

INTEGRITY LEGAL NURSE CONSULTING PDX NEWSLETTER

Helping you understand medical issues,
giving you more time to practice law

MAY JUNE 2015

- *IS YOUR CLIENT'S SURGERY APPROVED FOR A PARTICULAR LOCATION, AS IN SURGERY CENTER?
- *DEMONSTRATIVE EVIDENCE - WHY USE A NURSE?
- *PORTLAND AREA RESOURCE
- *OBSTETRICAL CASES - MOST COMMON ALLEGATIONS
- *NURSING HOME CASES - WHAT WE LOOK FOR
- *CRITICAL THINKING - EXACTLY WHAT IS IT?



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SERVICES INCLUDE:

- * Providing medical record evaluation and analysis,
- *Screening cases for merit,
- *Developing chronology of events and timelines,
- * Providing cost projections
- *Coaching your client and attending DMEs,
- *Locating and vetting expert witnesses,
- *Serving as TE

IS YOUR CLIENT'S SURGERY APPROVED FOR A PARTICULAR LOCATION, AS IN SURGERY CENTER?

CMS / Medicare approves location for certain surgeries, surgeons however may not follow these location guidelines

- CMS (Centers for Medicare and Medicaid Services) provides guidelines for care, including surgery and procedure location
- Guidelines might include which CPT codes should be paid only as inpatient procedures
- Prior to 1/2013, cervical disc surgery was limited to the inpatient setting; finally in 1/2013 approval for outpatient setting but not ambulatory surgery center
- Approval for certain surgeries to be performed in ambulatory surgery center in 1/2015. The list includes cervical, thoracic and lumbar spine fusion, cervical disc surgery, laminectomy/ single lumbar level and spinal cord decompression
- Of particular concern is fact that increased number of spine surgeons have invested in ambulatory surgery centers, even before CMS approval

We have surgical experience, which provides a thorough evaluation and includes all potential issues

DEMONSTRATIVE EVIDENCE - WHY USE A NURSE

Demonstrative evidence for your medically related cases, it can teach and explain injuries

- As nurses, we understand the potential issues, strengths and weaknesses of your cases. In turn we can communicate with an attorney about the visual aides to tell a story and help jury understand issues. Examples of the visual aides include:
 1. Table of claimed damages by incident, outlining residual effects
 2. List of problems - both previous and new, especially thoses present after the event
 3. Table listing invasive treatments performed after event
 4. Table showing reported changes before and after event, as in sitting, sleeping and inability to sit

We have experience with developing demonstrative evidence, helping to make your client's issues understandable to the jury

PORTLAND AREA RESOURCE

- Chris's Convenient Dry Cleaning Services- providing convenient door to door services for dry cleaning, alterations, tailoring and shoe repair 503-201-3113 www.convenientdrycleaning.com

TESTIMONIALS

"When we use Wendy, we get a thorough and complete report. She finds issues that I had never considered and her thorough analysis is worth every penny."
Kelly L. Andersen, Esq.

"Very nice report, the report will be useful to cut and paste into my settlement demand."
Jan Kitchel, Esq.

"Thank you so much for your timely response to this case. We appreciate what you do."
Katie Ireland, Esq.

"Wendy provides her expertise and compassion with humor and energy. She is a delight to work with, and I recommend her highly."
Jim Jennings, Esq.

"Wendy provides prompt, professional, courteous service with a ready smile that sets clients at ease. She lasers in on the medical issues that matter most to highlight them for legal review as we consider how to best represent out medical cases to the triers of fact."
Jenna Harden, Esq.

"Thank you for the hard work and detailed report."
Judy Snyder, Esq.

"This is awesome! You are well worth the money! Thanks Wendy."
Andrew Mathers, Esq.

"We are well acquainted with Wendy L. Votroubek. We have used her on more than one occasion and are very satisfied with her work."
Roy Dwyer, Esq.

"I had Wendy review a complex set of hospital records for me. I will definitely use her again."
Richard D. Adams, Esq.

"You are truly a delightful person, and a consummate professional."
Sara M. Winfield, Esq.

"Thank you for your speedy work and comprehensive spreadsheet."
Jim Nelson, Esq.

"You did an excellent job."
Michael H. Bloom, Esq.

"Ms. Votroubek was very prompt and timely in providing her evaluation, focusing on the key issues in the case. She also prepared questions to ask of the defendant providers."
W. Wallace Ogdahl, Esq.

"Thanks so much, will definately use you for another criminal case."
Zack Stern, Esq.

OBSTETRICAL CASES - MOST COMMON ALLEGATIONS

OB cases can be difficult to litigate, a study of 100 cases highlights the most common obstetrical allegations

- Failure to perform C section in timely manner - as in failure to interpret fetal strips or inadequate fetal monitoring
- Failure to appropriately triage mother - as in failure to diagnose concerning findings and necessary triage
- Complicated delivery with resultant problems in the neonate
- Failure to transport mother to tertiary care center in appropriate timing - delivery in a level 2 center when level 3 is needed
- Failure to diagnose maternal infection
- Inappropriate use of labor induction - maternal versus physician need
- Failure to educate patient - as per phone triage and need for immediate hospital care

Our experienced OB nurses have a thorough understanding of industry guidelines and standards

NURSING HOME CASES - WHAT WE LOOK FOR?

Nursing home cases require a critical eye as well as experience in nursing home and LTC standards

- Falls - did the facility identify that resident at risk for falls and implement procedures to prevent falls? Important to review nursing care plan, as in inclusion of risk factors and interventions
- Skin issues - did the facility provide a comprehensive skin assessment upon admission? Documentation must have included identification and documentation of skin issues and interventions to reduce or eliminate risks. All abnormal findings must be reported by CNA to the nurse
- Pressure ulcers - did the facility provide a baseline as well as ongoing system to assess skin condition. Documentation must have included routine monitoring and interventions, including any changes with each dressing change
- Elimination - as in both bladder and bowel. Was the resident provided elimination opportunity every two hours and was there charting regarding frequency of bowel movements? What was the toileting program for that resident?
- Medications- as in both administered and self administered. Did the staff do the 5 rights of medication administration? Are records from acute care hospital carried through in LTC center?
- Mentation - was there a baseline performed upon admission? Was there regular charting of mentation and awareness of possible decline associated with urinary tract infection?

We have experience in nursing home cases, uncovering all the potential issues and deviation from industry

CRITICAL THINKING - EXACTLY WHAT IS IT?

As a nursing instructor, Wendy instills critical thinking skills in her nursing students. What is critical thinking?

- Nursing practice is governed by certain standards and professional organizations
- Critical thinking is what a nurse is thinking and doing at any time when providing care. It is the decision making, nursing process, problem solving, evaluation, critical analysis, judgement, reflection and reasoning
- When analyzing records we are looking at both the basic provided skills but most importantly the ability to connect the dots and respond appropriately to improve patient outcome

Our nurses are experts in their fields, ensuring a complete yet concise analysis of the medical records



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