Hot Topics In Health Care

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Quality of Care

Vanderbilt Settles Overbilling Suit

- Vanderbilt University Medical Center is paying $6.5 million to settle a years long Medicare fraud case
- Three formerly employed anesthesiologists claimed that VUMC's surgery scheduling practices over an 8 year period violated Medicare billing practices
- The suit filed by the whistleblowers claimed that VUMC submitted fraudulent claims by charging the higher rate for an attending physician when a medical resident performed the service
- The suit also alleges that the hospital billed for unnecessary anesthesia and charged for the same surgeon performing multiple operations at the same time
- The settlement is not a determination of liability
- As part of the settlement, VUMC agreed to bring in a third-party consultant to evaluate the structure and effectiveness of its compliance program and compliance and operating policies regarding some clinical areas

July 26, 2017 Tennesseean/Nashville Public Radio

Things to Know About Wrong Site Surgery

- The Joint Commission Sentinel Event program identifies wrong-site surgery as a rather common instance of a sentinel event
  - The Joint Commission has published two Sentinel Event Alert newsletters addressing wrong-site surgery
  - The first was published in 1998, followed by a second in 2001
  - In 2004, the Joint Commission held its first World Wrong Site Surgery Summit and launched the Universal protocol
- From 1990 to 2010, 9,744 malpractice settlements for surgical "never events" were paid totaling $1.3 billion – of those settlements:
  - approximately 6% of patients died; 32.9% of patients suffered a permanent injury; and 59.2% of patients experienced temporary injuries

August 12, 2015 Becker's Infection Control & Clinical Quality

Things to Know About Wrong Site Surgery

- The Joint Commission projects as many as 50 wrong-site incidents occur each week in the United States
- An AHRQ study found that wrong-site errors occur in approximately 1 out of 112,000 surgical procedures, indicating that an individual hospital would only experience one wrong-site error every five to 10 years
  - Authors of the study claimed the Joint Commission's Universal Protocol may have prevented 62% of the cases reviewed

Things to Know About Wrong Site Surgery

- There is not one factor that leads to wrong site surgery, but usually is a compilation of small errors
  - Errors that contribute to wrong site surgery include booking errors, verification errors, distractions, inconsistent site marking, lack of a safety culture and time out errors
  - Surgical facilities must be aware of all these factors that could lead to wrong site surgery and take the necessary preventative measures

Validated Root Causes for Risk of Wrong Site Surgery

		A	B	C	D	E	F	G	H
Pre-op/Holding	Surgeon does not mark site in pre-op/holding		X		X		X		X
	Site mark made with non-approved surgical site marker			X				X	X
	Stickers used in lieu of marking the skin								X
	Inconsistent site marks used by physicians	X	X		X		X		X
	Inconsistent or absent Time Out process for regional blocks			X	X	X		X	X
	Rushing during patient verification	X	X	X	X	X	X		X
	Alternate site marking process does not exist or is not used						X		
	Inadequate patient verification by team	X	X	X	X	X			X
	Booking documents not verified by office schedulers	X		X				X	

May 13, 2013 Joint Commission Center for Transforming Healthcare

Validated Root Causes for Risk of Wrong Site Surgery

		A	B	C	D	E	F	G	H
Scheduling	Schedulers accept verbal requests for surgical bookings instead of written documents	X	X	X	X	X		X	
	Unapproved abbreviations, cross-outs, and illegible handwriting used on booking form	X	X	X	X	X	X	X	X
	Missing consent, history and physical, or surgeon's orders at time of booking	X	X	X	X	X	X	X	X
Pre-op/Holding	**Primary documents (consent, history and physical, surgeon's booking orders, operating room schedule) missing, inconsistent or incorrect**	X	X	X	X	X	X	X	X
	Paperwork problems identified in pre-op but resolved in a different location		X	X		X			
	Inconsistent use of site marking protocol	X	X	X			X		X
	Someone other than surgeon marks site						X	X	X

May 13, 2013 Joint Commission Center for Transforming Healthcare

Validated Root Causes for Risk of Wrong Site Surgery

		A	B	C	D	E	F	G	H
Operating Room	Lack of intraoperative site verification when multiple procedures performed by the same provider	X	X		X	X	X	X	X
	Ineffective hand-off communication or communication or briefing process		X	X	X	X			X
	Primary documentation not used to verify patient, procedure, site and side	X	X	X		X	X		
	Site mark(s) removed during prep or covered by surgical draping	X	X	X	X			X	X
	Distractions and rushing during Time Out	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
	Time Out process occurs before all staff are ready or before prep and drape occurs	X	X	X	X		X	X	X
	Time Out performed without full participation	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
	Time Outs do not occur when there are multiple procedures performed by multiple providers in a single operative case				X				

Validated Root Causes for Risk of Wrong Site Surgery

		A	B	C	D	E	F	G	H
Organizational Culture	Senior leadership is not actively engaged		X	X					X
	Inconsistent organizational focus on patient safety		X	X	X		X		X
	Staff is passive or not empowered to speak up	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
	Policy changes made with inadequate or inconsistent staff education		X		X		X	X	X
	Marketplace competition and pressure to increase surgical volume leads to shortcuts and variation in practice		X	X		X		X	X

Work Environment

Physician Assistant Wins $168M Harassment Suit

- A federal court jury awarded Ani Chopourian, a 45-year-old former cardiac surgery physician assistant, $125 million in punitive damages, $39 million for mental anguish and $3.5 million for lost wages and benefits
- The award came nearly four years after she says she was terminated for filing complaints repeatedly to the hospital's human resources department
- Chopourian said she was tormented and sexually harassed by surgeons and medical staff in the cardiac surgery center at Mercy General from 2006 to 2008
- She said that one surgeon stuck her with a needle, called her a "stupid chick" and said she did surgery "like a girl"
- Chopourian's attorney, Lawrance Bohm, said it was a very bullying and inappropriate environment where even patients were used as tools for passive aggressive behavior because this same doctor also referred to patients as "pieces of sh--"

March 2, 2012 ABC News

Physician Assistant Wins $168M Harassment Suit

- Witnesses confirmed that another surgeon greeted everyone he knew with "I'm horny" and daily detailed his lack of a sex life with his wife
- The male medical staff, including the housekeepers and nursing assistants, took the trashy sex talk in the operating room to another level by touching
- Chopourian told KXTV in Sacramento, "One harasser told me one day, 'You'll give in to me,' I'd look at him [and say] 'I'll never give in to you.' I'd look at my supervisor and say 'Do something.' They'd just laugh."
- Bohm said it was a "raunchy, vile, toxic workplace" in which his client was targeted by harassers because she continued to complain about the working atmosphere
- In a two-year period, Chopourian filed about 18 written complaints ranging from patient safety to sexual harassment to the fact that meals and break rules were not being followed

Physician Assistant Wins $168M Harassment Suit

- Her last filed complaint was received by human resources July 31, 2008 and she was terminated Aug. 7, 2008
- In court, the hospital said that she'd failed to show up for an on-call shift and was reportedly found sleeping on the job
- After Chopourian was released from Mercy in 2008, she kept her physician assistant privileges at the hospital and started working for a new doctor in gynecologic oncology
- Bohm said she worked with the doctor at Mercy and another hospital until she gave her deposition in her lawsuit against the hospital
- Several months into her new job, Mercy denied Chopourian's privileges and she lost her job
- Prior to receiving the settlement, Chopourian was unemployed for at least 2.5 years because having her privileges denied rendered her unemployable
- Bohm said that although the verdict vindicated her and delivered on her message, Chopourian still was in danger of losing her home and currently lived off donations of food and money from friends and family

Gender Discrimination Leads to $7 Million Settlement

- Dr. Carol Warfield, who said she endured years of sexist treatment at Beth Israel Deaconess Medical Center, will collect $7 million — and have the hospital's pain clinic named in her honor
- Warfield, who became chief of anesthesia in 2000, said Dr. Josef Fischer, former surgery chief, discriminated against her because she is a woman, openly ignoring her in meetings and lobbying for her removal from her job
- When she complained to Paul Levy, then chief executive, she alleged, both men retaliated against her and forced her out
- Warfield sued the hospital, Fischer, Levy, and the hospital's physician group in 2008.
- The week before the trial was scheduled to begin, the parties filed a notice in Suffolk Superior Court that they had resolved the case, and released a joint statement to the hospital community

Gender Discrimination Leads to $7 Million Settlement

- The statement noted that the defendants "had contested Dr. Warfield's claims throughout the litigation,'' but quoted general counsel Jamie Katz saying, "This case serves as a reminder that, with time and consideration, people of goodwill can learn from one another. As we look back on this case, there are lessons for the institution.''
- Warfield's attorney said that as part of the settlement, the hospital agreed to "reaffirm and clarify its policies and procedures'' for employees reporting discrimination and retaliation
- The hospital also agreed to sponsor an annual lecture series on women's health and the academic contributions of women in surgery
- Warfield will also retain her endowed professorship at Harvard
- Warfield said that soon after he arrived, Fischer was abusive and demeaning toward her, letting the door shut on her when she was following him into a room and replying to one of her male colleagues when she spoke to him

Gender Discrimination Leads to $7 Million Settlement

- Her lawsuit included e-mails between Beth Israel Deaconess leaders, internal hospital memos, and testimony from other doctors and nurses saying that Fischer was not only uncomfortable working with Warfield but with women generally
- He once told a group of Beth Israel Deaconess nurses that he preferred to hire residents who are "tall, light skinned Western-taught men," according to an e-mail from a nurse that was filed as part of the lawsuit
- Levy did nothing when Warfield complained to him, accused her of "playing the victim" and indicated he viewed the situation as a problem between Warfield and Fischer
- At one point, he told her she had created a "culture of whining," and on another occasion, he told her, "Joe can't help himself''

February 7, 2013 Boston Globe 17

Gender Discrimination Leads to $7 Million Settlement

- While she was on sabbatical in 2007, Fischer campaigned to have her fired for incompetence
- Shortly before she was to return to the hospital, Levy told her by e-mail that he was demoting her as department chairwoman
- When Levy met with her colleagues the next day, he said she was too aggressive and had failed to maintain a good relationship with Fischer
- Levy asked Fischer to resign in June 2008 — after Warfield filed her lawsuit — saying his management style was no longer appropriate for the hospital
- Fischer no longer performs surgery at the hospital, but he has an endowed professorship through Harvard Medical School and the hospital provides him an office

February 7, 2013 Boston Globe 18

Social Media

Joan Rivers Case

- Court records show that a doctor, Lawrence Cohen, who denied taking photos of Joan Rivers while sedated in a clinic operating room actually did take photos
- The court filing states that Cohen snapped pictures with his cell phone of another physician providing care to Rivers, saying he thought Rivers would like to see the photos in the recovery room
- Several staff members present also during the procedure that ultimately lead to Rivers' death reported that Cohen had taken photos of the patient
- The anesthesiologist even noted in medical records that photos were taken

July 15, 2015 New York Daily News

Selfie Time: What Could Go Wrong?

- By itself, a work selfie might only amount to bad judgement and a violation of company cell phone policies
- However, what happens if there is PHI in the background – a patient in the hallway, a visible nurse station computer, a patient's name on a door, a white board with patient status or surgery information
- HIPAA isn't the only concern – in nursing facilities, CMS considers photos or videos of residents that are demeaning or humiliating to be abuse
- It happens – two paramedics were arrested and face criminal charges after engaging in a selfie war in which they competed to take the most shocking photos of themselves with patients in compromising positions
- Tennessee has additional laws: the Colby Stansberry Act has tougher guidelines that HIPAA
- Posting photos or identifiable patient information on social media can violate privacy laws, constitute abuse, or lead to license discipline, criminal charges, and lawsuits

August 23, 2011 Knoxville News Sentinel

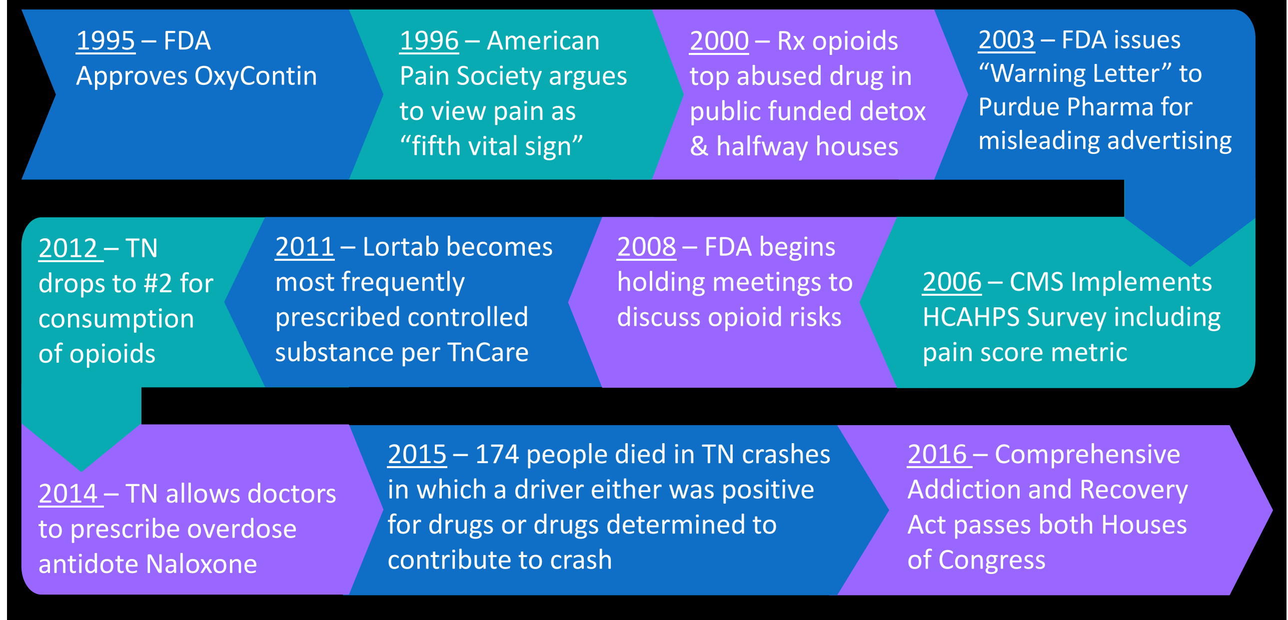
The Opioid Epidemic In Tennessee

Knoxville Recovery Room Nurse Admits Taking Painkillers

- Kelly Barton Casey, who is now known by Kelly Davenport, plead guilty in US District Court to a charge of acquisition of controlled substances by subterfuge
- During her three month employment, Davenport worked as a nurse in a post-operative recovery room
- Davenport was supposed to administer the patients' drugs such as Dilaudid to alleviate their pain but instead falsified charts indicating that she had administered multiple doses to her patients and injected the Dilaudid into her own body

Knoxville Recovery Room Nurse Admits Taking Painkillers

- The major slip-up that led to the government's successful prosecution: she withdrew the drugs from the electronic storage locker, which logs the time, after she claimed already to have administered Dilaudid to the patient
- The state Board of Nursing revoked Casey's nursing license in 2010 after her deceit was discovered and ordered her to pay a $185,000 fine
- Sentencing information from the US District Court is not available



Drug Overdose Deaths Continue To Increase In 2015

- The majority of drug overdose deaths involve an opioid – more than six out of ten
- Since 1999, the number of overdose deaths, including both prescription opioids and heroin, has quadrupled
- From 2000 to 2015, more than half a million people have died due to drug overdoses
- An average of 140 Americans die every day from an overdose of prescriptions opioids or heroin
- We lose more Americans to opioid overdose every three weeks than were killed in the events on 9/11

Centers for Disease Control

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Drug Overdose Deaths Continue To Increase In 2015

- An estimated 2 million people in the US are addicted to prescription opioids
- One of out of 10 nurses in the United States suffer drug addiction, according to the American Nurses Association
- There are about 3 million registered nurses in the nation, which means that 300,000 may struggle with addiction
- Prescription opioids are a driving factor in the increase in overdoses
- Despite no overall change in the amount of pain Americans report, the amount of prescription opioids sold nearly quadrupled since 1999

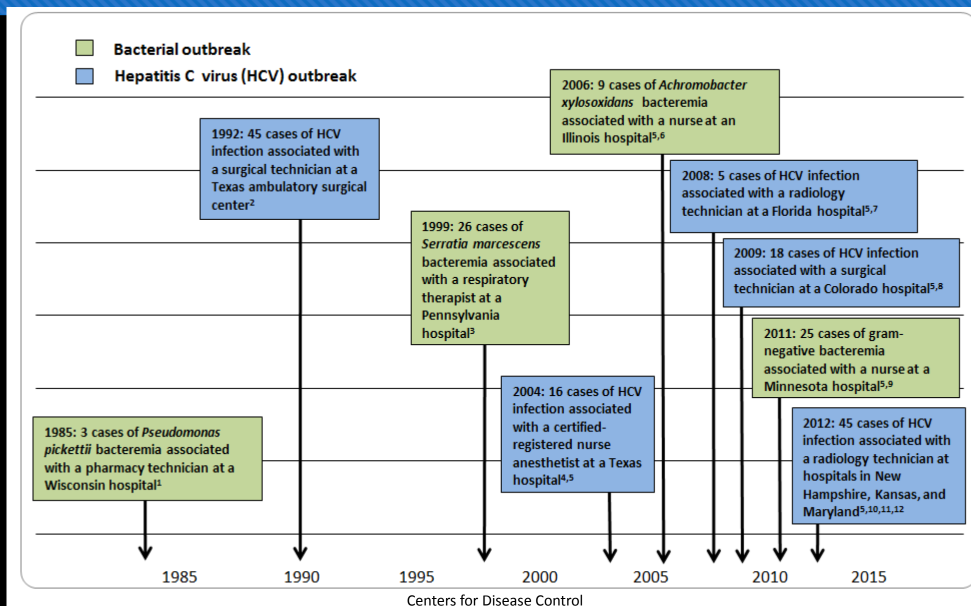
Centers for Disease Control

Overdose Statistics

- Most Commonly Overdosed Opioids
  - Methadone
  - Oxycodone
  - Hydrocodone
- Overdose Deaths Between 1999 and 2014
  - Overdose rates were highest among people aged 25 to 54 years
  - Overdose rates were higher among non-Hispanic whites and American Indian or Alaskan Natives
  - Men were more likely to die from overdose, but the mortality gap between men and women is closing
- Overdose is not the only risk related to prescription opioids - misuse, abuse, and addiction are also potential dangers
  - In 2014, almost 2 million Americans abused or were dependent on prescription opioids
  - As many as 1 in 4 people who receive prescription opioids long term for non-cancer pain in primary care settings struggle with addiction
  - Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids

Centers for Disease Control

US Outbreaks Associated with Drug Diversion by Healthcare Providers, 1983-2013



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Substantial Increase in Tampering

- 7,200 McKay-Dee and Davis Hospital patients could have been exposed to hepatitis C
- 3,500 Scripps Health and Swedish Hospital patients offered hepatitis C testing
- More than 200 patients seen at Shore Medical Center notified of potential exposure to hepatitis C

Surgery Center Nursing Director Charged With Theft

- Karen Marie Feldner, the former nursing director at Mountain Laurel Surgery Center faces felony counts including theft of fentanyl, possession of a controlled substance by misrepresentation and a misdemeanor count of tampering with records
- In addition to 98 tampered-with vials, a review indicated about 1,962 vials of fentanyl were missing from inventory during the approximately 15 months Feldner was employed
- The 98 vials that were tampered with were contained in four boxes
  - The first contained 25 glass vials with no caps; 15 were empty and 10 contained a clear liquid
  - The second contained 24 empty glass vials, 22 of which had blue/green colored caps while two vials did not have caps
  - The third contained 24 empty glass vials with no caps
  - The fourth contained 25 glass vials with no caps; 17 were empty and eight contained a clear liquid

March 3, 2017 Wayne Independent

Surgery Center Nursing Director Charged With Theft

- The capped vials had what appeared to be tiny puncture holes in the rubber pieces covering the top of the vials, consistent with a needle pushing through the rubber
- All of the compromised vials were tested and it was confirmed they contained saline with trace amounts of fentanyl
- As a result of the tampering, Mountain Laurel requested a “small group of patients” come to the center to take a blood test as a precaution to see if the patients, and derivatively their families, were exposed to either HIV or hepatitis but Mountain Laurel has said it does not believe any of the patients were placed at risk
- Feldner, arrest papers state, also consented to a blood test whose results indicate she does not have the HIV virus or hepatitis
- Feldner also is accused of altering documents and forging signatures at the center, obtaining fentanyl through misrepresentation and deception by claiming to have the authority from her employer to obtain it

March 3, 2017 Wayne Independent

South Carolina Cancer Patient Denied Meds

- As Henry Sloan was dying of pancreatic cancer at the Oakleaf Village of Lexington, an upscale assisted living center, someone was stealing his Percocet pain pills
- Lawyers representing Sloan's family say that hundreds of pills were unaccounted for and that Sloan didn't get all his pills for months
- "Mr. Sloan is in extreme pain. He is in his room crying, saying he only got one pain pill today," said an Oakleaf aide who learned about the thefts and went to Lexington police, telling officers that Sloan was threatening to kill himself
- The company that owns Oakleaf recently paid $1 million to settle a claim brought by Sloan's sister, Barry Sloan Lide

South Carolina Cancer Patient Denied Meds

- Lide's lawyers wrote that Sloan "was deprived of the thing he most wanted, which was to live out his final days in as little pain as possible so he could enjoy his family during the last few months of his life"
- Legal documents make it clear there is another version of events in the months before Sloan's death
- In that version, police reports, warrants, and a transcript of a state court hearing tell how one former Oakleaf employee knew for months about the theft but did nothing
- The pills were removed from their bubble wrapping and over-the-counter Tylenol inserted in their place, according a police report

South Carolina Cancer Patient Denied Meds

- In March, the employee who knew about the theft and did nothing, nursing supervisor Linda Randolph, plead guilty to charges including accessory after the fact of a felony and failure to report the abuse of a vulnerable adult
- The judge told the court during the hearing, "This sounds like one of the most callous things I've ever experienced, and I've been on the bench a long time"
- Randolph's attorney indicated that Randolph's longtime friendship with Betty Ann Jeffcoat had caused her to allow her friend to keep taking pain pills - "They were prayer partners. She stuck her neck out for a friend, and she broke the rule."

June 27, 2017 The State

South Carolina Cancer Patient Denied Meds

- The attorney also told the judge that doctors routinely prescribe more pain meds than are needed to dying patients, and so even with pills missing, Sloan was still getting his medication
- On Dec. 17, 2015, a medical technician first discovered tampering and reported it to Randolph
- Not only did Randolph do nothing, she told the reporting med tech, "Promise not to tell a soul. I mean it" Moore said
- Randolph then destroyed evidence the pills had been taken and sent the reporting med tech a text that said, "Take that to your grave"

June 27, 2017 The State

South Carolina Cancer Patient Denied Meds

- On Feb. 7, 2016, the reporting med tech again found that Sloan's pain pills were missing and went to Randolph, who again did nothing
- Meanwhile, another med tech told Randolph that another resident's pain pills were missing and Tylenols substituted, but Randolph hushed the matter
- In court, Moore summed up the case this way: Sloan and another resident from whom pain pills were taken "were betrayed by the caregivers who were supposed to take care of them"

June 27, 2017 The State 37

South Carolina Cancer Patient Denied Meds

- At the end of the hearing, Randolph, 65, apologized, "I trusted Betty, and that was the wrong thing to do"
- Randolph was sentenced to three years in prison, but suspended the sentence after giving her 90 days in jail, 320 hours of public service work, six months of house arrest, and is prohibited from getting any job that involves the care of vulnerable adults
- Jeffcoat, charged with theft of a controlled substance, is set for trial in December

June 27, 2017 The State 38

Tampering Education

- Tampering with medications is a common method of drug diversion by healthcare workers
- Tampering may involve:
  - Substituting a similar looking pill or capsule for an opioid
  - Replacing oral dose liquids with water or other liquid substances
  - Replacing injectables, including IV infusions, with water, saline, or some other liquid or medication
- Tampering:
  - Denies patients medication they need, and may result in unrelieved pain or anxiety
  - May cause injury when one medication is substituted for another (such as a steroid for an opioid)
  - May result in transmission of infection with bloodborne pathogens including Hepatitis B, C or HIV

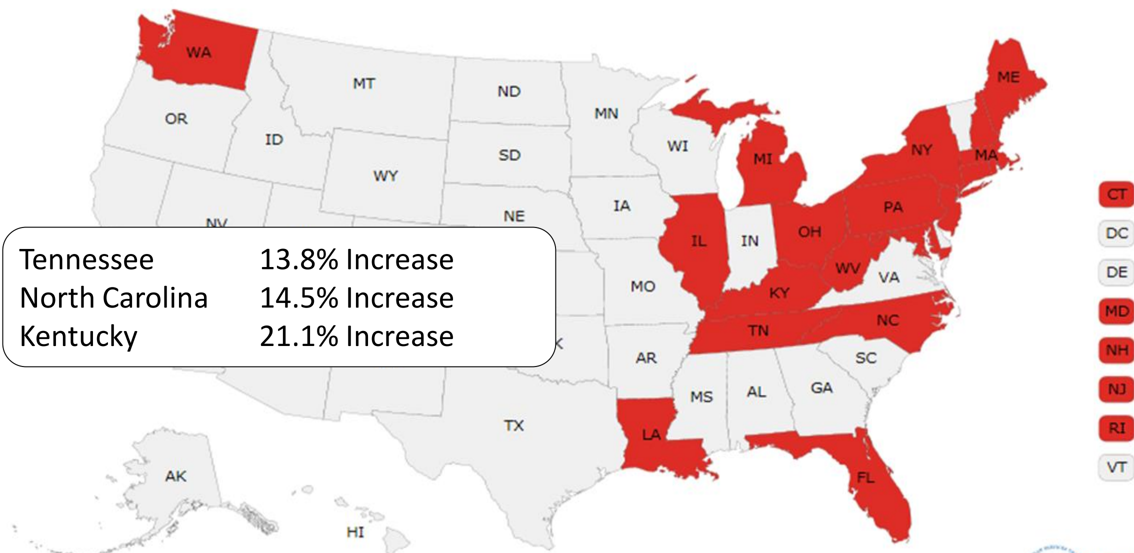
Tampering Education

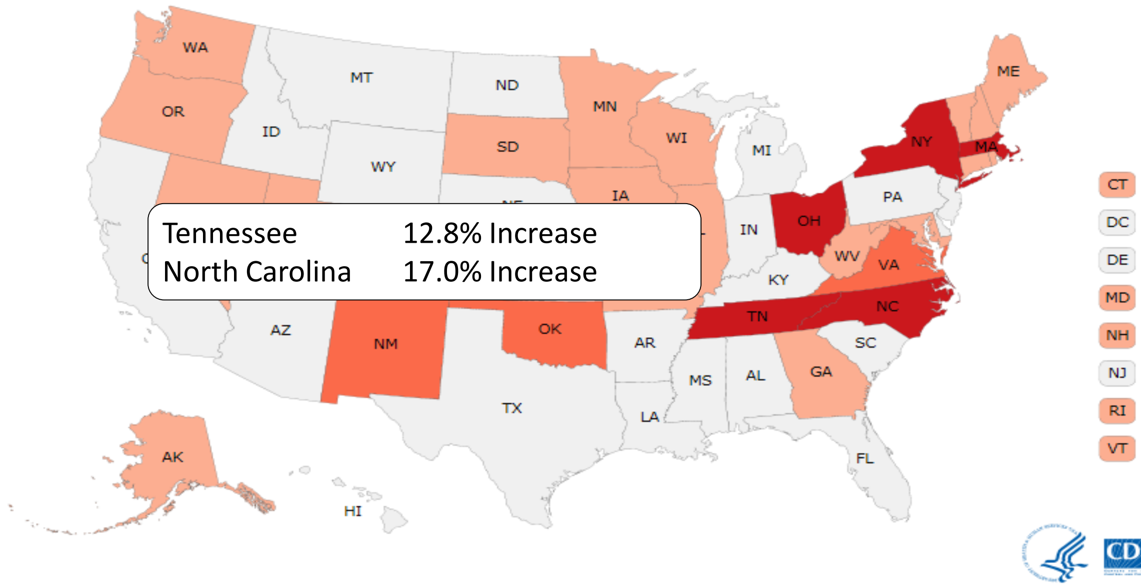
- Visually inspect medications prior to administration
- Make sure vial tops spin freely, since tampering often involves gluing the tops back on
- Look at carpuject tamper evident seals to be sure they aren't cut
- Make sure pills look like what they are purported to be prior to administration
- Check the amount of liquid medication in vials and infusions to ensure it looks appropriate
- Verify infusion levels
- Report any instance in which a patient isn't experiencing the expected relief from medications you have administered

2015 Opioid Prescriptions Per Capita

Top Five		Bottom Five	
Alabama	1.2	Hawaii	0.45
Tennessee	1.18	California	0.48
West Virginia	1.13	New York	0.51
Arkansas	1.11	Minnesota	0.54
Mississippi	1.07	New Jersey	0.55

September 19, 2016 The Tennessean




Statistically significant changes in drug overdose death rates involving natural and semi-synthetic opioids by select states, United States, 2014 to 2015
Tennessee 12.8% Increase
North Carolina 17.0% Increase
WA
OR
ID
MT
ND
SD
WY
MN
WI
MI
IA
IN
OH
PA
NY
ME
MA
WV
VA
KY
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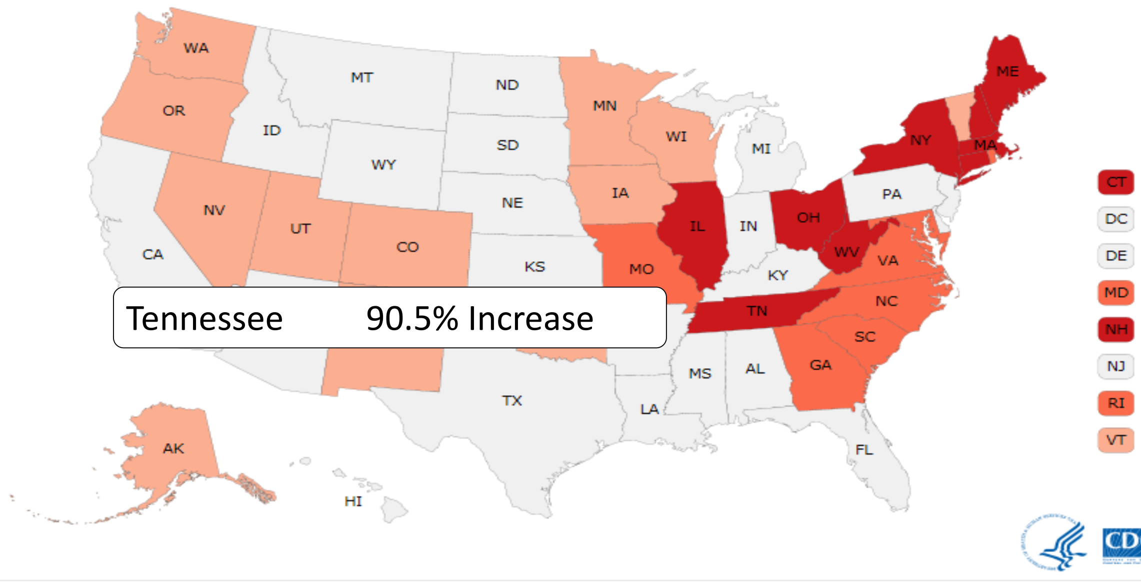
Statistically significant changes in drug overdose death rates involving synthetic opioids (excluding methadone) by select states, United States, 2014 to 2015
Tennessee 90.5% Increase
WA
OR
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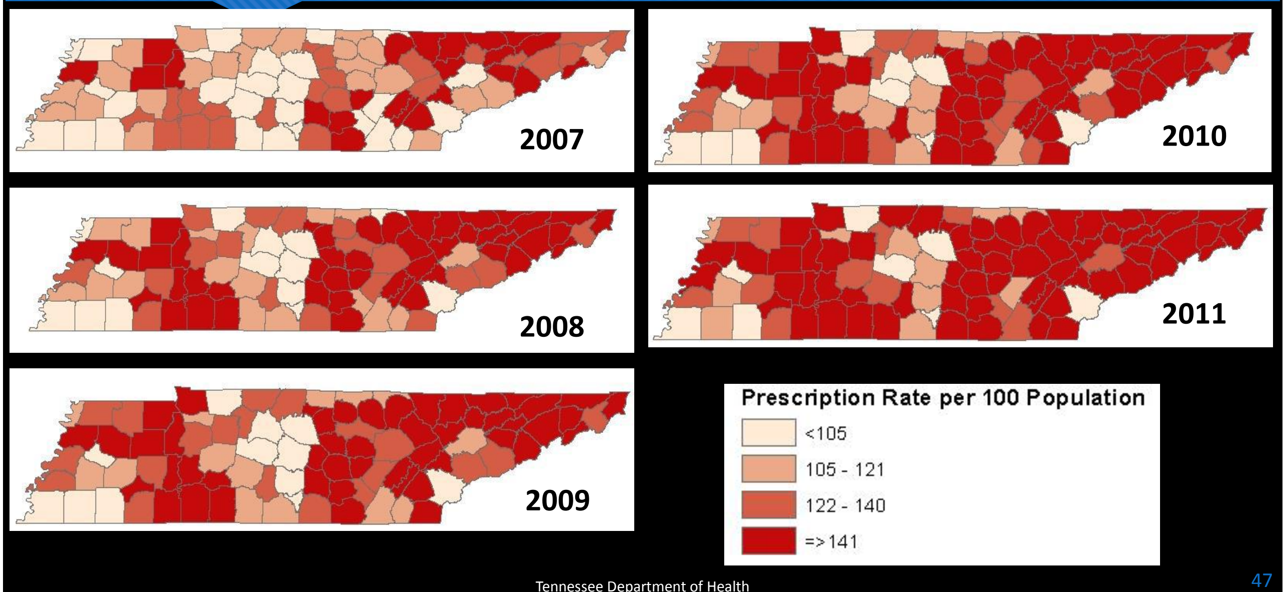
More Opioid Prescriptions Than People In Tennessee

- In 2015, health care professionals wrote more than 7.8 million opioid prescriptions
- That breaks down to 1.18 prescription for every man, woman, and child
- The number has fallen 724,070 since 2013 from over 8.5 million prescriptions, but the state remains a leader in prescribing oxycodone, hydrocodone, and Percocet

More Opioid Prescriptions Than People In Tennessee

- In 2014, 1,263 Tennesseans died from opioid overdose – including heroin – more than those who died from car crashes or firearms
- Over the last four years, the number of morphine milligram equivalents (MMEs) have dropped by two billion from 9.16 billion MMEs in 2012 to 7.83 in 2015
- Additionally, the health department data shows a decrease in all 95 counties

Opioid Prescription Rates by County, TN 2007-2011



Tennessee Department of Health

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Top 10 Most Frequently Reported Controlled Substances in 2015

Name of Product	Number of Prescriptions	Percentage (%)
Hydrocodone Products	3,832,203	29.8
Oxycodone Products	2,150,035	16.7
Alprazolam	1,822,619	14.2
Zolpidem	1,105,685	8.6
Tramadol	1,005,177	7.8
Clonazepam	896,263	7.0
Lorazepam	667,243	5.2
Diazepam	509,430	4.0
Morphine Products	464,600	3.6
Suboxone	410,918	3.2
*Includes all prescriptions reported to the CSMD in 2015		

Tennessee Department of Health Report to the 109th General Assembly

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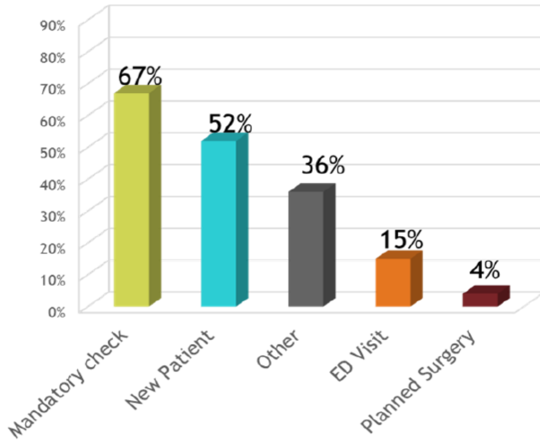
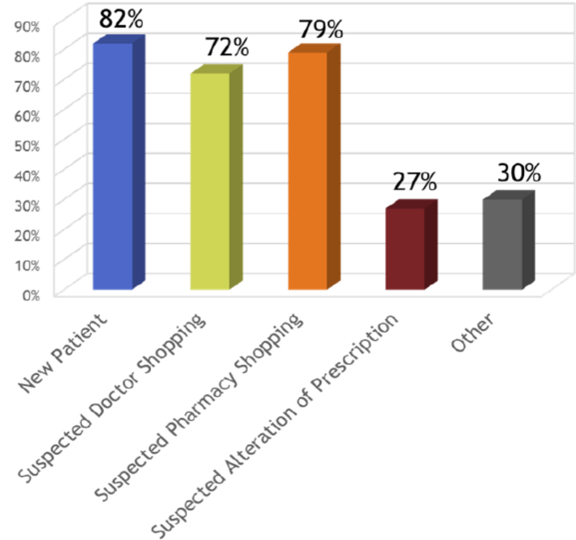
2015 Prescriber and Dispenser Survey Results – Why did they check?[7]

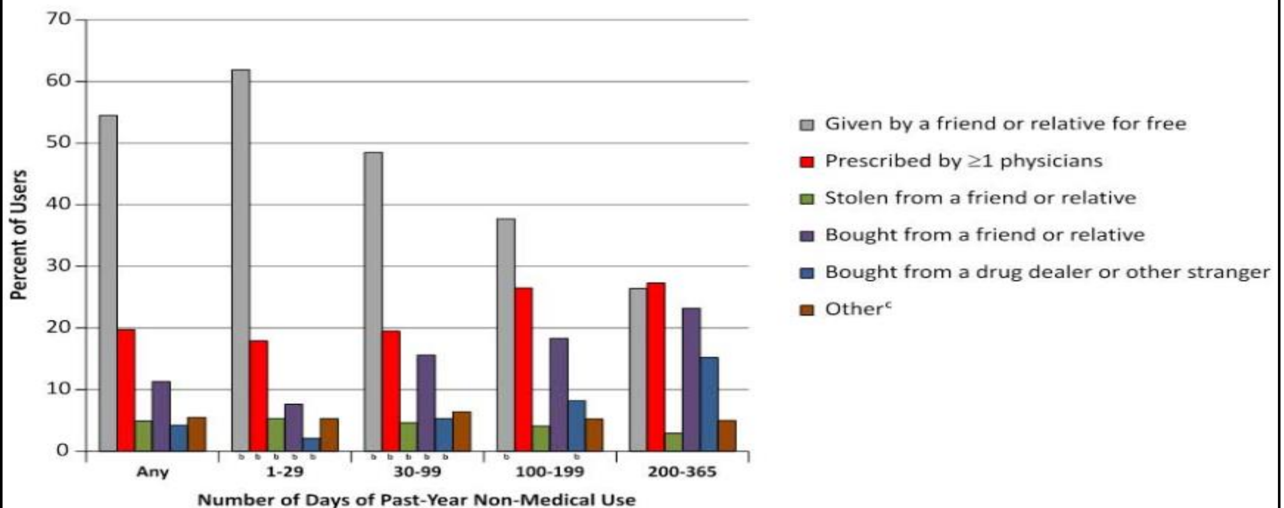
Why do you check the CSMD before prescribing?





Tennessee Department of Health Report to the 109th General Assembly

Sources of Prescription Opioids Among Past-Year Non-Medical Users[a]



[a] Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.[5]
[b] Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).
[c] Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. JAMA Int Med 2014; 174(5):802-803.

Nurse Theft Results In Potentially Contaminated Drugs

- In September 2016, Alex Rodriguez, and ER nurse at Lee Memorial Hospital in Fort Myers, FL was arrested on 131 felony charges related to medication theft, fraud, and forgery
- Between April and August 2016, Rodriguez replaced morphine and Dilaudid in carpujects with saline approximately 15 times per month
- Pyxis audits revealed discrepancies and then Rodriguez admitted to stealing Dilaudid, oxycodone, and morphine – both liquid and pills – for personal use

September 3, 2016 The News-Press

Nurse Theft Results In Potentially Contaminated Drugs

- The arrest report estimates that more than 100 tainted doses had been dispensed to patients but hospital investigations have not revealed any patient harm as a result
- Rodriquez plead not guilty to all charges in October but changed his plea before sentencing to guilty of two counts each of grand theft of a controlled substance, possession of a controlled substance and to knowingly adulterate, forge or simulate a drug
- In October, Rodriguez was barred from nursing in Florida
- In December, he was sentenced to 60 months of drug offender probation, 150 hours of community service, and $600 in fines

September 3, 2016 The News-Press

Drug Diversion Results In Michigan Child's Death

- Kristie Mollohan has admitted to stealing and using drugs from three children in two homes, who had been prescribed liquid Valium to control seizures, that she was assigned to work for as a home care nurse
- Both Ryley Maue and his older brother have cerebral palsy and their mother relied on help from two in-home care nurses from a local agency — one several times a week during the day and Kristie Mollohan working overnight shifts
- In August 2016, the daytime nurse noticed the liquid Valium appeared tampered with and a pharmacist confirmed it had been diluted
- The mother reported the theft to police, but never suspected Mollohan, who had worked for the family for about six weeks
- A few days later, the father of another patient, who survived, contacted the nursing agency to report that someone had tampered with liquid Valium
- Records show the agency ordered all of its nurses to provide urine samples for drug screens and Mollohan was the only nurse to test positive for the drug

February 23-24, 2017 WOODtv.com March 3, 2017 WJBF

Drug Diversion Results In Michigan Child's Death

- Three days after the agency interviewed Mollohan, who admitted to stealing the drug from all three children for her own personal use, Ryley had a seizure and passed away
- The medical examiner ruled that Ryley's death was a homicide and determined that his medication had less than 10 percent of the prescribed concentration
- Mollohan's nursing license was suspended in January and she is now working in a hair salon
- Prosecutors in two counties said they're still investigating the cases and haven't decided on charges

February 23-24, 2017 WOODtv.com March 3, 2017 WJBF

Nurse Arrested And Accused Of Selling Xanax Bars

- A Hendersonville nurse was arrested charged with possession with intent to sell and deliver a schedule IV drug
- Per the affidavit, Sandra Denise Jackson is accused of using juveniles to sell Xanax bars
- Jackson is a long-time nurse who has had run-ins with the law before
- Police arrived at Jackson's home on May 11 in response to a disturbance call
- When they arrived, teenagers were yelling in the front yard
- Officers were able to round up at least two of them, both 17 years old, who were reportedly in possession of Xanax and allegedly told police that, "Jackson is giving away Xanax bars for them to sell."

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Nurse Arrested And Accused Of Selling Xanax Bars

- Police searched the nurse's home and say they found the prescription drug packaged in baggies in quantities of 10, 25, 32, and 50 as well as an empty Xanax bottle and more than $1,000 in cash
- In 2012, Jackson was the focus of an undercover investigation by the 18th Judicial Drug Task Force in Sumner County
- At the time, an agent told News 2, "She has a license and it is being used to pass control substances to addicts, basically."
- She was charged with dispensing medicine outside her license in that case, plead guilty to the class A misdemeanor in 2013
- Jackson was ordered to take a class and pay a fine, and her record was expunged
- According to the state, she is on probation but still licensed to work as a nurse

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