


# **CMMSA**today™

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## **HUMAN RESOURCES**

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Welcome to a new column that will feature articles that focus on Caring for YOU—our readers. In this issue, we look at retirement from three leaders in the industry. We hope their works help you as, regardless of your age, we all need to prepare for retirement!

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# Human Resources and Professional Development

BY COLLEEN MORLEY, DNP, RN, CCM, CMAC, CMCN, ACM-RN

**H**appy New Year! Welcome to 2022! Time for resolutions and fresh starts. I used to make the “usual” resolutions: lose weight, get in shape, make a budget and stick to it. You know how that goes. By week 2, the diet is forgotten, the gym membership goes unused and those post-holiday sales just get you. Well, there’s always next year.

Instead of those “usual suspects,” how about making a resolution to invest in yourself? This edition of *CMSA Today* is chock full of stories to do just that. A curated selection of topics from the human resources/professional development perspective.

One article that struck me personally is the practical guidance on interviewing for a case management position. I could have used that one all those years ago when I was interviewing for my first case management job at a managed care organization. I remember the interviewer (who became a

friend and mentor) asking me if I knew what case management was or what nurses did at the insurance company. I actually answered him with “Not a clue, but I’m a fast learner.” He quickly sketched out a scenario, and I was able to pull an experience I’d had recently in the medical nursing unit I was working on at the time and applied my critical thinking skills to look at it from a different perspective. It must have worked because I got the job (and the rest is history). How fortunate we are to have the expertise of Nadine Carter and Marianne DiMola to help us learn excellent case management-focused interviewing skills now!

Along the theme of “invest in yourself,” I cannot begin to tell you how excited I am for the 2022 CMSA National Conference and Expo at the Gaylord Palms in Orlando, Florida on June 1-4, 2022! Early bird registration is open now, and I sincerely encourage you to attend. The education, resources and networking are unmatched. The ability

to gather is not one we take for granted now, and there is great value in being able to come together, learn from each other, share innovations and celebrate case management. I always come away from our National Conference and Expo re-energized and excited to return to work to make my little corner of the world a better place for my patients and co-workers. I plan to be in Orlando—how about you? ■



**Dr. Colleen Morley, DNP, RN, CCM, CMAC, CMCN, ACM-RN**, *president-elect of CMSA 2021-2022, is the regional director*

*of case management/Chicago Market for Pipeline Health. Dr. Morley has been in case management for 17 years in acute care and managed care settings. She received her DNP from Chamberlain College of Nursing in 2018.*

## WE APPRECIATE YOU—ALL YEAR LONG!

CMSA had a great time celebrating case managers for National Case Management Week, October 10-16, 2021, but we need more than just a week to acknowledge everything you do! Thank you for your tireless work to improve the lives of your patients, their families and support systems. Stay tuned for plans on more 2022 celebrations!



### NOW AVAILABLE CASE MANAGEMENT ADHERENCE GUIDE 2020 NEW INFORMATION AND TOOLS TO PROMOTE ADHERENCE

Recognizing that the healthcare field has undergone significant changes in recent years, *Case Management Adherence Guide 2020* from CMSA helps healthcare professionals gain and integrate skills and methods for even more comprehensive assessments of clients, families or their support systems. The guide supports improvements in care planning, care coordination and care transitions and goes beyond medication adherence to address any prescribed treatment plan.

The guide is designed to help case management professionals achieve measurable outcomes with their interventions, rendering them more efficient, effective and valuable to their employers, clients and treatment teams. It provides readers with evidence-based assessment and intervention tools to improve patient treatment adherence. The tools found throughout the guide are in accordance with the standards set by the Case Management Society of America.

Dedicated chapters cover the challenges in today's healthcare system, the important role that case managers play in improving outcomes, care coordination and strategies for improving treatment and medication adherence. Seventeen appendices provide tools and references for PREPARE, shared decision-making, emotional intelligence, the Morisky Medication Adherence Scale, STEPSforward, care transition, telehealth resources and more.

*Case Management Adherence Guide 2020* is an essential resource for future and practicing case management professionals. Order your copy here: <https://titles.cognella.com/case-management-adherence-guide-2020-9781793549945>

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Discover the full line-up of speakers and other options and the make plans to attend. We will see you there!

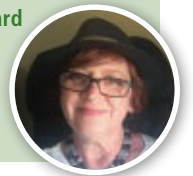
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If you'd like to communicate with other case managers and healthcare industry professionals across the country, connect with CMSA on LinkedIn™, Facebook, Instagram and Twitter! ■

"When we started creating the Case Management Adherence Guidelines (CMAG), we were looking forward to establishing true outcomes for the practice of case management. It was our belief that true patient adherence and partnership in their treatment plan was the best path to quality and cost-effective care. However, we soon realized that we were actually establishing a new level of practice excellence for case management. The tools and techniques included in CMAG elevated the practice of case management and allowed us to truly change the lives of the patients and clients we serve. By identifying barriers to adherence, and supporting patients and client in meaningful behavior change, we have proven our value. In addition, we have improved the lives and health of countless individuals. The latest iteration of the CMAG guidelines builds upon and continues the tradition of accountability and excellence that began nearly 17 years ago. The CMAG guidelines are based in science and provide a blueprint for case management that will serve us for years to come. I urge you to read this book and incorporate as many of the practices and tools as your practice allows. It will make you better case managers and provide your patients and clients with the best available standard of care."

—SHERRY L. ALIOTTA, RN, BC, BSN, CCM



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# WHAT MANAGEMENT AND HR LEADERS NEED TO KNOW ABOUT NURSE LICENSURE AND THE NURSE LICENSURE COMPACT (NLC)

BY JAMES PUENTE, MS, MJ, CAE

## UPDATE ON THE CURRENT STATUS

The Nurse Licensure Compact is now in its 21st year of operation. At present, 38 states have enacted the NLC. The NLC allows for an eligible nurse (RN or LPN/VN) with primary state of residence in an NLC state to hold a multistate license valid for in-person or telephonic practice in all NLC states. In 2022, it is anticipated that most of the remaining states that have not yet enacted the NLC will introduce a bill with the intent of enactment.

## WHERE DO NURSES NEED TO BE LICENSED?

The NLC was developed because of the need for nurses to be licensed in each state of practice. When a nurse practices telephonically with a patient or client in another state, practice takes place in the state where the recipient of nursing service is located at the time service is provided. That means that nurses who practice telephonically (i.e., telehealth) with patients/clients in other states may need to hold many licenses. The NLC multistate license eases that burden while maintaining state-based regulation. The ultimate goal of the NLC is a compact nation—that is, a compact with all states and territories. Once that is achieved, a nurse holding a multistate license will be able to practice anywhere in the U.S., in-person or via telehealth. Until that time, the multistate license gains more value with

each successive state that enacts the NLC legislation. In 2022, it is anticipated that the NLC will pass the 40-jurisdiction mark.

## UNLICENSED PRACTICE

In a country where each state has the constitutional right to protect the health and welfare of the people of that state, the state does this by imposing the requirements for a nursing license but also by offering recourse to individuals who may have been injured or negatively affected by an unsafe or incompetent nurse. Therefore, a state has an expectation that a nurse practicing with a patient/client in any given state has the authority to practice in that state. That authority is granted via a license or a multistate privilege to practice (via a multistate license). When a nurse is found not to be licensed in a state of practice, regardless of a potential malpractice issue, the nurse may be found by a state board of nursing to be practicing unlicensed. The penalties for such a violation will vary by state law, and the nurse's prior disciplinary history may also play a role.

The NLC multistate license demonstrates a model of public protection. In this way, a nurse under many forms of discipline is no longer eligible for a multistate license. This does not prevent a nurse from seeking to get multiple single state licenses. But the loss of a multistate license will certainly interrupt the practice of any telephonic

practicing nurse who practices in multiple states.

## MULTISTATE LICENSURE IS ECONOMICAL AND EFFICIENT

Many employers fund the multiple licenses that nurses in their employment may hold. In fact, many large companies have a department of staff who work to ensure that the nurses in their employment are appropriately licensed, including renewal of the license on time. Employers who fund or reimburse their employed nurses for the cost of licensure have a great deal to save with every state that joins the NLC. It behooves such nurse employers to endorse the NLC and to lobby to get the NLC enacted in the remaining states. Of course, not all employers cover the expense of the licenses of their nursing workforce. Most times, the nurse bears the expenses. With the multistate license, nurses, too, have much to save by holding one multistate license.

## THE NEED FOR MULTISTATE LICENSURE IS IN MOST NURSING SETTINGS

Thirty years ago, many may have thought that only nurses working in a call center needed to hold licenses in various states of practice. Still today, many think that the multistate license is only relevant for travel nurses. The reality is that any nurse who is engaging with a patient/client via





# NEXT GENERATION EMPLOYEE RETENTION STRATEGIES

BY BENJAMIN FOSTER, MBA

In September 2021, over 90% of the healthcare organizations that Nurseify supports, which includes 821 of 908 hospitals, reported their highest year-over-year increase in nurse turnover and all-employee turnover in the last 10 years (Source: Client RN turnover and all employee turnover data). The Great Resignation is real, and unfortunately, the healthcare industry is likely to experience greater attrition than most industries due to the long-term strain of COVID-19. Multiple studies have shown that healthcare workers, particularly nurses, experience depression, anxiety and chronic stress during disasters. In research conducted by Dr. Christine Kovner, PhD, RN, FAAN, Rory Meyers College of Nursing, New York University, over 27% of nurses reported experiencing anxiety and 17% reported experiencing depression after the initial COVID peaks in 2020 (Source: The psychosocial impact on frontline nurses of caring for patients with COVID-19 during the first wave of the pandemic in New York City. *Nursing Outlook*. April 5, 2021). Dr. Kovner's research also found that the more that nurses cared for patients, the higher the nurses' depression and anxiety. This does not bode well for an industry that was already on a path to a seven-figure workforce shortage. Despite the challenges, we will explore a few next generation retention strategies that organizations are executing to retain their employees.

## #1: GO "ALL IN" IN PROTECTING YOUR EMPLOYEES AND #ENDNURSEABUSE

*One in four nurses are abused in the workplace. Overall, the likelihood of healthcare*

*workers being exposed to violence is higher than for prison guards or police officers.* (Source: American Nurses Association #EndNurseAbuse Resource Guide. 2016). In 2020 and 2021, 65% of the organizations that included a statement in employee engagement surveys on the facility taking steps to protect employees' physical safety at work saw a year-over-year drop in scores (Source: Client employee engagement survey results). One hospital used the feedback employees provided in their 2020 employee engagement survey to build and launch a comprehensive program to eliminate workplace violence in their facility. The hospital is also recognized as one of the Best Places to Work. A few of the steps the organization took to address workplace violence and end nurse abuse are provided below.

- Step 1: The chiefs conducted root cause analyses on every workplace violence incident over the last three years.
- Step 2: Department leaders sourced recommendations to prevent workplace violence from front-line nurses and employees during one-on-one sessions over a 60-day period.
- Step 3: The Nursing Professional Practice Council customized the recommendations included in the American Nurses Association's #EndNurseAbuse Resource Guide to align with hospital policies and practices.
- Step 4: Human resources and marketing developed a plan to communicate the facility's zero-tolerance policy to employees, physicians, emergency medical services (EMS), patients and family members of patients.
- Step 5: Leadership made a commitment to treat every workplace violence incident

like a sentinel event and established a cross-functional team to conduct real-time root cause analyses.

Although it is too early to see the long-term effect on workplace violence incidents, the hospital saw a 12-percentage point increase in employee engagement scores for the statement, "My facility has taken steps to protect my physical safety at work." Physical safety is next to air, water and food in Maslow's hierarchy of needs. Organizations that do not protect the physical safety of their employees will have a difficult time retaining employees over the long run. Best practice sharing drives healthcare innovation, and organizations that solicit insights from front-line employees, nurse leaders, operators, administrators, human resources professionals, patients and family members are finding new ways to eliminate workplace violence.

## #2: REWORK YOUR STAFFING PLAN TO MINIMIZE CLERICAL WORK FOR CLINICAL STAFF

As we continue to see nurses leave the bedside and the healthcare industry altogether, patient-to-nurse ratios remain at all-time highs despite declining COVID cases. The pent-up demand for elective healthcare procedures and the winter flu season will continue putting pressure on staffing levels. Before COVID, nurses in a medical-surgical unit at a hospital in Texas were typically assigned four to five patients per shift. Since January 2021, the nurses in the same medical-surgical unit are consistently caring for six to seven patients each shift due to nurse staffing shortages. The hospital developed a nurse retention strategy to address workload



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concerns and high patient-to-nurse ratios. The strategy includes an aggressive patient care tech (PCT) plan that doubled the number of PCTs in all inpatient units.

#### PRE-COVID

- Medical-surgical beds = 40
- Medical-surgical RNs per shift = 10 (Every RN is assigned four patients)
- Medical-surgical PCTs per shift = 4 (Every PCT is assigned 10 patients)
- Medical-surgical RNs & PCTs per shift = 14

#### POST-COVID

- Medical-surgical beds = 40
- Medical-surgical RNs per shift = 6 (Four RNs are assigned seven patients, and two RNs are assigned six patients)
- Medical-surgical PCTs per shift = 4 (Every PCT is assigned 10 patients)
- Medical-surgical RNs & PCTs per shift = 10

#### AGGRESSIVE PCT PLAN (Q3-2021)

- Medical-surgical beds = 40
- Medical-surgical RNs per shift = 6 (Four RNs are assigned seven patients, and two RNs are assigned six patients)
- Medical-surgical PCTs per shift = 8 (Every PCT is assigned five patients)
- Medical-surgical RNs & PCTs per shift = 14

Prior to executing the aggressive PCT plan, nurse leaders worked with bedside nurses to identify clerical work being performed by nurses and reworked the PCT job descriptions to transition as much clerical work as possible to PCTs. The hospital revamped its PCT orientation and onboarding program to provide specific training on the new PCT roles and responsibilities. The human resources team partnered with community colleges and local high schools to promote the new PCT opportunities to students completing their certification. Thirty-two new PCTs were hired over a 4-week period. Nurse leaders

and recruiters also partnered with two local nursing schools to bring on nursing students to work as seasonal PCTs during the summer.

The aggressive PCT plan does NOT replace the hospital's long-term plan to increase the number of full-time and part-time nurses. The PCT plan is providing short-term relief to nurses that have been carrying high patient loads for nearly a year. By giving nurses the opportunity to provide insight on the solution, the hospital also gave nurses a voice. In the Q4-2021 employee engagement survey, the hospital's inpatient units saw a 20-percentage point increase on the statement, "I have access to the resources I need to do my job effectively," and a 24-percentage point increase on the statement, "I receive support from my supervisor to help balance my work and personal life."

The nursing shortage is not going away anytime soon. Rethinking the way care is provided and modifying roles and responsibilities are essential to addressing workload

concerns. Organizations must develop short-term and long-term strategies to retain employees.

### #3: TREAT NURSE MENTAL HEALTH AND WELLNESS LIKE ANNUAL CODE OF CONDUCT TRAINING

Earlier, we discussed the effects disasters have on the mental health of nurses. Every day, nurses and nurse leaders are asked to do more with less. Between July 1 and September 30, 2021, we asked 1,100 nurses to provide one word that best describes how they are feeling. The top three words were overwhelmed (22%), exhausted (17%) and tired (15%). On a positive note, most healthcare organizations are engaging in dialogue on the mental health and wellness of their workforce. Unfortunately, we continue hearing disappointment from nurses and nurse leaders that organizations are not taking more action.

One hospital in Florida decided to treat nurse wellness like annual code of conduct training and make it mandatory. The hospital has a long history of ensuring all

employees complete code of conduct training every year. Systems and processes are in place to ensure every employee reviews the organization's code of conduct policy and expectations. Mandatory can be a polarizing word, but the chief nursing officer and chief human resources officer believed the best way to drive participation in a wellness program was to make the program mandatory.

The hospital partnered with an organization to provide one-on-one wellness coaching sessions to 90 nurses. The wellness coach, who is a certified mental health nurse practitioner, conducted two rounds of one-on-one coaching sessions over a 12-week period. Significant effort was put into planning the one-on-one coaching sessions, and the hospital did an amazing job addressing issues that could have prevented nurses from participating in the program. For example, nurses attended sessions during their normal shifts instead of coming in early or staying late. To ensure nursing departments were not left short-handed, relief nurses were brought in to backfill the nurses that participated in the one-on-one coaching sessions throughout the day.

The feedback from nurses and nurse leaders has been overwhelmingly positive. In the Q3-2021 employee engagement survey, the hospital saw a 25-percentage point increase on the statement, "The behavior of our senior leaders is consistent with this company's values." Nurses appreciate the commitment the organization made to support their mental health and wellness.

Retaining employees in today's environment is a monumental task. We all play a part in supporting our colleagues and creating a healthy workplace environment. Despite facing unprecedented challenges, leaders that act are seeing positive results. We encourage you to keep up the good fight and share your next generation employee retention strategies. ■



**Benjamin J. Foster, MBA,** is the CEO/ Founder of Nurseify, Inc. He also is a current member of the CMSA editorial board. You can reach Benjamin via

email at [benjamin.foster@imc-culture.com](mailto:benjamin.foster@imc-culture.com).



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# EDUCATION ENHANCES RETENTION

BY EDNA B. CLIFTON, MBA, BSN, RN

Recruitment of nurses is critical to maintaining staffing requirements; however, retaining nurses is equally important. According to the National Healthcare Retention and RN staffing survey, the average cost of turnover for a bedside nurse is \$52,100, and it can go as high as \$64,000 based on the required skill level.<sup>1</sup> There are many reasons why nurses leave their jobs.

According to a study cited in an *Employee Benefits News* article, it was determined the top three reasons employees leave a company. They are:<sup>2</sup>

- Career development
- Work-life balance
- Management behavior

In this article, I want to focus on the subject of career development and how it enhances retention and adds value to the organization as a whole. This topic covers a myriad of areas, but it truly starts with the onboarding process and continues throughout employment.

Why is the onboarding process so important? This is the time when new employees learn about the organization's mission and culture. It is also the time when they learn about their job responsibilities and how their performance will be evaluated.

Indiana University Health has a program designed for new nurses that includes frequent meetings conducted with the clinical operations manager and the new nurse. This program was initiated because they recognized that new nurses have trouble organizing, prioritizing and delegating their work. Many new nurses express that they felt poorly prepared, resulting in feelings of incompetence, stress and being overwhelmed. In these meetings, relationships are built and insight to their career

aspirations, work struggles and accomplishments are discussed.<sup>3</sup> While formal education may not be an integral part of these meetings, the discussions that occur can definitely serve as a basis to develop individual educational plans based on need and to improve knowledge and skills in areas that are lacking. These plans will accelerate the acquisition of skills needed to be effective in their new role. Onboarding programs that provide education and mentoring of new nurses reinforce an organization's commitment to the success of their employees.

While successful onboarding of staff is important, continuing education programs also significantly contribute to retention of staff. Due to the high cost of turnover per nurse, organizations cannot continue to lose the nurses they have. Organizations must focus on their retention efforts. In their blog of August 19, 2020, Alisha Cornell, DNP, MSN, RN, and Natalie Vaughn, MBA, recommend that organizations should start with five nurse retention strategies:<sup>4</sup>

- Be strategic during recruitment
- Establish a nurse residency program
- Make career development a top priority
- Promote a culture of learning
- Offer a flexible work schedule

Organizations are competing for nurses all over the country. Candidates often have a choice of many options. During the interview process, candidates are striving to present a solid first impression; however, it is important that organizations provide clear direction during the interview process and that the process must be professional. The skills a nurse offers are clearly important, but equally significant are the personal attributes a candidate brings to the organization. There must be an alignment of values.<sup>4</sup> Organizations that have a culture that

promotes learning will attract nurses who want to improve their skills and continue to advance their careers.

Establishing residency programs helps new nurses to adapt to their roles as professional and independent practitioners. Making additional educational programs available to nurses will promote the development of expertise in a particular specialty and can be an avenue for nurses to obtain degrees and certifications that will advance their careers. Professional growth is essential to providing quality of care and can enhance employee loyalty. It also provides qualified staff who can be considered for more advanced opportunities, which is a benefit to the organization. Leaders should explore ways to eliminate many of the barriers, such as cost and ability to schedule time off, to promote continuing education.

Providing in-house continuing education programs is one way to make it convenient and affordable. Having a library of recorded programs allows nurses to take advantage of education on their own schedules. In addition, there are many free online webinar opportunities. An example is the Centers for





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“Why is the onboarding process so important? This is the time when new employees learn about the organization’s mission and culture. It is also the time when they learn about their job responsibilities and how their performance will be evaluated.”

Disease Control and Prevention (CDC), which provides many subjects intended to improve practice and introduce current guidelines.<sup>5</sup> These webinars can be attended anywhere a nurse has online access at any time. There are many other organizations that provide courses to prepare nurses for certification and continuing education to meet certification requirements. Organizations that provide these opportunities and encourage career development will have employees willing to stay and wait for advancement opportunities, resulting in better retention.

Education and improving the work environment will increase retention. Clearly, in the last two years with the COVID outbreak, organizations have been presented with a challenge that no one could have anticipated. Burnout, mental and emotional exhaustion, and general fear of the disease and its unknowns have caused many nurses to consider leaving patient care settings. Stress and anger management programs should be considered as a mainstay in today’s healthcare environment.<sup>6</sup>

While it is patently evident that organizations offering free and flexible continuing

education courses increase their ability to retain nurses, there are other important ways, such as recognizing their achievements when they complete certifications and/or degrees with meaningful celebrations. Acknowledgement from those in leadership roles demonstrates that they truly value what the employee has accomplished. Healthcare leaders must continue to explore and implement solutions to address the high turnover of nurses and to reduce the stress of those nurses currently working with staffing shortages. Both situations significantly impact the quality of patient care. ■

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# SUCCESSFUL TIPS FOR SUBMITTING YOUR RESUME IN A DIGITAL WORLD

BY MARIANNE DiMOLA AND

NADINE M. CARTER, RN, BSN, CDMS, CCM, MBA

Applying for a job can be one of the most important, yet frustrating things that you must do. The process today seems more convoluted than ever before.

In this article, we hope to help you navigate and succeed in this process more easily.

**The Resume:** One of the most important steps is to make sure that all the words in the job description are in your resume. If they are asking for experience using Interqual, make sure Interqual is in your resume, not simply concurrent review. Matching the words is important because some companies have

computers initially scan for keywords that allow the resume to move to the next step. So, without the exact words, your resume may not be seen by the hiring manager or even human resources.

Make sure your resume is clear and easy to read. All fonts should be the same and should not be smaller than point 12. When they say you must keep it to one to two pages, that is only if your accomplishments and experience can be limited to one or two pages. Do not sacrifice experience for brevity.

The heading should have your name, and it should be bolded along with your

credentials. Include your email address and phone number. It may sound silly to mention these things, but we have received resumes without contact information, which makes it impossible for the recruiter to reach you.

Many resumes include “team building” or “works well in a team.” Instead, we encourage you to include facts. If you want to talk about team building, talk about the fact that you reduced staff turnover. Instead of teamwork, talk about how you helped reduce LOS in your unit.

Your resume should include power words. We often coach people and suggest that they





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## While case managers are quick to advocate for others, most case managers are not very good at advocating for themselves. Your resume is your time to shine.

not only delay your resume, but if the pause is long enough, it may make you start over. While we often recommend removing the day and the month on resumes and keeping only the years, we also suggest you keep a resume with the day and the month for exactly this situation.

Your nursing or social worker license number and expiration date may also be requested, as well as references.

Our next suggestion is when you are applying on LinkedIn, connect or message some of the people who you know work in the department of the company to which you are applying. Check in with them, see how they are doing and let them know you have just submitted your resume and for which job you have applied. Sadly, some resumes are lost in a digital black hole, as we refer to it. So having some human contact and letting them know that you have submitted your resume may help. You may be fortunate enough to have one of these individuals respond and ask you to send your resume directly to them, which will certainly help the process along.

But do not be offended if they do not respond or ask for your resume. Some companies have very strict guidelines on the submission process. If you are using LinkedIn, make sure your profile is up to date and professional.

Job boards and company portals means more passwords! Microsoft One Note is easy to use, and you can set up all your passwords there, keep notes and record where you send your resume. You can even lock the page if you wish.

A word of caution: Submitting your resume multiple times does not get you favorably noticed. It will seem as if you are unorganized and sending your resume everywhere.

**Preparing for the interview:** Once you have hit send, we recommend that you activate alerts to start getting news alerts about the companies. You can use

use different words. My favorite example is "I participated in length of stay meetings." When asked what this means, the candidate often states that they ran the meeting, coordinated the meeting or provided crucial information during the meeting. That is more than just participating, so please be clear in your responsibilities and accomplishments. How is anyone to know your true value if your resume does not reflect that? You can find power words on our website: [www.globalcaremanagement.com](http://www.globalcaremanagement.com).

While case managers are quick to advocate for others, most case managers are not

very good at advocating for themselves. Your resume is your time to shine.

**Submitting your resume:** Set aside a good amount of time to submit your resume. We know that seems excessive, but often not only do you have to submit your resume, but then you must individually add each job, title, responsibility and the dates. Be prepared to enter the actual day and month. This application will also be used for the background check, and most systems are not set up to allow you to move forward without this information. So having to pause and get up to search for this information will

LinkedIn, Bloomberg or Google alerts, and there are many more. This is so you can keep up with any new information regarding the company, first to discuss during the interview and second to make sure this is still the company you want to continue to move forward with. As we all know, things change in the healthcare world daily.

Go on their website and look at the company; why do you want to work there? It is one of the first questions we ask, and please make sure the answer is something that speaks directly to the company; for example, the programs that they have. Not things that you want, such as working remotely, having suitable hours or an appealing salary. It must be about them. Prepare your interest in the company and questions in advance and review them.

Interview questions often asked are about difficult situations or times where you have truly succeeded. Have these examples ready. Write them down and keep them with you. Review them, and keep updating them. We suggest that while you are working and have a victorious moment, that you document it, and this is the time to pull these notes out.

Most first interviews are with human resources and are either telephonic or virtual. Obviously, during the telephonic interview, they cannot see you, and this may seem more comfortable. Every conversation you have with every member of this company is part of the interviewing process and is critical. To keep you on your toes, literally, stand during the interview, or keep your feet flat on the floor. This helps you project and sound more confident as you speak.

We have found that these interviews can be as short as five minutes and all they do is tell you about their company. On the other hand, we have seen interviews last half an hour to 45 minutes.

Human resources may also press for salary requirements. In many states, now it is illegal to ask how much money you are currently making. But that does not mean the question will not be asked. Especially if you are looking for a remote position, human resources may not be familiar with the laws in your state, so do look it up and be sure. If it is illegal in your state, very politely say that you are not prepared to answer that question as it is illegal to ask in your state.

The question that can be asked is “how much money are you looking for?” Such a difficult question to answer at the very beginning of an interview. You still do not know what the job entails, what the benefits are, who the hiring manager is, or what resources are available to you, and yet are you asked to put a price on this. Try not to answer. Now, this is not always easy, as they may press. But this answer is truthful: *I really cannot begin to answer this question without understanding all the resources available for this position, the responsibilities and the benefit package. And while I thank you for giving me some of that information, I still want to take everything into consideration before I decide.* As much as we like this answer, it does not always mean the interviewer will. So unfortunately, you may have to come up with an answer. We suggest you give them a range, not an exact number. Too high could put you out of the process and too low may be your offer.

If during the interview you receive information that changes your initial salary request, then you must share that specific information with them and your new desired salary. This should be done only after all interviews have been completed.

If you are really brave, you can ask them for the salary range!

For a virtual interview, please make sure everyone in the house, including pets, is as quiet as possible. Look at the camera on your laptop first. Make sure that you are appearing clearly. The lighting should be adjusted for you not to look like a shadow or overly highlighted. Look at the environment around you. The room should be neat and clean. Yes, sometimes we have had to put our laptops in a bedroom, but then at least make sure your bed is made. If the position you are interviewing for is remote and your desk is in the bedroom and you cannot change it, place a partition, or use a virtual background. Also, make sure you know how to use the platform (Teams, Zoom, etc.) in which they requested the virtual meeting. If you have never used it before, please connect with a friend and practice in advance. We have seen that, with people who cannot connect timely on a virtual call, regardless of the reasons, the interviewer becomes quite dismayed. It is the same as showing up late for an onsite interview.

Preparing for the onsite interview will not be as overwhelming if you have been working onsite. For those who have been working remotely or have not been working during COVID, this may prove challenging. Dressing professionally is always important during an interview, even if they tell you that they have a casual dress code. This may not be the time to pull out the power suit; a nice pair of slacks with a casual top and blazer is appropriate. Otherwise, a professional suit is recommended.

We suggest that you start looking at clothes prior to the interview request. For those of you who have not been working in an office atmosphere, give yourself some time to get used to wearing business clothes again. Even if it is just for a day, remember that day is very important, and you must be comfortable. Bring copies of your resume for everybody you will be meeting with. If you are not sure, we always suggest five resumes. Always include an extra copy for yourself. Sometimes, during an interview, we get a little nervous, so we want to have it there for easy reference. Again, showing up on time is very important. It's even better if you can get there a half hour earlier and sit down and enjoy a cup of coffee.

Review your resume and notes. This will help you get off on the right foot, confident and ready. ■



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# PROVIDING PEACE OF MIND: ADVANCE CARE PLANNING AS AN EMPLOYEE BENEFIT

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BY JOANNE EASON, MA

Accidents happen. Yet, most of us don't plan for it. In fact, 67% of Americans planned one or more trips in 2021,<sup>1</sup> compared to less than 30% who made a plan for their healthcare in case of serious illness.

Whether we're facing our own sudden challenges or helping a loved one navigate care, a health crisis can be all-consuming and financially devastating. When we're facing an unexpected health crisis—or helping a

loved one—our lives are deeply affected, personally, and that naturally spills over into our working life. Advance care planning is more than a clinical tool. It is a good addition to any health incentive program.

## ROLE OF THE WORKPLACE IN WELLNESS

Employers know the health and well-being of employees contributes significantly to the quality of their job performance.

Employers also want to keep expenses manageable to ensure the business is successful and profitable.

Wellness programs designed to promote health and prevent disease have been around for decades. Nearly half of HR professionals surveyed by the Society for Human Resource Management said wellness initiatives in their workplace have decreased their company's healthcare costs. About 40% said wellness initiatives

decreased unplanned absences, and about a third said those initiatives increased work productivity.<sup>2</sup>

But health challenges go beyond the physical and mental well-being of the individual employees themselves. The stress of holding a job while caring for a loved one can take a toll on a caregiver's physical and emotional health, which can naturally impact job performance.<sup>3</sup> The Family Caregiver Alliance, a nonprofit research and policy organization that supports caregivers, estimates 17% of full-time workers are acting as caregivers for loved ones.

In fact, caregiver absenteeism costs the U.S. economy an estimated \$25.2 billion in lost productivity, with 24% of caregivers saying that caring for a loved one directly impacts their performance at work.<sup>4</sup>

And consider this: 61% of caregivers experience at least one change in their employment due to caregiving, such as reduced work hours, extended leaves of absence or poor job performance evaluations.<sup>5</sup>

No one wants to be in the difficult position of having to guess what kind of treatment a loved one would want or not want, and everyone wants to feel as though they honored their loved one's choices. When resources are available to help employees proactively think through how they would navigate the care associated with serious accidents or chronic illnesses—for themselves or a loved one—some of the stressful decision-making related to these situations is eliminated. This is a tremendous benefit to the employees *and* the employer.

### **SHIFTING DEMOGRAPHICS, CHANGING NEEDS**

Workplace demographics are constantly shifting. Two newer trends are causing wellness and well-being issues to climb higher on the list of workplace priorities and needs. First, the rate of baby boomers retiring, making room for younger employees, means more workers may fall into that "sandwich generation" demographic. And, COVID and its associated variants have made all ages become more thoughtful about an unplanned health emergency.

Organizations using a broad range of benefits as a strategic tool for recruiting and retaining talent report better overall company performance and above-average

**"Workplace demographics are constantly shifting. Two newer trends are causing wellness and well-being issues to climb higher on the list of workplace priorities and needs. First, the rate of baby boomers retiring, making room for younger employees, means more workers may fall into that, 'sandwich generation,' demographic. And, COVID and its associated variants have made all ages become more thoughtful about an unplanned health emergency."**

effectiveness in recruitment and retention. And peace of mind is an enormous benefit.<sup>6</sup>

The Society for Human Resource Management's recent workplace forecast found that 63% of HR professionals said the number of employees with caring responsibilities will have a major impact on the workplace over the next five years.<sup>7</sup>

Offering the benefit of an advance care directive to help employees think through care needs before confronting a health emergency—for themselves or a loved one—is a proactive way employers can contribute to the well-being of their employees.

### **PROGRAMS THAT PROVIDE PEACE OF MIND FOR EMPLOYEES**

Studies show people who think through and plan for their own care in case of health emergency make healthier choices today.

Providence Health provided advance care planning in its 2015-2016 health incentive option. More than 51,000 employees and their relatives chose the incentive option. The experience was rated helpful or very helpful by more than 80% of participants. And, 95% of employees responded that they had someone they trusted who could make medical care decisions for them, but

only a quarter had completed an advance directive.<sup>8</sup>

When goals of care are put in writing using advance care planning as a health benefit, employers save money from less absenteeism and turnover, fewer unwanted ICU visits and shorter hospital stays. Additionally, they see a reduction in unwanted healthcare costs while increasing trust and productivity throughout their organizations. Quite simply, it's an investment in a benefit for your employees that pays dividends to employers as well. ■

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# Advance Health Care Directive

Name \_\_\_\_\_

Date \_\_\_\_\_

## “DO YOU HAVE AN ADVANCE DIRECTIVE?”

BY MYRA KATZ, PA-C, BCPA

**H**ow many times have you been asked this question? We are typically asked any time we go to a hospital, surgical center or emergency room, and if you say “no,” you are often given a lengthy form and asked to fill it out without any explanation. If you say “yes,” usually the staff member will go on to the next question without asking for a copy or who has a copy.

So, what is an advance directive, how does it differ from a living will and why do you need this, especially if you are young and healthy?

The actual definition of an advance directive is “a written statement of a person’s wishes regarding medical treatment, often to include a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor” ([https://www.lexico.com/en/definition/advance\\_directive](https://www.lexico.com/en/definition/advance_directive)).

Every state has its own advance directive, but typically they are very similar, and oftentimes states will accept them from other states. The vast majority of advance directives include the following information:

- Selection of a healthcare proxy

- Treatment preferences

A healthcare proxy is a person who you have chosen to represent you to the medical staff taking care of you, if and only if you are unable to communicate your wishes. This person should be chosen after a great deal of thought and conversation with the person. He or she should know if you want to have CPR (cardio pulmonary resuscitation) should your heart stop, if you want to be on a ventilator and for how long, and how aggressive (or not) you want your healthcare team to be. You should also choose two back-up people in the event

**“The most important thing to remember is that in order for advance directives to be helpful, you need to have a conversation with your loved ones ( probably a few) so they can understand what you want (and you understand what they want) and for your family to understand your wishes and why. You may not want CPR because you are fearful of possibly breaking ribs and being put on a ventilator, but your daughter wants you to live to see your granddaughter get married. You certainly don’t want to wait to have this conversation if you are in ICU in critical condition.”**

that the person you choose is unable to make the decisions.

Oftentimes, many people fill out a “living will,” and this is important as it is a summary of your wishes should you become ill — for example, if you want CPR, to be intubated (if deemed medically indicated) — but it does not list a healthcare proxy.

Many of us do not complete an advance directive as there is a belief that you cannot do this without an attorney, and this is incorrect. In the vast majority of states, all you need are two people to sign the form and witness your signature. The only stipulation is that neither of these witnesses can benefit from your death or be relatives. In a handful of states, you may need to get this witnessed, but check your state’s laws. For the most part, you can download this form online and fill it out. Once it is filled out, it is important that you keep it in a place so it can be utilized if necessary. Many EMTs (those who typically respond to 911 calls) know to look on the side of the refrigerator or even in the freezer. A copy should be given to all listed on the form, to your doctor and to the hospital that you typically go to if ill.

One of the important things to do is to fill out forms on your single adult children. Once they are 18, if they become ill, the doctors cannot allow you to decide how your child’s care is managed.

And don’t forget your older adult children. Many of us have children who are still single in their 20s and 30s and they also should have advance directives.

There are a few key things to keep in mind:

Advance directives can be changed at any time. (If you move, or possibly have a falling out with a proxy, just be sure that everyone involved has the new copy.)

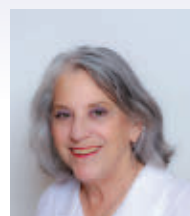
Another mistaken belief is that having an advance directive means that you won’t be treated if you go to a hospital or emergency room. This couldn’t be further from the truth. It means you will have the treatment that you wish; i.e., it may include having a feeding tube, being on a ventilator (breathing machine) if you can’t breathe on your own (quite common during the COVID pandemic) or receiving blood, antibiotics or even being treated with chemotherapy.

The most important thing to remember is in order for advance directives to be helpful, you need to have a conversation with your loved ones (probably a few) so they can understand what you want (and you understand what they want) and for your family to understand your wishes and why. You may not want CPR because you are fearful of possibly breaking ribs and being put on a ventilator, but your daughter wants you to live to see your granddaughter get married. You certainly don’t want to wait

to have this conversation if you are in ICU in critical condition.

There is an organization called “The Conversation Project,” and I highly recommend reading about this and discussing this with your family and loved ones while you are all healthy. Things can change in a second, and we all need to be prepared.

The majority of us fear illness and death, but it will happen, and we can make it easier on our loved ones if we prepare ahead of time, and signing (and discussing the “what ifs”) is a good first step. ■



**Myra Katz, PA-C, BCPA**, is a board-certified patient advocate and is president of Katz Patient Advocate Inc. Myra trained as a

physician assistant at George Washington University School of Medicine and worked for many years at a community hospital in Baltimore practicing oncology. It was there that she developed her passion for advocating for her patients and educating them in navigating the healthcare system. In addition to Katz Patient Advocate Inc., Myra is involved with her local hospice as a death doula and a speaker on subjects including advanced directives, palliative care and how to have “The Conversation.”

# VALUE OF DISABILITY INSURANCE EMPHASIZED IN POST-COVID WORK LIFE

BY STEVE PERRIGO, JD

For most people, the benefits section of a job offer can be a footnote. Health insurance coverage is essential, and having a good retirement plan is a plus, but the rest of the line items tend to be glossed over.

But one benefit is gaining higher visibility for employees during this post-pandemic environment, whenever professionals start a new job or review benefits annually: disability insurance. While typically less understood, disability insurance is a hugely important coverage that comes into play when an employee becomes too ill to work and must take a leave of absence.

Understanding how this coverage works, how to apply and the additional resources available in an injury or illness is essential, so here are the key parts of utilizing disability insurance.

## TYPES OF DISABILITY INSURANCE

There are two major sources of disability insurance: Social Security Disability Insurance (SSDI) and long-term disability insurance (LTD). The first type is accessible to more than 156 million insured (<https://www.ssa.gov/oact/STATS/table4c2DI.html>) U.S. workers (96% of workers [<https://www.bls.gov/news.release/>

[empstat.a.htm](https://www.bls.gov/news.release/empstat.a.htm)]), and the second type is provided to about one in three workers (30-35% of workers) through their employers. It's possible to apply and qualify for multiple payments, but it's important to start by understanding what differentiates the two.

Workers and employers contribute toward Social Security Disability Insurance through their FICA payroll taxes, and the program itself is administered by the U.S. Social Security Administration (SSA). To qualify for SSDI, you must have worked for five of the past ten years, be below full retirement age (65-67) and have suffered from a severe work-disrupting injury



or physical/mental illness that will last at least a year.

Long-term disability insurance, on the other hand, is a private policy, sometimes funded by both the employee and employer. Whether you purchase an individual LTD plan privately or are provided with the policy through a group plan for your employer, the insurance carrier requires recurring premium payments, typically on a month-to-month basis. This type of income protection is designed to cover serious injuries and illnesses that keep you out of work, including permanent disabilities that leave you unable to return to work.

### WHAT IT COVERS

If approved for SSDI benefits, the amount you will receive depends on your earnings, similar to Social Security retirement benefits. The estimated benefit can be found on your Social Security statement, and the calculation is based on the amount you paid in FICA taxes during your career and the number of years you have been in the workforce. After receiving SSDI, your eligibility is subject to review by Social Security at certain intervals through Continuing Disability Reviews (CDRs), usually after one, three, five or seven years.

In addition to monthly checks, SSDI comes with other benefits, including Medicare coverage, which begins 24 months after your cash SSDI benefits start, annual cost-of-living adjustments (COLA), dependent benefits, protection for your Social Security retirement benefits due to disability freeze and free support with returning to work if you're medically able.

Each long-term disability insurance policy differs in regard to how much you will receive monthly, how long you have to wait to apply, how long the benefits will last, how disability is defined and the premium amount. The size of your disability insurance benefit amount will depend on the policy, but long-term disability policies typically replace 60-80% of your income.

It's extremely important to understand how a long-term disability policy defines disability to know if you'll be able to collect on a claim. The definition of disability often refers to two important categories of consideration: **any occupation**, which means you are eligible for benefits if you cannot work any job, and **own occupation**,

which protects your ability to work in your chosen profession.

By law, you are allowed to collect long-term disability benefits in addition to government assistance, and you may be required to apply for government benefits based on the provisions of your long-term disability policy. If your LTD policy is designed to coordinate with SSDI, then each month, the amount of SSDI benefits you collect will be deducted from what your private insurer pays out as an offset.

LTD plans can also include offsets for other benefits, such as veterans' disability, workers' compensation payments and other related benefits. If you have LTD coverage and don't coordinate these offsets, you run the risk of losing your benefits.

### HOW TO APPLY

The SSDI application process can be extremely lengthy and complicated, so it's best to apply as soon as you stop working. People with one of 225-plus of the most severe conditions, including some cancers and heart disease, can be fast-tracked under the government's compassionate allowances program (<https://www.kiplinger.com/article/retirement/t051-c000-s004-disability-benefits-on-a-fast-track.html>). However, a majority of initial SSDI applications are denied. When this occurs, you can pursue appeals and eventually receive a hearing and a decision from a Social Security administrative law judge, which could require up to two years.

If and when you are approved, it could still be months or years before you begin receiving SSDI benefits. Long-term disability approval is generally quicker, and benefits start paying as soon as your elimination period ends, which is likely to happen before your application for SSDI benefits has been processed.

### NEXT STEPS

The quality of medical evidence about your condition is a significant determinant of whether you will be approved or denied for disability benefits, and telehealth visits may not be able to provide the same quality of evidence as in-person medical care.

When submitting a claim for disability benefits, be sure to provide as much information to your doctor as you can. If you feel comfortable scheduling an in-person

appointment, that is the best option, but even if telehealth is the route you're most comfortable with, make the most out of the appointment by going over your symptoms and any other relevant information with your doctor in detail.

Aside from the uncertainty surrounding COVID-19 long-haulers and how to process their claims, the pandemic has made it more difficult for the insurance industry to operate at peak efficiency and productivity. Most Social Security Administration (SSA) offices remain closed, and there have been processing delays for SSDI as a result.

In addition, claims are often denied because the application has mistakes or is incomplete, even if the condition would otherwise be approved.

### CONCLUSION

There is no doubt that applying for and managing disability insurance benefits can be confusing, but understanding the basics of SSDI and LTD will help you plan confidently for the future. Both programs are available to help employees dealing with an illness or disability to receive the financial support they need, and having a plan in place for the worst-case scenario is a great way to protect your income and your family. ■



**Steve Perrigo, JD,**  
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*and knowledge of the Social Security Administration (SSA) and its programs. He joined Allsup in August 2010 and helps clients understand their options when coordinating private disability insurance benefits with the Social Security program. He focuses on providing clients with solutions that benefit both their businesses and the individuals they serve. Prior to joining Allsup, Steve Perrigo spent 17 years with the SSA in various roles of increasing responsibility, including claims representative, technical expert, operations supervisor and assistant district manager. Mr. Perrigo's educational background includes a law degree from the Nashville School of Law, where he graduated in the top 10 in his class.*



# THREE WAYS CASE MANAGERS CAN INFLUENCE RETURN-TO-WORK OUTCOMES

BY MICHELLE DESPRES, PT, CEAS II, REAS, CETS

In 2019, there were 105 million workdays lost and \$171 billion spent on workplace injuries, inclusive of wage and productivity losses, medical expenses and administrative expenses.<sup>1</sup> With figures this daunting, it may be difficult to see how you, as just one case manager, can make a positive impact.

But you have great influence over return-to-work outcomes. You have the benefit of seeing and treating the whole person—looking beyond the physical injury to account for the stress and practical implications at play, such as the impact to family, potential

financial hardships and acceptance of realistic recovery outcomes.

The Occupational Safety and Health Administration has a “three points of contact” safety rule. This rule indicates that when performing tasks, such as climbing a ladder, there should be three points of contact with the equipment at all times. Similarly, case managers should follow a “three points of contact” rule when managing injured workers.

With a biopsychosocial approach as the foundation, these three points of contact

“When patterns of injuries occur in groups of workers, an ergonomics assessment can help identify risks associated with administrative controls, behavioral controls or personal protective equipment. Once identified, these issues can be resolved, further setting the stage for successful return to work.”

will help you position injured workers for success:

### #1: COMMUNICATE REGULARLY

When someone gets injured on the job, there is a lot to coordinate for a successful return to work. Physicians and physical therapists are busy creating treatment plans and identifying work-related limitations, while employers may be focused on establishing timelines and transitional job roles. With so many moving parts, injured workers are often left with many questions.

This is where the case manager comes in. You sit at the center—collaborating with all parties throughout the recovery journey so everyone is aware of, and working toward, the same goals. And your constant communication is a vital component of an injured worker's success, resulting in:

- **Positive Outlook**—When engaged in the process, injured workers are more likely to have a more positive outlook, which sets them up for a quicker recovery.
- **Satisfaction**—As recovery milestones are achieved, injured workers maintain a good impression of their care experience, thus minimizing the need for legal intervention.
- **Cost Savings**—Communication among all stakeholders creates more efficient claims management, minimizing unnecessary spend and optimizing return-to-work time frames.

### #2: ESTABLISH A CLEAR RECOVERY PATH

As a case manager, you are an injured worker's trusted confidant. They lean on you to manage all stakeholders involved. With that in mind, it's important to:

- **Actively listen** to their concerns, fears and personal goals.
- **Communicate** appropriate, accurate and attainable goals.
- **Assure** them there is a pathway to recovery.
- **Celebrate** recovery milestones.
- **Prepare** them for return-to-work.

### #3: ADVOCATE FOR MEANINGFUL RETURN-TO-WORK

Prior to the return to work, case managers should collaborate with the entire care team to review the injured worker's job responsibilities, identify any limitations, create ideal working conditions and reinforce the

education provided by the physical therapist to the injured worker on how to perform job duties without getting reinjured.

From there, partnership with the employer is key to creating a transitional placement plan that enables the injured worker to return to full-time work while still recovering.

To illustrate the importance of this partnership, think about a delivery driver who's suffered a lower back injury but has been cleared to return to work under modified duty. Without direction from the case manager, the employer might assume it's best to place this individual in a desk role while recovering. Only the case manager might realize that doing so could actually delay recovery. Remaining stationary for an eight-hour workday could aggravate the injury, reduce muscle mass and expose the worker to risk of reinjury. The case manager in collaboration with the physical therapist can identify more appropriate work modifications. Just as a professional athlete wouldn't sit at home until fully recovered, the same logic applies to injured workers.

### UTILIZE PHYSICAL THERAPISTS

Throughout the process, I encourage you to rely upon the *Clinical Guidance to Optimize Work Participation After Injury or Illness: The Role of Physical Therapists*—a 102-page compilation in the *Journal of Orthopaedic & Sports Physical Therapy*, the journal of the largest academy of the APTA, the Academy of Orthopaedic Physical Therapy (AOPT).

These clinical guidelines bring together the highest quality research in one place, available for reference at any time. They outline delayed return-to-work risk factors and ways to mitigate them, such as:

- **Engage Early**—Identify any risk factors from the onset of injury, so they can be addressed in the recovery plan. The longer risk factors are left unaddressed, the greater the chance of delayed return to work.
- **Progressive Activity**—Slowly increase an injured worker's activity throughout the recovery plan. This could possibly include intense, work-related activities to build up strength needed for the job.
- **Job Descriptions**—It's important to truly understand the ongoing physical demands of each job. Employers can evaluate demands by creating job descriptions

for each role. From there, they can intelligently modify processes, policies and equipment to relieve physical stressors.

- **Evaluate the Job Site**—Employers should consider inviting the physical therapist to review the job site. The physical therapist will more clearly be able to pinpoint risk factors for the injured worker.

The above points just scratch the surface in terms of how the clinical guidelines can influence and drive your return-to-work efforts moving forward.

Another thing to pay close attention to is whether your injured worker is suffering from an injury that others in the company have also experienced. When patterns of injuries occur in groups of workers, an ergonomics assessment can help identify risks associated with administrative controls, behavioral controls or personal protective equipment. Once identified, these issues can be resolved, further setting the stage for successful return to work.

### RESPONSIBILITY BECOMES OPPORTUNITY

When everything is considered, it's clear to see the great responsibility case managers carry throughout the recovery process. This responsibility should be viewed as an opportunity—one by one, it's an opportunity to positively impact injured workers, and over time, it's an opportunity to shift workplace injury trends for the better.

Learn more about how you can optimize return-to-work outcomes by contacting Michelle Despres at [michelle\\_despres@onecallcm.com](mailto:michelle_despres@onecallcm.com). ■

### SOURCE:

1. National Safety Council. (n.d.). *Work Injury Costs and Time Lost*. NSC Injury Facts. <https://injuryfacts.nsc.org/work/costs/work-injury-costs/>



**Michelle Despres, PT, CEAS II, REAS, CETS**, vice president of physical therapy at One Call, is a leader within the world of PT, discussing everything

from virtual PT to PT as an opioid alternative. With a focus on delivering better outcomes, she encourages injured workers to take an active role in their recovery and mentors clinicians to provide the best services possible.

# Care Corner

Welcome to a new column that will feature articles that focusing on Caring for YOU—our readers. In this issue we look at retirement from three leaders in the industry. We hope their works help you as, regardless of your age, we all need to prepare for retirement!

## RETIREMENT, READY OR NOT

BY LAURA OSTROWSKY, RN, CCM, MUP

Retirement comes with a myriad of expectations, both positive and negative. For some, it's an opportunity, for others a loss of identity. I spent 40 years of my life employed full time in acute care hospitals. I remember thinking, about 10 years before I retired, "If I'm no longer the director of case management, who am I?" My identity was so tied into my career, I couldn't think beyond it. Yes, I wanted time for myself; I wanted to sleep late, go to the supermarket during the week when it wasn't crowded and travel when I wanted without asking permission for time off, but those were moments in a life, not the life itself.

My employer at that time was offering the opportunity of working with an executive coach through human resources. Not one to jump into things precipitously, I read up on it, called HR for more information and batted it back and forth for over a year before committing. It was eye opening; it was not solely focused on my job. We talked about my goals, future plans and what my coach referred to as my second act. She also talked to me about my "brand," a completely foreign concept. Who am I, what do I represent, what am I offering, what can I do, and what do I want to do? The experience was all about ME. I am a nurse, a wife and mother, a sister and a friend. She wanted me to think about myself in a different way, not in relationship to others.

The coaching process opened my eyes to possibilities that I hadn't previously considered. I became more involved in my profession outside of my immediate work world. I'd been a member of CMSA for several

years but did not actively participate in the organization. It was time to become more involved in CMSA and in the evolving profession of case management. Challenging myself started with submitting abstracts to speak at conferences and writing articles about my program and other aspects of CM. I went from being a tentative, anxious public speaker to one who enjoyed and even reveled in the experience. I set a goal of speaking at least once a year and publishing at least one article. I joined the board of directors of my local chapter.

I began to focus on myself in other ways, joining a gym and working with a personal trainer. Then I applied to ShapeUP NYC to become a volunteer fitness instructor. ShapeUP is a program that provides free exercise classes in underserved areas of the city to promote exercise, nutrition and better overall health. Acceptance meant 6 months of training and committing to teaching a group fitness class once per week for 6 months. I taught at a senior center for 4 years. I was keeping myself and others fit and addressing a social determinant of health.

The year before I retired, I started teaching a prep class for CM certification. Anne Llewelyn introduced me to Deanna Gillingham, whose company needed another instructor for this ongoing course. Teaching keeps me relevant in the profession and busy in retirement, teaching case managers, group fitness, exploring other outlets like creative writing and having more time for myself.

Self-awareness followed. I wasn't a fraud or just lucky to be in the right place at the



Self-awareness followed. I wasn't a fraud or just lucky to be in the right place at the right time. I began to recognize the reality of my skills and achievements and to establish myself as a subject matter expert.

right time. I began to recognize the reality of my skills and achievements and to establish myself as a subject matter expert. There was a life beyond my present position and a person in that life with value to herself and her community and profession.

I had run a department with over 70 people. As I got closer to retirement, I checked off a series of lasts. My last budget submission and defense. My last variance report. The last round of performance appraisals. No tears were shed as I ended an era of endless administrative tasks.

Since retiring, I work occasionally as a patient advocate accompanying patients to physician's appointments. Helping them frame questions and understand their condition so they can make informed decisions is rewarding. They value my presence and my expertise, and I feel great knowing I am making a difference. Teaching the certification prep course keeps me on my toes professionally; I need to keep up with changes in the healthcare industry and in case management. It is also gratifying; hearing from people when they pass, receiving comments after a session when I have made something previously incomprehensible, easy to understand.

For many people, retirement means leisure, and I have that, but to me it is also about doing things I enjoy — both professionally and personally. I still interact with colleagues. I continue to learn from them and to add to my knowledge of the changing healthcare environment. I have taken what I like most about my case management work and eliminated what did not add value to my enjoyment or sense of accomplishment. Retirement isn't an end; it's a transition, an opportunity, another stage in the process of living.

**Laura Ostrowsky, RN, CCM, MUP,**

*was the director of case management at Memorial Sloan-Kettering Cancer Center (MSKCC) from 1999 until 2019. Her program has been nominated by Case in Point for excellence in utilization management, discharge planning and transitions in care. While at MSK, Laura created a patient advocacy program to assist patients in obtaining access to specialty care despite network restrictions. The program has been featured in articles in Advance for Nursing, The Wall Street Journal, Case in Point, and Case Management Monthly. Laura holds a master's degree in health planning and policy from Hunter College. She has been a CMSA member since 2005 and has served on the board of directors of the NYC Chapter since 2011, and CMSA National from 2016-2018. She is currently a member of the board of directors. Laura was named the 2012 CMSA Case Manager of the Year. To reach Laura, email her at [lrostromsky@gmail.com](mailto:lrostromsky@gmail.com).*

## BLINDSIDED BY AN EARLY RETIREMENT

BY ANNE LLEWELLYN,  
MS, BHSA, RN, CCM, CRRN, CMF



**W**hen I turned 60 in February 2014, I thought, only 5 more years of work to go! I had had a great career and looked forward to working those last 5 years but was excited to see a light at the end of the tunnel.

Then, on November 24, 2014, my career ended abruptly when I was diagnosed with a brain tumor. I could not work, and the company I was working for needed someone to do my job. My manager asked me to participate in a conference call to discuss my options with the head of human resources. On the day of the meeting, I was in the hospital getting my second round of chemo when I took the call.

I was told that, as I could not go back to work, the company would give me severance for one month in addition to any vacation time I had. They were going to activate the disability policy that I had opted for as part of the benefits I had from the company. I was told this policy would be in place until I turned 65.

I remember being disappointed and sad as I was not ready to retire, but I was too sick to worry about it at the time. Over time, I improved. The tumor was in remission, and I was gaining my strength back from aggressive chemotherapy. I was not able to work and was grateful for the disability that gave me the time to heal and not have to feel pressured to return to work. Over time, I continued to heal.

When I was ready to go back to work in 2016, I decided to focus on writing and education, which is what I was doing when I got sick. I wanted to do this independently as I did not want the stress/pressure of working for company. I started writing a blog. I called it *Nurse Advocate*. My goal was to use the experiences I had as a patient to help people (patients and caregivers) better navigate the complex healthcare system. I also wanted to help the

In addition to blogging, I also focused on educating and mentoring healthcare professionals to find their way to new careers and to move into independent practice.

healthcare team realize how hard it was to be a patient and teach them the important role they played in helping patients and caregivers when they are thrust into the complex world of healthcare. The medical issues are one part, but there is also dealing with insurance issues, loss of work and family stress as being sick impacts not only the patient but also the family. The blog is very successful and has won several awards. More importantly, readers respond and let me know what I am sharing is important. To view my blog, visit <https://nursesadvocates.com/blog>.

In addition to blogging, I also focused on educating and mentoring healthcare professionals to find their way to new careers and to move into independent practice. I continued active involvement in my professional associations, the Case Management Society of America on the local and national level as well as with the National Association of Healthcare Advocacy, the professional

# PREPARING FOR RETIREMENT

BY BARBARA BUONO KURITZ,  
BS, RN, LHCA, CCM



organization for those who specialize in health/patient advocacy.

I think the biggest challenge of retiring early due to a serious illness was that I lost my purpose as I did not have time to reconcile things if I would have had those five years back.

At 67, I am slowly moving into retirement. I am receiving Social Security and Medicare, so independent practice fits well and allows me to balance my time with projects that are meaningful to me and taking time to do things that are important to me, such as visiting family and friends, exercising, traveling and staying active on social media, which give me purpose.

In closing, I am grateful to still be here and to be able to use the knowledge I gained from over 40 years as a clinical nurse, a case manager/advocate and a patient.

**Anne Llewellyn, MS, BHSA, RN, CCM, CRRN, CMF**, is a registered nurse with over 43 years of experience in critical care, risk management, case management, patient advocacy, healthcare publications and training and development. Anne has been a leader in case management and was the President of the Case Management Society of America 2003-4. She was awarded their Lifetime Achievement Award in 2015 for her service to the case management industry. She also served on the Patient Advocate Certification Board and was one of the professionals to develop and launch the first National Certification in Patient Advocacy. Anne is also a patient, a brain cancer survivor, who uses her expertise and knowledge to educate people about how to navigate the complex healthcare system and remind healthcare professionals about the importance of providing patient and family centered care. Today, Anne works as a nurse advocate to assist people on their healthcare journeys.

I started to think about retirement around age 62. Like most folks though, I started to plan for retirement years before. One of the first things I did was to save as much as I could by contributing to my employer-match 401K. I worked hard to cut debt from my finances such as paying off credit cards and the outstanding balance on my car payment. My plan was to continue to work part-time with my current employer for another five years. In addition, part of my plan also included selling my spacious townhouse and moving to an over-55 community.

As my full retirement date crept closer, I found myself dreaming about how wonderful it would be to sleep late. The thought of project plans and deadlines disappearing from my life brought a smile to my face. I planned to replace the daily endless meetings with trips to the gym, lunching at restaurants with friends, shopping and traveling. I promised to take more leisurely walks during the day with my dog. And I looked forward to addressing the garage and closets begging for organization.

## THE REALITY OF MY RETIREMENT

The reality for me as retirement drew closer became a different story. My well thought out plan started to change. My employer offered me early retirement with severance. Although this was earlier than I expected to stop working, the offer was too good to refuse. I accepted the offer and started a new chapter of my life as a retiree.

I did sleep past that 6 a.m. hour and delayed opening my computer until noon. I took more walks, trips to the gym, did shopping, lunched with friends and expanded my social circle and learned to play mah-jongg. I moved as planned and downsized to an over-55 community. It was a busy time catching up on things and deciding what I was going to do with my day.

Collaborating with Anne Llewellyn and Deanna Cooper Gillingham was key to presenting me with a new opportunity conducting a case management prep class as well as coaching nurses who take a Foundations course. This experience has enriched my life by paying it forward to the younger generations of nurses and case managers.

And then reality hit me. There was a nagging gap that suggested something was missing. No matter how busy my schedule was, retirement for me started to lose its luster. Life became boring, and I felt a loss of work identity. I missed the structure of my daily agenda, the stimulation of new projects and mentoring and coaching others. This became apparent to me when I developed a process to teach my friends how to play mah-jongg, although I did stop at developing a training PowerPoint.

A sense of contributing to life's mainstream, adding value, feeling relevant and an

overall sense of fulfillment were missing for me. Being busy did not equate to finding my purpose or adding to my life. I realized that although it was my time, it was important for me to be of service to something more.

I started to think about my skill sets, experiences and what would give my life purpose and meaning. New avenues opened for me by networking with colleagues at the CMSA annual convention.

Collaborating with Anne Llewellyn and Deanna Cooper Gillingham was key to presenting me with a new opportunity conducting a case management prep class as well as coaching nurses who take a Foundations course. This experience has enriched my life by paying it forward to the younger generations of nurses and case managers. Continuing to develop professional

relationships and learn from colleagues in the field of case management has been one of the best parts of this chapter of my life.

Becoming financially fit, paying down debt and downsizing your lifestyle may all be important pre-retirement steps. Knowing yourself and what gives your life purpose is unique and significantly more important during retirement.

I think that retirement becomes a chapter of our life in which we are reinventing and redefining who we are. We become an improved version of ourselves—an accumulation of our past experiences presented and shared for the purpose of adding value to future generations. ■

**Barbara Buono Kuritz, BS, RN, LHCA, CCM**, has been a nurse for over 30 years

*and has held various roles including clinical nursing, managed care, education and leadership. She has been published in leading case management journals as well as having done presentations on case management, care coordination and leadership. Barb is a past president of the CMSA Mid-Atlantic Chapter and a current member of CMSA. Barb is passionate about case management and is dedicated to helping the future generation of professional case managers. Barb has been an instructor with the Case Management Institute for the past three years and is working on various projects to introduce new professionals to the practice as well as assist those looking to achieving case management certification. To contact Barbara, email her at [Kuritz.barbara@gmail.com](mailto:Kuritz.barbara@gmail.com).*

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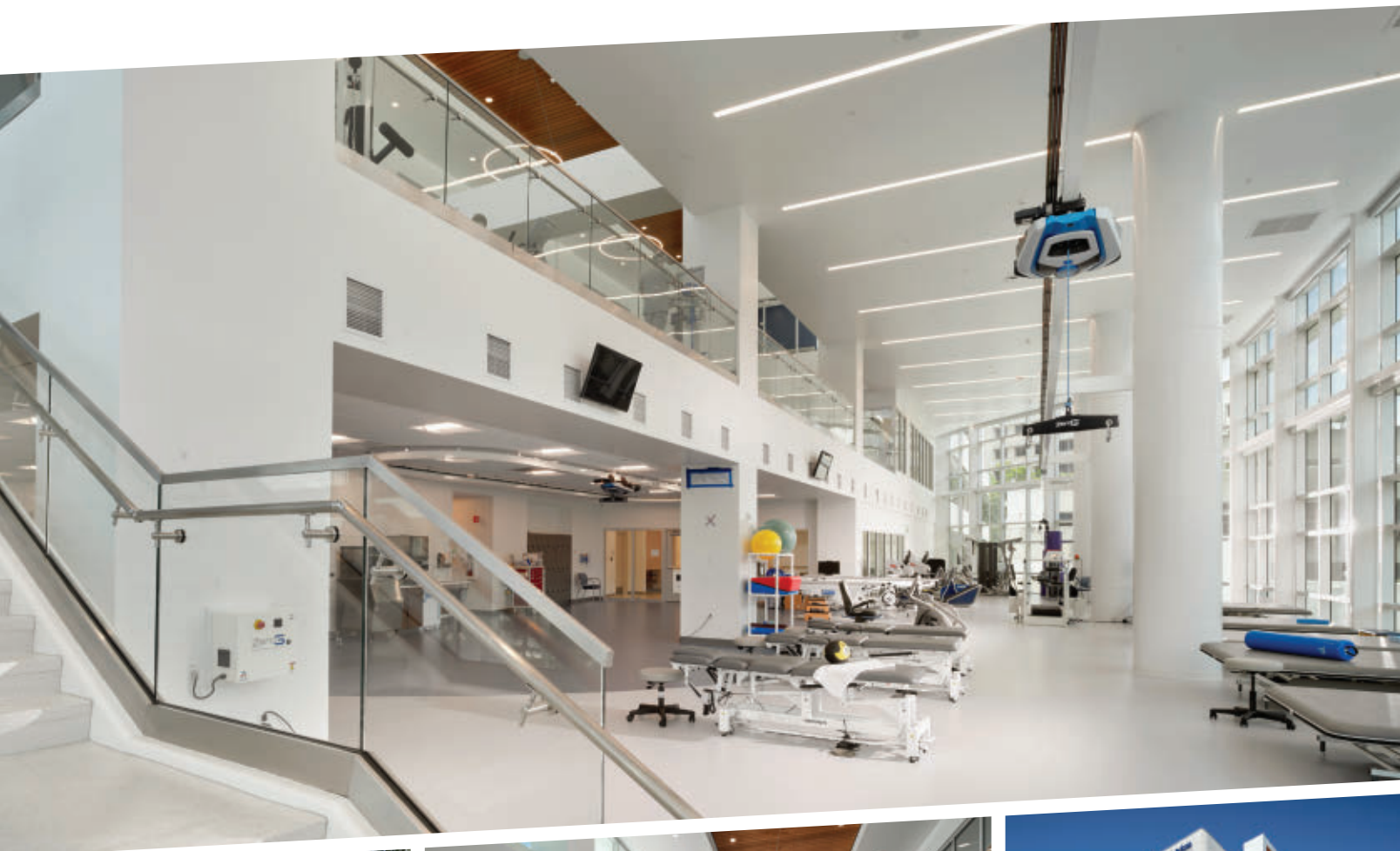
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