

June 6, 2016

Colleagues of the Medical Executive Committee and MVHS Board of Directors,

As you are now aware all the pediatricians at Utica Pediatrics, Slocum Dickson Pediatrics and Sauquoit Valley Pediatrics have resigned our privileges as of July 1, 2016. Dr. Henderson also resigned his position as Chief of Pediatrics, effective June 1. All of us have private practices and at least one doctor in each group has held privileges at St. Luke's for at least 20 years. We all, except for the newest pediatrician, have served as the Chairperson of Pediatrics for up to 4 terms. We have served on multiple hospital committees and have spent countless hours of our time in trying to make St. Luke's Hospital the best for pediatric care in the area. We also have served on many community boards and been involved in multiple charitable organizations. We felt it necessary to share with you our reasons behind making this most difficult decision.

For many years we have raised multiple concerns about the care the pediatric patients in this community were receiving through St. Luke's ED and Faxton UC to administrators of MVHS. To say that these concerns usually fell on deaf ears is an understatement. These issues and concerns have been well documented in the minutes from our monthly department meetings of which the MEC receives a copy for review every month. These issues have been brought to our attention in multiple ways. As the on call pediatricians, we see first hand the poor care these children have been given. However we have received complaints from the parents of our patients as well as colleagues and employees of MVHS.

Since the end of 2015, pediatric ER care has been deteriorating. Enclosed is the letter that Dr. Bard sent to Dr. Trevisani and Mr. Perra on March 1. She told them of the critical issues occurring in the hospital and informed them of her imminent resignation of her privileges at MVHS. Dr. Trevisani did not discuss this letter with any of the pediatricians nor with Dr. Bard except to say, "This would be looked in to." Dr. Bushnell called Dr. Bard the following day and promised to help change the care in the ED. He requested the names of the patients and stated that he would call those families. By email he received all the necessary information the next day. To date he has not made contact with any of the families.

The issues that have, and continue to occur, are severe, disturbing and extremely dangerous. The examples are numerous and well represented in the March 1 letter. Weekly there are more and more examples. This past week alone there was a 2 year old child who fell off a swing. It took 2 ED visits, 24 hours apart, to diagnose his broken clavicle. There was a patient admitted with Trisomy 21 and pneumonia who's ED provider never got the history of her diabetes. There was a 10 year old who presented with shoulder pain and informed the triage nurse that he has a history of sickle cell disease with multiple admissions for acute pain and chest crisis. He sat for 5 hours in the ED before he was first seen. And lastly there was a 6 year old with a discharge diagnosis by the provider of an acute allergic reaction who never made it past the triage room. She was seen by the triage RN and only had her throat examined by the provider in the triage room. She was given a dose of oral steroids, Zyrtec and told to seek an allergy referral. This occurred in the waiting room. A full exam was documented by that provider. **These stories are some of the reasons why we have elected to send our patients to Upstate Medical Center.**

The examples above and in the March letter are outrageous and unacceptable. Every pediatric patient that is registered through the ED and UC deserves to have a complete history and a full exam. Only then should an evaluation and treatment be started on these children. Once we, as the primary care physician or as the ED Pediatric backup doctor, are called by the ED provider on

any patient we are legally responsible for them. We will no longer assume the inherent legal risks associated with these patients that have not had an appropriate evaluation. It is morally and ethically wrong not to examine a patient who presents to the ED and illegal to document any part of an exam that has not been performed. This occurs often in the ED.

There has been an ongoing issue with pediatric patients that need appendectomy surgery at MVHS. Some of the surgeons who are on call for the ED do not perform surgery on children. These children have to be transferred to Syracuse for surgery after enduring an 8 hour or more wait and evaluation in St. Luke's ED. We have been told by administration and the head of surgery that this will no longer happen. This has been stated multiple times over many years. This week a healthy 14 year old was transferred to Syracuse because this issue still remains. **This is another reason why we have elected to send our patients now to Upstate Medical Center.**

All of the Pediatricians that have resigned our privileges have been on the St. Luke's ED backup panels since coming to this area. Dr. Eadline, Dr. Fuchs and Dr. Simon have aged out of the required backup panel but continue to provide this service. Over the years we have been responsible for all the unassigned pediatric patients that come to this hospital who need consultation or admission. This is a required service that we must provide to allow each of us to admit our own patients and care for our newborns in the nursery. Faxton- St. Luke's Healthcare established a Family Practice group a number of years ago whose physicians were not required to participate in backing up the ER and were not expected to see their own patients after hours. The PR mantra, "It's the people, it's the care" resulted in private practice pediatricians being forced into seeing those patients through the ER 24/7 for the last several years, leading to the system that has been in place up until this point. We have watched as more institutions have added offices in the area. These patients are then sent from their offices to St. Luke's ED and are considered unassigned. Having to take ED backup for unassigned patients is a burden for private physicians. We have asked the hospital administration years ago to hire a pediatric hospitalist. We have watched the MVHS increase hospitalist services for adults and hire Laborists when private OB-GYN providers were appropriately upset about covering the ER. Our request has been ignored until this past week. It was announced at June's Pediatric meeting that MVHS is actively seeking a Pediatric Hospitalist.

We sent a letter to each of our patients informing them of our decision to disassociate with MVHS. We purposely did not include anything about the above issues. This was done to protect the hospital from bad publicity and to protect the reputation of those employees who are exemplary. The nurses on the pediatric floor, the nurses in the nursery and the two neonatologists are outstanding. Dr Eadline, Dr. Ritter and Dr. Bard spoke to each group the day we delivered our letters of resignation to inform them of our decision and to again, as we have done many times, tell them of their outstanding care of the patients. There are nurses and some providers in the ED and UC that are also incredible at their jobs. We will not list them by name so that we do not inadvertently miss someone who deserves the recognition. Dr. Trevisani and Mr Perra have decided to inform this community in the paper and on television during the CMN telethon that our decision was based solely on our lack of interest in helping the children of our community and for the improvement in our lifestyle. This is not true. If the administration continues to express to the public these false statements we will divulge the true reasons.

We have all come to the realization that this decision is what is best for our patients. We will encourage and direct them to Upstate Medical Center for ED care and inpatient admission. As we have always done we will continue to provide Saturday and Sunday as well as holiday office hours for our patients so that they will not need to be seen through the ED or UC. We will continue to provide evening hours for the same purpose.

Both sides have lost significantly due to the lack of action by the administration of the MVHS and the poor pediatric care in the ED. We have lost the ability to see our newborns on their first day of life. We no longer are able to inform the parents that they have a perfect child and more importantly are not able to help them when they do not. We no longer are able to help heal our sickest children in the hospital. MVHS has lost ten pediatricians who are fixtures in the community with over 200 years of experience.

Hopefully you can use this information to now start the process of improving what is so wrong.

Sincerely,

Dr. Dawn Bard
Dr. Stephen Eadline
Dr. William Fuchs
Dr. Karen Griffith
Dr. Jonathan Henderson
Dr. Rekha John
Dr. Emerita Pizarro
Dr. Taryn Rio
Dr. Marc Ritter
Dr. Julius Simon