

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

IN THE MARION SUPERIOR COURT 3  
200 E. Washington, Indianapolis, In 46204  
317-327-4747

THE ESTATE OF JOYCE GILLETTE )  
And )  
KATHRYN GILLETTE )

CAUSE NO.  
49D03-1902-CT-007323

Plaintiffs )  
vs. )

FRANCISCAN ALLIANCE, INC and )  
PHYSICIAN ON DUTY-ST. FRANCIS and )  
IMAD SHAWA, MD and )  
CHRIS HYMAN NP and )  
JOHN DOE EMPLOYEES OF ST. FRANCIS )

Defendants )

**FILED**

(134) MAY 09 2022

*Myra O. Eldridge*  
CLERK OF THE MARION CIRCUIT COURT

**PLAINTIFFS THE ESTATE OF JOYCE GILLETTE AND KATHRYN GILLETTE'S  
MOTION FOR SUMMARY JUDGMENT AGAINST FRANCISCAN ALLIANCE, INC.**

Plaintiffs, The Estate of Joyce Gillette and Kathryn Gillette, pro se, move for summary judgment against Franciscan Alliance, Inc.

There are two separate issues that compel summary judgment be granted for Plaintiff.

Issue 1: There is no genuine issue of material fact that Joyce Gillette was battered by Franciscan Alliance, Inc., and therefore, the Plaintiffs are entitled to judgment.

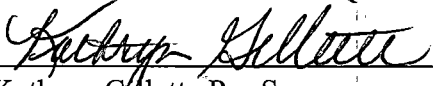
Issue 2: Indiana Rules of Trial Procedure 26 and 34 allow for discovery. There was a motion made by Franciscan Alliance to stay discovery on 11/13/2020. The motion was not approved by the Court. The Defendant has refused to participate in discovery and preparation of a case management order even after the Court's order dated June 11, 2019. According to Rule 37(B)(2)(c), Failure to make or cooperate in discovery: Sanctions, Failure to comply with order, rendering a judgment by default against the disobedient party.

There being no just reason for delay, judgment should be entered for Plaintiffs the Estate of Joyce Gillette and Kathryn Gillette.

In support of this motion, Plaintiffs file and incorporate by reference Plaintiffs' Argument and Designation of Evidence.

WHEREFORE, the Plaintiffs, The Estate of Joyce Gillette and Kathryn Gillette, request the Court enter Judgment in Plaintiffs favor.

Respectfully submitted,

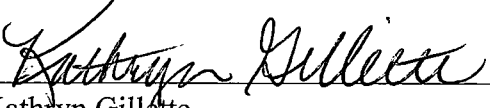
  
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#### CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing and its attachments was mailed first class via USPS May 9, 2022 to the following:

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Kathryn Gillette

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Defendants )

**MEMORANDUM OF LAW IN SUPPORT OF  
PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

Plaintiffs The Estate of Joyce Gillette and Kathryn Gillette, pro se, in support of their Motion for Summary Judgment, submit the following Memorandum of Law.

**INTRODUCTION**

Joyce Gillette was battered by Franciscan Alliance, Inc., On February 24 through February 26, 2017. Joyce, a hospice patient, was taken to the Franciscan emergency room and was subsequently transferred to Intensive Care. Freedom Home Health and Hospice faxed Joyce's Living Will to Franciscan on February 24, 2017 at 1:18 pm. Franciscan did not follow the directives in the Living Will of Joyce R. Gillette. Franciscan battered Joyce from this moment on until she was extubated at 17:47 on February 26, 2017.

(Exhibits, Bates 39, Joyce's medical records, page 3032, under Provider Communication, Change in status, "Dr. Shawa from palliative -BI at 02/26/17 16:59, Attending physician;Nurse;

Other (Comment) Palliative nurse -BI at 02/26/17 1659 Face to face -BI at 02/26/17 1659 At bedside; See orders extubate, place orders for comfort care if needed -BI at 02/26/17 1659 Change in status -BI at 02/26/17 1747 Brooke RN Paul RT...At bedside extubating pt per MD order -BI at 02/26/17 1747)

Franciscan Alliance, Inc., has not cooperated in discovery or Case Management construction.

## **ARGUMENT**

### **ISSUE 1**

#### **JOYCE GILLETTE WAS BATTERED BY FRANCISCAN ALLIANCE, INC.**

“Under the battery theory, the burden of proof is not as onerous as an action for lack of informed consent because the plaintiff only has to show that the operation was performed without her consent.”

Louisiana Law Review, Vol. 45, Number 1, September 1984, p. 30

Nurse Kelli Jo Houchens, a member of Joyce’s Franciscan treatment team, agrees with Plaintiffs that Joyce should have been extubated and sent home on February 24th. Nurse Houchens stated in Joyce’s medical records at page 2574 that the initial assessment of Joyce for ICU was inappropriate. Nurse Houchens made this determination on February 24, at 1105 a.m. which is over 2 hours before Nurse Hyman created his notes. Nurse Houchens’s re-assessment at 1257 p.m. was d/c home with hospice (or discontinue Joyce’s ICU care and send Joyce home). (Exhibits, Bates 1, Joyce’s medical record, page 2574, under Assessment Type) (The note is initialed KH and she is identified as KH, Houchens, Kelli Jo, RN 05/16/14- Coordinator, on the flowsheets, Joyce’s medical records, page 3360, under User Key, middle of the page (Exhibits Bates 2))

Joyce Gillette’s ‘Detailed Bill’ for inpatient services at Franciscan Health Indianapolis from 2/23/2017 – 2/28/2017 totals \$46,598.50. (Exhibits Bates 3-7) If Plaintiff subtracts the

services rendered on 2/23/2017, with the exception of ICU Room and Vent Management, the Emergency Department costs total, \$12,763.90 which brings the total cost of Joyce Gillette's care in the ICU until her death in the geriatric ward to \$33,834.60. There are 171 line items of medicine, equipment and procedures Joyce Gillette refused.

Franciscan Alliance charged Joyce Gillette's Medicare and AARP Health Insurance \$33,834.60 for medical services Joyce Gillette refused. These costs were accrued because Franciscan Alliance refused to comply with the advance directives in the Living Will of Joyce R. Gillette. Joyce's family believes Joyce and her husband Harold Gillette paid the law firm Lehman & Payton approximately \$7,000 to prepare their Revocable Living Trust Packet which contains the Living Will of Joyce R. Gillette.

"A consent to health care under section 5, 6, or 7 of this chapter is not valid if the health care provider has knowledge that the individual has indicated contrary instructions in regard to the proposed health care..." IC 16-36-1-4(b)

Joyce Gillette's family grieves over the treatment Joyce was given by Franciscan health personnel because Joyce made it clear in her Living Will,

"I, Joyce R. Gillette...willfully and voluntarily make known my desires that my dying shall not be artificially prolonged...I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally...I do not wish to receive artificially supplied nutrition and hydration" (Exhibits Bates 8, 9)

"The root premise is the concept, fundamental in American jurisprudence, that "[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body..."

*Schloendorff v. Society of New York Hospital*, 211 N.Y. 125, 105 N.E. 92, 93 (1914).

*In Re Quackenbush*, 156 N.J. Super. 282 (1978), 383 A.2d 785, "Chief Justice Hughes, after recognizing the unwritten constitutional right of privacy stated in *Quinlan*: presumably this right is broad enough to encompass a patient's right to decline medical treatment under certain circumstances...He then pointed out the State's interest weakens and the individual's right of

privacy grows as the degree of bodily invasion increases and the prognosis dims, until the ultimate point when the individual's rights overcome the State's interest in preserving life... The *Quinlan* decision distinguished *Heston*, noting that a blood transfusion is a minimal bodily invasion and that the woman had a potential for vibrant health and long life. That distinction is viable in this case. Mr. Quackenbush is confronted with a significant bodily invasion and does not have the long life and vibrant health potential. I hold that the extensive bodily invasion involved here... is sufficient to make the State's interest in the preservation of life give way to Robert Quackenbush's right of privacy to decide his own future regardless of the absence of a dim prognosis. No decision of this nature is easily made. Always present is the predominant interest in the preservation of life. But constitutional and decisional law invest Quackenbush with rights that overcome that interest."

The battery action, which is still a viable cause of action under certain circumstances, was clarified and distinguished from the negligence action by the California Supreme Court in 1972 in *Cobbs v. Grant*, "The battery theory should be reserved for those circumstances when a doctor performs an operation to which the patient has not consented. When the patient gives permission to perform one type of treatment and the doctor performs another, the requisite element of deliberate intent to deviate from the consent given is present. However, when the patient consents to certain treatment and the doctor performs that treatment but an undisclosed inherent complication with a low probability occurs, no intentional deviation from the consent given appears; rather, the doctor in obtaining consent may have failed to meet his due care duty to disclose pertinent information. In that situation the action should be pleaded in negligence."

The following are quotes from Louisiana Law Review Volume 45 / Number 1, September 1984, *The Doctrines of Lack of Consent and Lack of Informed Consent in Medical Procedures in Louisiana*, Gary L. Boland

*Mohr v. Williams*, 95 Minn. 261, 104 N.W. 12 (1905) - battery for unauthorized touching – Dr. Williams contended that assault and battery was not the proper cause of action because of the "entire absence of any evidence tending to show an evil intent." The court disagreed with his theory of medical liability, and held that: "If the operation was performed without plaintiff's consent, and the circumstances were not such as to justify its performance, it was wrongful; and, if it was wrongful, it was unlawful." The effect of this holding was that, even when the patient was unable to consent, such as while under anesthesia, and the performance of a particular procedure would have been in a patient's best interest, the physician could not proceed without consent.

After *Mohr*, several other jurisdictions followed the court's ruling that the nonconsensual treatment of a patient constituted a battery. The landmark case that entrenched the principle in the jurisprudence of a majority of jurisdictions for the next 46 years was *Schloendorff, v. Society of New York Hospitals*, written by Judge Cardozo while he was serving on the Court of Appeals

of New York. The principle set forth in *Schloendorff* is generally regarded as the touchstone for the doctrine that it is the patient's right to determine the fate of his body and life. This principle embodies a basic right to physical integrity which many authorities have interpreted as being protected by the United States Constitution...

"In the case at hand, the wrong complained of is not merely negligence. It is trespass. Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent, commits an assault for which he is liable in damages... The fact that the wrong complained of here is trespass rather than negligence, distinguishes this case from most of the cases that have preceded it. In such circumstances the hospital's exemption from liability can hardly rest upon implied waiver. Relatively to this transaction, the plaintiff was a stranger. She had never consented to become a patient for any purpose other than an examination under ether. She had never waived the right to recover damages for any wrong resulting from this operation, for she had forbidden the operation...

When the battery theory of liability is used, the patient must prove that the doctor's "touching" caused an injury, but the patient does not have to prove a causal link between the doctor's failure to disclose information and the decision to undergo the procedure in question.

The *Cobbs*'s decision is still regarded as the most authoritative statement of the crucial elements necessary in the battery theory...

In *Pizzalotto v. Wilson*, (1983), the Louisiana Supreme Court distinguished lack of informed consent from lack of consent and held that the lack of consent on the part of a patient to a physician for a medical procedure is a battery...

"A surgeon commits a battery on his patient when he undertakes a particular surgical procedure without the consent of the patient or an authorized person, except when an emergency requires immediate surgery for the preservation of life or health under circumstances when such consent cannot be practicably obtained... Though a battery is generally manifested as an act of hostility, the basis of this battery is not the hostile intent of the physician, but rather the absence of consent on the part of the patient to a treatment that may in fact be beneficial."

The majority concluded that although Ms. Wilson was not entitled to recover damages for negligence or malpractice, an unauthorized operation that was skillfully performed nevertheless constituted a battery for which she was entitled to recover damages. Justice Lemmon concurred with reasons questioning the use of the term battery and the determination of the damages, but agreeing with the result.

Never consented to treatment is based on the tort of battery. ("lack of consent-battery theory") End Louisiana Law Review.

The Living Will of Joyce Gillette was hand delivered at approximately 10:05 am to Nurse Ellen Johnson which she notates in Joyce Gillette's legal medical record on 2/24/2017 10:52

AM. Nurse Johnson did not file her notes until 12:27 PM which is 2 hours and 17 minutes after Joyce's Living Will was delivered to Franciscan. (Exhibits, Bates 10, Joyce's medical records, page 2346, Progress Notes by Johnson, Ellen N Case Manager, RN at 2/24/2017 10:52 AM,

"The information has been obtained from her daughter, Kathy Gillette. The patient lives in her own home, her daughter, Christine Breedlove lives with her. She is current with Hospice Care, the family is uncertain of the company. Contacted Chris Poynter, RN, and informed her that the patient had hospice prior to being admitted. They plan for her to return under hospice. They provided the patient's Living Will (scanned to MR and a copy placed on the patient's chart)."

The entire Estate Preservation Packet which contains the Living Will of Joyce R. Gillette was hand delivered to Nurse Chris Hyman before the meeting with Joyce's family began on the morning of 2/24/2017. Nurse Hyman's notes begin on page 2320 of Joyce's Legal Medical Records.

At Exhibits, Bates 11, page 2324 of Nurse Hyman's notes, Nurse Hyman charts under History of Present Illness,

"Pt recently enrolled in hospice care at home with Freedom Hospice. Pt lives with her granddaughter. PMHx: dementia, esophageal strictures with dilation, aphasia, Hx of CVA; pt's hospice diagnosis is CVA."

Nurse Hyman is well informed of Joyce Gillette's status as being a hospice patient because he charts in Joyce's medical records that the hospice center has diagnosed Joyce as dying from CVA (CVA is cerebral vascular accident or stroke).

On page 2325 and 2326 of Joyce's medical records (Exhibits, Bates 12 and 13) Nurse Hyman charts,

"Code Status Confirmed: DNR"

"Informed patient / family of IN code 16-36-1-5 regarding Healthcare Decision Making (w/no hierarchy)"

Current decision maker(s): Pt's children, primarily Kathy and Steve"



(under Other, 3<sup>rd</sup> line down) “Pt has a LW, but POA paperwork produced covers financial matters only. Explained that every first degree relative of patient may speak to her care. Family in agreement that pt is appropriate for hospice/end of life care and that her death is expected...Family in disagreement regarding use of pressors to elevate pt’s BP (with necessary central line for such medications) if needed to keep pt alive during this time. Current decision is to continue current level of care without escalation...Medical treatment to continue without (continued to page 2326 - Joyce’s medical records) escalation...Pt currently is a DNR. Freedom Hospice contacted to obtain copies of hospice dismissal paperwork, OOH-DNR/POST, and any other known advance directives. Freedom to fax information to palliative office today (2/24/17).”

The Freedom Hospice fax arrived at 1:18 pm, February 24, 2017.

At this time, 1:18 pm, February 24, 2017, Franciscan has now had three copies of the Living Will of Joyce R. Gillette placed in their hands.

Plaintiff’s expert witness Dr. Dainius Drukteinis, states in his ‘Summary of Opinion’ on page 2,

“Based on a reasonable degree of medical and professional certainty, the staff at Franciscan Health fell below the standard of care when they disregarded Mrs. Joyce Gillette’s Advance Directives. When Mrs. Gillette arrived at Franciscan Health on February 23, 2017, the medical staff had constructive notice that she did not want life-prolonging measures. On February 24, 2017, at approximately 1:18 p.m., when Franciscan Health received Mrs. Joyce Gillette’s Advance Directives via fax from Freedom Home Health and Hospice, they had actual notice of those wishes. At least by then, the staff should have discontinued “life-prolonging procedures,” including intubation with mechanical ventilation, “artificially supplied nutrition and hydration,” and other intensive care measures.” (Exhibits, Bates 14, 15)

In Understanding Perry v. Shaw – Making Informed Consent Better, Carolyn Oill, Esq., Greines, Martin, Stein & Richland LLP, states,

“A physician’s failure to obtain consent for a medical procedure, whether or not the procedure is performed negligently, may result in a lawsuit for battery that is not subject to the Medical Injury Compensation Reform Act (MICRA) \$250,000 noneconomic damage cap and is potentially subject to punitive damages as well. This is true even if the claim is linked to a negligent claim.”

*Perry v. Shaw* (2001) 88 Cal.App.4<sup>th</sup> 658, 667

“It is the settled rule that therapy not authorized by the patient may amount to a tort-a common law battery-by the physician.” See e.g., *Bonner v Moran*, *supra* note 32, 75 U.S.App.D.C. at 157, 126 F.2d at 122, and cases collected in Annot., 56 A.L.R.2d 695, 697-99 (1957)

In *Francisco Perez, Jr. v. Michael P. Hu*, 45A04-1701-CT-113, decided Nov. 17, 2017 the Court of Appeals of Indiana states at page 9,

“The law in Indiana regarding informed consent is not entirely clear. What is clear is that “physicians have a duty to disclose to their patients information material to a proposed course of treatment” *Spar v. Cha*, 907 N.E.2d 974, 984 (Ind. 2009) (citing *Bader v. Johnson*, 732 N.E.2d 1212, 1217 (Ind. 2000)). “Lack of informed consent” is a theory of liability that is distinct from a medical malpractice claim that a doctor provided treatment that negligently failed to meet the requisite standard of care. *Id.* at 979. Lack of informed consent is viewed as a battery claim if there is an alleged complete lack of consent to medical treatment, but otherwise it is “regarded as a specific form of negligence for breach of the required standard of professional conduct” *Id.*

*Glock v. Kennedy* in the Court of Appeals of Indiana decided October 10, 2019, states,

“Lack of informed consent “is viewed as a battery claim if there is an alleged complete lack of consent to medical treatment...”

Franciscan Alliance, LLC, had three opportunities to withdraw intensive care from Joyce on February 24, 2017 by 1:18 p.m. and send her home. Franciscan did not take any of the opportunities to abide by Joyce’s directives. It was not until after Joyce’s daughter threatened Franciscan Alliance with a lawsuit on February 26<sup>th</sup> that Cindy Kirchhofer, Risk Manager for St. Francis Hospital, was contacted by Joyce’s medical team. Finally Joyce was released from ICU.

(See deposition of Kathryn Gillette November 2, 2021 page 70, lines 11-25, Exhibits, Bates 16) “Answer. “Dr. Shawa started speaking to my husband and I don’t believe the nurses really ever said anything and I can’t even remember what he said to my husband. Question. Wasn’t one of the things he said he was going to get hospital legal involved, Ms. Kirchhofer, to decide whether your wishes should be followed? Answer. I know he did not say that to me. Question. Okay. Answer. He just talked about her care and then said “Don’t wait, get the hearing now.” Question. Okay, and after that, after he told you to calm down and he talked to your husband, shortly thereafter your mom was extubated and transferred to the geriatric floor, wasn’t she? Answer. I believe it was hours later.”

(See also exhibits, Bates 17, Joyce’s medical records, page 2362, Progress Notes by Nurse Donna McClory, 2/26/2017, 2:15 PM, “Palliative RN called Rhonda Freije –

Administrator on Call to assist with reaching Legal Services Professional on call. Awaiting call back.”

Even then Joyce did not get to go home. Joyce was transferred to the Geriatric Unit of the hospital where she later died.

When Joyce’s Living Will was literally tossed aside by N.P. Hyman after he flipped through and glanced at some of the pages on the morning of February 24th, seven of Joyce’s children and grandchildren were forced to choose Joyce’s end of life care by Nurse Hyman. Then the very next day, one person was approached by a Franciscan medical practitioner who convinced a single family member, Stephen, to give permission for Joyce to be tube fed. On Saturday evening when Stephen called Kathryn and stated he had authorized Joyce to be tube fed, Kathryn felt that some medical personnel at Franciscan were possibly scamming the whole Gillette family and the matriarch, Joyce, was suffering for no reason other than some sort of moneymaking, empty-bed-filling scheme.

(Exhibits, Bates 18, Deposition of Kathryn Gillette, November 2, 2021, page 52. Lines 10-25,) “Question. So Saturday evening he called you and said “I consented to Mom having a feeding tube inserted”? Answer. Yes. Question. And what was your response to Stephen’s decision to do that? Answer. At that time I thought how could one person be allowed to change mother’s health care when there was seven of us all agreeing on Friday that that’s all that would happen to her and then he calls me and says he changed it. I’m like “How can that happen? That’s against the law. What is the hospital doing? Is this some kind of scam or what is going on?” Question. But did you tell Stephen that when you talked to him this whole thought process of a scam and was the hospital acting illegally? Answer. No, I did not, what I did was start a lawsuit. (Id. page 53, lines 1-8, Exhibits, Bates 19) Question. Okay. Answer. I sat up all night at a computer and I wrote up the lawsuit saying that I wanted an immediate emergency hearing to get her home - - Question. All right. Answer. - - Because I thought at that point in time that what was happening was my Mom was being kidnapped by the hospital, basically.”) (Id, page 57, lines 24-25, page 58 lines 1-19, Exhibits, Bates 20, 21) “I thought the important thing at that point was to try to get Mom out of the hospital and back home and to convince the hospital in some manner to do that and I thought that the lawsuit was the best way because I didn’t see that they were going to agree with that at that point in time. I just thought they were looking at her as a way to make money and fill a bed. She was fully insured with Medicare and a backup

Medicare plan, any bills that weren't paid by Medicare would be paid by the backup plan and it was AARP program. Question. So I guess what I'm getting at is were you mad at your brother Stephen for doing this against kind of your will and your other siblings' will of authorizing the feeding tube? Answer. No, I felt like my brother had been manipulated by the hospital."

It appears the money making scheme possibly began in the emergency room while Joyce Gillette was being treated by N.P. Roland Isaacs. Joyce arrived at the ER 2/23/17 at 9:18 PM. Joyce was admitted to the hospital 15 minutes later at 9:33 PM.

In Nurse Isaacs's notes under HPI (Exhibits, Bates 22, Joyce's Medical Record, page 2312, history of present illness), 1<sup>st</sup> paragraph, last line, "CRSM asked to admit. No family here"

Joyce's family arrived and informed Nurse Isaacs that Joyce was a hospice patient. Despite knowing Joyce was a hospice patient, N.P. Isaacs did not release Joyce to her family and instead left her intubated, tied down, and on a ventilator for a "short run of ventilation". (Exhibits, Bates 25, page 2319 Joyce's medical records)

Nurse Isaacs, an employee of 'Center for Respiratory & Sleep Medicine', has Dr. Faron Skelton, an employee of 'Center for Respiratory & Sleep Medicine', electronically sign Joyce Gillette's Legal Records. (Exhibits, Bates 23, 24, Joyce's medical records p. 2311 and p. 2337)  
(See Joyce's medical records, bottom of page 2319, Exhibits, Bates 25)  
"Electronically signed by Isaacs, Roland, NP on 2/23/2017 11:25 PM  
Electronically signed by Skelton, Faron Richard, MD on 2/24/2017 11:38 AM")

If you compare the above times, Nurse Isaacs signs at 2/23/17 11:25 PM and Dr. Skelton signs at 2/24/17 11:38 AM. That is over 12 hours later.

Despite Dr. Hartman of the Emergency Department's diagnosis that Joyce was not suffering from a blocked airway, Joyce was transferred to the ICU by Nurse Isaacs where she is treated by Dr. Skelton and Dr. Imad Shawa, employees of 'Center for Respiratory & Sleep Medicine'. (Exhibits, Bates 26, page 2363 of Joyce's medical records)

Nurse Hyman rejects Joyce's Living Will and makes the family decide her care which he charts 2/24/2017 12:36 PM.

(Exhibits, Bates 27, Joyce's medical records, bottom of page 2325, "Pt has a LW, but POA paperwork produced covers financial matters only. Explained that every first degree relative of patient may speak to her care.")

Nurse Donna J McClory supports Nurse Hyman's decision to reject Joyce's Living Will.

(Exhibits, Bates 28, Joyce's medical records, page 2362,) "...David discussed that patient has POA established and should be on chart. Review of EMAR includes LW completed 11/9/1998...POA paperwork does not clearly appoint HCR. Document appears confusing in that daughter – Kathryn initialed subdivisions of the document instead of patient.

IC 16-36-1-7 (a) states,

"An individual who may consent to health care under section 3 of this chapter may appoint another representative to act for the appointor in matters affecting the appointor's health care."

The wording in this code is "may appoint". The code does not require a representative be appointed. The fact that Nurse McClory pointed out that the "POA paperwork does not clearly appoint HCR" (Health Care Representative) does not invalidate or make unlawful Joyce's Living Will. The fact that Nurse Hyman pointed out that the POA paperwork produced covers financial matters only does not invalidate or make unlawful Joyce's Living Will.

IC 16-36-1-4(b) A consent to health care under section 5, 6, or 7 of this chapter is not valid if the health care provider has knowledge that the individual has indicated contrary instructions in regard to the proposed health care, even if the individual is believed to be incapable of making a decision regarding the proposed health care at the time the individual indicates contrary instructions.

IC 34-18-12-4 states, "This chapter does not relieve a qualified health provider of the duty to obtain an informed consent."

Medical professionals should administer medical care. Lawyers should make legal determinations. Nurse Hyman and Nurse McClory should have consulted their legal department.

### **Franciscan Alliance Disregarded Joyce Gillette's Family's Directives**

Joyce's family decided to leave Joyce as she was as further charted by Nurse Hyman and other Franciscan personnel, "Current decision is to continue current level of care without escalation" (Bates 27)

While Joyce's family was deciding her health care plan, Dr. Skelton and Nurse Hyman were present for parts of the discussion.

(Exhibits, Bates 27, Joyce's medical record, page 2325, under 'Other' bottom of page, "Family meeting at bedside with several of pt's children; Dr. Skelton also met with family during this time...Family in disagreement regarding use of pressors to elevate pt's BP (with necessary central line for such medications) if needed to keep pt alive during this time.")

(Exhibits, Bates 29, Joyce's Medical Records, page 2349, bottom of page, Progress Notes by Jones, Alton Dion Jr., RN at 2/24/2017 2:36 PM

...Pt's family is at odds over when they want "support" removed. They are refusing CVL placement, vasopressors, and other interventions. Will cont. To monitor closely.")

Despite the family's insistence that Joyce's current level of care continue without escalation, the decision was disregarded.

Nurse Hyman charts that Joyce's family was against a central line being placed in Joyce. A central line is a tube that is placed in a vein generally for long-term drug therapy or kidney dialysis. This was just one more procedure that Joyce's family did not want her to have to go through and they definitely did not see the need for a procedure that was meant for long-term therapy. When it was apparent that Joyce's family could not be talked into giving permission for a central line and pressors, Dr. Skelton ordered another bolus to be given to Joyce Gillette.

(Exhibits, Bates 30, Joyce's medical records, page 2413, top of the page, "sodium chloride 0.9% IV bolus [372907790] Electronically signed by: Skelton, Faron Richard, MD on 02/24/17 1145)

This was the second fluid bolus Joyce received in a little over 12 hours.

(Exhibits, Bates 31 Joyce's medical records, page 2390, middle of the page, sodium chloride 0.9% IV bolus [372895937] Electronically signed by: Hartman, Chris J, MD on 02/23/17 2139)

Joyce received 2,000 mL of IV fluids directly into her blood stream within approximately 12 hours. This raised Joyce's blood pressure but it also caused her body to be overloaded with fluids. Joyce weighed 115 lbs when she entered the hospital but weighed over 136 lbs the day before she died. In the 6 days Joyce was in the hospital she gained 21 pounds. (Exhibits, Bates 32, Joyce Gillette's medical records, page 3370, 2<sup>nd</sup> set of boxes.)

Therefore, even if Joyce had not had a Living Will, Franciscan Health would be guilty of violating the family's explicit directions of their 'current decision to continue current level of care without escalation'

## **ISSUE II**

### **DEFENDANT FRANCISCAN ALLIANCE'S REFUSAL TO COOPERATE**

Defendant Franciscan Alliance, Inc., has refused to cooperate with Plaintiff Kathryn Gillette in preparing a Proposed Case Management Order. The Court ordered Defendants on June 11, 2019 to participate. (Exhibits, Bates 33)

Defendant Franciscan Alliance has repeatedly refused to participate in discovery. (Exhibits, 34-38).

Rule 37(B)(2)(c),

Failure to make or cooperate in discovery: Sanctions, Failure to comply with order...rendering a judgment by default against the disobedient party.

Rule of Trial Procedure 26 (D) Sequence and timing of discovery states:

"...methods of discovery may be used in any sequence and the fact that a party is conducting discovery, whether by deposition or otherwise, shall not operate to delay any other party's discovery."

## CONCLUSION

Franciscan did not follow the directives in the Living Will of Joyce R. Gillette. Franciscan battered Joyce from February 24, 2017, 1:18 p.m., after receiving a fax from Freedom Hospice containing Joyce's Living Will, and the Hospice Physician Authorization / Attestation prognosis for a life expectancy of six months or less, until she was extubated at 17:47 on February 26, 2017. In the meantime Joyce was charged for 171 medical items by Franciscan.

For the above reasons, the evidence is undisputed and shows that Plaintiffs' Motion for Summary Judgment should be granted because Defendant violated not only the directives of Joyce Gillette's Living Will but also the directives of the family of Joyce Gillette.

Further, the Court may grant Plaintiffs Motion for Summary Judgment because Defendant Franciscan Alliance has refused to participate in discovery and preparation of a Proposed Case Management Order.

Respectfully submitted,



Kathryn Gillette Pro Se  
8335 Catamaran Dr.  
Indianapolis, IN 46236  
317 699 3448  
[kathyjgillette@yahoo.com](mailto:kathyjgillette@yahoo.com)

## CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing and its attachments was mailed first class via USPS, May 9, 2020 to the following:

Eichhorn & Eichhorn, LLP  
Michael Roth  
10201 N Illinois St., Suite 240  
Indianapolis, IN 46290

Katz Korin Cunningham, PC  
Patricia Freije  
334 N. Senate Ave.  
Indianapolis, IN 46204

  
Kathryn Gillette



STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

IN THE MARION SUPERIOR COURT 3  
200 E. Washington, Indianapolis, In 46204  
317-327-4747

THE ESTATE OF JOYCE GILLETTE )  
And )  
KATHRYN GILLETTE )

CAUSE NO.  
49D03-1902-CT-007323

Plaintiffs )  
vs. )

FRANCISCAN ALLIANCE, INC and )  
PHYSICIAN ON DUTY-ST. FRANCIS and )  
IMAD SHAWA, MD and )  
CHRIS HYMAN NP and )  
JOHN DOE EMPLOYEES OF ST. FRANCIS )

Defendants )

**PLAINTIFFS' DESIGNATION OF EVIDENCE SUPPORTING SUMMARY  
JUDGMENT FOR PLAINTIFFS AGAINST FRANCISCAN ALLIANCE, INC**

Vol. 1 of 1

Bates Pages 1 to 39

Respectfully submitted,



Kathryn Gillette Pro Se  
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317 699 3448  
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Respectfully submitted,



Kathryn Gillette Pro Se

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## FRANCISCAN ALLIANCE

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R

MRN: E266936, DOB: 2/14/1926, Sex: F

Adm: 2/23/2017, D/C: 2/28/2017

## Flowsheets (all recorded) (continued)

## Care Coordination Flowsheet - Fri February 24, 2017 (continued)

Row Name	0115	0500	0836	1049	1059
Health Care Services				Services [N2] -EJ at 02/24/17 1055	
Name of Home Health Care Services from Whom Patient is Currently Receiving Services	—	—	—	Other (Comment) [N2] -EJ at 02/24/17 1055	—
Current Home Health Therapies Ordered (pick all that apply)	—	—	—	Other (Comment) Hospice Care, the family is uncertain of the company [N2] -EJ at 02/24/17 1055	—
Assessment of DME Requirements (pick all that apply)	—	—	—	Walker; Hospital Bed [N2] -EJ at 02/24/17 1055	—
Row Name	1100	1200			
Assessment Type					
Assessment Type	Initial ICU inappropriate -KH at 02/24/17 1105	Re-Assessment d/c home with hospice -KH at 02/24/17 1257			
ACO Member:	No -KH at 02/24/17 1105	No -KH at 02/24/17 1257			

## Notification of Fam/Rep/MD on Adm - Fri February 24, 2017

Row Name	0100
Notification of Family Member/Representative/Physician on Admission	
Do You Want a Family Member or Representative Notified?	Already notified -MW at 02/24/17 0117
Was Contact Made?	Yes -MW at 02/24/17 0117
Do You Want Your Own Physician Notified?	No -MW at 02/24/17 0117
Was Contact Made?	Other -MW at 02/24/17 0117
Is The Patient Incapacitated?	No -MW at 02/24/17 0117

## Non-Violent or Non-Self Destructive Restraints - Fri February 24, 2017

Row Name	0000	0200	0400	0600	0800
----------	------	------	------	------	------

## FRANCISCAN ALLIANCE

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R  
MRN: E266936, DOB: 2/14/1926, Sex: F  
Adm: 2/23/2017, D/C: 2/28/2017

## Flowsheets (all recorded) (continued)

## Audit Information (continued)

Ref #	Row Name	Time Taken	Time Recorded	Value	User
124	Glasgow Coma Scale Score	02/27/17 0922	02/27/17 1047	8	CM
124	Glasgow Coma Scale Score	02/27/17 0922	02/27/17 1039	9 (Pended)	CM

## User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider Type
LS	Saylor, Laura E, RN	12/14/15 -	Registered Nurse
DD	David, Donabel C, RN	01/27/12 -	Registered Nurse
LM	May, Lesley A, LCSW	01/07/15 -	Social Worker
AJ	Jones, Alton Dion Jr., RN	02/27/11 -	Registered Nurse
FO	Onwuegbuzie, Fr Mike Onyeamali, Chaplain	04/07/11 -	Chaplain
BD	Darmelio, Brenda C, Chaplain	04/07/11 -	Chaplain
BI	Isaac, Brooke L, RN	01/21/15 -	Registered Nurse
MW	Waidlich, Maxwell C, RN	06/27/16 -	Registered Nurse
LD	Davis, Lisa M, RRT	01/27/12 -	Respiratory Therapist
KWA	Walsman, Kathy S, RN	06/27/12 -	Registered Nurse
HT	Taylor, Heather J, RN	07/18/12 -	Registered Nurse
CV	Vehling, Courtney M, RN	10/10/16 -	Registered Nurse
JS	Shipp, Joseph M, RRT	12/01/14 -	Respiratory Therapist
CS	Saroff, Christopher M, RN	02/18/15 -	Registered Nurse
CM	Manalo, Cynthia L, RN	09/20/13 -	Registered Nurse
SW	Warren, Sarah J, RRT	09/09/16 - 04/06/17	Respiratory Therapist
KH	Houchens, Kelli Jo, RN	09/21/15 -	Coordinator
SG	Gastel, Sarah B, RN	05/16/14 -	Registered Nurse
BT	Terry, Brian D	-	-
SD	Daily, Samantha C, RN	05/29/15 -	Registered Nurse
RM	Marsh, Rachel E, RN	10/15/15 -	Registered Nurse
HR	Roskam, Hilary E, LSW	07/10/15 -	Social Worker
SA	Abram, Sarah E, RRT	06/03/16 -	Respiratory Therapist
PK	Kambourian, Paul S, RRT	11/07/16 -	Respiratory Therapist
DS	Sears, David L, CRT	03/29/11 -	Respiratory Therapist
WH	Hyman, William C, APN	07/01/16 -	Nurse Practitioner
SGA	Graf, Sr Dorothy, Associate Chaplain	02/22/11 -	Chaplain
EJ	Johnson, Ellen N Case Manager, RN	04/05/11 -	Case Manager
HB	Bland, Heather J, RN	06/27/12 -	Registered Nurse
IS	Shawa, Imad, MD	03/12/12 -	Physician
JSA	Stiffler, Jayne A, RN	02/27/11 -	Quality Management
KB	Bode-Hoover, Kathleen, RN	01/27/12 -	Registered Nurse
KW	Weddle, Kari, cRPH	05/29/12 -	Pharmacist
SL	Luttrell, Scott A, PA-C	10/17/11 -	Physician Assistant
BU	User, Batch Queue	-	-
SLA	Lopez, Sr Veronica, RN	10/17/12 -	Registered Nurse

FRANCISCAN ALLIANCE  
28044 NETWORK PLACE

CHICAGO, IL 60673-1280  
Ph: (866) 903-0436

Account ID  
504025

Visit ID  
118702696

Guarantor Name & Address  
GILLETTE, JOYCE R  
2905 FAIRHOPE DR  
INDIANAPOLIS IN 46227

Detailed Bill For

Patient Name:	GILLETTE, JOYCE R	Total Charges:	46,598.50
Account Class:	Inpatient	Admission Date:	02/23/2017
Attending Physician:	SHAWA, IMAD	Discharge Date:	02/28/2017
Location:	FRANCISCAN HEALTH INDIANAPOLIS		

Charges

Service Date	Cost Ctr.	Rev. Code	Proc. Code	Description	Qty.	Amount
Hospital Charges						
02/23/17	1640101	0200		ICU ROOM	1	2,755.00
02/24/17	1736101	0410		WITHDRAWAL OF ARTERIAL B	1	575.00
02/24/17	1730101	0258		0.9% NACL WITH KCL 20 ME	1	90.50
02/24/17	1730101	0250		HEPARIN (PORCINE) 5,000	5	11.65
02/24/17	1730101	0250		FAMOTIDINE 20 MG/2 ML SO	1	11.65
02/24/17	1730101	0250		SODIUM CHLORIDE (PF) 0.9	1	11.65
02/24/17	1736101	0271		BLOCK BITE MAXI LF STRAP	1	13.00
02/24/17	1736101	0412		VENT MGMT INPAT SUBQ DAY	1	1,231.00
02/24/17	1736101	0270		OXYGEN DAILY	1	329.00
02/24/17	1736101	0410		PULSE OX MULTIPLE 020	1	278.00
02/24/17	1730101	0258		SODIUM CHLORIDE 0.9 % IV	1	74.10
02/24/17	1730101	0250		AMPICILLIN-SULBACTAM 1.5	1	16.70
02/24/17	1730101	0258		SODIUM CHLORIDE 0.9 % 0.	1	93.65
02/24/17	1730101	0250		FENTANYL 10 MCG/ML SOLN	1	91.30
02/23/17	1712101	0730		<del>EKG/12 LDS; TRACING ONLY</del>	<del>1</del>	<del>316.00</del>
02/23/17	1701101	0300		<del>BACT CULTURE - URINE; QU</del>	<del>1</del>	<del>234.00</del>
02/23/17	1701101	0300		<del>COMPL CBC W PLT W AUTOM</del>	<del>1</del>	<del>159.00</del>
02/23/17	1701101	0300		<del>BMP (CALCIUM TOTAL)</del>	<del>1</del>	<del>190.00</del>
02/23/17	1701101	0300		<del>TROPONIN QUAN 411</del>	<del>1</del>	<del>116.00</del>
02/23/17	1701101	0300		<del>NATRIURETIC PEPTIDE</del>	<del>1</del>	<del>578.00</del>
02/23/17	1701101	0300		<del>URINALYSIS AUTO W/SCOPE</del>	<del>1</del>	<del>74.00</del>
02/23/17	1701101	0300		<del>LACTATE</del>	<del>1</del>	<del>243.00</del>
02/23/17	1736101	0300		<del>BLD GASES O2 SAT ONLY 19</del>	<del>1</del>	<del>82.00</del>
02/23/17	1736101	0300		<del>BLOOD GASES W/O2 SATURAT</del>	<del>1</del>	<del>173.00</del>
02/24/17	1730101	0250		CHLORHEXIDINE 0.12 % MWS	1	5.85
02/24/17	1730101	0250		HEPARIN (PORCINE) 5,000	5	11.65
02/24/17	1730101	0258		SODIUM CHLORIDE 0.9 % SO	1	81.60
02/24/17	1730101	0250		IPRATROPIUM-ALBUTEROL 0.	1	5.85
02/24/17	1736101	0410		AIRWAY INHALATION TREATM	1	112.00
02/24/17	1730101	0258		0.9% NACL WITH KCL 20 ME	1	90.50
02/24/17	1730101	0250		OXYCHLOROSENE SODIUM SOL	1	41.60
02/24/17	1730101	0258		SODIUM CHLORIDE 0.9% IRR	1	29.00
02/24/17	1730101	0250		FENTANYL 10 MCG/ML SOLN	1	91.30

02/24/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	11.6
02/24/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0	1	93.6
02/24/17	1675101	0271	SET-UP SCD THIGH SLEEVE	1	560.0
02/24/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0	1	5.8
02/24/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.0
02/24/17	1736101	0410	AEROSOL TREATMENT; SUBSEQ	1	112.0
02/24/17	1736101	0272	HC SOLUTION INHALATION S	1	19.0
02/24/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0	1	5.8
02/24/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.0
02/24/17	1730101	0250	CHLORHEXIDINE 0.12 % MWS	1	5.8
02/24/17	1730101	0250	HEPARIN (PORCINE) 5,000	5	11.6
02/24/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.7
02/24/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0	1	93.6
02/24/17	1730101	0258	0.9% NACL WITH KCL 20 ME	1	90.5
02/23/17	1730101	0258	<del>SODIUM CHLORIDE 0.9 % SO</del>	<del>1</del>	<del>81.6</del>
02/23/17	1730101	0250	<del>KETAMINE 100 MG/ML SOLN</del>	<del>1</del>	<del>73.0</del>
02/23/17	1730101	0250	<del>SODIUM CHLORIDE (PF) 0.9</del>	<del>1</del>	<del>11.6</del>
02/23/17	1730101	0250	<del>KETAMINE 100 MG/ML SOLN</del>	<del>1</del>	<del>73.0</del>
02/23/17	1730101	0250	<del>SUCCINYLCHOLINE 20 MG/ML</del>	<del>1</del>	<del>154.5</del>
02/23/17	1730101	0250	<del>FENTANYL 10 MCG/ML SOLN</del>	<del>1</del>	<del>91.3</del>
02/23/17	1730101	0250	<del>PROPOFOL 10 MG/ML EMUL</del>	<del>1</del>	<del>169.9</del>
02/23/17	1736101	0270	<del>OXYGEN DAILY</del>	<del>1</del>	<del>329.0</del>
02/23/17	1736101	0410	<del>PULSE OX MULTIPLE 020</del>	<del>1</del>	<del>278.0</del>
02/23/17	1720101	0324	<del>X-RAY EXAM CHEST 1 VIEW</del>	<del>1</del>	<del>304.0</del>
02/23/17	1736101	0412	<del>VENT MGMT INPAT INIT DAY</del>	<del>1</del>	<del>1,564.0</del>
02/23/17	1736101	0410	<del>POS AIRWAY PRESSURE; BIP</del>	<del>1</del>	<del>625.0</del>
02/23/17	1736101	0271	<del>MASK MEDIUM FULL FACE BI</del>	<del>1</del>	<del>83.0</del>
02/23/17	1736101	0271	<del>CIRCUIT BIPAP 72IN TUBIN</del>	<del>1</del>	<del>31.0</del>
02/23/17	1736101	0270	<del>FILTER BACTERIAL VIRAL F</del>	<del>1</del>	<del>8.0</del>
02/23/17	1736101	0272	<del>TUBE ENDOTRACH SEALGUARD</del>	<del>1</del>	<del>88.0</del>
02/23/17	1736101	0271	<del>DETECTOR CO2 EASYCAP</del>	<del>1</del>	<del>62.0</del>
02/23/17	1736101	0272	<del>STYLET INTUBATING ENDOTR</del>	<del>1</del>	<del>103.0</del>
02/23/17	1736101	0271	<del>HC BLADE LARYNGOSCOPE MC</del>	<del>1</del>	<del>190.0</del>
02/23/17	1736101	0271	<del>CANNULA NASAL CRV NON FL</del>	<del>1</del>	<del>25.0</del>
02/23/17	1736101	0271	<del>MASK OXYGEN</del>	<del>1</del>	<del>22.0</del>
02/23/17	1736101	0271	<del>DEVICE ATTACH FOR ORAL E</del>	<del>1</del>	<del>46.0</del>
02/23/17	1736101	0272	<del>CIRCUIT VENTILATOR HUMID</del>	<del>1</del>	<del>351.0</del>
02/23/17	1736101	0271	<del>FILTER VENT EXP BACTERIA</del>	<del>1</del>	<del>65.0</del>
02/23/17	1736101	0272	<del>SOLUTION INHALATION STRL</del>	<del>1</del>	<del>19.0</del>
02/23/17	1736101	0272	<del>HUMIDIFIER CHAMBER AUTOF</del>	<del>1</del>	<del>63.0</del>
02/23/17	1736101	0270	<del>FILTER BACTERIAL VIRAL F</del>	<del>1</del>	<del>8.0</del>
02/23/17	1736101	0270	<del>FILTER BACTERIAL VIRAL F</del>	<del>1</del>	<del>8.0</del>
02/23/17	1736101	0272	<del>BAG RESUSCITATOR ADULT</del>	<del>1</del>	<del>122.0</del>
02/23/17	1730101	0250	<del>AMPICILLIN-SULBACTAM 3 G</del>	<del>2</del>	<del>21.9</del>
02/23/17	1730101	0258	<del>SODIUM CHLORIDE 0.9 % 0</del>	<del>1</del>	<del>94.1</del>
02/23/17	1678101	0450	<del>EMERGENCY VISIT LEVEL 6</del>	<del>1</del>	<del>5,098.0</del>
02/23/17	1678101	0450	<del>INTUBATION</del>	<del>1</del>	<del>674.0</del>
02/23/17	1678101	0361	<del>INSERTION TEMP CATH; SIM</del>	<del>1</del>	<del>209.0</del>
02/23/17	1678101	0260	<del>INJ TX/DX/PROPH; IM SQ</del>	<del>1</del>	<del>173.0</del>
02/23/17	1678101	0260	<del>INJ TX/DX/PROPH; EA ADD</del>	<del>2</del>	<del>304.0</del>
02/23/17	1678101	0260	<del>IV INF HYDRATION; EA ADD</del>	<del>1</del>	<del>312.0</del>
02/23/17	1678101	0260	<del>IV INF TX/DX/PROPH; INIT</del>	<del>1</del>	<del>536.0</del>
02/24/17	1640101	0200	ICU ROOM	1	2,755.0
02/25/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0	1	5.8
02/25/17	1736101	0410	AIRWAY INHALATION TREATM	1	112.0
02/25/17	1736101	0412	VENT MGMT INPAT SUBQ DAY	1	1,231.0
02/25/17	1736101	0270	OXYGEN DAILY	1	329.0
02/25/17	1736101	0410	PULSE OX MULTIPLE 020	1	278.0

02/25/17	1730101	0250	FAMOTIDINE 20 MG/2 ML SO	1	11.61
02/25/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.61
02/25/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.31
02/25/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/25/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.01
02/25/17	1736101	0460	TOTAL VITAL CAPACITY	1	171.01
02/25/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.71
02/25/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0.	1	93.61
02/25/17	1730101	0258	0.9% NACL WITH KCL 20 ME	1	90.51
02/25/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/25/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.01
02/25/17	1736101	0410	AEROSOL TREATMENT; SUBSEQ	1	112.01
02/24/17	1701101	0300	COMPL CBC W PLT W AUTOM	1	159.01
02/24/17	1701101	0300	HEPATIC FUNCTION PANEL	1	171.01
02/24/17	1701101	0300	BMP (CALCIUM TOTAL)	1	190.01
02/24/17	1701101	0300	PROCALCITONIN (PCT)	1	211.01
02/24/17	1701101	0300	BACTERIAL CULTURE - OTHR	1	245.01
02/24/17	1700101	0271	GLUCOSE STRIP TEST	1	85.01
02/24/17	1701101	0300	CULTURE P PATHOG - SCREE	1	85.01
02/25/17	1730101	0250	CHLORHEXIDINE 0.12 % MWS	1	5.81
02/25/17	1730101	0250	HEPARIN (PORCINE) 5,000	5	11.61
02/24/17	1675101	0272	CREAM PROTECTIVE OINTMEN	1	84.01
02/25/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.71
02/25/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0.	1	93.61
02/25/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/25/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.01
02/25/17	1736101	0410	AEROSOL TREATMENT; SUBSEQ	1	112.01
02/25/17	1675101	0271	SCD DAILY CHARGE	1	78.01
02/25/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/25/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.01
02/25/17	1736101	0410	AEROSOL TREATMENT; SUBSEQ	1	112.01
02/25/17	1730101	0258	SODIUM CHLORIDE 0.9 % IV	1	74.11
02/25/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.71
02/25/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0.	1	93.61
02/25/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.31
02/25/17	1730101	0258	0.9% NACL WITH KCL 20 ME	1	90.51
02/25/17	1720101	0320	X-RAY EXAM ABDOMEN 1 VIE	1	551.01
02/25/17	1720101	0320	X-RAY EXAM ABDOMEN 1 VIE	1	551.01
02/25/17	1730101	0250	HEPARIN (PORCINE) 5,000	5	11.61
02/25/17	1730101	0250	CHLORHEXIDINE 0.12 % MWS	1	5.81
02/25/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/25/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.01
02/25/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.71
02/25/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0.	1	93.61
02/25/17	1640101	0200	ICU ROOM	1	2,755.01
02/26/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.31
02/26/17	1730101	0250	FAMOTIDINE 20 MG/2 ML SO	1	11.61
02/26/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.61
02/26/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/26/17	1736101	0412	VENT MGMT INPAT SUBQ DAY	1	1,231.01
02/26/17	1730101	0258	0.9% NACL WITH KCL 20 ME	1	90.51
02/26/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.71
02/26/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0.	1	93.61
02/26/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.81
02/26/17	1736101	0270	OXYGEN DAILY	1	329.01
02/26/17	1736101	0410	PULSE OX MULTIPLE 020	1	278.01
02/26/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.01
02/26/17	1736101	0410	AIRWAY INHALATION TREATM	1	112.01

02/26/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.8!
02/26/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.0!
02/26/17	1736101	0410	AEROSOL TREATMENT;SUBSEQ	1	112.0!
02/25/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/25/17	1701101	0300	AEROB BACTERIAL BLD CULT	1	189.0!
02/25/17	1701101	0300	COMPL CBC W PLT W AUTOM	1	159.0!
02/25/17	1701101	0300	BMP (CALCIUM TOTAL)	1	190.0!
02/25/17	1701101	0300	PROCALCITONIN (PCT)	1	211.0!
02/25/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/25/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/25/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/23/17	1701101	0300	URINE BACTERIA CULTURE 6	1	83.0!
02/23/17	1701101	0300	MICROBE SUSCEPTIBLE MIC	1	146.0!
02/25/17	1701101	0300	LACTATE	1	243.0!
02/25/17	1701101	0300	AEROB BACTERIAL BLD CULT	1	189.0!
02/26/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!
02/26/17	1730101	0250	HEPARIN (PORCINE) 5,000	5	11.6!
02/26/17	1730101	0250	CHLORHEXIDINE 0.12 % MWS	1	5.8!
02/26/17	1730101	0258	0.9% NACL WITH KCL 20 ME	1	90.5!
02/26/17	1730101	0250	AMPICILLIN-SULBACTAM 1.5	1	16.7!
02/26/17	1730101	0258	SODIUM CHLORIDE 0.9 % 0.	1	93.6!
02/26/17	1720101	0320	X-RAY EXAM ABDOMEN 1 VIE	1	551.0!
02/26/17	1730101	0250	IPRATROPIUM-ALBUTEROL 0.	1	5.8!
02/26/17	1736101	0412	NEBULIZER TREATMENT; SUB	1	112.0!
02/26/17	1736101	0410	AEROSOL TREATMENT;SUBSEQ	1	112.0!
02/26/17	1736101	0460	TOTAL VITAL CAPACITY	1	171.0!
02/26/17	1730101	0250	FUROSEMIDE 10 MG/ML SOLN	2	12.7!
02/26/17	1675101	0271	SCD DAILY CHARGE	1	78.0!
02/26/17	1730101	0250	PROPOFOL 10 MG/ML EMUL	1	169.9!
02/26/17	1730101	0250	FENTANYL 50 MCG/ML SOLN	1	11.6!
02/26/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!
02/26/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!
02/26/17	1730101	0250	LORAZEPAM 2 MG/ML SOLN 1	1	11.6!
02/26/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.6!
02/26/17	1730101	0250	ATROPINE 1 % DROP 2 ML D	1	222.7!
02/26/17	1730101	0250	LORAZEPAM 2 MG/ML SOLN 1	1	11.6!
02/26/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.6!
02/26/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!
02/26/17	1622101	0110	PRIVATE ROOM	1	1,716.0!
02/27/17	1730101	0250	GLYCOPYRROLATE 0.2 MG/ML	1	123.3!
02/27/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!
02/27/17	1730101	0250	LORAZEPAM 2 MG/ML SOLN 1	1	11.6!
02/27/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.6!
02/26/17	1701101	0300	COMPL CBC W PLT W AUTOM	1	159.0!
02/26/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/26/17	1701101	0300	PROCALCITONIN (PCT)	1	211.0!
02/26/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/26/17	1701101	0300	COMPL AUTOM CBC W PLT	1	93.0!
02/26/17	1701101	0300	BMP (CALCIUM TOTAL)	1	190.0!
02/26/17	1700101	0271	GLUCOSE STRIP TEST	1	85.0!
02/27/17	1736101	0270	OXYGEN DAILY	1	329.0!
02/27/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!
02/27/17	1730101	0250	LORAZEPAM 2 MG/ML SOLN 1	1	11.6!
02/27/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.6!
02/27/17	1736101	0410	PULSE OX MULTIPLE 020	1	278.0!
02/27/17	1730101	0250	LORAZEPAM 2 MG/ML SOLN 1	1	11.6!
02/27/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.6!
02/27/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.3!



02/26/17	1675101	0271	LINER SUCTION THIN WALL	1	33.00
02/27/17	1730101	0250	LORAZEPAM 2 MG/ML SOLN	1	11.60
02/27/17	1730101	0250	SODIUM CHLORIDE (PF) 0.9	1	11.60
02/27/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.30
02/27/17	1622101	0110	PRIVATE ROOM	1	1,716.00
02/28/17	1730101	0250	FENTANYL 10 MCG/ML SOLN	1	91.30
02/27/17	1675101	0271	CONTROLLER CORFLO ULTRA	2	328.00
02/27/17	1675101	0272	MICONAZOLE 2% POWDER 90G	1	34.00
02/27/17	1675101	0271	RESTRAINT MITTEN PEEK A	1	106.00
02/27/17	1675101	0272	CREAM PROTECTIVE OINTMEN	1	84.00
02/27/17	1675101	0271	HC UNDERPAD WINGS QUILTE	2	34.00
02/27/17	1675101	0271	LINER SUCTION THIN WALL	2	66.00

Total hospital charges: 46,598.50

#### Payments

Post Date	Recd. From	Amount
Hospital Payments		
04/18/17	MEDICARE	-9,842.70
05/22/17	AARP	-1,316.00

Total hospital payments: -11,158.70

#### Adjustments

Post Date	Adj. For	Amount
Hospital Adjustments		
04/18/17	MEDICARE	-200.80
04/18/17	MEDICARE	-35,238.80

Total hospital adjustments: -35,439.70

Total balance: 0.00

## LIVING WILL OF JOYCE R. GILLETTE

I, **Joyce R. Gillette** authorize the delivery of this Declaration to any physician and health care facility that may render medical treatment to me and I authorize any physician having custody of this document to release any medical information and to deliver any documents and information to any person as may be necessary or desirable to accomplish my intent as expressed herein.

### DECLARATION

Declaration made this 9 day of Nov., 1998.

I, **Joyce R. Gillette**, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

**I. STATUTORY PROVISIONS.** If at any time my attending physician certifies in writing that:

- (1) I have an incurable injury, disease, or illness;
- (2) My death will occur within a short time; and
- (3) The use of life prolonging procedures would serve only to artificially prolong the dying process,

I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialling or making your mark before signing this declaration):

           I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

JB I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

           I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers under IC 30-5-5.

II. **PERSISTENT VEGETATIVE STATE.** If at any time my attending physician certifies in writing that:

- (1) I am in a coma or a persistent vegetative state;
- (2) That is concluded to be irreversible by my attending physician; and
- (3) The use of life prolonging procedures would serve only to artificially prolong the dying process;

I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration.

                     I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

J.R. I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

                     I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney-in-fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal. I understand the full import of this declaration.

Joyce R. Gillette  
**JOYCE R. GILLETTE**

The declarant has been personally known to me, and I believe her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.

Witness Joy. Alvin

Date Nov 9-1998

Witness Vernelle Hutchinson

Date Nov 9-1998

This instrument prepared by John A. Payton, LEHMAN ♦ PAYTON 3801 North Meridian Street, Suite 102, Indianapolis, Indiana 46208, (317) 920-5686

**FRANCISCAN ALLIANCE**

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R  
MRN: E266936, DOB: 2/14/1926, Sex: F  
Adm: 2/23/2017, D/C: 2/28/2017

**Progress Notes (continued)****Progress Notes by Skelton, Faron Richard, MD at 2/24/2017 11:38 AM (continued)**

Clinical Justification for Restraints:  
Pulling lines/tubes

Restraint type & location:

Soft Restraint Type (Non-Violent): Soft Restraint R Wrist; Soft Restraint L Wrist

Soft Restraint R Wrist (Non-Violent): MAINTAINED

Soft Restraint L Wrist (Non-Violent): MAINTAINED

☒ Highly complex MDM based upon # of problems addressed (2 established uncontrolled; or 1 new + 1 or more established; or 1 new with w/u), data reviewed (4 or more), +/or high risk (severe exacerbation; abrupt change in status; threatened or actual vital organ failure; complex intensive drug monitoring; DNR/DNI discussion) for adverse outcome (need 2 of 3 elements -- problems, data, or risk -- to support highly complex MDM)

- ☒ I personally reviewed Imaging Studies, Telemetry
- ☐ I personally reviewed consultants notes
- ☒ Discussed care management with RN and RT
- ☐ Discussed management with ICU Multidisciplinary rounding team
- ☒ Discussed with and updated Family
- ☒ Critical care time spent face-to-face and/or on floor/unit: 35 minutes.

Faron Richard Skelton, MD Date: 2/24/2017

Electronically signed by Skelton, Faron Richard, MD on 2/24/2017 12:18 PM

**Progress Notes by Johnson, Ellen N Case Manager, RN at 2/24/2017 10:52 AM**

Author: Johnson, Ellen N Case Manager, RN Service: — Author Type: Case Manager  
Filed: 2/24/2017 12:27 PM Date of Service: 2/24/2017 10:52 AM Creation Time: 2/24/2017 10:52 AM  
Status: Addendum Editor: Johnson, Ellen N Case Manager, RN (Case Manager)  
Related Notes: Original Note by Johnson, Ellen N Case Manager, RN (Case Manager) filed at 2/24/2017 10:56 AM

Introduced the role of ICM.

The patient's PCP is Dr. Shock, Christine M.

Patient is able to afford prescription medications.

The information has been obtained from her daughter, Kathy Gillette.

The patient lives in her own home, her daughter, Christine Breedlove lives with her.

She is current with Hospice Care, the family is uncertain of the company.

Contacted Chris Poynter, RN, and informed her that the patient had hospice prior to being admitted. They plan for her to return under hospice. They provided the patient's Living Will (scanned to MR and a copy placed on the patient's chart).

ICM will follow throughout hospitalization.

Consult placed for the SW.

**Consult Notes (continued)****Consults by Hyman, William C, APN at 2/24/2017 12:36 PM (continued)**

- |                         |           |
|-------------------------|-----------|
| • Exercise              | No        |
| • Self-Exams            | No        |
| • Spiritual Affiliation | Yes       |
| <i>Catholic</i>         |           |
| • Hobbies               | Not Asked |
| <i>Painting</i>         |           |
| • Caffeine Usage        | Yes       |
| <i>4 glasses tea</i>    |           |

## Social History Narrative

**Family History**

Problem	Relation	Age of Onset
• Heart Disease	Mother	
• Stroke	Father	
• Heart Disease	Father	
• Heart Disease	Maternal Grandmother	
<i>M/P M/F not specified</i>		
• Cancer	Sister	
<i>5 kinds M/F not specified</i>		

**History of Present Illness**

**HPI:** Joyce R Gillette is a 91 y.o. female who presented to the ED via EMS from home with CC of aspiration and respiratory failure. Pt recently enrolled in hospice care at home with Freedom Hospice. Pt lives with her granddaughter. PMHx: dementia, esophageal strictures with dilation, aphasia, Hx of CVA; pt's hospice diagnosis is CVA. Family reports that pt was choking after eating and became SOB and in distress. 911 called by family, family reports that they were unable to produce a copy of the pt's OOH-DNR or POST, and pt was brought to ED and intubated there after failing on BiPap. Pt is DNR, but family in agreement with short term intubation per Roland Isaacs' H & P note at admission. Palliative consult ordered for goals of care discussion.

**2/24/17: Initial palliative consult by NP; pt sedated on ETT/vent, appears comfortable; pt hypotensive (BP 80's/30's)**

History obtained from pt's adult children, chart review and unobtainable from patient due to mental status

ROS: unobtainable d/t pt sedation/ETT/vent; family reports has dementia, dysphagia and is under hospice care at home

**Palliative ROS:**

Constipation: unable to assess; LBM: unknown (likely prior to admission on 2/23/17)  
Pain: No

**Consult Notes (continued)****Consults by Hyman, William C, APN at 2/24/2017 12:36 PM (continued)**Pain Rating: Pain Score: 0 - No Pain  
(RNVPS/Mechanically Ventilated Adult).

Pain Assessment: Revised Nonverbal Pain Scale

**Summary of Patient/Family Interaction:****Topics of Discussion:**

- ☒ Introduced self, role of Palliative care and reason for consult.
- ☒ Diagnosis and current condition; patient's prognosis and goals of care
- ☒ Patient **unable** to express personal values
- ☒ Family or surrogate aware and able to express patient's personal values
- ☒ Code Status Confirmed:

- ☒ DNR

- ☒ Informed patient / family of IN code 16-36-1-5 regarding Healthcare Decision Making (w/no hierarchy)

Current decision maker(s): Pt's children, primarily Kathy and Steve

☒ Treatment options discussed:

- ☒ Compassionate Extubation
- ☒ Symptom Driven Comfort Care
- ☒ Hospice
- ☒ Discussion (pt enrolled with Freedom Hospice prior to admission)

☒ Nutrition:☒ Cont. IVF ☒ NG tube ☒ KEO☒ Escalation of care? No☒ Comfort Measure ONLY? No (supportive care for now without escalation; family may return pt to CMO)

- ☒ Review of patient's family needs and preferences
- ☒ Review of the family's understanding of above elements
- ☒ Patient/Family Support Provided
- ☒ Discharge Planning
- ☒ MD/NP/Palliative Office contact info provided

☒ **Other:** Family meeting at bedside with several of pt's children; Dr. Skelton also met with family during this time. Family reports that pt was in distress and therefore brought to the hospital to relieve her suffering. Family allowed for intubation to relieve respiratory distress. Pt has a LW, but POA paperwork produced covers financial matters only. Explained that every first degree relative of patient may speak to her care. Family in agreement that pt is appropriate for hospice/end of life care and that her death is expected. Family wishing for pt to remain comfortable while supported on vent. Family wishing for pt to remain on vent support while another daughter (Anna) arrives home from her cruise and is able to come from Florida to Indiana. This process may take as long as 5 days, per family. Family in disagreement regarding use of pressors to elevate pt's BP (with necessary central line for such medications) if needed to keep pt alive during this time. Current decision is to continue current level of care without escalation, but family will continue their discussions. Family attempting to contact Anna to obtain her opinion on this matter. Medical treatment to continue without

**Consult Notes (continued)****Consults by Hyman, William C, APN at 2/24/2017 12:36 PM (continued)**

escalation; family to notify treatment team of any changes in their wishes. Pt currently a DNR.

Freedom Hospice contacted to obtain copies of hospice dismissal paperwork, OOH-DNR/POST, and any other known advance directives. Freedom to fax information to palliative office today (2/24/17).

**Palliative Summary:**

**Assessment & Plan:** Pt recently enrolled in Hospice at home (lives with granddaughter). Pt using Freedom Hospice services. Pt was in distress following a choking episode, was brought to hospital, intubated and placed on vent. Family wishing for supportive care without escalation. Family wishing to keep pt supported until another daughter is able to arrive (perhaps as long as 5 days out from today). Family attempting to contact out-of-town daughter to determine how aggressive treatment should become to keep pt alive. No escalation of care is a NO to pressors, but family willing to consider them if needed to keep pt alive. Pt would need a central line if family agrees to pressors.

**Respiratory failure:** ETT/vent (IIMC management)**Hypotension:** Fluid boluses (IIMC management)**Goals of Care:**

- ☒ Continue current treatment
- ☒ No Escalation of Care

**Spiritual Care:**

- ☒ Palliative chaplain support
- ☒ Supportive listening
- ☒ Prayer shawl given

**Family Meeting:** Today (2/24/17) - pt's children present (Steve, Kathy, and another son) - Dr. Skelton, bedside RN, and palliative NP present

**Code Status:** DNR**Adv. Directives:**

- ☒ Living Will
- ☒ OOH-DNR/POST
- ☒ POA produced by family is for finance only
- ☒ Copy on chart
- ☒ Requested from Freedom Hospice

☒ family contact info: Kathy Gillette (daughter - 317-755-6670 C); Steve Gillette (son - 317-987-4959 C)

**Disposition:** ☒ TBD (if pt recovers, she will return to hospice care at home)**Palliative Recommendations:**

- ☒ Ongoing palliative support
- ☒ Ongoing goals of care discussion needed
- ☒ Expansion of palliative consult to include:
  - ☒ Symptom Mgmt - only if family decides on CMO plan of care
- ☒ Complete POST or OOH prior to d/c recommended

**Palliative Symptoms and Scales**

**DAINIUS ALBERTAS DRUKTEINIS, M.D., J.D. FACEP**  
Emergency Medicine Physician - Forensic Medicine Consultant  
2518 W. Simms Blvd.  
Tampa, FL 33609  
ddrukteinis@yahoo.com  
(917) 572-1051

Date: January 2, 2019

**SUPERIOR COURT OF INDIANA: MARION COUNTY**

**THE ESTATE OF JOYCE GILLETTE and  
KATHRYN GILLETTE,**

**Plaintiffs,**

**v.**

**FRANCISCAN ALLIANCE, INC. and  
PHYSICIAN ON DUTY-ST. FRANCIS and CHRIS  
HYMAN and JOHN DOE EMPLOYEES OF ST.  
FRANCIS,**

**Defendant.**

**CAUSE NO.: 49D03-1902-  
CT-007323**

**Preliminary Consultation Report**

**I. EXPERT QUALIFICATIONS AND DISCLOSURES**

My professional qualifications are attested to in the attached curriculum vitae. I am currently an Attending Physician of the Emergency Department at Tampa General Hospital, and an Assistant Professor of Emergency Medicine with the University of South Florida, in Tampa, Florida. I graduated from Cornell Medical School. I was trained in emergency medicine at NYU/Bellevue Hospital in New York City. I have been an attending emergency medicine physician since 2008.

My fees are \$300 per hour for record review and report drafting. My fees are \$400 per hour for testimony and deposition time, with a minimum of four hours. I charge \$150 per hour for travel time, plus expenses.



## II. RECORDS REVIEWED

In preparation for this report I have reviewed the following documents:

- Franciscan Health Medical Records for Joyce Gillette (2/23/17 – 2/28/17);
- Living Will of Joyce Gillette (11/9/98);
- General Power of Attorney for Joyce Gillette (11/9/98);
- State of Indiana Out of Hospital Do Not Resuscitate Declaration and Order Form, State Form 49559 (R/9-11);
- Plaintiff's Complaint for Damages (2/22/19);
- Defendant's Motion and Memorandum for Summary Judgment with Exhibits (10/31/19);
- Affidavit of William "Chris" Hyman, MSN FNP-C (9/24/19);
- Certification for Terminal Diagnosis of Joyce Gillette (2/14/17);
- Out-of-Hospital DNR for Joyce Gillette (2/14/17) and
- Freedom Home Health and Hospice Faxed Records for Joyce Gillette to Chris Hyman at St. Francis Hospital at 1:18 p.m. (2/24/17).

The following analysis is based on these evidentiary documents. These opinions may change with the provision of additional information brought to light during the ongoing discovery period.

## III. SUMMARY OF OPINION

Based on a reasonable degree of medical and professional certainty, the staff at Franciscan Health fell below the standard of care when they disregarded Mrs. Joyce Gillette's Advance Directives. When Mrs. Gillette arrived at Franciscan Health on February 23, 2017, the medical staff had constructive notice that she did not want life-prolonging measures. On February 24, 2017, at approximately 1:18 p.m., when Franciscan Health received Mrs. Joyce Gillette's Advance Directives via fax from Freedom Home Health and Hospice, they had actual notice of those wishes. At least by then, the staff should have discontinued "life-prolonging procedures,"<sup>1</sup> including intubation with mechanical ventilation, "artificially supplied nutrition and hydration,"<sup>2</sup> and other intensive care measures.

<sup>1</sup> Living Will of Joyce R. Gillette, Declaration I. Statutory Provisions (d) (11/9/98).

<sup>2</sup> Id.

1 him if he's a doctor and a lawyer giving me advice on  
2 filing this on Sunday instead of waiting until Monday.  
3 At that point in time he got angry and he grabbed my  
4 arm and said "Calm down, ma'am," and he's shaking my  
5 arm and I said "Don't touch me," I pulled my hand  
6 away, I backed up, and at that point in time my  
7 husband started stepping between the two of us --

8 Q. All right.

9 A. -- and he started speaking to my husband.

10 Q. Dr. Shawa did?

11 A. Dr. Shawa started speaking to my husband and I  
12 don't believe the nurses really ever said anything and  
13 I can't even remember what he said to my husband.

14 Q. Wasn't one of the things he said he was going to  
15 get hospital legal involved, Ms. Kirchhofer, to decide  
16 whether your wishes should be followed?

17 A. I know he did not say that to me.

18 Q. Okay.

19 A. He just talked about her care and then said  
20 "Don't wait, get the hearing now."

21 Q. Okay, and after that, after he told you to calm  
22 down and he talked to your husband, shortly thereafter  
23 your mom was extubated and transferred to the  
24 geriatric floor, wasn't she?

25 A. I believe it was hours later.

Bates 16

**FRANCISCAN ALLIANCE**

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R  
MRN: E266936, DOB: 2/14/1926, Sex: F  
Adm: 2/23/2017, D/C: 2/28/2017

**Progress Notes (continued)****Progress Notes by Shawa, Imad, MD at 2/25/2017 2:44 PM (continued)**

Electronically signed by Shawa, Imad, MD on 2/25/2017 3:57 PM

**Progress Notes by McClory, Donna J, RN at 2/26/2017 11:49 AM**

Author: McClory, Donna J, RN	Service: Palliative Medicine	Author Type: Registered Nurse
Filed: 2/26/2017 11:51 AM	Date of Service: 2/26/2017 11:49 AM	Creation Time: 2/26/2017 11:49 AM
Status: Signed	Editor: McClory, Donna J, RN (Registered Nurse)	

Palliative Care in to see patient for support visit. Patient still intubated / mechanical vent. No family in room. Review of chart indicates that patient's son - Steve informs that family supports PEG. Will plan to visit later in day when family present, as time permits.  
Donna J McClory, RN

Electronically signed by McClory, Donna J, RN on 2/26/2017 11:51 AM

**Progress Notes by McClory, Donna J, RN at 2/26/2017 2:15 PM**

Author: McClory, Donna J, RN	Service: Palliative Medicine	Author Type: Registered Nurse
Filed: 2/26/2017 2:45 PM	Date of Service: 2/26/2017 2:15 PM	Creation Time: 2/26/2017 2:15 PM
Status: Addendum	Editor: McClory, Donna J, RN (Registered Nurse)	
Related Notes: Original Note by McClory, Donna J, RN (Registered Nurse) filed at 2/26/2017 2:18 PM		

Palliative Care RN introduced self and role to present family - son- David and his wife. David discussed that patient has POA established and should be on chart. Review of EMAR includes LW completed 11/9/1998. Daughter Kathy is very emotional and aggressive in her conversation r/t what she views as medical care - continuing intubation - after LW presented. POA paperwork does not clearly appoint HCR. Document appears confusing in that daughter - Kathryn initialed subdivisions of the document instead of patient. Kathryn informs that patient was enrolled with Freedom Hospice prior to 911 call that resulted in patient being brought to hospital. Kathryn informs that patient has OOH-DNR. However, she does not know where that document is and she cannot present it. Kathryn informs that there are 5 adult children. Patient has at least 1 sibling. Kathryn informs, in very emotional and aggressive terms that the 5 adult children cannot agree on health care decisions for the patient. Kathryn informs that a document she has in her possession will be filed with The Courts tomorrow and she "will sue all of you - doctors and nurses, for a lot of money".

Dr Shawa met with daughter - Kathryn, her husband and the patient's son- David to discuss the matter of plan of care with respect to LW directive. Dr Shawa attempted, several times, to respectfully and calmly discuss each area of concern with present family. Kathryn was unwilling to let Dr Shawa speak. Dr Shawa asked that Palliative RN reach out to Legal Services to review this matter.

Palliative RN called Rhonda Freije - Administrator on Call to assist with reaching Legal Services  
Professional on call. Awaiting call back.  
Donna J McClory, RN

Electronically signed by McClory, Donna J, RN on 2/26/2017 2:18 PM  
Electronically signed by McClory, Donna J, RN on 2/26/2017 2:45 PM

1 inserted because she already had an NG tube.

2 A. Stephen did.

3 Q. Yeah. Did you know that, did you know that at  
4 the time that you were there at the hospital on that  
5 Saturday that Stephen authorized a feeding tube?

6 A. I did not know that until I was at home and my  
7 brother called me and told me --

8 Q. Okay.

9 A. -- and that was that night.

10 Q. So Saturday evening he called you and said "I  
11 consented to Mom having a feeding tube inserted"?

12 A. Yes.

13 Q. And what was your response to Stephen's decision  
14 to do that?

15 A. At that time I thought how could one person be  
16 allowed to change mother's health care when there was  
17 seven of us all agreeing on Friday that that's all  
18 that would happen to her and then he calls me and says  
19 he changed it, I'm like "How can that happen? That's  
20 against the law. What is the hospital doing? Is this  
21 some kind of scam or what is going on?"

22 Q. But did you tell Stephen that when you talked to  
23 him this whole thought process of a scam and was the  
24 hospital acting illegally?

25 A. No, I did not, what I did start was a lawsuit.

Bates 18

- 1 Q. Okay.
- 2 A. I sat up all night at a computer and I wrote up  
3 the lawsuit saying that I wanted an immediate  
4 emergency hearing to get her home --
- 5 Q. All right.
- 6 A. -- because I thought at that point in time that  
7 what was happening was my Mom was being kidnapped by  
8 the hospital, basically.
- 9 Q. So did you talk about this phone call that  
10 Stephen made to you with your husband, Raif?
- 11 A. Yes, because he's going to know that I'm up all  
12 night or he's going to know I didn't disappear, you  
13 know, into my office.
- 14 Q. And so you spent the time that night into the  
15 early morning hours typing up a lawsuit?
- 16 A. The late morning hours, --
- 17 Q. Okay.
- 18 A. -- yes.
- 19 Q. So that would have been into Sunday, the 26th?
- 20 A. Yes.
- 21 Q. Who were you going to sue?
- 22 A. At the time all I was asking for was an emergency  
23 hearing to get my mother home.
- 24 Q. And where were you going to file the lawsuit?
- 25 A. At the City-County Building.

Bates 19

1 Q. Okay.

2 A. -- that's the only person.

3 Q. Why him?

4 A. Because he's the one who set the Living Will  
5 aside and said we had to decide as a group my mother's  
6 care and that we all had equal say, --

7 Q. Okay.

8 A. -- but I think his name was kind of burnt into my  
9 mind.

10 Q. And when you read Stephen's affidavit, which was  
11 signed in December of '19, did you help him prepare  
12 this affidavit?

13 A. Well, I went to his house and I spoke with him  
14 and I said "What happened? Tell me all about it. Why  
15 did you give them permission to place the tube?"  
16 because it was two years later and I couldn't exactly  
17 remember what happened, so I wanted to get his words  
18 on how that occurred.

19 Q. When you called or he called you on that Saturday  
20 evening to say that he had consented to Mom having a  
21 feeding tube inserted, did you confront him personally  
22 on the phone and say "Stephen, why did you do this?"  
23 A. I can't remember whether I asked him that or not.  
24 I thought the important thing at that point was to try  
25 to get Mom out of the hospital and back home and to

Bates 20

1 convince the hospital in some manner to do that and I  
2 thought that the lawsuit was the best way because I  
3 didn't see that they were going to agree with that at  
4 that point in time, I just thought they were looking  
5 at her as a way to make money and fill a bed. She was  
6 fully insured with Medicare and a backup Medicare  
7 plan, any bills that weren't paid by Medicare would be  
8 paid by the backup plan and it was AARP program.

9 Q. So I guess what I'm getting at is were you mad at  
10 your brother Stephen for doing this against kind of  
11 your will and your other siblings' will of authorizing  
12 the feeding tube?

13 A. No, I felt like my brother had been manipulated  
14 by the hospital.

15 Q. Okay, and who manipulated him, who was the  
16 person?

17 A. I didn't know who was doing this, I felt like  
18 almost everyone who's caring for her, I was suspicious  
19 of everyone.

20 Q. Okay, so in a span of 24 hours, you left Friday,  
21 everything's copacetic, you're all happy, Mom's being  
22 taken care of, peacefully going to die in the  
23 hospital, and then you're there all day on Saturday,  
24 status quo, she's doing okay, and then you get this  
25 call Saturday night, the 25th, from your brother

Bates 21

**History and Physical Notes (continued)****H&P by Isaacs, Roland, NP at 2/23/2017 11:17 PM (continued)****CC: respiratory failure**

**HPI:** she is a 91 y.o. female presenting with CC of aspiration and respiratory failure. Has PMH of dementia, esophageal stricture with dilation, HH, GERD, and lives granddaughter. Reports choked on some food and became SOB. EMS called and was in respiratory distress. Was trialed on BIPAP and family was OK for intubation and was started on MV support in ED. DW ED attending and on VL--had no gross large food debris. WU UA --dirty, CXR with HH but no lobar atelectasis. CRSM asked to admit. No family here

Is a DNR but family OK for short run of ventilation. Given ATBX in ED.

Status of multiple chronic medical conditions relevant to the HPI are summarized in the Impression below.

**REVIEW OF SYSTEMS/HOSPITAL COURSE:**

Unable to assess

**.PFSH:****Allergies****Allergen**

- Coffee (Coffea Arabica)  
*Pt family states allergy since childhood*
- Morphine
- Advil [Ibuprofen]  
*ADVIL*
- Aleve [Naproxen Sodium]  
*ALEVE*
- Sulfa (Sulfonamide Antibiotics)  
*SULFA - RASH*

**Reactions**

Shortness Of Breath

Nausea And Vomiting

Other (See Comments)

Other (See Comments)

Other (See Comments)

**Past Medical History****Diagnosis**

- Abnormal thyroid function test
- Anemia
- Aphasia
- Arthritis  
*- Knee*
- Blood transfusion, without reported diagnosis
- Cataract
- Dementia
- Depression
- DVT (deep venous thrombosis) (HCC)  
*remote*
- Esophageal stricture  
*esophageal dilation by David J. Black, M.D.*
- GERD (gastroesophageal reflux disease)
- H/O TIA (transient ischemic attack) and stroke
- Hemorrhoids

Date

many



**Notes****Discharge Summary Notes****Discharge Summary signed by Scan, Doc Image, MD at 3/27/2017 2:10 PM**

Author: Scan, Doc Image, MD

Service: —

Author Type: Physician

Filed: 3/27/2017 2:10 PM

Date of Service: 2/28/2017 6:10 AM

Creation Time: 3/27/2017 2:10 PM

Status: Signed

Editor: Scan, Doc Image, MD (Physician)

Trans ID:

Dictation Time: Trans Time:

Trans Doc Type: Trans Status:

1.2.840.113782.1.3.1006088.438505.

D/C Summaries Available

37772.20170327.65338902

Scan on 3/27/2017 2:10 PM by Scan, Doc Image, MD 1

Electronically signed by Scan, Doc Image, MD on 3/27/2017 2:10 PM

Scanned images are located at the end of the chart, if available.

**History and Physical Notes****H&P by Isaacs, Roland, NP at 2/23/2017 11:17 PM**

Author: Isaacs, Roland, NP

Service: Medical ICU

Author Type: Nurse Practitioner

Filed: 2/23/2017 11:25 PM

Date of Service: 2/23/2017 11:17 PM

Creation Time: 2/23/2017 11:17 PM

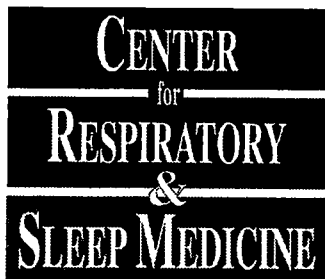
Status: Attested

Editor: Isaacs, Roland, NP (Nurse Practitioner)

Cosigner: Skelton, Faron Richard, MD at 2/24/2017 11:38 AM

Attestation signed by Skelton, Faron Richard, MD at 2/24/2017 11:38 AM

NP note is being co-signed as per hospital policy calling for retrospective review/oversight (i.e. patient not seen by me at the time of service by NP), but NP has seen patient independently within the scope of their practice experience/license with their plan noted as outlined.

**CRSM/CCM Admission Note****Name:** Joyce R Gillette **Sex:** female **DOB:** 2/14/1926 **MRN:** E266936**PCP and phone number:** Shock, Christine M / 317-888-5500 **Account:** 8174523039**Admission Date:** 2/23/2017@ 9:33 PM **ER Arrival:** 2/23/17 9:18 PM

**FRANCISCAN ALLIANCE**

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R  
MRN: E266936, DOB: 2/14/1926, Sex: F  
Adm: 2/23/2017, D/C: 2/28/2017

**Progress Notes (continued)**

**Progress Notes by Zweig, Susan J, RPh at 2/24/2017 1:02 AM (continued)**

Temp (24hrs), Avg:35.8 °C (96.4 °F), Min:35.6 °C (96.1 °F), Max:35.9 °C (96.6 °F)	BP Min: 115/44 Max: 172/63	Pulse Avg: 79.9 Min: 67 Max: 91	Resp Avg: 18.9 Min: 12 Max: 32	SpO2 Avg: 96.1 % Min: 74 % Max: 99 %
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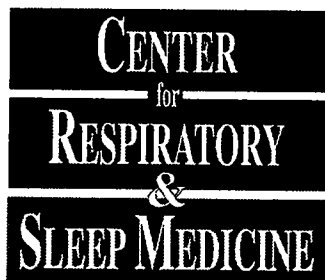
Thank you for allowing us to participate in the care of this patient.

Susan Zweig, PharmD, BCPS  
Clinical Pharmacist  
2/24/2017 1:03 AM

Electronically signed by Zweig, Susan J, RPh on 2/24/2017 1:03 AM

**Progress Notes by Skelton, Faron Richard, MD at 2/24/2017 11:38 AM**

Author: Skelton, Faron Richard, MD Service: Internal Medicine Author Type: Physician  
Filed: 2/24/2017 12:18 PM Date of Service: 2/24/2017 11:38 AM Creation Time: 2/24/2017 11:38 AM  
Status: Signed Editor: Skelton, Faron Richard, MD (Physician)



**CRSM/CCM Note**

<b>Name:</b> Joyce R Gillette <b>Sex:</b> female <b>DOB:</b> 2/14/1926	<b>MRN:</b> E266936
<b>PCP and phone number:</b> Shock, Christine M / 317-888-5500	<b>Account:</b> 8174523039
<b>Admission Date:</b> 2/23/2017 @ 9:33 PM	<b>ER Arrival:</b> 2/23/17 9:18 PM

**CC:** respiratory failure

**HPI:** she is a 91 y.o. female presenting with CC of aspiration and respiratory failure. Has PMH of dementia, esophageal stricture with dilation, HH, GERD, and lives granddaughter. Reports choked on some food and

Printed on 3/13/19 9:14 AM

Page 2337

FH-MR-02337

Bates 24

**History and Physical Notes (continued)****H&P by Isaacs, Roland, NP at 2/23/2017 11:17 PM (continued)**

- MAP (cm H2O): [8.9 cmH2O] 8.9 cmH2O
- ATBX/plan for diagnostic bronch in am to RO FOB
- Aspiration pneumonia: Unasyn D1
- UTI: unasyn
- Dementia
- DNR--no CPR
- Mild hypokalemia: replete and recheck
- Anemia: follow
- HH/GERD: H2b
- VTE prophylaxis: Subcutaneous heparin
- Stress Ulcer Prophylaxis: H2bl
- Nutrition/Feeding: NPO
- Lines/tubes: PIV OK
- Glucose control

**Clinical Justification for Restraints:**

Pulling lines/tubes; Removal of equipment/dressings; To restrict movement

**Restraint type & location:**

Soft Restraint Type (Non-Violent): Soft Restraint R Wrist; Soft Restraint L Wrist

Soft Restraint R Wrist (Non-Violent): START

Soft Restraint L Wrist (Non-Violent): START

☒ Highly complex MDM based upon **# of problems** addressed (2 establishe uncontrolled; or 1 new + 1 or more established; or 1 new with w/u), **data reviewed** (4 or more), **+/or high risk** (severe exacerbation; abrupt change in status; threatened or actual vital organ failure; complex intensive drug monitoring; DNR/DNI discussion) for adverse outcome (**need 2 of 3 elements** -- problems, data, or risk -- to support highly complex MDM)

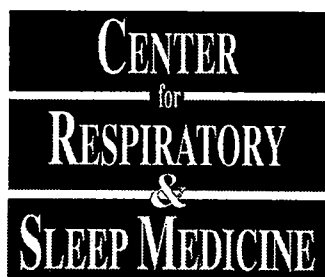
- ☒ I personally reviewed Imaging Studies, Telemetry
- ☐ I personally reviewed consultants notes
- ☒ Discussed care management with RN and RT
- ☐ Discussed management with ICU Multidisciplinary rounding team
- ☐ Discussed with and updated Family
- ☒ Critical care time spent face-to-face and/or on floor/unit: 45 minutes.

Roland Isaacs, NP **Date:** 2/23/2017

Electronically signed by Isaacs, Roland, NP on 2/23/2017 11:25 PM

Electronically signed by Skelton, Faron Richard, MD on 2/24/2017 11:38 AM

Scanned images are located at the end of the chart, if available.

**Progress Notes (continued)****Progress Notes by Shawa, Imad, MD at 2/26/2017 2:25 PM**Author: Shawa, Imad, MD  
Filed: 2/26/2017 3:11 PM  
Status: SignedService: Pulmonology  
Date of Service: 2/26/2017 2:25 PM  
Editor: Shawa, Imad, MD (Physician)Author Type: Physician  
Creation Time: 2/26/2017 2:25 PM**CRSM/CCM Note**

<b>Name:</b> Joyce R Gillette <b>Sex:</b> female <b>DOB:</b> 2/14/1926	<b>MRN:</b> E266936
<b>PCP and phone number:</b> Shock, Christine M / 317-888-5500	<b>Account:</b> 8174523039
<b>Admission Date:</b> 2/23/2017 @ 9:33 PM	<b>ER Arrival:</b> 2/23/17 9:18 PM

**CC: respiratory failure**

**HPI:** she is a 91 y.o. female presenting with CC of aspiration and respiratory failure. Has PMH of dementia, esophageal stricture with dilation, HH, GERD, and lives granddaughter. Reports choked on some food and became SOB. EMS called and was in respiratory distress. Was trialed on BIPAP and family was OK for intubation and was started on MV support in ED. DW ED attending and on VL--had no gross large food debris. WU UA --dirty, CXR with HH but no lobar atelectasis. CRSM asked to admit. No family here

Is a DNR but family OK for short run of ventilation. Given ATBX in ED.

Status of multiple chronic medical conditions relevant to the HPI are summarized in the Impression below.

**REVIEW OF SYSTEMS/HOSPITAL COURSE:**

Unable to assess

2/24: Afebrile. BP marginal. Vent support. CXR PVC. BNP 345. Procalcitonin 1.0. Lacate 3.4. WBC 13.7>16.5. Bands 10%. + UTI. Add Clorpectin.

2/25 the chart was reviewed. The case was discussed with the family. She is intubated, and appears comfortable

2/26 the pt was seen earlier this AM. She was sedated and intubated. Afebrile, VSS. One of her children and his wife (her daughter in law Lois?) were at the bedside. NGT for feeding could not be passed yesterday likely due to esophageal structure

## Consult Notes (continued)

Consults by Hyman, William C, APN at 2/24/2017 12:36 PM (continued)

Pain Rating: Pain Score: 0 - No Pain  
(RNVPS/Mechanically Ventilated Adult).

Pain Assessment: Revised Nonverbal Pain Scale

**Summary of Patient/Family Interaction:**

## Topics of Discussion:

- ☒ Introduced self, role of Palliative care and reason for consult.
- ☒ Diagnosis and current condition; patient's prognosis and goals of care
- ☒ Patient **unable** to express personal values
- ☒ Family or surrogate aware and able to express patient's personal values
- ☒ Code Status Confirmed:

- ☒ DNR

- ☒ Informed patient / family of IN code 16-36-1-5 regarding Healthcare Decision Making (w/no hierarchy)

Current decision maker(s): Pt's children, primarily Kathy and Steve

☒ Treatment options discussed:

- ☒ Compassionate Extubation
- ☒ Symptom Driven Comfort Care
- ☒ Hospice
  - ☒ Discussion (pt enrolled with Freedom Hospice prior to admission)

☒ Nutrition:☒ Cont. IVF ☒ NG tube ☒ KEO☒ Escalation of care? No☒ Comfort Measure ONLY? No (supportive care for now without escalation; family may return pt to CMO)

- ☒ Review of patient's family needs and preferences
- ☒ Review of the family's understanding of above elements
- ☒ Patient/Family Support Provided
- ☒ Discharge Planning
- ☒ MD/NP/Palliative Office contact info provided

☒ **Other:** Family meeting at bedside with several of pt's children; Dr. Skelton also met with family during this time. Family reports that pt was in distress and therefore brought to the hospital to relieve her suffering. Family allowed for intubation to relieve respiratory distress. Pt has a LW, but POA paperwork produced covers financial matters only. Explained that every first degree relative of patient may speak to her care. Family in agreement that pt is appropriate for hospice/end of life care and that her death is expected. Family wishing for pt to remain comfortable while supported on vent. Family wishing for pt to remain on vent support while another daughter (Anna) arrives home from her cruise and is able to come from Florida to Indiana. This process may take as long as 5 days, per family. Family in disagreement regarding use of pressors to elevate pt's BP (with necessary central line for such medications) if needed to keep pt alive during this time. Current decision is to continue current level of care without escalation, but family will continue their discussions. Family attempting to contact Anna to obtain her opinion on this matter. Medical treatment to continue without

**Progress Notes (continued)****Progress Notes by Shawa, Imad, MD at 2/25/2017 2:44 PM (continued)**

Electronically signed by Shawa, Imad, MD on 2/25/2017 3:57 PM

**Progress Notes by McClory, Donna J, RN at 2/26/2017 11:49 AM**

Author: McClory, Donna J, RN  
Filed: 2/26/2017 11:51 AM  
Status: Signed

Service: Palliative Medicine

Date of Service: 2/26/2017 11:49 AM

Editor: McClory, Donna J, RN (Registered Nurse)

Author Type: Registered Nurse

Creation Time: 2/26/2017 11:49 AM

Palliative Care in to see patient for support visit. Patient still intubated / mechanical vent. No family in room. Review of chart indicates that patient's son - Steve informs that family supports PEG. Will plan to visit later in day when family present, as time permits.  
Donna J McClory, RN

Electronically signed by McClory, Donna J, RN on 2/26/2017 11:51 AM

**Progress Notes by McClory, Donna J, RN at 2/26/2017 2:15 PM**

Author: McClory, Donna J, RN  
Filed: 2/26/2017 2:45 PM  
Status: Addendum

Service: Palliative Medicine

Date of Service: 2/26/2017 2:15 PM

Editor: McClory, Donna J, RN (Registered Nurse)

Author Type: Registered Nurse

Creation Time: 2/26/2017 2:15 PM

Related Notes: Original Note by McClory, Donna J, RN (Registered Nurse) filed at 2/26/2017 2:18 PM

Palliative Care RN introduced self and role to present family - son- David and his wife. David discussed that patient has POA established and should be on chart. Review of EMAR includes LW completed 11/9/1998. Daughter Kathy is very emotional and aggressive in her conversation r/t what she views as medical care - continuing intubation - after LW presented. POA paperwork does not clearly appoint HCR. Document appears confusing in that daughter - Kathryn initialed subdivisions of the document instead of patient. Kathryn informs that patient was enrolled with Freedom Hospice prior to 911 call that resulted in patient being brought to hospital. Kathryn informs that patient has OOH-DNR. However, she does not know where that document is and she cannot present it. Kathryn informs that there are 5 adult children. Patient has at least 1 sibling. Kathryn informs, in very emotional and aggressive terms that the 5 adult children cannot agree on health care decisions for the patient. Kathryn informs that a document she has in her possession will be filed with The Courts tomorrow and she "will sue all of you - doctors and nurses, for a lot of money".

Dr Shawa met with daughter - Kathryn, her husband and the patient's son- David to discuss the matter of plan of care with respect to LW directive. Dr Shawa attempted, several times, to respectfully and calmly discuss each area of concern with present family. Kathryn was unwilling to let Dr Shawa speak. Dr Shawa asked that Palliative RN reach out to Legal Services to review this matter.

Palliative RN called Rhonda Freije - Administrator on Call to assist with reaching Legal Services Professional on call. Awaiting call back.  
Donna J McClory, RN

Electronically signed by McClory, Donna J, RN on 2/26/2017 2:18 PM  
Electronically signed by McClory, Donna J, RN on 2/26/2017 2:45 PM

**Progress Notes (continued)****Progress Notes by Johnson, Ellen N Case Manager, RN at 2/24/2017 10:52 AM (continued)**

Electronically signed by Johnson, Ellen N Case Manager, RN on 2/24/2017 10:55 AM

Electronically signed by Johnson, Ellen N Case Manager, RN on 2/24/2017 10:56 AM

Electronically signed by Johnson, Ellen N Case Manager, RN on 2/24/2017 12:27 PM

**Progress Notes by Vehling, Courtney M, RN at 2/24/2017 1:04 PM**

Author: Vehling, Courtney M, RN

Service: Medical ICU

Author Type: Registered Nurse

Filed: 2/24/2017 1:06 PM

Date of Service: 2/24/2017 1:04 PM Creation Time: 2/24/2017 1:04 PM

Status: Signed

Editor: Vehling, Courtney M, RN (Registered Nurse)

RN attempted to complete blood cultures, clorpectin and labs; however, family was in disagreement on what care they wanted their mother to receive. RN spoke to charge nurse and charge nurse spoke with family and let family know we would give them some time to discuss what care they would like their mother to receive. Will complete blood cultures, clorpectin, etc. This afternoon once family has had time to discuss.

Electronically signed by Vehling, Courtney M, RN on 2/24/2017 1:06 PM

**Progress Notes by Onwuegbuzie, Fr Mike Onyeamali, Chaplain at 2/24/2017 1:23 PM**Author: Onwuegbuzie, Fr Mike  
Onyeamali, Chaplain

Service: —

Author Type: Chaplain

Filed: 2/24/2017 1:24 PM

Date of Service: 2/24/2017 1:23 PM Creation Time: 2/24/2017 1:23 PM

Status: Signed

Editor: Onwuegbuzie, Fr Mike Onyeamali, Chaplain (Chaplain)

The Sacrament of the Sick was administered to patient on 02/24/17.

	<b>02/24/17 1100</b>
<b>Visit Type</b>	
Visit Type	Initial visit
Initial Visit	With patient;With family/significant other
Date of Visit	02/24/17
<b>Sacraments</b>	
Anointing	Administered
Date of Anointing	02/24/17
Communion	Unable

Electronically signed by Onwuegbuzie, Fr Mike Onyeamali, Chaplain on 2/24/2017 1:24 PM

**Progress Notes by Jones, Alton Dion Jr., RN at 2/24/2017 2:36 PM**

Author: Jones, Alton Dion Jr., RN

Service: Medical ICU

Author Type: Registered Nurse

Filed: 2/24/2017 2:37 PM

Date of Service: 2/24/2017 2:36 PM Creation Time: 2/24/2017 2:36 PM

Status: Signed

Editor: Jones, Alton Dion Jr., RN (Registered Nurse)

Pt.'s family is at odds over when they want "support" removed. They are refusing CVL placement, vasopressors, and other interventions. Will cont. To monitor closely.

**All Orders (continued)****sodium chloride 0.9 % IV bolus [372907790]**

Electronically signed by: **Skelton, Faron Richard, MD on 02/24/17 1145** Status: **Completed**  
 Ordering user: Skelton, Faron Richard, MD 02/24/17 1145 Ordering provider: Skelton, Faron Richard, MD  
 Authorized by: Skelton, Faron Richard, MD Ordering mode: Standard  
 Frequency: Once 02/24/17 1215 - 1 occurrence Class: Normal  
 Acknowledged: Vehling, Courtney M, RN 02/24/17 1154 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
sodium chloride 0.9 %	—	—

Admin instructions: Minimum rate of infusion allowed via Alaris Pump = 0.1 mL/hr  
 Maximum rate of infusion allowed via Alaris Pump = 999 mL/hr  
 via Alaris Pump = 0.1 mL/hr  
 Maximum rate of infusion allowed via Alaris Pump = 999 mL/hr  
 Rate: ONCE @ 500 mL/hr  
 Dose: 1,000 mL

**Ipratropium-Albuterol (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution 3 mL [372990797]**

Electronically signed by: **Skelton, Faron Richard, MD on 02/24/17 1148** Status: **Discontinued**  
 Ordering user: Skelton, Faron Richard, MD 02/24/17 1148 Ordering provider: Skelton, Faron Richard, MD  
 Authorized by: Skelton, Faron Richard, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Priscu, Nicolas, MD 02/26/17 1640 for Discontinuing  
 Frequency: Q4H 02/24/17 1215 - 02/26/17 1634 Class: Normal  
 Discontinued by: Dolan, Linda P, NP 02/26/17 1634  
 Acknowledged: Vehling, Courtney M, RN 02/24/17 1154 for Placing Order Isaac, Brooke L, RN 02/26/17 1653 for D/C  
 Order  
 Rate: EVERY 4 HOURS (RT)  
 Dose: 3 mL

**NOTIFY PHYSICIAN (SPECIFY) [372990798]**

Electronically signed by: **Skelton, Faron Richard, MD on 02/24/17 1151** Status: **Discontinued**  
 Ordering user: Skelton, Faron Richard, MD 02/24/17 1151 Ordering provider: Skelton, Faron Richard, MD  
 Authorized by: Shawa, Imad, MD Ordering mode: Standard  
 Frequency: Routine Until Discontinued 02/24/17 1152 - Class: Hospital Performed  
 Until Specified  
 Quantity: 1 Discontinued by: Discharge, Auto Discontinue 02/28/17  
 1548 [Patient Discharge]  
 Acknowledged: Vehling, Courtney M, RN 02/24/17 1154 for Placing Order Walsman, Kathy S, RN 02/26/17 1751 for  
 Placing Order  
 Order comments: Notify physician if IV or PO steroid doses are held or discontinued.  
 Rate: UNTIL DISCONTINUED

**NOTIFY PHYSICIAN (SPECIFY) [372990799]**

Electronically signed by: **Skelton, Faron Richard, MD on 02/24/17 1151** Status: **Discontinued**  
 Ordering user: Skelton, Faron Richard, MD 02/24/17 1151 Ordering provider: Skelton, Faron Richard, MD  
 Authorized by: Shawa, Imad, MD Ordering mode: Standard  
 Frequency: Routine Until Discontinued 02/24/17 1152 - Class: Hospital Performed  
 Until Specified  
 Quantity: 1 Discontinued by: Discharge, Auto Discontinue 02/28/17  
 1548 [Patient Discharge]  
 Acknowledged: Vehling, Courtney M, RN 02/24/17 1154 for Placing Order Walsman, Kathy S, RN 02/26/17 1751 for  
 Placing Order



**FRANCISCAN ALLIANCE**

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R  
MRN: E266936, DOB: 2/14/1926, Sex: F  
Adm: 2/23/2017, D/C: 2/28/2017

**All Orders (continued)**

**CULTURE URINE [346211660]**

Electronically signed by: **Hartman, Chris J, MD on 02/23/17 2139** Status: **Completed**  
Ordering user: Hartman, Chris J, MD 02/23/17 2139 Ordering provider: Hartman, Chris J, MD  
Authorized by: Hartman, Chris J, MD Ordering mode: Standard  
Frequency: STAT STAT 02/23/17 2140 - 1 occurrence Class: Lab Collect  
Quantity: 1  
Acknowledged: Saroff, Christopher M, RN 02/23/17 2140 for Placing Order  
Rate: STAT

**Specimen Information**

Type	Source	Collected By
Urine	—	—

**CR CHEST PORTABLE PA OR AP VIEW 71010 [346211661]**

Electronically signed by: **Hartman, Chris J, MD on 02/23/17 2139** Status: **Completed**  
Ordering user: Hartman, Chris J, MD 02/23/17 2139 Ordering provider: Hartman, Chris J, MD  
Authorized by: Hartman, Chris J, MD Ordering mode: Standard  
Frequency: STAT Once 02/23/17 2140 - 1 occurrence Class: Hospital Performed  
Quantity: 1  
Acknowledged: Saroff, Christopher M, RN 02/23/17 2140 for Placing Order

**Questionnaire**

Question	Answer
Reason for exam:	sob

Rate: 1 TIME IMAGING

**sodium chloride 0.9 % IV bolus [372895937]**

Electronically signed by: **Hartman, Chris J, MD on 02/23/17 2139** Status: **Completed**  
Ordering user: Hartman, Chris J, MD 02/23/17 2139 Ordering provider: Hartman, Chris J, MD  
Authorized by: Hartman, Chris J, MD Ordering mode: Standard  
Frequency: Once 02/23/17 2155 - 1 occurrence Class: Normal  
Acknowledged: Saroff, Christopher M, RN 02/23/17 2140 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
sodium chloride 0.9 %	—	—

Admin instructions: Minimum rate of infusion allowed via Alaris Pump = 0.1 mL/hr  
Maximum rate of infusion allowed via Alaris Pump = 999 mL/hr<BR><BR><!--EPICS-->Minimum rate of infusion allowed via Alaris Pump = 0.1 mL/hr  
Maximum rate of infusion allowed via Alaris Pump = 999 mL/hr  
Rate: ONCE @ 0.1-999 mL/hr over 1 Hours  
Dose: 1,000 mL

**ketamine (KETALAR) injection 100 mg [372895938]**

Electronically signed by: **Hartman, Chris J, MD on 02/25/17 0332** Status: **Completed**  
Mode: Ordering in Verbal with Readback mode Communicated by: Saroff, Christopher M, RN  
Ordering user: Saroff, Christopher M, RN 02/23/17 2140 Ordering provider: Hartman, Chris J, MD  
Authorized by: Hartman, Chris J, MD Ordering mode: Verbal with Readback  
Frequency: STAT Once 02/23/17 2200 - 1 occurrence Class: Normal  
Acknowledged: Saroff, Christopher M, RN 02/23/17 2140 for Placing Order  
Admin instructions: DO NOT GIVE UNTIL PHYSICIAN AT BEDSIDE  
Rate: ONCE  
Dose: 100 mg

## FRANCISCAN ALLIANCE

FRANCISCAN HEALTH  
INDIANAPOLIS  
8111 South Emerson Av  
INDIANAPOLIS IN 46237-  
8601  
Legal Medical Record

Gillette, Joyce R  
MRN: E266936, DOB: 2/14/1926, Sex: F  
Adm: 2/23/2017, D/C: 2/28/2017

Gillette, Joyce R (MR # E266936) Printed by Farmer, Kristan N [065897] at 3/27/17 12:39 PM

Weight: 61.7 kg (136 lb  
0.4 oz)  
Height:

**Vitals: Minimum/Maximum:**

No Data Recorded	No Data Recorded	No Data Recorded	No Data Recorded
No Data Recorded			

Current BMI: 23.4	Admit Weight: 52.2 kg (115 lb)	Current Weight: 61.7 kg (136 lb 0.4 oz)
-------------------	--------------------------------	---

I&O This Shift:	I&O Over the Last 24 Hours: No intake or output data in the 24 hours ending 03/21/17 1517
I&O Last Three Shifts:	

**Physical Exam:**

VS: as above

General: comfortable, NAD. Vent support.

Neuro: Sedated but Awake

HEENT: PERR. ETT

CV: RRR, no M/G

Resp: CTAB, no wheezes, unlabored

Abdomen: Soft, non-tender, non-distended. + BS.

Musculoskeletal: No C/C/Synovitis; nails WNL; muscle mass symmetric; no edema

Skin: No rash, temp symmetric

**VENT DATA:****Ventilation data:****Settings:**

RR	Tidal volume	PIP	PEEP	FiO2	I Time (sec)	I:E Ratio
Resp Rate (Set): 18	Vt (Set, mL): 400 mL		PEEP/CPAP (cm H2O): 5 cm H2O	FiO2 (%): 30 %	Insp Time (sec): 1 sec	

**Readings:**

RR	Vt mandatory	Vt spont	Peak Pressure	Plateau Pressure	I Time (sec)	I:E Ratio
Resp Rate Observed: 7	Vt Mandatory Exp (mL): 760 mL		PIP Observed (cm H2O): 15 cm H2O	Plateau Pressure (cm H2O): 15 cm H2O	Insp Time (sec): 1 sec	

**DAILY LAB DATA REVIEW:**

814523039  
Printed by FARMER, KRISTAN N [065897] at 3/27/2017 12:39:15 PM

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

IN THE MARION SUPERIOR COURT

CAUSE NO. 49D03-1902-CT-007323

THE ESTATE OF JOYCE GILLETTE and  
KATHRYN GILLETTE

Plaintiffs

vs.

FRANCISCAN ALLIANCE, INC. and  
PHYSICIAN ON DUTY-ST. FRANCIS and  
CHRIS HYMAN and  
JOHN DOE EMPLOYEES OF ST. FRANCIS

Defendants

**FILED**

June 11, 2019  
*Thyler A. Eldridge*  
CLERK OF THE COURT  
MARION COUNTY  
ND

**ORDER DENYING DEFENDANTS' MOTION FOR DEFAULT JUDGMENT**

The Court having received Defendants Franciscan Alliance, Inc., Physician on duty-St. Francis, Chris Hyman, and John Doe employees of St. Francis, Motion for Default Judgment pursuant to Indiana Rule of Trial Procedure 55(A) for failure to respond to Defendants' counterclaim, and having reviewed the same, now DENIES said Motion.

IT IS HEREBY ORDERED that Plaintiff respond to Defendants' Counterclaim.

IT IS FURTHER ORDERED that Plaintiffs and Defendants prepare a Proposed Case Management Order, as per LR49-TR16, Rule 207.

Dated: June 11, 2019

  
Judge

Distribution to :  
Kathryn Gillette  
8335 Catamaran Dr.  
Indianapolis, IN 46236

Christopher L. Riegler  
Katz Korin Cunningham PC  
334 N. Senate Ave.  
Indianapolis, IN 46204

*Bates 33*

May 18, 2021

CAUSE NO.

THE ESTATE OF JOYCE GILLETTE )

49D03-1902-CT-007323

And )

KATHRYN GILLETTE )

vs. )

FRANCISCAN ALLIANCE, INC et.al. )

Katz Korin Cunningham PC  
334 N. Senate Ave.  
Indianapolis, IN 46204

Ms. Freije,

You have delayed delivering discovery I requested because there was a motion made by Franciscan Alliance to stay discovery on 11/13/2020. I have researched the court records and orders. I do not find an order granting Franciscan's request for a stay of discovery.

Please send the reply to the discovery I requested 11/4/2020. Please do not delay the production of the discovery answers any longer. I appreciate your cooperation in this matter.

Sincerely,



Kathryn Gillette Pro Se

8335 Catamaran Dr.

Indianapolis, IN 46236

[kathyjgillette@yahoo.com](mailto:kathyjgillette@yahoo.com)

317 755 6670

Copy to:

Michael Roth

Eichhorn & Eichhorn

9101 N. Wesleyan Rd. Suite 401

Indianapolis, IN 46268

Bates 34

June 1, 2021

Kathryn Gillette  
8335 Catamaran Dr.  
Indianapolis, IN 46236

Katz Korin Cunningham PC  
334 N. Senate Ave.  
Indianapolis, IN 46204

Re: The Estate of Joyce Gillette and Kathryn Gillette V. Franciscan Alliance, Inc. and Physician On Duty-St. Francis and Imad Shawa, M.D. and Chris Hyman NP and John Doe Employees of St. Francis, Cause No. 49 D03-1902-CT-007323

Mr. Park,

Indiana Rules of Trial Procedure 26 and 34 allow for discovery. There was a motion made by Franciscan Alliance to stay discovery on 11/13/2020. The motion was not approved by the Court. Franciscan Alliance have declined to answer Plaintiff's request for discovery. Plaintiff is requesting the information for good reason.

Plaintiff received a letter from Medicare or Social Security stating any reimbursement for medical care for Joyce Gillette in this cause must be remitted to Medicare for reimbursement of her medical care. Therefore I have requested from Franciscan Alliance a list of any and all costs charged to Joyce Gillette and/or her insurance for the care Franciscan Alliance and its representatives rendered.

Plaintiff requested information about Palliative care and procedures. NP Chris Hyman was introduced as a Palliative team member and refused to follow directives issued by Joyce Gillette for what appears to be legal issues regarding Joyce Gillette's Living Will. NP Hyman also forced Joyce Gillette's family to determine Joyce's medical care. Plaintiff needs to know what legal training NP Hyman had to make decisions regarding Indiana rule of law and living wills; if NP Hyman had the authority to order Joyce's family to determine her care even though NP Hyman had Joyce's Living Will in his hands; if NP Hyman and/or caregivers correctly applied Indiana Code; if or when NP Hyman and/or others consulted legal counsel for an opinion as to the validity of Joyce Gillette's Living Will.

Other Franciscan caregivers charted legal matters surrounding the validity of Joyce Gillette's Living Will. Plaintiff needs to know who, why, what, and when legal determinations were made regarding Joyce Gillette's Living Will. It is important for Plaintiff to know if these other


Bates 35

caregivers were being directed by NP Hyman, legal counsel, or did they themselves have legal training which allowed the caregivers the knowledge to disregard Joyce Gillette's Living Will?

Plaintiff believes Joyce Gillette's caregivers incorrectly determined Indiana Code in regards to Joyce's Living Will and therefore, forced expressly denied medical care upon Joyce which constitutes battery.

Rule of Trial Procedure 37 states a party may apply for an order compelling discovery. I am giving you notice I will make a motion for an order compelling you to supply the discovery Plaintiff requests. I will also ask the Court to render a judgment by default according to Rule 37(B)(2)(c) if you continue to refuse to supply the requested discovery.

Sincerely,

  
Kathryn Gillette Pro Se  
8335 Catamaran Dr.  
Indianapolis, IN 46236  
[kathyjgillette@yahoo.com](mailto:kathyjgillette@yahoo.com)  
317 755 6670

Copy to:

Michael Roth  
Eichhorn & Eichhorn  
9101 N. Wesleyan Rd. Suite 401  
Indianapolis, IN 46268

**katz.korin.  
cunningham.**

**Brian L. Park**  
[bpark@kkclegal.com](mailto:bpark@kkclegal.com)  
317.464.1100, Ext 578

May 27, 2021

**Via Certified Mail-Return Receipt Requested and US Mail**

Kathryn Gillette  
8335 Catamaran Dr.  
Indianapolis, IN 46236

RE: *The Estate of Joyce Gillette and Kathryn Gillette v. Franciscan Alliance, Inc. And  
Physician on duty-St. Francis And Chris Hyman And John Doe Employees of St.  
Francis*  
Cause No. 49D03-1902-CT-007323  
Our File: 3955.041

Dear Ms. Gillette:

Thank you for your letter of May 18, 2021. The Hospital requested a stay pending resolution of its motion for summary judgment, and the court did not deny the request. Further, answering additional discovery in a case that might be resolved by the court is unnecessarily costly and unduly burdensome. As a result, the Hospital objects to answering or responding to Plaintiff's second requests for production and interrogatories and will not do so pending further ruling from the court.

Sincerely,

KATZ•KORIN•CUNNINGHAM•PC

*Brian L. Park*

Brian L. Park

BLP/bar

cc: Michael Roth/Kayla M. Zimmerman/Blair Martin Roembke

**Attorneys at Law**

**Address**  
334 N. Senate Ave.  
Indianapolis, IN 46204

**Contact**  
Main 317 464 1100  
Fax 317 464 1111

[kkclegal.com](http://kkclegal.com)

*Bates 37*

June 4, 2021

**Via Certified Mail-Return Receipt Requested and US Mail**

Kathryn Gillette  
8335 Catamaran Dr.  
Indianapolis, IN 46236

RE: *The Estate of Joyce Gillette and Kathryn Gillette v. Franciscan Alliance, Inc. And  
Physician on duty-St. Francis And Chris Hyman And John Doe Employees of St.  
Francis*  
Cause No. 49D03-1902-CT-007323  
Our File: 3955.041

Dear Ms. Gillette:

Thank you for your letter of June 1, 2021. In an effort to resolve the current dispute, the Hospital is providing copies of Joyce Gillette's billing records. As to the remaining requests, again, the Hospital moved for a stay of discovery pending resolution of its motion for summary judgment, and its motions remain pending. Thus, the Hospital objects to answering or responding to the remainder of Plaintiff's second requests for production and interrogatories and will not do so pending further ruling from the court.

Sincerely,

KATZ•KORIN•CUNNINGHAM•PC

*Brian L. Park*

Brian L. Park

BLP/bar  
Enclosures

cc: Michael Roth/Kayla M. Zimmerman/Blair Martin Roembke (w/encl.)



## Flowsheets (all recorded) (continued)

## Vitals - Sun February 26, 2017 (continued)

Row Name	1430	1455	1500	1540	1600
Observations	—	—	—	—	pt resting in bed, eyes closed -BI at 02/26/17 1654
Oxygen Therapy					
SpO2	—	98 % -PK at 02/26/17 1455	—	—	99 % -BI at 02/26/17 1654
Location	—	—	—	—	Left Hand -BI at 02/26/17 1654
O2 Device	—	—	Nasal cannula (Significant) Per comfort measures [84] -PK at 02/26/17 1629	—	Nasal cannula -BI at 02/26/17 1654
FiO2 (%)	—	30 % -PK at 02/26/17 1455	—	—	—
O2 Flow Rate (l/min)	—	—	4 l/min -PK at 02/26/17 1629	—	4 l/min -BI at 02/26/17 1654
\$Oxygen Daily	—	—	Continue -PK at 02/26/17 1629	—	—
Provider Communication					
Reason for Communication	Change in status -BI at 02/26/17 1521	—	—	Change in status -BI at 02/26/17 1659	Change in status -BI at 02/26/17 1747
Provider Name	Brooke to Dr. Shawa -BI at 02/26/17 1521	—	—	Dr. Shawa, Donna from palliative -BI at 02/26/17 1659	Brooke RN, Paul RT -BI at 02/26/17 1747
Provider Role	Attending physician -BI at 02/26/17 1521	—	—	Attending physician; Nurse; Other (Comment) Palliative nurse -BI at 02/26/17 1659	Nurse; Respirator y Therapy -BI at 02/26/17 1747
Method of Communication	Face to face -BI at 02/26/17 1521	—	—	Face to face -BI at 02/26/17 1659	Face to face -BI at 02/26/17 1747
Response	In department restart propofol -BI at 02/26/17 1521	—	—	At bedside; See orders extubate, place orders for comfort care if needed -BI at 02/26/17 1659	At bedside extubating pt per MD order -BI at 02/26/17 1747
Notification Time	1430 -BI at 02/26/17 1521	—	—	1540 -BI at 02/26/17 1659	1600 -BI at 02/26/17 1747
Row Name	1645	1700	1742	1747	1817
Vital Signs					
Temp	—	—	36.6 °C (97.8 °F) -BI (r) KWA (t) at 02/26/17 1747	—	—
Temp src	—	—	Oral -BI (r) KWA (t) at 02/26/17 1747	—	—
Pulse	—	84 -BI at 02/26/17 1744	67 -BI (r) KWA (t) at 02/26/17 1747	—	68 -KWA at 02/26/17 1817
Pulse Source	—	—	Monitor	—	—