

THE JOURNEY OF UNLEARNING & RELEARNING:

WHAT IT TAKES TO DELIVER AN EXTRAORDINARY RESULT IN A DIFFICULT ENVIRONMENT

Annie Callahan

System Director of Claims Administration

PeaceHealth, Vancouver, WA

Michael Estok

Partner

Lindsay Hart, LLP, Portland, OR

***Maria Diaz,
as guardian of Jasmine Garcia,***

v.

***PeaceHealth, Jesse Kropf, MD,
ZoomCare, James Stupfel, PA***

Clark County (Washington)

PEACEHEALTH

SOUTHWEST MEDICAL CENTER VANCOUVER, WASHINGTON

- Nonprofit Catholic health care system with medical centers, critical access hospitals in WA, OR and AK
- 10 hospitals and 100+ clinics (and growing)
- SWMC is a 450-bed community hospital
- Busiest ED north of San Francisco
- Contract with ED provider group – EMA



JASMINE GARCIA



MS. GARCIA'S GT

- Diagnosed with GT at age 2
- Sister had GT and died from brain bleed
- Ms. Garcia had:
 - Major bleeding from minor trauma
 - Recurrent nose bleeds (epistaxis)
 - Menorrhagia

Patient Name: GARCIA, JASMINE
FIN: 780011287866

Admit Date: 7/23/2015

Ambulatory Services Clinics

Jasmine is an almost 18-year-old Hispanic female diagnosed with Glanzmann thrombasthenia. She came to us in the year 2000 after she had been initially diagnosed in California when the family moved to Michigan. Jasmine has a family history of Glanzmann thrombasthenia with both her older brother as well as a younger sister with the same diagnosis and unfortunately a severe phenotype of GT. As a younger child she had the characteristic bleeding symptoms associated with GT including easy bruising, significant petechiae, recurrent epistaxis and significant bleeding from minor trauma. She had a few admissions during her younger childhood with epistaxis requiring multiple doses of NovoSeven for management of bleeding and significant anemia. **At age 9 she was hospitalized for tonsillar hemorrhage and needed 6 units of packed RBCs (after eating Doritos).** At age 11 she had a severe bleeding episode post dental extraction and required 2 units of packed cells, Amicar and NovoSeven to control the bleeding. She attained menarche at 12 years of age following which she had significant menstrual bleeding lasting for 14 days resulting in significant symptomatic anemia, dizziness and requiring hospitalization. This was treated with multiple doses of NovoSeven and Amicar along with high dose estrogen. Subsequently Jasmine has had significant problems with menorrhagia and she has required high dose estrogen in order to control her periods and prevent severe bleeding complications. With oral contraceptive pills at one tablet q.12 hours her periods are usually kept at bay; however, any missed doses result in significant breakthrough bleeding that has required many days with multiple doses of NovoSeven along with packed red cell transfusions and Amicar. We have avoided platelet transfusions in order to prevent platelet alloimmunization although unfortunately her glycoprotein IIb/IIIa antibodies are positive which we deem are the result of multiple packed cell transfusions with small amounts of plasma. During a recent hospitalization in July Jasmine had missed two doses of her birth control pills resulting in breakthrough bleeding. This episode resulted in almost six to eight weeks of hospitalization with q.2-4 hours of NovoSeven administration at 6-8 mg per dose along with Amicar 40-45 mg/kg every six hours and several units of packed cell transfusion. Gynecology was consulted as we were unable to control the menorrhagia with IV estrogen followed by oral contraceptive pills. A pelvic exam revealed a cervical pyogenic granuloma which required loop electrosurgical excision procedure; however, she continued to have severe menstrual bleeding and therefore underwent a uterine artery angiography which showed hypertrophy and tortuosity of both uterine arteries, blushing of the endometrium but no AV malformation. A uterine arterial embolization was done successfully under radiographic guidance and her menstrual bleeding stopped within two days of the procedure following which she continued on her birth control pills.

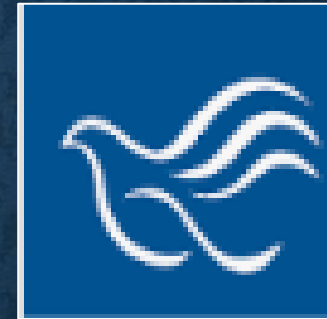
At age 9 she was hospitalized for tonsillar hemorrhage and needed 6 units of packed RBCs (after eating Doritos). At age 11 she had a severe bleeding episode post dental extraction and required 2 units of packed cells, Amicar and NovoSeven to control the bleeding. She attained menarche at 12 years of age following which she had significant menstrual bleeding lasting for 14 days resulting in significant symptomatic anemia, dizziness and requiring hospitalization. This was treated with multiple doses of NovoSeven and Amicar along with high dose estrogen. Subsequently Jasmine has had significant problems with menorrhagia and she has required high dose estrogen in order to control her periods and prevent severe bleeding complications.

DEFENDANTS



**ZoomCare
Urgent Care**

James Stupfel, PA



**PeaceHealth SW
Medical Center**

Jesse Kropf, MD

FEBRUARY 3, 2016

11:30 AM



2:24 PM



3:07 PM



6:00 PM



SIGNS AND SYMPTOMS

- Recent history: abdominal pain, bloating, vomiting
- Pale and diaphoretic skin
- Glanzmann's thrombasthenia
- Vitals and lab results:

	Normal Range	Her Result
Pulse	60-100	158
Blood pressure	120/80	88/66
Respiratory rate	12-20	36
Hemoglobin	11.5-15	7.5

ER TIMELINE, PART 1

3:07: Arrival

3:15: Type & Screen ordered (never completed)

3:20: CBC results – low hemoglobin

3:28: FAST ultrasound – “equivocal”

3:55: Intubation

4:00: Phone consult with Dr. Kujovich (OHSU)

4:23: Taken to CT scanner

4:44: Verbal report to Dr. Kropf – ruptured hepatic adenoma

4:47: Blood transfusion ordered

ER TIMELINE, PART 2

3:07: Arrival

4:47: Blood transfusion ordered

4:47: Second type & screen ordered

5:11: Central line placed

5:20: BP falls to 65/26

5:25: BP of 53/25

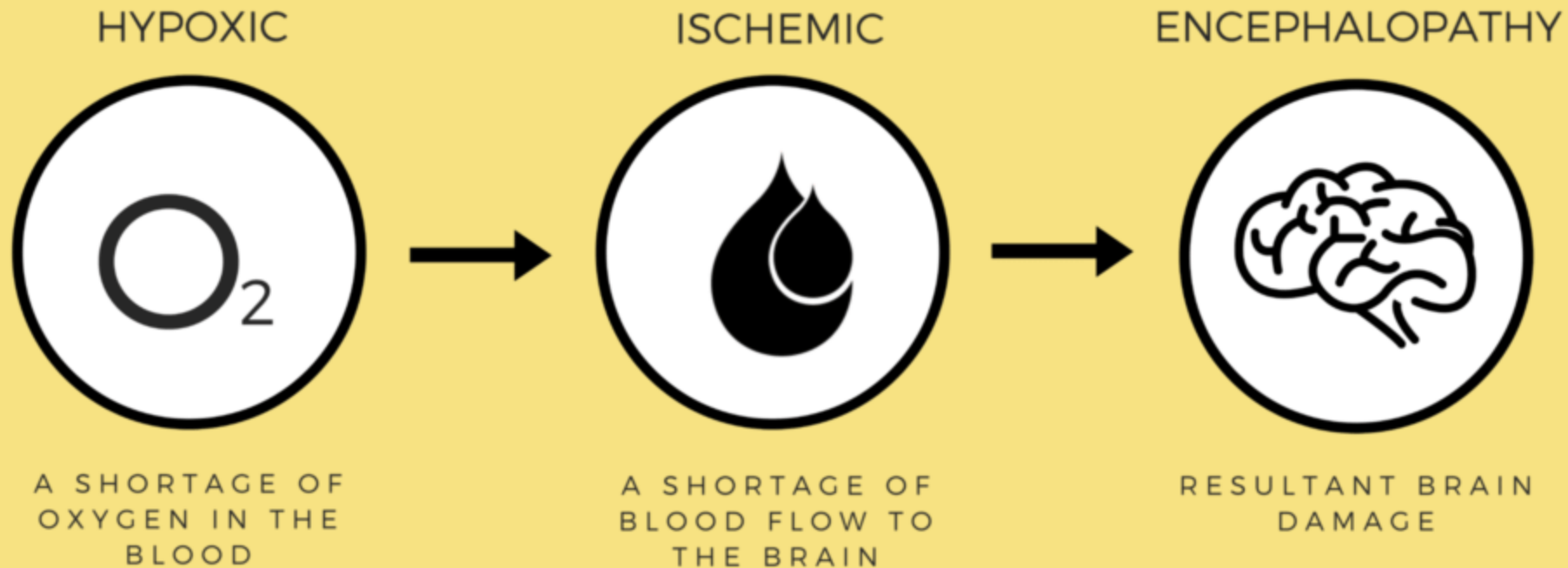
5:35: BP of 44/24

5:48: Blood started

5:52: Code blue – cardiac arrest

6:00: New lab results – hemoglobin of only 4.3

WHAT IS HYPOXIC-ISCHEMIC ENCEPHALOPATHY?



HIE HELP CENTER | [HIEHELPCENTER.ORG](https://hiehelpcenter.org) | (888) 329-0122

Why is O blood a universal donor?



Recipient	Donor			
	A	B	AB	O
A	✓	✗	✗	✓
B	✗	✓	✗	✓
AB	✓	✓	✓	✓
O	✗	✗	✗	✓

JASMINE GARCIA



JASMINE GARCIA





The Formal Complaint also alleged that Respondent "grasped Attorney Paterra's tie, and pulled on it in a threatening and assaultive manner." (Formal Complaint, ¶ 10(b).) Respondent admits that he grasped Mr. Paterra's tie, and it is that act which forms the basis for our finding of misconduct. The most disputed fact in the entire hearing was what Respondent did with the tie after having grasped it. As noted above, we have concluded that Respondent certainly did not pull the tie "in a threatening or assaultive manner." (Id.) We conclude that Respondent either let the tie drop from his hand, or, at most, gave it a slight pull. This interpretation of events is based on what the court reporter observed (a single, slight pull on the tie). In fact, what the court reporter saw may well have been Respondent simply letting the tie drop from his hand, as he testified, which in the heat of the moment could have been confused with a slight tug. Nonetheless, even the slight, uninvited and unwelcome touching was a battery,⁵ was certainly prejudicial to the administration of justice, MRPC 8.4(c), and certainly was discourteous to and disrespectful of someone involved in the legal process. MRPC 6.5(a).

NATIONAL COUNSEL



 **Wheeler Trigg O'Donnell LLP**
TRIALS. LITIGATION. APPEALS.

LAMAR F. JOST

Partner

MOTION TO ANSWER RFA'S

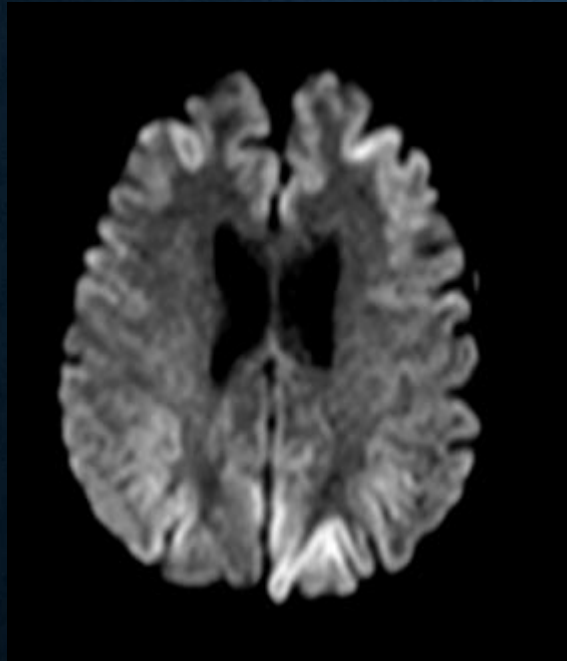
REQUEST NO. 2. Admit that you do not allege that any employee of PeaceHealth was negligent or at fault.

RESPONSE: Pursuant to Court Rule 36, Plaintiffs at this time cannot truthfully admit or deny the matter. Physicians who are employed by or are agents of the Defendant are to be deposed and they may reveal negligence or fault.

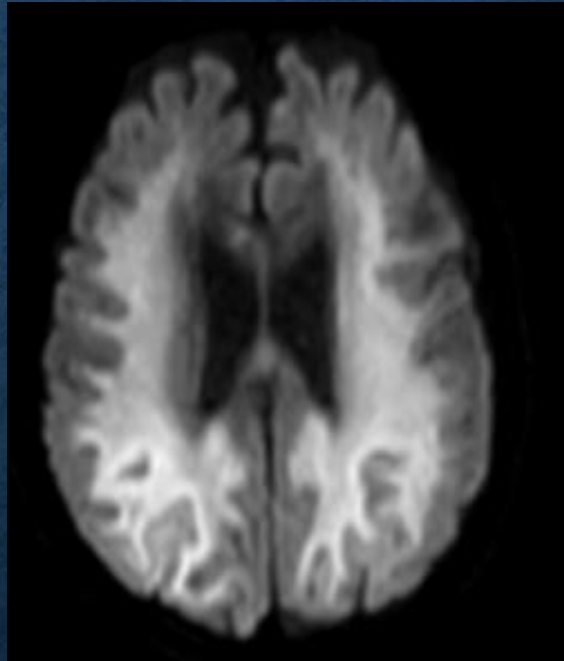
REQUEST NO. 3. Admit that your only claim against PeaceHealth is solely on the alleged actions and/or omissions by emergency room defendant Jesse Hostetter Kropf, M.D.

RESPONSE: Plaintiffs admit a claim against PeaceHealth based upon the negligence of Jesse Hostetter Kropf, M.D. Plaintiffs at this time cannot truthfully admit or deny the matter further. Please see the responses to Request No. 1 and No. 2.

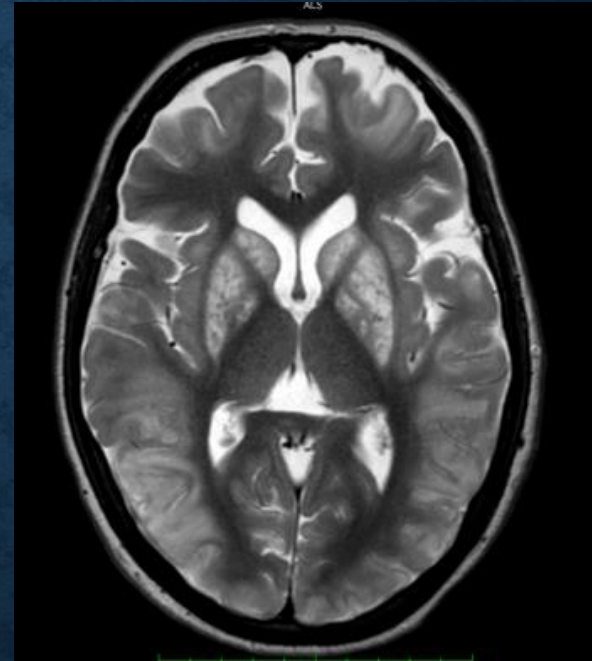
CAUSATION?



Feb. 7



Feb. 13



Mar. 9


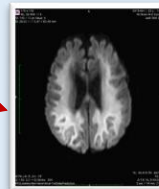
3/8		<p>Dr. Coryell: “She has not followed commands since 6 days following initial shock. While edema typically peaks by 72 hours after anoxic injury, I would not expect the exam to have mental status deterioration after day 6 without a second event.”</p> <p>Dr. Furnari: “likely two discrete neurologic events”</p>
-----	--	--

PLATELET TRANSFUSION REACTION AT OHSU?



- Increasing literature on platelet transfusion reactions.
- Unprecedented treatment for unprecedented patient.
- Interplay with standard of care defenses.
- BUT: no reported cases of permanent brain injury from platelet transfusion reaction

Timeline of Events

Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
3 PeaceHealth	4 12:15 PM Admitted to OHSU 10:00 PM "shaking head in response to questions & reaching for endotracheal tube"	5 6:39 AM "obeys commands" 10:50 PM "follows commands"	6 1:19 PM "nods head to yes / no questions" 3:05 PM "makes purposeful movements" 4:44 PM "nods head to yes / no questions... shakes head 'yes' to pain"	7 10:43 AM "Not following commands this AM" "decreased mental status" First Brain MRI 2/7 13:57 	8 "neurological exam remains poor off of sedation"	9 "semi-comatose ... arouses to pain and repeated stimulation posturing"	10 "improved neuro exam today with intermittent thumbs up to command and withdrawal to noxious stimuli all four extremities"	11 "unable to examine due to escalated sedation following acute tachycardia and hypotensive episode"	12 "semi-comatose, arouses to pain, decorticate posturing"	13 Second Brain MRI 2/13 00:06 	
		Start: 17:02 End: 14:30 Platelet Transfusion				Start 0920		Start 1147		Start 0010	
					Dr. Coryell 03/28/2016 "She has not followed commands since 6 days following initial shock ... while edema typically peaks by 72 hours after anoxic injury, I would not expect the exam to have mental status deterioration after day 6 without a second event"						
		Worsened vitals Abnormal temperature, pulse, and blood pressure; reduced O2	Worsened Vitals Chest X-ray: possible pulmonary edema	Worsened Vitals Peak temp: 102.7 Pulse: 153 BP: 179/104 Lowest O2: 92%							
Mental Status											
"Day 1"	"Day 2"	"Day 3"	"Day 4"	"Day 5"	"Day 6"	"Day 7"	"Day 8"	"Day 9"	"Day 10"	"Day 11"	

INTER DR

3 Q Have you told me everything now about what you see on
4 that MRI that you haven't told me already?

5 MR. ESTOK: I'm going to object and point
6 out, you interrupted him when he was answering that
7 question earlier.

8 THE WITNESS: No, sir, I haven't been
9 afforded the opportunity to.

10 Q (By Mr. McKeen) Tell me everything else you want to
11 tell me about the MRI.

12 A The MRI of 2/13/2016 namely shows a new injury, as
13 evidenced by new signal abnormality throughout the deep
14 white matter. At the same time, we see resolution of
15 the majority of previously noted gray matter signal
16 abnormality, and we see the interval development of an
17 effusion in keeping with the condition such as
18 posterior reversible encephalopathy syndrome.

19 Q Time out. I'm not asking for --

20 MR. ESTOK: Hold on. Hold on. No, no, no.
21 You asked him to give you everything. You can't
22 interrupt him --

23 MR. McKEEN: I'm asking for findings. I'm
24 not going to dilute the record with this nonsense.

25 MR. ESTOK: Brian, you cannot ask him to give

Page 86

1 you everything and then interrupt him. No way. Let
2 him finish this answer.

Q Okay. You answered my question.

A I would like to explain why, but the answer is
absolutely not. Only when you don't have --

Q Whatever you say.

A -- if you don't have your answer --

Q Blah, blah, blah. I don't really want to hear it.

I just asked you is it typical that they give --

COURT REPORTER: Counsel? Counsel --

Q (By Mr. McKeen) I keep reminding you, I don't want to
hear all of this, Doctor --

MR. ESTOK: You're out of line. I mean, this
is sanctionable behavior in Washington --

MR. McKEEN: I think you're out of line.

MR. ESTOK: -- to be talking over a witness

like that.

COURT REPORTER: Counsel, I'm going to --

Q (By Mr. McKeen) My question is --

COURT REPORTER: Counsel? Counsel?

MR. McKEEN: We're okay. If you would
just -- please. Doctor --

COURT REPORTER: Counsel, we're not okay. I
am having a very difficult time getting the record, and
we can either find another court reporter, or we can
start behaving. I'm sorry. I can't continue doing
this. This is very dense material --

MR. McKEEN: It's not a question of my
behavior.

MOCK JURY EXERCISE

MAY 2023



- Goals
- Format
- Missing Code Sheet
- Testing of Causation Defense
- Overall Impression

PRE-TRIAL RULINGS

- Plaintiff's motion to exclude our causation defense: DENIED
- Defense motion to exclude career as MD: GRANTED
- Defense motion to limit experts and exclude Dr. Sze and Dr. Greer: GRANTED

February 3, 2016



To OR with surgical team **1851**

Lab draw (CBC, coags) **1845**

Vital signs **1842**

Blood transfusion, Vital signs **1839**

Vital signs **1838**

Labs (coags) **1837**

Anesthesia bedside **1836**

Vital signs **1835**

Contact hospitalist **1833**

Amicar infusion (medication) **1831**

Vasopressor infusion #3, Vital signs **1830**

Blood transfusion **1828**

Blood transfusion, Vital signs **1825**

Vital signs **1820**

Call OHSU hematology, NovoSeven, Blood trans. **1817**

Blood trans., Labs sent (CBC, coags, IC), VS **1815**

Interventional radiology bedside **1814**

Vasopressor infusion #2 **1811**

Vital signs **1810**

Hepatic surgeon bedside **1806**

Vital Signs **1805**

Massive transfusion protocol, Bicarb **1803**

Family updated, Vital signs **1800**

Call interventional radiology, Cath lab activated **1758**

Vital signs **1755**

Bradycardia/no pulse, CPR, Epinephrine **1752**

Central line placement, Chest x-ray, Vital signs **1750**

Red blood cells/platelets **1748**

Vital signs **1744**

Call Michigan hematology, Atropine (medication) **1742**

Vital signs **1740**

Vital signs **1735**

Call hepatic surgeon **1734**

NovoSeven (medication) **1731**

Vital signs **1730**

Vital signs **1729**

Call hematology **1728**

Vital signs **1725**

1720 Vasopressor infusion; Vital signs

1718 Call interventional radiology

1715 Intensivist at bedside; Vital signs

1711 Call intensivist

1710 Vital signs

1708 Call general surgery

1705 Vital signs

1704 Amicar & NovoSeven given (med.)

1703 Med

1701 IV fluid bolus

1659 Call interventional radiology

1655 Vital signs

1644 Neuro assessment

1643 Vital signs

1642 Back from CT

1631 Sedation

1623-1630 CT head, chest abdomen

1614 Call OHSU Hematology

1607 IV Sedation

1558 Med BP

1548 Intubation

1543 Call OHSU Hematology

1542 Respiratory Therapy Pages

1540 Bag Mask Ventilation

1535 Vital Signs, Urinalysis

1532 IV Fluid Bolus

1528 FAST Ultrasound

1526 Vital Signs, Order T&S

1523 Gcs 15

1520 Chest X-ray

1517 Vital Signs

1515 Labs Drawn

1514 Electrocardiogram

1513 Labs Drawn

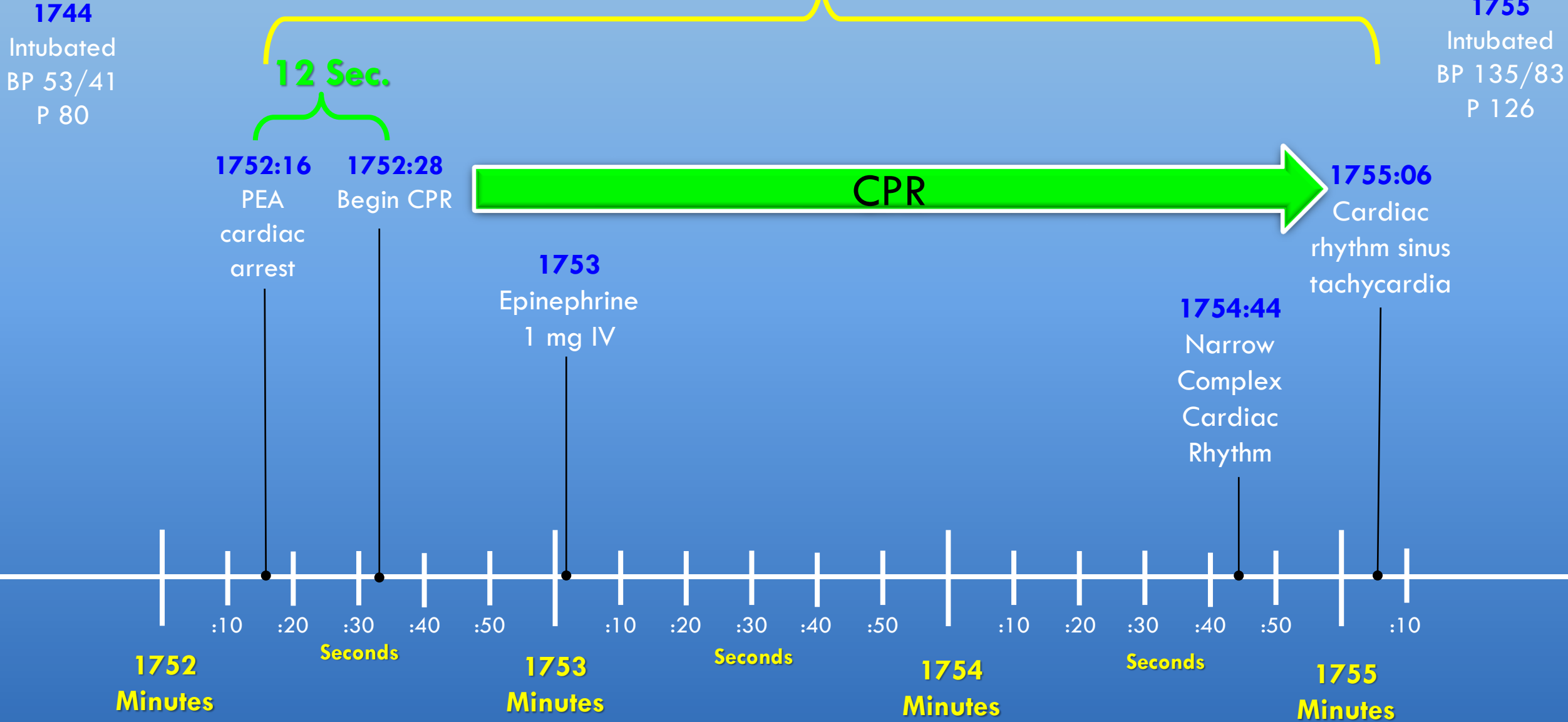
1510 IV Fluid Bolus

1508 Oxygen Mask, Vital Signs

1507 Triage – Agitated, Moving, Talking - Dr. Kropf At Bedside

1506 Arrival PH ED Via Ambulance

Code Blue



What Happened at OHSU?



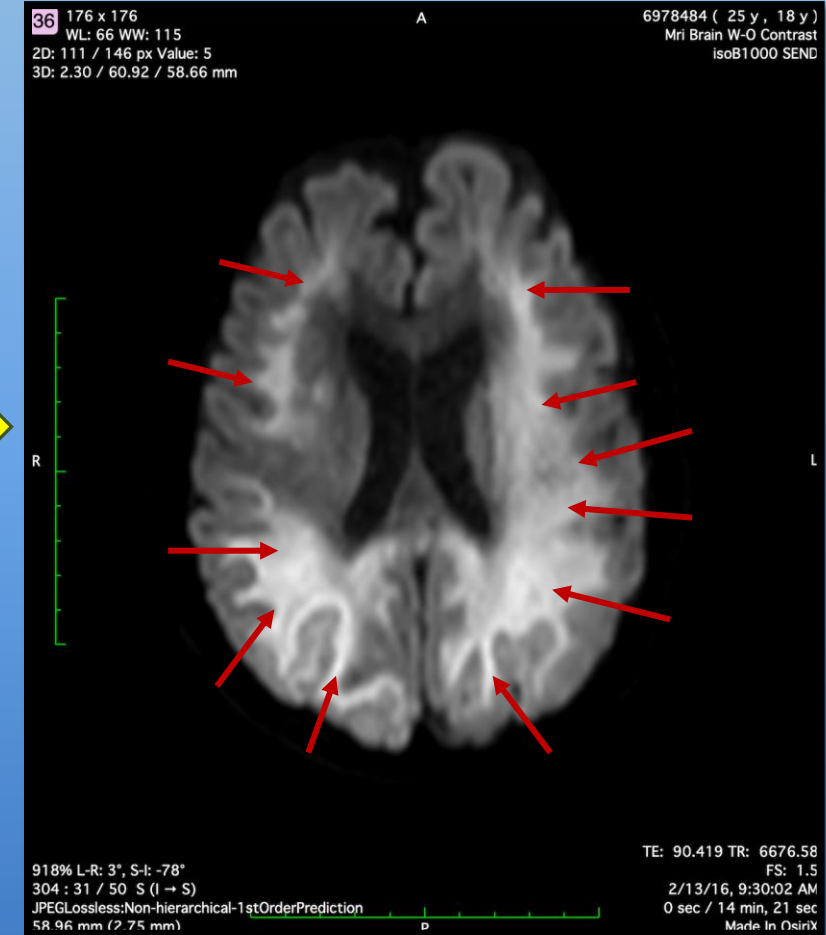
February 4-6
Platelet Transfusions



February 9, 11
Platelet Transfusions



February 13
Platelet Transfusions



February 13 MRI



SETTLEMENT DISCUSSIONS

Opening Demand: \$55M

First Mediation

Second Mediation

Third “Mediation”

RCW 48.30.015

(1) Any first party claimant to a policy of insurance who is unreasonably denied a claim for coverage or payment of benefits by an insurer may bring an action in the superior court of this state to recover the actual damages sustained, together with the costs of the action, including reasonable attorneys' fees and litigation costs, as set forth in subsection (3) of this section.

(2) The superior court may, after finding that an insurer has acted unreasonably in denying a claim for coverage or payment of benefits or has violated a rule in subsection (5) of this section, increase the total award of damages to an amount not to exceed three times the actual damages.

(3) The superior court shall, after a finding of unreasonable denial of a claim for coverage or payment of benefits, or after a finding of a violation of a rule in subsection (5) of this section, award reasonable attorneys' fees and actual and statutory litigation costs, including expert witness fees, to the first party claimant of an insurance contract who is the prevailing party in such an action.



