

October 25, 2021

Stephen Sullivan, RN
Division of Health Care Quality,
MA Department of Public Health

RE: Concern for Patient Safety Worcester Medical Center/St. Vincent's Hospital

Dear Mr. Sullivan,

I write on behalf of the Massachusetts Nurses Association to make you aware of what appears to be a troubling trend of potential patient dumping highlighted in the Worcester Telegram & Gazette and witnessed by striking MNA members. These incidents put patients at serious risk for harm and affect the health and safety of patients.

Between the weeks ending October 16th and October 23rd on separate occasions striking nurses rendered aid and assistance to patients. Striking nurses encountered individuals who appeared to be unattended or recently discharged from Worcester Medical Center/St. Vincent Hospital in various states of compromise.

In one such incident, a female patient who still wore a hospital gown and hospital ID bracelet was found wandering on the sidewalk outside of the emergency department without shoes. The patient was disoriented but indicated that she was discharged and waiting for a cab but had no money. The nurses alerted hospital security who did not make themselves available or render assistance. Therefore, the nurses flagged a passing police officer to assist the patient. The police escorted the patient back to the emergency department.

In another encounter a patient was found on the ground outside of the emergency department disoriented and unable to stand. Once again hospital security was contacted multiple times to no avail at which point the nurses called 911 twice with no immediate response. Only after enlisting assistance from other striking nurses in an attempt to transport the patient somewhere for help did someone from the hospital come out to indicate that they had called the patient a cab. This response is concerning given the apparent altered state of the patient. To put the patient in a cab without first reassessing their status in light of their apparent inability to stand and disoriented status potentially put the patient at risk for harm.

Please note the common denominator in these incidents appears to be that the patients are under resourced, physically fragile, and lacking agency and voice. Never-the-less or more importantly because

of this the hospital had an obligation to ensure that these patients are properly assessed, stabilized, and discharged in an appropriately safe manner irrespective of their insurance status or resources.

Per CMS Manual System: Tag A-2406/C-2406 (Rev.60, Issued: 07-16-10, Effective: 07-16-10, Implementation: 07-16-10) §489.24(a) - Applicability of Provisions of this Section –

In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) “comes to the emergency department”, as defined in paragraph (b) of this section, the hospital must— (i) Provide an appropriate medical screening examination within the capability of the hospital’s emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction;

Interpretive Guidelines §489.24(a)(1)(i)

A “hospital with an emergency department” is defined in §489.24(b) as a hospital with a dedicated emergency department. An EMTALA obligation is triggered for such a hospital when an individual comes by him or herself, with another person, to a hospital’s dedicated emergency department (as that term is defined above) and a request is made by the individual or on the individual’s behalf, or a prudent layperson observer would conclude from the individual’s appearance or behavior a need, for examination or treatment of a medical condition. In such a case, the hospital has incurred an obligation to provide an appropriate medical screening examination (MSE) for the individual and stabilizing treatment or an appropriate transfer. The purpose of the MSE is to determine whether or not an emergency medical condition exists.

The incidents highlighted in this letter bear review in light of the apparent negligence evident treatment of the patients and apparent abnegation of the hospitals responsibility to provide safe appropriate care.

In addition to the incidents mentioned previously we also write to express our continued concern for the deteriorating quality of care resulting from poor conditions at St. Vincent’s Hospital. The MNA continues to receive reports from inside the hospital about poor patient care and patient neglect as a result of inadequate and incompetent replacement staff. Most recently, we have received highly credible reports of two sentinel events that have occurred at the hospital since the CEO closed beds and services and has insisted on placing novice nurses in positions they are ill prepared for with little or no support or safety structures in place.



We sincerely hope the Department is investigating these incidents and taking appropriate action to ensure that patients are receiving safe quality care.

Thank you in advance for your time and attention to this matter.

Respectfully,

A handwritten signature in black ink, appearing to read "Joe-Ann Fergus", is written over the typed name.

Joe-Ann Fergus, RN, PHD

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Division of Nursing

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