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Michael Trevisani, M.D., Medical Director
Scott Perra, President/CEO
Mohawk Valley Health Service

Dr. Trevisani and Mr. Perra,

I am writing this letter to both of you to express my concern about the care being provided to pediatric patients in the St. Luke's emergency department. I have been a physician in the community for 20 years and have always held privileges at St. Luke's Hospital. I have been the Pediatric Chairperson twice during this time. I have met with your predecessors, the multiple heads of the emergency department, individual ED providers and nurses to help educate and guide the care that is administered to the children of this region. The monthly pediatric meetings are often used to discuss the issues that occur in that department as well as to review and to create well thought out, best practice policies that are currently in place in the ED.


In my opinion the overall care that is being provided to children at St. Luke's ED and Faxton Urgent Care is appalling. Over the past 20 years the quality of pediatric care in the ED has fluctuated but has never been as good as it was when I first arrived into the area. Currently it is at an all time low. I need you to realize that at all times the lack of adequate medical care given to these children is dangerous. It is only a matter of time until a tragedy occurs to a child because of careless, indifferent care being given by an ED provider. Below are brief examples of actual events that have occurred during the past 2 weeks. These have occurred to patients I have been involved with and so it is just the tip of the iceberg.

- Adolescent with a head injury who was never examined or touched by a provider but had a head CT scan prior to discharge. A complete physical exam was documented in the chart.
- An 18 month old female with acute bronchiolitis who was in the ED for over 8 hours (1:30 am to 10:00 am). She had only 2 albuterol treatments during this time and none for the 4 hours before I was called at 8:45 am. I was required to cancel part of my morning office patients to assess and discharge this child.
- A 45 day old baby transported by ambulance from Hobart Street Clinic for fever of 101.5 and cough. She remained in the ED for 3 hours before she was examined and was never placed on a monitor until I arrived 4 hours later. The ED provider told me twice that her having a fever was "no big deal". I was informed that 2 separate blood cultures were obtained which I found out 2 days later was not true.
- A 10 year old boy with acute RLQ pain. The provider only touched the right side of his abdomen twice during his ED stay and did not examine any other part. A full physical exam is documented in the chart.

- A 15 year old with abdominal pain. He had a pelvic and abdominal CT scan, chest X-ray, blood work, throat culture, nasal viral swabs and urinalysis. These studies were all ordered and completed before he was examined by a provider 6 hours later.
- And finally last night a 5 month old unassigned patient with bronchiolitis who had fever and normal oximetry readings. He received 3 treatments in 7 hours. He had a normal chest x-ray, no blood work but received IM Ceftriaxone. After discussing the lack of appropriate treatment (acute respiratory pediatric protocol) with the nurse practitioner I was required to assess and discharge this child at 1:30 am due to the demands of the ED physician.

I believe that it is your responsibility to hire and manage doctors and nurse practitioners who are well trained to provide care to pediatric patients, who believe that each child deserves to have a complete exam at each visit and to document only that which has been done, who formulates an appropriate differential diagnosis and orders only those tests that are needed for this evaluation and who truly cares about **the patient**.

I have created that environment in my practice and have associated myself with partners and on-call pediatricians that do the same. After 20 years I have come to the realization that I cannot help "fix" this ED department. I have given up hope that the children of this community will get adequate care when they register at St. Luke's UC or ED. I have started dictating all conversations that I have with the ED providers solely for my legal protection as it has recently become apparent that none of these conversations are expressed adequately in the patient charts. I may also choose to come in to evaluate any child that I have been called on due to the concern that despite what is discussed on the phone an exam may not have been performed on that child. I have started encouraging my patients who require after hours or semi-emergent care to go to Upstate for their evaluation. In the next few months I will resign my privileges at your hospital.

A handwritten signature in black ink that reads "Dawn M Bard MD". The signature is written in a cursive, somewhat informal style.

Dawn M. Bard, M.D.