

# Makin' It Better Newsletter

Oregon Workers' Compensation | Personal Injury | Social Security Disability

## WRONG-WAY ACCIDENTS: infrequent but lethal

### what's inside

#### page 2

Breaking contact with the road

Helping people clear their throats

#### page 3

Inpatient, observation status, and Medicare

Did you hear?

#### page 4

Let your car do the talkin'

According to the National Transportation Safety Board (NTSB), over 350 highway deaths each year are attributable to wrong-way driving incidents, with the vast majority of them due to head-on collisions at high speeds. One percent of conventional auto accidents involve fatalities; the figure skyrockets to 22 percent for wrong-way collisions.

A 2012 report issued by the NTSB stated that over half of wrong-way incidents involved alcohol-impaired drivers, with over 60 percent of them having blood-alcohol readings of .15 or higher—nearly double the legal limit in most states. Fifteen percent of wrong-way collisions are initiated by drivers age 70 or above. Confusion and impaired vision are aggravating factors in these accidents.

Many wrong-way accidents begin with a driver mistakenly entering a highway from an exit ramp; others originate

with people who realize they have missed their exit, so they make a U-turn and head the wrong way back to the exit. Nearly 80 percent of wrong-way accidents occur between 6 p.m. and 6 a.m.

Research has shown that road configurations sometimes play a role in driver confusion. Entrance and exit ramps that are side by side sometimes compound disorientation. Exit ramps on the left-hand side of a highway seem to exacerbate these situations as well.

The NTSB is recommending that states drop the hammer on first-time DUI offenders by requiring ignition-interlock devices on their cars. Some states are enlarging warning signs and placing them closer to eye level, which is yielding positive results.

If you have been the victim of a wrong-way accident, contact an experienced auto accident attorney to protect your rights. ■



# breaking contact

## WITH THE ROAD

When a vehicle hydroplanes, water lifts the tires off the surface of the pavement, temporarily nullifying the driver's ability to steer and brake. Not surprisingly, this turn of events may result in tragedy, with a driver losing control and veering into other traffic or off the road—especially at highway speeds.



Sometimes, hydroplaning occurs as a result of Mother Nature suddenly unleashing her fury, as in a cloudburst that overwhelms even the best drainage systems, with water accumulating on the roadway. Occasionally, drivers travel too fast for conditions or have tires with poor tread.

Other times, however, alternate factors are involved in incidents of hydroplaning:

- Lack of maintenance may lead to storm drains getting clogged by debris, silt, or snow.
- Substandard construction may include the road surface being comprised of a weak asphalt mix that results in grooves or ruts in the road for water to gather rather than run off to the side of the road. If roadways aren't crowned correctly, water may pool in the middle of the road rather than run off to the sides.
- Poorly placed storm drains or an inadequate amount of storm drains along curbed roadways, or along roadways that are flanked by elevated ground levels, enable water to accumulate.

In addition to hydroplaning, excess water that is flung from one vehicle to another's windshield can hinder vision and lead to dire consequences.

If you've been the victim of a hydroplaning accident in which road/drainage negligence may be a factor, contact an auto accident attorney to protect your rights. ■

# helping people clear their throats

Health and safety took a big leap forward in 1972 when, now 94-year-old, Henry Heimlich happened across an article about accidental deaths in New York Times Magazine. Since his occupation was thoracic surgeon—a medical doctor who specializes in the heart, lungs, esophagus, and diseases of the chest—his gaze was naturally drawn to number six on the list: choking.

In 1972, over 3,000 people per year in the United States died from choking. Methods to help choking victims were either ineffective or made the situation worse. A popular recourse was to slap the victim's back, which tended to drive the object farther down the airway, plugging things even more tightly.

Dr. Heimlich knew that a large residual amount of air remained in the lungs, even after an exhale. His goal was to put that air to good use by forcefully expelling it, along with the lodged object, out the mouth.

With the help of an endotracheal tube (which has a balloon that can simulate an object lodged in the throat) and an anesthetized dog, Dr. Heimlich went to work. After some experimentation, he honed in on the maneuver that would soon bear his name, the Heimlich Maneuver, which was officially endorsed by the medical community in 1975.

Dr. Heimlich is thrilled that lives are saved every day with his maneuver, and proud that it is simple to perform and accessible to almost anyone. For thousands of choking victims, Dr. Heimlich has literally given them their second wind. ■

# inpatient, observation status, and medicare

Is your hospitalized loved one who's on Medicare an inpatient or "observation status" (aka outpatient)? The distinction can have far-reaching ramifications.

Generally speaking, inpatient versus observation status is determined by the severity of the injury/illness and the complexity of treatment required for it—not the length of the hospital stay (e.g., Medicare might consider someone an outpatient even if they've been in the hospital for two weeks). But Medicare determinations are sometimes arbitrary, and Medicare can make it awfully rough on hospitals that don't toe the line on the government's boatload of regulations. It's all about the money (reimbursement).

Inpatients have their hospital expenses completely covered under Medicare Part A once a one-time deductible is met. Those who are outpatients fall under Medicare



Part B and must pay part of the doctors' fees, and copayments for lab work, scans, medications, and so forth.

Inpatients who undergo rehabilitation at a skilled nursing facility will have their expenses paid for by Part A if they were inpatients at the hospital for at least three days. Those who are outpatients are afforded no such benefit and incur the full expense, which can be financially devastating. Observation status can eventually be switched to inpatient status, but the time spent on observation status does not count toward the three-day inpatient length necessary for Part A to cover rehab expenses.

Knowledge is power; don't get blindsided. Be vigilant in asking questions, and keep in mind that Medicare decisions can be appealed. An experienced healthcare attorney can help you protect your rights. ■

## did you hear?

### New study questions the value of mammograms.

A large, comprehensive (and controversial) new study has cast doubts on whether it's worthwhile for women of any age to undergo mammograms.

Researchers, who studied 90,000 women over the course of 25 years, reported that death rates from breast cancer and from all causes in women were the same whether they had gotten a mammogram or not.

In the study, published in the British Medical Journal, researchers also concluded that mammograms could even cause harm to women as a result of unnecessary radiation, surgery, and chemotherapy, since one of five cancers found by mammograms were not a threat to a woman's health and did not need treatment.

Despite the findings, experts don't expect any immediate changes in the guidelines for mammograms. As always, consult with your doctor if you have questions about your specific situation. ■

April 2014 Important Dates

April 1 – Income taxes due  
April 1 – April Fools' Day  
April 13 – Palm Sunday  
April 14 – Passover begins at sundown  
April 15 – Easter  
April 18 – Good Friday  
April 20 – Earth Day  
April 22 – Administrative Professionals Day

The Di Bartolomeo Law Office, P.C.

1139 Exchange Street

Astoria, Oregon

(503)325-8600

www.joedibartolomeo.com

WRONG-WAY ACCIDENTS:  
infrequent but  
lethal



SEE PAGE ONE

This publication is intended to educate the general public about personal injury, on the job injuries, Social Security, and other issues. It is for information purposes only and is not intended to be legal advice. Prior to acting on any information contained here, you should seek and retain competent counsel. The information in this newsletter may be freely copied and distributed as long as the newsletter is copied in its entirety.

# let your car do the talkin'



New technology is being tested that has the potential to be a game changer in terms of auto safety. The technology involves a radio signal that transmits a vehicle's position, speed, heading, and other pertinent information. The car's computer also receives that same information from other vehicles on the roadways with similar capabilities. The driver is alerted to an impending collision through an audible warning, flashing message, a vibrating driver's seat, or brakes that are automatically activated as needed.

The technology has a 300-yard range and could alert you to situations such as an unseen, speeding driver around the corner who was about to run an approaching red light, or tip you off that someone, three cars ahead of you on the highway, has suddenly slowed down.

Communities might eventually install traffic lights and various fixtures along roadways fitted with this technology to warn drivers of road hazards, traffic congestion, and the like. Smartphones could conceivably be integrated into the mix, widening the scope of beneficiaries to include bicyclists, motorcyclists, and pedestrians.

The National Highway Traffic Safety Administration estimates that 80 percent of traffic accidents that occur, apart from drunk driving and mechanical failure, could be prevented. Making the transition to this technology won't happen overnight. Certain technical aspects and security and privacy issues must be worked out as well before the technology is ready for the masses.

The Intelligent Transportation Society of America believes this technology will add \$100–\$200 to the price of a car—worth the price if it lives up to the hype. ■

Visit us at [www.joedibartolomeo.com](http://www.joedibartolomeo.com)