

Office of Health Care Quality Chief Nurse William Vaughan finally agrees to investigate the crux of my complaint, only to reverse course and opt to check Holy Cross Hospital's *current* compliance instead.

If it was *your non terminally ill* father who was forcibly euthanized and whose records were falsified to cover it up, would *you* settle for that?

Meeting at OHCQ, August 19, 2008:

Hospitals are different animals

Nurse Vaughan: I probably said to you when we first met, one of my burdens is to be able to withstand some challenge to my deficiencies. I write – my office writes about 3,500 deficiencies just to nursing homes a year so I'm not afraid to write deficiencies. To that extent I wanted to share with you that we right now have 1.2 million dollars in civil money penalties, just talking about nursing home now, but that is our most active program, that's the degree to which we regulate – we're not afraid to cite deficiencies – these civil money penalties. Hospitals are different animals and they're regulated much more lightly than most programs that I have, by design. The legislature doesn't want them heavily regulated, so my abilities to sanction them are dramatically different than a lot of other programs. So I don't have a civil money penalty pot to show you that we cite hospitals, but we do.

Pick anything

Nurse Vaughan: So this issue of – pick anything, I was trying to think of a good example for you, let's just say, the issue of Synthroid, which was one I found interesting. Now you know, one of the things that stuck with me, because your dad was on Synthroid at home, he had hypothyroidism. He comes to the hospital ill, he doesn't get Synthroid ordered in the hospital.

Al Neustadter: Correct. The emergency room lost the medication list.

Nurse Vaughan: Believe me... So, here I am the bureaucrat, the nurse, trying to figure all this out. He's on the drug at home, it's a small dose, but for a 92-year-old guy it's not an insignificant dose, he needed it all his life. So, you get him coming in, and then there's – because I read your deposition, all this drama about the son didn't tell me, the son didn't tell me the dose he was on or didn't tell me about his hypothyroidism. So, is it a big deal that he didn't get it the first day or two? Quite frankly no, because Synthroid has a rather long half-life, it's ok. So... you get into this argument, should a doc know, and I think somewhere in the evolution of this the doc said yeah, I knew eventually that he was hypothyroid but I made a clinical decision not to restart the drug. And I know it stuck with me because I think it was, quite frankly, not a truthful statement. So let's say – because this is something I do do, when someone comes into the nursing home or the hospital...continuing the care is expected...I don't start with a blank slate in the hospital.

So now I have to decide did the hospital miss it, could they have reasonably known, should they have restarted it... Again, I'm just trying to get to the bottom line as a regulator. At the end of this whole mass of evidence...as a regulator do I say in this case, look, ultimately it is the hospital's responsibility...and get to the point where I cite the hospital for not treating this gentleman's hypothyroidism. The line's not straight enough, if that makes any sense to you. There's enough chaos with this, and I don't know how to describe it to you, but it's almost what I want to say about every one of our discussions; there was enough chaos from a regulator's standpoint, the more information you provided me...it brought clarity in one sense but almost brought confusion in another. And like I said to you, I never get the luxury of having someone's deposition when I'm trying to figure out what really happened, but I did in this case.

No-brainer

Nurse Vaughan: So on issues like that, I'm trying to think of another example that stuck with me when I was trying to figure out what I would say to you. **What do you think is the biggest, the most obvious thing that should be cited as a deficiency in this whole case?** Tell me from your

perspective, if you were sitting where I am, what seems to be the no-brainer that, why can't these bureaucrats cite this? What is it? If you've thought about it, what is the biggest black-and-white thing?

Al Neustadter: I did. I did. And I can cite all the stuff that went on from the beginning of the hospital[ization]...But from your perspective, the thing that's loud and clear, is when he crashed the 25th of March, certain things had to happen. And this isn't a gray area, if you ask me. There's no chaos here, because if there was chaos every single case would wind up in court.

I think I've got it now

Nurse Vaughan: So you've got the one doc saying I turned the care over to Dr. Weiner, and you've got Dr. Weiner saying I was never in the room, basically. And if I was, there would be a note, and if I did something there would be...

Al Neustadter: [Dr. Weiner testified that] "There were times when I felt so sorry for Mr. Neustadter that I would go in to comfort him. Who knows?"

Nurse Vaughan: No, you know we don't require a comfort note if he was gonna talk to you or your dad, but we do require a note if he's gonna provide an examination and care. So you've got, I mean, I think I've got it now. We've got your dad getting sick, we've got the doc at the bedside saying I need a pulmonology consult because he's declining. Now you've got the pulmonologist basically saying if I saw him there would be a note in the record and certainly if I did anything... there would be a note in the record.

Laser on

Nurse Vaughan: Let me have the transcripts. I'm going to focus, laser-like focus on the 25th and 26th, and this hand-off issue. (Nurse Vaughan reiterated his promise in an [email](#) 2 days later.)

Phone call, September 15, 2008:

Laser off

Al Neustadter: You said you would focus like a laser on the hand-off issue...did you come to any determination on that?

Nurse Vaughan: We just, no, we did not come to a determination on it. We talked about the case in total, and said [examining the hospital's present-day compliance] is the right thing to do rather than, again, hammering on this one point. Let's – and again, this is I guess the public health in me coming out. If this happened, let's say for argument's sake it happened, our, one of our obligations anyways is to see whether it's happening today. And that was kind of the course of what I heard when we discussed this. And there was, you know there was ample opportunity for people to say drop it and don't go back, and the decision was to spend some resources and go do it.

I know it's probably almost pacifying you in a sense. It's not intended to. And let me just tell you, working in government, as you probably recognize, the path of least resistance for anything is not to do it. I mean, the easiest thing, and we could have, we could have said, "look, we can show the amount of hours we spent on this. We're done." For government to do more, don't – and I mean this in the right way, don't minimize that. That speaks – that should speak volumes to you, it does to me. And so the fact that we're going to go look again, I do lots of cases and we don't do this.