Depo Prep

**FOR DIRECT EXAMINATION**

**How are you qualified to write care plans?**

* By Education
  + Formal training
    - List…
  + Continuing education
    - List those pertinence to the case
  + Informal
    - List any that are pertinent to the case
* Experience
  + Nurse since (year)
  + Case manager since (year)
    - Putting plans into action
    - LCPlanning is a natural extension of case management
    - Hands-on experience
  + Life Care planner since (year)
  + Other pertinent experience to both show qualified as an expert and also specific to the case in question
* Additional Considerations
  + Licenses
    - Hold unencumbered RN license in (state)
  + Certifications-definition-Judgment of competence made by those practicing within a specialty; formal recognition of knowledge, skills, abilities, judgments; and experience demonstrated by achievement of formal criteria by profession. I do not pay a fee to renew certification, but I do pay a membership to an organization but this is voluntary
    - Certified in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since (year)
    - Certified Nurse Life Care Planner (CNLCP) by NLCP Cert Board in (year)
      * 65-70 hrs of classroom education-major dx
      * 50 hrs home study with development of LCP
      * Four hour exam
      * 60 hours CEUs every 5 years
  + Certified Life Care Planner-(CLCP) ICHCC in (year)
    - 120 hours of specialty training in LCP with 16 hrs in methodology and standards of practice
    - Minimum of 3 years’ experience in the field in the immediate 5 years preceding application for certification
    - 80 hours of continuing education units over 5 years with 8 hours in ethics
    - Case manager or Rehab background required
  + Conferences
    - Average (#) hours of continuing education per year
  + Professional associations
    - AANLCP
      * Role within the association (Year) to (Year)
    - ARN-Association of Rehabilitation Nurses since (year)
    - NAMSAP-North American Medicare Set Aside Professional
  + Publications-I have written on this subject matter.
  + Teaching positions/Speaking
    - Teaching attorneys, prosthetists, nurses, community, life care planners, case managers
  + Prior testimony
    - Began testifying in (year)
    - State & Federal court
    - Daubert Challenge?
  + Other experience
    - Work closely with PM&R, ortho and neuro physicians as well as other providers such as occupational therapy/physical therapy/DME etc. on a daily basis as a case manager

Registered nurses, regardless of specialty, role, or setting, are accountable for nursing judgments made and actions taken in the course of their nursing practice. Therefore, the registered nurse is responsible for assessing one’s own individual competence and is committed to the process of lifelong learning. Registered nurses develop and maintain current knowledge and skills through formal and continuing education and seek certification when it is available in their areas of practice.

Registered nurses and members of various professions exchange knowledge and ideas about how to deliver safe and high quality health care, resulting in overlaps and constantly changing professional practice boundaries. In accordance with recommendations from professional organizations that team-based care improves safety, satisfaction, quality, and efficiency, nurses are contributing to and leading initiatives in the provision of team-based patient-centered care and development of a collegial work environment (Interprofessional Education Collaborative Expert Panel, 2011). Such interprofessional team collaboration involves recognition of the expertise of others within and outside one’s profession and referral to those providers when appropriate. Such collaboration also involves some shared functions and a common focus on one overall mission. By necessity, nursing’s scope of practice has flexible boundaries.

**What were you hired to do?**

* Identify reasonable and necessary care
* Research the costs as it pertains to the treatment related to this injury

**What is a LCP?**

* Tool used for estimating healthcare needs of an individual with healthcare issues in order to project reasonable and necessary care and their costs and frequency over a life span.
* Uses a holistic approach encompassing the client, support system, environment, and individual needs related to the injury or illness.
* This is the minimal life care plan recommendations required to insure the function, safety, and symptom management to maximize independence through his/her life expectancy.
* Goal is to identify reasonable and necessary care and costs as it pertains to injury or illness with goal of supporting the individual in the highest functional level possible while preventing complications.

**What do you base your recommendations and frequencies on?**

* Nursing standards of care
* Physician/provider recommendations
* My individual practice as case manager and seeing these plans implemented; negotiating costs, projecting costs for reserve setting and settlement
* Medicare standards/recommendations
* Industry standards
* Familiarity with various fee schedules, usual and customary charges, billing and coding procedures

**Scope of Practice**

* The ANA delineates the professional responsibilities of all professional registered nurses engages in nursing practice regardless of setting
* One objective is to achieve positive patient outcomes that maximize one’s quality of life across the entire life-span
* RNs facilitate the interdisciplinary and comprehensive care provided by all other healthcare professionals.
* We are to employ practices which are restorative, supportive, and promotive in nature.
* RNs regularly evaluate safety, effectiveness, and cost in the planning and delivery of nursing care. We recognize that resources are limited and unequally distributed.
* Standards to consider associated risks, benefits, and costs, current scientific evidence, expected trajectory of the condition, and clinical expertise with formulating outcomes

**Specifics for niche area of expertise**

* 13+ years of experience in managing these patients, determining the anticipated costs for the future care for the insurance carrier.
* Patients as young as 15 months and as old as 90
* Have attended numerous educational events for burn related care issues
* Have taught burn related topics to nurses, life care planners, prosthetists, and more. (i.e. attorneys)
* Involved in \_\_\_ organizations that are important to the case.
* Have written on burn care. “written on the subject matter.”
* “Teach nurses and others”
* This is the minimal life care plan recommendations required to insure the function, safety, and symptom management to maximize his independence through his life expectancy.

**Amputee personal stories/emotion**

What is it like without these recommendations? Think head to toe or room by room.

* Upper extremity
* Lower extremity
* Goal of prosthetic training includes functional expectations that the amputee can wear the device during all waking hours, walk on level and uneven surfaces, climb stairs step over step, drive a car, can fall safely, arise from the floor, can run, can hope without the device, participates in vocational/recreational interests, returns to same or modified work, does not use any gait aid, performs aerobic conditioning exercise, knows how to inspect the skin, to change socks to accommodate tissue changes, knows how to buy a correctly fitting shoe, independent in all ADLS, understand necessary follow up.

**Who are your referral sources?**

Don’t sit on one side of the fence. Work both litigated and non-litigated cases. Both state and federal courts. The goal is to produce a LCP that gives human, realistic, reasonable care projections for future needs regardless of referral source.

* Insurance companies
* Employers
* Attorneys-both plaintiff and defense
  + Med mal
  + Personal injury
  + Elder care
  + Family law
    - Divorce
    - Custody
* Bank trust officers
* Structured Settlement companies

**FOR CROSS EXAMINATION**

**“But you are not a doctor, are you?”**

* No, I am a Registered Nurse and as such I am responsible for protecting, promoting, optimizing health and function, preventing complications and alleviating suffering
* Nursing practice is independent practice as outlined by the ANA and my Scope and Standards of practice.
* My nurse practice act states precisely that an RN is to assess the need for nursing care and provide for it directly or by appropriate delegation or add it to the plan of care

**When did you last work as a nurse?**

According to the Arkansas State Board of Nursing, the practice of the professional (Registered Nurse) is the delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation. **The performance for** **compensation** **of any acts involving:**

* observation, care and counsel of the ill, injured, or infirm
* the maintenance of health of prevention of illness of others
* the supervision and teaching of other personnel
* the delegation of certain nursing practices to others
* administration of medications and treatments

where such acts require substantial specialized judgment and skill based on the knowledge of biological, physical and social sciences. ACA 17-87-102 (6) (A-E)

**“But you can’t give a diagnosis, can you?**

* I certainly can, I provide nursing diagnoses
  + Human response to actual or potential health problems
  + Observable need, concern, condition, event, fact of interest that may be the target of evidenced based nursing
  + Educated to be attuned to the whole body not just the presenting problem

**“Are you saying that you can order a specific course of therapy with frequency & duration that is not within your area of expertise?”**

* RN’s can prescribe some therapies such as ROM to maintain joint function
* We can prescribe other interventions as well
* We can recommend physical therapy evaluation which results in a new plan of care which is outlined by a therapists-it is only payment by an insurance company that would require it was part of a medical plan of care i.e. prescribed by a physician or APN

**“Can you also ‘recommend’ a specific medication for treatment or a disease or condition that no physician has specified in the records which includes dosage, frequency, and duration?”**

* We can recommend an evaluation for appropriateness. For example if we assess that a patient has been taking opioids to no effect on chronic pain and our assessment suggests neurogenic pain, we can put in an evaluation to pain mgmt. (or APN) for possible change to more effective regimen and reasonable follow up schedule

**“What makes you think that nurses are able to make these recommendations?”**

**“Did you talk to his/her physician?”**

* Medical record review showed a history over several years with continued treatment therefore the recommendation to continue was supported by the history and no other contact with the physician was required

**“Why did you include case management? Are you trying to secure additional work on this claim?”**

* Nurse LCP Scope & Standards under standard 5 states that the plan provides for implementation of the plan or appropriately documents the delegation of implementation within the plan
* Case managers put the plan into action

**“You don’t work at the bedside, do you? Or…You aren’t a real nurse, now are you?”**

* There are some 3 million nurses and not all of us work at the bedside
* I have chosen to practice in a community setting along with those nurses practicing as discharge planners, social workers, case managers, disease managers, advanced nurse practitioners, etc.

**Why did you include lab?**

**Doesn’t everyone get lab work in their annual checkup?**

**Affordable Care Act**

* The ACA is a guarantee to purchase health coverage, not to actually have said coverage

**QUESTIONS FOR THE RETAINING ATTORNEY**

* How shall I dress for this venue?
* What about parking?
* How many attorneys are likely to be present?
* Expected length of time for my testimony
* Should I limit my answers to yes and no or expand?
* What is the “theme” of the trial?
* What are the “magic words” that I need to use in this jurisdiction?
* Is there a particular way you would wish for me to dress given this jury and this location?
* What can you tell me about the type of jurors selected?
* When do you want me to expound and when do you want me to keep to the short answers?
* What can I expect from opposing counsel with regard to
  + Attitude
  + length of cross
  + expected questions
  + opposing counsel’s plan of defense
  + likelihood of surprises
  + Does he/she have their own LCP expert?
  + “hot” topics/line items in LCP
* How best to share my hands-on experience in direct testimony
* Know my percentage of plaintiff vs. defense?
* Can I use a visual aid?
* What records to bring to trial? Sticky notes? Highlight?
* Body language?
* Analogies?
* Share my protocol?
  + My protocol is the same for litigation and non-litigated cases. See if I can put my protocol into bullet points. 1) review records 2) perform interview 3) identify needs 4) seek treatment/products/services/etc. to address those needs 5) identify associated costs for that treatment/services/products, etc.
* What points are okay to concede? i.e. attendant care
* Amputation-ask me what life would be like without the limb or without a particular care item. When I answer I will go head to toe in my thought processes, and then expand into community issues.
* What will the jury see of my LCP? Is it going to all be shown? Power point slides? Copy?

**What concerns do you have regarding the trial in this particular case?**