

From Tragedy to Triumph: A Return-to-Work Case Study

By

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Catastrophic Case Manager

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A paramedic helicopter went down in the Superstition Mountains east of Phoenix. Three men were on board: a pilot, a nurse, and a paramedic. Each had served in the armed forces and had flown medical transport trips together for so long they were more than just colleagues; they were friends. A winter storm had blown through the day before, laying snow on the ground and making it a cold day in Arizona.

The flight team dropped off a patient and was headed back to base. However, fifteen minutes into their return flight, the helicopter went into a sudden dive over rugged terrain. It crashed, rolled, and started to break apart. The paramedic, Paul (name changed for confidentiality) was ejected from the aircraft. He could hear the pilot taking his last breaths before passing away.

Paul managed to get out of his harness and make his way over to the nurse, whose arm had been crushed under one of the skids of the helicopter; he also sustained a collapsed lung and other injuries. Paul himself had suffered extensive injuries, including two crushed femurs, chemical burns, and additional fractures to his hips, shoulder blades, and ribs. Unfortunately, he couldn't get his buddy out from under the wreckage, so they

dug in and waited for rescue.

As night came, the temperature dropped below freezing. By the time help arrived, the nurse had also died. Paul was the sole survivor. Rescued by the military in a Blackhawk helicopter, he was transferred to a county hospital trauma center for treatment.

Catastrophic Case Management Best Practices

Having served as a catastrophic case manager for more than 20 years, I knew upon arrival at the hospital the next day that Paul would have a long road to recovery. This case may seem unique, but we used many strategies and best practices that apply to other severe or catastrophic cases that can help bring about successful outcomes.

Keep the nature of a catastrophic case top of mind. A catastrophic case involves a debilitating, life-altering event, such as a severe burn, a major amputation, a traumatic brain injury, or spinal cord injury. In some cases, like Paul's, multiple traumas may be involved.

The injured individual is struggling to make a difficult transition — going from health, functionality, and independence to living with a disability and perhaps requiring ongoing care and personal assistance. As a result, the person needs compassion and support from the employer, insurance representatives, and disability management professionals while

going through this life-changing situation.

Get acquainted with the family to better understand psychosocial issues. When I first arrived at the hospital, Paul was recovering in the intensive care unit. I introduced myself to his family, explaining my role as his case manager and patient advocate. I told them I'd be there until Paul would be released from care. I would attend all his appointments and coordinate all his needs.

A patient's family situation can affect their state of mind as well as their medical needs. Speaking with family members can be extremely helpful in detecting important psychosocial issues, including lifestyle and environmental factors, that could impact the patient's needs. In Paul's case, he had close ties with family and friends who could provide much of the assistance he would need at home. As such, he didn't require home care or a personal aide, whereas another person with similar injuries who didn't have such support might need those services.

Recovery can be a long and rough road, especially when complications arise. The crash had crushed both of Paul's femurs. Traction was applied to guide his bones back into place and provide stabilization. Surgeons straightened the crushed bones and pinned them together, a procedure called open reduction and internal fixation.

Both hips were also broken, so Paul needed multiple surgeries. But he ended

up experiencing a complication known as heterotopic ossification. At the fracture sites, surgery was performed, but extra bone grew back, causing significant pain. Finally, pinpoint radiation helped stop it. A big part of managing this type of case is assessing obstacles to recovery and communicating with healthcare providers to see what can be done.

After the surgeries, I helped research the best rehabilitation facilities. We selected one that was close to Paul's home, had an excellent rating, and had good physical therapists on staff.

Plan for ancillary service needs. After the surgeries, Paul had to be non-weight bearing for three months. As such, I made sure he had appropriate equipment and home modifications. For example, he needed a wheelchair, a walker for transfers, and a bedside commode. A wheelchair ramp was built from his garage into the house. For the bathroom, the door was taken off its hinges so his wheelchair could get through.

Start to discuss return to work early, but with sensitivity. Early on, I took Paul aside before we went in to see his doctor. I told him I knew he'd gone through a lot, but I had to talk to his doctor about return to work. I told him this didn't mean we were trying to rush him back. It was just something we needed to discuss and plan for. He understood. Ultimately, his employer provided light duty so he could work in the office, doing such things as dispatching and scheduling.

Paul began to suspect he would not be able to return to his flight paramedic position. They had performed a flight test, and he experienced physical limitations. Due to his hip and leg injuries, it was now difficult for him to get into the helicopter and assume the paramedic's seat. He had trouble getting his legs into a comfortable position, and once seated, it was painful for his hips.

Fortunately, Paul had already started a bridge program designed to fast-track paramedics to become nurses. Once most of his surgeries were behind him, he resumed the program. As his nurse myself, I wholeheartedly encouraged him to get his nursing degree.

Depression and anxiety will likely play a role. Due to the nature of a catastrophic injury, patients invariably face some aspect of depression and anxiety that can affect their recovery. The patient's emotional state must be carefully monitored. In Paul's case, it was on my radar because I knew, based on circumstances and what he had shared, that he suffered from survivor's guilt.

Paul's employer was totally supportive in his recovery, an important key to success. Paul was assigned a psychologist for counseling and a psychiatrist to prescribe medications. He eventually asked if those services could be filed under his workers' compensation claim. Due to the severity of the accident and injury, the insurance company had no qualms about



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covering it, and both his physicians were willing to provide their patient notes to help get the claim covered.

Triumphant Results

With incredible perseverance, Paul successfully completed his registered nurse program five months before he achieved maximum medical improvement. Despite experiencing serious injuries, multiple surgeries, complications, and extensive rehabilitation, he returned to work far ahead of the workers' compensation disability guideline estimates. This resulted in \$30,000 savings in wage replacement costs.

Those were phenomenal results, but the mental and physical impact on Paul were significant. In total, Paul underwent 10 surgeries on his legs and continues to walk with a limp. What got him through was seeing a purpose for why he had survived. Previously, he'd served as a flight paramedic. After becoming a registered nurse, he set his sights on working at the very trauma center that had pieced him back together. Whenever he walks past the helipad where he originally landed for care, he's reminded of the horrific accident and all he's been through. But within the hospital, he has a clear mission. Working alongside the physicians and medical staff who saved his life, his spirit soars now in being able to help save the lives of others.