

# the LiNC

AALNC

AMERICAN ASSOCIATION OF  
LEGAL NURSE CONSULTANTS

*Pittsburgh Chapter*

<http://www.aalncpittsburgh.org/>



Photograph submitted by Lori Klingman

# the LiNC

*The Link between Health Care and the Legal Profession*

Volume 19, Issue 1

Summer 2011

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## *Back to Basics and Beyond....*

*Natalie Meyer*

As a relative newcomer to the organization and practice of legal nurse consulting, one of the first observations that I had of this group was the amount of experience and expertise that came to the monthly meetings. I have very little knowledge of legal nurse consulting except for what I had learned from a friend and mentor who has been doing this for almost as long as this chapter is in existence. When I decided to become an LNC, I had already been a nurse for a long time –if I were “married” to my profession, I would have already celebrated my silver anniversary. I was fairly comfortable that I knew my job, and how things in healthcare worked and that I was accustomed to being the one that people came to for advice. So, on the advice of my friend and mentor, I came to the meetings, thinking no big deal. Well, I was wrong. In addition to being in awe of the office space in which the meetings were held (hospital and office meeting

rooms do not compare) I was in awe of the people at the meeting – my “peers.” I was also in “awe” of how little I knew. I was no longer the “old” one, but really a baby in this process. I knew so little that I would write down legal terms that were used during the meetings and look them up when I got home.

As time passes, knowledge tends to grow and I began to understand more about how nurses assisted in the legal process and how legal nurse consulting is a practice unto

itself, like any specialty in nursing. I did not, however, get inundated with case work. I came each month, learned what I could, became more confident and then went back to my day job. Then the first case came. I had absolutely no idea where to begin. On the phone with the attorney, I must have sounded competent because he retained me without question. However, I am sure that when I called my friend, she surely could perceive the panic in my voice. As with many other times that I have called her for advice, she calmly directed me to where to begin and took all the emails and calls that I placed for guidance and reassurance. She reviewed my work when asked and cheered me on when I felt the overwhelming butterflies in my stomach. She believed in me when I wasn't sure and helped me through this case and beyond. I am happy to report that the case was resolved in favor of my client.

Fast forward almost five years. I still am a novice in this field but have gained the knowledge and confidence to work as an 'almost' independent legal nurse consultant. I still rely a great deal on this organization's experts for advice and guidance, but I also have been able to advise and guide others, so much so that I will be the President of this chapter for 2012. I think that each of us has gone through a similar journey – from novice to expert – as Benner calls it and it was not without the guidance and support of those who have already made that journey. All journeys "begin" somewhere and my "beginning" for the next year would be to support those new LNCs, much like I was supported through my journey. I think that there are a lot of nurses in the city who would like to join us but are unsure of where to begin. This can be done through the membership that we have, each providing outreach to get new members. In addition, the topics and contact hours of the educational programs we provide, should be a draw for all members. I also think that the seasoned members need to be supported and appreciated.

Much like when I started on this particular avenue in my career, as with many other personal and professional journeys, I am not exactly sure where the final destination will be, but I am sure that we have what it takes to continue to be successful for another couple of decades. It is because of the Linda's, Lori's, Deb's, Sondra's Ann Marie's, Cynthia's, Beverly's, Janet's, Patty's, and everyone else that I unintentionally failed to mention, that this chapter made it to its twentieth anniversary. Novices like me would have never been that confident on the phone and their clients may not have been successful in their case.

***"One of the best tests of leadership is the ability to recognize a problem before it becomes an emergency."  
- Arnold H. Glasow***

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## JCAHO Corner

As defined by the Joint Commission, “A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.” Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Please visit the website to see the new “Speak Up” program regarding patient falls  
<http://www.jointcommission.org/multimedia/speak-up-reduce-your-risk-of-falling/>

## National Conference 2011: Baltimore, MD

### A new person’s look at AALNC

*M Jean Beveridge BSN RN*

I am a nurse at the crossroads; I have been working in my current job for the past 10 years, needless to say, I am ready for a change.

This is when a friend of mine introduced me to AALNC. I went to two local Pittsburgh Chapter meetings first and then on to the Legal Nurse Educational and Networking Forum 2011 in Baltimore Maryland. I guess you can say I jumped in with both feet. The AALNC Conference in Baltimore on Friday, April 1<sup>st</sup> and Saturday, April 2<sup>nd</sup> was filled with so much information that I did not want to miss a minute of it. I wanted to cut myself in half so I could be in both concurrent sessions at the same time.

I found the presenters knowledgeable, well-educated, and interesting. They kept my attention throughout the program and kept me wanting more.

I thought the subject matter was outstanding. A variety of topics were covered, and organized in a way that a new student of AALNC could follow along the progression of the day. The Track 1 Session made it clear of the choices available to you whether developing a new career or enhancing your existing one.

I did go to some of the Track 2 Sessions that were a complement to my occupation and found myself wishing I could have heard all the dialogue from all of the presenters.

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I met gracious, welcoming, new friends and look forward to being a new member in the Pittsburgh Chapter of the AALNC.

## ***Announcements***

**1.** The National Chapter is now offering Webinars for CEU's for members of the National Organization. For more information, please visit the National's Website:

<http://www.aalnc.org/>

**2.** The National Chapter of AALNC announced the 2012 conference location:

When: March 30-31, 2012

Where: San Antonio, Texas

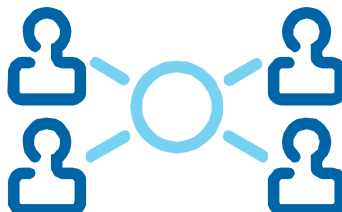
St. Anthony Riverwalk Wyndam Hotel

300 East Travis Street

San Antonio, Texas, TX 78205

(210) 227-4392

**3.** Don't forget the monthly meetings held at Dickie, McCamey & Chilcote on the second Wednesday of the months of January, February, March, April, May, September and October to take advantage of the offering of contact hours. We have had great speakers this year revolving around the theme of patient safety and look forward to the fall speakers. Just a reminder: the June meeting was held for the past presidents and board members to "discuss" business and any upcoming events. This year's meeting was held at the house of our president, Lori Klingman, where a good time was had by all. Our August meeting was held this year at Buca Di Beppo. This is a great time to network with fellow members. We all enjoyed the speaker, Diane Fletcher, Certified Life Coach, regaling us on STRESS RELIEF. (Imagine that). Our November meeting is a business meeting. The December meeting is a holiday meeting for fun (more stress relief). Please check out our website for more details:  
<http://www.aalncpittsburgh.org>





### New Patient Safety Organization Launched in February 2011

Dana Bissontz, BSN, RN

At a time when patient safety has become a critical issue in healthcare, a new organization emerges with an impressive 175 member debut. The recently launched *American Society of Professionals in Patient Safety (ASPPS)* will work to “establish the consistency in safety practices and tools that will help healthcare professionals keep the patients safe”.

Its’ parent organization, The National Patient Safety Foundation, has been focused on the mission of patient safety since it's creation in 1997. They formed the first professional society and a proposed certification program for patient safety on December 22, 2010. They will confer a number of awards at the 13<sup>th</sup> Annual Patient Safety Congress on May 25-27, 2011, held at the Gaylord National Hotel in Washington, DC, including the “Stand Up for Patient Safety Management Award.” This award is granted to a “member hospital of the National Patient Safety Foundation's Stand Up for Patient Safety Program in recognition of the successful implementation of an outstanding patient safety initiative led by, or created by, mid-level management.”

The development of the certification program by the ASPPS is in the planning stages and designed to promote the patient safety professional through certain competencies. They will use “criteria determined through clinical research and review of best practices.” Certification for Professional in Patient Safety (CPPS) will allow these healthcare professionals to implement new strategies to reduce medical errors, which in turn will save lives. Membership in the ASPPS is not limited to nurses or other providers, but includes medical students, risk and quality leaders, patient safety advocates, and anyone committed to providing or ensuring safe patient care. The cost for membership ranges from \$75.00 yearly to a \$1,500 lifetime membership.

“Oh, My Achin’ Back!”

Sandie Collatrella, BSN, RN

The late Edgar Bergen (Charlie McCarthy) joked that “Hard work never killed anybody, but why take a chance?” The U.S. Bureau of Labor Statistics reports that 81% of nurses have back pain and injuries that are higher than construction workers, miners and farmers. The reason is straightforward – lifting patients. An average medical-surgical nurse lifts 1.8 tons cumulatively over 8 hour shift. Nurses work hard enough, so why take unnecessary chances? The task of lifting patients not only is a safety risk to the patient but to the staff as well.

On October 1, 2008, the Center for Medicare and Medicaid Services (CMS) adopted a list of Hospital Acquired Conditions (HAC). A HAC is defined as a reasonably preventable condition, which was not present or identifiable at the time of hospital admission. These events have been narrowed down to a group identified as “Never Events” for which facilities will no longer be reimbursed for associated care and treatment. The National Quality Forum (NQF) has defined “Never Events” as errors in medical care that are: (1) clearly identifiable, preventable, and serious in their consequences for patients; and (2) indicative of a real problem in the safety and credibility of a health care facility. Patient falls and resulting trauma are one of these events. The average cost of a patient fall is estimated at \$24,962 per fall; totaling \$40 billion in patient care costs per year per the Center for Disease Control (CDC). Thirty-three per cent (33%) of all incidents logged by the National Patient Safety Agency (NPSA) are Slips and Falls. The significant degree of impact of this problem lands the issue of “Reducing Risk of Patient Falls” as Goal # 6 of the 2010 National Patient Safety Goals for Hospitals.

In an interview with Marsha Medlin, an RN, MPA, Director of Medical Products for Ergolet, a patient transfer equipment manufacturer, is also the driving force behind The Coalition for Healthcare Worker and Patient Safety (CHAPS). This group is leading the crusade for House Bill HR2381 – The Nurse and Health Care Worker Protection Act of 2009. Ms. Medlin says, “We have too many people getting injured while caring for others. We need to teach nurses and caregivers at home that in order for them to be available for their patients or loved ones; they need to take care of themselves by avoiding lifting injuries.” Medlin pointed out that repeated manual patient or resident lifting can cause cumulative microfractures of the lower spine that lead to disc damage and permanent disabling injury of healthcare workers. For patients, pain and injuries caused by manual lifting can include bruising, abrasions, skin tears, tube dislodgement and dislocations.

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Ms. Medlin discussed a report from the National Institute for Occupational Safety and Health (NIOSH) that confirmed the cause for back injuries in healthcare: “. . . repeated manual patient handling activities, often involving heavy manual lifting associated with transferring and repositioning patients and working in extremely awkward postures.” NIOSH goes on to say that direct and indirect costs associated with back injuries in the healthcare industry are estimated to be \$20 billion annually. With the average age of U.S. nurses at 46.8 years, the country is facing an expected 20 percent shortage by 2015 and 30 percent by 2020. NIOSH says a shocking 12 percent of nurses’ report that they left the nursing profession because of back pain.

Recognizing that mechanized lifts are being increasingly employed throughout the healthcare industry to reduce injuries, the NIOSH sought to provide data comparing ceiling lifts to floor-based lifts. They concluded, “This study has shown that ceiling-based patient lift systems have little spine biomechanical loading risk associated with the manipulation of these devices. Ceiling patient lift systems provide marked benefits compared to either one- or two-caregiver manual patient handling techniques. Floor-based patient handling systems also provide a benefit over manual lifting of patients.”

The authors issued a caution about using floor lifts, writing that damaging forces can occur at the mid to upper levels of the lumbar spine as the test subjects attempted turning maneuvers, especially when turns were made in confined spaces, such as bathrooms. In addition, while patient weight had no effect on the spine load when using ceiling lifts, the shear forces became much greater when attempting to turn floor-based lift systems with heavy patients. The study concluded, “Therefore, ceiling-based lifts are preferable to floor-based patient lift systems. If floor-based systems must be used, the floor surface and device wheel conditions must be considered in order to reduce low back pain (LBP) risk exposure.”

Reporting on a six-year study that followed nurses before and after implementation of an intervention to introduce best practices for lifting patients to reduce injuries, NIOSH wrote, “After the intervention, there was a significant reduction in injuries involving resident handling, workers’ compensation costs, and lost work day injuries.” The nature of the intervention included mechanical equipment to lift physically dependent residents, training on the proper use of the lifts and a safe lifting policy.

The 2010 Health Care Facility Design and Construction Guidelines, which is published by the Facilities Guideline Institute in collaboration with the American Institute of Architects (AIA) and the American Society of Heating, Refrigeration & Air Conditioning Engineers (ASHRE), (used by 42 states and several federal agencies, including CMS to regulate design and construction), for the first time includes new language & guidelines on Patient Handling and Movement Assessment which includes installation of patient ceiling lifts in new facility construction and in refurbishment projects within existing facilities.

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Personal injury and worker's compensation cases that involve slips, falls and lift injuries come across the LNC's desk in a steady stream. Safety initiatives such as those through National Quality Forum, CHAPS and the Facilities Guidelines Institute are good resources to find root cause of possible negligence. While "Never Events" cannot not be prevented 100% of the time, as nurses we can be advocates for safer design, equipment, education and training to minimize the risk of falls and back injuries. The goal is to work smarter, not harder.

## *Opportunity*

**WHEN YOU GAMBLE WITH SAFETY,**



**YOU BET YOUR PATIENT'S LIFE**

**When: Saturday November 5, 2011**

**Where: La Roche College, Zappala College Center, Ryan Room  
9000 Babcock Boulevard  
Pittsburgh, PA 15237**

**Time: 7:30am – 2:45pm**

**Directions: <http://www.laroche.edu/about-LRC/directions.asp>**



brochure\_11-11.pdf

**Brochure:**

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### *Spotlight Corner*

#### **Board Members:**

At this time, we must all give a heart felt thanks to Lori Klingman, our president, who has weathered time and energy to remain at the helm of the chapter. Thanks for a job well done.

##### Treasurer:

Jan Dolan is currently working per diem in ICU, Step-Down, Emergency Dept, and Long Term Care Acute Hospitals via Maxim Staffing Solutions. Her nursing background is in Critical Care with a strong emphasis on Cardiac Nursing. She is a graduate of Jameson Hospital School of Nursing and has a Bachelor of Science Degree from Clarion State University. She has completed the AALNC LNC Course and has an independent LNC Practice.

##### Director at Large:

Beverly Andreoletti is a Diploma Graduate from St. Margaret Memorial Hospital with 35 years experience in various areas of nursing, which includes Operating Room Management, Medical-Surgical, Hemodialysis, Orthopedics, Dermatology, Home Health, Radiology, Neurology, Performance and Quality Improvement. Since March 2001, Beverly has worked as an Independent Legal Nurse Consultant. She had been an active member of the South Florida Chapter AALNC serving as the President of the Chapter 2007-2008 and as the Membership Chair for 7 years. Beverly also served on the Health Care Provider Advisory Committee for the Florida Patient Safety Corporation as well as being an active member of the Florida Nurse's Association. She relocated back to Pittsburgh, Pa in 2009 and has become an active member of the Pittsburgh Chapter AALNC.

The Editor, Cynthia L. Bonk, BSN, C, RN, LNCC would like to thank all those that contributed to the LiNC and also to thank the editing board of Sondra Fandray, BS, RN, LNCC, Ann Marie Ging, BSN, RN and Lori Klingman, MSN, RN

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