERE IS ANOTHER HERO: THE CASE MAANGER

COVID-19

WHAT OUR BOARD MEMBERS HAVE TO SAY

MAY COVID-19 SUPERHERO EDITION 2020

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

Note from the desk of the Chairperson

Carol Garner - South Africa

At the time we should have had our conference, been reuniting with friends and colleagues, a time of the year we all look forward to with great speakers, exhibitors and awards, here we are, staying as far away from everyone as we can, all events cancelled and our homes have become offices.

It was a tough but correct decision to postpone conference and in hindsight we would not have been allowed to have it anyway. We trust that by October we will have the all clear and we will all be able to get together and share our "war stories".

I find it quite disconcerting to pop to the shops and not to be able to see smiles and happy faces, the masks disguise all facial emotions. We are going to be faced with friends and family that are dealing with mental illness like never before in the months and years to come.

Mother's Day was very strange, not being able to hug the children and grandkids. As much as we all say we will make up for it later, the time is now, and we are missing it, and we will not get this time back. It's quite a sobering thought to think of all the celebrations we are skipping in order to prevent the spread of this virus.

I encourage you all to go back to basics, pull out the standards of practice documents you have as now is the time to put them into practice.

As we dedicate this edition to the COVID-19 response, we salute all our heroes on the front line.

Till we meet again.

Carol

CREDIT: @vivekdahiya08 via Twitter

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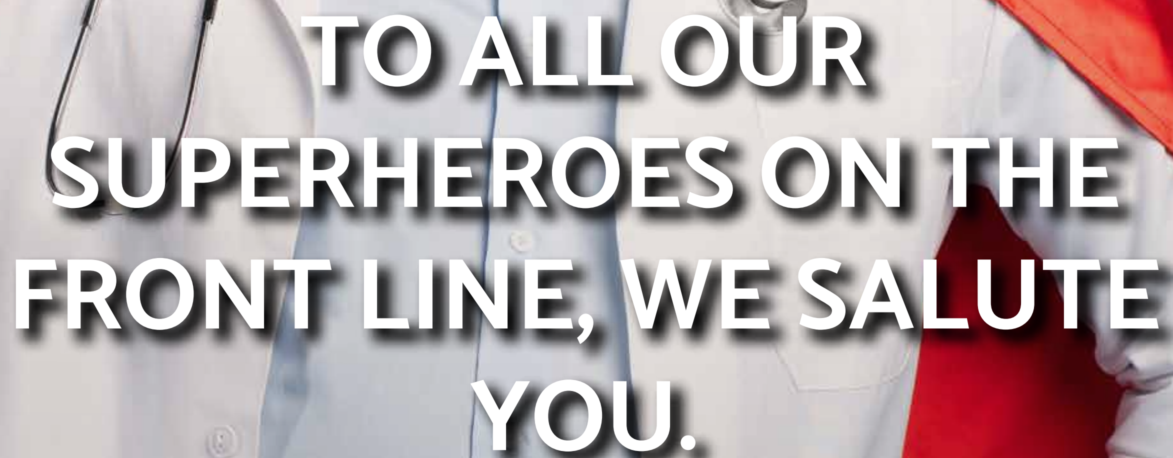

TO ALL OUR
SUPERHEROES ON THE
FRONT LINE, WE SALUTE
YOU.
THANK YOU FOR
YOUR SACRIFICE.

Shape the Future - Be the Difference

10th Annual Conference 2020 has moved to October 2020

Workshop: 28 October
Conference: 29 & 30 October

In response to the fight against COVID-19 we have been obliged to move conference to later in the year, when we believe it will be safer to be together.

This means there will be some changes to the original speaker line up and workshop. These changes will be communicated to you closer to the time. All registrations received will remain active and the early bird discount has also been moved accordingly.

The theme of the Gala Dinner and awards will change from Gatsby to Heroes so you can start getting those creative juices flowing.
The AGM and the election of new board members will move to October and the existing board will remain, as is until then.

Tribute to Nurses
Written by Thinus Van Rooyen

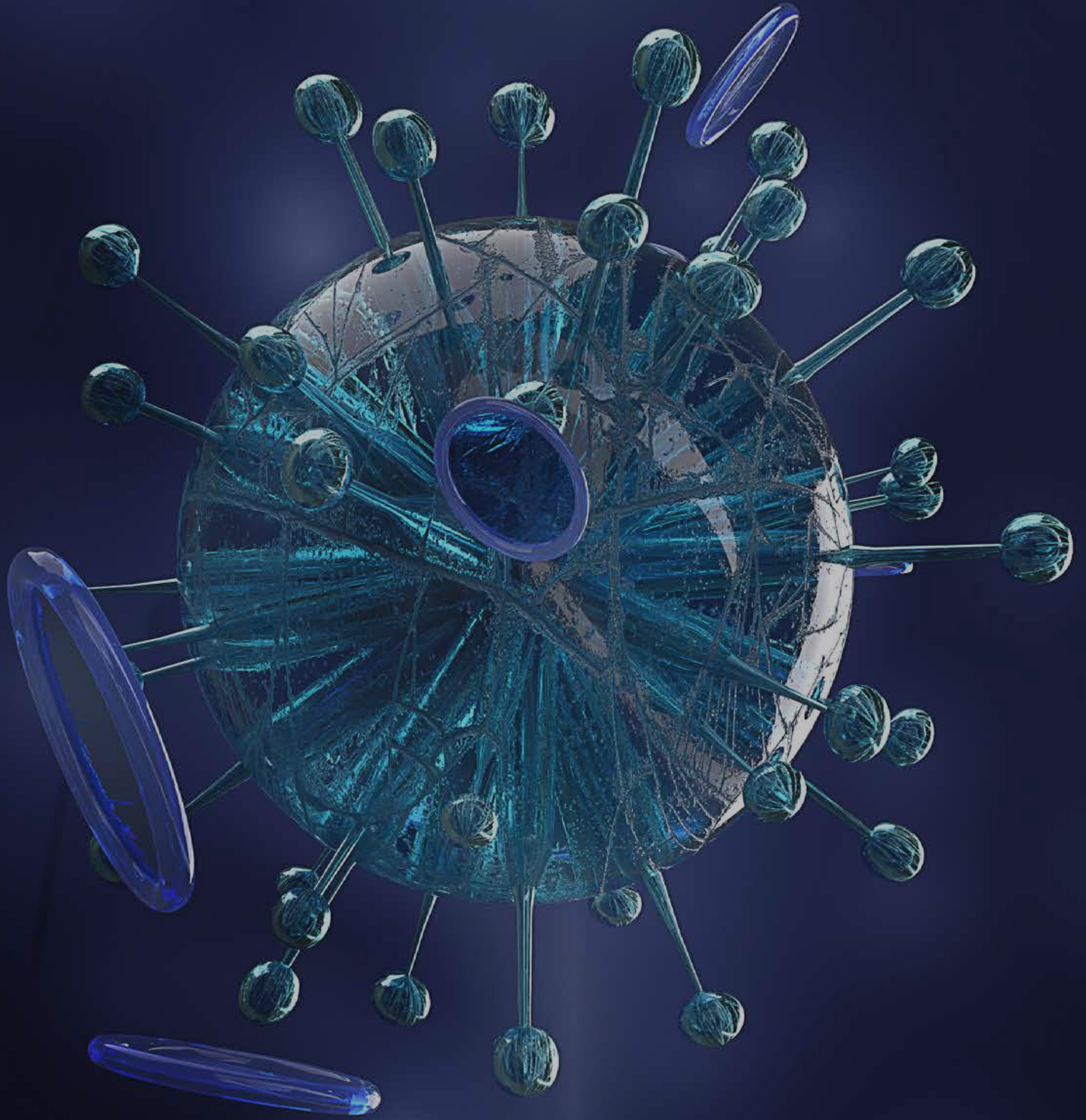
Few people are truly honourable.
This will sound cynical to perhaps only the most enviably naive of adults, but for the rest of us burdened with distasteful experience it most assuredly holds true. Nietzsche once said something along the lines of reasoning that most of us are not inherently good, because we are too afraid to do evil. On the surface, this seems a terrible thing to say. But it is not, however.

Fewer still are those brave enough to do good in the face of adversity. So very, precious few, that they stand out.
We call them heroes. And upon their shoulders we place the burden of honour. Were those among us whom we bridle so of a lesser calibre, were they not forged from the finest of steel, they would shrug off that burden at the first sign of adversity.
This world today would have us believe that men and women like that no longer exist. That the only truth in this world is that of the power one wields over another.

It is easy to prove them false, for all you have to do is bridle them with the burden of honour, and see them shrug it off.
The ass, whilst useful, would only be mistaken for the destrier by someone who has not seen the difference for themselves.
As a young boy, I have sharp recollections of mornings my mother would come home from the ICU shift, crying. There were days, sometimes weeks, where her duties dug deep into her. I learned of the weight that silence can have from her.

There is something stronger than steel in the heart of a nurse. There is something so much deeper in their resolve to serve others than in the pedestrian pretence at tolerance you will read so much about on the internet today.

They see us at our worst, and despite that, they remain among our very finest.
Few people are truly honourable.
I count nurses among them.



COVID-19

What our Board Members have to say...

Behind every Hero in the front line is another Hero - the Case Manager

By Carol Garner

Case Managers are as effective as ever in the front line of the fight for patients affected by COVID 19 pandemic. If we take our gold standard of the Standards of Practice, never has there been a more pertinent opportunity to apply them, from assessing to planning to measuring and this all through collaboration and communication.

We are faced, daily, with patients who have been newly diagnosed and in various processes of the disease to families who are confused, frightened and don't know where to turn.

Being isolated in their homes with family around is one thing, but being hospitalised and alone with no visitors or interaction with anyone other than a gowned, masked and gloved 'being" is very frightening.

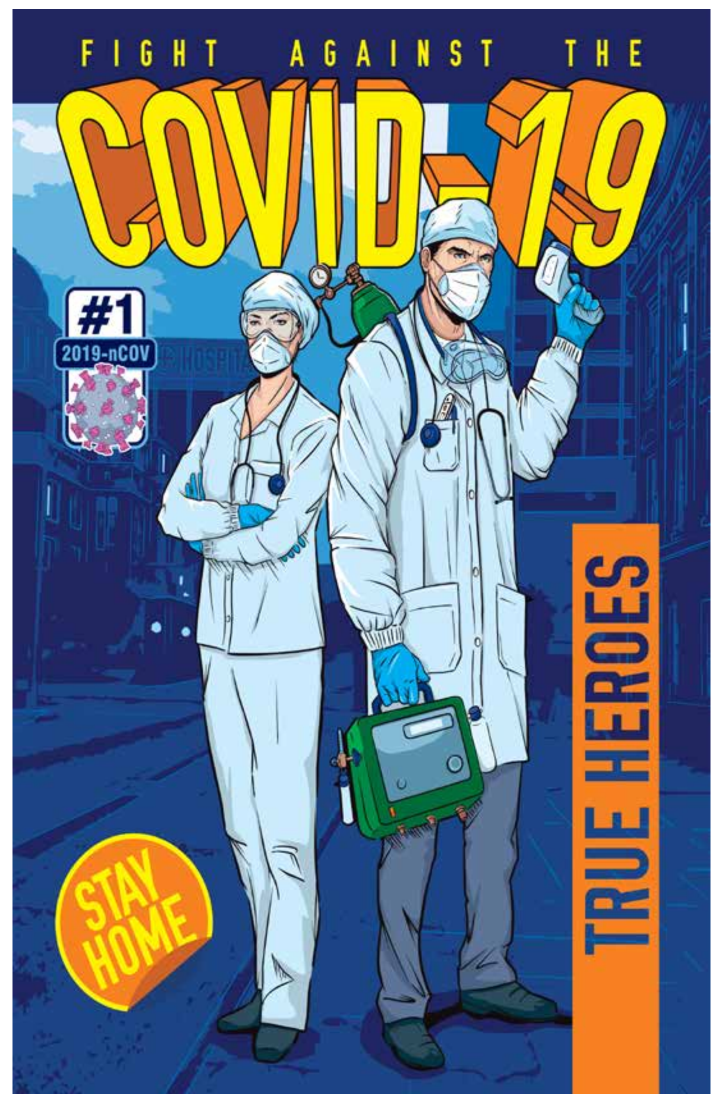
Most patients will recover and then what? They go home to isolate further, they still don't feel 100%, they have medication to continue taking, they need encouragement to mobilise and exercise, they need to eat well and without support this is near to impossible.

By using the technology available to us we are able to connect with patients in their homes via phone, Zoom, Skype etc, there is no need for them to be alone. Monitoring their progress is not difficult and while we cannot touch them, we can see and hear them. Caring for their mental wellness is paramount to recovery.

From a funding perspective, managing high cost cases on behalf of insurers remains possible, gathering clinical information from nursing staff and doctors allows us look for the triggers for discharge and transition of care in order to arrange discharge and plan the journey from hospital to home while at the same time giving the hospitals and doctors peace of mind that the event will be funded. It's been possible to see and visit a patient in hospital by liaising with the hospital staff to use face time or zoom at the patient's bedside. There is no need for a funder to feel out of control or for the hospital staff to be uncertain. Collaboration works as well using technology as it does face to face, you just have to be creative in your approach and willingness to embrace the new normal.

As the world faces as unknown time frame for things to get back to what we think was normal, I suggest that we are facing a new normal and technology is going to be our best friend.

We just need to be brave enough to embrace it and then use it.



Lock down Symptoms and Remedies

By Charne Willemse

We are a few weeks into lockdown. Some of us are starting to experience symptoms of cabin fever.
You may start experiencing some of the following symptoms.

- restlessness
- decreased motivation
- irritability
- hopelessness
- difficulty concentrating
- irregular sleep patterns, including sleepiness or sleeplessness
- difficulty waking up
- lethargy
- distrust of people around you
- lack of patience
- persistent sadness or depression

Your personality and how you deal with stressful situations will be an indication on how cabin fever affects you. Some people become creative, while others have a difficult time managing day-to-day life until the feelings passes.

To cope with cabin fever, you would need to engage your brain and occupy your time. I have listed a few ideas to assist you.

- Spend time outdoors
  (While in lock down you aren't allowed out doors after 09h00 and for that reason I have included a virtual link to the ocean.) shorturl.at/jwBP3
- Give you self a routine
- Start work at 8h00 and Finish at 17h00 (or whatever your required hours are)
- Keep to some sense of structure
- Maintain a (virtual) social life
- Set up a virtual coffee date with your colleagues
- Express your creative side
- Write an article for the Case Management Association magazine
- Bake a cake and share on our WhatsApp group
- Ensure that you make a space for "ME TIME".

Although you may have people around you during this lock down period you might start to feel irritated with the people around you. This can be because of them expecting you to cook, clean and entertain them all the time. Make sure you take time for something that is important to you like reading a book or mediating.

- Break a sweat

Exercise causes your brain to release endorphins. The neurochemical can boost your mood and promote the feeling of well-being. visit shorturl.at/oqN59

A reminder that we are social beans.
A short Poem by **John Donne**

No Man is an Island'
No man is an island entire of itself; every man
is a piece of the continent, a part of the main;
if a clod be washed away by the sea, Europe
is the less, as well as if a promontory were, as
well as any manner of thy friends or of thine
own were; any man's death diminishes me,
because I am involved in mankind.
And therefore, never send to know for whom
the bell tolls; it tolls for thee.

This too shall pass...... once lockdown has ended. If the feeling of despair doesn't subside please seek professional help.

CMASA*NOW*
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.**

Lock Down for me

By Alison Brandes

While I consider myself quite a "social being", I must say that initially I almost looked forward to the lock down in the sense that my home, like for most of us, is our safe space. And Covid-19 was the scary unknown and I was looking forward to having the time to "do my own thing" and set myself a new way of work.

I don't know if I was under the illusion that it would somehow, be easier and possibly even quieter.....how wrong I was. For some or other reason, I have never been busier. It feels to me that everyone feels the need to prove that they are, indeed working from home.

I find myself starting work at 6h30 and working right through until at least 17h30, with no breaks. I am, quite honestly, exhausted.

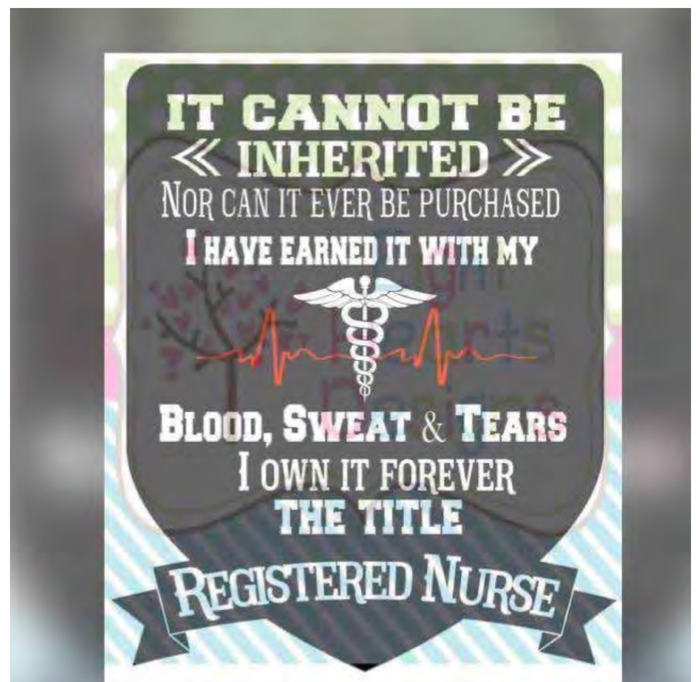
Reality check for me was yesterday, I had a day where I just felt down in the dumps and couldn't understand why, then it hit me. Besides the fact that I am not sleeping well at the moment, was the reality that I miss my family (as we all do), but I miss my work colleagues, who I consider to be family. They are my therapists, who listen when I have a problem, they are my sounding board for new ideas, they are the people that go through similar challenges as me on a daily basis.

This face to face social interaction has been taken away and I for one am struggling with this virtual reality everyday.

I am grateful to be able to work from home and to be honest, I am not going to be rushing back to work, but I need to set some new boundaries and be kind to myself.

Not sure how you are all doing, but be kind to yourselves and it is ok to have a down day, just don't live there. Identify what makes you unhappy or uneasy about this unusual situation and try to change it. Touch base with people who make you feel better. Open up about your feelings to anyone who will listen.

Above all stay safe, be strong and be kind to yourself.



CREDIT: @MoiEscudero

Change is good, and so is a challenge

By Erna van Rooyen

CREDIT:@creativemarket via pinterest

I'm not really a person that jumps up with happiness when I look change in the eye, but in general change is good, and so is a challenge.

Working from home:

While filled with new ways of doing things, especially the team meetings, I must be honest in saying that I am enjoying it, and am able to put a lot more hard labour into what needs to be done during the day.

I love being in my own study, drinking my own coffee and having my animals all over the place. After 8 weeks, [I was at home a week before lockdown already], this is now just a bit too much.

Personal:

Too much of anything is bad, and I really start thinking that too much me time, is also not good. I'm a "hug-me-person" and this social distancing just does not do it for me at all. Whilst having my children in the USA has trained me over time on what social distancing really means, this is just highlighting them being so far from here.

One tends to learn things about yourself, when you are alone, things that you either forgot or did not know. Spending more time in the presence of God alone is wonderful.

General:

PLEASE enough is now enough, it is time to move on. There is just way too much pain and struggles caused by lockdown, and I cannot help but believe that the long-term psychological, emotional and financial challenges will have a far more severe effect than even the tragic deaths caused by the COVID-19 virus [and please - I am not downplaying death].

72 facts about Coronavirus

By : Charlie Collins - Source : 112 Ukraine

Fact 1. Covid-19 and SARS-CoV-2 are not the same thing. Covid-19 is a disease (D stands for disease) caused by a new coronavirus. SARS-CoV-2 is the name of the virus itself.

Fact 2. CoV is short for CoronaVirus, Coronavirus. This is the name of the family of viruses (there are about 40 of them), which bear resemblance with the solar corona due to the spinous crests.

Fact 3. Coronaviruses are impostors from biology. The tailpiece of each spike "imitates" the molecule of a useful substance, so that the cellular receptors gladly pull it into themselves, and the whole virus is squeezed into the cell after the spike is in. This is how infection occurs.

Fact 4. The term "new coronavirus" (novel or nCoV) means that before neither scientists nor the cells met this virus before.

Fact 5. Over 2 million years of evolution, our immune system has learned to deal with most known infections, but the new coronavirus catches it by surprise, this it's so hard to cope with and quite easy to get infected.

Fact 6. Once in a cell, the virus "seizes" control over it and forces it to endlessly produce its own copies - instead of its usual proteins. A chain reaction begins. As a result, the cell dies, but the carrier of the infection becomes contagious.

Fact 7. At the initial stage of infection, the new coronavirus actively reproduces itself in the throat and upper respiratory tract. Then the infection goes down and can reach the lungs, causing inflammation.

Fact 8. That is why the first symptom of infection is a cough. Only then the temperature begins to rise.

Fact 9. Or it does not begin - in 30% of patients in Wuhan, the temperature at the time of arrival at the hospital was normal.

Fact 10. Many people who become infected (18% or one in five people) do not even have a cough. The disease proceeds without any symptoms at all: a person may not even suspect that he is sick.

Fact 11. Moreover, such an asymptomatic patient is still an active carrier of infection and can infect others.

Fact 12. If Covid-19 proceeds benignantly, its symptoms are very similar to the usual seasonal flu: dry cough, fever, fatigue, sometimes muscle pain or headache.

Fact 13. Covid-19 is also treated in the same way as regular flu - at home, symptomatically.

Fact 14. One of the most unusual symptoms of coronavirus is the loss of a sense of taste and/or smell.

CREDIT: @Banksy/Instagram via Reuters

Fact 15. Loss of a sense of taste and/or smell is not a common symptom - is does not necessarily happens in all Covid-19 cases, sometimes it is the only symptom.

Fact 16. So if you suddenly stop smelling or tasting, this is a reason to grow suspicious and take measures.

Fact 17. Important: the carrier of a new coronavirus becomes dangerous to others immediately after being infected - long before the first symptoms (if any).

Fact 18. The good news: the more deadly a virus is, the worse it is spreading. By killing its master, the virus can no longer

infect others. Therefore, the virus rarely mutates into a more deadly form, it is not in its interests.

Fact 19. The bad news: SARS-CoV-2 - is just from a different category. This virus makes its host a spreader, but it does not appear immediately or does not appear at all, so the carrier manages to infect several more people.

Fact 20. On average, each carrier of a new coronavirus manages to infect 2 to 4 healthy people. This number is higher than seasonal flu (1.3), but lower than measles (12+).

Fact 21. Although, like any infection, the SARS-CoV-2 coronavirus has the so-called superspreders - carriers that infect incomparably more people: hundreds or even thousands.

Fact 22. In South Korea, the virus was controlled until the number of cases reached 30. But the woman, codenamed "Patient 31", immediately infected about 1,200 people.

Fact 23. It turned out that she was very religious and continued visiting church, despite the cough and fever, ignoring the orders of the Korean authorities.

Fact 24. Over 10 days, the number of infected in South Korea increased from 30 to 5,000.

Fact 25. The mortality rate from Covid-19 is still difficult to calculate with accuracy, but most studies estimate it at 1-3%.

Fact 26. This is about 20 times higher than seasonal flu, but falls short compared to the predecessors of the coronavirus SARS (10%) and MERS (25%).

Fact 27. Mortality from Covid-19 is highly dependent on the overall burden on the healthcare system and the rapidity of delivery medical care: in Germany it is only 0.3%, in Italy it is almost 9%.

Fact 28. In the age group of 70+, mortality exceeds 5%; 80+, every tenth dies of the virus.

Fact 29. That is why the main task of authorities around the world now is to stretch the epidemic for as long as possible, without allowing a large number of people to get Covid-19 at the same time.

Fact 30. The pandemic is quickly developing: 100,000 patients 67 days after the first diagnosis, the second 100,000 became ill in 11 days, and the third - in 4 days. Fact 1. Covid-19 and SARS-CoV-2 are not the same thing. Covid-19 is a disease (D stands for disease) caused by a new coronavirus. SARS-CoV-2 is the name of the virus itself.

Fact 31. Every day, the number of people infected with the virus increases by about a third.

Fact 32. The pandemic has already reached the most remote corners of the globe, including the famous Easter Island, where on March 24, the first patient, a 42-year-old man, was officially confirmed.

Fact 33. Experts warn: you need to psychologically prepare yourself in advance for the fact that the number of infected people can amount to tens of millions, and perhaps hundreds of thousands will die.

Fact 34. It is not exactly known where SARS-CoV-2 came from, but bats and pangolins carry viruses similar to this one.

Fact 35. Most likely, the virus mutated and was transmitted to some other animal, and then to a human.

Fact 36. Was the virus dangerous for a person at the moment when the first person got it? Or did he mutate and learn to penetrate into our cells while already in a person? Scientists have not yet found answers to these questions.

Fact 37. If the virus was already dangerous when it came

into contact with humans, it means that it can still walk somewhere in the animal kingdom and sooner or later infect people again.

Fact 38. That is why at the beginning of the outbreak in Wuhan, the first thing they did was closing the wildlife markets.

Fact 39. This, by the way, is a standard measure in China: first they close the markets when a new infection is suspected and lockdown is introduced. It usually helps, but this time it was too late: the asymptomatic virus has already gone "to the people."

Fact 40. No, the virus did not run away from the biological laboratory, no matter how much someone would like to believe it.

Fact 41. The version of the artificial origin of coronavirus was carefully checked by several teams of scientists from different countries at once and rejected as untenable.

Fact 42. "Our analysis clearly shows that SARS-CoV-2 was not designed in the laboratory and is not a virus that was aimed for any targeted manipulation," quoted researchers from the journal Nature.

Fact 43. Since we went to bust myths, here's another one: surgical masks DO NOT protect against coronavirus. Its particles are so small that they easily pass through the pores.

Fact 44. For you to imagine the size of the virus: about 100 million copies can be easily placed on the tip of a needle.

Fact 45. When coughing from an infected patient, the smallest drops of saliva fly off, each of which may contain billions (!) of virus particles.

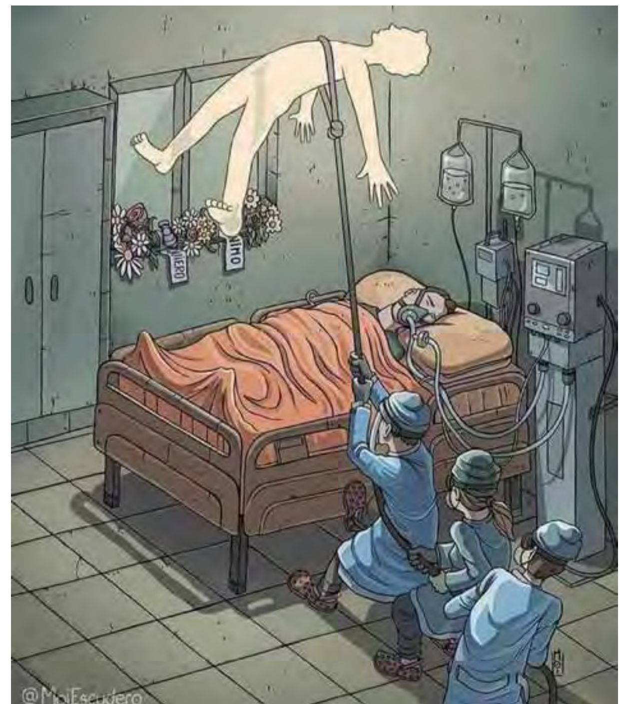
Fact 46. It makes sense to wear a mask for those who are afraid to infect others. It does not provide 100% protection, but slightly reduces the risk to others.

Fact 47. Contrary to popular belief, pets can NOT spread the coronavirus. No cases of human infection from a dog or cat have yet been reported.
Fact 48. But the virus can be picked up in an absolutely empty room, where the infected had previously been present.

Fact 49. In the air, the coronavirus remains viable (that is, it can infect healthy people) for three hours.

Fact 50. On plastic and steel surfaces, SARS-CoV-2 remains dangerous for up to three days, on paper and cardboard - up to a day, on copper - up to four hours.

Fact 51. That is why the main and most reliable means of prevention is to wash your hands thoroughly after contacting any surfaces outside your home.



CREDIT: @MoiEscudero

Fact 52. If there is no opportunity to wash your hands with soap, use hand gel antiseptic.Fact 52. If there is no opportunity to wash your hands with soap, use hand gel antiseptic.

Fact 53. At the very least, miramistin or chlorhexidine will do for disinfection: they both destroy bacteria and viruses.

Fact 54. Antibiotics against coronavirus are useless.

Fact 55. Lockdown and other restrictive measures may be extended around the world (with short interruptions) until a vaccine or effective treatment for Covid-19 are found.

Fact 56. It is absolutely clear that an effective vaccine for coronavirus will NOT appear earlier than in a year - year and a half, by the mid or end of 2021. At this point under the threat are likely to get sick.

Fact 57. Vaccine may never appear at all. The whole world has been trying to develop a vaccine against HIV for 35 years - this mounted to nothing. Although HIV pills have already been developed for effective prevention.

Fact 58. There is no specific therapy for SARS-CoV-2 yet. Infected people are treated exclusively symptomatically, that is, they are fighting not with the disease itself, but with manifestations of a disease.

Fact 59. Over 100,000 people with confirmed Covid-19 have successfully recovered.

Fact 60. The majority of patients (over 80%) do not need medical assistance at all. They treat themselves at home, with the help of ordinary flu, and usually recover in about a week.

Fact 61. Approximately one in five or six cases require for hospitalization, this is true mainly for the elderly and/or those with chronic diseases.

Fact 62. In heavy cases (about 4%), the patient needs lung ventilation - i.e. to get connected to a ventilator. The ventilation apparatus may not be enough if there are too many sick people. Some car companies have switched to the production of ventilators.

Fact 63. This is one of the main causes of high mortality in Italy. There are a lot of elderly patients, the peak load on hospitals and, as a result, the emaciation of medical staff and lack of equipment.

Fact 64. For 10,300 Italians recovered from Covid-19, more than 8,000 died. Another 62 thousand people are still ill (data as of March 27).

Fact 65. In a separate development, the search for a remedy for the virus goes on. There is no time to develop new drugs, because doctors are checking existing antiviral drugs, namely how effective they are in the fight against SARS-CoV-2.

Fact 66. In February, Chinese doctors noticed that chloroquine, a drug designed to prevent and treat malaria, does a good job in treatment of coronavirus. Since then, several studies have confirmed its effectiveness in controlling Covid-19.

Fact 67. Two other possible remedies are lopinavir, which is commonly used to treat HIV patients, and remdesivir, originally developed to treat Ebola and Marburg virus. So far, both have been successfully tested.

Fact 68. The latest encouraging discovery is the antiviral drug, Avigan (Favipiravir), a popular anti-flu medicine in Japan. It has been specifically designed to fight RNA viruses.

Fact 69. In tests in Wuhan, coronavirus-infected patients who received Avigan recovered in four days.

Fact 70. In some cases, heavily ill Covid-19 patients got transfusion of blood plasma from recovered people - with antibodies against the virus. This practice has proven itself during outbreaks of SARS, MERS and Ebola virus and has been officially recommended by WHO.

Fact 71. Sneezing is NOT a symptom of coronavirus. Coughing - yes, sneezing - no.

Fact 72. SARS-CoV-2 continues mutating. From December to March, some variants of the virus managed to change the genome 14 times.

Credit: CC0 Public Domain

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CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

COVID 19 - a Case Managers Reality

By : Sally Naidoo

The coronavirus pandemic, or COVID 19 as we now refer to it, was something that happened in other places not in our country.

Most of us thought yeah another H1N1 /SARS just a more virulent form of the flu, this too would bypass us.
The 1st reported case brought about a great flurry of changes and immediate action requests.

Many new processes and policies followed including daily updated processes and policies.

Then came lockdown, being classed as admin staff many thought Case Managers would not be required as everyday within hospital, environments irrespective of group Case Managers are not regarded as essential vitally important part of the hospital team. Suddenly, not only had this very little understood group become vitally important from a cashflow perspective, but also from a reporting perspective to ensure that each and every patient tested would be identified by special coding.

Their accuracy in coding and timeous updating of status became more and more important for all role players to remotely access hospital data. The resilience and tenacity of the Case Manager is being tested daily. Innovative new methods to timeously and accurately update patients with minimal interaction and contact challenges even the most out of the box thinkers.

Everyday new plans are tested and trialled then stripped apart and re-thought and tested all over again. All the while the work goes on. For individuals who started off with typing one update and hour virtual contact and IT genius emerges.

To say I am proud to be a case manager working amongst amazing people would be an understatement. Everyday I hear stories of people complaining about everything imaginable yet our true behind the scenes heroes plunder on with genuine concern for each other. Compassion, concern and care for each one of their colleagues is the topic of everyday. Motivation and morale bolstering ongoing.

All I can say is I am proud to be a CASE MANAGER during this very trying and uncertain times. I know that I have my sisters backs and they have mine.

Case Managers: The Other Frontline of COVID-19

By : Christa Botha

At our facility the case managers are still going on our daily rounds-not seeing any patients only looking at the files and we all know the notes are not completed. Doctor's notes are none existing and the nursing staff do not give us all the clinical info we need.

We are in the process of implementing a case management form to be completed by the nursing staff and then scan to us. In the ICU's, we are implementing tablets so they can scan or send photo's to case management via email. All patients are screened for Covid-19 before being admitted into to our hospital. We have two isolation wards, one where all the Covid-19 positive patients will be admitted. The other ward is where the patients will be isolated while awaiting results. The wards are also divided in zone's: Red is positive, Yellow is awaiting results and Green is negative.

We have had two positive patients, one was sent home to home isolate and unfortunately, the other one passed away, he was a tourist from Germany. We are also on flexi time due to the hospital occupation being low.

It is a very stressful time for all of us. Management is trying to cut costs and employee's are not happy. We have had two staff members that have tested positive, one was a nurse who cared for one of the patients and the other, a cleaner who brought it from home.

I strongly believe as a team we will get through this.

Case Managers must make impossible choices to manage the complexities of an unstoppable pandemic—and they are working against the clock.

Unless, like me, you are married to or related to a Case Manager, you've probably never thought about what they do, yet they are critical to the healthcare system that we all rely on. They reside in the central command center of a crisis. The unrecognized role of Case Managers changes slightly depending on whether they work for a healthcare organization or hospital, long-term care facility, or social service department, but in general, they are responsible for overseeing a patient's case to ensure the best outcome.

Case Managers, most of them registered nurses and social workers, coordinate with physicians, nurses, mental health and insurance companies, and family and friends of the patient, their client. They receive constant input from stakeholders with vastly different viewpoints, and it's their job to bring all of that information together to ensure the best interest of their patients is being served. In addition, as part of interdisciplinary teams, professional Case Managers are responsible for tracking outcomes, not only for case management but also for the interventions of the entire team.

Case Managers have a stressful job on the best of days. COVID-19 has made it untenable.

The coronavirus has had an extraordinary impact on their professional and personal lives because we're dealing with a pandemic that could not only infect patients but also the very system tasked with mitigating the outbreak. Doctors and hospital nurses are often spoken about as being on the frontlines of the coronavirus. I would argue that Case Managers represent another frontline; one that requires them to take incredible risks and make difficult choices every day. And for them, there is no triage.

As I mentioned, my wife is one such person. Due to the unwelcomed, invisible intrusion that is COVID-19, she is now working from home, but with an increased caseload, greater complexity, and more responsibility. And that is on top of adjusting to the reality of being isolated in our home day in and day out. As the world we're in now calls for social distancing there's no way for her to distance herself from the call of duty. Things were very different for her when she was able to walk down the hall to speak with a doctor or nurse about something. Now, she is tasked with coordinating people without the benefit of human connection. As many workers in America are finding out, working from home often

results in a loss of work-life balance. This is especially true when your job was already taking over your life.

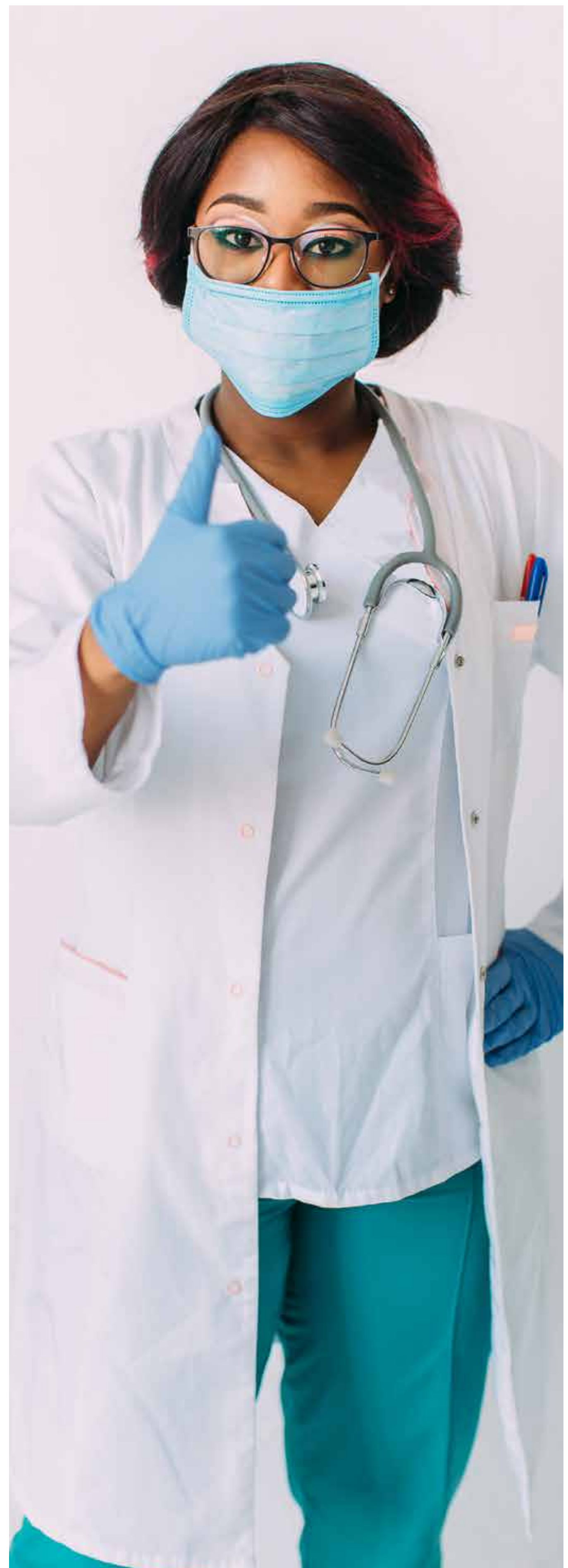
This week alone my wife has been charged with helping cancer patients who are unable to have critical follow-up appointments because oncology offices are closed. A two-year-old asthma patient who was discharged home because his lung doctor's office is closed. Patients with terminal diseases who came down with coronavirus and, therefore, are unable to see their families when time with them matters most. And patients who are discharged from the hospital after testing for COVID-19 who are being told to self-quarantine but are then unable to get their results.

A lot of patients have become stranded, and even getting critically ill patient-placement has become a challenge. It's like a scavenger hunt for empty hospital beds! And the virus hasn't even peaked yet. All of these situations bring tears, confusion, fear, and loss–all of which my wife, and Case Managers like her, are supposed to alleviate from a remote location with little support and in the middle of a system plagued by glitches and breakdowns.

This is ground zero, folks. Case managers are in a battle behind the scenes, huddling daily to plan for the next six months. But mostly these men and women are alone, hunched over computers in trenches of their bedrooms or living rooms, making frantic phone calls, staying focused on the needs of patients even when their families need them, too.

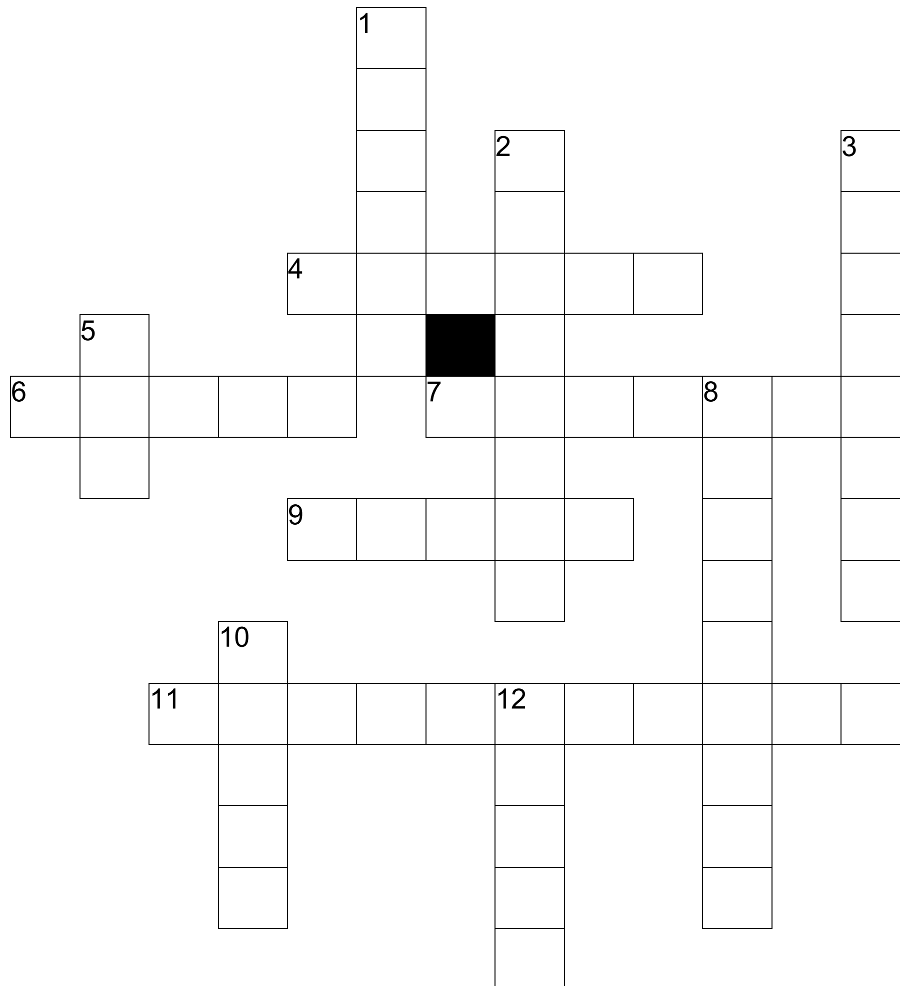
There is no denying that the doctors and nurses you see online sharing photos of their bruised faces after spending hours in protective masks and goggles are heroes. But when those people need the go-ahead to perform surgery or need to know where to send a patient next, they turn to a Case Manager like my wife. She is a hero, too. If God forbid, you or a loved one ends up in a hospital during this pandemic, utilize your Case Manager, trust your Case Manager, and, please, be kind to your Case Worker. He or she is making a great sacrifice to ensure the best outcome for you.

Taken from an article posted in International Case Managers Face book page.



CMASA CROSSWORD

By : Yvonne Bredenham



Across

4. must have for a TV
6. 24 .... in a day
7. 2020 conference venue is
9. bee.....
11. Case Managers know how to ....

Down

1. case managers are unsung........
2. Sad, love, happy
3. 42% of CMASA managers work in a....
5. where animals are kept
8. Case managers are patient............
10. - E,S,W
12. 2020 is the year of the.....

Yvonne says ...Find the hidden phrase, there is a prize for the first correct entry
Entries to be submitted to sharon@casemanagement.co.za

From the Desk of Tim:

Lockdown, it's hell ‼

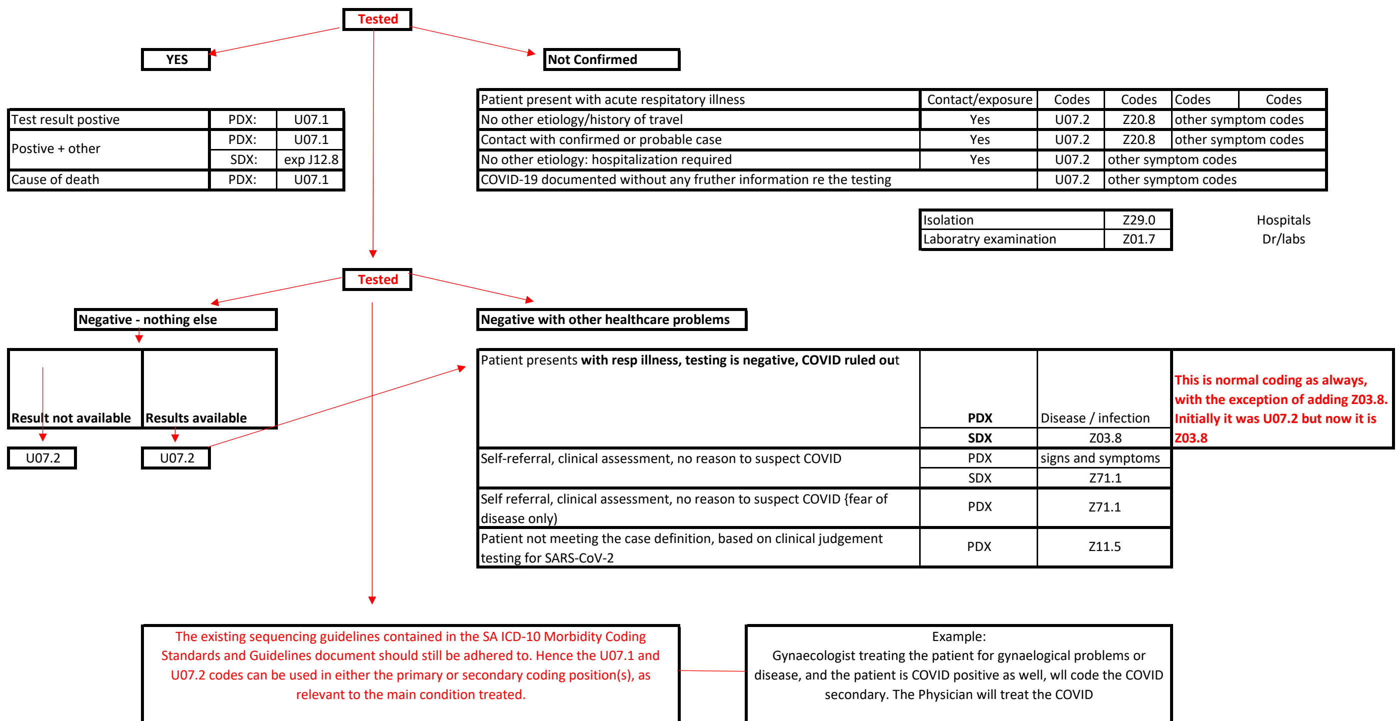
I have the cleanest motorbikes in the world and I dig holes for fun.
I knew my kids were busy, but I never realised how unnecessarily messy they are, they constantly hungry, they find inane things funny but all of a sudden, my jokes are not funny.
I climbed on the roof yesterday just so I could sit down, that lasted all of 4 minutes....cause my youngest somehow launched a stuffed bunny 2.7m high and landed next to me.

I'm over lockdown and I want to ride my bike East as far as my petrol allows.....and then pitch a tent for 3 weeks.....

Post-Lock down summary

By : Sharon Doré

Clinical Coding of Covid-19



Tested

YES

Test result postive	PDX:	U07.1
Postive + other	PDX:	U07.1
	SDX:	exp J12.8
Cause of death	PDX:	U07.1

Not Confirmed

Patient present with acute respiratory illness	Contact/exposure	Codes	Codes	Codes	Codes
No other etiology/history of travel	Yes	U07.2	Z20.8	other symptom codes	
Contact with confirmed or probable case	Yes	U07.2	Z20.8	other symptom codes	
No other etiology: hospitalization required	Yes	U07.2	other symptom codes		
COVID-19 documented without any fruther information re the testing		U07.2	other symptom codes		

Isolation	Z29.0	Hospitals
Laboratry examination	Z01.7	Dr/labs

Tested

Negative - nothing else

Result not available	**Results available**
U07.2	U07.2

Negative with other healthcare problems

Patient presents **with resp illness, testing is negative, COVID ruled out**	**PDX**	Disease / infection	**This is normal coding as always, with the exception of adding Z03.8. Initially it was U07.2 but now it is Z03.8**
	SDX	Z03.8	
Self-referral, clinical assessment, no reason to suspect COVID	PDX	signs and symptoms	
	SDX	Z71.1	
Self referral, clinical assessment, no reason to suspect COVID {fear of disease only)	PDX	Z71.1	
Patient not meeting the case definition, based on clinical judgement testing for SARS-CoV-2	PDX	Z11.5	

The existing sequencing guidelines contained in the SA ICD-10 Morbidity Coding Standards and Guidelines document should still be adhered to. Hence the U07.1 and U07.2 codes can be used in either the primary or secondary coding position(s), as relevant to the main condition treated.

Example:
Gynaecologist treating the patient for gynaelogical problems or disease, and the patient is COVID positive as well, wll code the COVID secondary. The Physician will treat the COVID

PHISC
Private Healthcare Information Standards Committee

PHISC Trust: IT2091/21012

Email: phiscsecretariat@confco.co.za

Website: www.phisc.net

07/04/2020

Dear PHISC members,

URGENT COMMUNICATION REGARDING THE CLINICAL CODING OF

NOVEL CORONAVIRUS: COVID-19

COMMUNICATION 3

Based on information received from the Medical Research Council (MRC), designated as the WHO-FIC Collaborating Center for the Africa Region, and reported media releases from the World Health Organisation (WHO) on 25th March 2020. Please familiarise yourself with the content below. PHISC suggest that these guidelines are strictly followed.

Communication about the use of U07.1 Emergency code to be used for Corona virus was sent to all on 13/02/2020. Further to this the WHO also authorised the use of U07.2. For more detail about when to use U07.2, please see information below

ICD_Code	WHO_Full_Desc	Valid_ICD10_Clinical use	Valid_ICD10_Primary
U07.1	Emergency use of U07.1	Y	Y
U07.2	Emergency use of U07.2	Y	Y

Please follow the coding guidelines as communicated by the WHO below:

COVID-19 coding in ICD-10

25 March 2020

This document provides information about the new codes for COVID-19 and includes clinical coding examples in the context of COVID-19. It includes a reference to the WHO case definitions for surveillance.

1 New ICD-10 codes for COVID-19

- U07.1 COVID-19, virus identified
- U07.2 COVID-19, virus not identified
  - Clinically-epidemiologically diagnosed COVID-19
  - Probable COVID-19
  - Suspected COVID-19

Details of the updates to ICD-10 are available online at https://www.who.int/classifications/icd/icd10updates/en/

2 Clinical Coding of COVID-19 with ICD-10

	No symptoms	With symptoms	ICD-10 codes
Confirmed cases	Positive test result only, patient showing no symptoms		U07.1
	Positive test result	COVID-19 documented as cause of death	U07.1*
	Positive test result	Use additional code(s) for respiratory disease (e.g. viral pneumonia J12.8) or signs or symptoms of respiratory disease (e.g. shortness of breath R06.0, cough R05) as documented	U07.1 + codes for symptoms *

*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

	Patient presents with acute respiratory illness	Contact or suspected exposure	ICD-10 codes
Suspected/probable cases	No other etiology; history of travel	√	U07.2; Z20.8 + codes for symptoms*
	Contact with confirmed or probable case	√	U07.2; Z20.8 + codes for symptoms*
	No other etiology: hospitalization required		U07.2 + codes for symptoms*
	COVID-19 documented without any further information re: testing		U07.2 + codes for any symptoms*

*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

	Presenting clinical scenario	ICD-10 codes
COVID-19 ruled out	Patient presents with acute respiratory illness; testing is negative, and COVID-19 is ruled out	Code the relevant stated infection/diagnosis + Z03.8 *Observation for other suspected diseases and conditions*
	Self-referral: after assessment no reason to suspect disease and further investigations deemed unnecessary	Code Z71.1 *Person with feared complaint in whom no diagnosis is made*

Testing for COVID-19	Based on clinical judgement, clinicians may order a test for the SARS-CoV-2 virus in a patient who does not strictly meet the case definition.	Code Z11.5 *Special screening examination for other viral diseases*

3 Mortality Coding of COVID-19 with ICD-10

Both categories, U07.1 (COVID19, virus identified) and U07.2 (COVID19, virus not identified) are suitable for cause of death coding. Similarly, new codes were created for ICD-11.

COVID-19 is reported on a death certificate as any other cause of death, and rules for selection of the single underlying cause are the same as for influenza (COVID-19 not due to anything else).

For recording on a death certificate, no special guidance needs to be given. The respiratory infection may evolve to pneumonia that may evolve to respiratory failure and other consequences. Potentially contributing comorbidity (immune system problem, chronic diseases...) is reported in part 2, and other aspects (perinatal, maternal...) in frame B, in line with the rules for recording.

A manual plausibility check is recommended for certificates where COVID-19 is reported, in particular for certificates where COVID-19 was reported but not selected as the single underlying cause of death.

4 WHO COVID-19 Case definitions for Global Surveillance[1] 24 March 2020

Confirmed cases

A confirmed case is a person with laboratory confirmation of infection with the COVID-19 virus, irrespective of clinical signs and symptoms.

[1] https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)

Suspected cases

A) a patient with acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset

OR

B) a patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms

OR

C) a patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough o shortness breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

Probable case

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive.

The existing ICD-10 sequencing guidelines contained in the SA ICD-10 Morbidity Coding Standards and Guidelines documents should still be adhered to, hence the U07.1 and U07.2 codes can be used in either the primary or secondary coding position(s), as relevant to the main condition treated.

System software updates:

While the ICD-10 Master Industry Table (MIT) descriptions will continue to be as per the column above on the NDoH website, we suggest that all internal software is updated to be in line with the updated descriptions for U07.1 and U07.2 as provided by MRC and WHO.

The description of ICD-10 coding is not sent out electronically, and it should therefore not impact on any accounts sent and / or received, but will allow the user to be able to easily identify, code and draw statistical data as needed.

Discharge disposition: In the case of a **death**, reminder to use the PHISC **discharge disposition 20 (Mortuary)** for a hospital event.

Erna van Rooyen

PHISC | Clinical Coding subcommittee chair

E-mail: phiscsecretariat@confco.co.za

Website: www.phisc.net

PHISC | Private Healthcare Information Standards Committee

Meet the new Western Cape Committee Members

By : CMASA

Leron Hector

Leron Hector graduated with an Honours degree in Physiotherapy from the University of the Western Cape in 2007. He furthered his studies in management in 2012 through the Institute of Leadership & Management.

Leron is a passionate Entrepreneur, Speaker and Physiotherapist. He is the co-founder of Hector, Naidoo & Associates, a national physiotherapy practice and Zempilo Solutions, a practice management and technology company. He is determined to play a role in the continued development and success of South Africa at a community level through leadership and youth development.

Leron is a proud husband and father who enjoys the outdoors, sport and playing guitar. Through Zempilo Solutions he coaches businesses and often speak at events to motivate and challenge students. Serving as an active member of his church, he volunteers at the Hillsong Africa Foundation Innovation Hub, a youth development programme. Leron also mentors young Entrepreneurs and volunteers to provide health education and promote good health practices in society.

Tracy Maddocks

I did my nursing training at Greys Hospital in Pietermarizburg. After I qualified I went straight into the labour ward. We specialized in high risk obstetrics at referral level. I continued in the maternity field for 15 years, mainly placed in the labour ward. After having my first child I realized the unpredictability of nursing hours needed to be changed especially as my husband's hours were just as unpredictable. I branched out to managed health care in the pre-authorizations department at Medscheme.

After two years I accepted a position in High level queries in the GEMS department as a Clinical Consultant. Our focus was on provider complaints as well as PMB (prescribed minimum benefit) compliance. I was soon promoted to Team Leader and continued to lead my team until I was approached by Medwell SA for a position as one of their field sisters. Although, I enjoyed High Level Queries I desperately missed patient contact and being a nurse, I accepted the position as I felt it would be a new challenge and completely different to anything I had done before. Since February 2019 I have held a position as Clinical Care Manager. I am passionate about what I do and I honestly believe that Home based care is the way of the future.

On a personal note, I am the mother to two very busy boys who keep me young. I enjoy crafts like knitting, crochet, drawing and painting.

Chapter Meetings Revived

By : CMASA

We have not forgotten about our promise to offer continued education and I am pleased to announce that we have arranged "virtual" presentations.

Virtual chapter meetings will be held over Zoom/Skype/Microsoft Teams, which is accessible via your laptop or smart phone and if you are linked to Wi-Fi it does not use data.

These meetings are being facilitated by our sponsor companies and we are very grateful for that as once again we have the opportunity to embrace technology, network and learn. The speakers will be a combination of doctors, product specialists, nurses and technology experts.

Look out for emails informing you of the times and dates. We will try our best to make the times as convenient as possible in order to include as many delegates as possible.

The only cost to you for these meetings will be the cost of the data used if you do not have access to Wi-Fi.
This is the new normal and we are very excited about this new journey forward. If there is a subject you are keen to hear more about please let us know and we will try to source a speaker.