

Hospitals - Dominican Hospital

# Dominican defends its reputation in the face of critical reports

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Sentinel staff writer

SANTA CRUZ — One day last month a worried woman insisted on taking her gravely ill son out of the emergency room at Dominican Hospital.

She said she didn't trust the quality of care available. She had heard accounts of hospital malfeasance — the death of a patient whose brain X-ray had been overlooked, cardiopulmonary resuscitation of a drowning victim by emergency room volunteers, improperly maintained medical records, unworkable low staffing ratios.

The emergency room doctor who unsuccessfully tried convincing the woman to leave her son for further care winced as he talked about patient mistrust. He said it reflects a dangerous and incorrect community perception that Dominican provides substandard care.

■ *Hospital made several errors in treating suicidal patient — A5*

■ *Policies changed to address deficiencies — A6*

"She took her child out because she didn't have confidence in the place," said Dr. Terry Lapid, medical director of Dominican's emergency department. "... We strive for perfection and at times there is a breakdown." But, he said, "it's unusual" when the hospital makes mistakes.

Unusual, maybe, but mistakes were substantiated in a May 12, 1997, report by the California Department of Health Services, Licensing and Certification Division in San Jose. The state noted several deficiencies, among them:

- Giving a patient aspirin and

discharging him before reading his brain scan X-ray three days later (the 50-year-old man died at home).

- Not following policies regarding documentation of services and records.
- Allowing a volunteer to conduct cardiopulmonary resuscitation on a patient.
- Not documenting the provision of follow-up social services care for a discharged patient.

Hospital administrators acknowledge the criticism, but say they have made improvements where necessary and no patients were harmed by any deficiencies.

Dr. Larimore Cummins, senior vice president and chief medical officer, said that neither state investigations nor internal investigations suggested that patient care deficiencies resulted in a poor outcome in any of those cases.

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Emergency room technician Jonathan Duca tends to equipment Thursday. Emergency room procedures were cited in a state report.

Bill Lovejoy/Sentinel

# Dominican defends its reputation

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State investigators are not in the business of critiquing medical decisions. Instead they focus on broader policy and system issues. In the report, the state simply said that Dominican had failed to follow its own policies and slipped below minimum care levels in a handful of instances.

Albert Quintero, district administrator for the state Department of Health Services, characterized deficiencies cited in the May report as "serious." He also said most facilities have room for improvement.

The state routinely investigates complaints, cites deficiencies and requires hospitals to respond with plans of corrections. Quintero said his office receives about 95 complaints a month regarding the 24 general acute care hospitals in four counties, plus 98 skilled nursing facilities and numerous home health agencies and clinics that provide intermediary care, surgical services, dialysis and primary care.

## An 'impetus to change'

The state report is the result of a complaint filed by a former supervisory emergency room nurse with a lengthy tenure. The nurse, James MacColl, said he left the hospital last year because administrators did not adequately respond to his concerns about staffing levels and patient care. Too few nurses handle too many patients, he said, echoing the concerns of many nurses on staff and union representatives.

MacColl now works the night shift across the street at Sutter Maternity & Surgery Center. He said Dominican gave him "a non-response" to his complaints, so he repackaged his account of numerous care issues and forwarded it to state investigators. "I just wanted an honest response," he said. "... It would have placated me."

A three-day onsite state investigation ensued.

"... I know it has the potential to harm the goodwill they've sown in the community," MacColl said. "It gives them a black eye, but at the same time they have to have some impetus to change."



A formal complaint has been filed concerning the beating of nurse Linda Mickle by a patient in the mental health facility.

plaints are opportunities to improve. The hospital wants "satisfied complainers," who felt that things improved as a result of their complaint, according to hospital literature. In addition to an active patient complaint system that hospital administrators tout as a national model, there is a confidential physician peer review panel and a professional nurse committee that conducts ongoing reviews of clinical and policy concerns.

The hospital, however, declined to release information about complaints regarding patient care, citing patient confidentiality.

Regarding one of the emergency room incidents cited in the report, Lapid said it has always been against policy for volunteers to provide direct patient care. He said, however, that the brief use of volunteers should be considered in the context of a "heroic" five-hour attempt to keep a hypothermic suicide drowning victim alive. Volunteers were only involved in care for minutes. They did no harm, he said.

All of the volunteers were trained in CPR. One of them was a CPR instructor, another was a nurse assistant, according to Jacobi.

tion reviews are rarely returned with perfect scores.

State investigations into critical care services and the mental health facility are also ongoing as a result of staff complaints.

Several reports issued by a state oversight agency in the last two years have cited the hospital for problems in several departments including emergency care, the psychiatric unit and the skilled nursing facility.

An inspection of Dominican's skilled nursing facility on Frederick Street in Santa Cruz in January 1996 revealed several serious care problems. The hospital was cited for using restraints on residents without proper cause, leaving linens smelling of urine in a resident's room and providing improper or inadequate medications or prescription drugs to patients without first getting informed consent as required by law.

The state agency also substantiated complaints by a suicidal patient admitted to the emergency room for treatment for an overdose. (See related story, Page 5.)

"The fact that a state agency comes in and may find one or two things at fault is not uncommon. The more important thing to focus on is: Did the hospital act on the recommendation and make the recommended changes to make sure that the problem is solved and make sure these things don't happen again?"

— Edward Levin, vice president of the Hospital Council of Northern and Central California

She was left unsupervised in the emergency room with medicine, and she overdosed again. In that report, the state claims hospital staff inappropriately restrained her during treatment. Dominican instituted new policies regarding supervision of patients and medications in the emergency room.

The mental health unit has been scrutinized by the state as well. Last year, a nurses union filed a formal complaint involving nurse Linda Mickle, who was severely beaten last year by a patient in the mental health facility.

She said she recalled "screaming at the top of (her) lungs for help," but her co-workers, working at the other end of the 28-bed unit, couldn't hear her. Mickle left Dominican after the incident.

"If you went down the list of people who work on the unit, many of them have been injured at some point in time," Mickle said. "That happens in a psych unit. But I don't get the feeling that the hospital is responding to ... the frequencies of the injuries and the seriousness of the injuries."

and Central California, downplayed criticisms of Dominican. He said more than 20 agencies ensure that hospitals are highly regulated institutions.

"The fact that a state agency comes in and may find one or two things at fault is not uncommon," Levin said. "The more important thing to focus on is: Did the hospital act on the recommendation and make the recommended changes to make sure that the problem is solved and make sure these things don't happen again?"

Barbara Williams, a Dominican psychiatric nurse specialist, said the hospital is taking nurse complaints seriously despite industry pressures to cut costs. Williams serves as chairwoman of the Professional Practice Committee, a group that reviews broad policy issues at the hospital.

"I think we have concerns that the trend in managed care can decrease the overall value of health care in the country. While I think that overall, Dominican is still in a place where it's providing pretty good care, the trend all around us is that that's not happening."

"... The days of when you could just go to the hospital and just assume the best was going to be done to you, in general, don't exist anymore."

While administrators try to shore up community trust and get back to the work at hand, they face the grim reality that pressures from managed care are increasingly impinging on their ability to serve patients in traditional hospital systems. Symptomatic of a nationwide trend in hospitals, business as usual has meant simply, *more business than usual.*

"Just like every other hospital in the nation, the tremendous statement by society is that we want health care delivered at a lower cost," Cummins said. "Hopefully we deliver it at the same or a higher quality at a lower cost."

Recent legislation expanding patient rights has limited the legal use of pharmaceutical and physical restraints.

While the hospital laid off mental health workers last year, Jacobi said the staffing levels are determined by the level of seriousness of patients and meet or exceed state regulations. Deborah Colbert, another mental health worker who said she was hurt several times in situations with patients, complained the hospital has sacrificed staff safety for patients' rights.

In the last year, there were 36 assaults on staff, according to a Dominican document. Several of those workers are still off the job.

Cummins said, however, discussions focusing only on staffing oversimplify the patient care issue.

Changes in patient care need to be made, he said. "To simplify and say it's a staffing issue is much more a labor relations move than a patient care move," Cummins said.

## Balancing quality and cost

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MacColl, however, said the state report stops short of evaluating medical decisions.

The state investigation showed that in some instances, Dominican had instituted corrective changes quickly, long before state investigators arrived. After the 1995 oversight involving the missed X-ray test, the hospital introduced new document forms to highlight individual test results in patient files.

### Outside review welcomed

Cummins described the report as "routine" and "fair and reasonable." Cummins said, "it was a textbook example of how close scrutiny revealed a characteristic of the system that put us in error. ... Dominican is world class and Dominican can be proud of the care that's being provided."

The failure to read the brain scan was the only real patient care issue, said Penny Jacobi, a hospital spokeswoman. Other problems were documentation or technical issues, and while important, did not directly affect a patient, she said.

Hospital administrators are quick to say they welcome outside review and believe it is vital to maintain high quality care. Com-

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side drowning victim alive. Volunteers were only involved in care for minutes. They did no harm, he said.

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In another incident cited in the report, a physician failed to complete patient records for 18 months, an omission that could have seriously handicapped follow-up care, according to Quintero.

Dr. Larry C. Levine, president-elect of the Santa Cruz Medical Society, said there was "no excuse" for failures to complete patient records within 48 hours as dictated by hospital policy. "Technically it's supposed to be done within the first 24 hours," he said. "Dominican Hospital technically should have rescinded that physician's admitting privileges until he/she dictated the admission history and physical." Levine said, however, that he believed incidents noted in the report were isolated, rather than representative of typical care at the hospital.

### Staff complaints investigated

Dominican administrators are still bracing for more public scrutiny as the state prepares additional reports.

A routine joint investigation three weeks ago by the California Medical Association, the state agency and a national accreditation bureau is expected to be released by August. Joint accredita-

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"Just the nation health cost," C we deliver quality