Current Hospital Issues in the Medicare Program

To whom it may concern:

My mother, Anne Butler, was a resident of the Perry County Nursing and Rehab Center in Perryville, AR from June 27, 2011 to Feb. 24, 2012. Except for a few days when I was seriously ill (10 days) or had to be out of town on business (10 days), I was at the nursing home daily to feed Mother a meal and to help the staff with her care. I was keenly aware of her day to day status and since I had been her caregiver for the previous 12 years, I knew what her every nod, blink and grunt meant.

At 11pm on January 21, 2012 I received a call from the nursing home telling me that Mother's vitals were not good, they had placed her on oxygen, she was lethargic and they had called the nursing home physician. Her vital signs had apparently gotten so poor that one of the nurses exclaimed to me that "I thought your Mother was going to **code,** i.e. die**,** on us". An ambulance was called and she was rushed to Conway Regional Hospital in Conway, AR. By the time the paperwork was ready for me to sign, it was 12:11am Jan. 22, 2012. By making sure the paperwork wasn't done until after midnight, Mother lost what would have been considered day one on the hospital records.

Upon examination in the emergency room and blood work tested and then re-tested, Mother was found to be extremely anemic with her platelet count as 4. Normally, 35 to 40 would be considered acceptable. Immediately 2 units of blood was ordered. Keep in mind that in all the years I've taken Mother to her doctors she had never been diagnosed with anemia. The emergency room staff also mentioned that they had found some blood in Mother's stool sample.

When Mother was first placed in her room the floor nurse exclaimed to the family, "you mean this woman is still alive, most die from a stroke or heart attack when their blood level is 5 or 6. Your Mothers was a 4". She knew Mother was in critical condition as did the emergency room staff.

Mother received a chest x-ray which the physician noted 'possible concern for pneumonia' on his report. Urine and another blood test were done. In total Mother received 4 units of blood. Mother's condition was far past "the observation status".

On the same day Mother was admitted to the hospital, her records were examined by case management worker, Susan, who approved Mother for INPATIENT STATUS **<u>that day</u>**. I also have other hospital records showing that Mother was approved for inpatient status for that first day and was to be admitted as such. Dr. Gary Stewart was assigned to Mother as her physician. He was not on duty that day but was called. He gave the order for her to be "admitted" to the hospital. I have his signed letter stating that she should have been admitted "inpatient status".

Unfortunately, the doctor on duty at the hospital had already made his rounds and none of the hospital staff would call him to come sign the order or would get another physician to sign it. . I believe this was deliberate. Thus, Mother's inpatient status papers were not signed for an entire day, thus, she was apparently considered observation status even though she was in critical condition and being treated aggressively to save her life. (At this point in time no one had mentioned anything about such a thing as observation status and we had no idea what it was. It was not until after Mother was returned to the nursing home did we know anything about it). This is a dirty little secret the hospital keeps from families.

Mother's inpatient form was **signed** the next morning, Jan. 23, 2012. Mother received a total of 4 units of blood while at the hospital. By Jan. 25, 2012, Mother's platelet count had only reached 11.1 (as I mentioned earlier, 35 to 40 was normal according to what I was told). I could tell there was something else going on with her and we expressed our concerns to Dr. Stewart and also the hospital staff. Our concerns were swept under the rug and Mother was discharged on Jan. 25, 2012 despite our objections. Upon discharge, Mother was "officially" an observation patient for one day (Jan. 22) and an inpatient for two days (Jan. 23 & 24) thus, she did not qualify for a Medicare bed when returned to the nursing home. Mother was rushed out of the hospital, I believe to keep her from qualifying for a Medicare bed and as a cost saving procedure even though her blood count was less than 1/3 of what it should have been.

Dr. Stewart gave the order for Mother to have regular blood tests so he could monitor her. On Feb. 21st it had not been done. On Feb. 24th Mother was once again rushed to the Conway Regional Hospital in critical condition. Tragically, she coded once in the ambulance, was revived, but she passed away on Feb. 26, 2012. I believe this adequately proves she was more than an "observation" patient. Her death certificate lists cause of death as**: ACUTE GASTROINTESTINAL HEMORRHAGE.** For a solid month my Mother laid in the nursing home bleeding to death and suffering unimaginable pain all because the hospitals are apparently told to keep their inpatient admissions of the elderly down or their Medicare payments would be reduced. I believe they are being told to…admit them observation, do minimal testing and get them out before they can qualify for a Medicare bed.

How in the world can anyone, even Medicare, allow these poor, helpless, sick, old people, who have done so much for our country, to spend their last days on earth **tortured** to death all because of the almighty dollar and it's all perfectly acceptable by the government. Given the outcry over the waterboarding of terrorists, why isn't there an outcry for our Mothers and Fathers who are left to die in agony because "we have to keep our inpatient admissions low and costs down or the government will cut off hospital reimbursement payments".

Mother was admitted to the nursing home on Medicaid. Even though Mother qualified for all kinds of government "freebies" we never accepted any of it. Our family took care of her needs. Unfortunately, none of us could afford nursing home care and we had to turn to Medicaid for help. Now that Mother has passed away, Medicaid is demanding repayment of Mother's expenses at the nursing home. Our options; either borrow the money to repay Medicaid or sell her home which has been in our family for many generations. If Mother had qualified for a Medicare bed, a sizable chunk of the Medicaid bill would not be there.

I was told by two Conway Regional Hospital case management supervisors that we could appeal this observation status to Medicare and that we were a 'slam dunk' to win this on appeal. I appealed to Medicare, I've done everything I've been asked to do. I have two 10 ream size paper boxes full of letters and forms that I've submitted over the past 2+ years trying to appeal this observation vs inpatient status. I've been referred to dozens of people. I've been given the run-around so many times it makes me dizzy. So, what has me spending over two years of my life to get this appealed done? Absolutely NOTHING! The classic response is 'send us a letter and we'll see what we can do'.

Now, Medicare stated that they will no longer talk to our family because Mother's Will has not been probated nor an official representative been appointed by a judge. For two years they talked and corresponded with me, asking for this or that…which I supplied, but suddenly, they refuse any further communication. Mother's Will plainly states that her heirs, i.e. me, are representatives of her estate, yet, Medicare will not honor that status.

Sir or Madam, I have so many side stories related to this case that would make your blood boil but I've tried in my feeble way to relate a portion of my Mother's story to you. No one disputes that Mother was old but did she deserve to die in agony – bleeding to death – simply because it wasn't cost effective because of her age!!!

There's been much talk about the so-called death panels, Sir, I've experienced it within my own family. Mother was tried and judged not be worthy of living any longer based on her dollar value. She was denied 'THE RIGHT TO LIFE' as guaranteed in the Declaration of Independence. What she **was** given by all this is DEBT. The only material blessing she had left in this world was her old home-place. Because of one signature, on one little form, and this insane Observation status and cost cutting procedures, my Mother died in agony and her family is about to lose her home to estate recovery. PLEASE, do something to stop this observation status immediately and give our seniors the care they've worked their entire lives for. Do we not protect and defend our babies who are so helpless….then why on Earth can we not do the same for our helpless elderly. But, perhaps I can answer my own question by what I've learned about observation vs inpatient care – YOU'RE NOT COST EFFECTIVE!

I realize my letter is a bit harsh and blunt but, Sirs, let's not kid ourselves here, we all know what's going on with these seniors and it's difficult to believe some people in high places have become so hardened that they allow this to continue. When I started down this road of protesting observation vs inpatient status, I had no idea what I was getting myself in for. I trust people, I speak the truth and I expect others to do the same. But, I can tell you from experience in dealing with our bureaucratic system, trust and truth have long since been pronounced dead and buried just like the thousands of our most helpless and sickest. My tact and diplomacy have long since been worn thin by this endless stalling, delaying and I believe, outright lying by our government system. I'm not skilled in word manipulation so in my feeble way, I'm giving you my opinion of this deadly observation status you have now literally buried our mothers, fathers and grandparents under. Please, can you do something to change this observation status, NOW, before thousands of other Americans are tortured to death!

Thank you for your time.

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