

1111 University Blvd West
Silver Spring, Maryland 20902
301-649-1319

January 3, 2006

Ms. Kim Shorter
Delmarva Foundation
9240 Centreville Road
Easton, Maryland 21601

Dear Ms. Shorter,

This is a formal complaint against Holy Cross Hospital of Silver Spring, Maryland, pertaining to their treatment of my late father, Israel Neustadter, from March 10 through March 27, 2003. The care my father received was grossly deficient, and I have little doubt that the deficiencies contributed to the adverse outcome.

I am filing simultaneously with the Maryland Board of Physicians, asking that they examine ethical breaches and violations of law, but I think the problems my father experienced at Holy Cross are equally relevant to your mission of improving the quality of care for Medicare recipients.

In particular, I urge you to take a close look at the numerous errors and inconsistencies in the records that are evident from beginning to end.

The first Physicians Order Form lists my father as DNR, something that was not even discussed with me until the following day. He was never DNR at any time during his hospitalization, and although this was corrected in the records, it keeps returning, perhaps because the nurses still saw the letters DNR on the first page. Considering what ultimately happened to my father, I cannot help but wonder if this first error was the fatal one.

The second Physicians Order Form cut my father's dosage of levaquin from the standard 500mg down to 250mg (This, in a patient with excellent kidney function and a panic-level white blood cell count of 37k.) However, the nurses' Kardex chart and the notations on the side of the physicians' progress notes made by the residents, continued to indicate a dosage of 500mg of levaquin. The pulmonologists reading the chart may have mistakenly believed my father was receiving a full 500mg dose and that he was simply not responding.

Given the many such mistakes reputed to occur in hospitals, and given the importance of antibiotics in treating pneumonia, I asked the hospital to obtain the pharmacy record of distributed medication so that we could know definitively what dose was actually dispensed by the pharmacist. The hospital refused my request.

Throughout my father's hospitalization, the doctors tolerated a white count hovering in the 20k range, ignoring the risks of bacterial resistance and never revisiting the antibiotics or seeking an infectious disease consult. It was only a matter of time before the infection reasserted itself.

At the very end, although the records show my father to have been full-code and not suffering from any underlying fatal disease, he was allowed to die of respiratory distress when standard treatment was readily available and appropriate – and when the records indicate that he desired such treatment.

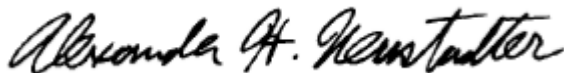
The head nurse in charge of the ICU actually writes in a letter to me that “nursing probably knew that additional life-support measures were not planned.” I would have thought there would be procedures in place to prevent any doubt in such matters. As a Medicare recipient, my father deserved better.

I am particularly concerned about the culture at Holy Cross Hospital pertaining to the treatment of elderly patients. It is as though there was a tacit understanding among the doctors and nurses that my father had come to the hospital to die.

I am enclosing a detailed description of what occurred, identical to the one I am sending to the Board of Physicians. My footnotes reference relevant pages in the progress notes and test results. A personal diary, written in the days following my father's death, is also included.

I look forward to hearing from you and I thank you for your attention to this.

Sincerely,

A handwritten signature in black ink that reads "Alexander H. Neustadter". The signature is written in a cursive, flowing style.

Alexander H. Neustadter