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HEALTHCARE AND LIFE IN A COVID 19 WORLD

Official Newsletter Melissa Mullanphy: "Not in Vain; A Promise Kept - coming 2021"

A Year to Remember

Everyone on this planet we call earth has been affected by Covid-19. Nobody could have possibly considered a time where the streets of New York City were empty, schools closed, and you needed paperwork saying you were an essential worker to get through police checks to get to work. Every news feed every day had a scrolling ticker of infection counts and deaths for over a year. We still don't know where this horrible virus came from, although I have my suspicions. I honestly think we will never really know.

The virus stressed every system we have from transportation, real estate, food delivery, small business, and specifically healthcare and our healthcare workers. At the beginning of 2020, we saw many healthcare workers without the proper PPE (personal protection equipment) wearing garbage bags, forcing our leaders to invoke the DPA (Defence Production Act) for an all-hands-on-deck goal of making products like masks, PPE, and ventilators. We had companies like GE and Ford reducing automobile manufacturing and making medical life-saving devices. We also saw many businesses and individuals in the private sector volunteer their services to do the same.



This issue:

A Year to Remember

PAGE 1

Healthcare

PAGE 2

My Nightmare and Your Rights

PAGE 3, 4, 5



Healthcare

In 2020 and still, today in 2021, getting a doctor's appointment, particularly with a specialist, is difficult. Who could have forecasted e-visits through your smartphone? I would say that during the peak of the pandemic, e-visits were a decent solution for over-scheduled doctors and social distancing requirements that made office space scarce and waiting rooms taped off. It was nothing that the doctors could have prepared for, but as time passed, all of the technical glitches, scheduling, and registering improved. It was actually a pretty cool transition made in a short time. I have a background in information technology. I can only imagine the first couple of months of the developmental issues, bandwidth, and learning curve that all users had to get down very quickly. I'm glad my help desk days are over! Having said that, there is a time and place for everything. Even as I type this newsletter, doctors still give patients this option, which is great, but at what cost? How much is being missed because people are not seeing their doctors in person? Vitals are not taken; you can't really see the patient's full picture, weight, hygiene, and every other thing that can only be seen in person. Doctor/Patient relationships have suffered, and I'm pretty confident because issues were not seen through the phone, illness slipped through the cracks, and the patient suffered.

Another issue is that early detection screenings and elective surgeries were all stalled significantly. What will this do to someone that had to wait eight months to get their mammogram? Unfortunately, I was in the Emergency Room one too many times in 2020. I experienced malpractice firsthand. I was not there for covid symptoms. I had covid in already, but the ability to get help promptly was impossible. I don't think I'm special or should skip the line, but this was a grave issue that was misdiagnosed, and on the next page, you will see the note I wrote to the head of the Emergency Department after I was discharged 11 days later.

I want to share it with you because we need to find our voices as patients, family members, and advocates. What happened to me happens all of the time. Unfortunately, there is a reality that some people who go to the Emergency Room are drug-seeking patients. It is an unfortunate truth, and the rest of us are paying for it by having to explain our symptoms multiple times and, like in my example, be ignored and scheduled for discharge and severely ill.



My Nightmare

Dear Dr. X (HEAD OF EMERGENCY DEPARTMENT)

On October 11th, I arrived at your Emergency Room around 8 pm. We called ahead of time because I was in severe pain but waited to be seen with the other patients. My husband was not allowed to stay with me because of Covid. I was assessed by triage and placed in the special covid room. I was throwing up and in extreme pain in my stomach, chest, and shoulder. I had previous hernia surgery in NYC, had ongoing motility issues and food stuck in my esophagus. When Dr.X finally came to see me, I told her that I had horrible stomach and chest pain; she looked down my throat. She did not order labs; she was nasty and was in my room for maybe 4 minutes. She ordered glucagon to try and remove the obstruction. This was at 10:09. The nurse in charge of me was named Nurse X. Nurse X was also very short and not empathetic. At one point, because I was in the ER for 7 hours in terrible pain, I yelled, this is f***** ridiculous, and she told me that “I wasn’t going to get anywhere cursing,” and I needed to wait.

I did not have the strength to get to my phone and call my husband or 911. I rang the bell multiple times for staff because of my pain, and a patient tech or an aid would come in, shut it off, and tell me they would tell my nurse. This went on for hours. I’m not sure if it was because they were busy; after all, I heard many talking and laughing outside my room. If there is videotape in this room, you will see what looks like someone dying and moving from position to position to try and get comfortable, and every time I called for help, they would shut off the buzzer and tell me a nurse would be in. Do you have cameras in the rooms? I really hope you do because this was terrible care and as you will find out later, had I not passed out, I was hours from dying.

Finally, I got up and moved to the bathroom down the hall, and threw up the bread I had stuck in my throat. I told them that. They ordered an emergency endoscopy anyway. The endoscopy came back normal, which is questionable based on what was wrong with me. They had discharge paper pre-written out, and Dr. X said in her report that I had no abdominal pain, no chest pain and that my vitals were fine, and they were absolutely not. I was hypertensive, hypotensive, and had tachycardia. In fact, after they decided nothing was wrong with me, even though I kept trying to tell them about the pain I was in, they disconnected me from any vital machine for discharge. GI notes from Dr. X: non-tender on palpitation, no guarding, and no rigidity or CVA tenderness. This was 100 percent false, and I don’t even remember her checking. The only time she was in my room was to look down my throat. How do you have a patient in acute pain who only does a covid test and orders no labs when they say they have chest pain?



My Nightmare

After the endoscopy, I was being discharged even though I was in so much pain and still throwing up. My file says there was no abdominal pain and even the hospitalist that was called to my bedside after I passed out while trying to go to the bathroom with an aid said: “My understanding from the previous emergency room physician is the patient had no abdominal pain, but she states that she has lower abdominal pain and I think a CT of the abdomen and pelvis is indicated with IV contrast. The patient's bp had improved from 76 to 96, and her heart rate has decreased from 130 to 106.” **Thankfully I passed out going to the bathroom and finally got their attention. In fact, I woke up back on the bed with Nurse X and another nurse trying to start IVs in each arm to flood my body with fluids because I was extremely hypotensive at 70/30.**

After this, I was admitted and got to my room around 3 am. I had a cat scan around 11 am, and many doctors came in to assess me. I was bleeding internally. My hemoglobin was half of what it should be, and the only way they knew is because I was LUCKY ENOUGH TO PASS OUT in the Emergency Room or I was being sent home to die at home because, to them, nothing was wrong with me.

On the 12th, I had emergency surgery for Gastric Volvulus, a very rare and deadly diagnosis. My stomach detached from my spleen, and I was bleeding out. I woke up in the ICU as they could not control my blood pressure and needed 3 quarts of blood. Thankfully your trauma team saved my life the afternoon of October 12th. I was discharged on October 21st with home nurse visits because my incision was infected.

It has been a very long and difficult road to recover from this, and I'm still not there, but as the person in charge of the Emergency Room, I need you to be aware of what happened on October 11th into the early hours of October 12th. If I did not pass out, I was getting discharged. I was not worked up correctly, I was ignored, I never had labs taken, I was disconnected from any vital recordings, and I really hope you have camera footage of what happened those 7 hours because it is not ok how I was treated and ignored.



My Nightmare

If I did not pass out, Doctor X was being discharged by a doctor who looked down my throat and said I was fine, and a nurse ignored me until her attitude changed when I became unconscious.

This is no way to treat a patient. All of this is in my records. You can see all of it, and I am available for any questions that you have. I told the case manager who came to my bed the morning of the 12th what had happened in the ER the night before. I don't know if you ever became aware of it or the patient advocate, but your staff is dangerous. Sincerely, Melissa Mullamphy

So the lesson here is that as we are still in a Covid world today, healthcare is tricky and dangerous.

While I have great respect and empathy for all healthcare workers who treated patients throughout the last year and a half, mistakes happen. I'm not the first, or will I be the last. I was told I had about two hours to live because half of the blood that belonged in my body was in my stomach. If I had been discharged, I would have died at home as my stomach had twisted and my spleen was disconnected.

Why they never did a standard blood test in the Emergency Room like a CBC that would have shown how anemic I was is beyond my comprehension. Why they ignored me for seven hours and I heard laughter outside my door is unacceptable. Why they only took me seriously when I passed out cold going to the bathroom is mind-boggling. Why they disconnected me from any machines taking my vitals because they were discharging me is criminal. Medical Malpractice is the 3rd leading cause of death in 2021. Read that again and add a pandemic. You must find your voice. You may not feel comfortable engaging in conflict, but today it can be a matter of life or death for you or your loved ones.

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