

CLAIMS COMPANION™

Chesapeake Disability Management, Inc *Reclaiming Lives, Improving Outcomes.*

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Introducing Our New Logo!

Have you seen our new logo? We will now be using our new logo on all materials from Chesapeake Disability Management, Inc.



Have you ever wondered why some individuals or ethnic groups refuse care, do not participate in preventative health care, or only come to the hospital as a last resort? It could be because of their religious or cultural beliefs towards the health care system. As providers of health care or a health related service whether you are a nurse, counselor, adjuster, or lawyer promoting and providing a positive health care experience will educate and increase the likelihood of a good outcome.

For some cultures the health care system is frowned upon due to their belief that they will be taken advantage of, their lack of insurance will result in a large bill from a hospital, language barriers, and lack of education about the health care system. For some it is their religious beliefs that will deter patients from coming to the hospital because of past experiences or because they do not believe in some medical practices such as blood transfusion or keeping the body on life support.

To help promote and provide competent health care you need to educate yourself and others on different cultural and religious beliefs as well as ask questions and keep an open mind when providing care and consultation. It can be as simple as accommodating a Muslim patient during prayer time by not disturbing them, by not touching or placing anything on top of

their prayer rug or Koran, or simply moving their bed to face Mecca. Certain Jewish traditions prohibit women from providing care to males. By asking questions and communicating with the nursing staff to make other arrangements the patient will have a positive stay. Communication is key in the patient doctor relationship. Some Chinese patients for example will not disagree with a physician to his or her face nor will they openly admit there is a problem. Because of this they will not return for follow up visits or take medication prescribed. Knowing this ahead of time will help you to communicate the importance of medications and follow ups.

The following are case studies from *Caring for Patients from Different Cultures: Case Studies from American Hospitals*, some of the situations could have been avoided if someone asked how the patient would like or needed to be cared for or if someone spoke up at the time the patient was admitted to the hospital.

"A twenty-year-old Buddhist monk from Cambodia was in same day surgery for a hernia repair, accompanied by his mother, aunt, and male cousin. When Lisa, his nurse, entered the room, she greeted him, put her hand on his shoulder, and directed him to a chair across the room. The patient suddenly jumped from her in horror. His mother and aunt lunged at Lisa, shouting at her in Cambodian. Lisa fled the room and called a "code gray," which summoned all

male hospital personnel to the area. When everyone arrived, the cousin was in the corner comforting the patient. Security questioned the patient, but he did not speak enough English to respond. His cousin explained that the patient was a monk and could not be touched by a woman. Should it happen, he was not to look at her, move, or respond in any way. Even a slight tensing of the muscles would be interpreted as showing desire and a breaking of his vows. Because of the incident, he would have to do great penance. Sadly, this incident could have been avoided. Apparently, the need for strict sexual segregation had been thoroughly discussed with the physician prior to admission. The doctor assured them that there would be no problem. However, he neglected to convey this information to the staff. When questioned, the physician said he thought it would be amusing to see how everyone reacted. It was not. The hospital made arrangements to assure that thereafter the patient would have contact only with males, but the damage had already been done (Galanti)."

"Ali, the thirty-year-old son of a Saudi oil prince, refused to eat the food on his meal tray. Throughout the night, however, he would request that the nurses bring him fruits and vegetables. The staff was becoming annoyed with his odd eating patterns, until they learned that it was the month of Ramadan, an important Muslim religious festival. During that time followers are forbidden to eat from sunrise to sunset. Although for many Muslims illness provides an exemption from the rules, try to accommodate devout Muslim patients as much as possible without compromising their health (Galanti)."

"A sixty-five-year-old Filipino woman named Carlita Ricos lay dying for six months. Although she was in a coma, her fourteen children were with her constantly, bathing her, grooming her, rubbing her favorite lotion on her skin. Her failure to respond did nothing to diminish their devotion. The nursing staff reacted in several ways. Many were

Cultural Differences effect Client/Patient Care, Continued from page 1

impressed with the dedication of the Ricos family. Others were annoyed by the constant stream of visitors. Few understood why Mrs. Ricos's family spent so much time with her. Filipinos have great respect for their parents. They feel they owe an eternal debt of prime obligation ~ *utang na loob* ~ to their parents for giving them life and making sacrifices for them. Mrs. Ricos's children felt they owed their mother all the time and care they could give. They never considered that they might be in the nurses' way (Galanti)."

An article recently published in Nursing Spectrum/Nurse week spoke about the care of Korean patients. Paja Lee Donnelly, APRN, BC, co-founder and president of the Korean-American Behavioral Health Association gave examples of how she works with the Korean patients to obtain positive results. A "Korean psychiatric patient was reluctant to take medication during a time of holiday fasting, Donnelly work

ed closely with the client's minister, whose opinion carries weight in the Korean community. The minister's approval convinced the client to take the needed psychotropic drug (Steefel)."

Work with your patients and clients to find out how they would like to be cared for, ask questions, become knowledgeable, and keep an open mind when someone's practices are different from yours.

Resources:

Galanti, Geri-Ann. *Caring for Patients from Different Cultures: Case Studies from American Hospitals*; University of Pennsylvania Press, 1997

Islamic Beliefs and Practices Affecting Health Care, <http://www.healthsystem.virginia.edu/internet/chaplaincy/muslim.cfm>

Buddhist Beliefs and Practices Affecting Health Care, <http://www.healthsystem.virginia.edu/internet/chaplaincy/buddhism.cfm>

Cultural Competency - Multicultural Health Generalizations, <http://www.med.umich.edu/multicultural/ccp/mhg.htm>

Steefel, Lorraine. *Caring the Korean Way*. Nursing Spectrum/Nurse Week, September 2007.



Anniversary of Loss

By Ellen S. Platt, MEd, CRC, Member of the International Critical Incident Stress Foundation, Inc.

An anniversary of a tragedy or loss can often be a painful reminder for the individuals who experienced it. Feelings of sadness, grief, emptiness or despair can show up suddenly or completely unexpected. People can experience crying spells, overwhelming sadness, angry outbursts, loss of interest in school or work activities, withdrawal or find they are treating their family members or friends poorly. Each individual handles these situations in a different way, and there is no "pre-set" schedule in the course of dealing with grief.

Personality, backgrounds, religions and beliefs often may direct the way in which they deal with the grief. The Intensity of the grief reactions are different at different

times and can continue for years. Gentle support, patience and understanding are most helpful during these stressful times. Individuals may find help by consulting with clergy, or confiding in friends or professionals. Many experience a public or private religious, non-religious or spiritual ceremony or memorial service as helpful to recovery. You can help by not treating them as "abnormal", showing support, accompanying them to a ceremony, or respectfully inquire about their well-being, particularly around an anniversary time. By being a source of support for those in pain, you can facilitate their recovery through the grief process and help them find restoration of a more normal life.



Case Study: Industrial Accident

Fractured distal tibia and fibula on the right leg which resulted in right below knee amputation.

Patient: Mike Thompson

The Challenge:

Mr. Thompson was operating a bobcat and was in the process of changing the bucket to the fork attachment. While attempting to remove the bucket he used his foot to swing the latch bar which caused the cross member to become loose and the bucket fell on Mr. Thompson's right leg fracturing his tibia and fibula.

The Solution:

Mr. Thompson underwent many surgeries such as muscle flap placement surgery from his right lateral thigh to his anterior right lower leg and a split thickness skin graft to the anterolateral ankle wound. A bone

transport surgery was done to try and salvage the extremity.

It was suggested by the treatment team that Mr. Thompson have a below the knee amputation which would result in a faster recovery time but he declined and decided to have more surgeries to correct the muscles and bone. During his treatment the wounds were cared for, treated with antibiotics and monitored very closely. Mr. Thompson was unable to salvage the limb and it was amputation due to failure to heal and infection.

The Result:

The nurse case manager acted as a resource to the family providing information about wound care and medication administra-

tion. The nurse case manager coordinated admission and discharge plans for multiple surgeries and arranged postoperative physical therapy. Mr. Thompson requested that his car be modified so that he could drive with a left accelerator. The nurse case manager was able to arrange for the modifications to be completed as well as driving lessons done quickly at Sinai Hospital of Baltimore. Mr. Thompson has now returned to his prior to injury position with the same employer. He has two prostheses one for functional use and the other for recreational uses such as running and baseball. *
Name changed to insure confidentiality.



Important News!

In August the Maryland Workers Compensation Commission announced that effective October 1, 2007 there will be an implementation of new forms and emergency regulation for filing of a workers compensation claims. The form MD WCC form C1 (The Employee Claim Form) will now be 3 pages with the first being similar to the current form, the second is an Authorization for Release of Health information and page 3 is notices and instructions relevant to the completion of the new form. After October 1, 2007 the new form must be submitted to the commission. For more information about this new legislative amendment and others you can visit the Maryland Workers Compensation Commission website at www.wcc.state.md.us.

Critical Incident Stress Debriefing

By Ellen S. Platt, MEd, CRC
 You see it every day in the news or in the headlines..... a bank teller or convenience store clerk is robbed, a pizza delivery person is attacked, a bus driver or cab driver is injured by someone who wants their fares. In today's world, unfortunately, these occurrences are becoming more frequent. That leaves family members, employers, and insurance companies wondering what to do when they are presented with employees who are suffering the effects of such attacks.

Education of employees to minimize risk is the first step. But what do you do

when these situations inevitably still happen? Early Intervention is the next step to minimize the effects of such an experience. Our counselors, specifically trained in Critical Incident Stress Debriefing (CISD), are there to help. They provide timely on-site counseling and support to help minimize the impact of such an event. The goals of crisis intervention are to stabilize, reduce symptoms, return to adaptive functioning and facilitate the access to ongoing care, if needed. Evidence is emerging that the more prompt the delivery of services in the acute phase (within the first two weeks), the more the impact of the event is reduced. Savings

are also realized years later which ultimately reduce the burden of both the individual and the public. CISD counselors provide short term help and intervene to mitigate the employee's response to crisis. If further help is needed, then a referral is made for continued care. CISD is a proven, cost-effective way to manage critical events or situations that induce stress in the workplace. Chesapeake Disability Management, offers CISD services if you would like more information or would like to learn how these services can help your employees please call 410-665-9548.



- When using space heaters make sure to leave at least three feet of space around the heater and unplug when it is not in use.
- Lint collected in dryer vents can start fires, clean them out regularly as well as cleaning the filter after each use.
- When changing your clocks back change the battery in the smoke and carbon monoxide detectors. Make this a spring and fall habit.
- Have your chimney and woodstoves cleaned professional. Remove clutter from stove and fireplace before use.
- Clean out gutters of leave and debris. Take a look at large trees and remove trees and limbs which may appear rotted and could fall in a winter storm.
- Composting fall leaves is a great for the environment it will help reduce bills by recycling kitchen and yard wastes and can also be used as a soil supplement.
- Be careful not to overload electrical outlets and use extension cords as temporary wiring only.



Use a battery powered light instead of a candle in your pumpkin. Remove any debris from your porch so that it is safe for company.



Healthy Recipe: Vegetable Nachos

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

Serves 4

Ingredients:

- 1 cup diced tomato
- 1 (10 ounce) package of frozen corn, thawed and slightly cooked
- ¼ cup diced green bell pepper
- ½ cup chopped broccoli florets
- 2 tablespoons sliced green onions
- 2 tablespoons chopped ripe black olives
- 2 tablespoons chopped green chilies

- 2 tablespoons white vinegar
- ¼ teaspoon black pepper
- ¼ teaspoon garlic powder
- ½ bag (7 ounces) baked corn tortilla chips
- 1 cup shredded Cheddar cheese
- ½ cup chopped parsley

Directions:

Preheat broiler. Mix tomato, corn, green pepper, broccoli, onions, olives, chilies, vinegar, garlic powder and black

pepper in a mixing bowl. Spread tortilla chips on a baking sheet. Top with vegetable mixture. Sprinkle with cheese.

Broil 6 inches from heat for 1 minute or until cheese melts. Sprinkle with parsley and serve.

If you do not want to use the broiler, heat oven to 350 degrees and place nachos on top rack. Heat about 10-15 minutes, until cheese melts.

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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 disease 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 management nurses, all with hands-on experience with catastrophic injury and disease 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

c h e c a l c a n e u s s n d
o u c l a i m s f d i f u c i
m m a n a g e m e n t v b h s
p e r m a n e n c y n t r e a
o r v o c a t i o n a l o s b
u a e c o u n s e l i n g a i
n l o b j e c t i v e n a p l
d f e a s s e s s m e n t e i
f r m a t u r i t y m m i a t
r a d v o c a c y t p p o k y
a c l a i m s e x a m i n e r
c t e m p o r a r y t o t a l
t u c l a i m s e x p e r t d
u r p a n d t c a s e d m n i
r e h a b i l i t a t i o n e
e o p e n b o o k p e l v i s

Solutions for the Sudoku Puzzles in the July/August/September Issue

9	2	7	3	1	8	6	5	4
1	3	4	6	9	5	8	7	2
6	5	8	7	2	4	1	9	3
8	1	9	4	7	2	5	3	6
7	6	2	9	5	3	4	8	1
3	4	5	8	6	1	7	2	9
4	8	6	2	3	7	9	1	5
5	7	3	1	4	9	2	6	8
2	9	1	5	8	6	3	4	7

7	5	8	3	6	2	1	4	9
2	9	6	4	1	7	8	3	5
3	4	1	5	9	8	7	6	2
9	7	3	2	5	6	4	1	8
5	1	4	9	8	3	6	2	7
8	6	2	7	4	1	9	5	3
1	3	7	8	2	4	5	9	6
6	2	5	1	7	9	3	8	4
4	8	9	6	3	5	2	7	1

Words: advocacy, assessment, calcaneus, case, Chesapeake, claims, claims examiner, claims expert, compound fracture, counseling, disability, humeral fracture, management, maturity, MMI, objective, open book pelvis, P and T, permanency, PPO, Rehabilitation, subrogation, temporary total, vocational.

For the solution contact amills@chesapeakedisability.com, or look for the solution in the next issue coming in January 2008.

This Newsletter is published by Chesapeake Disability Management, Inc. as a service to its clients and friends. It is not intended as a substitute for professional advice and we suggest that it be used in conjunction with professional consultation. Please send all comments and questions to amills@chesapeakedisability.com.