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Plaintiff Said Staff Failed to Monitor Infirm Patient

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According to the pretrial memorandum of plaintiff Eunice Rogers, on June 2, 2012, the plaintiff's mother, Mildred D. Rogers, who was 83 at the time, was admitted to St. Joseph's Hospital, of the North Philadelphia Health System, for treatment of aspiration pneumonia. When she was admitted, she was ordered to be on telemetry monitoring, the pretrial memo said. She was monitored remotely via a telemetry pack that wirelessly transmitted her cardiac activity to a monitoring room where technicians were remotely responsible for numerous patients, the memo said.

Rogers' monitor, according to the memo, was set to sound when she became tachycardic, bradycardic, if a monitoring lead became disconnected, or if she became asystolic. The device also included a "smart alarm," that, once triggered, silenced the telemetry alarm. The "smart alarm" function was primarily used when patients were bathed, or during diagnostic testing.

According to the plaintiff's memo, the hospital's employees offered conflicting versions of the events leading up to Mildred Rogers' death.

The memo said that on the morning of June 13, 2012, Rogers had episodes of vomiting, and a certified nursing assistant cleaned Rogers. During the cleaning, the nursing assistant disconnected Rogers from the telemetry monitor, the memo said.

The memo said that, according to the hospital CEO, the nursing assistant left Rogers alone in the room while Rogers was disconnected for about five minutes, and that, upon returning, the nursing assistant found Rogers was unresponsive. However, according to the memo, the nursing assistant said she found Rogers was unresponsive about 30 minutes after the cleaning.

The memo said Rogers was found unresponsive without any warning from the telemetry technicians, and said that for more than an hour before she was found unresponsive, there was no information in the

medical record indicating that Rogers was connected to and being monitored on telemetry.

The memo further said the nursing assistant took no action to respond to Rogers' condition for about five minutes, and that a responding nurse delayed life-saving care by calling the telemetry room twice before calling a code for Rogers.

Rogers' cardiac rhythm was asystolic during resuscitation efforts, and fluids were suctioned from her airways, the memo said. She died at 1:42 p.m.

Audrey Sealey, a registered nursing and family nurse practitioner expert for the plaintiff, opined that the nursing assistant had deviated from the standard of care by leaving Rogers unconnected and alone, the memo said. The expert added that the nurses and technicians failed to properly monitor and respond to Rogers' emergency condition, the memo said.

Dr. Paul Genecin, an internal medicine expert for the plaintiff, also said that it had been a deviation from the standard of care to allow the "smart alarm"

to be activated for an extended period of time, and that the death had been preventable. Genecin also said Rogers would have experienced several minutes of pain and suffering, including anxiety and fear, and she would have lived for two or three more years, the memo said.

The defendants, in their pretrial memo, denied all of the plaintiff's allegations. Rogers, the defendants said, had been properly monitored, and she had died from sepsis and multiple-organ dysfunction, with the underlying cause of death as decubitus ulcers, aspiration, pneumonia and diabetes.

"Plaintiff's theory that decedent was left unattended is refuted by the medical records and the testimony of the hospital staff," the memo said. "There has been simply no evidence to support plaintiff's sensational claim that decedent was 'left to choke on her own vomit.'"

According to the defendants' memo, Rogers had been in a persistently vegetative state for years before she was admitted, and she had been noncommunicative and unresponsive to stimulation. She had a variety of health concerns when she was admitted, including septicemia and aspiration pneumonia. She also had coronary artery disease, hypertension and dementia, and she had been admitted to the hospital several times to treat these conditions prior to her last admission, the memo said.

The memo further said that the hospital chart and testimony of

the nurses and technicians showed that Rogers was continuously and properly monitored. The memo said the nursing assistant had testified that Rogers was a "complicated patient," and that a technician checked on Rogers whenever the monitor was disconnected.

According to the hospital chart, Rogers had undergone a podiatry exam at 11 a.m., was evaluated and changed at 11:35 a.m., and then was evaluated again at 12:25 p.m., the memo said. The memo further said the certified nurse had checked on Rogers before 1 p.m., and noticed that she was not as restless as usual, but she was breathing. The certified nurse then contacted a registered nurse, who was unable to obtain a pulse. After seeing that the telemetry leaders were in place, the registered nurse called a code, the memo said. Fluids were started at 1:05 p.m., epinephrine was administered and Rogers was intubated at 1:15 p.m.; however, she died at about 1:40 p.m., the memo said.

The pretrial demand was \$1 million, and the defendants made no offer.

After a trial in Judge Jacqueline F. Allen's court, a jury awarded the plaintiff \$260,000 in damages.

According to defense attorney Suzanne M. Bachovin of Christie Pabarue & Young, the jury awarded \$10,000 for conscious pain and suffering, and \$250,000 for loss of society and comfort for Eunice Rogers.

In a statement to the press, plaintiffs attorney Braden Lepisto of Kline & Specter said, "This verdict demonstrates that no matter your age or prior health, all patients demand and deserve adequate care and attention from those entrusted with their very lives."

Buchovin said that, given the plaintiff's initial demand of \$3 million, she was ultimately pleased with the result.

"We believe the jury did a good job," she said.