By Michele Ritchie, Marketing Communications Manager, GENEX

An Amazing Comeback
“Help! Help! Somebody help me!” screamed the little girl on the front lawn. “The house is on fire and my grandmother is inside! Please help!” John Riggs*, out on his package delivery route, pulled over and ran inside the house full of smoke. After locating the grandmother at the back end of the house, he carried her to the front door, just as the fire department arrived.

Then, as he opened the door to bring her out, a back draft occurred which ignited flames around them, burning them both severely. Sadly, the grandmother did not survive her injuries.

Fires...explosions...serious car accidents...traumatic brain injuries. These are the tragedies you see on the news, or perhaps you know someone who has experienced serious injury. But for catastrophic case managers, they handle the most tragic and severe injuries on a daily basis. We wanted to find out just what happens in a catastrophic case, so we sat down with some of our Catastrophic Case Managers. Prepare to be enlightened, and have your tissues handy!

Diane Hamilton, GENEX Catastrophic Nurse Case Manager, received the call that she was needed at The Burn Center at The Medical College of Virginia. “I went to the center to assess his condition, and to let his family know that I would be coordinating John’s care, and be there for them,” said Hamilton.

Hamilton was informed by the medical staff that Riggs had suffered second- and third-degree burns to 40% of his body, primarily on his torso, arms, and face. He was also put on a ventilator, IVs, and tube feedings for two months.

When he was ready to be discharged, Hamilton coordinated Riggs’ home health care and DME needs, as well as his treatment by the burn clinic specialists. But his improvement was slow, which concerned her.

“I offered him the name of a burn specialist, who was also a plastic surgeon and expert in wound healing, and he opted to
seek treatment from that doctor. He was going to need skin grafting and lots of physical therapy, and working with this doctor expedited the healing and recovery,” said Hamilton.

Hamilton stayed on the case, constantly coordinating the care Riggs received. He had to endure hundreds of hours of physical therapy, along with multiple surgeries for tissue release and scar revision. Riggs is now back to work on full duty, three years after that fateful day. His recovery was promising because of the expert care that was coordinated throughout the whole process.

Aside from the challenges that lie in coordinating care, it is often tough to close a case because of the bond between the case manager and the patient. “After spending so much time with these patients, they feel like family. It’s hard letting go of that, for them and for me,” said Hamilton.

Hamilton says she occasionally runs into her patients, and it makes her day. “I recently ran into John one day as he was dropping off packages, and it was so good to see him back to work. He looked fabulous!”

Catastrophic Challenges

When a catastrophic case comes in, it can be referred by the employer, the insurance company, or the TPA. Initially, there may only be a little bit of information available. The case manager contacts the hospital to verify the injury, and if it is deemed catastrophic, they usually want a nurse case manager there right away.

“Generally, when you get to the hospital, the injured person is in the ER, the ICU, or the operating room. One of the challenges is to build a rapport with the family, and reinforce to them that I am going to be their point of contact and will do my best to expedite treatment. I also let them know what case management is, so that they understand what my role is, and I explain all the updates so that they can be involved in decisions about their loved one,” explained Marilyn Compton, a GENEX Catastrophic Case Manager from Texas. “If there is an attorney involved in the case, then I need to get permission from him or her to speak to the family.”

Compton has been handling catastrophic cases for 28 years, and insists that her background is everything. “I spent five years working in a trauma center in radiology, and it was the best thing for my career,” she said. “It is hard to know what the inside of a body looks like until you see it on a screen.”

Upon the patient’s discharge, Compton is responsible for coordinating the home health care, DME, acute care, rehabilitation, and visits with multiple doctors. She also needs to make sure the adjuster is completely onboard with treatments and diagnoses. Compton explained that many times, services need to be pre-authorized and sometimes they are denied. Denials can leave the case at a standstill, because they have to go back and figure out what caused the denial. Sometimes it is as simple as a wrong CPT code or a clerical error; but other times it could mean that a doctor needs to review it again and approve the service.

“It’s all a matter of orchestrating so many facets,” Compton said. “You want the best outcome for the patient. The sad challenge is when the outcome is not going to be what the family and patient are expecting, as can happen with brain or spinal cord injuries. You have to ready the patient and family for long-term management of their injuries so that they don’t fall through the cracks.”

What are the rewards in her job? “Everything is so different every day; I can’t wait to see what it is going to bring me,” Compton said. “I like knowing that I was able to make a difference in someone’s life; that they can get back to doing the things in life that they did before. It’s an amazing feeling!”

The Role of the Case Manager

Ask Marci Levin about her life as a case manager, and she will tell you that case management is really the 21st century primary nurse role. “We have gone from a society that used to have inpatient care for a long period of time,” said Levin. “Our job depends on a strong knowledge base of nursing, disease orientation, and health. We need to have education and experience, and nurses at GENEX have it.”

The shift of treatment has gone from the hospital to outpatient care, and the job of a case manager is a reflection of what is going on in society. “Nurse case managers save a lot of money for the employer and the insurer, because they manage the care correctly,” said Levin, who has been handling cata-
Every Day is a Miracle

“CAT cases are the most rewarding,” said Leslie Eldib, Catastrophic Case Manager. “The joy you feel when your patients start progressing…it is all a miracle. It helps you understand what is important.”

Eldib has been handling catastrophic cases since 1991, and has “done it all” clinically. She has been a nurse since 1974, and has experience in trauma units, the ER, ICU, medical/surgical care, and research studies.

“A lot of times, you want to jump in and fix everything right away, but you have to think about what is best for the patient long-term. You have to give them time and let them ‘catch up’ so that they can participate in their care and make the decisions that will impact the rest of their lives,” said Eldib.

When asked what gets her up in the morning, Eldib replied, “Wonder. What miracles are going to happen today? How can I make someone else’s life a little easier?”

Eldib has experienced many a miracle in her career, but there is one case that tops them all. “I had a case involving a 45 year-old man who worked as a lab engineer. One of the machines exploded, and he suffered severe chemical and thermal burns. The chemicals, arsenic and white phosphorus, were the highest level of chemicals the lab had ever seen,” she said.

“The man had almost complete body failure; he lost his left eye and much of his face, and burns to his upper body.”

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— Marci Levin

already suffering from end-stage renal disease. I was shocked that she was even working. That impacts the case even more.”

The real reward for Levin is seeing someone who has gone through an ordeal, survive, and take back their life, even if it is a modified-duty job. One of her favorite cases involved a retired accountant who was working as a security guard in a bank. There was an armed robbery, and the guard had suffered life-threatening gunshot wounds.

“He was in the ICU and CCU for over a month,” said Levin. “I breathed a sigh of relief once he was moved out of there and seen as an outpatient for several months. The best part was that the man’s employer came to see him frequently and kept in touch with him the entire time he was out of work. They celebrated him, and had a picture of him on their wall, naming him a hero. He went back to that job in nine months; it was amazing!”

Levin said that when the employer is 100% involved with their employees’ recovery, patients have a much better outcome.

Eldib did not think he was going to make it, and she prepared herself for the worst. Her biggest challenge was that the family was very private and did not want outside help.

“I could not make contact with the family, and that was very frustrating because I wanted to help them understand what I was able to do for them,” said Eldib. “They are a very loving and supportive family and did not realize how much I could assist them.” But Eldib was determined, and finally made contact with the family after three months.

Ensuring that he was placed in a center of excellence as quickly as possible was essential. There he was on a heart/lung machine and dialysis for a few weeks and in the ICU for four months. He was then discharged from the ICU and was sent to an inpatient rehabilitation program for a few months.

“As a result of toxic exposure, he became a quadriplegic for six months. Finally, after six months of being in the hospital, we were able to get him home with supportive services and therapies. His family and team of providers were thrilled with his progress as he started to regain body function and movement,” said Eldib.

Eldib, along with the patient, was facing big challenges ahead, though. Since the patient had experienced a lot of damage to his face, the next step was to start the process of skin grafting and plastic surgery. It was crucial that he received rehabilitation at the same time, so they worked out an
arrangement where the therapists would go out to his home for a few months until he was able to get to an outpatient facility.

“There were many modifications that needed to take place in his home so that he could get around. He is still wheelchair-bound, but can now walk 40 feet with assistance,” said Eldib. “Each day is another miracle for him!”

Eldib also stated that there were many specialists involved through which she has to coordinate care, including an ENT, ophthalmologists, plastic surgeons, burn specialists, wound care specialists, therapists, the primary care physician, a psychologist, two orthopedists (one for the hands; one for the feet), transportation, home modification specialists, and 24/7 care. “You have to constantly be figuring out what is best, because you don’t see this level of coordination very often.”

Eldib is still on the case, and she is continually amazed at his progress. “He is a very brilliant man, and thankfully, he retained all of that. His next project is to get speech-recognition software for his computer so he can communicate better. “I attribute a lot of his success to his sense of humor…he just has the best attitude! I am so excited at his progress, and can’t wait to see what miracles lie ahead for him in the future,” she said.

*Not the patient’s real name.

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Clinical Perspective, continued from page 9:

Hip pain in the athlete can be a challenging problem, but with a more complete understanding of the hip, superior imaging modalities, and the evolution of hip arthroscopy, we are much better able to recognize and treat a large array of injuries and conditions about the hip — particularly in the younger, active patient.


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EVENTS CALENDAR

GENEX will be attending these upcoming industry events. We look forward to seeing you!

New Mexico Workers’ Compensation Association Annual Conference
May 16–18, 2012
Albuquerque, New Mexico

South Dakota Workers’ Compensation Summit
May 23–24, 2012
Sioux Falls, South Dakota

Michigan Self-Insurers Association
May 30–June 1, 2012
Traverse City, Michigan

Public Risk Management Association (PRIMA)
June 3–6, 2012
Nashville, Tennessee

WCCP Claims Management & Leadership Conference
June 10–13, 2012
Bonita Springs, Florida

California Coalition on Workers’ Compensation
July 11–13, 2012
Anaheim, California

New York Self-Insurers Association (NYSIA) Spring Workshop
June 13–15, 2012
Saratoga Springs, New York

Ohio Self-Insurers Association
June 20–22, 2012
Columbus, Ohio

Absence and Disability Management: Strategies for Today’s Workforce
August 12–15, 2012
Denver, Colorado

Florida Workers’ Compensation Institute Educational Conference
August 19–21, 2012
Orlando, Florida

Georgia State Board of Workers’ Compensation
August 26–29, 2012
Atlanta, Georgia

Comp Summit
August 26–28, 2012
Rockport, Maine