LIFE CARE PLAN REVIEW

FOR

BEST LAW FIRM

Ms. Client

Med League
Legal Nurse Consulting

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LIFE CARE PLAN REVIEW

Introduction:
John Doe, United States Assistant Attorney, United States Department of Justice, District of New York , requested a review of Doctor 1's Care Plan dated 10/05/2018 and Amended Care Plan dated 01/31/2019. Nurse life care planning is the protection, promotion and optimization of health and abilities for an individual and family affected by catastrophic injury and chronic and complex health conditions.[1] This Life Care Plan Review includes the future cost of identified interventions and associated costs for health maintenance of Client during her life expectancy ("LE") using the nursing process.[2]

Report Research
The information and recommendations in this review are based upon my visit to Medical Center One Long Term Care Division, review of medical and billing records, expert reports, references, and my nursing and case management expertise and judgment.

Cost Research
The cost figures are based on current rates in New York , the Northeast Region and referenced sources. Costs are reasonable within the New York Health Care System. The cost summary reflects the current and future care, goods and services that Client will need for her medical conditions. Figures are in today's dollars with no adjustment for inflation. An economist can address the economic impact.

Life Expectancy
According to life expectancy expert, PhD, Ms. Client 's LE is projected to be 3 to 8 remaining years to age 45.4 to 50.4.

The right to amend, modify or otherwise supplement this report is reserved should additional material become available or should there be a change in circumstances.

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Records Reviewed

1. Summons and Complaint
2. Plaintiffs' Initial Rule 26a Disclosures
3. Defense's Response to Plaintiffs' Interrogatories
4. Defense's Response to Plaintiffs Request for Production of Documents
5. Defense Rule 26 Disclosures
6. Plaintiff's Forensic Psychiatric Expert Report, Craig Psy one, MD, 09/24/2018
7. Plaintiff's Life Care Plan Expert Report, Dr. 1, 10/05/2018
8. Deposition Transcript of Steven Arthur Greenwell, M.D, 11/02/2018
9. Exhibits to the Deposition Transcript of Steven Arthur Greenwell, MD
10. Imaging Films
11. Hospital Records, VAMC , Campus one , 02/2016 – 07/2016
    - # US VA 021538 - US VA 021689
12. Hospital Admission, VAMC , City one , 08/11/2016 – 08/14/2016
    - # US VA 019564 - US VA 019587
    - # US VA 019588 - US VA 019680
    - # US VA 019681 - US VA 019707
    - # US VA 019708 - US VA 020600
    - # US VA 021509 - US VA 021537
13. Hospital Admission, City two Hospital, 08/14/2016 – 08/21/2016
    - # US VA 018540 - US VA 019563
14. Hospital Admission, New York Presbyterian/Columbia University Medical Center, 08/22/2016 – 10/04/2016
    - # US VA 010589 - US VA 012602
    - # US VA 012603 - US VA 014454
    - # US VA 014455 - US VA 016524
    - # US VA 016525 - US VA 018539
    - # US VA 021720 - US VA 021729
15. Hospital Admission, Kindness Hospital, 10/04/2016 – 10/10/2017
    - # US VA 000001 – US VA 010588
    - # US VA 020601 - US VA 021508
16. Long Term Care Admission, Summit Ridge Center, 10/10/2017 – 10/16/2017
    - # US VA000922 – US VA 000928
17. Hospital Admission, St. Priest one 's Regional Medical Center, 10/16/2017 – 11/14/2017
    - # US VA 000929 – US VA 001503
18. Hospital Admission, Hospital one, 12/23/2017
    - # US VA 001504 – US VA 001623
19. The Admin Board of Investigation #59 Report (# US VA 021690 - US VA 021710)
20. The Admin Board of Investigation #59 Report 2 (# US VA 021711 - US VA 021717)
21. VA City two Director Hierarchy Chart (# US VA 021718)
22. VA City two HCS Organization Chart (# US VA 021719)

23. Administrative Board Investigative (AIB # 59) Memo, 10/21/2016 (# US VA 021690- US VA 021710)
24. Exhibits to AIB #59, (US VA 021730 – US VA 023318)
25. Medical Records, NY Presbyterian/City two Hospital, (# US VA 023219 – US VA 023405)
26. Medical Records, Kindness Hospital (# US VA 023406 – US VA 035332)
27. Jordan Merson, Esq.'s Cover Letter re: Kindness Hospital Costs, 2/28/2018 (# US VA 035333)
28. Medical Bills, Kindness Hospital, 10/14/2016 – 03/13/2017 (# US VA 035334 – US VA 035711)
29. Medical Bills, St. Priest one Regional Medical Center, 10/16/2017 – 11/14/2017 (# US VA 035712 – US VA 035713)
30. Payment Ledger (US VA 035714 – US VA 035718)
31. Amended Expert Report, Life Care Plan, Doctor 1, 01/31/2019
32. Amended Expert Report, Psychiatric, Psy. one, MD, 01/29/2019
33. Long Term Care, Summit Ridge Center, Multiple Admissions (#US SRC 1 - US SRC 1230)
34. Outpatient Hospital Records, Crooked bridge medical center, 01/20/2012 – 01/21/2019 (#US NBMC 1 - US NBMC 1865)
35. Hospital Admission, Hospital one, 12/23/2017 – 04/26/2018
36. Hospital Admission, Hospital one, 04/29/2018 – 09/04/2018
37. Hospital Admission, Hospital one, 11/23/2018 – 12/03/2018
38. Hospital Admission, Hospital one, 12/19/2018 – 01/11/2019
39. Billing Records from Medical Center One Long Term Care Division, 10/29/2018 - 10/03/2018, 11/01/2018 - 11/18/2018, 12/03/2018 -12/20/2018, 01/11/2019 - 01/20/2019, 02/01/2019 - 02/18/2019, Enteral and Drug pricing
40. Billing Records from Medical Center One(formerly known as CAMC), 11/19/2018 - 11/23/2018, 01/21/2019 - 01/28/2019, 02/19/2019 - 02/26/2019
41. VHA Handbook 1004.08 Disclosure of Adverse Events to Patients (#US VA 35714 to US VA 35745
42. Hospital Admission, New York -Presbyterian/City two Hospital, 08/14/2016 - 08/21/2016
43. Hospital Admission, New York -Presbyterian, The University Hospital, 08/22/2016 – 10/04/2016
44. Medical Records, Kindness Hospital, 10/04/2016 – 10/10/2017
    - # US KHW 000001 – US KHW 012342
45. SOP, VA City two Health Care System – Levels of Observation for Acute Inpatient Psychiatry/4CD, 05/23/2018
    - # US VA 035746 – US VA 025749
46. SOP, VA City two Health Care System –Observation of Suicidal and Assaultive Patients/Residents

- # US VA 035750 – US VA 025757

47. Plaintiff Expert Report, Expert, PhD, 04/26/2019 (Draft)
48. Billing Records, Hospital one, 12/23/2017 – 04/26/2018
    - # US SBMC 33082 to US SBMC 33372
49. Billing Records, Hospital one, 04/29/2018 – 09/04/2018
    - # US SBMC 33373 to US SBMC 33685
50. Billing Records, Hospital one, 11/23/2018 - 12/03/2018
    - # US SBMC 33686 to US SBMC 33713
51. Billing Records, Hospital one, 12/19/2018 - 01/11/2019
    - # US SBMC 33714 to US SBMC 33798

Primary Diagnoses

- Cardiac arrest resulting from attempted suicide by hanging
- CVA (cerebral vascular accident) - small left thalamus acute/early subacute infarct per MRI of the brain, 08/22/2016
- Anoxic encephalopathy with respiratory failure and dysphagia (difficulty swallowing)
- Epilepsy, unspecified, intractable with status epilepticus
- Spastic quadriplegia
- Multiple pressure ulcers, Stage 4
- History of aspiration pneumonia
- History of urosepsis, diarrhea, perineal fecal incontinence and contamination with recurrent UTI (urinary tract infection) with known Candida auris, Enterococcus and Acinobacter; history of MDRO (multidrug-resistant organism) urosepsis, such as Klebsiella and MRSA (Methicillin-resistant Staphylococcus aureus); history of Proteus recurrent bacterial ol colonization
- History of Clostridium difficile colitis with negative follow-up studies
- History of acute kidney injury
- History of left proximal ureteral obstructing stone with hydroureteronephrosis
- History of hypotension (low blood pressure)
- History of deep vein thrombosis requiring anticoagulant therapy
- Malnutrition - height 60”, weight 78.6 lbs., BMI 15.4, 01/21/2019

Surgeries/Procedures

- Percutaneous tracheostomy, 09/23/2016
- Percutaneous endoscopic gastrostomy (PEG), 09/23/2016
- Suprapubic cystostomy, 09/27/2017
- Cystoscopy and double-J stent placement, left, for ureteral stone with hydronephrosis (kidney swelling and obstruction) and pyonephrosis (kidney infection), 01/18/2018
- Bronchoscopy, 01/05/2018
- Percutaneous nephrostomy tube placement, left, 01/31/2018
- Left double J stent migrated, removed 02/01/2018
- Non-healing SPT (suprapubic cystostomy tube) wound site closed at bedside with local anesthesia, 02/24/2018. Last stitch removed 03/21/2018 and now fully healed

Past Medical History

- Multiple psychiatric diagnoses: MST (military sexual trauma); PTSD (post traumatic stress disorder); MDD (major depressive disorder); Bipolar Disorder; Borderline Personality Disorder; ADHD (attention deficit hyperactivity disorder)
- Several inpatient psychiatric admissions, mostly for depression and suicidality, including admission June 2016 with suicide ideation and medication/drug overdose
- History of sexual abuse, raped at age 13
- Several suicide attempts including strangulation, ingestion of rat poison with antifreeze, prescription medication overdose, cutting of wrist and hanging
- Migraine headaches
- Hypercholesterolemia
- Vitamin D Deficiency
- Onychomycosis (fungal infection of toes)
- Motor vehicle accident with resulting chronic pain back, hips, knees, 2014
- Bladder lift surgery, 2010
- Self-mutilation as teenager

Allergies:

- Percocet (opioid analgesic)
- Imitrex (anti-migraine)
- Lamictal (anticonvulsant)
- Abilify (antipsychotic)

Brief Medical History

On 08/11/2016, 39-year-old Ms. Client was admitted to the VAMC at City one, New York with the diagnoses of Major Depressive Disorder recurrent mild and Borderline Personality Disorder. Ms. Client self-reported having multiple psychiatric diagnosis, a history of multiple suicide attempts and a current report of suicide ideation without any plan or intent. She reported depression at 3 on a scale of 1 to 10 in the context of being undomiciled.

On 08/14/2016, a nurse's aide found Ms. Client hanging from the inside of her bathroom door. She had no pulse or respiration. A code was called, and cardiac pulmonary resuscitation was performed. Ms. Client was transferred to City two Hospital Center in Cortland Manor, NY for further care. On arrival to City two Hospital, Ms. Client was in normal cardiac sinus rhythm. She was intubated, evaluated and started on a hypothermia protocol. On 08/14/2016, cardiac marker blood testing (Troponin) level was strongly suggestive of acute myocardial infarction. On 08/16/2016, a critical Troponin result was confirmed. She also developed non occlusive deep vein thrombosis of the left subclavian vein.

On 08/14/2016, the initial CT scan of the brain indicated that there was a possibility of impending brain trauma secondary to ischemia.

On 08/22/2016, an MRI of the brain indicated the impression:

1) Small left thalamus acute/early subacute infarct

2) Increased signal in biparietal and perirolandic grey matar as well as putamen consistent with anoxic ischemic injury
3) No evidence of intracranial hemorrhage or mass effect
4) Right sphenoid sinus fluid-fluid level containing blood or proteinaceous secretions

On 08/22/2016, Ms. Client was transferred to New York Presbyterian Hospital, New York for treatment of her severe anoxic encephalopathy and intractable seizure activity versus myoclonus. New York Presbyterian Hospital is a tertiary medical center providing a higher level of specialized care. On arrival, Ms. Client was in myoclonic status correlating with right arm jerk and facial twitching.

On 09/23/2016, Ms. Client underwent a percutaneous tracheostomy for prolonged ventilatory support and long-term airway maintenance. She also underwent a percutaneous endoscopic gastrostomy (PEG), for nutritional purposes and medication administration.

On 10/04/2016, Ms. Client was transferred from New York Presbyterian to Kindness Hospital in Wayne, New York . At discharge from New York Presbyterian, her diagnoses were:
1) Cardiac arrest (cause unspecified)
2) Epilepsy, unspecified, intractable with status epilepticus

On 10/04/2016, Kindness Hospital admitting note indicated that Ms. Client had a tracheostomy, was ventilator dependent for respiratory failure, and had a PEG for nutrition. Ms. Client transferred to Kindness Hospital for further management and trach weaning. On admission, Ms. Client 's diagnostic impressions were:
1) Severe anoxic injury (encephalopathy) related to her previous cardiac arrest
2) Status post status epilepticus related to her cardiac arrest
3) Significant history of psychiatric disease including depression and bipolar
4) Underlying infection – sepsis likely secondary to right lower lobe pneumonia

On 10/10/2017 Ms. Client was discharged from Kindness Hospital with the diagnoses of:
1) Acute hypoxemic respiratory failure, for which she was weaned down to a trach collar
2) Anoxic brain injury secondary to her hanging
3) Nystagmus
4) Anemia

On 10/10/2017 to 10/16/2017, Ms. Client received care at spring Bridge Center in any city, New York .

On 10/16/2017 to 11/14/2017, Ms. Client was admitted to St. Priest one 's Hospital for respiratory failure, pneumonia and sepsis. There was a palliative care re-evaluation with Ms. Client 's family due to her very poor overall prognosis.

On 11/14/2017 to 11/20/2017, Ms. Client received care at Summit Ridge Center.

On 11/20/2017 to 11/30/2017, Ms. Client was re-admitted to St. Priest one 's Hospital for fever, hypotension (low blood pressure) and septic shock due to a urinary tract infection, Clostridium difficile (C-dif) colitis, anemia, breakthrough seizure disorder and acute kidney injury.

On 11/30/2017 to 12/23/2017, Ms. Client received care at Summit Ridge Center.

On 12/23/2017 to 04/26/2018, Ms. Client was hospitalized at Saint Hospital Two in Some Place New York Her diagnoses were: sepsis secondary to pneumonia, recurrent multi-drug resistant urinary tract infection requiring cystoscopy and double-J stent placement for hydronephrosis and pyonephrosis, dehydration and wound care for multiple non-healing pressure ulcers including stage IV sacral and ischial decubiti. Ms. Client 's family refused a diverting colostomy for healing of pressure sores. Acute transaminitis developed and a deep vein thrombosis required anticoagulant therapy.

On 04/26/2018 to 04/29/2018, Ms. Client received care at Summit Ridge Center.

On 04/29/2018, Ms. Client was transferred to Saint Hospital Two in septic shock. She was pulseless in the Emergency Department. Code blue was called, and Ms. Client required resuscitation. She remained inpatient until 09/04/2018. In addition to her left nephrostomy tube previously placed 01/31/2018, a right percutaneous nephrostomy was recommended during this admission to address persistent fecal contamination of her Foley catheter. Catheter associated urinary tract infections (CAUTI) were discussed with Ms. Client 's mother and her sister; however, they declined this recommendation.

On 09/04/2018 to 10/29/2018, Ms. Client received care at CareOne LTACH on the fourth floor of Huntington University Hospital, Huntington , New York . CareOne LTACH is a long-term acute care hospital.

As of 10/29/2018 to present, Ms. Client has received care at Medical Center One Long Term Care Division in City two, New York . This is an intermediate care unit connected to Medical Center One. Since admission, she has required the following acute care hospitalizations:

1) On 11/19/2018 to 11/23/2018, Ms. Client required hospitalization at Medical Center One(formerly CAMC) for right lower lobe pneumonia. She was also to have a replacement of her nephrostomy tube once infectious disease issues were stabilized.

2) On 11/23/2018, Ms. Client was transferred to Saint Hospital Two for completion of her acute care treatment, per the request of her health care agent, Thea Prescod. On 12/03/2018, Ms. Client was discharged back to Medical Center One Long Term Care Division.

3) On 12/19/2018 to 01/11/2019, Ms. Client required hospitalization at Saint Hospital One for her infected nephrostomy.

4) On 01/21/2019 to 01/28/2019, Ms. Client required hospitalization at Medical Center One for high fever, respiratory distress and sepsis with urinary tract infection and nephrostomy as the source.

5) On 02/19/2019 to 02/26/2019, Ms. Client required hospitalization at Medical Center One for sepsis.

Psychosocial Status, Family and Community Support
Ms. Client was married and divorced twice. She has three sons. As of 05/24/2016, her sons were ages 23, 16 and 14. One son lived with his father in Texas, one son lived with his father in New York , and her oldest son was in the military. On 11/18/2011, her sister was appointed as Proxy (Attorney-In-Fact: Health Care Agent). Ms. Client has a family history of mental illness. She has limited family and community support. Just prior to her admission 08/11/2016, Ms. Client had been living with her mother in her mother's car.

Educational and Vocational Status
Ms. Client has an LPN (licensed practical nurse) diploma and some college credits. She served honorably in the United States Army from 1997-1999. She worked as a private duty LPN for approximately 13 years until December 2014 when she was involved in a criminal legal issue and mandated to attend specific weekly meetings for a period of five years. On 08/11/2016 at the time of her admission to the VAMC at City one, she was unemployed and homeless.

Facility Visit
On 03/11/2019, I visited Ms. Client at Medical Center One Long Term Care Division, City two, New York . Ms. Client is a 42-year-old African American female. That day, I also met with Director of Social Services, MSW, LCSW, Director of Patient Accounts Long Term Care Billing Department, Unit Manager, RN, and charge nurse Bones, RN.

Current Status
Cognitive/Neurological: Ms. Client was awake but unable to communicate. At one point during my visit, she winced, appearing to be in discomfort, without external provocation. Records indicate that she responds to deep painful stimuli. She receives pain medication (Tramadol 50 mg) one hour prior to her daily dressing changes.

Mobility: Ms. Client is functionally a quadriplegic and has spasticity and contractures of her extremities. She requires passive range of motion of her extremities. She is on 24-hour bedrest. According to charge nurse Bones, she cannot be positioned in a Geri chair or wheelchair due to the severity of her pressure ulcers.

Respiratory: Ms. Client has a tracheostomy tube and is receiving oxygen therapy at 6 liters via a trach collar. Tracheostomy care and suctioning are performed every shift and as needed.

Nutrition/Feeding: Ms. Client requires nutrition through her PEG due to her anoxic brain injury, cognitive status and dysphagia (swallowing deficit). She has a nutritional formula of Jevity 1.5 at 55 ml/hour administered over a 20-hour period or a total volume of 1,100 ml daily. Charge nurse, Bones, reports that they provide feedings at a rate tolerated by Ms. Client carefully avoiding

aspiration pneumonia. Her medications are administered through her PEG daily. However, some medications are administered intravenously, as needed.

Bowel and Bladder Continence: Ms. Client is incontinent with a neurogenic bladder and bowel. She frequently has diarrhea. She has a Foley catheter that is changed every 3 weeks or as needed with infection. She has a left-sided nephrostomy tube that is changed approximately every 8 weeks, or as needed with infection.

Skin Care: Ms. Client requires frequent skin and wound care and repositioning. She has the following pressure ulcers:

Pressure Ulcer	Size	Stage
• Sacral	7 cm x 13.5 cm	4
• Right Buttocks	3 cm x 2.5 cm	Unstageable
• Left Ischium	4 cm x 3 cm	4
• Left Buttocks	4 cm x 3.2 cm	4
• Right Ischium	4 cm x 3 cm	4

"Stage 4 Pressure Injury:
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Unstageable Pressure Injury:
Obscured full-thickness skin and tissue loss. Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed."[3]

Communication: Ms. Client is unable to communicate.

Hearing: Ms. Client does not respond to verbal stimuli.

Vision: Ms. Client 's vision is undetermined.

Current Medications (via the gastrostomy tube unless otherwise specified)
- Phenobarbital 64.8 mg every 12 hours
- Onfi (2.5 mg/cc) 4cc 2x/day

- Topamax 200 mg 2x/day
- Metoprolol 25 mg 2x/day
- Lamictal 25 mg daily
- Prosource 30 mg 2xday
- Unistat 30 ml daily
- Potassium Chloride (KCL) 10% 20 meq. daily
- Tramadol 50 mg IV daily 1 hour before dressing changes
- Vancomycin 250 mg IV every 6 hours x 10 days
- Merren 1 gram in 100 normal saline IV every 8 hours as an antibiotic
- Juven 1 packet daily
- Vitamin B12 Complex daily
- Iron sulfate (FeSO4) 220 mg/5 ml daily
- Vitamin C every 6 hours
- Vitamin B6 50 mg daily
- Vitamin D 1000 mg daily
- Acidophilus tab 1 daily

PRN Medications
- Tylenol 640 mg every 6 hours prn for pain/fever
- DuoNeb 3 cc 4x/day via nebulizer prn
- Mucomyst 1 cc 4x/day via nebulizer prn
- Milk of Magnesia 30 ml prn

Current Medical Providers:
- Doc 2, MD - Internal Medicine/Gastroenterology
- Nader Shakibai, MD - Nephrology
- Alexander Panossian, MD - Urology
- Ariff Admani, MD - Infectious Disease
- Malwinder Singh, MD - Pulmonary

Nursing Diagnoses[4]
- Bathing self-care deficit
- Dressing self-care deficit
- Feeding self-care deficit
- Toileting self-care deficit
- Impaired physical mobility
- Bowel incontinence
- Functional urinary incontinence
- Impaired skin integrity
- Impaired swallowing
- Impaired verbal communication
- Ineffective airway clearance
- Risk for aspiration
- Risk for deficient fluid volume
- Risk for infection
- Risk for injury
- Risk for falls

• Risk for constipation
• Risk for additional and/or worsening pressure ulcers
• Risk for disuse syndrome
• Risk for venous thromboembolism

Differences in Life Care Plan Recommendations

According to Dr. 1, "with optimal medical and nursing care…, it would be reasonable, and it is my opinion to a reasonable degree of medical certainty that Ms. Client would meet or exceed her life expectancy" of 41.5 years to age 82.5. Note that in his Amended Report dated 01/31/2019, Dr. 1 stated that Ms. Client was 41 years old when she was actually 42 at the time.

Expert, PhD, life expectancy expert has opined that even with optimal medical and nursing care, Ms. Client 's life expectancy is projected to be 3 to 8 remaining years to age 45.3 to 50.3. Additionally, according to Dr. 1, Ms. Client requires aggressive treatment to reach a level of medical stability. At the point of medical stability, she can be transitioned to home-based care to include "incremental adjustments over time".

Ms. Client has had extensive aggressive treatment for more than 2.5 years since injury. Her care involved treatment at the VAMC at City one , City two Hospital Center, NY Presbyterian Medical Center, Kindness Hospital, Summit Ridge, St. Priest one 's Hospital, Hospital one, CareOne LTACH and now Medical Center One Long Term Care Division. Her care needs have been and continue to be intensive and complex.

Approximately 2 years post injury, Ms. Client required care at CareOne LTACH on the 4th floor of Huntington University Medical Center. CareOne LTACH is a facility serving patients who have complex medical needs and require a lengthy stay in an acute-care setting. Her five pressure ulcers require specialized daily wound care. Since 10/29/2018 admission to Medical Center One Long Term Care Division, an intermediate care facility, she has required 5 hospital admissions.

Considering safety concerns and the complexity involved in Ms. Client 's medical needs, I caution against home-based care. Even with 24-hour nursing care, discharge to a home-based setting is an enormous undertaking, ongoing commitment and responsibility for any health care agent or designated caretaker. The designated caretaker would need to be trained in all aspects of tracheostomy care, use of ventilator support in the event of a respiratory emergency and be able to administer medications and feedings via Ms. Client 's PEG in case there is lack of coverage for a partial or full shift by the home care nursing agency.

In the event medical stability is achieved and maintained in the future, Ms. Client 's Life Care Plan can be re-evaluated for reasonable and safe home-based care.

Dr. 1 provided a Care Plan 10/05/2018 and an Amended Plan 01/31/2019. He indicated that medical, respiratory, therapeutic and nutritional treatment, medications, equipment and supplies would be needed for 41.5 more years. However, other than noting the cost of home nursing care and hospitalizations, he provided no specific and verifiable costs for Ms. Client for 41.5 years. Dr. 1 indicated that home-based care, if feasible, would require duplication of facility care including personnel, equipment, supplies, etc.; but again, he did not itemize costs including costs

for home adaptations, customized wheelchair, ceiling lift, wheelchair van for transportation or replacement costs during Ms. Client 's life expectancy. It is unclear what standards of practice and methodology Dr. 1 relies upon, but it is clear that he does not conform to life care planning best practices.

At the 2017 Life Care Planning Summit, representatives of the International Academy of Life Care Planners, the Life Care Planning Section of the International Association of Rehabilitation Professionals, The Care Planner Network, Foundation of Life Care Planning Research, the American Association of Nurse Life Care Planners, the International Commission on Health Care Certification, and Ph.D. one , PhD, CRC, CLCP, a researcher and educator in the field of life care planning, agreed that life care planning Summits define best practices.[5]

According to Life Care Planning best practices:[6]

- Life Care Planners shall utilize research (including identifying relevant literature to provide a foundation for recommendations, costing for equipment and services, etc.) in a Life Care Plan that is reasonable, relevant and appropriate.

- Best practices for identifying costs in life care plans include:
  a. Verifiable data from appropriately referenced sources
  b. Costs identified are geographically specific when appropriate and available
  c. Non-discounted/market rate prices
  d. More than one cost estimate, when appropriate

Dr. 1 projected an annual cost range of $1,000,000 to $2,800,000 for Ms. Client 's care. For the high-end of the range, Dr. 1 used billing from Kindness Hospital 10/04/2016 to 10/10/2017 totaling $2,400,664.65 plus billing from St. Priest one 's Regional Medical Center 10/16/2017 to 11/14/2017 totaling $419,163. Dr. 1 used these two hospitalization costs for 400 days to arrive at his annual cost of care figure of $2,800,000. Therefore, Dr. 1 is projecting annual costs of care up to $2,800,000 based on 400 days rather than 365 days.

In terms of the annual low-end range for cost of care, Dr. 1 projected the cost of care at $1,000,000. He noted that the cost of home-based nursing care totaled "over $650,000" per year. He noted that LPN rates were $55 to $58 per hour and RN rates were $90 to $100 per hour. Dr. 1 provided no references for these nursing rates and the total cost of "over $650,000" cannot be verified and is not geographically specific.

According to phone contacts 12/07/2018 with the following home health agencies that service Bloomfield, New York , the annual cost of RN/LPN care including time and one half for 6 holidays ranges from $496,800 to $604,992 versus Dr. 1's cost of "over $650,000". This would be at least a difference of $45,008 to $153,200 per year for nursing care. This annual difference multiplied over Ms. Client 's life expectancy makes the low-end annual and lifetime costs for nursing care inaccurate. All other costs Dr. 1 indicates for home-based care add up to $1,000,000. These costs were not specifically itemized or referenced and, therefore, cannot be validated.

Resources for Nursing Care 12/07/2018
Best Home Health Care
10 Any Street Avenue
Any City, NY 07969
Contact:
Phone: 973.538.3000
Cost: RN $63 and LPN $53 per hour

BEST ONE Home Health Care & Nursing Services
95 Main Street
Eatontown, NY 97724
Contact: Director
Phone: 800.603.2273 and cell 732.598.4216
Cost: RN $72 and LPN $65 per hour

DimStar Care
14 Ridgedale Avenue
Any City, NY 07927
Contact: Lily, account manager Daniel
Phone: 973.898.0800/973.298.0631
Cost: RN $65 and LPN $47.50 per hour

Best $63 x 12 hours = $756 + 12 hours x $53 = $636 or $1,392 per day
+ $2,088 x 6 = $12,528 + $1,392 x 359 = $499,728 or **$512,256 per year**

BEST ONE $72 x 12 hours = $864 + 12 hours x $65 = $780 or $1,644 per day
+ $2,466 x 6 = $14,796 + $1,644 x 359 = $590,196 or **$604,992 per year**

Dimstar $65 x 12 hours = $780 + 12 hours x $47.50 = $570 or $1,350 per day
+ $2,025 x 6 = $12,150 + $1,350 x 359 = $484,650 or **$496,800 per year**

24-hour nursing care cost range: **$496,800 to $604,992 per year**

I disagree with Dr. 1's opinion that annual health care costs range from $1,000,000 to $2,800,000. The low-end of the range represents care at home, which in my opinion is unsafe, and,

thus far, has not been recommended by Ms. Client 's treating providers. The high-end of the range represents a figure using costs during Ms. Client 's first year of injury starting 10/04/2016 at Kindness Hospital and subsequently at St. Priest one 's Hospital. The high-end of the range represents costs for 400 days of care rather than 365 days. The high-end of the range is based on costs at hospitals that Ms. Client is not currently utilizing. Dr. 1 provided an Amended Plan on 01/31/2019. At that time, Ms. Client was residing in the Medical Center One Long Term Care Division. She has been residing there since 10/29/2018 with hospital admissions to Medical Center One and Saint Hospital One. Dr. 1 did not use any of these current facilities to project Ms. Client 's future costs.

Billing records from Medical Center One, CAMC LTCD and Saint Hospital Two were utilized as a cost basis in this review. I recommend annual costs of $1,498,570.33 to $1,600,197 as itemized in the tables below (pages 15-17) and in the Review Cost Summary (page 18).

I disagree with Dr. 1's opinion that Ms. Client will need at least 30 days of hospitalization a year. Considering her past utilization and co-morbidities, I recommend 100 hospital days annually.

Dr. 1 provided an annual cost range for care of $1,000,000 to $2,800,000 and opined that Ms. Client 's life expectancy is projected to be 41.5 more years. These figures would project lifetime costs of $41,500,000 to $116,200,000. I disagree with lifetime costs of $41,500,000 to $116,200,000. Based on life expectancy Expert, PhD, Ms. Client 's life expectancy is 3 to 8 more years. Multiplying her life expectancy by annual costs of $1,498,570.33 to $1,600,197, lifetime costs are projected to be $4,495,711 to $12,801,576 (page 18).

Attached below is the Life Care Plan Table of Annual Care recommended by Dr. 1 as well as the tables that I recommend for Ms. Client with a Review Cost Summary (page 18).

Sincerely,

First name, Last name, MPH, RN, CNLCP, LNCC, CCM, CDMS, CRC
Certified Nurse Life Care Planner

Med League Legal Nurse Consulting

LIFE CARE PLAN TABLES

DR. 1'S RECOMMENDED ANNUAL CARE

Care	Years	Frequency	Cost	Annual Cost	Lifetime Cost
Care including an average minimum of 30 hospital days	41.5	Annually	$1,000,000 - $2,800,000	$1,000,000 - $2,800,000	$41,500,000 - $116,200,000
TOTAL					**$41,500,000 - $116,200,000**

RECOMMNDED TABLES OF CARE PER HUSTED REVIEW

LONG TERM FACILITY CARE*

Item/Service	Years	Frequency	Cost Per Day	Annual Cost	Lifetime Cost
Broken Old Bridge Long Term Care Division	3-8	265 days	$1,521 - $1,857	$403,065 - $492,105	$1,209,195 - $3,936,840
TOTAL					**$1,209,195 - $3,936,840**

*Includes all charges except for hospitalizations, physician fees, PEG feedings, case management and transportation

HOSPITALIZATIONS*

Item/Service	Years	Frequency	Cost Per Day	Annual Cost	Lifetime Cost
Acute Hospitalizations	3-8	100 days	$10,335**	$1,033,500	$3,100,500 - $8,268,000
TOTAL					**$3,100,500 - $8,268,000**

*Includes all charges except for physician fees, case management and transportation
**The median cost of hospitalization from Medical Center One and Hospital one

ENTERAL CARE (PEG FEEDINGS)*

Item/Service	Years	Frequency	Cost Per Day	Annual Cost	Lifetime Cost
Enteral Care in Broken Old Bridge Long-Term Care Division	3-8	265 days	$19.29	$5,112	$15,336 - $40,896
TOTAL					**$15,336 - $40,896**

*Billing while residing in the Broken Old Bridge Medical Care Center Long Term Care Division

LONG TERM CARE PHYSICIAN FEES

Item/Service	Years	Frequency	Cost	Annual Cost	Lifetime Cost
Internal Medicine/Gastro-enterology Doc 2, MD CPT 99310	3-8	4-6x/month	$345	$16,560 - $24,840	$49,680 - $198,720
ID (Infectious Disease) CPT 99310	3-8	1x/month	$345	$4,140	$12,420 - $33,120
Urology CPT 99310	3-8	1-2x/month	$345	$4,140 - $8,280	$12,420 - $66,240
Nephrology CPT 99310	3-8	1x/month	$345	$4,140	$12,420 - $33,120
Pulmonary CPT 99310	3-8	1x/month	$345	$4,140	$12,420 - $33,120
Other Specialists (i.e., neurology/ otolaryngology) CPT 99310	3-8	1x/year	$345	$345	$1,035 - $2,760
TOTAL					**$100,395 - $367,080**

INPATIENT PHYSICIAN FEES

Item/Service	Years	Frequency	Cost	Annual Cost	Lifetime Cost
Initial Visits CPT 99219	3-8	10x/year	$393	$3,930	$11,790 - $31,440
Subsequent Visits CPT 99225	3-8	40x/year	$211	$8,440	$25,320 - $67,520
TOTAL					**$37,110 - $98,960**

CASE MANAGEMENT*

Item/Service	Years	Frequency	Cost	Annual Cost	Lifetime Cost
Nurse Case Management	3-8	75 hours	$113	$8,475	$25,425 - $67,800
TOTAL					**$25,425 - $67,800**

*Case Management is recommended to implement the care plan and coordinate services throughout the lifespan [7]

TRANSPORTATION

Item/Service	Years	Frequency	Cost	Annual Cost	Lifetime Cost
Ambulance Transport to	3-8	10 trips/year	$275	$2,750	$8,250 - $22,000
TOTAL					**$8,250 - $22,000**

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LIFE CARE PLAN REVIEW COST SUMMARY

GOODS/SERVICES	ANNUAL COSTS*	LIFETIME COSTS
Long Term Facility Care		$1,209,195 - $3,936,840
Hospitalizations		$3,100,000 - $8,268,000
Enteral Care/ PEG Feedings		$15,336 - $40,896
Long Term Care Physician Fees		$100,395 - $367,080
Inpatient Physician Fees		$37,110 - $98,960
Case Management		$25,425 - $67,800
Transportation		$8,250 - $22,000
Total	$1,498,570.33 - $1,600,197	$4,495,711 - $12,801,576**

*To derive annual costs, divide lifetime costs by life expectancy of 3-8 more years

** Figures are in today's dollars with no discounts or adjustments for inflation. An economist can address the economic impact.

LIFETIME COSTS: $4,495,711 - $12,801,576

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Resources for Review Life Care Plan

Long Term Intermediate Care:
Billing records from Medical Center One Long Term Care Division,
10/29/2018 - 10/3/2018, 11/01/2018 - 11/18/2018, 12/03/2018 - 12/20/2018, 1/11/2019 - 1/20/2019, 02/01/2019 - 02/18/2019

Hospitalizations:
Billing records from Medical Center One(formerly known as CAMC), 11/19/018 - 11/23/2018, 01/21/2019 - 01/28/2019, 02/19/2019 - 02/26/2019

Billing records from Medical Center, 12/23/2017-04/26/2018, 04/29/2018-09/04/2018, 11/23/2018-12/03/2018,12/19/2018-01/11/2019

Enteral (PEG Feedings):
Enteral Billing Sheet, January 2019

Long Term Physician Fees: Frequency based upon report by MSW, LCSW, Director of Social Services, records and PMIC Medical Fees 2019 with CPT 99310 using geographical adjustment factor of 1.105 for Northern New York at the 75th percentile.

Inpatient Physician Fees
PMIC Medical Fees 2019 CPT codes 99219 and 99225 using geographical adjustment factor for Northern New York of 1.105 at the 75th percentile.

Case Management
Anycare
P.O. Box 1287
Clifton Park, NY 12065
Phone: 518.289.5522
Contact: Sharon for
Date: 03/13/2019, 03/14/2019
Cost: $90/hour

Life Care Consulting
41 Watchung Plaza, #217
Montclair, NY 07042
Phone: 201.951.5279
Contact:, RN, BS, MS, CNLCP, MSCC
Date: 03/13/2019
Cost: $150/hour

Associates

277 Fairfield Road
Suite 305A
Fairfield, NY 07004
Phone 800.550.0095

Contact: Nancy Nurse, RN
Date: 03/13/2019
Cost: $99/hour

$90 + $150 + $99 = $339/3 = $113/hour

Transportation
New York Transport Service Ambulance provider used by Medical Center One)
370 Franklin Turnpike
City Three NY 07430
Phone: 201.660.1600
Contact: EMS
Date: 03/14/2019
Cost: $275/trip (Medical Center One to

Endnotes

[1] American Association of Nurse Life Care Planners Scope and Standards of Practice, Introduction, Howland, W. (Ed.) (2015), 6.

[2] Ibid.

[3] The National Pressure Ulcer Advisory Panel accessed 03/13/2019 at https://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/ and https://www.npuap.org/resources/educational-and-clinical-resources/pressure-injury-staging-illustrations/

[4] Herdman, T.H. & Kamitsuru, S. (Eds.). (2014). NANDA International Nursing Diagnoses: Definitions & Classification, 2015-17. Oxford: Wiley Blackwell.

[5] Johnson, C., Pomerantz, J., Stetten, N., Life Care Planning Consensus and Majority Statements 2000-2018: Are They Still Relevant and Reliable? Journal of Life Care Planning, Vol. 16, No. 4., 2018, pp 5-6.

[6] Albee, T., Gamez, J., Johnson, C., 2017 Life Care Planning Summit Journal of Life Care Planning, Vol. 16, No. 4., 2018, p. 209.

[7] American Association of Nurse Life Care Planners Scope and Standards of Practice, Introduction, Howland, W. (Ed.) (2015), 57.