

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>4-21-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>- 000365</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Post</i> <i>Close, per Dr. Liggett, see attached</i> <i>note dated 5-6-14</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-1-14</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

McLeod

Medical Center Darlington

CONFIDENTIAL

April 16, 2014

Mr. Tony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RECEIVED

APR 18 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Request for Agency Assistance

Dear Mr. Keck,

As Administrator of McLeod Medical Center Darlington, I am writing to request assistance from you and your agency with a Medicaid patient with a complex set of medical and behavioral conditions who is jeopardizing the safety of hospital staff and other patients. The patient (Mr. James M. Lynch, DOB 09-19-69, Medicaid ID: 2217335101) is currently hospitalized on a swing-bed unit at our facility in Darlington, South Carolina and his clinical needs require specialized care for permanent placement that can provide both medical and behavioral care. We have been unsuccessful in locating a long-term care facility in our state that will accept this patient due to the intensity of resources required to meet his care needs while providing a safe environment.

McLeod Medical Center Darlington operates a swing bed unit which is designed to provide temporary care to patients who no longer require acute care and are waiting for long-term placement. Mr. Lynch was admitted to our facility on February 6, 2012 and has been in our care now for over two years. He is A paraplegic who was initially cared for at home. When his caregiver became terminally ill, he was transferred to a nursing home where he developed pressure sores. He was transferred to McLeod Regional Medical Center in Florence for surgical care related to the pressure sores. When his condition warranted discharge back to the nursing home, the nursing home refused to accept the transfer and he has been hospitalized at McLeod Medical Center Darlington since that time awaiting placement to a clinically appropriate setting.

Since 2012, the patient's behavior has declined. He is physically and verbally abusive to the staff resulting in an often hostile environment. Psychiatric evaluations have deemed the patient to be competent on initial and on follow up examination. His physical abuse towards the staff is escalating. In a 30-day period, there have been five occurrences of abuse including physical assault of a nurse from being struck with a closed fist and intentionally running into staff with his electronic wheelchair. Despite providing security officers on the premises, local law enforcement has been engaged on two occasions because of his behavior. I am extremely concerned for the well-being of the other patients entrusted in our care because of the unpredictable aggression of Mr. Lynch.

From the clinical perspective, decubitus ulcers on his heels have progressed to Stage 4 because of the patient's refusal to allow clinical staff to perform necessary dressing changes. This non-compliant patient has created self-harm by intentionally removing a suprapubic catheter so frequently with the balloon inflated, that the opening around the catheter has enlarged which results in a continuous leakage of urine around the stoma. The patient has a Methicillin Resistant Staphylococcus Aureus (MRSA) infection around the wound site which has been treated. However, the patient has refused to abide by infection control protocols by remaining in his room or wearing provided protective devices to prevent risk MRSA cross-contamination.

The patient has disregarded the no smoking policy after obtaining tobacco from hospital visitors. Patient non-compliance has included barricading himself in his room using his heavy electronic wheelchair to prevent entry by staff while he smoked. This action has placed both the patient and others at risk within our institution and necessitated intervention from hospital security and the local fire department.

Over the past two years, transfer to permanent placement has been attempted and he has denied by over 100 facilities in South Carolina, North Carolina and Ohio. Refusal of accepting this patient has been due to the non-compliant and abusive behavior and the tremendous resource allocation as a result of that behavior. His psychiatric diagnosis is Narcissistic versus Antisocial Personality Disorder. G. Weber Bryan Hospital denied acceptance of this patient because of the lack of an acute change in behavior. Just Care in Columbia does not accept patients who have medical needs. Both the Department of Disabilities and Special Needs (DDSN) and Head and Spinal Cord Injury (HACI) provided assistance prior to hospitalization, however both organizations now report that this patient cannot receive future services because he is a resident in a facility and they do not have facilities to care for him. Additionally, no family members are willing or able to care for him in a home environment.

At this point, a contract staffing agency is being used to provide male certified nursing assistants to provide one-on-one care and supervision 24-hours per day to supplement the care team at our hospital to support the care needs of this patient. The cost of providing this care has been significant, but necessary to provide a safe environment.

My request for assistance is twofold. I would like to receive immediate help to assist the placement of this patient in a state facility where he can receive care in a more appropriate environment based on his needs. Also, I would like to seek assistance with funding to support the actual cost of providing one-on-one care so that the cost of care can be at least partially mitigated. Mr. Lynch has recently been approved for the Complex Care program which is a positive step, but help with additional cost of care is needed in this special circumstance. As Administrator of McLeod Medical Center Darlington, I have two major responsibilities. The first is to ensure we provide safe, appropriate care to our patients. I also have a responsibility to provide a safe, nonviolent work environment for my staff to provide that care. Our small, rural hospital is not equipped to care for a patient requiring this level of care.

In follow up to this letter, I will be contacting your office to schedule a meeting with you or another appropriate party to discuss this matter together to seek a solution. I appreciate your attention to this matter and any assistance you may be able to provide.

Please do not hesitate to contact me if you would like additional information prior to a meeting. I can be reached at 843-777-1157.

Sincerely,



Patricia Godbold
Vice President/Administrator
McLeod Medical Center Darlington

McLeod
Medical Center Darlington
P.O. Box 1859
Darlington, South Carolina, 29540

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APR 18 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Tony Keck, Director
SCDHHS
PO Box 8206
Columbia, SC 29202



2920238206



Log # 365 ✓

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1.	<i>[Signature]</i>	<i>5/6/14</i>	<i>* This will be an ongoing process with meetings and communication with Paul Goddard. Lara Sheehi has taken the lead on this. Written response is not necessary.</i>
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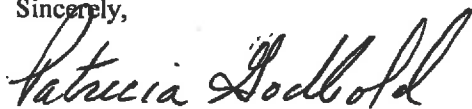
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OFFICE OF THE DIRECTOR

Mr. Tony Keck, Director
SC DHHS
PO Box 8206
Columbia, SC 29202



29202\$8206



From: Peter Liggett
Sent: Wednesday, April 23, 2014 4:30 PM
To: Nicole Mitchell Threatt; GEORGE MAKY; Marion Burton; Tan Platt
Cc: Lara Sheehi
Subject: Need for you to meet to discuss patient

Tues 4/29 @ 3pm

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Please be on the lookout for a meeting invitation from Annie for the four of you to sit down to discuss a patient who has been at McLeod for over two years. I will have Lara gather necessary materials for your review. My hope is that you will be able to come up with 2-3 potential solutions.

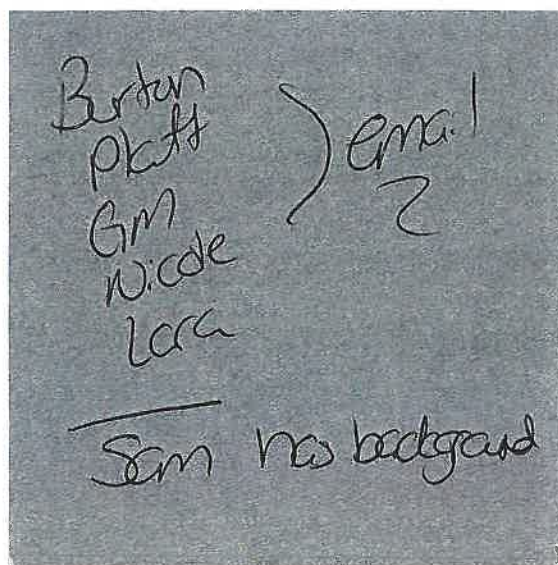
Pete

Peter Liggett
Deputy Director, Behavioral Health & Long Term Care
liggettp@scdhhs.gov
803.898.0178
1801 Main Street
Columbia, South Carolina - 29202
www.scdhhs.gov

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Lara
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Close log?
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