

The voice of the Case Manager

CMASANOW

October 2022



Note from the desk of the Chairperson

Yvonne Bredenhann - South Africa



In a blink of an eye, we are fast approaching international case managers week, and it feels like just the other day we were all dressing in our superhero costumes on the dance floor at our annual conference.

I would like to take this opportunity to wish you all a very happy case managers week! I know we are often the last to be thanked.

I would also like to remind everyone that we are the vital link as, the patient advocates. We are the key between funder and hospital, and no matter which side of the fence you find yourself just remember, **YOU MAKE A DIFFERENCE!!**

Without case managers, who would fight for our patients, who would negotiate discounts and even more being the voice of reason.

So, this week I salute each and every one of you.

Thank you for all the dedication, passion and drive that makes our patients, and their loved ones journey a bit easier during the difficult admissions and disease management process.

I hope to meet many of you at the upcoming events scheduled around the country

Kind Regards

Yvonne

Case Managers - I salute you.

Written By: Charne Willemse

Case Management is almost as old as humanity itself, or at the very least since people started to assist one and another with health related and social problems. From a Funders perspective, Insurance companies were the first to pilot case management and rehabilitation programmes in 1943 as a way of managing their disability and chronic condition claims. From here on Case management took on a life of its own, not only from an Insurers perspective but in other areas of health and social care, resulting in the amount of professional people becoming case managers growing yearly.

This brings me to the main reason for writing this article. Case management week is the one week in our busy schedules that stands out and acknowledges the work that is being done. During this week we can pause for a while and honour those whom we have lost from the Case Management community and celebrate the victories that we have accomplished in making a difference in our patient's lives and healthcare.

A case manager is always the  of health care!

And I salute each and every one of you!

Complexity leadership: A framework For leadership during disruption – Part 2

Written By: Dr Karen Nel

This is a four-part series on Complexity Leadership and Operational Systems pertaining to private hospitals in South Africa

In part 1 of this series, we discovered that leaders who want to lead complex organisations during disruption successfully must have the ability to combine traditional, **operational leadership** that focuses on efficiencies with dynamic **entrepreneurial leadership** that is dynamic with a focus on innovation. The only way to achieve this is by creating an adaptive space through **enabling leadership** where team members can challenge one another, have safe tension, and evaluate/critique the initiatives of the larger team, including management. All three leadership approaches need to be balanced for complexity leadership to succeed.

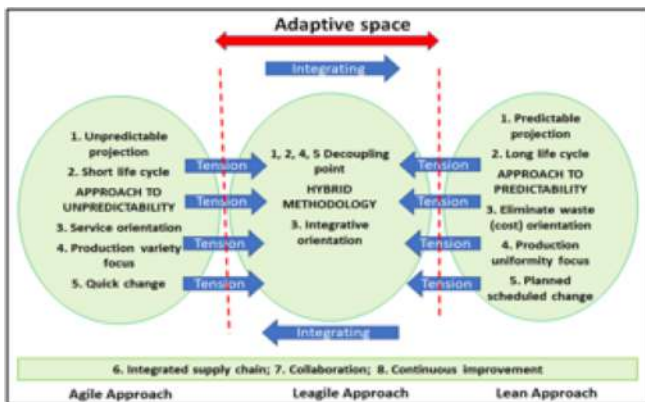
OPERATIONAL POLICIES AND PROCEDURES

The best way to achieve a leadership balance is by having the correct focus on operational policies and procedures.³ This can be achieved by balancing traditional policies and procedures that focus on predictability, eliminating waste, and having planned scheduled change (lean) with policies focusing on unpredictability, production variety, and quick change (agile). The connection point between agile and lean is called leagile, a point of constant change and tension also called the adaptive space. At this point of movement and change, where the tension between agile and lean exists, is the status quo of the processes challenged.

Complexity leadership: A framework For leadership during disruption – Part 2 – Continued.

The principles of lean, agile and leagile have been borrowed from manufacturing and supply chain, but now applied in other industries. Figure 1 displays the relationship between agile, lean and leagile when operational policies and procedures are balanced.

FIGURE 1: OPERATIONAL POLICIES AND PROCEDURES



Leadership in complex organisations must engage team members in the quest for a common objective, wherever the aim resides in the organisations' structure and whoever takes responsibility for delivering it through people.

Rapidly changing markets demand a new generation of leaders with different skills. The aim of leaders during disruption must be to create organisational change in order to achieve adaptability and long-term survival. Role-based leadership, which is based on an individual's role, must become action-based leadership distributed between all members of a group.

Expanding on the framework above, can lean, agile, and leagile be explained in the following way:

LEAN: Lean is an approach that will focus on constantly eliminating waste (waste of energy, time, money etc.) by continually improving processes and procedures. Lean wants to optimise workflow and increase efficiencies through planning, uniform processes and predictability. A lean operation strives to maximise capacity and cost-effectiveness

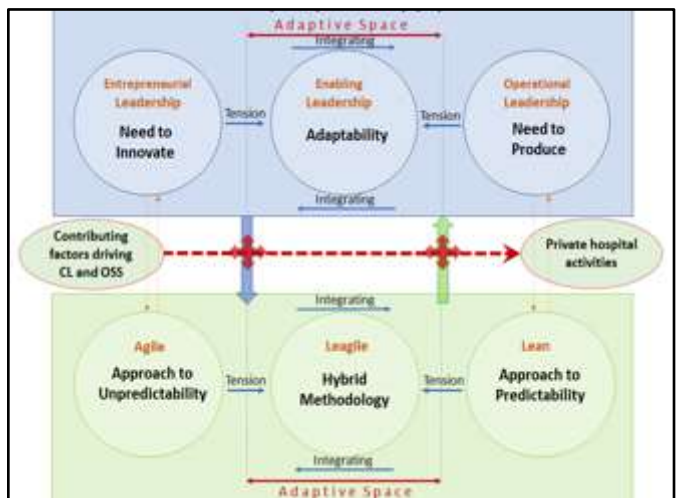
Complexity leadership: A framework For leadership during disruption – Part 2 – Continued.

AGILE: This is the ability of an organisation to change and react quickly to external and internal challenges by adding value to the customer in a dynamic way. Agile organisations can respond quickly to challenges and create opportunities in this way. Agility is, therefore, pro-active AND reactive processes executed in a quick dynamic fashion.

LEAGILE: Leagile is the point where lean and agile meet. Leagile is a point on a continuum that can often change, depending on the product, the customer, the environment, and much more. For example, at the point of leagile, do agile processes exist downstream with a focus on the market and the customer needs, and lean exists upstream with a focus on forecasting and planning. At the point of leagile, strategic stock is often held

FIGURE 2 HIGH-LEVEL OVERALL CONCEPTUAL FRAMEWORK OF THE STUDY

Complexity Leadership



Complexity leadership: A framework For leadership during disruption – Part 2 – Continued.

OPERATIONAL POLICIES AND PROCEDURES

When combining complexity leadership with operational policies and procedures (lean, agile, leagile), it is evident that there is a synergy between the two frameworks with traditional, structure, efficiency-focus at the right, entrepreneurial, unpredictability, customer focus on the right, and the adaptive space of enabling leadership and leagile in the middle.

In part three, we will explore the following:

- What is the relationship between the two frameworks?
- Why does the relationship exist?
- What can be done to change it?

In closing, it is the combination between complexity leadership and operational policies and procedure that is the key to business success during times of disruption. Until we meet again, focus on identifying operational leadership. Entrepreneurial leadership and enabling leadership, as well as lean, agile and leagile processes.

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Complexity leadership: A framework For leadership during disruption – Part 2 – Continued.

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Recipe



Recipe

Written By: Sally Naidoo

Try out the 7 minute microwave chocolate cake. You will be totally impressed. Easy and flop proof.



INGREDIENTS

1 cup flour
3 Tbsp cocoa
3 tsp baking powder
1 cup sugar
Pinch of salt
2 eggs
1/2 tsp vanilla essence
1 cup boiling water
1/4 cup oil

METHOD

Beat eggs and sugar until creamy
Add salt, oil and vanilla. Mix
Sift in flour, baking powder and cocoa.
Mix to combine
Lastly add boiling water and mix
Pour batter into a greased round plastic biscuit container [the two litre biscuit barrel]
Bake for 6 mins in the microwave on high
Leave to stand for a further minute inside microwave - DO NOT OPEN THE DOOR
Turn onto a plate and decorate as desired

Recipe

Written By: Sally Naidoo



Cheese scones

1 Cup white flour

1 Cup grated cheese

1 Cup milk

3 tsp baking powder

Pinch of salt

(¼ tsp mustard or Cayenne pepper is another extra if preferred)

Preheat oven to 200 Degrees Celsius

Mix altogether and put into patty pans (makes 9 large or 12 small)

Bake for 10 – 15 min till golden

Enjoy with “real” butter



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**.

Case Managers Week

Written By: Kay A. Cupido

9 -15 OCTOBER 2022

Every year this time we celebrate Case Managers Week. We give recognition and show appreciation to all Case Managers involved in transition of care in any way.

So if we ask, what is a Case Manager?

The definition states:

It is a collaborative process that facilitates recommended treatment plans to assure the appropriate medical care is provided to disabled, ill or injured individuals. It is the role frequently overseen by patient advocates.

What does this mean to us?

There are different types of Case Managers found in different industries pertaining to healthcare. Some work directly with patients and some are the behind the scenes type. Ultimately all of them should have the best interests of the patients at heart.

I will attempt to give you some ideas on the role of the Case Managers in a few different areas.



CM In Public Sector

Written By: Anne Roos

Case managers are involved with the clinical administration of all externally funded clients e.g., Medical Scheme, Road Accident Fund etc. from admission to discharge. Case managers focus on an episode of the care within all the areas in which the client receives services. The current public sector process focuses on prioritizing and managing high-cost unpredictable cases concurrently. However, due to limited resources predictable cases are managed retrospectively with the focus on risk management. Since its inception, the Public Sector Case Management model has evolved to comply with the specific LOC facility requirements.

The case manager further plays a critical role in the following areas:

- Assess the client's medical scheme benefits, exclusions and underwriting to ensure that the best care is delivered with no financial burden.
- Ensure compliance with applicable public sector Managed Healthcare requirements e.g., management of authorization for elective and emergency admissions and procedures if required by the scheme.
- Facilitate revenue generation by accurate validation of externally funded claims, ensuring all billable services are captured and Claims are compliant with all legislative prescripts.

Utilization Review - Concurrent and retrospective liaison with funders regarding changes in clinical risk indicators. In order to manage the cost of healthcare services and prevent over utilisation.

CM In Public Sector

Written By: Anne Roos

CM PUBLIC FACILITIES

Case management has been part of the public sector for > 20 years. Public hospitals have a huge shortage of case managers. There are +/- 400 public hospitals in SA with 190 case managers across all provinces. Case Managers are mostly appointed in secondary and tertiary/centrals hospital where most of the specialized services are offered. This creates a huge void in rendering optimal case management services.

FUTURE OF PUBLIC SECTOR CASE MANAGEMENT

Case Management is an initiative to improve revenue collection and retention as it is a precursor to the National Health Insurance. Health Risk Management access to appropriate health care will improve service delivery. Public Sector is evolving to managing the department's financial and clinical risks by improving access to the most appropriate level of care at the most appropriate time at cost effective prices with positive health outcomes

The goal is to have a case management team in all public hospitals to ensure concurrent updates are done timeously and to take immediately action when assistance is needed. Furthermore, no retrospective updates to be done where opportunities to make a difference will have been lost.

Private Hospital Case Manager

Written By: Yvonne Bredenham

Many may have the perception that the key responsibility of case management in a hospital is financial risk management however, the role and the responsibility of the case manager has evolved in leaps and bounds and continues to do so in leaps and bounds. The one key area of case management that has always been critical and will remain so, is to establish and maintain strategic partnerships with service providers, health insurance providers, funders, and healthcare beneficiaries among other key stake holders in the managed care industry. In addition to this, case managers are being continuously trained and upskilled in areas such as coding, and new developments in both the healthcare industry and in the fast paced digitally enabled environment that we are finding ourselves in.

Hospital case managers remain the patients advocate, this stems from the strong nursing ethos that remains a requirement for clinical case managers. After all, key objective of the health care system and the managed care industry is “affordable and quality healthcare within reach of all”. In an article by Laubi Walters (Board of Healthcare Funders-executive manager: strategic support states: It is a sensitive ecosystem; all role players are necessary for sustainability and should be respected for the role they play.”

As healthcare personnel, registered nurses, the managed health care team continue to focus more on the ever-popular approach of wholistic patient care, our attempt to achieve this is by ensuring that the case managers are empowered and equipped to manage transition of care, dispute resolution

Private Hospital Case Manager - Continued

benefit and resource utilization and communication to all stakeholders. Communication with both internal and external clients is vital in reducing total healthcare expenditure, helping us to move away from the predominant “rule-based” approach to more of a supportive and solution driven approach.

In conclusion: case managers are critical role players in healthcare systems, catalysts for change, care co coordinators, and patient advocates using a patient centered approach.



Funder Case Management

Written By: Charne Willemse

Funder Case managers play an important role in ensuring safe, effective, and timely patient care during their healthcare event in partnership with case managers who work in the hospitals. Doctors however see us as policemen whilst medical aid / health insurance members and their families are often unaware of our existence.

As a Funder case manager, we embark on guiding the journey to recovery not only with the member but also with their family and friends and although we don't always see them face to face, we are able to share our care and support in other ways. As a result, Funder Case managers need to have an arsenal of plans and resources available that are filled with both empathy and sincere care.

A Funder case manager acts as an advocate for the member whilst they can't speak and can negotiate evidence-based treatment on their behalf, with the health care team, to secure the best possible outcomes for their members within the parameters of their medical scheme/ health insurance plans and financial benefits.

When we sit back and appreciate the partnership that we have formed with the providers, hospital case managers and families who cross our paths whilst governing and ensuring the transition of care in addition to easing the financial and care burden once discharge has been finalised, we can be proud of what we accomplish daily .

Funder Case Management

Written By: Charne Willemse

There is an acronym that we follow in performing our daily tasks, which shows what a unique person a Case Manager is:

Caring

Arsenal of plans at their fingertips

Sincere

Empathetic

Member

Advocate

Negotiator

Appreciation

Governor

Education of the member benefits and health care conditions

Revenue



Onsite Case Management

Written By: Carol Garner

PUTTING THE CARING FACE OF THE FUNDER AT THE BEDSIDE OF THE PATIENT

The risk management of patients by funders is a well-known process, however in the SA environment most of this is performed by case managers in an office working with the information provided by the hospital case managers. As a result, they have no sight of the patient and no interaction with the doctor or family other than by phone.

The onsite Case Management process involves travelling case managers visiting hospitals, seeing the patients face to face and interacting with the hospital case manager, doctor, and family.

This allows the Onsite Case Manager to gather relevant clinical information that is current and discussions relating to discharge planning and transition of care can happen immediately.

The benefit to the funder is that following the visit they have up to date current information on which to base a funding decision. Level of Care is scored at the bedside allowing the discussion for transition of care. Transfers to subacute or rehab is arranged promptly where necessary or home-based equipment needed is identified and planned of the discharge.

The benefit to the hospital is that with the current information the authorisation of the level of care and length of stay is confirmed thereby avoiding short paid claims.

Onsite Case Management - Continued

Most importantly the patient is aware that their funder cares about their healthcare journey, families are consulted about discharge plans and home facilities that are needed.

Doctors are brought into the loop as the need to write motivation letters is reduced as the visiting case manager can see what is required and why the level of care or length of stay is required.

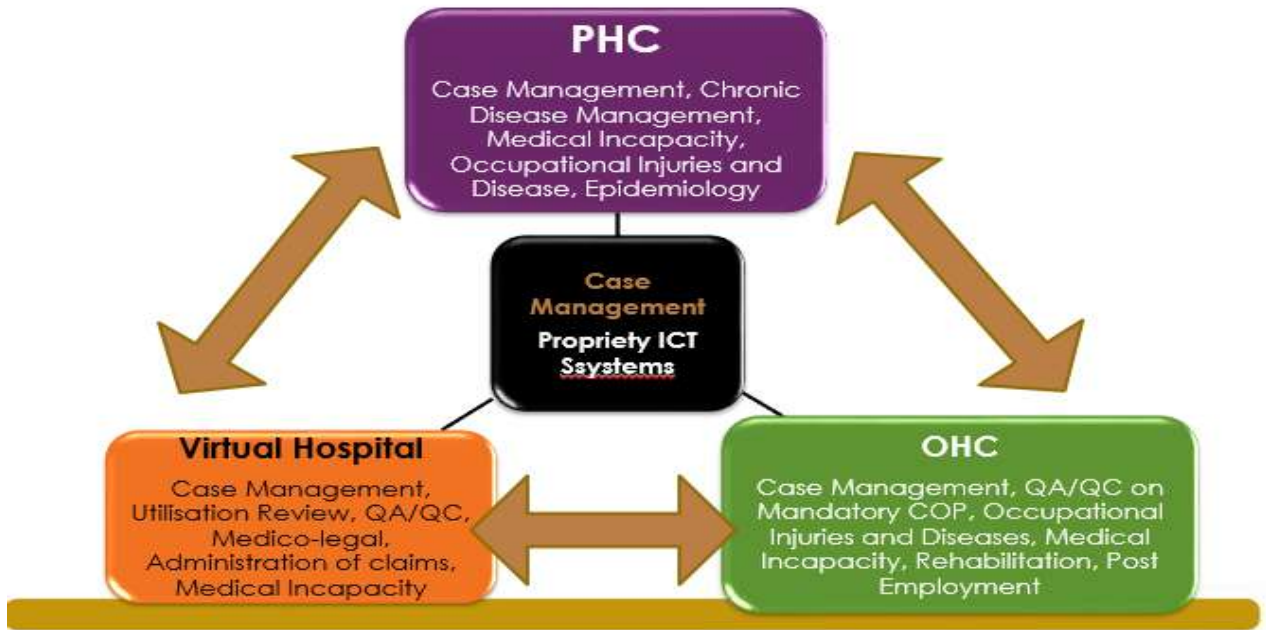
Not all funders use the services of Onsite Case Managers but those that do have confirmed that the process assists them manage the risk effectively with benefit to their members.

ONSITE CASE MANAGEMENT IS PATIENT ADVOCACY IN ACTION

Sibanye Gold Case Management

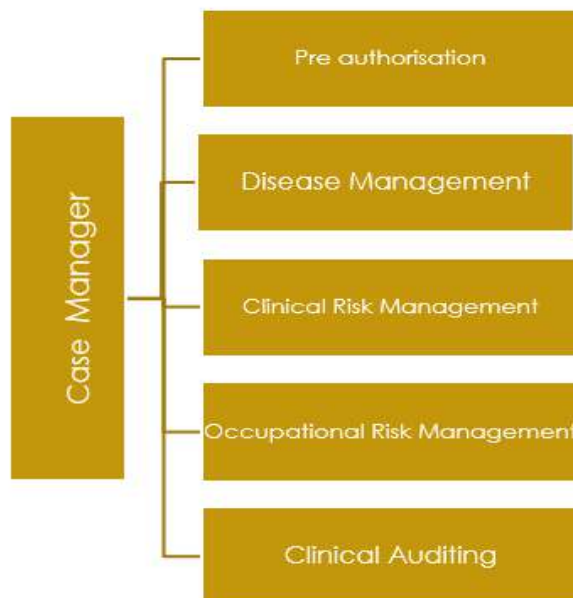
Repositioned Case Management Model

Sibanye



Roles of Case Manager

Sibanye



Sibanye Gold Case Management - Continued

Aspects of case management during patient Care

Sibanye

- Requires complete and integrated services network.
- Takes the client in charge in his overall case without fragmenting care.
- Focused on the person and his family.
- Guided by specific objectives shared by all team members.
- Is managed using structured, systematic and pluridisciplinary approach
- Clinical pathway plans including Rehabilitation programs and Home Base Care.

Conclusion

Sibanye

- In this way, case managers are catalysts by guiding patients and providing cohesion to other professionals in the health care delivery team, enabling their clients to achieve goals more effectively and efficiently and enhancing healthy long life of employment .



Sibanye Gold Case Management

- Continued

There are many other types of Case Managers, which we haven't even touched on, but we can fill the whole magazine just speaking about the roles of the Case Managers in the various industries.

It is very important that the different types of Case Managers know each other's business.

From the definition, the first word I grab is **COLLABORATION**.

You never know when you need the assistance of another Case Manager, for e.g. A hospital Case Manager can call a 'friend-Funder Case Manager' if they have funding issues and require guidance.

CMASA is the perfect platform where we can meet other Case Managers to network and collaborate. Your fellow Case Manager could be your lifesaver.

Health Awareness Calender From October to December 2022

Written By: Queen Namane

October 2022

Attention Deficit Hyperactivity Disorder Month	
Bone Marrow Stem Cell Donation and Leukaemia Awareness Month (15 August to 15 October)	
Eye Care Awareness Month (21 September to 18 October)	
Breast Cancer Awareness Month	
Mental Health Awareness Month	
1	International Day of Older Persons
4-8	Back Care Awareness Week
8	World Hospice and Palliative Care Day
9-15	National Nutrition Week
9-15	National Case Management Week (final confirmation will only be in January 2022 about this date)
10	World Mental Health Day
10-14	School Health Week
12	World Arthritis Day
12-20	World Bone and Joint Week
13	International Day for Natural Disaster Reduction
13	World Sight Day
15	Global Handwashing Day
16	World Food Day
16	World Spine Day
16	World Restart A Heart Day
17	World Trauma Day
17	International Day for the Eradication of Poverty
17	National Emergency Medical Services Day
20	National Down Syndrome Day
20	World Osteoporosis Day
21	Global Iodine Deficiency Disorders Prevention Day
24	World Polio Day
23-29	International Lead Poisoning Prevention Week
28 Oct-3 Nov	National Stroke Week
29	World Stroke Day
30	Africa Food and Nutrition Security Day

Health Awareness Calendar From October to December 2022

November 2022

Quality Month	
Red Ribbon Month	
Disability Rights Awareness Month (3 November to 3 December)	
2-4	Rotary Family Health Day Outreach Campaign
5	National Children's Day
6	SACD Malaria Day
8	World Radiography Day
10	World Quality Day
14	World Diabetes Day
17	World Prematurity Day
18-24	World Antimicrobial Awareness Week
25	International Day for the Elimination of Violence against Women
25 Nov-10 Dec	16 Days of Activism for No Violence Against Women and Children

December 2022

Prevention of Injuries Month	
SunSmart Skin Cancer Awareness Month (1 December to 31 January)	
1	World AIDS Day
3	International Day of Persons with Disabilities
5	International Volunteer Day
10	International Human Rights Day
12	Universal Health Coverage Day

Life After Life

Written by: Yvonne Bredenhamn

I have been asked to submit an article for those who missed the amazing workshop.

My name is Yvonne, I'm employed by LHC and the chairperson of the NOC board. My first responsibility is being a mother to 2 hooligans as I am left a COVID widow at the young age of 47.

Case managers are involved with the clinical administration of all externally funded clients e.g., Medical Scheme, Road Accident Fund etc. from admission to discharge. Case managers focus on an episode of the care within all the areas in which the client receives services. The current public sector process focuses on prioritizing and managing high-cost unpredictable cases concurrently. However, due to limited resources predictable cases are managed retrospectively with the focus on risk management. Since its inception, the Public Sector Case Management model has evolved to comply with the specific LOC facility requirements.

The case manager further plays a critical role in the following areas:

Assess the client's medical scheme benefits, exclusions and underwriting to ensure that the best care is delivered with no financial burden.

The amount of documentation and paperwork needed, not just to bury but what needs to be completed and kept together is scary, the number of trees I have destroyed is astronomical and that just to get an estate registered.

Again, I am NOT a financial advisory I am a case manager hoping to make a difference.

Life After Life - Continued

I'm talking about the burden of the number of decisions that need to be made in a matter of minutes and that impact the rest of your life going forward minus a broken heart.

Theunis and I were responsible parents and had a broker and a will and testament drawn up in the event something should happen, bcs nothing should happen it was signed and witnessed in 2006.

A year after Timothy was born, and guess what being the responsible adult I gave the client copy to my mother as she would need it if my kids needed to be taken care of.....

And then 03/07/2021 my world changed in a heartbeat and like everything in my life a crisis always happens over a weekend or after hours.

Theunis was admitted with covid we had a long discussion and together we agreed - intubated the Thursday, dialysis started the Friday, and I received the that dreaded phone call on Saturday afternoon informing me about our loss I immediately went into auto pilot as I had pulled off the road to take the call, all alone, auto kicked in

Auto works well but please don't try and remember anything because it's all a blur.

Life After Life - Continued

Then after the initial shock the questions immediately start :

- Is there someone that wants to come and see the body?
- Who, when, how, covid?
- should I let the kids come through?
- Can we arrange counselling?
- Can we donate his cornea's, organ - can we he had covid
- Which funeral home must we use?
- Does the deceased want to be buried or cremated - this was the first question I could honestly answer as it was something that we discussed and especially after cremating his mom 6 months earlier

Crap drive home to know I needed to tell my kids - dads not coming home - yes, the longest 40 min drive in my life and needing to be composed enough to tell family

The rest I am sure you can all imagine or for those that have been there done that for either a loved one or family member but between the calls , msg's and tears a new day broke - can you all imagine a new day ... new challenges and ooh hell what next

I know I consented to cremation, but I could not remember to where he was sent - and yes, I did feel like an incompetent fool having to phone the hospital the next day for the contact details of the funeral home.

Life After Life - Continued

Apparently, this is not so uncommon, again this tells me, we have missed an opportunity to be there for our patient's family and loved ones

So first this thing on Monday, I call the funeral home and yes I need to make an appointment, I mean an appointment!

Again, this is when I realised that we are not prepared for what to do next. I was told that they were waiting for the death notification from the hospital

At 10h00 we got there and guess what my said hospital would not release the notification - AGAIN MY HOSPITAL - and 4 phone calls later this was released.

Now imagine a Staff member needing to do this what about the loved ones who don't have the hospital manager and intensivist on speed dial.

Yes, the funeral home assisted with death certificates - the number of certified copies of these you need is unbelievable - and no one will even acknowledge you without these and so the journey begins.

Funeral policies take 3 - 5 days to pay out right once all needed documents are submitted, and yes you need to pay for the cremation etc before its done and then remember the quote is only valid for 72 hours.

I had to choose clothes for my husband to wear, choose a coffin and yes you end up paying more for a bigger sized std coffin

Life After Life - Continued

Now the next thing hits - after a week I was informed that a very reputable insurance house did not have our will on file!!!!

Even after proof of the client copy sent, I was informed - sorry this is not valid all because we assume people do what they are supposed to do!!!

So now I needed to fall around find a lawyer willing to help at a cost of course, register “interstate Estate” obtain Extrix status just to check on his bank account and close them

So here I was with no app or piece of paper trying to survive, trying to be strong, taking calls from strangers wanting to know how Theunis was doing and then others offering condolences, to remember that the kids need to eat and funeral arrangements need to be done, who were what and of course how much.

And that’s where I realised there is a gap in our processes.

For palliative and hospice care type patients there are end of life plans and counselling, discussions held between families and loved ones and guidelines put in place.

However, in any acute setting there is no time and I am not just talking about in a death situation, but what happens when life decides to change into crisis will you be able to manage, no one ever plans or talks about the huge elephant in the room but Death is the only certainty in this world.

Life After Life - Continued

In today's times we need to share our last wishes / plans, like planning your wedding or kitchen tea and we need to revise these at least once a year.

As women, sorry Gents, I think we do plan slightly better because let me tell you if the roles were reversed, I know Stephnie would have been left to do all the paperwork bcs Theunis was spoilt, and I did it all for him.

SO NOW SOME QUESTIONS:

Please you don't need answers and hopefully after this you will be empowered not only for our patients but to make sure you address that elephant in your own home.

- Should your loved one be on a self-funding medical aid and do payments monthly, should there be a crisis and believe me the funders and hospital experience this monthly - all of a sudden, the auth is declined due to terminations
- Are you able to make this payment?
- Do you know what your partner, parents last wishes are e.g., cremation or burial?
- Are they organ donors or have living will in place?
- When you get that call it needs to be answered and completed on the death notification
- Where is your partners / parents ID?
- Should you be married where is your wedding certificate and are you aware UIF pays out a death claim..... again do your parents have theirs?
- Children's birth certificates?

Life After Life - Continued

- If divorced do you know where your divorce papers are kept
- Is there a valid, Current will testament in place
- Are all your documents in one place, indexed for us with ocds
- So, can you all see now why I have become so obsessed with this.
- My poor parents had to go scratching and looking documents that I have been banded from re rechecking these again
- Do you know each other's banking details – are you aware if you have a joint bank account this will be frozen – meaning no access
- Are you aware of who to contact at your partners workplace?
- Single parents who will take care of your child or children
- Who will be managing their trust you aware?

Are you aware that your last wishes and allocated beneficiaries can be changed, so here I'm talking about a fight again, Stephnie turned 18 - 4 days after Theunis passed away, and guess what I have to get a financial advisor appointed for a 18 yr. old who does not know what to have for supper let alone manage a pension pay out that was going to be made out to her yes 18, and as for Timmy they wanted to appoint a trust HELLO I am still his mother and where do my rights stop. Theunis made equal provision for his two hooligans but this was changed by the insurance house based on their assessment and idea – again this was not what we wanted but at this point I was tired of fighting.

Does anyone know what to do in an event of a unnatural death and autopsy, our state mortuaries do not work on ID or names and surnames but on case numbers.

Life After Life - Continued

Does anyone know what to do in an event of a unnatural death and autopsy, our state mortuaries do not work on ID or names and surnames but on case numbers.

SARS - omg another efficient government run institute 😊

Who would be contacted in the event of a muslim, Jewish or Indian funeral are we culturally sensitive with their rules and beliefs?

And so, the realisation we are not prepared, and as Case manager we need to empower our patient's family and the Life after Life booklet was drafted, and this is an ever-growing document that can be adapted to suit all walks of life.

Copy of this booklet can be requested from Sharon



Note from the desk of the Exco Chairperson

Carol Garner



And here we are in October, celebrating case managers week, it is still surreal that we can meet face to face and enjoy each other's company. I don't know about you, but I still find myself half turning back to the car because I forgot a mask.

This is the month where we celebrate YOU as case managers,

all around the world Case Managers are participating in celebrations to commemorate the week of the Case Manager and it is awesome to be part of the celebration.

Thank you for what you do for patients and their families, we are the glue that sticks it all together.

Keep it up, stay passionate and hold your head high, there are many other specialties and super specialties you come across daily, remember that with all that qualification they cannot do your job. You are unique and you are special

Till we meet again

Stay passionate about your profession

Regards
Carol