

*Nurse Life Care Planning - Through the Ages*

Section 1

# **Nurse Life Care Planning:**

## **Nursing Process & Critical Thinking**

### **WORKBOOK**

*The Knowledge of Human Healing*



Nursing Education and Consultancy





## ***Nurse Life Care Planning - Through the Ages***

### **Section 1 – Nurse Life Care Planning: Nursing Process & Critical Thinking**

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OBJECTIVE 1: Explain the history of nursing and life care planning. Define life care planning. Describe the life care planning certification process. Identify associations involved in life care planning.

OBJECTIVE 2: Define critical thinking and the steps involved in clinical judgment. Explain the nursing process. Identify the Nursing Practice Act. Explain the relationship of critical thinking and nursing process as applied to life care planning. Name the role and responsibilities of the disciplines within life care planning.

OBJECTIVE 3: Apply the nursing process to life care planning. Demonstrate the nursing process as a life care planning foundation.

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#### **Agenda**

**Past, Present & Future of Nursing**

**History of Life Care Planning**

**Certifications**

**Associations**

**Critical Thinking**

**Nursing Process**

**Nursing Practice Act**

**Nurse Life Care Planning**

**NLCP Process**

**Review NLCP Report**

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## **Past, Present & Future of Nursing**

### **Past**

Nursing began in poorhouses, on the battlefield, and during industrial revolution in Europe and America

1800's - Florence Nightingale provided foundation for nursing and basis for autonomous nursing practice as distinctly different from medicine – Nightingale credited for identifying importance of collecting empirical evidence, which is the underpinning of nursing's current emphasis on evidence-based practice

In 1859, Nightingale said “What you want are facts, not opinions” - *most important practice lesson that can be given to nurses is to teach them what to observe – how to observe – what symptoms indicate improvement*

Although Nightingale recommended clinical nursing research in mid 1800's, nurses did not follow advice for more than 100 years

1893 – ‘Nightingale Pledge’ – first nursing code of ethics - *patterned after medicine's Hippocratic oath*

1896 – American Nurses Association created (*formally known as Nurses' Associated alumnae of the United States and Canada*) – *purpose to establish & maintain code of ethics for nurses*

Advanced degrees in nursing education erupted in 1900's – *then study of nurses and nursing education emerged (i.e, nursing research)*

During last 50 years – hospitals developed specialized nursing skills (*med-surg, pediatrics, anesthesia, midwifery, ER, mental health, etc*) – *nurses also began addressing public health*

1960's - nursing process broadly accepted by nurses - *initially had 4 parts (assessment, planning, implementation and evaluation)(nursing diagnosis was added in 1973)*



By 1970's, nursing researchers & theorists contributed greatly to expansion of nursing knowledge –  
*study of nursing practice was catalyst for development of nursing models & theories*

Nursing evolved into profession with distinct body of knowledge, university-based education,  
specialized practice, standards of practice, social contracts, and ethical codes

2001 – Code of Ethics for Nurses with Interpretative Statements *accepted by ANA House of Delegates*

2003 - Nursing's Social Policy Statement - *by ANA*

Nursing models borrow/share from other disciplines – *sociology, psychology, biology & physics*

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## **Present**

Nation's largest health care profession

3.1 million RNs

100+ specialty nursing associations

Largest employers are hospitals/facilities, community health & nursing homes

Average age of RN is 46.8 years old

Nearly 45% of RNs are above age 50

US has more licensed RNs than ever before

12% shortage in 2010

Most RNs work full time

83.2% of RNs are Caucasian

1 male RN for every 10 female RNs

RNs entering field with bachelor's degree

Advanced degrees are on the rise

Average income for full time staff RN is \$65,000/year or \$31-\$32/hour

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## **Future**

Large percentage of nurses will retire within next 10-15 years

Growing shortage of RNs projected over next 15 years

20% shortage by 2015

Shortage of 1,000,000 nurses by 2020

Current trend is interest in nursing as profession

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## **Definition**

American Nurses Association (ANA) defines nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. The human response includes the response of the individual and family to actual or potential health problems. ANA notes "...Nurses are educated to be attuned to the whole person, not just the unique presenting health problem. While a medical diagnosis of an illness may be fairly circumscribed, the human response to a health problem may be much more fluid and variable and may have a great effect on the individual's ability to overcome the initial medical problem. It is often said that physicians cure, and nurses care. In what some describe as a blend of physiology and psychology, nurses build on their understanding of the disease and illness process to promote the restoration and maintenance of health in their clients..."

Nursing is a key element in patient survival as well as in the maintenance, rehabilitation, and preventive aspects of healthcare.



Art of nursing based on framework of caring and respect for human dignity - “The art of nursing embraces dynamic processes that affect the human person including, for example, spirituality, healing, empathy, mutual respect, and compassion. These intangible aspects foster health. Nursing embraces healing. Healing is fostered by compassion, helping, listening, mentoring, coaching, teaching, exploring, being present, supporting, touching, intuition, empathy, service, cultural competence, tolerance, acceptance, and nurturing.”

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### **History of Life Care Planning**

1976 – Dr. Paul Deutsch began working on development of basic tenets, methodologies & principles of life care planning

1981 – Damages in Tort Action - *established guidelines for determining damages in civil litigation cases and initial terminology/description of life care plan*

1985 – A Guide to Rehabilitation (*introduced life care plan terminology into healthcare/rehabilitation industry*)

1986 – 1<sup>st</sup> Life Care Plan program

1993 – Daubert ruling, federal rules of evidence to qualify as expert witness in court, required consistent/researched/critiqued method of developing opinions

1996 – International Academy of Life Care Planners (IALCP) established - *formerly known as American Academy of Nurse Life Care Planners*

1996 – Commission on Disability Examiner Certification (CDEC) offered Certified Life Care Planner (CLCP) certification exam (*2002 – name changed to Commission on Health Care Certification (CHCC), and now known as International Commission on Health Care Commission (ICHCC)*)



1998 – 1<sup>st</sup> collaborated definition: A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs.

1999 – 1<sup>st</sup> edition of Life Care Planning and Case Management Handbook

2000 – Role & Function Study of Life Care Planners by Southern Illinois University ([\*HANDOUT - Job Functions Associated with the Development of Life Care Plans\*](#))

2002 – Journal of Life Care Planning

2002 – Foundation of Life Care Planning Research

2004 – 2<sup>nd</sup> edition of Life Care Planning and Case Management Handbook

2004 – Pediatric Life Care Planning and Case Management

2005 – IALCP affiliated with International Association of Rehabilitation Professionals (IARP)

2006 – Kumho rulings (*rules to qualify as expert witness*)

2010 – 3<sup>rd</sup> edition of Life Care Planning and Case Management Handbook

2010 – Role & Function Study of Life Care Planners by University of Florida ([\*HANDOUT - Role and Function Study of Life Care Planners\*](#))



### **History of NURSE Life Care Planning**

1997 – American Association of Nurse Life Care Planners (AANLCP)

1998 – 1<sup>st</sup> Nurse Life Care Plan program - *utilized nursing process as foundation*

1998 – Journal of Nurse Life Care Planning

1998 – AANLCP Certification Board offered Certified Nurse Life Care Planner (CNLCP®) certification exam - *(now known as CNLCP® Certification Board)*

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### **Definitions of Life Care Planning & Nurse Life Care Planning**

AANLCP Nurse Life Care Planning definition: The Nurse Life Care Planner utilizes the nursing process in the collection and analysis of comprehensive client specific data in the preparation of a dynamic document. This document provides an organized, concise plan of estimated reasonable and necessary, (and reasonably certain to be necessary), current and future healthcare needs with the associated costs and frequencies of goods and services. The Nurse Life Care Plan is developed for individuals who have experienced an injury or have chronic healthcare issues. Nurse life care planners function within their individual professional scope of practice and, when applicable, incorporate opinions arrived at collaboratively with various health care providers. The Nurse Life Care Plan is considered a flexible document and is evaluated and updated as needed.

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IALCP/IARP Life Care Planning definition: The Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized, concise plan for current and future needs with associated cost for individuals who have experienced catastrophic injury or have chronic health care needs.

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## **Certifications**

**Certified Nurse Life Care Planner (CNLCP®)** - governed by CNLCP® Certification Board

***(HANDOUT – CNLCP® Cert Handbook)***

CNLCP® criteria (as of July 2010)

1. Licensed Registered Nurse (active & no restrictions) for at least 5 years
2. 2 years of paid full time employment in life care planning and/or case management experience, personally coordinating client services along continuum of care
3. Must also meet one of following:
  - a. Minimum of 60 continuing nursing education units in life care planning and/or case management within past 5 years
  - b. Proof of 2 years of life care planning experience within the past 5 years
  - c. Reciprocity: Copy of current CLCP certification and 2 letters verifying life care planning work experience for at least 2 years. If criteria met, reciprocity is granted and eliminates need to sit for CNLCP® exam

CNLCP® certification exam (as July 2010)

1. Administered by Professional Testing Corporation
2. Offered four times yearly in designated location
3. Paper exam
4. 4 hour time limit
5. \$425 (AANLCP members), \$625 (non-members)
6. Content
  - a. Life Care Planning 35%
  - b. Spinal Cord Injuries 15%
  - c. Burns and Amputations 10%
  - d. Acquired and Traumatic Brain Injuries 15%
  - e. Neonatal and Pediatric Injuries/Illnesses 15%
  - f. Chronic Pain 10%



CNLCP® renewal (as July 2010)

1. Every 5 years
2. 60 continuing education units (conferences, publication, presentations, item writing, participation)
3. \$375 (AANLCP members), \$575 (non-members)

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**Certified Life Care Planner (CLCP) certification** - governed by International Commission on Health Care Certification (ICHCC) (*HANDOUT – CLCP Cert Handbook*)

CLCP criteria (as of 2007)

1. Qualified Health Care Professional -entry level academic degree or certificate/diploma within profession
2. 120 hours of post-graduate or post-specialty degree training in life care planning or areas that can be applied to life care planning, 16 hours of training specific to basic orientation, methodology, and standards of practice in life care planning within 12 months of application, and 120 hours can be obtained through online training/educational programs, onsite presentations, and conferences
3. Life care planning training/program must include:
  - a. Life care planning methodology (16 credit hours)
  - b. Catastrophic case management
  - c. Vocational rehabilitation
  - d. Legal component with onsite testimony/trial experience
  - e. Preparation of life care plan and review by approved LCP program or ICHCC
4. Training hours acquired within 5 years preceding application
5. Minimum of 3 years field experience within 5 years preceding application
6. Must also meet one of the following:
  - a. Submit sample life care plan
  - b. Supervision of 1 year with CLCP
  - c. Graduation from accredited training program which includes practicum/internship and development of independent life care plan and critique by CLCP faculty member



CLCP certification exam (as of 2007)

7. Administered by ICHCC
8. Offered at designated location, online, or at ICHCC office
9. Online exam
10. 2 hour time limit
11. \$445

12. Content

- a. Orientation of life care planning and case management
- b. Assessment of rehabilitation potential
- c. Medical and rehabilitation aspects of disability
- d. Development of life care plans
- e. Consultation in life care planning
- f. Professional and operational issues

13. Study guide by ICHCC

CLCP renewal (as of 2007)

4. Every 5 years
5. 80 continuing education units (conferences, courses, publication, presentations, item writing)
6. 8 of 80 continuing education units specific to ethics
7. \$250

Other

1. Practice Standards and Ethical Guidelines/Code of Professional Ethics (reviewed/revised through bi-annual Congress, last Congress in 2010)
2. Role and Function Study of Life Care Planners in 2000 & 2010

*There are other certifications that recognize LCP as subspecialty: LNCC, CRC, CCM*



## **Associations**

American Association of Nurse Life Care Planners (AANLCP) – [aanlcp.org](http://aanlcp.org) (***HANDOUT – AANLCP Membership Guide***)

American Academy of Nurse Life Care Planners, later renamed as International Academy of Life Care Planners (IALCP), now under International Association of Rehabilitation Professionals (IARP) – [rehabpro.org](http://rehabpro.org) (***HANDOUT – IARP Standards of Practice***)

American Association of Legal Nurse Consultants (AALNC) – [aanlc.org](http://aanlc.org)

Association of Rehabilitation Nurses (ARN) – [rehabnurse.org](http://rehabnurse.org)

Case Management Society of America (CMSA) – [cmsa.org](http://cmsa.org)

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## **Critical Thinking**

**Definition -** Ability to solve problems by making sense of information using creative, intuitive, logical, and analytical mental processes...and the process is continual

*Critical thinking requires you to personalize info, analyze it, draw a conclusion of what it means to you - rather than simply memorizing words*

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## Process

Critical thinking is a process

Clinical judgment is result of a process (*forming an opinion or making a decision*)

Critical thinking = clinical judgment

Most important and challenging aspect of becoming a nurse – developing clinical judgment/clinical reasoning skills – *a patient's life depends on this*

Clinical judgment entails knowing what to look for, how to recognize when a patient's status is changing, and what to do about it

Requires ability to recall facts, put them together into a meaningful whole, and apply information to current clinical situation (*situation which is often fluid and changing*)

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*What does a critical thinker look like?*

Critical thinking attitudes

1. Independent thinking
2. Intellectual humility
3. Intellectual courage
4. Intellectual empathy
5. Intellectual integrity
6. Intellectual perseverance
7. Intellectual curiosity
8. Faith in reason/logical thinking
9. Fair-mindedness/impartial judgments
10. Interest in exploring thoughts and feelings

*1st step in critical thinking - identify assumptions & determine whether you have all the necessary facts*

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**(HANDOUT - Critical Thinking Indicators)**



#### 10 Strategies for developing clinical judgment:

1. Keep references
    - a. Learn terminology and concepts
    - b. Become familiar with normal findings
    - c. Ask why
    - d. Learn problem-specific facts
    - e. Apply principles of nursing process
  2. Standard tools to guide your thinking and documentation
  3. Learn to think ahead, think-in-action, and think back
  4. Follow policies, procedures, and standards of care carefully, with good understanding of reasons behind them
  5. Determine system that helps you make decisions about what must be done now and what can wait until later
  6. Never perform actions (interventions) if you don't know why
  7. Learn from human resources (*educators, mentors, colleagues*)
  8. Reduce brain drain of learning new technology
  9. Remember importance of caring
  10. When planning time for nursing care, consider time required for direct care interventions and indirect care interventions
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### Practicing clinical judgment

1. Assess systematically and comprehensively
  2. Check accuracy and reliability (validating data)
  3. Distinguishing normal from abnormal and identifying signs and symptoms (problem identification, signs/symptoms are red flags of a problem)
  4. Making inferences (drawing valid conclusions)
  5. Clustering related cues (data)
  6. Distinguishing relevant from irrelevant
  7. Recognizing inconsistencies
  8. Identifying patterns
  9. Identify missing information
  10. Promoting health by identifying and managing risk factors
  11. Diagnosing actual and potential problems
  12. Setting priorities
  13. Determining client-centered (patient-centered) outcomes
  14. Determining individualized interventions
  15. Evaluating and correct thinking (self-regulating)
  16. Determining a comprehensive plan and evaluating/updating the plan
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### Ethical considerations in critical thinking

Seven ethical principles to apply when making ethical decisions:

1. Autonomy
2. Beneficence
3. Justice
4. Fidelity
5. Veracity
6. Confidentiality
7. Accountability

Critical thinking and clinical judgment in nursing is guided by professional code of ethics, such as ANA Standards of Practice and AANLCP Standards of Practice

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### **Critical Thinking and Evidence Based Practice**

Nursing care has shifted from tradition to evidenced-based approaches

Research definition – orderly, systematic, and objective approach to creating new knowledge (and refining current knowledge) under rigorous testing conditions

Evidence-based practice (EBP) definition – decisions and care practices that are based on most current research and expertise, bridges gap between scientific evidence and practical use in clinical setting

EBP integrates (1) best research evidence, (2) knowledge from clinical experts, and (3) patient preferences into clinical practice

EBP aims to give most consistent and best possible care by creating clinical guidelines that are based on current evidence

EBP requires knowledge be transformed by systematic study of how evidence from research can best be applied in practice

Example – Clinical Practice Guidelines (CPG) – recommendations of how to manage care in specific diseases/problems/situations

Developed for specific use and are designed by a collaborative panel of clinical and scientific experts





### Clinical Practice Guidelines (CPG)

Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances

Attributes include validity, reliability, reproducibility, clinical applicability and flexibility, clarity, development through a multidisciplinary process, scheduled reviews & documentation

Consensus statements created by various entities and experts, both private and public, to outline what may be appropriate treatment for specific medical condition, group of symptoms, or approach at disease prevention

Contemporary development of CPGs involve use of evidence based medicine (EBM) that propose the model under which medical decisions and practice are based on best available evidence

CPGs are both evidence and opinion - they are neither infallible nor substitute for clinical judgment

Guidelines should be backed by evidence in peer-reviewed literature, not just opinion

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## Complex Intellectual Processes

*Critical thinking – goal oriented, purposeful thinking that involves many mental attitudes and skills, such as determining which data are relevant and making inferences. Critical thinking is essential when a problem is ill defined and does not have a single “best” solution.*

*Problem solving – the mental activity of identifying a problem (unsatisfactory state) and finding a reasonable solution to it. This requires decision making; it may or may not require the use of critical thinking.*

*Nursing process – a systematic, creative approach to thinking and doing that nurses use to obtain, categorize, and analyze patient data and to plan actions to meet patient needs. This type of problem-solving process requires the use of decision making, clinical judgment, and a variety of critical thinking skills.*

*Decision making – the process of choosing the best action to take – the action most likely to produce the desired outcome. It involves deliberation, judgment, and choice. Decisions must be made whenever there are mutually exclusive choices, but not necessarily problems.*

*Clinical reasoning – Reasoning is logical thinking that links thoughts together in meaningful ways. Clinical reasoning is reflective, concurrent, and creative thinking about patients and patient care – the kind of reasoning used in the nursing process.*

*Reflection/Reflective judgment – A kind of critical thinking that considers a broad array of possibilities and reflects on the merits of each in a given situation. Reflection is essential when a problem is complex and has no simple “correct” solution.*

*Clinical judgment – judgment is the use of values or other criteria to evaluate or draw conclusions about information. Clinical judgments are conclusions and opinions about patients’ health, drawn from patient data. They may or may not be made using critical thinking.*



Analysis/Critical analysis – *analysis is a critical thinking skill. It is a process of breaking material down into component parts and identifying the relationships among them. Critical analysis is the questioning applied to a situation or idea to determine essential information and ideas and discard superfluous information and ideas. Critical thinking is more than just analysis.*

*(HANDOUT – Application of Critical Thinking Skills to the Role of the LNC)*

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### **Nursing Process**

Common thread among all nursing specialties – nursing process

Nursing process forms foundation of nurse's decision making

Nursing process – composed of assessment, diagnosis, outcomes identification, planning, implementation & evaluation – serves as foundation of decision making & evidence-based practice

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YOUR METHODOLOGY = NURSING PROCESS

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Types of nursing knowledge:

1. Scientific knowledge – *facts, information, principles, or theories, acquired by scientific investigation*
  2. Nursing art – *way in which nurses use their knowledge (attitudes, beliefs, and values), gained by subjective experience*
  3. Nursing ethics – *ethical knowledge refers to knowledge of professional standards of conduct/professional code of ethics, informal ethics of a profession are based on conventional moral principles – unwritten values that are widely held in a profession, expressed in practice, and enforced by rewards and sanctions, rooted in nurse's general views of morality, experience & history of profession*
  4. Personal knowledge – *knowing self in relation to another human being and interacting on a person-to-person rather than a role-to-role basis, approach patients as people and not objects, establish therapeutic relationships*
  5. Practice wisdom - *acquired from intuition, tradition, authority, trial and error, and clinical experience, provides basis for much of nursing care*
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## **Nursing Process (as described by ANA) (*HANDOUT – Nursing Scope & Standards BOOK*)**

### **1. Assessment**

Collects comprehensive data pertinent to patient's health or situation

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### **2. Diagnosis**

NANDA defines a nursing diagnosis as a clinical judgment about an individual, family, or community response to actual or potential health problems and life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable.

Nurses analyze assessment data to determine nursing diagnoses or issues



Important to distinguish nursing diagnoses from medical diagnoses

Both designed to plan care for patient

Medical diagnoses focus on disease process

Nursing diagnoses focus on human response to stimuli

Different types of nursing diagnoses:

1. Actual diagnosis - *health problem & patient can benefit from nursing care*
2. Risk diagnosis - *describes human responses to health conditions/life processes that may develop in a vulnerable individual/family/community*
3. Health - Promotion diagnosis - *patient/family/community's motivation and desire to increase well-being and actualize human health potential, can be used in any health state*
4. Wellness diagnosis - *assist with wellness and preventive problems*

Nurses are accountable for identifying issues related to how health problems influence each unique person's ability to function independently as bio-psychosocial human being

Nurses have accountability for both human responses and medical problems

Nurses are accountable for detecting signs and symptoms of problems that are within their expertise to manage independently



For example, as a nurse, you're not qualified to independently diagnose (*medical diagnosis*) and manage medical diagnosis of pneumonia, but you are responsible for:

1. Detecting and reporting signs and symptoms that may suggest medical diagnosis or complication
2. Preventing common complications by recognizing when your patient is at risk, and monitoring closely and performing preventative nursing interventions
3. Ensuring that medical problems are monitored and treated according to physician's treatment plan
4. Diagnosing and management of human responses
5. Diagnosing problems with independence
6. Monitoring treatment and medication regimens for adverse reactions and individualizing the regimens within prescribed parameters

Nurses play a key role in preventing complications related to medication and treatment regimens

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### **3. Outcomes Identification**

Identifies expected outcomes for plan individualized to patient or situation

*Based on assessment & diagnosis, nurse sets measurable & achievable short and long-term goals for client*

*Assessment data, diagnosis, & goals are written in client's care plan so others are aware*

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#### **4. Planning**

Develops plan that prescribes strategies and alternatives to attain expected outcomes

*Clarify expected outcomes, set priorities, determine interventions to detect/prevent/manage health problems and risk factors, promote optimum function/independence/sense of well-being, achieve expected outcomes safely and efficiently*

*4 components of plan of care: 1) expected outcomes, 2) actual and potential problems, 3) specific interventions, and 4) evaluation/progress notes*

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#### **5. Implementing**

Implements identified plan

*Nursing care implemented according to care plan, puts plan into action, performs interventions (nursing actions), reassess patient to determine end result/outcomes, changes as needed, chart nursing actions and patient's responses*

*Care documented in client's chart*

- a. Coordination of care – *coordinates care delivery*
  - b. Health teaching and health promotion – *employs strategies to promote health and safe environment*
  - c. Consultation – *advanced practice registered nurse and nursing role specialist provide consultation to influence identified plan, enhance abilities of others, and effect change*
  - d. Prescriptive authority – *advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations*
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## 6. Evaluation

Evaluates progress toward attainment of outcomes

*Evaluation to decide if expected outcomes have been met/new problems/emerge, decide whether to modify or terminate plan, plan for ongoing continuous assessment & improvement*

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Think like a nurse = nursing process

Assessment / Diagnosis

Diagnosis / Planning

Planning / Implementation

Implementation / Evaluation

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Nursing process characteristics that promote critical thinking:

Purposeful, organized and systematic

Humanistic

Step-by-step, cyclic and dynamic

Outcome focused

Cost effective

Proactive

Evidenced based

Intuitive and logical

Reflective and creative

Improvement oriented

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Patients are rarely seen for care with an isolated problem. Rather, they have several interrelated problems that contribute to one another. Determining relationships between the problems is key to setting priorities.

There is a dynamic relationship with problems, interventions, and outcomes!!!!!!

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**Critical thinking + nursing process = ANA Standards of Practice**  
*(foundation of nurse's decision making)*

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Nursing process = tool

Critical thinking = how to use the tool

Evidence based = Nursing Practice Act

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Code of Ethics for Nurses with Interpretative Statements – nursing encompasses prevention of illness, alleviation of suffering, and protection, promotion, and restoration of health in care of individuals, families, groups, and communities

Nurses function in role of direct care activities, delegation, teaching, research & administration

ANA has developed generic standards that apply to practice of all professional nurses

Specialty nursing organizations stem from these practices and develop their own individual practice statements, and standards of practice specific to specialty practices



Standards of Practice describe a competent level of nursing care as demonstrated by critical thinking model known as **nursing process**

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### **Nursing Practice Act**

Based on state RN licensure

Nursing Practice Act defines scope of nursing practice in specific state of licensure

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For example – Nursing Practice Act/State of North Carolina defines nursing

“...Nursing is a dynamic discipline which includes the assessing, caring, counseling, teaching, referring and implementing of prescribed treatment in the maintenance of health, prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to, assisting, and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patient during convalescence and rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals, groups, and communities; the supervision, teaching, and evaluation of those who perform or are preparing to perform these functions; and the administration of nursing programs and nursing services...”

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For example – Nursing Practice Act/State of North Carolina defines roles/responsibilities of nurse

“...The 'practice of nursing by a registered nurse' consists of the following ten components:

- a. Assessing the patient’s physical and mental health including the patient’s reaction to illnesses and treatment regimen.
- b. Recording and reporting the results of the nursing assessment.
- c. Planning, initiating, delivering, and evaluating appropriate nursing acts.
- d. Teaching, assigning, delegating to or supervising other personnel in implementing the treatment regimen.
- e. Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the providing of G.S. 90-182, not prescribing a medical treatment regimen or making a medical diagnosis, except under the supervision of a licensed physician.
- f. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by state law for prescribing the regimen.
- g. Providing teaching and counseling about the patient’s health.
- h. Reporting and recording the plan for care, nursing care given, and the patient’s response to that care.
- i. Supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions and administering nursing programs and nursing services.
- j. Providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly...”

***(HANDOUT - RN Scope of Practice/NC Board of Nursing)***

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Nursing is guided by standards of practice and standards of professional performance by ANA - *aka nursing process*

Your specialty nursing area & certification board also have standards of practice and standards of professional performance (AANLCP, CNLCP® CB, IARP/IACLP, ICHCC)



WE DO NOT DIAGNOSE & TREAT, WE PREDICT/PREVENT/MANAGE/PROMOTE

Nurses understand the typical course of most health problems and how to alter the course, focus on early intervention to prevent and manage problems and their potential complications, all based on research or clinical evidence .

Assessment + diagnosis + planning + implementation + evaluation = critical thinking

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### **Nurse Life Care Planning**

Nurse Life Care Planning (NLCP) = applies nursing process to life care planning

Critical thinking + nursing process + life care planning = NURSE LIFE CARE PLANNING

Regardless of which certification you chose - your LCP foundation will be based on the nursing process

You're a Nurse first, then Nurse Life Care Planner secondly

NLCPs are not the 1<sup>st</sup> nurses to take nursing process outside of hospital

AANLCP maintains that nurse life care planning is a nursing practice role, demonstrated by the critical thinking model known as the nursing process, and as sanctioned by the state nursing practice acts

Additionally, AANLCP recognizes that the Nurse Life Care Planner must acquire the specialized knowledge appropriate to this role and situational practice setting

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## **Role/Responsibilities of NLCP (as described by AANLCP)**

AANLCP offers Standards of Practice and a Code of Professional Ethics and Conduct to promote and establish excellence among its members. AANLCP's abbreviated Standards of Practice include:

### **Standard 1. Assessment**

The Nurse Life Care Planner collects comprehensive data pertinent to the individual's health or the situation/health case or claim.

### **Standard 2. Nursing Diagnosis**

The Nurse Life Care Planner analyzes the assessment data to determine the diagnoses or issues.

### **Standard 3. Outcomes Identification**

The Nurse Life Care Planner discerns/considers expected outcomes for a plan specific to the individual or the situation/health case or claim.

### **Standard 4. Planning**

The Nurse Life Care Planner develops a plan that prescribes strategies and alternatives to attain the considered outcomes.

### **Standard 5. Implementation**

The Nurse Life Care Planner provides for implementation of the identified plan.

### **Standard 5A. Coordination of Care**

The Nurse Life Care Planner provides for coordination of the care and services within the individualized plan related to the situation/health case or claim.

### **Standard 5B. Health Teaching and Health Promotion**

The Nurse Life Care Planner employs strategies to promote a better understanding of health and safety.



#### Standard 5C. Consultation

The Nurse Life Care Planner provides consultation where appropriate in regard to the identified plan, enhancing the abilities of others and effecting change when necessary and needed.

#### Standard 6. Evaluation

The Nurse Life Care Planner evaluates and/or documents appropriate delegation of evaluation for progress toward the attainment of outcomes as related to the situation/health case or claim.

#### Standard 7. Quality of Practice

The Nurse Life Care Planner systematically enhances the quality and effectiveness of nursing practice.

#### Standard 8. Education

The Nurse Life Care Planner attains knowledge and competency that reflects current nursing practice.

#### Standard 9. Professional Practice Evaluation

The Nurse Life Care Planner evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

#### Standard 10. Collegiality

The Nurse Life Care Planner interacts with and contributes to the professional development of peers and colleagues.

#### Standard 11. Collaboration

The Nurse Life Care Planner collaborates with individuals, families, health care providers, and others when possible and appropriate, in the conduct of nurse life care planning practice.

#### Standard 12. Ethics

The Nurse Life Care Planner integrates ethical provisions in all areas of practice.



### Standard 13. Research

The Nurse Life Care Planner integrates research findings into practice.

### Standard 14. Resource Utilization

The Nurse Life Care Planner considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of the Nurse Life Care Planner's services.

### Standard 15. Leadership

The Nurse Life Care Planner provides leadership in his/her professional practice setting and in the profession.

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### *(HANDOUT – What is Nurse Life Care Planning?/AANLCP)*

NLCP - specialized area of nursing practice dealing with individuals who sustained a catastrophic injury/illness

NLCP - uses nursing process as foundation

NLCP - uses a holistic approach to encompass the client, their support system, their environment, and their individual needs related to the injury/illness

NLCP - tool used for estimating health care needs for client with catastrophic illness/injury & chronic health care issues

NLCP - identifies appropriate nursing diagnosis to assist in the development of the Nurse Life Care Plan to describe the client's individual needs

NLCP - estimate of needs using collaborative approach

NLCP - specific to individual's needs

**Role/Responsibilities of LCP** (as described by research studies) (*HANDOUT - Job Functions*)  
(*HANDOUT - Role & Function Study*) (*HANDOUT - JLCP LCP Survey*)

**Other disciplines in LCP**

Physician  
Psychologist  
Counselors  
Rehabilitation Professional  
Case Manager  
PT/OT/Speech Therapist

*Focus of all Life Care Planners (regardless of background) – project future care & costs*

*Nurses have advantage in LCP - we have been using the nursing process for decades*

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### **Areas of practice**

Setting reserves for insurance carriers  
Managed care organizations – project future cost  
Case management  
Workers' compensation  
Personal injury  
Hospital/facility discharge planning  
Government funded vaccine injury program  
Elder care management  
Structured settlement brokers  
Estate planning with catastrophic child/family member  
Special needs trust  
Divorce  
Disabled veterans  
Foster care/adoption

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**Others involved** - insurance carrier/adjustor, defense attorney, plaintiff attorney, client, family, health care providers, vocational specialist and economist

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## **Nurse Life Care Planning**

### **ASSESSMENT**

#### **Referral**

Relevant information  
Role (consultant or expert witness)  
Requested service  
Demographics  
Deadlines  
Conflicts of interest

#### *Referral checklist*

##### *Initial phone call/meeting for referral*

- 1) *Discuss education, work experience, nurse life care planning experience*
- 2) *Service requested (Life Care Plan, Medical Cost Projection, and Life Care Plan review)*
- 3) *Litigated or non-litigated*
- 4) *If litigated, state or federal court*
- 5) *Deadlines*
- 6) *Fees/contract services agreement*
- 7) *Demographics*

Forward to referral source - referral letter/services retainer agreement/fee schedule/retainer fee/CV/HIPAA release\* (*purpose to clarify service & business practice in writing & show establishment of professional relationship*)

Requested information - complete set of medical records, medical bills, and supporting documentation (*deposition, pictures, videos, and school records*)



### **File set up**

- Referral sheet\*
- Flow sheet\*
- Notes
- Print/organize medical records/bills/supporting documentation

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### **Schedule Nurse Life Care Plan Assessment (NLCPA)**

- Client contact/introduction
- Travel arrangements
- Confirm NLCPA
- Prepare for NLCPA

*Some LCPs send 'pre-interview form' for client to complete prior to LCPA*

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### **Records review**

- Begin NLCP documentation
- Additional requests (*by NLCP or referral source*)
- Develop Medical Timeline\* - *see NLCP Report Template*

*Carefully review medical records for indirect recommendations to include in LCP, example – complications, pattern of care (reference MD & date for NLCP recommendation)*

*Medical Timeline - focus on SOAP note (subjective, objective, assessment, plan) - leave out details not relevant to current status of case (lab values, vital signs, medication dosages, negative diagnostic studies), leave out NLCP opinions, focus solely on regurgitating/paraphrasing medical records, not all*



*medicals need to be in Medical Timeline, hit highlights that relate to outcomes & NLCP recommendations, watch slang/abbreviations, spell out initially - then abbreviate*

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### **Nurse Life Care Plan Assessment**

Review records

Nurse Life Care Plan sample

HIPAA release\*

NLCPA form\* (**HANDOUT - FIM/FAM**)

Home assessment (**HANDOUT – Home Assessment in Life Care Planning**)

*Using standardized assessment form - shows consistency/methodology*

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### **NURSING DIAGNOSIS**

Clinical judgment and evidence based nursing is foundation *for nursing diagnosis*

Provides basis for selection of nursing interventions to achieve outcomes

Nurses accountable for identifying issues related to how health problems influence each unique person's ability to function independently

Nurses accountable for detecting signs and symptoms of problems that are within their expertise to manage independently

Nurses accountable for both human responses and medical problems

*Nursing diagnoses included in NLCP process/report:*

- List in NLCPA form
  - List nursing diagnoses in narrative section
  - List nursing diagnoses in separate section
  - List nursing diagnoses in NLCP recommendations tables
- 

## **OUTCOME IDENTIFICATION**

Determining expected outcomes & interventions by predicted responses

Interventions should be designed to - detect, prevent & manage health problems; promote optimum function & wellness, and achieve desired outcomes safely and efficiently

## **Collaboration**

Treating providers

Independent Medical Examination (IME)

Rely on vendors/colleagues

*Questionnaires\**

**Medical research\*** (*HANDOUT - Medical Guidelines and Reviewing Medical Records*) (*HANDOUT - LCP Tools, Websites & Resources*)

Text books

Journals

Associations

Databases/Search engines

Websites

Clinical Practice Guidelines



Include probable complications and NLCP recommendations to reduce/avoid secondary diagnoses

Outcome identification provides a continuity of care

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*Outcome Identification & Planning are most time consuming of LCP process - research & cost analysis*

## **PLANNING**

Goal is to make individual as functional and independent as possible

This is not only cost effective, but improves the quality of life

Recommendations are to prevent/minimize future complications

*Planning includes*

**NLCP Recommendations**

**Costs of care**

**Writing the Nurse Life Care Plan**

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**Recommendations in Nurse Life Care Plan** *(to be discussed in detail under each medical section)*

### **Medical**

Medical care - *physician appointments/evaluations*

Surgeries/Procedures - *invasive vs. non-invasive*

Hospitalizations

Therapeutic Evaluations/Modalities (*HANDOUT – A Survey of Physical Therapists*)

Diagnostic Studies

Lab Work

Medications



Medical Supplies

Durable Medical Equipment/Aids for Independent Function (*HANDOUT - DME Replacement*)

Orthoses/Prosthesis

Mobility (*HANDOUT - Wheelchairs: What Life Care Planners Should Know*)  
(*HANDOUT - WC Replacement Schedule*)

Home Care/Living Arrangements (*HANDOUT - Skilled vs. Unskilled Home Care Services*)(*HANDOUT - Tools for Making Home Care Decisions*)  
(*HANDOUT - Metlife Survey*) (*HANDOUT - Genworth Survey*)

Respite care

Home Health Care (skilled vs. unskilled) - *level of care determined by state regulations, check with state board & local agencies*

Facility Care

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### Medical necessity

- No universal standard definition, medical necessity mentioned in Social Security Act of 1965
  - Medical necessity - reasonable and necessary for the diagnosis or treatment of illness or injury
  - Prevent onset or worsening of illness/condition/disability
  - Establish medical diagnosis
  - Provide palliative, curative or restorative treatment for physical and/or mental health conditions
  - Assist individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both functional capacity of individual & those functional capacities that are appropriate for individuals of same age
-



## Non-medical

Home modifications (*HANDOUT - Financing an Accessible Home*) (*HANDOUT - VA Housing Allowance*) (*HANDOUT - VA Home Modifications*)

Transportation (*HANDOUT - Vehicle Modifications*) (*HANDOUT - Handicap Vans Report*)

Educational/Vocational

Other (*HANDOUT - VA Clothing Allowance*)

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**Costs** (*HANDOUT - Medical Coding and Life Care Planning*) (*HANDOUT - Pricing Physician Office Visit*)

Geographical location

Records review and actual providers

Local providers

Research

Coding

Costing - *usual/customary & reasonable (UCR)*

Collateral resources - *insurance, Medicare, Medicaid, state funded programs, IEP/school programs*

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## Medical Costing & Costing 101

Medical coding - defined as the translation of diagnoses, procedures, services, and supplies into numeric and/or alphanumeric components for statistical reporting and reimbursement purposes





Medical coding history - began in 1966 under HealthCare Financing Administration - now known as Centers for Medicare & Medicaid Services

CMS mandated medical coding for diagnosis and reimbursement of medical services and supplies

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Why medical coding in NLCP?

Offers systematic process to costing NLCP

Developed by nationally known associations

Developed/implemented by federal government

Recognized/implemented by insurance carriers

Millions of providers participated in cost research

Peer reviewed and updated annually

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ICD-9-CM (International Classification of Disease Clinical Modification) - identifies diseases and procedures, medical diagnosis

ICD-9 examples

Carpal tunnel syndrome	354.0
Reflex sympathetic dystrophy upper limb	337.21
Reflex sympathetic dystrophy lower limb	337.22
Paraplegia	344.1
Low back pain	724.2
Chronic fatigue syndrome	780.71
Black hairy tongue	529.3
Cauliflower ear	738.7

DRG (Diagnostic Related Group) - inpatient hospitalization/procedures/surgeries

DRG examples

Spinal disorders & injuries	9
Pulmonary embolism	78
Kidney transplant	302
Rehabilitation	462
Psychoses	430
Wound debridement for injuries	439
Hand procedures for injuries	441
Back & neck procedures except spinal fusion with complications &co-morbidities	499

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CPT (Current Procedural Terminology) - medical, surgical, and diagnostic services rendered by health care providers

CPT categories

Evaluation & Management  
Anesthesia  
Surgery  
Radiology  
Pathology & Laboratory  
Medicine



#### CPT examples

New, outpatient visit (10 min.)	99201
Established, outpatient visit (15 min.)	99213
Anesthesia, corneal transplant	00144
Surgery, knee arthrodesis	27580
X-rays, full spine	72010
CT scan, lower extremity with contrast	73701
General health panel	80050
Therapeutic drug assay (Doxepin)	80166
Ophthalmological exam	92012
Chiropractic manipulative treatment	98940

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HCPCS (Health Care Common Procedural Coding System) - procedures and services that are not covered by CPT codes

#### HCPCS categories

Ambulance  
Chemotherapy Drugs  
Durable Medical Equipment  
Eye Glasses  
Injections  
Medical & Surgical Supplies  
Office Services  
Orthosis/Prosthesis

## Rehabilitative Services

### HCPCS examples

Non-emergency transportation (taxi)	A0100
Compression burn garment	A6512
Parenteral nutrition administration kit	B4224
Vena cava filter	C1880
Straight cane	E0100
Influenza virus vaccine, administration	G0008
Alcohol and/or drug screening	H0049
Injection, Botulinum toxin type A	J0585
Standard wheelchair	K0001
TLSO, full corset	L0976

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## Medical Costing

### Identify costs

Usual, customary & reasonable (UCR) - *apply zip code modifier*

Fee schedules/data bases

Resources/books

Hospital/facility

Manufacturer/vendor

### Costs difficult to identify

Anesthesia/Hospital

Spinal cord stimulator

Implantable pumps

Implantable hardware



## Prosthesis

Several codes associated with final product  
Recommend contacting provider/manufacturer

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### Standardized Calendar

365 days/year x 24 hours/day = 8,760 hours/year  
254 weekdays x 24 hours/day = 6,096 hours/year  
105 weekend days x 24 hours/day = 2,520 hours/year  
6 holidays x 24 hours/day = 144 hours/year

52 weeks/year  
4.3 weeks/month  
30.4 days/month

therapy year - 48 weeks  
school year - 39 weeks\*  
\*may vary by state

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### **Calculation of NLCP**

Life expectancy (*HANDOUT - CDC Life Expectancy table #1*)  
Annualized  
Reduced life expectancy/rated age

### **Writing the Nurse Life Care Plan**



Template

Computer Software

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**IMPLEMENTATION** - *actual implementation not part of NLCP Report*

Case management

Client/family education

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**EVALUATION** - *not included in NLCP Report*

Follow up

Life Care Plan review/critique

Nurse Life Care Plan revision

Settlement mediation

Medicare Set-Aside Allocation

Structured settlement

Special Needs Trust

Case management

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**CASE STUDY**

