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Stephen Axtell

JNLCP Editor

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From the Editor

The dark months have finally abated, and spring has returned.

With the spring comes opportunities to grow as people and as professionals. It is with that spirit that I am happy to be able to present this issue of The Journal of Nurse Life Care Planning with a focus on creating, growing, and perfecting your business as a Life Care Planner.

Featured among these articles is an article focusing on pediatric prosthetics that wasn't able to be included in our last issue. Addressing issues of growth and proper fit in prosthetics, this off-subject article is well worth a read.

I had the pleasure of starting my spring meeting many of our members in person for the first time at the 2023 Taking Care of Business Conference in Memphis, TN. Even though "business" was in the title, this conference was an impressive mix of information on subjects all across the practice of life care planning.

I hope that this spring brings you the tools needed to make this spring a spectacular success in your own practice.

Information for Authors

Information for Authors

AANLCP® invites interested nurses and allied professionals to submit article queries or manuscripts that educate and inform the Nurse Life Care Planner about current clinical practice methods, professional development, and the promotion of Nurse Life Care Planning. Submitted material must be original. Manuscripts and queries may be addressed to the Editor. Authors should use the following guidelines for articles to be considered for publication. Please note capitalization of Nurse Life Care Plan, Planning, etc.

Text

- Manuscript length: 1500 – 3000 words
- Use Word® format (.doc, .docx) or Pages (.pages)
- Submit only original manuscript not under consideration by other publications
- Put the title and page number in a header on each page (using the Header feature in Word)
- Place author name, contact information, and article title on a separate title page
- Use APA style (Publication Manual of the American Psychological Assoc. current edition)

Art, Figures, Links

- All photos, figures, and artwork must be in JPG or PDF format (JPG preferred for photos).
- Line art must have a minimum resolution of 1000 dpi, halftone art (photos) a minimum of 300 dpi, and combination art (line/tone) a minimum of 500 dpi.
- Each table, figure, photo, or art must be submitted as a separate file, labeled to match its reference in text, with credits if needed (e.g., Table 1, Common nursing diagnoses in SCI; Figure 3, Time to endpoints by intervention, American Cancer Society, 2019). Graphic elements embedded in a word processing document cannot be used.
- Live links are encouraged. Please include the full URL for each.

Editing and Permissions

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- All accepted manuscripts are subject to editing, which may involve only minor changes of grammar, punctuation, paragraphing, etc. However, some editing may involve condensing or restructuring the narrative. Authors will be notified of extensive editing. Authors will approve the final revision for submission. The author, not the Journal, is responsible for the views and conclusions of a published manuscript.
- Submit your article as an email attachment, with document title articlename.doc, e.g., wheelchairs.doc

All manuscripts published become the property of the Journal. Submission indicates that the author accepts these terms. Queries may be addressed to the care of the Editor at: journal@aanlcp.org

Manuscript Review Process

Submitted articles are peer reviewed by Nurse Life Care Planners with diverse backgrounds in life care planning, case management, rehabilitation, and nursing. Acceptance is based on manuscript content, originality, suitability for the intended audience, relevance to Nurse Life Care Planning, and quality of the submitted material. If you would like to review articles for this journal, please contact the Editor.

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A Message from the President

Dear Members, Colleagues and Fellow Nurse Life Care Planners,



It is my pleasure to send greetings to members, colleagues, and fellow nurse life care planners.

Spring is on the horizon, and as the saying goes “a flower doesn’t think about competing with another flower next to it, it just blooms.” This sentiment reflects the spirit of the 2023 Taking Care of Business Conference in Memphis, TN.

Those four days of bringing people together, learning, sharing business ideas, and networking were truly amazing! The annual spring conference was a great success and we hope everyone who attended felt uplifted, supported, and motivated by the event. The Executive Board encourages you to remain connected and let us know what type of educational programs would enhance and support your life care planning practice.

I would like to thank those volunteers who devoted such a large amount of time so that our members could benefit so greatly from attending the conference. The speakers were knowledgeable and enthusiastic about sharing their knowledge and expertise with the audience. A big thank you goes out to all the vendors as well.

Our organization appreciates the efforts of those who serve on various committees. If you are interested in volunteering, we encourage you to check out the many opportunities that are posted on the website and in the monthly newsletter.

In particular, I would like to thank Andrea Nebel for being an exemplary leader within the AANLCP®. The generosity of her time and talents has benefited each and every member of the AANLCP®. As many of you are aware, she was awarded the Ambassador Award at the 2023 Memphis Conference. Certainly well deserved! The Executive Board is delighted to have her as a past president and advisor.

In light of the efforts we have made to date, it is our intention to continue to promote and advance Nurse Life Care Planning by collaborating with a variety of other professionals in the future in order to make a significant impact on the profession as a whole.

Recently, the Executive Board sent the following information, via email, to its members:

As a professional specialty nursing organization, AANLCP® has published the Scope and Standards of Practice for Nurse Life Care Planning. The breadth and depth to which a particular nurse life care planner may apply the total scope of nurse life care planning practice in a given setting is a function of education, experience, training, role, and knowledge, with the understanding that application of any standards must be considered in context.

Other organizations have published standards of practice specific to the field of life care planning. AANLCP® encourages its members to have knowledge of the various published standards of practice relating to life care planning. AANLCP® recommends all life care planners follow the standards of practice pertaining to their professional specialty.

AANLCP® is in the process of updating the current Scope and Standards of Practice for Nurse Life Care Planning. Specific information on how to get involved is forthcoming to all nurse life care planning members soon.

My sincere gratitude goes out to you for your support and participation in the AANLCP®. As Henry Ford said, “If everyone is moving forward together, success takes care of itself.”

It is my sincere hope that you will enjoy this issue of The Journal of Nurse Life Care Planning and find it useful to you as you begin, grow, or develop your life care planning business. We are proud to support our members and encourage our members to reach out via info@aanlcp.org for questions, comments, or assistance.

Wishing you continued success,
Misty Coffman, RN, MScC, CNLCP

Misty Coffman, RN, MScC, CNLCP

President, AANLCP | president@aanlcp.org

Letter to the Editor

By Dawn Cook, RN, CLCP, CNLCP

I am writing this letter to the editor to give some feedback on my experience recently when I purchased advertising from AANLCP. The cost was \$50 for 14 days. This included a few emails to the membership.

This was a "Post a Job," which is found under the heading "Jobs" on the main banner of the AANLCP website. I wrote a simple request looking for an RN to assist me in my life care planning business. Emails went out to the AANLCP membership with my job information, I believe it was, three times over a two-week period. Not all of the applicants came directly from AANLCP, some applicants heard about me from their friends. In total, I received over 30 CVs.

Some suggestions to applicants:

- Many of the CVs were labeled "CV" rather than the name of the person whose CV this was, please label your CV with your name as well. Include your email, your phone number and your current location/address.
- Please note your availability. I noticed that most of the CVs mentioned current work. As such, I assumed you were working full-time and wouldn't have much time to work for me.
- You might want to mention on your CV or your cover letter where you are on your life care planning career, and what kind of work you are available for. For example, are you experienced in summarizing medical records, or medical cost research, have you testified? Are you hoping to grow your own business, or do you hope to just assist others in their business? Do you have experience in legal nursing, coding, MSA etc? Just noting your certifications or memberships was not that helpful.
- You may want to customize your CV for this job and note the times of the week that you would be available for phone calls and for actually working on cases. Based on my experience of working with many nurses in various time zones, I wanted people who could do MOST of the work Monday to Friday during my business hours.

- Please note your total availability per week and any problems with availability over the year. When I followed up with applicants with my proposed 20 hours a week time commitment, I found that most people were not available for that much work.
- I couldn't interview all 30 people, so I sifted through the CVs and eliminated those who seemed to not be available, or be too busy.
- I interviewed three people who seemed reasonably available for my desired 20 hours a week and hired two of them. One is a AANLCP member, another is a friend of a current employee. The one I didn't hire was just too busy!

Some comments to those wishing to hire:

- If you want to post a job on the AANLCP site, this is a very cost-effective way to advertise to a life care planning audience.
- You may want to emphasize the time commitment expected and perhaps a proposed wage. This will decrease the number of applicants who have much more limited availability than you may need. You might say exactly what you need and if you will give training.
- You might want to just send the email out once, then check with the hiring nurse, to see if they want emails sent out again. I was a bit overwhelmed by the number of CVs I received and I think I got my "hires" on the "first go" or first set of emails.
- You might want to make the link to the "Post a Job" more obvious, I didn't notice it until someone else had purchased this advertising and I received an email.

Contributors to this Issue



Jules Carbone

With 20 years in human resources, Jules Carbone brings her extensive experience standing up both HR and Operations programs for rapidly growing organizations to the small and mid-sized business sector through her role as Executive Director of Human Resource Operations at Employer Solutions.

Jules has built her name by transforming human resource departments from the antiquated representation of personnel management and administrative paper-pushing to successful alignment with business goals and objectives, giving HR a "seat at the table". She believes people are your greatest asset, and that to protect that asset you need the conscious creation of culture, innovative HR solutions, and valued partners that work to promote the overall success of your business.

"To win the marketplace, you have to first win the workplace".



Mila Carlson, PhD, RN, CNLCP®, CMSP-F

Mila Carlson, PhD, RN, CNLCP®, CMSP-F, is President of Success(ion) Solutions, Inc., a professional services company that assists in developing a consultant's business continuity plan. She is also President of Mila Carlson & Associates, P.C., Nurse Consulting/Nurse Life Care Planning. Her background is in medical/surgical nursing, enterprise patient scheduling, and healthcare administration. A previous article on Medical Record Fact Witness, co-authored with LNC colleague, Joanne Walker, was chosen as the 2018 JLNC Article of the Year. Mila has presented various topics to attorneys, paralegals, legal nurse consultants, rehabilitation professionals, and life care planners in-person, virtual, and conference formats. Mila may be reached at mila@successionsolutions.us.



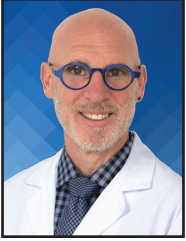
Mark Youngblood

Mark Youngblood has been an insurance agent for 32 years. His career started with 7 years of Health and Life Insurance at which point he moved to Property and Casualty Insurance. He helped establish DC Insures in 1999 and has been with the agency since that time.

Mark graduated from Colorado State University in 1983 with a Bachelor's degree in Agricultural Management with a minor in Economics.

He has been involved as a leader in the Boy Scout program both as a den leader in Cub Scouts and as an Assistant Scout Master in Boy Scouts. This has spanned 10 years.

Contributors to this Issue



Dale Berry, CP, FAAOP, LP

Dale Berry, CP, FAAOP, LP has practiced prosthetics in Canada, Europe, the Middle East, Haiti and in the U.S.A. Dale is a board-certified prosthetist, a Fellow of the American Academy of Orthotists and Prosthetist and licensed in multiple states. Dale's clinical experiences include 20 years as Vice President of Clinical Operations of the nation's largest provider of prosthetics with over 800 clinics. Dale was also selected to serve as Chairman of the National Academy Microprocessor Forum at Walter Reed Army Medical Center, Team Leader to establish a prosthetic clinic in Kabul Afghanistan to treat landmine victims and Clinical Coordinator to establish a prosthetic clinic at the Albert Schweitzer hospital in Haiti to treat individuals injured with amputation from the 2010 Port-au-Prince earthquake. With over 40 years of experience, Dale has provided care to individuals in numerous countries and settings and is well versed in adapting and applying new technology and techniques to meet the ever-changing demands of patients, referrals and the O&P industry. Dale currently is the owner of Prosthetic Xpert Consultation.



Natalie Cozoziello, MSN, FNP-C

Natalie Cozoziello is a practicing family nurse practitioner in Kansas City, Michigan. Her background in nursing includes pediatrics, geriatrics, and public health. She is an advocate for increasing diversity in all areas of health care to provide optimal patient care and is currently working on completing a doctorate as a nurse practitioner at Wichita State University

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How to Find Essential Business Support Services So You Can Focus on the Things that Matter Most

By Jules Carbone



Being an entrepreneur can be scary. Wearing multiple hats can be a frustrating and time-consuming experience. Many life care planners may be hesitant to “go out on their own” because of the lack of business support services and healthcare options. How can you focus on your core competencies and still grow your own successful practice? How do you leave the security of healthcare benefits and retirement that are provided by a current employer? How are you going to find time to handle human-resource related services in addition to marketing your life care planning services, completing life care plans, and juggling an already busy calendar?

As a small business owner, you need every element of your business to work well and efficiently. Your time is valuable: efforts that can be streamlined, delegated, or automated help you focus on the things that matter most to your life care planning business.

In this article you will be introduced to professional employer organizations “PEOs” and the services they provide to business organizations. A PEO provides businesses human-resource (“HR”) related services. They handle things like payroll, regulatory compliance, and employee benefits so that business owners can focus on the operations side of their companies. Essentially, you’re freed up to focus on your core competencies and profit-generating tasks.

According to the National Association of Professional Employer Organizations (“NAPEO”), there are 487 PEOs in the United States that provide these services to hundreds of thousands of primarily small and mid-size businesses assisting 4 million employees. Businesses that work with a PEO grow seven to nine percent faster than similar-sized businesses that don’t. They also have 10 to 15 percent less employee turnover and are approximately 50 percent less likely to go out of business. More than 15 percent of all employers with 10 to 99 employees partner with a PEO.

In essence, a PEO allows an employer as small as one, with no more than 2 employees, to compete with a company with 1,000 employees and offer the same benefits as the big guys at a fraction of the cost. Each business combines resources with other employers to save all the way around. The return on investment of using a PEO, in cost savings alone, is 27.3 percent.

Many entrepreneurs associate small business payroll service providers only with payroll services. It is true that payroll service providers streamline and automate the business of payroll, but the right payroll service provider can do much more, making them one of your most valuable resources.

As soon as you've decided to hire your first employee, you should consider outsourcing your payroll to a PEO. Investing in payroll services early ensures the robust functioning of your business and helps you avoid the challenges and legal issues that come with incorrectly processed payrolls.

What Can a Payroll Service Provider Do for My Business?

Yes, payroll service providers will help you pay your employees and file taxes while keeping you compliant, but what about a time and attendance system that will allow you to keep better track of employee schedules, tracking paid leave, administering employee benefits, or integrations with software you are already using, like your accounting system? Full-service payroll providers offer much more than just payroll.

How Do I Choose a Payroll Services Provider?

Nobody knows your business better than you do. To choose a payroll provider, consider what options are offered that go beyond just payroll and how much assistance you'll receive when it comes to payroll and HR tasks. For example, do you need access to full support from HR professionals? Do you need help with benefits administration? Do you need a better time tracking system or integrations with your current accounting software?

Engaging an experienced payroll service provider to work alongside your team can be a significant asset to the productivity of your business. Here are ten benefits of outsourcing:

Savings (time and money)

Automating your payroll frees up business owners to tackle other issues and foster business growth. Working with dedicated payroll and tax professionals means that you

won't need to invest time into training new employees or upgrading training programs every time the tax code changes.

Compliance expertise

External factors such as, regulations, withholding rates, new forms, and payroll laws, are updated frequently and can affect your ability to process a correct payroll. Keeping up with these changes is time-consuming. Adopting new processes can be complicated.

A payroll service provider will help you adapt and implement changes to reporting requirements, wage and hour laws, and taxes. They will monitor the latest requirements and how they may impact your business. When changes do occur, they will keep you informed and make the necessary updates to the payroll system.

Accurate paychecks

Meeting your tax obligations and tracking employee time are only part of the equation; you also need to process and distribute accurate employee paychecks. According to the IRS, approximately 33% of employers make payroll errors, and 40% of small businesses pay an average penalty of \$845 per year for late or incorrect filings and payments (Accounting Today, 2018). Employers are required to pay federal, state, and local (when applicable) income taxes, Social Security and Medicare taxes, and federal and state unemployment taxes. Payroll service providers can help you make accurate deductions/withholdings on each employee's paycheck.

Flexibility in pay is just as important as accurate pay. Access to paper checks, direct deposit, employee pay cards, and on demand employee pay options help you meet the flexible payment demands of a diversified workforce. Payroll services can also be set up to deliver payroll at different intervals: on-demand, daily pay, weekly, biweekly, monthly, and more.

Payroll tax and regulation compliance

Payroll service providers help businesses maintain compliance by staying on top of tax law changes, knowing which forms to file, which payments to make, and when payments are due. They assist with the filing of payroll returns on a monthly, quarterly, and annual basis.

They may also be able to assist with classifying employees, categorizing compensation, applying employee benefits, and complying with FUTA, ACA, unemployment and other regulations. When it comes to payroll-related activities, there's plenty of opportunities for mistakes. Mistakes can cost you money. Payroll service providers help you avoid errors and any associated penalties.

Accurate reporting

Payroll service providers that also offer HR solutions often have cloud-based software that allows business owners to accurately track employee time, wages paid, benefits, deductions, and HR related information. If you need to look up or supply information to satisfy tax agency queries, you can find it at the click of a button (or simply send the query to your payroll service provider).

Verification of employee information

Payroll service providers often offer employee information verification services, including background checks and verified eligibility to work in the United States. Whether you need to verify applicant information and check criminal history before you make a new hire or you need to ensure employee information is accurate on I-9 forms, an experienced payroll service provider can help.

Gain access to technology

Technology limitations are among the top reasons why businesses choose to outsource. Can you offer direct deposit to employees? Do your employees have access to their pay history, W-2s, and tax documents online? Payroll service providers use robust technology and cloud-based tools that allow employees easy access to their information. Many will also allow integrations with your accounting system. Payroll service providers that offer additional features such as time and attendance tracking, applicant tracking, benefits enrollment, etc. can save your business time, cut down on costs, and increase efficiency and security. Plus, you store your "people" data in one centralized database.

Employee self-service

Payroll providers offer software that streamlines employee onboarding and enables employees to self-service their accounts without the need for in-house staff. That frees staff to focus on high-level activities and enables employees to enroll in benefits, change information such as addresses or phone numbers, input new employee information and track their time.

Secure payroll data

Payroll service providers utilize secure technology to protect employee records and allow account access only to authorized personnel, which will help you comply with important employee confidentiality regulations.

Scalability

As a growing business, you need a payroll service provider that provides you with solutions that meet your needs now and as you grow. Whether you're a small business with just a few employees, a major corporation with thousands of employees, or any size business in between, expert payroll service providers work with you to understand your business needs and goals, enabling them to become not only a valued resource but a partner in the future success of your business.

In summary, most PEOs offer simple solutions that provide small and mid-sized businesses the ability to streamline their human capital management functions and find relief from administrative burden, so you can get back to what matters most – growing your life care planning practice. To find out more information about selecting a PEO, FAQs about PEOs, and to locate a PEO, please go to the National Association of Professional Employer Organizations at Find a PEO - NAPEO.

Article provided by Employer Solutions

Disclaimer: The information, opinions and views expressed herein are those of the author and does not constitute endorsement or approval by the journal and/or its publisher, The American Association of Nurse Life Care Planners.

SUCCESSION PLANNING: Business Contingency Strategy



By Mila Carlson, PhD, MSHSA, R.N., CNLCP®, CMSP-F

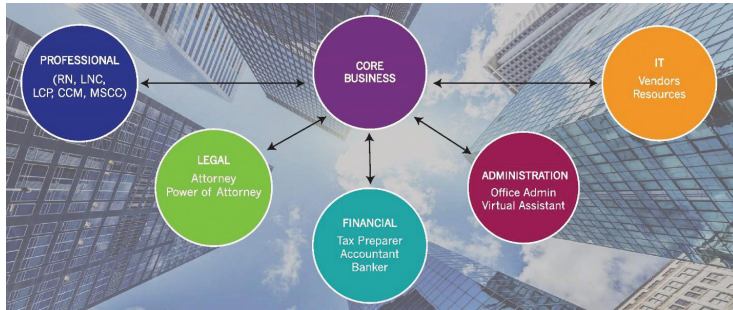
Keywords: Succession planning, lifecare planners, nurse consultants, business exit strategies, selling a business, retirement.

“Succession planning is an organized method of documenting the assets and processes of [a] business and determining responsibilities for the business to continue in [the owner’s] absence (Carlson, 2018, para. 1). Although each business is individualized to meet the needs of the owner, every business has **5 categories** that need to be addressed when planning for succession: Administrative, Financial, Information Technology, Legal, and Professional. “The processes developed, activities performed, and strategies for future growth fall into these categories.

Regardless of how [one] address[es] the specific needs unique to [the] business, there are broad topics within the **5 categories** that need to be considered. For example:

- Administrative: daily business operations, maintaining supplies, and office equipment
- Financial: billing processes, invoicing, and accounts payable. Insurance policies may be included here or in the legal category.
- Information Technology: computer equipment, devices, and any technical needs
- Legal: contracts, dispute resolution, and naming a power of attorney to act on [the owner’s] behalf [during an] absence

- Professional: protection, use, and storage of medical records; attorney-client responsibilities; maintaining client lists; and completing assignments



As entrepreneurs, [owners] focus on starting, then growing a business, networking opportunities, and marketing. Once [these goals have been achieved and successes recognized], it is easy to become comfortable. While this is a common occurrence, complacency is dangerous in business.

Business owners must keep their options open for opportunities of expansion or future growth. If an option to take advantage of a merger or sell the business presents itself, how would [the owner] determine the value of [his/her] contribution or net worth? If an offer to sell [the] business is presented, how would [the owner] know whether the offer is equivalent to the value of [the] business?" (Carlson, 2018, paras. 2-5). Selling the business provides the opportunity for obtaining freedom to pursue other business interests or obtain financial capital for retirement.

"Documenting business processes, assets, and client portfolio offers a means of assessing the value of [a] business. Preparing this information and [updating] it on a regular basis provides the financial appraiser [with information] required to complete this assessment.

Unplanned absences are just that: unplanned. If [the owner] needed to be away from [the] business for an extended period of time, who can or will step in to fulfill [the] contractual obligations, make business decisions on [the owner's] behalf, or close the business if required? What are your contingency plans? Who can you contact to help maintain your business?

Designating individuals capable of fulfilling the needs within the **5 categories** as part of succession planning allows [the owner] to train the individuals prior to an [unanticipated absence]. It also provides an opportunity to communicate [owner] preferences and direct [the] team on how to act on [behalf of the business] (Carlson, 2018, paras. 6-8). Below is more detailed information about the categories, although it is not an all-inclusive list. Please notice that some roles or processes may fall under more than one category.

Administrative personnel may include an on-site or virtual assistant. These individuals would perform and monitor daily business operations and maintain supplies and office equipment. They would also be responsible for travel accounts, subscriptions and renewals, insurance policies/renewals, and marketing operations. They should have a broad knowledge of and proficiency in office software.

Financial personnel usually include a personal banker, accountant, tax preparer, and power of attorney (POA). Representatives of these services deal with billing processes, invoicing, and accounts payable. Responsibilities related to checking and savings bank accounts, taxes, payroll, and insurance policies fall within this category.

Information technology resources encompass technicians/experts proficient in computers and other devices that connect to the internet, including telephones and mobile devices. These individuals are responsible for any technological needs. A website developer/webmaster may also be part of this team.

Legal team members usually consist of a business attorney, estate/trust attorney, insurance agent, POA, and office manager. Contract reviews, dispute resolution, partnership formation, POA designation, real estate/lease reviews, and company representation in legal matters are delegated to these individuals.

Professional representatives are responsible for protecting, using, and storing medical records; handling attorney-client responsibilities; maintaining client lists; and completing previously accepted assignments. They also contribute information for documenting retainer balances and generating invoices. Life care planners, nurses, employees, subcontractors, and other designated professionals with relevant experience are the types of professionals in this category.

Lifecare planners are used to projecting the healthcare needs of injured or severely ill persons. An individualized plan is developed. We determine what the individual needs, when the resource or service is anticipated to be needed, and the associated cost. If you think of your business in that perspective, you can see there are corollary comparisons to applying the same principles to your business.

Who and what are the resources necessary to maintain your business? What are the needed qualifications? What is the cost to train these resources to follow your processes? How will you fund the financial aspect of training or using these resources to maintain or close the business? Is there a key man insurance policy in place that could be used to pay for these resources?

When do you expect to need these resources to be in place? If you are planning your retirement, then you should have time to close out the business in an orderly process. However, the unexpected is what usually presents itself. Do you have an administrative assistant who can help keep the office functioning and work with your designated resources to complete contracted assignments? Even a part-time administrative assistant who knows your business and clients is of benefit for your business to continue in your absence.

As with every project, determining where to start the process is the most challenging aspect of succession planning. First, identify a key player for each category. Establish the duties and responsibilities for these team members. Develop written policies/procedures of the business practices. Do not hesitate to revise them as needed to improve the business.

For owners planning retirement in the foreseeable future, establish a date and work backwards from that date in closing the business. Determine what kind of cases should be accepted and could be completed in the remaining time frame. Recognize that some types of cases, such as life care plans, may continue over several years. Identify colleagues for referrals for these types of cases. It is advisable not to notify clients too far in advance of the business closing or retirement, as clients may decide to find other consultants, thus impacting the bottom line.

“Succession planning can be an overwhelming project but is a necessary strategy for [a] business. There are many individual actions and details required to develop a realistic succession plan. Starting the process sooner rather than later will bring peace of mind to [the owner], as well as to clients, colleagues, and family members” (Carlson, 2018, para. 9).

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**REMEMBER TO
WASH YOUR HANDS**

Follow social distancing guidelines

**Thank a caregiver, be kind
and take care of each other!**





Insurance and How it Pertains to Nurse Life Care Planning

By Mark Youngblood

Keywords: Insurance, Workers, Employees

As a licensed professional, there are additional considerations when putting together an insurance program for yourself, or for an office/agency. Having any license or accreditation places you in a position of weight in your statements and recommendations. There are 4 primary areas of concern. Some pertain to all and some are agency employer/employee related. The topics to be addressed are – General Liability, Professional Liability, Cyber Liability and Workers Compensation.

General Liability Insurance - Like all insurances, General Liability helps to provide financial responsibility in the form of discounted dollars. In other words, if your work can cause injury to someone, and those amounts exceed your ability to pay, then the answer is through the discounted dollar approach of insurance.

There are a couple of ways to purchase General Liability. One is to purchase it as a stand-alone coverage and the other is through a BOP (Business Owners Policy). BOP's are packaged with Property coverage. The Property coverage is a mandatory function of the policy. Since many Life Care Planners will have an office, and therefore have a property exposure, they may be instances where property is not desired. With this in mind, there can be several instances where the BOP policy will have more coverage for less money. Think ala carte vs a combo meal. It would be more expensive to buy every item that makes up the combo meal ala carte. The same applies to a BOP policy. Since the product has been put together to put several coverages together in a well balanced coverage suite, it is less expensive than buying each individual coverage separately. In many instances, the BOP will be less expensive than the stand alone General Liability policy even if you only desire the General Liability coverage.

While I am on the BOP policy, it is important to note other coverages that can be important depending on the type of loss that occurs. Another common coverage available under a BOP policy is business Interruption or business income coverage. This coverage provides you with income during a period of loss that is the result of a covered event, such as a fire. If a fire were to damage the building you are in, this could very well lead to a loss of income due to not being able to use your office. This could be either due to a loss that directly affects your office or could be damage to another office that makes the building unsafe to enter or occupy.

Things to consider when coming up with a limit (if the policy requires a stated limit) would be payroll of critical employees, rent, loan payments, office equipment leases, etc. All of these entities will still want to be paid whether you can use your office or not. Many policies will offer an "Actual Loss Sustained" in lieu of a stated amount. This type of coverage is more desirable as it takes a specified limit out of the equation.

Another coverage often found in a BOP policy would be EPLI. Employment Practices Liability Insurance covers you against suits brought against you by employees. Examples of the types of suits that this coverage responds to are – discrimination, wrongful termination, sexual harassment, retaliation, workplace harassment and breach of contract or employee agreement. Over the last 20 years, these types of claims have risen 400% with wrongful termination being 260% of the number. The average dollar amount associated with this type of suit is \$75,000 if settled out of court and \$217,000 if it goes to court and you lose.

I have attempted to cover many of the coverages that are of primary concern. Depending on your particular needs, it is important to identify the potential losses that your business could incur and then speak with a qualified agent who can assist you with the best way to cover these exposures.

General Liability – General Liability has 4 triggers to activate coverage – property damage, bodily Injury, advertising injury and personal injury (libel, slander). Since most of what Life Care Planners do falls to the professional coverage, this is mainly for office settings and for trips to places outside of your normal workplace where you could potentially cause harm. For a construction entity, their exposure is their "work". If they build something and it fails – think collapsing staircase – then their General Liability policy would respond. As a professional, your "product" is often your advice. General Liability General Liability is usually written on an occurrence form. This covers claims resulting from an injury or other event that occurs during the policy term. Coverage will depend on the timing of the event. Injury due to your advice would be covered by professional insurance, often referred to as Errors & Omissions coverage or malpractice insurance.

Professional Insurance – Unlike General Liability, you can "injure" someone through your advice (not something you have built or created). If you recommend a course of action and it is followed and the course of action fails, then you could have a professional exposure. While it is very possible to cause bodily injury through bad advice, you can also cause financial injury. E&O insurance will generally cover you for judgments, attorney fees, court costs and settlements to the policy limit. Professional Liability policies, 95% of the time, will be on a "Claims-Made" policy. These policies provide coverage for claims made during the policy period. A retroactive date will go back in time to pick up a claim while a "tail" or extended reporting period will pick up claims after the expiration of the policy. It is often a good idea to purchase the tail coverage to cover claims after you have closed down your office. This provides coverage for past periods and does not encompass additional actions. If you are going to continue to practice, you need to keep this policy in force. In order to keep your retro date you also must keep a policy in force without a lapse. Keep this in mind if you plan to shop this coverage as you will need to have it in place and ready to go before your current policy expires. Also, most policies will have a definition of what operations the policy will respond to. Make sure you are inclusive in your description of activities, as an omission of work performed could come back to haunt you.

Cyber Liability – As with all professionals that keep personal identifiers, Cyber Liability policies need to be part of your insurance program. Being medical professionals, you have the added exposure of HIPAA violations. Due to federally mandated responses to cyber events, just the required notification protocols can be over \$100 per person affected. So if you had a client base of 200 people and a breach affected your entire base, then just for notification requirements, you would be looking at over \$20,000 in just the notification requirements before any direct damages occur. If not familiar already, I highly encourage you to look at the potential outcomes of a cyber event and the associated costs. You can be into the hundreds of thousands of dollars fairly quickly.

Insuring agreements found in a Cyber Liability policy are – **Loss of digital assets** – Covers you for damage, alteration, corruption, distortion, theft, misuse or destruction of your digital assets. Non-physical business interruption and extra expense – This will reimburse you for income loss, interruption expenses and other expenses incurred by you during a period of restoration as a result of total or partial interruption, degradation in service or failure of the computer system. Cyber extortion – will reimburse you for expenses or monies resulting from a credible threat that include extortion monies.

Security Event Costs – coverage for security event costs resulting from a security or privacy breach.

Network Security and Privacy Liability Coverage – monies you are legally obligated to pay in damages that arise from your acts or errors and omissions.

Employee Privacy Liability – damages and expenses you are legally obligated to pay due to loss of employee data (personal identifiable).

Media Liability – Damages due to media peril.

Cyber Terrorism – Coverage including interruption expenses due to a total or partial interruption, degradation in service or failure of the computer system that is the result of an act of terrorism.

If you are like me, you have never heard of or considered the above to be a risk to your business, but the times have changed and these types of event/s are becoming more common and sophisticated in their attacks on your computer systems.

Workers Compensation Insurance – This is the added insurance you will need if you are an agency that has employees. It does not matter if you only have 1 member of clerical staff. If they are on payroll, you have to have

Workers Comp. When procuring this coverage, have available a brief description of the duties of the employee available so that they can be properly classified and rated based on their exposure. For instance, an employee that frequently leaves the office as a function of their duties vs someone of the same ilk that does not leave the office will be viewed differently and classified differently.

The above list of coverages available are what we refer to as risk transference. In other words you are transferring the risk from yourself to the insurance company. The other thing I encourage you to implement into your business model is risk avoidance. Don't do things that could subject your business to claims. Have an employee handbook that lays out your expectations and some do's and don'ts that you expect your employees to follow. With regards to computers – get someone to set up your system to be resilient against cyber-attacks, and institute protocols regarding responding to outside e-mails of unknown origin.

In closing, work with a knowledgeable insurance professional who is familiar with the exposures your work creates. Also, many times the most cost effective your professional liability coverage you can purchase will be through a professional organization.



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Life Care Planning for Lower Limb Pediatric Prosthetics

By Dale Berry, CP, FAAOP, LP



Keywords: Prosthetics, Pediatrics, Puberty, Fitting

NURSING DIAGNOSES TO CONSIDER NANDA-I 2021-2023

1. Domain 4-Activity/Rest. Class 2. Activity/Exercise.
2. Domain 13-Growth/Development. Class 1. Growth.
3. Domain 13-Growth/Development. Class 2. Development.

Bradley Pedrick was born with congenital pseudarthrosis of the lower limb which resulted in a broken left tibia. The natural history of the disease is extremely unfavorable and once a fracture occurs, there is a little or no tendency for the lesion to heal spontaneously. (Shah, 2012). Bradley did not walk until he was two years old, and when he did attempt to ambulate, it was with the aid of a brace to support his injured and underdeveloped left foot that was three shoe sizes smaller than the right foot and internally rotated. At the age of 3, Bradley underwent transtibial amputation of the left leg and initiated his introduction to wearing prostheses. Bradley received his initial prosthesis 12 weeks after amputation surgery and over a 10-year span has received a total of 11



Bradley Pedrick was born with congenital pseudarthrosis of the tibia leading to eventual amputation of his left leg at age 3. From age 3 to 13 Bradley has received a total of 11 prosthesis plus 2 socket replacement to accommodate his growth and development. (Photo copyright of SWNS Media Group, used with permission)

prostheses plus 2 socket replacements to accommodate his growth and development.

For the Nurse Life Care Planner developing a Life Care Plan for an adult prosthetic wearer, key factors must be considered related to current prosthetic clinical practice guidelines, coding, billing practices, and regulatory standards to develop a life care plan for an adult suffering from limb loss. (Berry, 2020). When producing a Life Care Plan for the pediatric patient however, there are additional details related to a child's growth,

development, activities and availability of pediatric sized components (Cummings, 2006) that also must be considered and applied to ensure an accurate and reliable report.

Pediatric cases are statistically most likely related to acquired amputation due to trauma or infection, with traumatic amputations occurring twice as often as amputations from infection. (Le, 2015). Traumatic amputations typically result in a transverse amputation of a single limb while amputation due to infection can result in the amputation of multiple limbs (Oh, 2020, Grunther, 2018). Finger amputations, most notable for children under the age of 2, are the most common traumatic amputation due to door injuries. (Hosteltler, 2005) while amputations for adolescents are most commonly due to power tools or lawnmowers (Vollman, 2006).

Unlike a Life Care Plan for an adult, the life care costs related to pediatric prostheses cannot be applied in a uniform cycle over the patient’s entire lifetime. As a child grows to maturity, the style, type, design and costs for medically necessary prosthetic care will need to be adjusted and modified to accommodate normal musculoskeletal growth and development resulting in changes in the patients’ height, weight, size, activities, and lifestyle. (McLarney, 2021)

Pediatric Prosthetic Technology Limitations

The current prosthetic design standard for lower extremity prosthetics is endoskeleton, more commonly referred to as modular design. Compared to conventional exoskeletal prosthesis, the modular design provides for improved function, comfort and adjustability, decreased fitting time, enhanced cosmetic appearance and the ability to exchange functional components in the event of damage of an existing component or to upgrade to a newer design. (Kumar, 2011). With the majority of amputations attributed to adults as a result of circulatory disease, (Varma, 2014) the challenge for the pediatric market is that the number of potential patients is smaller for children than it is for adults.

For the manufacturers of prosthetic components, there is a limited and relatively small comparable market to develop, produce and stock multiple sizes and variations of child sized components with such a limited number of potential

clients. Audit of the current on-line catalogs of international and domestic manufacturers of prosthetic components establishes a disparity between the selection of feet and knee components specifically designed for children when compared to the same selection of components for adults. There are 15 times more options of adult prosthetic feet and 10 times more adult knees when compared to pediatric options.

This limited and lack of prosthetic component selection is a contributing factor to the prosthetic replacement cycle for the pediatric patient as some device options have a narrow and very specific functional capability and weight capacity that may only accommodate the pediatric prosthetic wearer for a limited time during their growth and development.

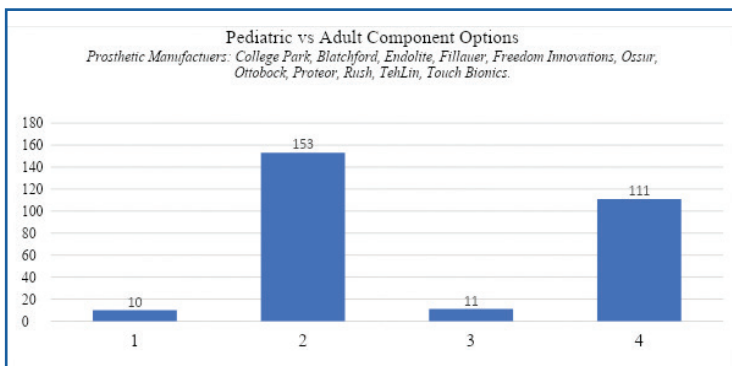
Prosthetic Service Alternatives

Once a prosthetic wearer has been fit with a functional prosthesis, there are four (4) levels of prosthetic services provided over the life cycle of the prosthetic device:

Adjustments, Supplies and Maintenance: Due to routine daily use of the prosthesis combined with normal changes in the patient’s residual limb due to growth, the prosthesis will require socket adjustments and prosthetic lengthening. Mitigating factors to necessitate adjustments, supplies and maintenance include (but not limited to) growth height, minor changes in the shapes, size and/or volume of the residual limb or normal wear of the prosthesis due to daily use. Each new prosthesis and replacement socket includes liners, socks and other consumable items, and due to the high frequency of replacement, there is typically no need for additional supplies for the pediatric prosthetic wearer. As for maintenance and repairs, for the active pediatric prosthetic wearer, it is reasonable to accommodate 3-5 hours of prosthetic labor per year, per prosthetic device, to address minor repairs and adjustments.

Component Replacement: There may be times during the child’s development that they undergo a “growth spurt” when there is a quick physical growth in height and weight. (Soliman, 2014) Such a growth spurt can create a situation where prosthetic components (foot, knee, connectors) will need to be replaced due to growth even though the component may still be in excellent working order and under warranty.

For lower limb prosthetic wearers, the prosthetic foot must equate to the size of the sound side foot so the child’s shoes will fit both the prosthetic and natural foot properly. The growth pattern is constant and varied for children between ages 0-11 while the growth in foot length stabilizes after 12 years of age (Gonzalez-Elena, 2021). As the child grows and requires a larger size shoe to fit the sound side foot, regardless of the age and or pristine condition of the existing prosthetic foot, it will be too small for the child’s new shoes and a larger prosthetic foot will be required for the larger shoe size.



In addition, prosthetic feet in particular are fabricated to accommodate a weight range within a 10–20-pound category window. In the event the child gains sufficient weight, even though the child’s foot size may remain the same, the prosthetic foot will require replacement if the child’s increased weight exceeds the category rating of the existing foot.

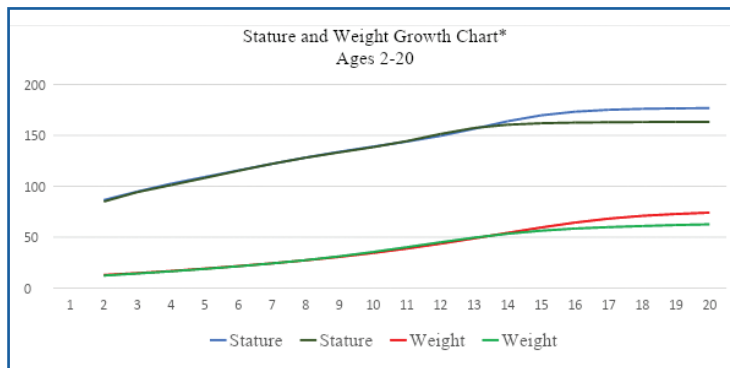
Replacement Socket: Normal and expected changes in the residual limb related to growth will cause the prosthetic socket to become too small while the prosthetic components (knee, foot, ankle) may still be functional and appropriate for the wearer. In this event the prosthetic socket can be replaced and secured to the existing prosthetic components.

Prosthesis Replacement: When the child’s growth exceeds the ability to adjust or modify the prosthesis to accommodate comfort and functional needs, a new replacement prosthesis is deemed medically necessary. The new prosthesis would include new components with greater weight limitations and larger sizes with appropriate functional design to accommodate and perform routine activities of daily living.

Growth Influence on Prosthetic Life Cycle

The World Health Organization (WHO) and National Centers for Disease and Prevention (CDC-1) publish stature and weight growth charts for children up to the age of 19 and 20 respectively. These patterns identify an initial uniform growth pattern that reduces after the age of 15 for males and after the age of 13 for females. (de Onis, 2007). When life care planning for pediatric prosthetics, application of these developmental stature and weight patterns provides a basis to project a prosthetic replacement cycle for the development of the child’s growth pattern.

Taking into consideration that growth progression on average is more advanced from age 0 to 13 as compared to ages 14 to 20, the replacement cycle of pediatric prosthesis is treated in two categories, pediatric growth phase and adolescent growth phase.

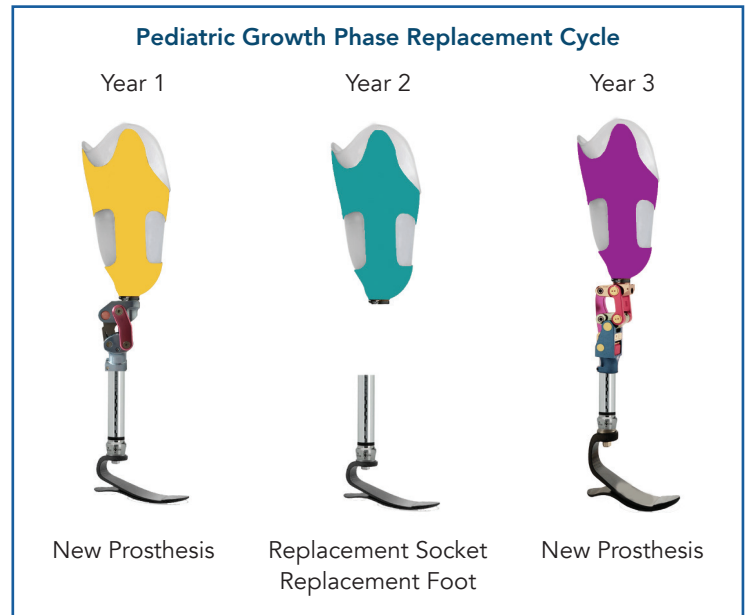


*Content Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Published August 23, 2001. Average growth increases year over year of 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentile. Stature in cm, weight in Kg

Pediatric Growth Phase

For females ages 2-13 and boys ages 2-15, statistically this phase will present the most rapid year over year growth in height and weight and the most constant rate of foot growth (Gonzalez-Elena, 2021). For the lower limb prosthetic wearer, the foot will on average need to be replaced once per year to mirror the growth of the sound side foot and fit in the child’s footwear. In addition to foot growth, the socket will also require replacement to accommodate the increases in circumference, length and volume of the residual limb. For an individual with a trans tibial (below knee) amputation, this will require a complete replacement of the prosthesis on a yearly basis.

For the individual with a trans femoral (above knee) amputation, the knee component is modular has an expected life cycle for an active child of 2 years, however the socket and foot will require replacement on a yearly basis to accommodate foot and residual limb growth creating a 2-year life cycle for the knee and one year life cycle for the foot and socket.

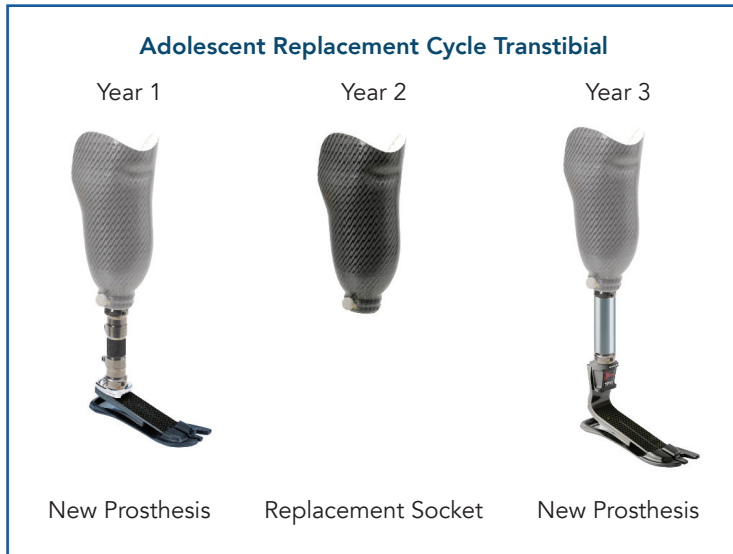


Adolescent Growth Phase

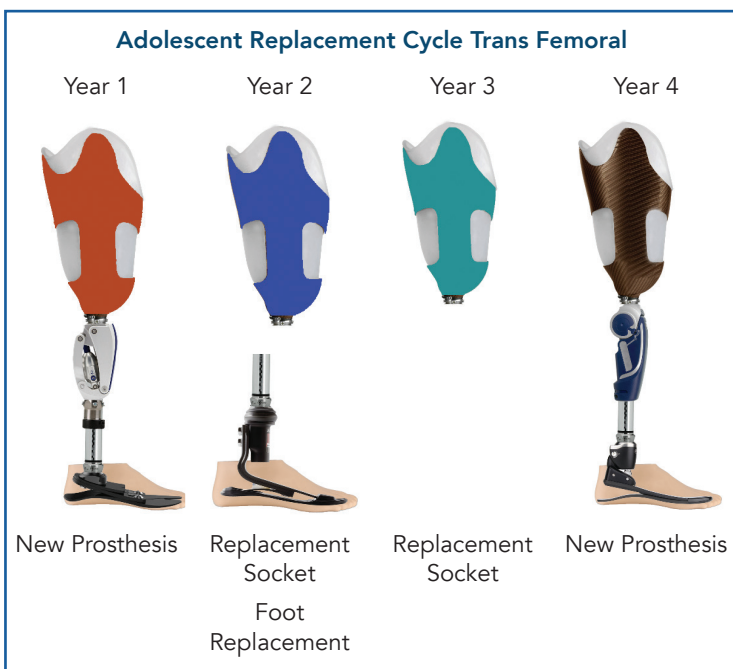
As the pediatric prosthetic wearer reaches the adolescent growth phase, the child will transition to a height and weight which will accommodate a wider range of prosthetic components that are designed for adults. Fourteen-year-old females and males reach an average height 160 cm (5’2”) and 164 cm (5’ 4”) (CDC-2) and an average weight 53.42 Kg and 54.2 Kg respectively (CDC-3).

At or about this time, the growth rate for the adolescent also starts to decline. This combination of access to adult components and reduced rate of growth will in-turn extend the length of the expected reasonable useful life (RUL) of the pediatric prosthesis. For prosthetic feet, a wide variety

of adult prosthetic feet are available at a size as small as 21 cm (7 male or 8 female US Size). For the transtibial prosthetic wearer, due to the slower growth rate of the sound side foot, the RUL of the prosthetic foot is estimated to be 18 to 30 months. The residual limb will continue to grow and develop which will require the socket to be replaced on a yearly basis. This equates to a new prosthesis once every two years with a replacement socket at the half-life of the prosthesis.



For transfemoral prosthesis, access to prosthetic knee components designed for adults provides for more durable and functional components that are able to accommodate a wider weight range. (Griffet, 2016) A wide array of adult prosthetic knees of a service life of a minimum of 3 years, (Ottobock) (Ossur), so for the active and growing child, a knee component can be expected to accommodate the wearer for 3-years before having to be replaced for growth



or change in functional or stability requirements. For the individual with a trans femoral (above knee) amputation, the prosthesis can be expected to be replaced once every 3-years, with a foot replacement at the half cycle to accommodate growth in foot size and a replacement socket yearly to accommodate changes in the residual limb.

Transfemoral Prosthesis Fabrication Limitations

For transfemoral prosthesis, the determining factor of whether a knee will accommodate a wearer is the “build height” of the prosthesis, which equates to the measurement of the sound side limb from sole of the foot to the anterior surface of the femoral condyle with the ankle and knee each flexed to a 90° angle. The physical positioning and relative alignment of the prosthetic knee joint to correspond and align with the sound side knee joint is essential for the prosthesis to fit and function as well as provide a symmetrical gait pattern.



The build height of the shin components is a primary consideration when determining if an adolescent transfemoral prosthetic wearer can have access to adult style components. The build height for a transfemoral prosthesis must consider the thickness of the distal end of the prosthetic socket, proximal connector, knee component, distal alignment connector, prosthetic foot and foot shell.

Systematic review of clinical trials identifies that adult transfemoral prosthetic wearers utilizing a microprocessor knee may reduce the number of falls, risk of falling, improve balance, and enable the prosthetic wearer to better perform activities of community ambulation. (Kannenberg, 2014) For children, the microprocessor knee with computerized controls can present limitations as they may be too large and/or heavy and lack necessary durability for active adolescents. (Hall, 2021). To consider an advanced microprocessor knee

for an adolescent pediatric prosthetic wearer, depending upon the make and model of knee, foot and connectors, the minimal build height is approximately 38 cm (15") which equates to an individual that is approximately 153 cm (5') or taller. (Marino, 2019)

Special Activity Prosthesis



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For adults, the basis of coverage for determination of medical necessity for the style, model and type of prosthesis is primarily based on the individual's potential functional abilities as measured by the industry standard Functional K Levels. Functional level K1 identifies a household ambulator, K2 a limited community ambulator, K3 an unlimited community ambulator and K4 is specifically established for the child, active adult, or athlete". (LCD L33787).

Although the child prosthetic wearer is categorized as a functional level K4, the primary Activity of Daily Living (ADL)

prosthesis is fundamentally designed to provide comfort and mobility to perform routine activities of daily living. Functional capabilities of an ADL prosthesis compared to a Special Activity prosthesis (Image 3) would be similar to comparing everyday shoes worn by a child as compared to special sport cleats to play soccer for example. For special activities or sports, the ADL prosthesis may not have the

specific function to or feature for the unique demands of the activity the child wishes to pursue. During sports or special activities, the ADL prosthesis could be exposed to stresses or environment conditions (e.g., dust, dirt, moisture, water) that could damage components, thus, a separate (secondary) prosthesis with activity-specific components that meet a child's needs may be required. (Hall, 2020) In addition to enabling the child to participate in special activities, running specific prostheses have been identified as having a positive impact in promoting children's engagement in sports as well as being worn for a broader range of physical activities. (Hadj-Moussa, 2022)

Although the special activity prosthesis may not have the same degree of daily or constant use as the ADL prosthesis, the replacement cycle is the same as the ADL prosthesis and will require replacement due to growth and change in patient condition.

Conclusion

When producing a life care plan for a child that has undergone a lower limb amputation, it is imperative to take into consideration the style and design of prosthesis that would be considered medically necessary for each year of the child's life as he or she grows in size and stature to adulthood. An accurate cycle for replacement prostheses and replacement sockets must be incorporated into the life care plan to accommodate for the child's expected yearly growth in weight and height, increase in foot size as well residual limb growth. Of equal importance is for the life care plan to consider and to accommodate for the reasonable and anticipated change in the child's activities of daily living and special activities. As children grow and mature, it is a practical expectation that the child will naturally adopt new routines, hobbies, sports and other activities as it relates to prosthetic design, technology and function. These ongoing changes in stature and functional considerations need to be specially addressed and accommodated year by year for accurate pediatric prosthetic life care planning.

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Navigating the Healthcare System with Cultural Competence.

By Natalie Cocozziello, MS, FNP-C

Keywords: Cultural, Competence, Health Outcomes, Communication, Continuing Education

When discussing the health needs and treatment options of patients, it isn't uncommon to find that there is a barrier created by a sincerely held belief, economic status, or historical inequity that limits the options available to a practitioner. It can feel like a frustration, but it is simply a part of the reality of treatment. That is why it is important to get certified in Cultural Competence, even though it's not required in all states, to help you effectively and efficiently prepare plans for patient care.

Cultural Competence affects Social Determinants of Health. Social Determinants of Health include a patient's: neighborhood, physical environment, quality of and access to healthcare, quality of personal education, economic stability, and other social and community contexts. (U.S. Department of Health and Human Services. Healthy People 2030). The effects of these elements can be felt in many ways, including reducing the effectiveness of care, creating barriers to continued care, and disrupting communications.

Enhancing your skill set with an unbiased cultural tool kit in the clinical setting can strengthen patient trust, communication, and effective treatment outcomes. In order to effectively provide culturally competent care, it can be helpful to make yourself aware of the resources, language assistance, and clinics that can provide support to both patients and practitioners of all kinds. A list of supports and educational programs are included at the end of this article to help ease this transition.

Culture plays a significant role in how individuals experience illness and overall health. How individuals achieve access to care also plays an essential role in both the lives of patients and the communities in which they live (Gopalkrishnan, 2021). Overcoming barriers and accessing opportunities to enhance health outcomes is vital for effective healthcare and providers should be prepared to assist patients in this process.

Health-seeking behaviors can be inhibited by racism, bias, and discrimination, impacting stress, resilience, and overall patient coping. Social Determinants of Health considerations should also be incorporated into each patient assessment

to obtain a holistic view of the patient and the resources available to them. This is why it is widely mandated, “in the U.S., medical schools, health-related professional associations, and government entities currently mandate staff trainings in cultural competence” (Lekas, Pahl, & Lewis, 2020, p. 10). Providers that actively seek out experiences to enhance recognition regarding diverse patient populations offer providers opportunities to decrease disparities and enhance the quality of patient care (Lekas et al., 2020).

Familiarizing providers with cultural competence can also improve possible disparities in healthcare outcomes. Cultural competence training has been shown to improve patient care in diverse populations and offers the potential benefits of improved patient satisfaction and potentially improved patient healthcare outcomes (County Health Rankings and Roadmaps, 2023).

Resources for Culturally Competent Education.

Think Cultural Health

Training in the healthcare system for cultural competence is an asset for all providers. One available, accessible, and reputable course is called “Think Cultural Health” offered by the U.S. Department of Health & Human Services. The program consists of an e-learning course designed to assist providers with delivering culturally and linguistically competent healthcare services for nurses and healthcare professionals (U.S. Department of Health & Human Services, 2013).

Once educated, interventions can often be simple. Such as, when discussing follow-up appointments with dental, vision, and podiatry patients, I discuss transportation issues, and discuss options for transportation within the neighborhood setting. When discussing healthy food choices with patients, I tell them to shop in the stores’ perimeter departments, avoid processed or boxed foods, and stick with fresh food that is minimally prepared or seasoned.

Biologix Solutions

Biologix Solutions also offers a 3-credit hour course on Cultural Competence training for all healthcare providers and is a nationally approved provider online training program (Biologix Solutions, 2023).

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality also offers information on fact sheets and a 1-day workshop to move towards a seamless transition into cultural competence and

awareness (Agency for Healthcare Research and Quality, 2023). In addition, there are tools for networking and interacting with diverse patients, such as incorporating individual values, beliefs, fears about the healthcare system, communication, and appropriate culturally competent decision-making aids. Additional information is provided regarding access to qualified interpreters, teaching tools for health care providers, and showing respect and gaining trust with diverse patient populations. Healthcare resources are also available regarding the National CLAS Standards, language, health literacy discussions, and improving services for diverse populations.

Medicaid

Medicaid offers free non-emergency rides to and from appointments which only requires scheduling three days in advance. Medicaid also offers free interpretation services also by phone (Medicaid.gov, 2023).

Feeding America

Feeding America is also an excellent resource for local food bank resources within your community, and you can enter your city and state to locate patient resources (Feeding America, 2023).

Community hospitals and healthcare systems

Community hospitals and healthcare systems are also great resources for patient services. You can look at different doctors, services, and locations for the area where you practice and look for specialty physicians and additional services (Community Healthcare system, 2023). For example, in the Kansas City area, I am familiar with the community hospitals and clinics that offer various services, including physicians in specialty areas fluent in different languages which allows me to effectively engage with these resources. Therefore, when sending patients that speak English as a second language, I always try to send them to a specialty physician that speaks their native language. Each hospital has a patient advocate center to assist in accessing different services.

When working with diverse patient populations, maximizing resources in the community in which the patient resides is essential. The community resource finder is an excellent internet resource to gain access to different community resources, transportation, programs and events, medical services, care at home, housing options, and additional programs and events. For example, each city has community health centers that provide vision, dental, podiatry, pediatrics, geriatrics, and primary care, as well as some that offer transportation to and from appointments (Community Resource Finder, 2023).

TRAINING RESOURCES

Biologix Solutions-Cultural Competency for Healthcare providers offers a 3-credit hour course. Website: <https://blxtraining.com/course/cultural-competency-for-healthcare-providers/>

U.S. Department of Health and Human Services. Healthy People 2030. Social determinants of health. Website: <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Agency for Healthcare Research and Quality 1-day workshop for Cultural Competence training. Website: <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-7.html#:~:text=The%20SHARE%20Approach%E2%80%94Taking%20Steps%20Toward%20Cultural%20Competence%3A%20A%20Fact%20Sheet>

U.S. Department of Health and Human Services Cultural Competence training. "Think Cultural Health". Website: https://ccnm.thinkculturalhealth.hhs.gov/GUIs/GUI_CEU_info.asp

EASE OF ACCESS RESOURCES

Medicaid.Gov Translation and Interpretation Services. Website <https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html>

Feeding America local food bank resources in your state. Website: <https://www.feedingamerica.org/find-your-local-foodbank>

Community resource finder. Website: <https://www.communityresourcefinder.org/>

Patient Advocate within local hospitals. Ask for the patient advocate representative for each individual hospital. If Spanish, Arabic, or other language assistance is needed for specialty visits, the patient advocate can assist with finding a provider that speaks the patient's native language, if available. They can assist the patient with coordinating medical visits, etc.

The importance of an unbiased approach to patient care is essential in decreasing inequities and increasing health. The resources provided in community settings, community clinics, language services, and cultural competence training can all benefit providers in enhancing patient care in a global society. Building a supportive provider, including the incorporation of cultural competence and diversity education, assists with communication, allows the provider to see the entire patient in a holistic view, encourages an open dialogue with patients and establishes trust.

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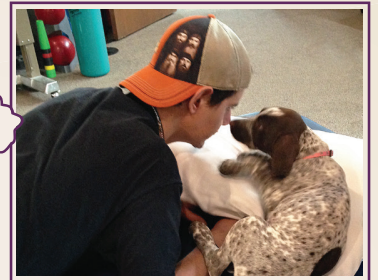
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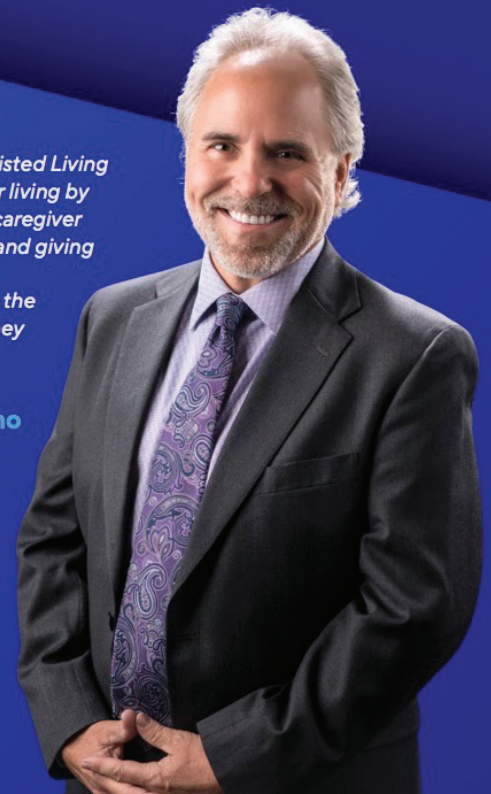
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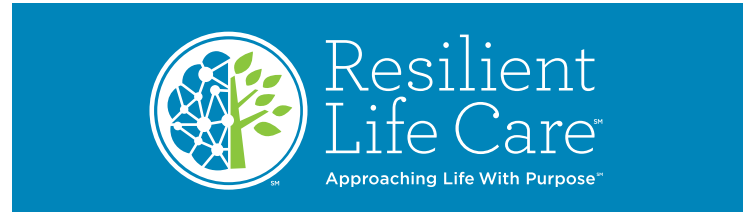
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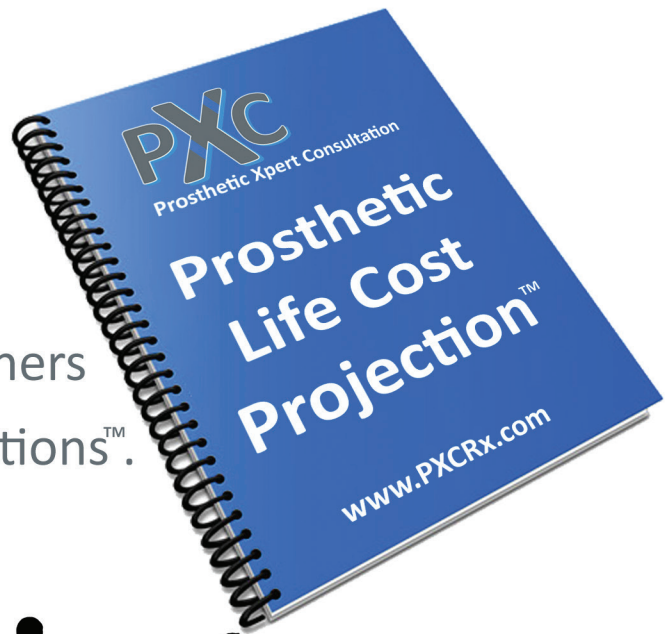
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