

He thinks his wife died in an understaffed hospital: Now he's trying to change the industry

April 25 2024, by Kate Wells, Michigan Public, KFF Health News



Credit: Pixabay/CC0 Public Domain

For the past year, police Detective Tim Lillard has spent most of his waking hours unofficially investigating his wife's death.

The question has never been exactly how Ann Picha-Lillard died on Nov. 19, 2022: She succumbed to respiratory failure after an infection put too much strain on her weakened lungs. She was 65.

For Tim Lillard, the question has been why.

Lillard had been in the hospital with his wife every day for a month. Nurses in the [intensive care unit](#) had told him they were short-staffed, and were constantly rushing from one patient to the next.

Lillard tried to pitch in where he could: brushing Ann's shoulder-length blonde hair or flagging down help when her tracheostomy tube gurgled—a sign of possible respiratory distress.

So the day he walked into the ICU and saw staff members huddled in Ann's room, he knew it was serious. He called the couple's adult children: "It's Mom," he told them. "Come now."

All he could do then was sit on Ann's bed and hold her hand, watching as staff members performed chest compressions, desperately trying to save her life.

A minute ticked by. Then another. Lillard's not sure how long the CPR continued—long enough for the couple's son to arrive and take a seat on the other side of Ann's bed, holding her other hand.

Finally, the intensive care doctor called it and the team stopped CPR. Time of death: 12:37 p.m.

Lillard didn't know what to do in a world without Ann. They had been married almost 25 years. "We were best friends," he said.

Just days before her death, [nurses](#) had told Lillard that Ann could be

discharged to a rehabilitation center as soon as the end of the week. Then, suddenly, she was gone. Lillard didn't understand what had happened.

Lillard said he now believes that overwhelmed, understaffed nurses hadn't been able to respond in time as Ann's condition deteriorated. And he has made it his mission to fight for change, joining some nursing unions in a push for mandatory ratios that would limit the number of patients in a nurse's care. "I without a doubt believe 100% Ann would still be here today if they had staffing levels, mandatory staffing levels, especially in ICU," Lillard said.

Last year, Oregon became the second state after California to pass hospital-wide nurse ratios that limit the number of patients in a nurse's care. Michigan, Maine, and Pennsylvania are now weighing similar legislation.

But supporters of mandatory ratios are going up against a powerful hospital industry spending millions of dollars to kill those efforts. And hospitals and health systems say any staffing ratio regulations, however well-intentioned, would only put patients in greater danger.

Putting patients at risk

By next year, the United States could have as many as 450,000 fewer nurses than it needs, according to one estimate. The hospital industry blames COVID-19 burnout, an aging workforce, a large patient population, and an insufficient pipeline of new nurses entering the field.

But nursing unions say that's not the full story. There are now 4.7 million registered nurses in the country, more than ever before, with an estimated 130,000 nurses having entered the field from 2020 to 2022.

The problem, the unions say, is a hospital industry that's been intentionally understaffing their units for years in order to cut costs and bolster profits. The unions say there isn't a shortage of nurses but a shortage of nurses willing to work in those conditions.

The nurse staffing crisis is now affecting patient care. The number of Michigan nurses who say they know of a patient who has died because of understaffing has nearly doubled in recent years, according to a Michigan Nurses Association survey last year.

Just months before Ann Picha-Lillard's death, nurses and doctors at the health system where she died had asked the Michigan attorney general to investigate staffing cuts they believed were leading to dangerous conditions, including patient deaths, according to The Detroit News.

But Lillard didn't know any of that when he drove his wife to the hospital in October 2022. She had been feeling short of breath for a few weeks after she and Lillard had mild COVID infections. They were both vaccinated, but Ann was immunocompromised. She suffered from rheumatoid arthritis, a condition that had also caused scarring in her lungs.

To be safe, doctors at DMC Huron Valley-Sinai Hospital wanted to keep Ann for observation. After a few days in the facility, she developed pneumonia. Doctors told the couple that Ann needed to be intubated. Ann was terrified but Lillard begged her to listen to the doctors. Tearfully, she agreed.

With Ann on a ventilator in the ICU, it seemed clear to Lillard that nurses were understaffed and overwhelmed. One nurse told him they had been especially short-staffed lately, Lillard said.

"The alarms would go off for the medications, they'd come into the

room, shut off the alarm when they get low, run to the medication room, come back, set them down, go to the next room, shut off alarms," Lillard recalled. "And that was going on all the time."

Lillard felt bad for the nurses, he said. "But obviously, also for my wife. That's why I tried doing as much as I could when I was there. I would comb her hair, clean her, just keep an eye on things. But I had no idea what was really going on."

Finally, Ann's health seemed to be stabilizing. A nurse told Lillard they'd be able to discharge Ann, possibly by the end of that week.

By Nov. 17, Ann was no longer sedated and she cried when she saw Lillard and her daughter. Still unable to speak, she tried to mouth words to her husband "but we couldn't understand what she was saying," Lillard said.

The next day, Lillard went home feeling hopeful, counting down the days until Ann could leave the hospital.

Less than 24 hours later, Ann died.

Lillard couldn't wrap his head around how things went downhill so fast. Ann's underlying lung condition, the infection, and her weakened state could have proved fatal in the best of circumstances. But Lillard wanted to understand how Ann had gone from nearly discharged to dying, seemingly overnight.

He turned his dining room table into a makeshift office and started with what he knew. The day Ann died, he remembered her medical team telling him that her heart rate had spiked and she had developed another infection the night before. Lillard said he interviewed two DMC Huron Valley-Sinai nurse administrators, and had his own doctor look through

Ann's charts and test results from the hospital. "Everybody kept telling me: sepsis, sepsis, sepsis," he said.

Sepsis is when an infection triggers an extreme reaction in the body that can cause rapid organ failure. It's one of the leading causes of death in U.S. hospitals. Some experts say up to 80% of sepsis deaths are preventable, while others say the percentage is far lower.

Lives can be saved when sepsis is caught and treated fast, which requires careful attention to small changes in vital signs. One study found that for every additional patient a nurse had to care for, the mortality rate from sepsis increased by 12%.

Lillard became convinced that had there been more nurses working in the ICU, someone could have caught what was happening to Ann.

"They just didn't have the time," he said.

DMC Huron Valley-Sinai's director of communications and media relations, Brian Taylor, declined a request for comment about the 2022 staffing complaint to the Michigan attorney general.

Following the money

When Lillard asked the hospital for copies of Ann's medical records, DMC Huron Valley-Sinai told him he'd have to request them from its parent company in Texas.

Like so many hospitals in recent years, the Lillards' local health system had been absorbed by a series of other corporations. In 2011, the Detroit Medical Center health system was bought for \$1.5 billion by Vanguard Health Systems, which was backed by the private equity company Blackstone Group.

Two years after that, in 2013, Vanguard itself was acquired by Tenet Healthcare, a for-profit company based in Dallas that, according to its website, operates 480 ambulatory surgery centers and surgical hospitals, 52 hospitals, and approximately 160 additional outpatient centers.

As health care executives face increasing pressure from investors, nursing unions say hospitals have been intentionally understaffing nurses to reduce labor costs and increase revenue. Also, insurance reimbursements incentivize keeping nurse staffing levels low.

"Hospitals are not directly reimbursed for nursing services in the same way that a physician bills for their services," said Karen Lasater, an associate professor of nursing in the Center for Health Outcomes and Policy Research at the University of Pennsylvania. "And because hospitals don't perceive nursing as a service line, but rather a cost center, they think about nursing as: How can we reduce this to the lowest denominator possible?" she said.

Lasater is a proponent of mandatory nurse ratios. "The nursing shortage is not a pipeline problem, but a leaky bucket problem," she said. "And the solutions to this crisis need to address the root cause of the issue, which is why nurses are saying they're leaving employment. And it's rooted in unsafe staffing. It's not safe for the patients, but it's also not safe for nurses."

A battle between hospitals and unions

In November, almost one year after Ann's death, Lillard told a room of lawmakers at the Michigan State Capitol that he believes the Safe Patient Care Act could save lives. The health policy committee in the Michigan House was holding a hearing on the proposed act, which would limit the amount of mandatory overtime a nurse can be forced to work, and require hospitals to make their staffing levels available to the public.

Most significantly, the bills would require hospitals to have mandatory, minimum nurse-to-patient ratios. For example: one nurse for every patient in the ICU; one for every three patients in the emergency room; a nurse for triage; and one nurse for every four postpartum birthing patients and well-baby care.

Efforts to pass mandatory ratio laws failed in Washington and Minnesota last year after facing opposition from the hospital industry. In Minnesota, the Minnesota Nurses Association accused the Mayo Clinic of using "blackmail tactics": Mayo had told lawmakers it would pull billions of dollars in investment from the state if mandatory ratio legislation passed. Soon afterward, lawmakers removed nurse ratios from the legislation.

While Lillard waited for his turn to speak to Michigan lawmakers about the Safe Patient Care Act in November, members of the Michigan Nurses Association, which says it represents some 13,000 nurses, told lawmakers that its units were dangerously understaffed. They said critical care nurses were sometimes caring for up to 11 patients at a time.

"Last year I coded someone in an ICU for 10 minutes, all alone, because there was no one to help me," said the nurses association president and registered nurse Jamie Brown, reading from another nurse's letter.

"I have been left as the only specially trained nurse to take care of eight babies on the unit: eight fragile newborns," said Carolyn Clemens, a registered nurse from the Grand Blanc area of Michigan.

Nikia Parker said she has left full-time emergency room nursing, a job she believes is her calling. After her friend died in the hospital where she worked, she was left wondering whether understaffing may have contributed to his death.

"If the Safe Patient Care Act passed, and we have ratios, I'm one of those nurses who would return to the bedside full time," Parker told lawmakers. "And so many of my co-workers who have left would join me."

But not all nurses agree that mandatory ratios are a good idea.

While the American Nurses Association supports enforceable ratios as an "essential approach," that organization's Michigan chapter does not, saying there may not be enough nurses in the state to satisfy the requirements of the Safe Patient Care Act.

For some lawmakers, the risk of collateral damage seems too high. State Rep. Graham Filler said he worries that mandating ratios could backfire.

"We're going to severely hamper health care in the state of Michigan. I'm talking closed wards because you can't meet the ratio in a bill. The inability for a hospital to treat an emergent patient. So it feels kind of to me like a gamble we're taking," said Filler, a Republican.

Michigan hospitals are already struggling to fill some 8,400 open positions, according to the Michigan Health & Hospital Association. That association says that complying with the Safe Patient Care Act would require hiring 13,000 nurses.

Every major health system in the state signed a letter opposing mandatory ratios, saying it would force them to close as many as 5,100 beds.

Lillard watched the debate play out in the hearing. "That's a scare tactic, in my opinion, where the hospitals say we're going to have to start closing stuff down," he said.

He doesn't think legislation on mandatory ratios—which are still awaiting a vote in the Michigan House's health policy committee—are a "magic bullet" for such a complex, national problem. But he believes they could help.

"The only way these hospitals and the administrations are gonna make any changes, and even start moving towards making it better, is if they're forced to," Lillard said.

Seated in the center of the hearing room in Lansing, next to a framed photo of Ann, Lillard's hands shook as he recounted those final minutes in the ICU.

"Please take action so that no other person or other family endures this loss," he said. "You can make a difference in saving lives."

Grief is one thing, Lillard said, but it's another thing to be haunted by doubts, to worry that your loved one's care was compromised before they ever walked through the hospital doors. What he wants most, he said, is to prevent any other family from having to wonder, "What if?"

2024 KFF Health News. Distributed by Tribune Content Agency, LLC.

Citation: He thinks his wife died in an understaffed hospital: Now he's trying to change the industry (2024, April 25) retrieved 5 May 2024 from <https://medicalxpress.com/news/2024-04-wife-died-understaffed-hospital-industry.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.