
COMPREHENSIVE, SYSTEMATIC, EVIDENCE-BASED:

THE LIFE CARE PLAN, THE PROCESS & ITS VALUE IN YOUR
MEDICO-LEGAL CASE

WHITE PAPER

TABLE OF CONTENTS

WHITE PAPER

EXECUTIVE SUMMARY 02

INTRODUCTION 03

UNDERSTANDING THE CHALLENGES 05

NURSE LIFE CARE PLANNING 07

SAMPLE COST TABLE WITH CORRESPONDING EXPLANATIONS 13

MEDICAL AND LIFE CARE CONSULTING 16

END NOTES 17

EXECUTIVE SUMMARY

The formal practice of Nurse Life Care Planning, which is approximately twenty-years-old, is often misunderstood by industry partners including attorneys, fiduciaries, and even professionals within rehabilitation, insurance, and health care management. For individuals suffering from a catastrophic injury or illness, a life care plan informs private fiduciaries, legal professionals and case managers of the long-term resources required for the individual's long-term care, health, and wellness.

A life care plan is typically developed by a nurse life care planner whose primary role is to develop a client-specific lifetime plan of care utilizing the nursing process. The plan contains an organized, comprehensive, and evidence-based approach that estimates current and future healthcare needs. A life care plan also includes the associated costs and frequencies of items and services needed for care and can be applied in various sectors including private, medical-legal and case management by serving as a valuable guideⁱ.

This white paper provides an overview of nurse life care planning, as a practice, the customary components of a life care plan, and aims to articulate the vital need for a life care plan when managing a medico-legal claim of an individual who's been catastrophically injured or ill. Any information, sample tables, or opinions within this whitepaper are purely the opinions of Medical and Life Care Consulting Services, Inc. and should not be used as legal advice, counsel, or testimony of any nature.

INTRODUCTION

In 2017 the Centers for Disease Control reported over 28 millionⁱⁱ injuries within the United States. While no clear statistics are cited regarding the percentage of injuries classified as catastrophic, as rehabilitation professionals our work informs us that a significant amount of injuries severely impact the individual's life, and have the propensity to be high exposure claims.

In 2005, the U.S. Department of Justice, Bureau of Justice Statistics reported that, of the 26,928-real property, contract and tort trials in 2005, 60% were related to some form of personal injury. Additional estimates by the U.S. Department of Justice assume that some 16,397 tort cases were tried nationally, based on a sample of state courts across the country.ⁱⁱⁱ Data further shows that only 4% of personal injury

cases go to trial. Given this data we estimate that approximately 673,000 real property, contract and tort claims (96%) occur annually. Using the estimates provided by the U. S. Department of Justice, we also estimate that each year roughly 400,000 claims related to personal or catastrophic injury, are settled.

For this white paper, we use the formal definition of a catastrophic injury, as defined by the Commission for Case Manager Certification, “a serious injury that results in severe and long-term effects on the individual who sustains it, including permanent severe functional disability”. Examples include traumatic brain, spine, or spinal cord injury; multiple trauma; and loss of major body parts.

Catastrophic illness is defined as “any

medical condition or illness that has heightened medical, social, and financial consequences and responds positively to the control offered through a systematic effort of case management services.^{iv} This may include but is not limited to Pancreas, Heart, Kidney, Liver, or Lung Disease resulting in organ transplant or treatment; Autoimmune Illness, Deafness with Cochlear Implant, Diabetes, Multiple Sclerosis, ALS, Parkinson's, Blindness and much, much more.

In either, a catastrophic injury or illness, experience is set apart from a general injury by the long-term medical impact and care requirements for the patient which result in a loss of normal functioning for the individual and their families.



UNDERSTANDING THE CHALLENGES

Legal professionals are trained and prepared to effortlessly represent their clients and cases. Attorneys, particularly those practicing tort law, stand ready and willing to understand the issues presented, discuss the individual's options, and assist their clients in understanding how the law may apply to their case, and help determine an appropriate claim for damages. Once liability is clear and, interrogatories and depositions are concluded, the process of claims assessment and settlement begins. This process is often arduous and stressful for the injured individual and the legal team representing them.

When working with an individual who has experienced a catastrophic injury or



illness, it is common for legal professionals, non-health care professionals, and layman alike to focus their attention on the most apparent abnormalities, and disabilities. A narrow focus on the more apparent injury or illness means inadequate preparation for the non-apparent, non-obvious challenges the individual is facing or may face in the future. Excluding, and more importantly, not assessing

INADEQUATE ASSESSMENT, AND NARROW AND INSUFFICIENT CARE PLANNING CAN SIGNIFICANTLY IMPACT THE INDIVIDUAL'S FUTURE CARE, HEALTH, AND WELLNESS.

and planning for the non-apparent, non-obvious increases the risk of poor forecasting of the appropriate levels of care and their corresponding cost.

Inadequate assessments and narrow care or insufficient planning can negatively impact the individual's ability to acquire the care and services needed for long term recovery and may significantly impact the individual's future health. An impact expressly noted by nurses caring for these individuals in the community and throughout their lifetime.

Catastrophic injuries and illnesses typically require more comprehensive medical care, extensive home or facility care services, copious durable medical equipment and care supply needs throughout the individual's lifetime in addition to, costly medications.

Catastrophic injury or illnesses can present with significant case complexity. Once the patient has stabilized, rehabilitation begins and the patient's needs are identified, nurse life care planning begins. When a firm understanding of the injury or illness is attained, and an evidence-based forecast of the future is outlined, the outcomes for injured or ill are dramatically improved.

NURSE LIFE CARE PLANNING

A SYSTEMATIC METHOD OF
CREATING EVIDENCE-BASED
LIFE LONG CARE PLANS FOR
INDIVIDUALS SURVIVING
CATASTROPHIC INJURY OR
ILLNESS.

Nurse life care planning is the systematic practice of creating an evidence-based long-term care plan for individuals who need medical care for the rest of their lives due to a severe or catastrophic injury or chronic illness.

The foundation of nurse life care planning is the practice of nursing: the protection, promotion, and optimization of health abilities; prevention of illness or injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations.^v

Historically, as a practice, rehabilitation has evolved in coordination with the practice of nursing. "In the early period of rehabilitation as a specialty, secular nurses were gradually taking over the

role of nuns in health care. The two world wars highlighted nurses' devotion and bravery on the battlefield. Their focus was on restoring soldiers to a state of fitness so they could either return to battle or be sent home".^{vi}

Today, nurses practicing rehabilitative care, have become experts in working with families and caregivers at the onset of a catastrophic injury or illness- a specialty practice predating formalized training programs, certification, and/or the formation of specialty organizations. Nurse life care planning has evolved from the case management, rehabilitation nursing and insurance sectors where the importance of proactive collaboration and coordination of continuum of care needs for the ill and injured were first recognized and implemented.^{vii}

NURSE LIFE CARE PLANNING

Rehabilitative nurses become collaborators, educators, care coordinators, advocates, and change agents as they work with other healthcare team members including psychiatrists, occupational therapists, physical therapists, neuropsychiatrists, speech therapists, and many more to create comprehensive care plans based on individual goals and maximum potential.^{viii}

It is the practice of nursing and rehabilitative care that informs and empowers a systematic and evidence-based nurse life care plan. By executing the [nursing process](#), a comprehensive nurse life care plan will include a full chronology and review of medical records, a thorough evaluation of the individual's present status, evidence-based treatment

recommendations, and a detailed explanation of outcomes that impact a catastrophic injury or illness case.

ESTABLISHING THE FOUNDATION

A medical chronology or record review is an assessment and summary of all medical records from the date of the injury to the present. This process sets the foundation for treatment recommendations by clearly explaining the individual's medical journey since the injury. Many factors impact how an individual responds to an injury or illness. Past medical conditions, surgeries, medical history, and injuries, are some of the many factors affecting how the person's body responds to an injury. Records prior to the injury are pertinent to map patient's pre-injury health.

THE NURSING PROCESS



DEFINING THE INDIVIDUALS PRESENT STATUS

A thorough evaluation of the individual's current status aims to uncover how each body system has responded to the injury or diagnosis. Individuals sustaining an injury or illness may have presented a picture of perfect health pre-injury. They may have preexisting conditions, diverse cognitive, medical, genetic, or environmental backgrounds potentially moderating the effects of the injury. Each of these elements (independently and collectively) along with the heterogeneity of the current injury can affect an individual's initial response to trauma and subsequent response to treatment.^{ix}

After achieving a chronicled and comprehensive detail of the foundation

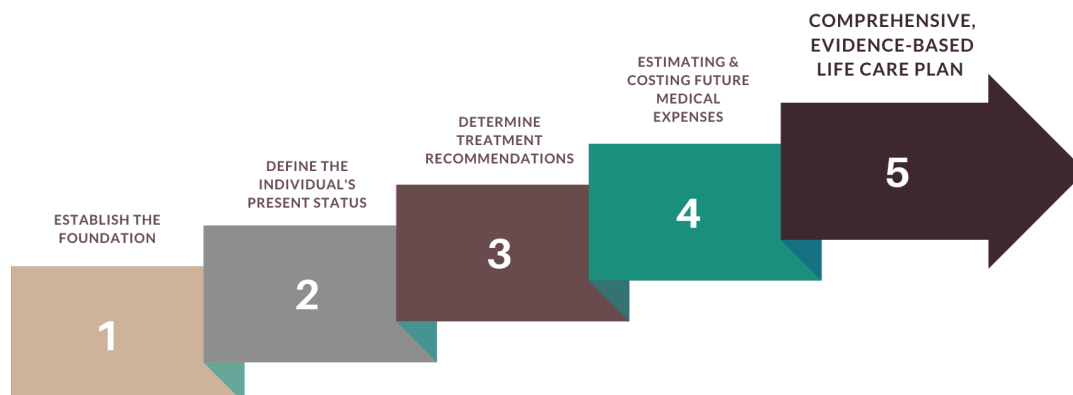
of the injury, the next step in the practice of nurse life care planning is a review of each of the individual's body systems to determine and outline their present condition. **Body systems** evaluated may include, but are not limited to:

- ▶ Cognitive status
- ▶ Psycho-social
- ▶ Communication status
- ▶ Oral motor status
- ▶ Gastrointestinal status
- ▶ Nutritional status
- ▶ Gross motor status
- ▶ Fine motor control status
- ▶ Seizure status
- ▶ Autonomic dysreflexia status
- ▶ Pain status
- ▶ Vision status
- ▶ Auditory status
- ▶ Respiratory status
- ▶ Cardiac status
- ▶ Safety status

The summary of each body system based on the individual's medical status and treatment history to date as

NURSE LIFE CARE PLANNING

THE SYSTEMATIC PRACTICE OF CREATING AN EVIDENCE-BASED,
MULTIDIMENSIONAL LONG-TERM CARE PLANS



outlined in the provided medical records or detailed in the evaluation.

TREATMENT RECOMMENDATIONS

When addressing the needs of an individual experiencing a catastrophic injury or illness, treatment recommendations provided by the nurse life care planner are the most valuable component of the case and the individual's long-term health and wellness. Recovery is not one-dimensional. Multiple factors may affect the recovery from a catastrophic injury or illness including age, environment, genetics, medical complications, or comorbid conditions that occur alongside the primary diagnosis. Research continues to confirm that the structures and processes of care during rehabilitation can profoundly influence

individual outcomes. Through the nurse life care planning process, nurses implement a systematic practice of creating an evidence-based, multidimensional long-term care plan for the individual.

During the settlement process, the nurse, as a rehabilitative expert, provides treatment recommendations and multidimensional interventions addressing the whole person. These interventions reduce the risk of unanticipated secondary injuries, comorbidities, or diagnoses and facilitate maximum independence and quality of life.

Within the life care plan, evidence-based treatment recommendations are based upon forensic information included in the medical record, an evaluation of the

patient, interview of the family and friends, contact with the treating health team and medical experts as allowed are all important components of the life care plan development. Nursing and case management experience factors into the determination, as well as mortality and morbidity data and evidence-based treatment recommendations. Nursing treatment recommendations are based on the holistic evaluation and functional needs of the individual, treating the entire person and the lifelong ramifications of their injury or illness.

ESTIMATING & COSTING FUTURE MEDICAL EXPENSES

Individuals sustaining catastrophic injury and illness have years of recovery and rehabilitation in their future. Estimating future medical expenses is completed through the nurse's expert understanding of the individual's anticipated rehabilitation journey and uncovering direct and indirect future medical costs. Understanding the medicine behind the treatment recommendations is a vital component of demonstrating why the goods and services are necessary.

The prepared life care plan will explore three varying sources of cost data, and provide comprehensive tables reflecting the average cost for each treatment recommendation. Providing three distinct costs helps support a reasonable average price for anticipated and recommended services. Long term cost of care are forecast using a combination of direct and indirect cost.

Direct costs are those associated with the medical recovery of the individual and are, therefore, understood as the resources directly related to providing the treatment. ^x Indirect costs, in the practice of life care planning, outline the individual's needs that are not a direct result of the injury, illness and corresponding treatment but needed due to the global functional limitations that individual's condition imposes on him.

SAMPLE COST TABLE WITH CORRESPONDING EXPLANATIONS

Shown below is a sample of a single **Yearly Cost Table** and corresponding explanations of item #1 '**Projected Evaluations**'. This sample is developed to demonstrate only a portion of a comprehensive Life Care Plan. Cost and corresponding explanations are based on a fictional sample patient who has experienced a primary diagnosis of C5 Quadriplegia and Encephalopathy. The sample patient has a secondary diagnosis of Ischemic Bowel and Aspiration Pneumonia.

Note: A comprehensive Life Care Plan includes three distinct cost projections to demonstrate the reasonable average price for anticipated and recommended services.

Yearly Cost Projection #1

ITEM	ANNUAL COST PLAN #1	LIFETIME COST PLAN #1
Projected Evaluations	\$501.99	\$19,075.45
Projected Therapeutic Modalities	\$801.06	\$30,439.80
Diagnostic Testing/Lab work	\$1,768.34	\$67,196.69
Durable Medical Equipment	\$21,805.22	\$828,598.49
Medications	\$67,297.18	\$2,557,292.84
Home Care Services	\$300,887.63	\$11,433,730.00
Transportation	\$4,096.71	\$155,674.84
Architectural Modifications	\$2,171.05	\$82,500.00
Orthotics and Prosthetics	\$167.40	\$6,361.01
Surgical and Medical Procedures	\$7,418.62	\$281,907.80
Hospitalizations by Diagnosis	\$4,710.90	\$179,014.34
Future Medical Treatment	\$2,070.97	\$78,696.98
TOTAL	\$413,697.07	\$15,720,488.24

Projected Evaluations

Physical Therapy Evaluation

Sample patient is quadriplegic due to their spinal cord injury. The patient has no movement of their lower extremities and some movement of the upper extremities. Their rehabilitation has been hindered by multiple complications. Initial therapy consisted of working on their tolerance going from sitting to standing. Sample patient was able to gradually increase their ability to sit up in the chair. By 4/26 the patient demonstrated improved balance with sitting and improved trunk control. With continued stability in their medical condition, focus may be on the patient's functional gains and therapy would continue until they have reached maximum functional status.

Plan: Age 40 to Age 42: Monthly evaluation by physical therapy to improve gross motor and function to obtain maximum mobility.

Occupational Therapy Evaluation

Sample patient sustained a C5 spinal cord injury. The patient has limited use of their upper extremities. This limits the patient's ability to perform their activities of daily living. The patient has decreased upper extremity function, and initially was not able to grasp or release their fingers. The patient is now feeding themselves with set-up and is independent with management of their motorized chair. The patient has developed contracture and tone and it may be anticipated that the patient will need splinting to prevent contracture in the future.

Plan: Age 40 to Age 78: Yearly evaluation by occupational therapy for splinting and evaluation for adaptive equipment.

Physical Therapy Evaluation/Complications and Exacerbations

Sample patient is a quadriplegic with no sensation or motion to the lower extremities and limited motion to the bilateral upper extremities. Due to changes in their health or due to complications resulting from their condition, it may be anticipated that additional therapy may be needed throughout their lifetime.

Plan: Age 43 to Age 84: Monthly evaluation x3 for each exacerbation and complication, 5 exacerbations in her/his lifetime.

Occupational Therapy Evaluation

Sample patient sustained a C5 spinal cord injury. The patient has limited use of their upper extremities due to weakness. This limits the patient's range of motion and strength and their ability to perform their activities of daily living. The patient has not completed their rehabilitation due to multiple medical issues. It may be anticipated that continued OT will be recommended until the patient has reached maximum strength and a strong home exercise program is outlined.

Plan: Age 40 to Age 42: Monthly evaluation for 6 months by occupational therapy for upper extremity range of motion and strength.

Occupational Therapy Evaluation: Complications and Exacerbations

With limitations in function and motion, it may be anticipated that Sample patient may experience complications or exacerbations of their symptoms within their lifetime which will require additional therapy.

Plan: Age 43 to Age 78: Three evaluations per exacerbation, 5 evaluations in her/his lifetime.

ARE YOU WORKING A CATASTROPHIC INJURY OR ILLNESS CASE?

If you're supporting a case involving a catastrophic injury or illness, you're likely in need a Life Care Plan. Ensure that your case includes adequate assessments and care planning that sufficiently supports the individual in their journey through recovery and lifelong health and wellness.

PARTNER WITH A MEDICAL AND LIFE CARE CONSULTING NURSE LIFE CARE PLANNER TODAY.

MEDICAL AND LIFE CARE CONSULTING

Medical and Life Care Consulting Services, Inc. (MLCC) was founded in 2001 by Cynthia Bourbeau, a Massachusetts Registered Nurse specialist, Certified Rehabilitation Nurse, Certified Nurse Case Manager and Certified Nurse Life Care Planner. Over the last two decades, the firm has grown to become a Northeast leader in case management and nationwide professional nursing solutions and services, including life care planning, life care plan projections, medical cost projections, medical chart review, and medical chronologies, Medicare Set-Aside allocations and legal nurse consulting.

MLCC nursing professionals bring together over 200 years of combined nursing and professional service experience. Our professionals have collectively managed over 7000 cases of rehabilitative care through the practice of case management and nurse consulting. This distinction sets MLCC apart from our peers and confirms our leadership within the industry.

At MLCC, our approach to Nurse Life Care Planning aligns with the standards of practice defined by the American Association of Nurse Life Care Planners, and the American Nursing Association. We provide Nurse Life Care Planning solutions for both plaintiffs and defendants and provide consulting and professional services in the areas of case management, medical chart review and chronologies, Medicare Set-Aside Allocations, and legal nurse consulting.

END NOTES

[i] AANLCP® and CNLCP® Position Statement, Revised March 5, 2019

[ii] Centers for Disease Control,

[iii] Bureau of Justice Statistics (BJS) - Tort, contract and real property trials. (2013). Bjs.Gov. <https://www.bjs.gov/index.cfm?ty=tp&tid=451>

[iv] Commission for Case Manager Certification: Glossary of Terms, www.ccmcertification.org

[v] American Nurses Association, Scope of Practice, <https://www.nursingworld.org/practice-policy/scope-of-practice/>

[vi] Journal of Nursing Education and Practice, 2014, Vol. 4, No. 7, The rehabilitation nurse then and now: From technical support to human potential catalyst by Caring-Disability Creation Process Model in an interprofessional team

[vii] American Association of Nurse Life Care Planning Executive Board (AANLCP®) and Certified Nurse Life Care Planner Certification Board (CNLCP®) - Position Statement; Revised March 5, 2019

[viii] Association of Rehabilitation Nurses, Rehabilitation Nurses Play a Variety of Roles, <https://rehabnurse.org/about/roles-of-the-rehab-nurse>

[ix] 3 Factors Affecting Recovery." Institute of Medicine. 2011. Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence. Washington, DC: The National Academies Press.

[x] Anders, Benjamin et al. "Direct, indirect, and intangible costs after severe trauma up to occupational reintegration - an empirical analysis of 113 seriously injured patients." Psychosocial medicine vol. 10 Doc02. 17 Jun. 2013, doi:10.3205/psm000092

Medical and Life Care Consulting

PO Box 1041

Belchertwon, MA 01001

Tel. (413) 323-9705

Email: info@medicalandlifecare.com

Web: www.medicalandlifecare.com