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NURSE CASE MANAGEMENT

Adjusters' Choice nurse case management is designed to meet the needs of insurance companies, third party administrator and employers.

We work from a definition which sees case management as “The process of assessing, planning, organizing, coordinating, implementing, monitoring and evaluating the services and resources needed to respond to an individual's healthcare needs.” - *From the Association of Rehabilitation Nurses*

Data collection and assessment

1. Review and analyze referral information in consultation with the injured worker and those supporting their physical, psychological and vocational recovery.
2. Reviews and assess injured workers personal and medical history, current status, diagnosis, prognosis, current treatment plans
3. Assess the level of coordination-of-care between providers
4. Assess a host of questions related to the injured worker including their: learning needs, psychosocial and coping mechanisms, and vocational rehabilitation requirements
5. Assess the injured worker's support system as it applies to their recovery

Data analysis and formulation of nursing diagnosis

1. Identifies temporary and/or permanent alterations in function resulting from the WC injury
2. Identifies physiological and/or psychosocial challenges
3. Identifies potential difficulties in community reintegration
4. Identifies the learning needs of the individual and significant others
5. Integrates analysis and findings with vocational rehabilitation

Goals and plan of care

1. Develops plans in coordination with injured worker and those supporting their physical, psychological and vocational recovery
2. Assists all parties identifying variables that may negatively impact recovery
3. Plan includes short and long term goals, preventive treatment measures
4. Establishes target dates for achievement of goals

Implementation

1. Provides ongoing assessment of progress toward plan and develop plan updates/adjustments as needed
2. Coordinates access to alternative care options
3. Facilitates two way communication between all parties
4. Recommends to adjuster - opportunities for improving the care process, opportunities to reduce absent coordination-of-care, opportunities for appropriate cost containment
5. Keeps all parties up to speed and on track with plan

Documentation

1. Provides routine verbal and written documentation of progress toward plan and adjustments to plan
2. Projects future costs analysis for services as appropriate
3. Supports adjuster's reporting requirements

Charges

Expenses are billed at a flat per hour charge (2hr minimum). This includes review of ≤ 200 pages of medical records, reporting, and recommendations.

CARE CONFERENCES

Included are those involved with the physical, psychological and vocational recovery of an injured worker. The genius for this process comes from a Mayo philosophically which would have those involved with a patient's care sitting at the same table discussing "who's on first" and what the patient's needs are.

Types

Real time

Those involved with the physical, psychological and vocational recovery of an injured worker are all at the same table

Virtual

These are facilitated via a GoToMeeting format

Objectives

1. Identify opportunities to improve outcomes of the physical recovery process of injured workers

2. Identify opportunities for more effective coordination of care
3. Identify opportunities to support impactful vocational rehabilitation

Outcomes

1. Less down time for injured workers moving toward reaching medical stability and/or returning to pre injury status
2. More effective use of State expenses and opportunities for cost containment based on injured worker needs
3. Realizing an openly supported, coordinated and multi-disciplinary approach for the vocational rehab needs of an injured worker

Charges

1. Day Rate (requiring an overnight stay)

Flat day rate plus expenses - Includes up to 500 pages of record review, recommendations, report writing and facilitation of Care Conference if required. Additional record review charges for each increment of ≤ 500 medical records.

2. Hourly Rate

Flat hourly rate plus expenses – Includes, recommendations, report writing and facilitation of Care Conference. Record review charges are based one each increment of ≤ 500 medical records.