

MEDI-LEGAL RESOURCE NEWS

PUBLISHED AND EDITED BY BOBBI BLACK RN CLNC

THE ROLE OF UNLICENSED ASSISTIVE PERSONNEL [UAP] IN THE DELIVERY OF HEALTH CARE BY BOBBI BLACK RN CLNC

INSIDE THIS ISSUE:

- THE ROLE OF UAP IN THE DELIVERY OF HEALTHCARE** 1
- USING 3-D ANIMATION IN MEDICALLY-RELATED LITIGATION** 2
- WHAT IS THE CBC** 3
- CASE LAW UPDATES** 4

Aspects of the nursing process is the responsibility of the Registered Nurse

- *Performance of a comprehensive assessment*
- *Validation of assessment data*
- *Formulation of a nursing diagnosis*
- *Identification of goals*
- *Determine a nursing care plan and appropriate interventions*
- *Evaluate the effectiveness of nursing care provided.*

Besieged with financial and political restraints, the addition or substitution of less expensive nursing personnel is quickly gaining popularity, in the health care setting. The American Nurses Association [ANA] defines unlicensed assistive personnel as any individual who is trained to function in an assistive role to the licensed nurse. The majority of these disciplines typically do not require licensure at the state or national level. These changes in the health care environment has altered the scope of nursing practice and its relationship to activities delegated to UAP. The ANA stipulates that it is responsibility of the nursing profession to establish standards and the responsibility of the individual nurse to implement those standard when working with UAPs and governing bodies at the state and national levels have established guidelines, articulating clear principles of delegation and defining those duties that may be appropriately delegated; in efforts to ensure there is adequate nursing involvement in patient care situations and that the UAP is not inappropriately performing functions that fall within the scope of nursing practice. It is further stipulated that the when working with a UAP, the licensed professional nurse retains ultimate responsibility and accountability for the delegation of duties to the UAP as well as the management and provision of all care that requires the skill and/or knowledge of the professional registered nurse.

Nursing delegation is recognized as the act of entrusting the performance of selected tasks to an individual who is qualified, competent and able to perform such tasks. The ability of the RN to assess real or potential harm to a patient is seen as integral in determining which tasks may be performed by a non-nursing caregiver. It is the professional nurses responsibility to delegate appropriate tasks to the appropriate individual which requires the RN to first assess/evaluate

the patient in order to determine the level of care that is needed before she/he can determine if that level of care falls within the scope of assistive personnel. Tasks delegated to UAPs are considered to be those that are technical in nature, standard and/or unchanging and/or felt to have predictable results with minimal potential risk. Tasks that require nursing judgment or complex, multidimensional application of the nursing process should not be delegated to the UAP. According to the National Council of State Boards of Nursing; the right task, right circumstances, right person, right direction/communication and right supervision are key to appropriate delegation. The UAP can observe and report however it is the RN's responsibility to interpret the patient information as well as establish a means of effective communication or feedback from the UAP in order to determine the desired result is obtained.

Many UAPs hold certification within their area of practice. Certification is awarded by an organization to an individual who have met and/or maintained various accomplishments within a specific discipline. Nurses are licensed following completion of an accredited nursing program and passing state licensing examination. EMTs, paramedics, technicians and nurses aids may be certified through respective organizations however state licensing examination is typically not required by most states. Although these individuals may excel in performance within their specific disciplines they are not trained in regard to the skills particular to nursing. The delivery of healthcare must be designed to meet the needs of it's patient population and health care facilities are responsible to maintain a working knowledge of all regulations pertaining to appropriate scope of practice for any licensed practitioner or a job description for any unlicensed worker, in their employ and provide care by staff functioning with approved scopes of practice. It is the responsibility of the organization to develop appropriate job descriptions, prepare / provide

THE ROLE OF THE UAP (CONTINUED FROM PAGE 1)

time for RNs supervision and evaluation and take corrective action for substandard performance.

The professional registered nurse has both a legal and an ethical obligation to render safe, competent care.

1. It is the nursing profession that determines the scope of nursing practice.
2. It is the nursing profession that defines, supervises the education, training and utilization for any unlicensed assistant roles involved in direct nursing care areas
3. The professional RN is responsible and accountable for the provision of nursing practice
4. It is the professional RN who supervises and determine the appropriate utilization of unlicensed assistant involved in providing direct patient care, and
5. It is the purpose of the UAP to enable the professional nurse to more efficiently provide direct nursing care to the patient; not replace it.
6. Characteristics of appropriate delegated tasks are those that:
 - Recur frequently in daily care of the patient
 - Are performed according to an established sequence of steps
 - Involve little or no modification from one patient care situation to another

- Lack inherent involvement of ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure itself.

7. The RN retains responsibility and accountability for nursing practice by:

- Verifying competency of the UAP before delegating the duty and establishes a means of reporting or communicating patient observations
- RN performs ongoing supervision of the care provided by UAP.
- The professional nurse performs activist that involve assessment, planning, evaluation, nursing judgment and problem-solving.
- The RN evaluates the patient responses to the care provided.

The history of nursing has been replete with periods of oversupply and the abundance of nurses to periods of undersupply and the need for nurse extenders a/k/a UAP unlicensed assistive personnel and most likely will continue to change in the future. Established professional guidelines are paramount in support of the nurse effectively and collaboratively working with the UAP as well as assisting other health care professionals and administrators in developing appropriate roles, defining job descriptions and responsibilities that promote favorable patient outcomes.

Read more about nursing and the UAP

[Emergency Nurses Association](#)

[National Council of State Boards of Nursing](#)

[ANA Position Statement](#)

Using 3 D Animation in medically-related litigation by Cal Shipley, MD ABFP

3D Animation is rapidly becoming the gold standard in American courtrooms as a medium for demonstrative evidence in med-mal and personal injury cases with medically-related elements. The reasons for 3D animation's superiority are multi-fold.

3D vs 2D

2D animation involves creation of a series of drawings which are then viewed in sequence to create the illusion of motion (i.e.- a Mickey Mouse cartoon). Many companies who specialize in medical illustrations, also offer medical "animations" which are in reality simply a series of 2D drawings strung together. Illustrators use ingenious artistic techniques to suggest 3D space, but in the final analysis, the illustration universe is a 2 dimensional one; it can show us the view from only one perspective at a time. In 3D animation, a 3 dimensional model can be built in the virtual space of the computer screen.

These models can then be manipulated and viewed from any desired perspective, similar to the manner in which we might hold an object in our hand and turn it from side to side.

Motion

The dimensional advantages of 3D animation are just the beginning, for the ability to portray movement is where animation really excels. Through 3D animation, we can reveal not only the spatial relationships of anatomy but also how that anatomy functions. How is a coronary artery stented, what is the precise motion of a fetus as it traverses the birth canal, how does a traumatic hemorrhage in the brain evolve from the acute stages to long term atrophy, what is the mechanism of infectious spread from a localized wound to the generalized bloodstream? Because animation per-

USING 3 D ANIMATION (CONTINUED)

mits us to simulate motion, a brief sequence can render concrete a concept that would otherwise remain an abstraction when explained via pure verbal testimony or a series of illustrations.

Macro v. Micro

One of the many strengths of the 3D animated sequence relates to the macro-micro concept of human biology. The body consists of functions at 2 very different levels. For example the macroscopic level - demonstrating motion of the heart as it propels blood through the lungs, and the microscopic level demonstrates the transfer of oxygen molecules from the pulmonary alveoli to the capillaries. With animation, we are limited only by our own imagination as far as the variety of techniques possible to tell the story of your case. An example of this versatility is a technique I refer to as "Information Overlay". Because we are not dealing with a static image in an animated sequence, but instead have an image that is constantly evolving, we can bring additional information in and out of a sequence by overlaying it onto our background. Last, but by no means least, on the list of benefits of creating animation for a medically-related case; is that it really forces all parties to examine your case in minute detail. As a result, such an analysis can reveal and help to resolve ambiguities in the details of the case before they suddenly "rear their heads" in the courtroom or at the settlement table. A well produced animation is highly detailed and precisely conveys the information of a procedure or biological phenomenon with maximum effect. The result is that the whole legal team, attorneys, experts and animator alike, end up on the same page regard-

ing the facts and theme of the case – the same facts that may "make or break" the case.

Project length & Time To Completion

The length of an animation is strictly determined by the complexity of the specific case and the number of salient points to be made, but in my experience, a two minute project is generally the minimum length required for a properly done animation. On the other hand, I have produced as much

as twelve minutes of animation for more elaborate presentations. Time to complete the project also hinges primarily on the complexity and length, but is also influenced by the number of experts and/or attorneys involved in the case, and of course deadlines for mediations & settlement conferences, and trial dates. The advent of the internet has greatly facilitated the ease with which draft versions, revisions and final versions of a project can be transmitted for client and expert review.

Cost

Cost of 3D animation is directly related to length, and therefore, will vary with the complexity of the case. The value must be determined in terms of its unparalleled ability to convey huge quantities of highly technical information in a short period of time, in a comprehensible fashion.

Learn more about Cal Shipley, MD and 3 D animation for attorneys at [Trial Image, Inc](#)

You need to distill the complexities and jury baffling esoteric concepts of a medically-related case.

Dr. Shipley has had 13 years of experience in graphics and 20 years experience as a clinical physician. He is tenacious in crafting a presentation that will accurately portray the theory of your case.

What's in a CBC by Jeanine Lurie RN BSN LNC

One of the most commonly ordered clinical laboratory tests, a blood count, also called a **C**omplete **B**lood **C**ount (CBC), is a basic evaluation of the cells (red blood cells, white blood cells, and platelets) suspended in the liquid part of the blood (plasma). The CBC is one means of determining overall health status and is a useful screening and diagnostic study. It involves determining the numbers, concentrations, and conditions of the different types of blood cells. A CBC is actually a series of tests in which the numbers of red blood cells, white blood cells, and platelets in a given volume of blood are counted as well as identifies the levels of hemoglobin and hematocrit. Components of the CBC may be tested as a group or may be tested separately depending on the parameters of assessment requested by the physician.

The CBC provides valuable information about the blood and blood forming tissues i.e. bone marrow and measures the following:

- The number of red blood cells (RBCs) which transport oxygen to the tissues
- The number of white blood cells (WBCs) are mediator of inflammation and immune response. A/k/a leukocyte the WBC help fight infection. An increase in WBC indicates the body defense mechanism has been activated.
- The total amount of hemoglobin in the blood which is the protein-iron compound of the red blood cells.
- The fraction of the blood composed of red blood cells a/k/a hematocrit which measures the percentage of red blood cells

Visit us on the web:

www.golegalnurse.com

**A LEGAL RESOURCE
SERVICE**

201 Oak Blvd.

P.O. Box 67

Huxley, Iowa 50124

Phone: 515-597-4203

Fax: 515-597-3287

E-mail: BobbiBlack@huxcomm.net



A Legal Nurse
Consulting Company

Case Law Updates

National

Hadley v Terwilliger- Medical Malpractice Florida—\$8.57 Million awarded to 5 year old when tuberculosis meningitis went undiagnosed, until it was too late.

Mosley v Kershaw Police Brutality Baltimore City MD \$44 Million awarded prisoner who was rendered quadriplegic when police officer threw him into a cell wall

Iowa Court of Appeals:

Imber v Iowa Board of Medical Examiners Imber appeals arguing disciplinary action is confidential under Iowa Code Section 272C (4) 2001 and the Board did not have jurisdiction to pursue the initial disciplinary action. Appeal from Iowa District Court Polk County affirmed

Khounlo v B. Moats and IA Health Systems: Khounlo appeals district court order denying second motion to continue trial. Opinion holds.

Askvig v State of Iowa: The administrator of Lyle Askvig's estate appeals summary judgment for the State of Iowa. Opinion holds, the estate cannot show legal causation.

Current v Delglopper: Iowa District Court for Mahaska County orders new trial based on evidence of injury. Defendants appeal from an order granting plaintiffs a new trial Affirmed

**TAKE THE "MAZE & MYSTERY" OUT OF
THE MEDICAL RECORD
AND GAIN THE WINNING EDGE IN YOUR NEXT HEALTH-
RELATED CASE.**

WHAT IS THE CBC (CONTINUED FROM PAGE 3)

in the total blood volume.

- The mean corpuscular volume (MCV) – the size of the red blood cells
- Platelets- the smallest of the cellular elements of blood, and play an important role in blood clotting.

The differential count of the CBC measures the numbers of the different types of white blood cells present in the blood. There are five types of white blood cells, each with a specific job: neutrophils, lymphocytes, eosinophils, basophils, and monocytes. The two major types of white blood cells are neutrophils and lymphocytes. This study is important when infection or inflammation is suspected as it plays a key role in the body's defense mechanism against invading organisms. Neutrophils have the ability to surround, engulf and destroy invading microorganisms and lymphocytes are specific proteins that attack and destroy germs. **Eosinophils** and **basophils** in the blood may be increased in allergic conditions. The mononuclear phagocytes (or

monocytes) are the largest white blood cells in the bloodstream; they remove dead cells and microbes from the blood.

The Platelet Count: Platelets are the smallest blood cells. They play an important role in blood clotting and the prevention of bleeding. There are about 100,000 to 300,000 platelets in each cubic millimeter of blood. When a blood vessel is damaged or cut, platelets clump together and plug up the hole until the blood clots. If the platelet count is too low, a person can be in danger of bleeding in any part of the body.

In most cases, test results are reported as numerical values rather than as "high" or "low", "positive" or "negative", or "normal". In these instances, it is necessary to know the reference range for the particular test. However, reference ranges may vary by the patient's age, sex, as well as the instrumentation or kit used to perform the test.