

CLAIMS COMPANION™



Chesapeake Disability Management, Inc
Reclaiming Lives, Improving Outcomes.

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Cultural Sensitivity

By: Bea Sheets, RN, BS, CCM

I've attended tractor pull competitions, African American funerals, flea markets, motorcycle gatherings, local ethnic restaurants, hockey games, the opera, Bingo nights, car races, horse polo events, and rock concerts. These are just a few places in my lifetime where I have said to myself, "This is definitely a different culture." Everyone has had the feeling of being an outsider or newcomer surrounded by people who dress, speak, and behave differently.

These situations can encourage a learning opportunity for

cultural sensitivity if one is willing to be a student. In the Workers' Compensation arena cultural sensitivity is the awareness of health care professionals to the potential and actual cultural factors that affect their interactions with a patient. It also means that the health care professional is willing to make an honest assessment of one's biases and stereotypes.

The Latino culture comes to us in this case management arena daily. Many of our patients originate from Latin American countries. My ongoing desire to understand their view of health, illness, and wellness developed as I observed

what I perceived as trepidation of our health care setting, reservation in expressing themselves, and an inadequate ability of our language for their use to describe symptoms. The more I interacted in the role of nurse case manager with the Latino patient, the greater I appreciated my lack of adequate knowledge of their culture. Without consciously labeling my thought process, what I actually had done was taken the first step toward cultural sensitivity. Cultural sensitivity leads to a goal of culturally effective health care. *Continued on Page 2*

Transitions of Care: Mine Field for Increased Cost

By: Carole Stolte Upman, RN, MA, CRC, CDMS, CCM

As a specialty organization focused on catastrophic case management, Chesapeake Disability Management, Inc. is increasingly aware of the nationally recognized issue of health care failure during transitions of care. Transitions of care are recognized as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different levels of care within the same location or in different locations. 2009 is noted to be a new day in the delivery of health care activity in that patients are sicker, patients are older or younger, the lengths of stay are shorter, very often family is geographically remote, payers and hospitals are more bottom line driven, acute care staffing is shorter, and injured workers are less prepared to understand catastrophic events and recovery.

Field case managers are agents of change, they assure a better outcome with proactive intervention they have professional ethics as a framework for delivery of services, they are skilled in navigating complex medical care centers. They clearly identify and prevent duplication of services and streamline the treatment process for the clients in their care.

The National Transition of Care Coalition has suggested that at the time of transition of care that there is a need for the establishment of accountability for sending and receiving patients in a variety of health care settings. This is a role often assumed by the field case manager.

Critical junctions for errors of transition include inadequate discharge notice to the patient and field case manager, fragmented and complex outpatient services and lack of patient empowerment by facilities.

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Transitions of Care: Mine Field for Increased Cost

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On-site case managers are advocates, they have a responsibility to communicate, coordinate, and educate clients. They are recognized by onsite medical case managers as very important participants as they are in a unique position advocating for the injured worker and they are a major contributor to decreased cost and increased recovery.

The following is a snap shot about a patient who had the potential to be lost in follow up. This was a patient who was admitted to a large, dedicated trauma system. He underwent 4 operative procedures, was prescribed medication for pain management and was deemed ready for discharge two days following his last operative procedure. His health care follow up orders included four appointments at four clinics on four different days in the first week following discharge. Per his agreement, he was met by the field case manager at the first outpatient appointment. It was recognized by the FCM that he was having an acute medical issue involving infection that needed to be addressed by a different specialty then was scheduled to see him that day. The field nurse make the appropriate contacts while onsite and accompanied the injured worker to two other clinics as she knew how to assume the hospital system worked for the IW. These appointments would not have been recognized as an acute need unless the field nurse was in attendance. The consult suggested that if the appointment had not taken place the patient would have required readmission for IV infusion of antibiotics and possibly another operative procedure. The IW was most grateful for the successful intervention by the FCM as he was very low on energy due to his acute infection and medication and so early in recovery from his industrial injury.

This is an example of cost effective intervention with an expert, catastrophic case manager at Chesapeake Disability Management, Inc. With Quality being our focus we can successfully Reclaim Lives and Improve Outcomes.

Cultural Sensitivity

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It is a dynamic relationship between provider and the client.

An example of my education into cultural sensitivity: a Latino patient I had been working with said he was drinking an herbal drink from a plant he brought with him from El Salvador to help fight infection. It hadn't seemed to hurt him. Had his herbal concoction contributed to ridding his body of infection? Possibly. Awareness began to take hold in me. Simply because the plant was foreign to me and not part of this culture's health system treatment plan, was it wrong for this patient to become proactive in a treatment plan that was different? This plant was grown and used extensively in this patient's culture. It was important enough to him that he included the live plant in his belongings as he entered this country. I went back to the office and looked up the plant on the Internet to be sure it was not poisonous. By understanding, valuing and incorporating the cultural differences within a population, and examining one's own health related values and beliefs, health care practitioners have the potential to respond appropriately and improve patient outcomes. I continued to encourage compliance with this culture's treatment plan while

not protesting the use of this Latino patient's herbal treatment.

It is easier to talk about establishing the dynamic relationship between a health care provider and a client of different culture than to accomplish it. A two hour workshop or reading an article does not make a health care provider the master of cultural sensitivity. It is a learning curve that requires a commitment to an active process of learning and practice over time. Health care workers can become culturally competent by advancing through three main stages: developing awareness, acquiring knowledge, and developing and maintaining cross-cultural skills. Because this article is about cultural sensitivity, two of the three steps will be listed.

Developing Awareness

- Admitting personal biases, stereotypes, and prejudices
- Becoming aware of cultural norms, attitudes, and beliefs
- Valuing diversity
- Willingness to extend oneself psychologically and physically to the client population
- Recognizing comfort level in different situations

Acquiring Knowledge

- **Knowing how your culture is viewed by others**
- Attending classes, workshops, and

seminars about other cultures

- Reading about other cultures
- Watching movies and documentaries about other cultures
- Attending cultural events and festivals
- Sharing knowledge and experiences with others
- Visiting other countries

There is much to be said for promoting the concept of culturally sensitive care. However, determination of a patient's country of birth or ethnicity, taken alone, offers little insight into how a patient thinks about health, illness, medicine, or family relations. Guidebooks with cultural tips can foster the mistaken notion that a single culture dominates a country such as Mexico. To know that someone is Latino is to know very little. Ethnic background is just one marker of identity. Patients, are specific historically, geographically, and socially unique human beings. Many different factors likely form their understanding of health, illness, healing, and medicine. Some patients left their country of origin decades ago. Customs and social practices from their birthplaces may no longer be important to acculturated citizens. Some immigrants are eager to leave behind customs and practices that are widespread in their communities of origin. Patients are not simply Chinese, Latino, or Korean.

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Asian Spinach Salad

Courtesy of Janet Burgess, Chef, Culinary Adventures, San Diego, CA. Email: cooksrule2@yahoo.com

4 Servings

Dressing:

3 tbsp. vegetable oil
3 tbsp. rice vinegar
2 tsp. honey
2 tsp. minced fresh gingerroot
1 tsp. Dijon mustard
¼ tsp. sesame oil
Pinch of salt

Salad:

8 cups baby spinach
1 can mandarin orange segments, drained (11 oz. can)
¼ cucumber, seeded, sliced thinly
½ cup thinly sliced button mushrooms
½ cup sliced almonds, toasted
¼ cup thinly sliced scallions
½ cup chow mein noodles

Combine and whisk together oil, vinegar, honey, and gingerroot. (You do not have to take the skin off the ginger), mustard, sesame oil and salt for the dressing in a small bowl.

Combine spinach, oranges, cucumber, mushrooms, almonds, scallions in a large bowl. Toss with the dressing just before serving. Garnish with chow mein noodles.

The ingredients may be cut in half to make a salad for two. All ingredients can be found in any regular supermarket.

Cultural Sensitivity

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They are distinctive and complex people with individual histories and community ties. Unfortunately the concept of culture can potentially get in the way of providing discerning medical care. Cultural guidelines can often promote “insensitive” care by encouraging health care providers to stereotype patients. Cultural differences need to be addressed and considered without permitting stereotypes and quick judgments that influence our encounters.

The health care provider should always be cognizant and respectful of the uniqueness of their client. There are huge numbers of cultural variables to be considered when thinking about verbal and non-verbal communication. We often assume that our own cultural practices are right and in many ways universal. We are often blind to our own cultural practices. It is only when we spend any length of time in other cultural settings and with people of other cultures that we begin to appreciate that we, too, have a culture that affects how we communicate and how we behave.

I can be a student of culture sensitivity anytime I find myself feeling like an outsider or newcomer attending a new experience in this country or another. Maybe I might be able to advance to the next level in my in cultural sensitivity education. However, I will always be a student because cultures and people are ever changing.

Resources: Chin, Jean Lauu (2000). "Culturally Competent Health Care." Public Health Report 115:25-33

Turner, Leigh, Dr., Biomedical Ethics Unit, Faculty of The College of Family Physicians of Canada, Montreal, QC H3A 1X1

Upcoming Events!

CARPPS Annual Spring Conference: Thinking Outside the Box, May 5, 2009
7:30 am—3:30 pm. Crowne Plaza Timonium.

Baltimore Claims Association “Mini OC”
May 7, 2009 Crowne Plaza Timonium.

Maryland Joint Task Force Conference
June 2, 2009

Baltimore Claims Association: Spring Bull Roast
June 4, 2009, 6pm—10pm, Conrad’s Ruth Villa

MWCEA Educational Conference
September 20-23, 2009 Ocean City, Maryland.

National Workers’ Compensation Conference
November 18-20, 2009, Exp November 18-19, 2009. McCormick Place, Chicago, IL

CHESAPEAKE DISABILITY
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WE'RE ON THE WEB!

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Chesapeake Disability Management, Inc. offers a unique approach to complex catastrophic and vocational case management. We have designed our services to empower individuals to succeed in their own rehabilitation and proactively reclaim their lives. We believe that our focus on maximizing the individual's role in functioning more independently—at home, in the community, and at work or school—can significantly reduce the emotional, economic, societal and legal costs for all parties involved throughout the treatment.

Specialized Catastrophic Injury and Disease Management Team:

Carole Stolte-Upman, a registered nurse with a Master's Degree in Rehabilitation Counseling, founded CDM in 1991. She has first-hand experience with the most complex, chronic and catastrophic cases, and has carefully selected a team of credentialed case managers, all with hands-on experience with catastrophic injury and vocational case management. They understand the importance of immediate treatment planning and rehabilitation activities to assist the individual in returning to a productive life. They also know that the careful management of this process will reduce emotional, economic, societal and legal costs, and they work hard to make this a reality for every stakeholder involved throughout the case process, while ensuring the best possible outcomes.

Word Search

acquiring	e	r	h	u	c	e	c	n	r	e	g	a	e	a	f	c	n
awareness	w	e	a	a	e	l	n	n	p	u	c	s	l	e	i	a	n
catastrophic	o	q	p	o	i	r	o	e	s	a	q	a	e	g	n	o	s
coalition	r	e	h	i	n	p	i	c	o	u	n	t	r	i	e	s	h
communicate	k	e	t	n	k	o	t	k	n	o	w	l	e	d	g	e	a
compensation	e	o	l	s	n	o	i	t	i	s	n	a	r	t	a	c	a
conference	r	e	i	u	r	l	l	t	u	e	p	i	n	l	o	n	u
countries	s	s	e	n	e	r	a	w	a	n	i	g	t	m	i	e	l
cultural	e	p	d	m	c	c	o	r	i	s	n	h	m	a	v	r	u
customs	c	s	e	e	u	c	c	a	u	i	n	u	n	a	l	e	a
developing	i	e	v	d	a	m	u	a	r	t	n	e	a	p	l	f	i
educational	t	o	e	i	a	u	s	i	a	i	l	f	p	r	a	n	v
health	c	l	l	c	c	n	u	m	c	v	s	u	u	m	n	o	t
infusion	a	o	o	a	w	q	i	a	o	i	a	n	c	s	o	c	i
knowledge	r	i	p	l	c	a	t	a	s	t	r	o	p	h	i	c	t
Latino	p	d	i	a	r	e	u	t	k	y	s	r	a	t	t	o	d
medical	e	i	n	m	o	u	n	l	c	a	h	u	h	n	a	i	n
national	r	r	g	i	t	i	a	s	p	i	n	a	c	h	n	g	s
practices																	
sensitivity																	
spinach																	
transitions																	
trauma																	
workers																	

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