

# FIRST SOURCE

News from First Rehabilitation Resources, Inc.



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## BEST PRACTICE

### Documentation in Workers' Compensation Case Management

*Excerpts from MedInsights, Pressroom - Guru360*

While workers' compensation Nurse Case Managers do not provide "nursing care" that is tracked by flow sheets or medication administration records, proper documentation of Injured Worker assessment, treatment plan, work abilities and an Action Plan is crucial in order to achieve case management goals and a satisfactory outcome. Ambiguous and potentially indiscernible abbreviations and acronyms should be avoided in case management updates and reports due to the potential for misunderstanding and misinterpretation. Professional responsibility for accurate and complete documentation rests on the Case Manager.

Good documentation is a primary method of communication amongst workers' compensation professionals. Whether e-mail updates, verbal relay or formal reports, we at FRR recognize the need for thorough, objective and prompt provision of documentation that:

- is proof that what was supposed to be done has indeed been done, such as coordinating appropriate and necessary services
- serves as a reference when modifying case management or treatment plans by evidencing what was previously done, outcomes and effectiveness
- outlines discussions and decisions regarding the case management plan, including interventions and responses
- reflects authorization for treatment coordination and timely scheduling
- reflects the Injured Worker's participation with treatment and vocational rehabilitation
- assists the reader in formulating an accurate view of the case and the Injured Worker's needs by way of description
- suggests possible solutions for medical or RTW issues identified
- is accurate and objective; simple and direct
- is timely and relays only relevant, significant information

Professional and accurate documentation of the facts serves all parties well, and is, therefore, a "must" in Case Management. ■

Dear Reader,

Happy New Year! 2013 promises to be an exciting year for FRR.

With the New Year, we have redesigned our website with you in mind. Features include:

- A Short-Form Request for Service submission, with an Online Medical File / First Report of Injury file upload - sending your referrals has never been easier.
- Industry news, FRR Updates, and an overview of our Upcoming Events
- Newsletter archives
- Helpful information for Rehabilitation Participants

We hope you take a moment to check it out- [www.1stRehab.com](http://www.1stRehab.com).

Planning for several exceptional events is also underway. Stay tuned for Our ...

- Mid-March Pain Management Breakfast Seminar with Dr. David Maine, at a "special" location
- April, 17 2013 Healthy Living Expo to be held at our Laurel Office in the late afternoon - early evening

In the meantime, we bring you this edition of First Source. Happy Reading!

-The FRR Team

## FRR Specialites ... Ergonomic Assessment

Employers and insurers are catching on to the benefits of injury prevention and efficient work structuring.

To better meet your needs, we are pleased to acknowledge Nicole Crawford in her recent completion of the Matheson on-site training curriculum in Atlanta, GA for the Certified Ergonomic Evaluation Specialist (CEES) designation. Upon satisfaction of her field-training requirements in the coming months, Nicole will be recognized as having completed one of the most rigorous ergonomic evaluation training programs available.

Nicole will be joining Rich Brady of our Ergonomic Team to assist you with your assessment/evaluation needs. Please feel free to call upon either of these Specialists with any questions or to discuss potential referrals.

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## NetWorking - Using Social Media in Job Development

Yes... in 2013, networking may enhance job development efforts, and ultimately return to work/placement. By introducing the concept and encouraging Injured Workers to recognize and utilize the benefits of their personal contacts, the likelihood of successful job placement increases.

Likewise, with the Internet buzzing, there are many ways in which a Vocational Case Manager can utilize social media in order to network, and ultimately locate jobs for their clients. Additionally, Vocational Case Managers can help Injured Workers set up their own networks and provide encouragement to access specific information. Current research and FRR Vocational Team expertise agree that social networks allow job seekers to better search for, and reach, their targets.

The most popular social networking sites for job seekers include:

### LinkedIn

**Company Search** – allows for research of specific companies and to locate people who are connected to other people you know. Then, you can ask your personal contact to connect you directly with a hiring representative

**Email** – allows for communication with a large group of people to let them know of your situation and that you are seeking employment

**Twitter Link** - LinkedIn also pulls your conversations from Twitter. So, anyone who is not on Twitter, can see what you are tweeting about

**Headline** - LinkedIn gives you a place to add a professional headline, i.e. "Customer Service/Sales Professional with a drive for results"

### Twitter

**Basic Networking** - allows you to connect with people you don't know, based on common interests. What a great way to do some networking!

**Job Postings** – allows connections to people who know about jobs that you might not have otherwise known

**Connecting** - when someone follows you or you follow them, their employment details are known and they may present opportunities or have connections with people with whom you might benefit from speaking

**Companies** – allows you to do quick searches on specific companies and see which employees there are on Twitter

### Facebook

Primarily used for connecting with friends or people you know and reconnecting with people from the past; is a highly effective networking tool

**Notes** – you can post a "note" on Facebook, explaining your off-work situation, and what type of job you are seeking. A note tends to stay on people's screens longer than a status update, and you can write much more.

**Status Update** – you can frequently post status updates relating to your job search – i.e. "I had a great interview this morning... keep your fingers crossed!" or "I have a meeting later today with a company I'm really interested in!"

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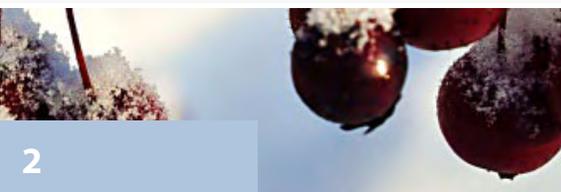
*We remind rehab participants to practice discretion and caution when making personal information available online. Privacy settings should be reviewed periodically, and personal information, such as address, date of birth, and SSN, should never be shared. ■*

Thank you to all of our Guests who attended our "special" Holiday Wreath Event. An enjoyable evening was shared, and all left with a truly amazing Wreath.



Our first three tips for our 2013 Holiday Event... the 2013 color of the year has been said to be *emerald*; our Designer, Brad Schmidt ([www.bradschmidt.com](http://www.bradschmidt.com)), has indicated that his pick for the 2013 Holiday Season color scheme is a *teal and cranberry combo* (be assured that we at FRR will be transforming our office with that touch of cranberry); and, of course, the popularity of annual prints continue (ribbon already purchased).

Stay tuned for the next tip in our Spring Quarterly Newsletter. Keep all of the tips and you are assured to be "in" for the 2013 Holiday Season. ■



EMPLOYEE SPOTLIGHT

# Sherry Murphy

MPH, BSN, RN, COHN-S, CCM

Senior Nurse Case Manager

*Write your biography in six words (per Sherry):*

*Where ya from? Finally at home.*

*Which describes all the places Sherry has been in which people always asked, "Where ya from?" (for sure you're not from here....)*

Sherry joined FRR on April 30, 2007 as part of her return to Baltimore after living in South Carolina and North Carolina for 17 years. Sherry specializes in complex case management and can be counted upon for her urgent case-response and Baltimore major hospital familiarity.

Sherry describes her professional start as being a "scared, young Student Nurse" at the old Church Home and Hospital, straight out of high school.

She had the opportunity to achieve a Bachelor's degree in Nursing at the College of Notre Dame, and later a Master's in Public Health at Johns Hopkins University, with students from around the world.

.....  
Although she has lived in many places, it is good to be home in Baltimore.

Sherry has had a variety of clinical nursing experiences, beginning with an alcohol treatment center in Atlanta, Georgia, and then within community hospital, inpatient hospital psychiatry, and orthopedic office settings, all while moving several times, raising children and foster children and continuing her education.

Prior to becoming an FRR Senior Nurse Case Manager, Sherry was an Occupational Health Nurse

Manager for 25 years for a large health insurance company, a medical equipment manufacturing facility, an enormous paper mill and woodlands management operation, and a fiberglass manufacturing plant.

Sherry says that every job has presented challenges and learning opportunities, along with the ups and downs, all of which she draws upon at FRR. Although she has lived and worked in many places, it is good to be home in Baltimore. ■



"Winter Mill" by Maryland artist Harry Richardson reminds us how beautiful Maryland Winters are.

## MEDICAL SOLUTIONS

### Bloodborne Pathogen Exposure: Post-Incident Case Management -

#### Consider the Benefits

OSHA's Bloodborne Pathogen (BBP) Standard requires employers to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material, which results from the performance of the worker's duties.

A protocol for reporting and handling exposures should include:

- Worker should immediately report exposure to employer
- Employer should make immediate confidential medical evaluation available

- Medical evaluation should include: blood draw to determine baseline status; post-exposure prophylaxis for HIV, hepatitis B and hepatitis C viruses; evaluation of reported illnesses that may be related to the exposure; follow-up blood draws at intervals of six weeks, three months and six months; and obtaining and providing the Worker with results of all evaluations

Another post-incident control for consideration is the intervention of a Nurse Case Management Specialist to ensure prompt evaluation, follow-up and communication. Upon receiving a BBP referral, a Nurse Case Manager may assist by:

- Contacting the Worker and scheduling an initial meeting to obtain consent and explain the BBP protocol

- Ensuring the Worker is seen by an appropriate Health Care Provider for post-exposure prophylaxis and baseline blood draws
- Following-up with Health Care Provider to obtain results of testing
- Ensuring Worker returns for periodic blood draws at six weeks, three months and six months
- Maintaining communication amongst all parties

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at <https://www.osha.gov/SLTC/bloodbornepathogens/index.html> or contact our FRR Nurse Case Management/BBP Specialist:

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## GOOD TO KNOW

### Safe Driving Tips

With winter upon us here in the mid-Atlantic, all of us at FRR would like to pause and take a moment to encourage your preparation and advanced-planning for driving with extra caution and safety during inclement weather conditions.

Before traveling to areas that may have hazardous conditions, **make sure your vehicle is ready:**

- Ensure your heater and defroster are working properly.
- Test all lights. Carry spare light bulbs.
- Keep wipers clean and in good condition; fill the windshield washer and anti-freeze tanks.
- Make certain your battery is fully charged (also check battery age and make sure cables are not loose or corroded).
- Ensure your tires are in good condition and properly inflated for best traction, including your spare.
- Keep an automotive safety kit in your vehicle.

If you are driving in areas that have ice or snow on the road, **adjust your driving to fit the conditions** and remember these winter driving tips:

- Decrease your speed and leave yourself plenty of room to stop. You should allow at least three times more space than usual between you and the car in front of you.

- Brake gently to avoid skidding. If your wheels start to lock up, ease off the brake.
- Turn on your lights to increase visibility to other motorists.
- Keep your lights and windshield clean.
- Use low gears to keep traction, especially on hills.
- Don't use cruise control to overdrive on icy roads.
- Be especially careful on bridges, overpasses and infrequently traveled roads, which will freeze first. Even at temperatures above freezing, if the conditions are wet, you might encounter ice in shady areas or on exposed roadways like bridges.
- Don't pass snow plows and sanding trucks. The drivers have limited visibility, and you're likely to find the road in front of them worse than the road behind.
- Don't assume your vehicle can handle all conditions. Even four-wheel and front-wheel drive vehicles can encounter trouble on winter roads.

#### If your rear wheels skid ...

1. Take your foot off the accelerator.
2. Steer in the direction you want the front wheels to go. If your rear wheels are sliding left, steer left. If they're sliding right, steer right.
3. If your rear wheels start sliding the other way as you recover, ease the steering wheel toward that side. You might have to

steer left and right a few times to get your vehicle completely under control.

4. If you have standard brakes, pump them gently.

5. If you have anti-lock brakes (ABS), do not pump the brakes. Apply a steady pressure to the brakes. You will feel the brakes pulse - this is normal.

#### If your front wheels skid ...

1. Take your foot off the gas and shift to neutral, but don't try to steer immediately.

2. As the wheels skid sideways, they will slow the vehicle and traction will return. As it does, steer in the direction you want to go. Then put the transmission in "drive" or release the clutch, and accelerate gently.

#### If you get stuck ...

1. Do not spin your wheels. This will only dig you in deeper.

2. Turn your wheels from side to side a few times to push snow out of the way.

3. Use a light touch on the gas, to ease your car out.

4. Use a shovel to clear snow away from the wheels and the underside of the car.

5. Pour sand, kitty litter (non-clumping), gravel or salt in the path of the wheels, to help get traction.

6. Try rocking the vehicle. (Check your owner's manual first - it can damage the transmission on some vehicles.) Shift from forward to reverse, and back again. Each time you're in gear, give a light touch on the gas until the vehicle gets going.

*Be safe this Winter!* ■



Easy "Short Form" Referrals are now available online:

[www.1stRehab.com/Request.asp](http://www.1stRehab.com/Request.asp)



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