

# INTEGRITY LEGAL NURSE CONSULTING PDX NEWSLETTER

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

MAY/JUNE 2016

- \*MEDICAL ERRORS - THE THIRD LEADING CAUSE OF DEATH
- \*FORENSIC NURSES - UNCOVERING ISSUES
- \*BED RAILS AND ENTRAPMENT RISKS - STANDARDS OF CARE
- \*SUPER BUGS - WHAT YOU NEED TO KNOW
- \*TOP 10 SENTINEL EVENTS IN 2015



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#### **SERVICES INCLUDE:**

- \* Providing medical record evaluation, analysis and summaries
- \* 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

## **MEDICAL ERRORS**

### **THE THIRD LEADING CAUSE OF DEATH**

*A recent study showed medical errors responsible for more deaths second only to heart disease and cancer*

- Medical errors included surgical disasters, accidental overdoses and hospital acquired injuries and infections.
- The estimated numbers of medical error related deaths are at least 251,454, but this does not include deaths in home care and LTC.
- Additional causes include communication breakdown, fragmented healthcare and diagnostic mistakes with need for patient safety improvements.
- National Patient Safety Goals by the Joint Commission are instituted yearly; of interest is that many of these are repeated in consecutive years with the hope to reduce the numbers of these safety concerns.
- Anyone who is hospitalized should have an advocate or friend in their room at most hours; their job is to be the patient's eyes and ears, ensuring the best possible care.

*Our nurses are skilled at reviewing medical records for potential damages and negligence. We are also available to chat with you related to any health care issues.*

## **FORENSIC NURSES- UNCOVERING THE ISSUES**

*Forensic nurses provide the necessary analysis of medical related issues for criminal defense cases*

A sample of possible uncovered issues include:

1. Subdural hematomas possibly related to birth trauma as compared to caused by abuse; in a young infant (4-6 weeks old) a chronic subdural has likely been present since birth.
2. Another possible birth injury- retinal hemorrhages in only one eye in young infant. Abuse is typically bilateral.
3. Occipital fracture (rear portion of the skull) is hallmark for child abuse, as compared to other probable causes.
4. Absence of chronic signs of sexual penetration does not mean lack of abuse, rather can be related to lack of significant trauma and time frame from event to exam date.
5. Review of photos and medical chart notes that do not support the reported timeline of events and claimed injuries.
6. A break in the chain of custody for SANE kit findings.
7. Caregiver's report of arm and shoulder fracture related to fall. Chart notes however unable to substantiate history of fall, especially with immobile arm and shoulder and inability to break fall.
8. Mild traumatic brain injury with potential for long term issues and changes; especially important in children with potential for long term learning issues.
9. Possible dating of injuries through the use of rib fractures; did the alleged abuser have access to the child at the time of the event? Caregiver timeline necessary to determine probable abuser.

*Our forensic nurses are skilled at reviewing a variety of forensic cases.*

## 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 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.

*"Because of several large cases going on at the same time, I had to find someone to do the medical review that my legal assistant normally does. I contacted Wendy and hired her for the job. The review was in the format and style I requested. It was every bit as thorough, perhaps even more, than my legal assistant. It was exactly what I needed. I would not hesitate to use Wendy again, in fact I am."*  
Jim Dwyer, 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.

*"Wendy Votroubek was very prompt and timely in providing her evaluation, focusing on the key issues in the case."*  
W. Wallace Ogdahl, Esq.

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

## BED RAILS AND ENTRAPMENT RISKS - STANDARDS OF CARE

*Bed rails can be a form of restraint; problems if used with elderly and disoriented patients*

- Bed rails present an inherent safety risk, especially for the elderly or disoriented patient.
- Even when not used as restraint, patients can become trapped between mattress or bed frame and side rail with risk of asphyxiation.
- Use of bed rails should be based on patient's assessed medical needs with clear documentation and approval by interdisciplinary team; chart should include risk-benefit analysis regarding why other care not appropriate.
- NEVER use bed rails for restraint purposes where restraint means preventing or hindering patient from exiting bed.

Source: "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities and Home Care Settings" & "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment"

*We are adept in determining best practice regarding bed rails and other safety concerns in both acute care hospital, LTC and assisted living facilities.*

## SUPER BUGS - WHAT YOU NEED TO KNOW

*Super bugs- antibiotic resistant bacteria - a potential problem for all*

- More than 700,000 US patients are infected in hospital and 75,000 die from hospital acquired infections each year.
- While hospitals have been working on reducing infections through infection control and NPSG, the numbers for antibiotic resistant infections are still concerning:
  1. One in 6 infections related to IV catheters
  2. One in 7 surgical site infections
  3. One in 10 urinary catheter infections
- Recommendations include cautious use of antibiotics and stringent hand washing by both providers and patients (an example of the importance of patient advocate for hospitalized patient).

*Our nurses are skilled at sorting out risk factors and potential contributing factors of super bugs and related patient problems.*

## TOP 10 SENTINEL EVENTS IN 2015

*Sentinel events - an unanticipated event in health care setting with death or serious consequences*

1. Unanticipated foreign body retention
2. Wrong patient, wrong site or wrong procedure
3. Fall
4. Suicide
5. Dialysis related event
6. OR or post operative complication
7. Other unanticipated event
8. Unassigned
9. Delay in treatment
10. Perinatal death or injury

*We are adept at reviewing sentinel events and determine possible strengths and weaknesses in these cases.*