

Nursing Consultation Services, Ltd.

(Life Care Planning)

LifeTrak, Ltd.

(Care Coordination)

Summer 2001

15th Anniversary for Nursing Consultation Services, Ltd.

NCS has been in operation for 15 years, starting as a sole practitioner, and now we are five plus consultants. I wanted to have a single person private practice, determine my clients, and keep a reasonable schedule.....well so much for that idea. I resigned my full time job, bought my first home, and started a business without any clients. Sometimes it is best not to think too far

ahead, or I would have been petrified. Initially I traveled the country teaching rehabilitation nursing and consulting with hospital systems to establish rehabilitation units. One discussion with an attorney after he had a settlement, led us to life care planning before a settlement or trial in order to have a cost of future care. Life care planning was in its infancy, and very few nurses were pursuing this. As a rehabilitation nurse, I felt our profession was in a unique position to identify future care needs of an individual with a disability, especially since rehab nurses provide care for clients and their families throughout their life span, and have an intricate

knowledge of the medical science. In 1996, we established LifeTrak, Ltd., to provide case management and life care coordination. We prepare petitions of care for Special Needs Trusts, serve as care coordinator with families and all the providers, and support the family system through case management. I am very proud of our group of nurse consultants Kate Murphy, RN, MSN, CRRN and Jody Masterson RN, MSN, CRRN and support staff Vicki Rioboli, accounting and Patti Stem, administrative assistant who truly "make a difference" in our clients' lives.

Terri S. Patterson, RN, MSN, CRRN
President

Website "Under Construction"

We are developing a website, so you will be able to find out more about us soon. We fortunately have had Mary Louise DeMarco, RN, MSN, CRRN, working with us this past year, as she is pursuing a master's certificate in nursing informatics from Duke University. We have been her "practicum", and it has certainly been wonderful, as she has assisted us in designing our research data base. Vanessa Zimmerman, RN, MSN, who also spent a semester with us to complete her master's practicum several years ago, has been consulting with us to formulate our four relational data bases. In 2001 we will be completing our basic research project, and presenting the data at professional conferences.



www.nursingconsultation.com

Life Care Plans: The Blue Print for Quality Care

This past Fall, Ms. Patterson and Ms. Murphy presented both a poster and plenary discussion at Villanova University's Conference, "Women with Disabilities." As rehabilitation nurses in private practice, we have the opportunity to develop life care plans (LCP) for women with disabilities including those with spinal cord injury, multiple sclerosis, traumatic brain injury, and multiple trauma involving orthopaedic injuries. The purpose of the LCP is to provide a comprehensive outline of present and future health care needs of the client, as well as the associated impact of the disability on the family system. Women not only have health care issues, but vocational, family, community access, and personal adjustment concerns. The LCP encompasses the actual health care needs, care recommendations and related costs, the course for the disability with aging, alternatives for life long living with the disability, and resources for recommended services. The ultimate goal is for the LCP to be utilized as a working document in an effort to promote high quality care, assist in preventing potential complications, manage expected medical complications, and facilitate adaptation to life challenges related to the disability. As our health care industry continues in the endeavor to identify the ultimate system which will provide high quality, yet cost effective care, it is essential that nurses continue to advocate for their clients.

Outcome Measurement Summary 2000

In an ongoing commitment to improve our services to those with disabilities and their families, we have refined and expanded our outcome measurement system. Many of you may have completed our surveys, and these suggestions from you, as well as our continued assessment of rehabilitation practice standards, have led to an annual review of outcomes. These

outcomes encompass our mission, strategic plan, standards, nursing practice, rehabilitation services, client advocacy, accessibility for care, client and family rights, professional development, leadership and practice administration. Our outcome satisfaction surveys for NCS were all favorable. The outcome measures related to the components of the report; identification of rehabilitation care

needs and availability of resources for care. All were designated as achieved. In LifeTrak, the measurements were all 100% in the areas of improved quality of life for the individual with a disability, communication, responsiveness and participation of the life care coordinator with the family, and the families involvement in the home care program. Thanks to all of you who responded to our surveys.

South America Nursing Study Tour

Ms. Patterson participated in the AACCN South America Study Tour to Brazil and Argentina for two weeks. In both countries, the nursing group toured the local hospitals in Buenos Aires and Rio de Janeiro, as well as meeting with nursing and medical staff from the facilities. Numerous lectures were presented ranging in topics from educational preparation of nurses to clinical protocols for various diagnostic populations. Interestingly, many of the nurses not only spoke English very well and had BSN degrees, but were planning to come to America for employment and advanced nursing degrees. Common discussion points were respect and recognition of the profession of nursing, the nursing shortage, funding issues for community based programs, and the increasing age of the general population. There appears to be a similar difficulty in both hemispheres of enough nurses to meet the rising need of specialized community care. The study tour certainly reinforced the general cliché, the more different we are, the more alike we really are. Nursing is a wonderful profession, continually evolving, and in many parts of the world, experiencing similar accomplishments.



“My Heimlich Experiences” by Patti Stem, Administrative Assistant

As an administrative assistant at NCS, I was required to be certified in CPR. I have had to perform the Heimlich Maneuver twice. The first time was two years ago when I was eating pizza with my children. My 8 year old step son Luke stood up from the dinner table and started making gasping noises as he was sticking his fingers down his throat to grab the cheese that he was choking on. I went over to him and asked him several times if he was choking. He did not answer. He was turning purple and it was apparent to me that he could not breathe. I immediately wrapped my arms around him from behind and performed 2 to 3 abdominal thrusts and dislodged the pizza cheese. Even though Luke was breathing again he was not to happy with me because the whole incident embarrassed him.

The second time was last summer. While I was at my husband's softball game I was sitting in the stands talking with the woman to the right of me. The coaches wife, Michelle, was sitting to the left of me and she tapped me on the thigh. I turned to her and her face was “beet red.” I asked her if she could breathe and she nodded “no” and I asked her if she was choking on something and she nodded “yes.” Again, I immediately stood up and wrapped my arms around her and performed two abdominal thrusts. Whatever she was choking on did not come out so easy and I didn't know if I could perform these thrusts hard enough because she was almost my size. I called to my husband who was nearby but I didn't even look to see if he heard me or if he was coming. I performed two more abdominal thrusts as hard as I could and with the last thrust a mint flew out of her mouth, across the bleachers and into the chain link fence. By the time my husband and the rest of the team came over Michelle was breathing and thanking me.

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