

MEDI-LEGAL LINKS

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American Association of Legal Nurse Consultants
San Diego Chapter

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Newsletter Editor 2010: Kathleen E. Loeffler, RN, BSN, LNC

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AALNC SAN DIEGO CHAPTER BOARD MEMBERS 2010

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President's Message



Our big Chapter Fall Conference is upon us, Saturday October 30, 2010! I am really hoping to see a big membership turn out this year especially since we regretfully had to cancel last year's conference. We are really excited about our speaker line-up and the variety of topics to be presented. We have advertised our conference outside of the membership in anticipation of having a good showing from nurses in the community looking to expand their current practices. I encourage our membership to attend to not only reconnect with fellow chapter members and colleagues, but to support our new members as well. We believe this will be a great conference and networking opportunity for all! So mark your calendars and remember registration deadline is October 20th.

I have great news to share regarding our **Chapter Mentor Program**. It is officially underway once again! Christina Sanders, whose application was next in line, started her mentorship with a plaintiff firm downtown. She will provide a synopsis of her experience in the next newsletter. We have another attorney interested and he is looking for a start date the first of the year. We continue to seek interested attorneys so if anyone knows of an attorney client perhaps that may be interested in participating in the program please contact me directly and I can provide all the needed details. This program has proved to be a win-win for both member and attorney and we look forward to continue to nurture its success.

I recently participated in a **conference call with our National Director-at-Large Barb Boschert** and other chapter presidents from around the country. It was interesting to not only hear some national AALNC updates, but to have the opportunity to share ideas and problem solve with other chapter leaders. Of note, all chapters have suffered a decrease in membership as a result of our challenging economy. One chapter lost almost 60% of their membership! Our membership has suffered about a 20% decline so I actually felt good with our chapter's resilience! Barb also shared a briefing to a national meeting where they had the CEO of Smith Bucklin Management Company discuss the state of the declining economy on not-for-profit businesses and what businesses needs to do in order to survive the decline. She shared that business trade has seen as much as a 90% downturn! It was recommended that businesses continue to include marketing in their budgets during these financially difficult times.

With that said, our **chapter goal** is to maintain the strength and viability of our chapter and our enthusiasm and collegiality as we have for many years. The board has agreed to not raise chapter membership dues next year and we are also considering not renewing our subscription to the San Diego Daily Transcript, but rather funnel those monies to improve our website to better assist members in their LNC businesses.

The Board will be having their final board meeting of the year on November 18th and we will be working on nominations and balloting for 2011, in addition to finalizing chapter goals. If anyone is considering being more involved with chapter activities and would like to be on the board, please contact myself or Sharon Rennick. If anyone has any suggestions for chapter activities for 2011, I would love to hear them! See you at the October Conference!

*Karen Harmon, RNC-OB, MSN, CNS, LNC
SDAALNC Chapter President 2010*

IN THE NEWS

Recent Education Event RECAP: From Liz Holakiewicz

On the heels of former Vice President Dick Cheney's surgery for a left ventricular assist device, Suzanne Chilcott BSN, RN from Sharp, provided an opportunity for attendees to touch, feel and see a variety of different implantable circulatory support devices. These devices are utilized as a bridge to transplant (maintaining a heart failure patient in stable condition while awaiting heart transplant) or more recently as destination therapy (permanent implant) or possibly as a bridge to recovery as new treatments are rapidly evolving to treat the failing heart. The treating cardiologist may consider this treatment course for a patient if they are no longer able to maintain a patient on inotropic and hemodynamic medications, seeing frequent and prolonged hospitalization for heart failure and/or early signs of end organ dysfunction. The candidate for VAD therapy (ventricular assist device) is evaluated with the following criteria in mind:

Approved Cardiac Transplant Candidate (CTC), or "Destination Therapy" (DT), Possible Bridge to Recovery (BTR)

Class IV Heart Failure

Ejection Fraction <25%

MVO₂ <14

Frequently on inotropic support

Possibly on IABC

Left Atrial pressure or PCW>20 with either:

Systolic <80 mmHg or CI < 2.0 l/min/m²

Early signs of other end organ failure right heart failure, i.e. increasing BUN, Creat, AST or ALT

Contraindicated with BSA<1.3mm²), or signs of infection (check the teeth)

Additional specific inclusion/exclusion Criteria for Investigational Devices

Morbidity and costs for these devices are improving with changes in technology. Management strategies for patient care has now moved into the community as more patients use these devices as destination therapy. Implantable heart pumps should be offered and considered a viable treatment option for patients with advanced heart disease or as a method to stabilize a temporary condition until recovery.

Here are some Powerpoint slides and information from Susan Chilcott, RN's presentation:

History of MCS

- 1954- Development of cardiopulmonary-bypass machine
- 1958- Pacemaker
- 1967- First human heart transplantation
- 1969- Liotta TAH
- 1980- Jarvick TAH implant
- 1995- HeartMate XVE LVAD Discharge to home
- 2001- REMATCH results published
- 2002- FDA approves Destination Therapy with HM XVE
- 2008 – HMII approved for BTT
- 2010- FDA approves HM II for DT

HeartMate® I (XVE)

- Long term LVAD, FDA approved for BTT & DT
- First pump to discharge home
- Batteries 4-6 hours
- Max flow 10 L
- Major surgery with sophisticated internal parts- bearing wear is a problem
- Texture Surfaces make it so that one ASA a day is all that is need for anticoagulation
- Pulsatile- patients will have a pulse but it will not match heart rate, pulse is generated from the pump

MicroMed® DeBakey/NASALVAD

- Long term Axial flow LVAD
- Investigation use only as BTT
- Direct read Flow Probe
- Carmeda® coating- possible thrombi increase- has now been removed
- Max flow 7 L
- Small size but durable internal pump

HeartMate II Axial Flow

- FDA Approved for BT 4/2008, DT 1/2010
- Valve-less
- Attenuated pulsatility
- Accommodates smaller patient size
- Uses same external components as HMI

Total Artificial Hearts

- CardioWest is FDA approved
- AbioMed TAH has conditional approval
- Both are only intended as BTT
- CardioWest may be discharged to home in Europe with portable driver, they are working on FDA trial for driver in US

Return to Work

- Depends on Job – Arch welder not such a good idea
- School teacher, Decorator/Designer, Business owner, IRS agent (with a gun), Museum Docent, Pharmacy rep all OK

The Perfect Pump

- Endless power source
- Totally Implantable
- Simple design
- Thrombus free surface, no stasis or turbulence
- Bacteria eluding surfaces
- Simple implant procedure
- Affordable and Available
- Hi and Low Flow Capacity

Nominations for Board of Directors Now Being Taken

This is the time of the year when we are planning for next year's Board of Directors. If you are interested in becoming more involved at a leadership level, please contact Sharon Rennick before October 20th.

The commitment level for the board positions in the recent past has consisted of six board meetings per year (every other month). This coming year the Board has decided to change the venue and we are in the process of reevaluating the number of face-to-face meetings due to time commitments and travel.

This year we are in need of at least three Directors-at-Large. Each board member is on a committee which requires additional time outside of the board meetings. The time commitment varies from committee to committee and the time of year.

For those of you who are interested in becoming a board member with our awesome San Diego Chapter (the leading AALNC Chapter in the country!) I encourage you to contact Sharon. Please review the committees and let Sharon know what committee you would like to serve on. Committee communication can be by email, conference calls or face-to-face.

Sharon is very familiar with all board and committee positions and will be happy to discuss the details of what is involved. For description of Committees' responsibilities, see our Chapter website at www.aalncsaandiego.org or Contact Sharon at Sharon@sharonrennick.com or 619-504-4636.

FALL ELECTIONS

Election Ballots will be going out in November to all Active members of the San Diego Chapter of AALNC for election of Board Members for 2011. Please vote before November 23, 2010. Biographies of nominees will be included with your ballot. If you do not receive your ballot by November 10th please notify Nominating Committee Chairperson, Sharon Rennick at sharon@sharonrennick.com.

Mary Baldwin Scholarship Applications Now Being Accepted

Each year our San Diego chapter awards a scholarship in memory of Mary T. Baldwin, a founding member of AALNC. Mary exemplified a pioneering spirit in her nursing practice and in her leadership role, both in San Diego and nationally. Mary was a profound influence in the medical and legal communities as she and her colleagues shaped the role of the legal nurse consultant.

The Mary T. Baldwin Scholarship provides financial assistance to a San Diego ALNC Chapter member for education relevant to legal nurse consulting. The recipient(s) of this scholarship should demonstrate the same extraordinary commitment to the specialty of Legal Nurse Consulting and efforts to improve the image and visibility of Legal Nurse Consultants as that of Mary. To learn more, please

see attached information and application. The amount of the scholarship varies based upon available funds and will be determined at the next board meeting. Traditionally, the award ranges between \$200 and \$300. The MBSF committee will review all applications and announce the recipient at the first Educational meeting in 2011.

If you wish to be considered for this scholarship, please complete the application (the link is on the chapter website) and return **before January 1, 2011** to:

Cary Joel, RN, MSN
1092 Aloha Drive
Encinitas, CA 92024

SDAALNC EDUCATION COMMITTEE PRESENTS:



Presents

Legal Issues in Nursing: Resolving the Mystery October 30, 2010

- 8:00 to 8:30 - Registration and Continental Breakfast
- 8:30 to 9:30 - **Nursing Documentation: How to Stay Out of Legal Trouble**
Karen Harmon RNC, MSN, CNS, LNC
- 9:30 to 10:30 - **The BRN - Friend or Foe?**
Kevin Murphy, Esq.
- 10:30 to 11:00 - Break - Exhibits
- 11:00 to 11:45 - **What is a Legal Nurse Consultant?**
Karen Wetther RN, BSN
- 11:45 to 12:45 - Lunch (provided)
- 11:45 to 12:45 BRING YOUR SHREDDING**
Secure Shredding is providing a shredding service
- \$5 per bankers-size box (619-889-7518)
- 12:45 to 2:30 - **Managing Deposition Testimony**
Video and moderated discussion
Laura Burchell Hensen RN, CCRN, RCP, LNC, LCP
- 2:30 to 3:15 - Break- Exhibits and Snacks
- 3:15 to 4:15 - **Case Presentations**
Sharon Rennick RN, BSN, CLNC, ONC
Liz Holakiewicz RN, BSN, CCM, CNLCP
- 4:15 to 4:45 - Panel Discussion of Presenters, Questions and Closure

ADVANCE TUITION MEMBERS	ADVANCE NON-MEMBERS	PAYMENT AT THE DOOR
\$100.00	\$125.00	ADD \$10.00
Tuition includes Lunch and Snack and 6 CEU's (BRN provider #9184, MCLE provider #13930)		

LOCATION:

Conference will be held at:
Sharp Spectrum, 8695 Spectrum Center Court, San Diego, CA 92123

Payment must be received by October 20th

Payment by Check
Please make checks payable to:
AALNC San Diego
and mail before October 19th to::

Christina Sanders
15613 Via Montecristo
San Diego, CA 92127

Payment by Paypal - deadline October 20
Available on our website at:
<http://www.aalncsandiego.org/education.html>

Email: christina.sanders@nutriculajuris.com

CHAPTER COMMITTEE REPORTS

PHILANTHROPIC COMMITTEE:

From Liz G. Committee Chair

When the San Diego chapter was formed as a non-profit organization in 1989 one of our goals was to “give back” to the community in some way. Last year we focused on supporting our troops by sending much needed items to the newly injured. We also sent care baskets and textbooks to the nurses taking care of our troops. This holiday season we have decided to keep it local and adopt a local San Diego family in need of assistance and to help make their wishes come true. As soon as we get the family information, each member will receive a card with a list of the items needed. Thanks to everyone for helping give back to the community.

MEMBERSHIP COMMITTEE:

From Sharon R. Committee Chair

We are proud to announce our Membership numbers as of September 30, 2010:
Total Membership is up to 44, of those 37 LNCs are active members and 7 are associates.

MENTORSHIP PROGRAM UPDATE

From Karen H.

Christina Sanders, started her mentorship program with a plaintiff firm in downtown San Diego a few weeks ago. This program has proved to be a win-win situation for all and we look forward to continue to nurture its success.

CHAPTER MEMBERS' ARTICLES

Why Have an OB Legal Nurse Consultant on Your Side And What Should You Look For?

By Karen M. Harmon, RNC, MSN, CNS

As most of you already know, Obstetrics is one of the most litigious areas for both medicine and nursing. When a pregnancy or delivery goes wrong, and the perfect ending is not realized, questions surface and fingers begin to point. Navigating a “*Bad Baby*” case can be both arduous and technically challenging.

Unlike other specialties, obstetrics is an area that crosses over into multiple specialties and disciplines. These include AWHONN, ACOG, AAP, SOCG, ANA, AORN, ASPAN, ASA, and AACN, all of which are either obstetrical or cross over into obstetrics. The challenge arises because due to the involvement of the many different specialties and disciplines, many different applicable Standards and Guidelines apply and this alone can become vast and overwhelming. The OB LNC working with you on your case needs to have a strong foundation, working knowledge and familiarity with all disciplines, organizations, standards, guidelines, protocols and policies, in addition to regulatory requirements governing this large specialty area.

To detail this multidisciplinary specialty, labor and delivery on any given day can be an emergency room, an intensive care unit, an operating room, recovery room, a triage, an outpatient testing unit, in addition to a place where without complications, a woman comes to deliver her baby. This delivery make take place in a Level I, II, III or level IV hospital, all which vary in their capabilities, availability of services and resources, all of which can essentially effect and impact care delivery.

The OB LNC needs to demonstrate a vast and in-depth knowledge of fetal heart monitoring. A strong working knowledge of fetal heart monitoring and associated physiology is without a doubt critical when analyzing a case of this nature. An administrative background can also add an additional benefit. This knowledge enables the LNC to speak confidently to staffing issues and organizational issues which can frequently be encountered in these type cases. An OB LNC with an advanced degree can also be an asset. A Masters degree in Nursing, which can have varying focuses, a Clinical Nurse Specialist, or even a Nurse Midwife, all can add unequivocal strength and knowledge when navigating these cases. Another aspect to consider when retaining an LNC is, “Does she teach?” An LNC who actively lectures on OB-related issues or more importantly fetal monitoring, will have an easier time engaging the jury and is more apt to provide well articulated and easily understandable responses to the medical jargon so often spoken and so often misunderstood. A consultant involved in lecturing will also more likely be current on OB related care, treatment and diagnoses.

The smallest and most critical of details can and will be discovered by the knowledgeable OB LNC. Attention to detail, knowing what “should have occurred” in a given situation, and expanded experience with various types of medical records are crucial. When searching for an OB LNC credibility is paramount. This specialized body of knowledge branches into multiple areas which therefore requires that an OB LNC posses both broad and specialized experience. An OB LNC can simplify, uncover, and explain what can appear to be a tremendously complex case if she has the right background and experience. Do not sell yourself short in your next OB case...know the right questions to ask, and examine the LNC’s background and credentials with a scrutinizing eye. You will be glad you did!

GUEST AUTHOR by Kevin Murphy, JD

“Is there a Nurse Doctor in the House?”

Nurse Practitioners prime candidates for Primary Caregivers in the face of Dr. Shortages:

Nurse practitioners are going to play an integral role as primary caregivers, filling the void left by massive physician shortages throughout the United States. ([Stuart, 4/28/10](#)). The Association of Medical Colleges reports that the U.S. may be facing a 150,000 doctor shortage by 2025. ([Chapman, 4/18/10 Chicago Tribune "Nursing our way out of a doctor shortage"](#)). The American Medical Association estimates the doctor shortage to equal a deficit of 85,000 by the year 2020. Regardless, the data is evident that doctors are facing extraordinary understaffing difficulties at the same time they are facing astronomical increases in their patient loads.

28 States currently have introduced legislation designed to expand the role of advanced practice nurses to that of Primary Caregiver. ("[Fewer doctors may lead to more patients seeing nurse practitioners](#)") Several states already allow independent advanced nursing practice, and many other states are currently seeking to fill the void left by a lack of physicians. Oklahoma is currently seeking to expand nurse practitioners' roles ([Coburn 4/21/10 "Officials look to PAs, nurse practitioners for aid in physician shortage"](#)), as well as Oregon, Washington, California. ([Johnson AP 4/14/10 "Shortage may mean a bigger role for nurse practitioners"](#)), New York ([Gordon 4/25/10 "Take advantage, New York, of our nurse practitioners"](#))

Nurse practitioners, or "advanced practice nurses," are highly trained registered nurses who usually possess a masters degree or a doctorate in a specialized nursing discipline. Nurse practitioners have advanced education, experience and training in the diagnosis, treatment and management of common illnesses ([Parker, ehow "Nurse Practitioners & Patient Education"](#)). The American Academy of Nurse Practitioners indicates that 95% of advanced practice nurses already prescribe medications, writing an estimated 19 prescriptions per day.

Healthcare Reform impact on doctor shortages:

32 Million more Americans are anticipated to be included in the healthcare patient pool as a result of the recently passed healthcare reform legislation. ([4/14/10 "Use nurse practitioners to reduce doctor shortage"](#)) This large number of additional patients will further exacerbate physician shortages across the country. Medicare typically reimburses nurse practitioners at a lower rate than doctors are reimbursed, which could end up saving millions of dollars at a time when our economy is in dire need of reducing government spending. Maryland columnist Jay Hancock explains that nurse practitioners should be allowed to practice completely independently from physician supervision, and that they are already allowed to practice independently in Washington, Oregon, Alaska, Washington D.C. (Hancock, The Baltimore Sun "Md. should make nurse practitioners independent").([Stuart, 4/28/10 "Nurse practitioners key to unlocking healthcare access"](#)).

Doctors are beginning to mount opposition to such measures arguing that allowing nurse practitioners to usurp physicians' roles will place patients at risk. Dr. Daniel Carey, President of the Medical Society of Virginia, has stated, "When you talk about increasing the scope of practice of nurse practitioners...we have problems with that. They are not acknowledging the significant difference in training." ([Smith 4/26/10 "Health reform may expand non-physician roles"](#)) The American Medical Assoc. (AMA) President James Rohack has said, "increasing the responsibility of nurses is not the answer to the physician shortage." ([Bagg, 4/19/10](#)) "Doctors have shown up in white coats to testify against nurse practitioner bills. The AMA, which supported the national health care overhaul, says that a doctor should supervise an NP at all times and in all settings. Just because there is a doctor shortage, the AMA argues, is no reason to put nurses in charge and endanger patients." [Associated Press; Maher](#)

[4/19/10 "Hey Nursie!" The Battle over Letting Nurse Practitioners Provide Primary Care](#)"). One critic claims "doctors went to their medical schools for a reason, and allowing a nurse to take over their roles is a short-sighted way of solving these shortages." ([Joyner, 4/18/10 "Let doctors, not nurses, doctor"](#))

Nurse practitioners have accumulated their own support, and are beginning to form their own professional associations across the nation. ([Gallaher, 4/22/10 "Whatcom County nurse practitioners form new professional association"](#)). Univ. of Southern Indiana Professor Daniel Lucky describes the difference between Nurse Practitioners and Physicians as not being education or professional qualifications but instead it is their healthcare approach, "NP practice is based on the nursing model of care — not the medical approach...Nursing teaches us that we should not reduce human beings to mere signs and symptoms, place a disease on someone, give them a pill and send them off. As nurses we are trained to look at the entire patient from a holistic perspective and then, actively partner with the patient and family to not only correct problems, but also enhance optimal health. Nursing care places the patient — not the provider — as the central focal point." ([Beaulieu, 4/14/10 "Expanding roles of nurse practitioners stir controversy"](#)). In fact, the Josiah Macy, Jr. Foundation recently released a report recommending immediate removal of legal and financial barriers preventing advanced practice nurses from providing primary care. ([Glenn, 4/20/10 "Nurse practitioners new primary care providers?"](#)) Nurse practitioners assert that they are not trying to infringe on doctors' specialities, but are a critical resource in providing patient care in this time of dire need. ([West, 4/27/10 "Not looking to replace doctors"](#)) In actuality, nurse practitioners do not commit malpractice as often as physicians or, at least, they are not sued as often — only 1.4% of Nurse Practitioners are named as a primary defendant in medical malpractice lawsuits. ([Stuart, 4/28/10 "Nurse practitioners key to unlocking health care access"](#))

Conclusion — Let the Nurses Doctor!

Murphy Jones LLP represent nurses in licensing, discipline and malpractice matters and are intimately familiar with the nursing profession, and have full confidence in nurses' abilities to render superb healthcare to patients. As healthcare attorneys, we support the expansion of nurse practitioners' primary care roles provided that they do not usurp the proper functions of physicians. Physicians are adept with dealing with advanced diseases and treatments for complex disorders; whereas advanced practice nurses are more than capable of diagnosing common diseases and disorders, and prescribing medications to treat patients. A 2000 study published by the Journal of the American Medical Association reported that *patients of nurse practitioners recovered as well or better than patients under the supervision of a primary care physician*. A main benefit of expanding nurse practitioners' roles is that they manage patients with current illnesses and simultaneously teach patients how to stay healthy. This is exactly the type of care America needs if we are going to improve the overall health of our citizens and simultaneously lower health care costs. Often times, patient satisfaction is higher among patients receiving care from an advanced practice nurse as opposed to a licensed physician. ([British Medical Journal 4/6/10 "Systemic review of whether nurse practitioners working in primary care can provide equivalent care to doctors"](#)) So with happier and healthier patient results coupled with reduced costs and government spending, allowing nurse practitioners to use their knowledge helping patients while reducing the doctor shortage voids is common sense and good business judgment.

As the old adage says, "*Doctors diagnose, Nurses HEAL!*" So why not let nurse practitioners do both?

[Reprinted with permission by Kevin Murphy, JD of Murphy & Jones, LLP.]

Murphy Jones LLP is a law firm which was co-founded in 2007 by nurse attorney Kathleen Murphy Jones and attorney Kevin C. Murphy, a mother and son legal partnership. Murphy Jones LLP is dedicated to providing legal services with the utmost integrity and diligence. A hallmark of our representation is consistent client contact regarding case progress, developments and options. With experience in both law and medicine our healthcare attorneys focus on

representing medical professionals in administrative hearings, State Board disciplinary actions and other licensing issues, civil malpractice litigation, hospital peer review committee investigations, and regulatory investigations. In addition, Murphy Jones LLP practices civil litigation representing clients who have suffered personal injury as a result of medical malpractice or negligence. Our healthcare attorneys are licensed to practice in state and federal courts of both California and Nevada. With offices in Las Vegas and San Diego, Murphy Jones LLP is ideally situated to represent clients throughout California and Nevada.

Contact information: San Diego: P: 619.684.5073; Las Vegas: P: 702.990.3703; Email: kmi@murphyjoneslaw.com; info@murphyjoneslaw.com

NURSE ENTREPRENEUR'S TIPS by *LeaRae Keyes*

SET YOURSELF UP FOR A SUCCESSFUL NURSE ENTREPRENEUR BUSINESS DAY

You can determine how successful you will be today. You set the stage every morning and as you go through your day. Why not set the stage for you to be as successful as you possibly can in your nurse entrepreneur business today and every day? Some of the things you control are your intention, your environment, and your accountability.

Intention - Although you may have an overall plan for your business do you have a daily plan? Every day I set my top three priorities, the things I want to be sure to accomplish that day. Although I have an ongoing to do list with many tasks on it I want to be sure to pay attention to the tasks that will surely move me closer to my goals. I also have an intention in terms of my attitude and expectations. I want to be joyous as I work and also have a clear picture of the expectation I have for the task. Start every day with an intention and priorities and see if it has an impact on the results.

Environment - Setting up an environment can have a profound effect on the work you produce. I love a sunny, bright, soothing environment for my work. I also enjoy hearing birds singing outside the window. By setting up an ideal environment for myself I am able to produce much better results. What changes can you make in your environment that will allow you to work more effortlessly?

Accountability - What systems do you have to hold yourself accountable? For me I find that a task list in Outlook works the best. My top three priorities are at the top of my task list so I stay focused on what I intended to accomplish. I love being able to check off each task when it is completed. After those primary tasks are completed I am free to choose from the ongoing list with whatever time I still have left.

What steps can you take today or this week that will help you to be a more successful nurse entrepreneur?

~

THE POWER IS IN THE ACTION!

I'm sure you've heard "*Knowledge is power*". In this day of the information era every nurse entrepreneur should be incredibly powerful. However, this saying is not entirely true. Knowledge does not get your nurse entrepreneur business and you anywhere without action. It is therefore important to

gain knowledge, have sufficient motivation to take action, and then put that knowledge to work by taking action.

With the internet available to almost everyone there is no lack of ways to gain information. I don't know about you but I am bombarded daily with people who want to provide information to me. All I have to do is set time aside each day and selectively decide what new information I want to learn and it is there at my fingertips.

The motivation to apply this knowledge usually comes from within. There are situations when motivation can be stimulated by someone else such as when someone gives an ultimatum. I know of someone who finally got their business started when their wife gave them an ultimatum to either get the business going or go out and find a job. So motivation can be internally or externally generated but you need to have motivation to take that next step.

The final step is action. The power is in the action. Just knowing what needs to be done will not get your nurse entrepreneur business and you anywhere. You need to take action on your knowledge before you will see any results. Often times the bigger the action the bigger the results.

Identify where you are at. Do you need more knowledge, motivation, or action? Chances are it is one of the later two. Determine a plan for moving forward with this step so you can begin to see massive results.

[Reprinted with Permission of LeaRae Keyes.]

LeaRae Keyes, RN, BSN, PHN, CDMS, CCM, Executive Director, Nurse Entrepreneur Network, has the experience and skills to help nurse entrepreneurs start, manage, and grow their businesses with over 25 years of experience coaching people to make life-style changes, alleviate their caregiving stresses, have more fulfilling lives, explore career alternatives, and achieve their goals. Ms. Keyes resides in Andover, Minnesota, in suburban Minneapolis-St. Paul. webmaster@nurse-entrepreneur-network.com

JOB HUNTING?

• WEB RESOURCES

GetLegalNurseConsultantJobs.com by Jacob Peebles; "The Legal Nurse Consultant Job Finder" newsletter, your weekly source for up to the minute jobs in the Legal Nurse Consultant field.

<http://www.getlegalnurseconsultantjobs.com/m/education/9cc9cae0d9> Jacob Peebles

<http://www.getlegalnurseconsultantjobs.com> Member, International Association of
Employment Web Sites

<http://www.employmentwebsites.org>

Get Job Updates on Twitter: <http://twitter.com/GetLeNuConsJobs>

This is a legitimate resource where LNCs can check out weekly job listings throughout the USA.

NETWORKING - LNC RESOURCES

LNCExchange@YahooGroups.com founded by Co-Moderators: Claudia P. Egan, BS, RN; Cheryl A. McCracken, RN, LNCC; Elizabeth K. Zorn, RN, BSN, LNCC in February 2006. It has over 1422 members throughout the United States including PAs, CRNAs, JDs & MDs. LNCExchange Mission is to advance the profession of legal nurse consulting within the legal community through meaningful networking between legal nurse consultants, attorneys and health care providers who are engaged in the review of medical-legal and forensic matters. Our hope is that the shared information will be educational and helpful, and will challenge you to learn and share more about the many facets of legal nurse consulting as well as provide the opportunity to network with other professionals who interface with legal nurse consultants. Legal nurse consultants with any level of experience are welcome.

If you are interested in joining this professional organization please email one of the Co-Moderators at LNCExchange@yahoo.com. You will be contacted by one of the Co-Moderators by email requesting your contact information. This is to prevent spammers from getting into the group.

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and..

FORENSIC EXPERT WITNESS ASSOCIATION

Is a non-profit group of consultants providing Forensic Services [FEWA]. FEWA was founded in 1994 in Orange County, CA. The San Diego Chapter was formed in 2004. In 2007 FEWA expanded to a national association. FEWA is dedicated to the professional development, ethics, and promotion of forensic consultants in all fields of discipline. Contact: www.forensic.org.

GET INVOLVED! COMMITTEES CAN BE FUN! IT'S A WIN-WIN!

For new members, becoming active within the chapter is one of the best ways to network with other members and promote yourself as a Legal Nurse Consultant. It puts a face with a name, creates trust in your work ethics, your work products and your ability to follow through. This can actually result in work referrals since most people would recommend / refer someone who they know and trust over someone they don't. We have a lot of fun while working on chapter committees and some lasting friendships have been created as we strive to continually improve the San Diego AALNC Chapter. Committee participation is generally a win-win situation for everyone involved.

For description of Committees' responsibilities, see Chapter website at www.aalncsandiego.org or Contact Karen Harmon, 2010 Chapter President at karenharmonmedlegal@yahoo.com.

New Clue to Sepsis...

"It's one of the most intractable killers you've probably never heard of: Sepsis, an out-of-control reaction to infection that can start shutting down organs in mere hours.

A new push is beginning for hospitals to be more aggressive in rolling out care at the first hint of trouble — even as scientists discover an intriguing clue to what may fuel the deadly cascade estimated to kill more than 200,000 people a year in the U.S. alone.

There's no simple diagnostic test for sepsis, but there are warning signs if health providers pay close attention, says Dr. James O'Brien, a critical care specialist at Ohio State University Medical Center.

"Minutes matter," he adds, saying delays too often are "just an issue of not treating this like a medical emergency."

Once misleadingly called blood poisoning, sepsis is the body's overreaction in fighting an infection that in turn injures its own tissues, leading to shock and organ failure.

That doesn't mean the infection has spread throughout the body — it doesn't always, stresses sepsis specialist Dr. Kevin Tracey of the Feinstein Institute for Medical Research in New York, part of the North Shore-Long Island Jewish Health System. Instead, complex interactions between the microbe and the immune system make the latter run amok.

"At that point even if you eradicate the bacteria — we can do that most of the time — the damage continues to spread because of the toxic reaction that's unleashed," says Tracey, who helped lead a meeting of international sepsis experts last week who formed a "Global Sepsis Alliance" to urge more aggressive care.

For the full article please see the link: <http://tinyurl.com/38hobe4>
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LIBRARY RESOURCES OF SAN DIEGO CHAPTER

Contact our Lending Library Liaison, MarSue May at MarSue@source4info.com to borrow a manual, text or tape of your choice from the list below. A deposit is required, and the library is available to chapter members only.

MANUALS:

- *Handbook for Chapters* (Revised 02/01) National
- *Bylaws of the San Diego, California Chapter of the AALNC* (1/01)

TEXTS:

- **Legal Nurse Consulting: Principals & Practices 3rd Edition**, 2010 Edition; American Association of Legal Nurse Consultants; Volume 1 & 2, Edited by Ann M. Peterson & Lynda Kopishke
- **Legal Nurse Consulting, Principles and Practices; 1998 Edition**; American Association of Legal Nurse Consultants; edited by Julie Brewer Bogart, RN, MN
- **Preservation of Evidence, "A Survival Guide for Nurse Witnesses"**; by Charles E. Salovesh, J.D.
- **Sample Reports for Legal Nurse Consultants**, by the American Association of Legal Nurse Consultants
- **Growing Your Practice; Resources and Tools for the Legal Nurse Consultant**; published 2004; American Association of Legal Nurse Consultants
- **LNCC Practice Test; A Guide to Preparing for the Legal Nurse Consultant Certificate Examination**; American Association of Legal Nurse Consultants
- ***Getting Started in Legal Nurse Consulting**, 1999; American Association of Legal Nurse Consultants

TAPES:

- **AALNC 12th National Education Conference – 2001**
 - #3 **Permanent Whitewater: The New Organizational Environment**
Diane Miller, MAOL, BSN, RN
 - #6 **Modern Technology** by Rosie Oldham, RN
 - #7 **When Research Participants Have No Voice: Issues of Informed Consent** by Kay Perrin, PhD, RN
 - #13 **Toxic Torts: The Roles of Chemicals In Our Environment**
William Robertson, MD
 - #15 **GHB: From The Street to Trial**
H. Wallace Welliver, PHRN, MS, BSN, BA
 - #16 **Latex Allergy** by Carol Johns, BSN, RN
 - #18 **Product Liability Torts** by Cathy White, JD, RN
 - #21 **Forensics Psychiatric Evaluation of Employment Litigation Claims**; Mark Lipian, MD, PhD

[LIBRARY RESOURCES, continued]

- **AALNC 11th National Education Conference – 2000**
 - #001 **A, B, C: Basic Life Care Planning; with Overview and Post Test**
Patricia A. Costantini, Med, RN, CRC, CCM CLCP, LNCC
Tracy Albee, RN, CHHN, LNCC, CLCP
Valerie Parisi, RN, CRRN
Judy Metekingi, BSN, RN CRRN, CDMS, CCM, LNCC
 - #003 **A, B, C: Advanced Life Care Planning**
- **AALNC 12th National Education Conference – 2001**
 - #3 **Permanent Whitewater: The New Organizational Environment** by Diane Miller, MAOL, BSN, RN
 - #6 **Modern Technology** by Rosie Oldham, RN
 - #7 **When Research Participants Have No Voice: Issues of Informed Consent** by Kay Perrin, PhD, RN
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 - #003 ***A, B, C: Advanced Life Care Planning*** by Patricia A. Costanini, Med, RN, CRC, CCM, CLCP, LNCC; Tracy Albee, LNC, CLCP; Valerie Parisi, RN, CRRN; Judy Metekingi, BSN, RN, CRRN, CDMS, CCM, LNCC

- **AALNC 10th National Educational Conference – 1999**
 - #101 ***Keynote Session: Putting a Halt to Medicare Fraud and Abuse*** by Anthony Alexis, Assistant U.S. Attorney General
 - #102 ***Ethical and Legal Issues In Genetic Testing*** by Barbara P. Fuller, JD, RRA
 - #103 ***Legal Issues for Staff Nurses*** by Lygia Lee Arcaro, MHA, RN, CE
 - #104 ***Pharmacy Malpractice: Whom Can You Trust?*** by S. Craig Smith
 - #201 ***Designing Your Marketing Package*** by Colleen Wolf
 - #202 ***Managed Care and It's Impact on Healthcare Organizations and Systems of Health Care*** by John C. Hyde, PhD, CHE (2 copies)
 - #203 ***Science on Trial: Fen-Phen Litigation*** by Charles R. Parker, JD; Jean A. Hoepfel, PhD, RN
 - #204 ***Nursing and HealthCare Research and the LNC*** by Christine M. Galante, PhD, RN
 - #205 ***Deposition and Trial Questions: Using Special Interrogatories*** by Joan Magnusson, BSN, RN, LNCC
 - #206 ***Review of Obstetrical Charts for Non-obstetrical Nurses*** by Joanne McDermott, MA, RN, LNCC; (2 copies)
 - #208 ***Keeping Up Appearances*** by Cynthia Chalu, MN, RN, ARNP, LNC
 - #209 ***Forensic Document Investigative Techniques*** by Lloyd Cunningham; (2 copies)
 - #210 ***Medical Malpractice Begins at Triage*** by Andrew John, MD, JD

[LIBRARY RESOURCES, continued]

- #211 ***Elder Abuse Litigation*** by Lesley Ann Clement, Esq.
 - #212 ***Chronologies: State of the Art*** by Rosie Oldham, BS, RN, LNCC
 - #214 ***Life Care Planning: A Standard Process*** by Randall Thomas, PhD, CRC, NCC, CLCP
 - #215 ***Introduction to Forensic Nursing*** by Virginia A. Lynch, MSN, RN, FAAFS
 - #216 ***Identifying and Locating Government Records and Rare Documents*** by Robert A. Cash; (2 copies)
 - #217 ***Alternative Medicine: When is it Fraud?*** by Charles E. DuVall, Jr., DC, MPS; (2 copies)
 - #218 ***Vascular Access and Infusion Therapy: A Litigious Hazard*** by Darnell Roth, RN, CRNI; (2 copies)
- ***** ***Perspectives on Medical Malpractice, Part I and II*** by R. Jane Weiner, RN (#208a and #211) missing since 2001

• **MISC.**

- AC-3 ***Strategies for Keeping the Pipeline Full*** by Lorraine Shoaf, RN & Doreen Casuto, RN
- AC-9 ***Time and Motion Studies: A Revolutionary Tool in the Legal Arena*** by Oliver Galbraith, III, Ph.D.

• **VIDEOS**

- Medical Legal Adventures: SIMMS vs. ABC HOSPITAL*** by Creative Education Unlimited 1999
Updated 12/07

AALNC SAN DIEGO CHAPTER MEMBERSHIP RENEWAL

Early bird renewal before December 31:	\$50.00
January 1 – March 31.....	\$56.00
April 1 – June 30.....	\$42.00
July 1 – September 30.....	\$28.00
October 1 – December 1.....	\$14.00

Membership renewal can be done online with PayPal or by check. Checks can be mailed to:
Cary Joel
1092 Aloha Drive
Encinitas, CA 92024

2010 MEETINGS, EDUCATION AND EVENTS SCHEDULE

October 30, Saturday: 8:00 a.m. - 4:45 p.m.

All Day Educational Presentation:

LEGAL ISSUES in NURSING: RESOLVING the MYSTERY

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***November 1, 2010 Board Meeting: 5:30 p.m. - 8:00 p.m., Sharp Spectrum Room 182**

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December 4, Saturday: Holiday Party

Time/Location TBA

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2011 Board Meetings: TBA

2011 General Education Meetings: Continuing Education Meetings will take place four times a year. Details to follow.

Visit www.aalncsandiego.org for the latest in formation on Events, Speakers & Membership Renewal Information.

Medi-Legal Links is the official publication of the San Diego Chapter of the AALNC and is published three to four times per year. All submissions, including articles and Letters to the Editor, are to be typed in *Word* and sent via e-mail attachment, to the Editor for consideration. If you are aware of any seminars in San Diego, or nearby counties, of interest to our members, please send complete seminar information to:

Editor: Kathleen E. Loeffler at kellnc.rn@gmail.com