Matthew Chan
[redacted]
Email: matt30060@gmail.com

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Mark A Jones, President (ORMCpresident@orlandohealth.com)
David Huddleson, Corporate Compliance (david.huddleson@orlandohealth.com)
Bebette [redacted], Risk Management [redacted]@orlandohealth.com)
Alicia [redacted], Administrator Patient Care [redacted]@orlandohealth.com)
c/o Orlando Health (ORMC)
1414 Kuhl Ave. MP29
Orlando, FL 32806

RE: Formal Written Complaint Against ORMC ICU & ICU Nurses

My name is Matthew Chan. I am a direct family member and advocate for my father, patient Willis Chan in ICU Room #208. I am the oldest child, his only son, and work closely with his wife, Joy in business and medical issues on his behalf. I write this complaint to report and inform you of violations of Orlando Health's published 2014 Code of Conduct and the Florida Patient's Bill of Rights (FL Statute 381.026).

The first basis of this complaint lies in extraordinarily disgusting, repugnant, and reprehensible violations or ORMC's "PROMISE" described in the Code of Conduct: **Positive Attitude, Respect, Ownership, Mindfulness, Inclusiveness, Superior Communication, Exceed Expectations.**

The second basis of this complaint is the utter disregard, lack of consideration, and mindful performance for the People & Quality portion of "OUR VALUES" described in the Code of Conduct. Specific violations include:

- We are committed to excellence in serving and supporting our patients...
- We not only care for people, we care about them.
- We will do everything in our power to ensure that all people are treated with respect, dignity, kindness and compassion.
- We will listen intently to our customers and each other with open minds and with open hearts.
- We will make a positive difference in the lives of the people we serve.
- Our team will provide the highest quality of care and service in everything we do.
- We will be creative and versatile as a team in our solutions.

The third basis of this complaint is the violation of specific points of FL Statute 381.026, Florida Patient's Bill of Rights.

(4) RIGHTS OF PATIENTS.— ***Each health care facility or provider shall observe the following standards:***
(a) Individual dignity.—
1. ***The individual dignity of a patient must be respected at all times and upon all occasions.***
3. ***A patient has the right to a prompt and reasonable response to a question or request… The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility*** *to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.*

On a day that should have been one of the happier days for us (getting transferred out of ICU), April 24, 2016 became the most shocking, disgusting, and horrific days of my father's ICU term of stay from Monday, April 18, 2016 to Sunday, April 24, 2016.

April 24, 2016 was the capstone day and event at ORMC's ICU of what I consider a largely oppressive and often dissatisfactory experience caused by multiple incidents of substandard performance & behavior, poor responses with inexplicable mistakes, staff impatience, staff inflexibility, lack of larger perspective, lack of reasonableness, and a condescending attitude by a few members of the ORMC ICU team. It is unfortunate and outrageous that a few members of the ORMC ICU team lacked the professional judgment, maturity, professionalism, and general inability to comprehend the true purpose of family visitors that has caused so many problems now (and perhaps into the future) for so many ORMC management and administrative staff who now have to clean up the fallout.

Charges Against ORMC ICU Staff

The following are charges I make against some of the members of the ORMC ICU staff (primarily Lee and Alexandra). Although I have made every effort to be complete, I reserve the right to submit additional charges and legitimate complaints regarding ORMC staff members should it become necessary.

- Intentional and malicious emotional distress against my father and my father's advocates (me and Joy).
- Lack of appropriate and proper professional judgment.
- Reckless disregard of the "reasonableness standard" of patient/patient advocate requests despite the fact there was no medical urgent or medical threat issues involved.
- Intentional and malicious withholding and deprivation of appropriate emotional and visitor support for my father.
- Implied threat of wrongful and false criminal accusation against me for vocalizing my complaints.
- Intentional, malicious mischaracterization of my "threat" of written complaints to the Florida Nursing Board as a false and potentially defamatory accusation of criminal, physical threat.
- Unethically hold hostage my father's visitors in the waiting room unless his wife and I vacated his room.

- Implied threat that I might not be allowed back into the ICU.
- Unfairly & inappropriately calling Security against me to intimidate me from vocalizing my opinions, concerns, and legitimate complaints regarding two ICU nurses.
- Abandonment of administrative and managerial duties by the charge nurse because she left the scene and could not be found.
- Abandonment of medical care by the assigned nurse. My father was left soiled in urine and feces for at least two hours or more.
- Intentional and malicious insubordination by the charge nurse against the direct recommendation by PCC to permit admission of family visitors.

Involved Parties & Individuals from April 24, 2016

Matthew: Me, the person making the written complaint on behalf of my father, Willis Chan. The advocate who spent the most time on his case on his behalf and visit ORMC ICU with my father.

Joy: My father's wife who relies and insists on including me in nearly all business and medical decisions regarding my father. Only visited 1-2 hours per day at most. Works in Lake Buena Vista area and lives in Kissimmee. Commutes a great distance to visit ORMC. Her ability to read and write English is limited which is why I have been asked to be included in all decisions and communications.

Joe & Betty: My father's retired husband and wife friends from Kissimmee. The only two non-family people to ever visit my father at any hospital. They came once Wednesday and stayed for 1-2 hours only for "end-of-life" discussions. They came Sunday and were held hostage in the waiting room for nearly an hour while I was dealing with Lee, Pam, Ava, and the ORMC ICU staff.

Pam: ORMC's PCC representative who took my call twice and gave authorization to Lee to allow my father's visitors to come in. She did everything in her power to calm me down and grant access to my father's visitors. She received no cooperation from Lee, only lip service. She bore the brunt of my phone complaint and frustrations, I later gave her my personal apology. A true asset to ORMC.

Ava: Guest services representative who was needlessly caught between a rock and a hard place. No one gave her authorization to allow Joe & Betty access to ICU despite Pam granting permission to give them access to ICU. She was the only **onsite** person during the heat of the moment who continually tried to calm me down. An asset to ORMC.

Lee: Horribly, irresponsible charge nurse of Sunday's day shift who stubbornly and maliciously denied access to my father's visitors. She is at the very heart of this time-wasting/energy-consuming dispute/complaint storm. She held Joy, Joe, Betty, and me as emotional hostages for nearly an hour. She wanted to "win" against me thereby punishing all of us. She "won" the day because she got her way to the very end. Lee exercises poor judgment, passive-aggressive behavior, insubordinate behavior, and should not be allowed to be charge nurse again. As charge nurse, she is a huge liability because of her poor judgment and passive-aggressive behavior over

a simple and reasonable family request. She must also be disciplined for exposing ORMC to charges, complaints, potential liability, bad PR, and violating the ORMC “PROMISE” and other corporate values. A huge liability for ORMC.

Alexandra: "Floating" nurse that was assigned to my father. Projects “snippy” attitude who refused my initial visitor request (unsurprisingly) which caused me to seek out Lee. Alexandra inflamed the situation with her follow-up “smart, wise-guy” remarks to me about “write-ups”. I overheard her telling a co-worker behind the ICU room curtain that, “she did not need this shit and get stuck with a patient that no one wanted”. She is also at the heart of this dispute/complaint storm and projects a poor persona in general to be a nurse. Alexandra also needs to be disciplined for poor attitude, poor responses and conduct, disrespect, and exposing ORMC to charges, complaints, potential liability, bad PR, and violating the ORMC “PROMISE” and other corporate values. I cannot prove and I am not absolutely certain it was Alexandra but who else would discard my notepad (my personal property) left behind in the room #208 with my notes about ORMC and the ICU department? It seems very suspicious. A huge liability for ORMC.

Jillian: Nurse who was otherwise uninvolved but foolishly interjected herself to the dispute by making the inflammatory suggestion to call in Security which she “cutely” referred out loud as (S.E.C.). Overall, she seems to be a good nurse (I met her earlier in the week) but she needs a reprimand about not interjecting herself into and inflaming a situation she had nothing to do with. She only made it worse.

Paula: Asst. Nursing Manager (occasional charge nurse) who was wonderful, compassionate and informative. She allowed us extended visitations to 6:30pm and taught me that ORMC visitation rules are not absolute, they are guidelines. A true asset to ORMC.

Marcie: The nursing supervisor who personally came onsite to Room #208, stepped in, and managed the resolution to personally and quickly escort all of us out of ICU to Room #533. Despite my disagreement with some of her initial statements, I cooperated with her. She commanded my respect and I complied. A true asset to ORMC.

Security guards: There were two security guards who found me standing and waiting in front of Room #208 for Pam to arrive. However, it was Marcie who ultimately arrived on the scene. I asked the guards to stay to talk to me and be witness that I behaved and conducted myself appropriately. They ultimately said to me that they had other many floors to cover and did not feel their presence was needed. They wanted to move on. They were calm and reasonable. I initially wanted to call police over Alexandra's false accusations but the security guards told me they would not stop me but felt it was unnecessary.

ORMC ICU Event of April 24, 2016

Alexandra was the assigned "floating" nurse to care for my father and Lee was the charge nurse of the day shift on April 24, 2016. I was informed that my father was going to be transferred out of ICU later that day and it was happy news for me and I felt I could relax a little. However, as usual to my dismay, I had to go out of my way to find out who the charge nurse was and meet

her (Lee). I did not come into ICU until nearly 1pm when my father was already out of bed and sitting in a chair. Alexandra told me the plan was to have my father remain in the chair until 4pm. However, I understood that to mean he would not just sit and soak in disgusting urine or feces if that were to occur (which it ultimately did unbeknownst to me). We found out soon after arrival to Room #533 where there was a big mess of waste for them to clean up.

I was informed by Joy that Joe and Betty might arrive around 2:30pm but it turned out that they arrived closer to 3pm. However, I became concerned that I would have trouble getting an exception to have Joe and Betty join me and Joy. It did not occur to me to ask for an exception earlier until I realized that both Alexandra and Lee gave out bad vibes. I felt they would make it difficult for me to get an exception to have Joe and Betty join Joy and I. Unfortunately, my intuition and instincts turned out to be right.

In my initial oral complaint to Alicia, I misinformed her that I bypassed Alexandra and looked for Lee to get permission. I was mistaken. I reviewed my phone and found that I did, in fact, first ask Alexandra and she denied my very reasonable request to make an exception for Joe and Betty to come in. It was after I was denied by Alexandra (on the basis that it was “the rules”) that only two people were allowed to visit at any given time. It was at that point I started becoming very unhappy and insisted on speaking to Lee, the charge nurse. I initially said it was not an urgent matter but when I was told by Ava that Joe and Betty had arrived into the waiting room, I told Ava to let them in. But Ava said she couldn’t do that without nurse approval. It was then it became an urgent matter for me to find Lee to get her approval.

When Lee finally contacted and arrived, we went to Rm 208 where I made a personal request and plea and explained why I wanted special consideration for Joe and Betty to be admitted. Outside of Joy and myself, my father had no other visitors than Joe and Betty. For the majority of the week, my father had one visitor (me) who was alone with him during the 10-11 hours per day I stayed at the hospital. I also told her that an exception was granted by Paula for me to have an extra 30-minutes during shift change period.

The point being that exceptions to "the rules" were allowed and I wanted an exception for Joe and Betty. Paula had previously told me that the “rules” were actually guidelines and Josh (prior nurse) had been nice enough to make an exception on Wednesday. I knew that both Alexandra and Lee had the discretion and authorization to give permission to Ava to allow Joe and Betty to come in, if they wanted to. But they both belligerently refused.

I became unhappier when the two ICU nurses (Lee and Alexandra), who had the discretion and authority to allow Joe and Betty to come in, dug into their position and refused to do so under the reason that it was “the rules”. They were determined to evict me and Joy from ICU "in exchange" for having Joe and Betty come in. They treated this as if was an economic, barter transaction. That was unacceptable to me. I could not accept that given the fact that Joe and Betty traveled so far from Kissimmee and would not be able to interact with me, Joy, and my father in the same room and the same time on the day my father was going to be transferred out of ICU. There was never any medical risk to anyone including my father. We were going to be peaceful, quiet, and subdued. We simply wanted to be together in this rare moment of his only

four visitors coming together. Remember, it had primarily been me being alone and quiet for most of the week.

I never stayed overnight. My visit schedule was generally 12noon to 11pm (give or take an hour) depending on how I felt. I complied with previously agreed upon shift-change breaks to speak about my father and "end of life" matters which was strongly encouraged by Dr. Nasser. Our conversations involved Joe and Betty. They were helpful in providing insights as to what my father might want.

I was very unhappy, frustrated, and asked Lee to call an administrator so I could speak with them. I saw no motivation or urgency in Lee to call an administrator. I then decided I had to call for outside help against an unreasonable, disrespectful, and inconsiderate ICU nurse and charge nurse. I called Guest Services and I asked to speak with someone who could help me with a heated situation in ICU. An ORMC phone recording can corroborate this. I was transferred to PCC and Pam picked up the phone. If you replay the telephone recording, you will hear the full and proper context of my angry complaint and deep frustrations over the nurses' denial of my visitor request.

I stood my ground and did not leave ICU because I suspected that the ICU staff would lock me out under false grounds. There was no way I was going to leave while I was making a legitimate complaint over a ruthless denial of a very reasonable visitor exception request. I sent Joy out to the waiting room to accompany Joe and Betty. All three were held hostage in the waiting room while I was focused on getting approval on my request.

Pam understood me and did her very best with the situation and granted access to allow my father's visitors to come in but Lee did not comply. I even put Lee on the speakerphone with Pam. Pam was clear in granting permission and Lee acknowledged it. Nevertheless, Lee abandoned her post, disappeared, and did nothing to comply with Pam. Ava and I was left without nurse approval thereby stranding Joy, Joe, and Betty in the waiting room. And my father was left alone sitting in urine and feces. Lee disappeared, stranding Joe and Betty for nearly an hour in the waiting room. Lee abandoned everyone including her own ICU staff and Ava, leaving all of us in a holding pattern.

I waited a few minutes and it became quite evident nothing was being done because Ava had received no phone calls or instructions to admit Joe & Betty. I called Guest Services again and I was again transferred to PCC. I spoke to Pam again and she said she would come up.

I became restless waiting by Room #208 and walked up to the nurse's station awaiting the entry of Joe and Betty. Although I do not know the context of Alexandra's remarks, as I approached the nurse's station, I overheard her say "you have to pick and choose your battles". I said to her and the staff "I absolutely agree that you have to pick and choose your battles and that this was not a battle worth fighting. It was so unnecessary," I repeatedly stated.

I complained to ICU staff standing nearby the nurse station. A few of the staff spent time and energy trying to explain to me "the rules". I responded they were not absolute rules, they were

guidelines. I accused them of changing semantics of “rules” vs. “guidelines” when it suited their purpose or their convenience.

In my anger and frustration, I told the staff at the nurse’s station I would probably “write up” Lee. Alexandra then decided to get “cute” and snarky with me by telling me how I had no authority to write Lee up as she was employed with the hospital and I was not her supervisor. I thought to myself how foolish she was for saying that. Alexandra escalated the rhetoric.

I replied to her that everyone knows I am not an employee of the hospital or her supervisor. She forced me to articulate, in front of other staff, that what I meant was that I could write a written complaint to the Florida Nursing Board. She then said under her breath that the nursing board would not do anything about it. I told her she was not very smart for saying that. I knew her position on the matter and I called her a “newbie” (meaning new, inexperienced, naïve person). I said that I might also write a formal complaint to the Florida Nursing Board against her too, not just Lee.

Jillian then foolishly interjected herself and suggested that a call be made to “S.E.C.” which I immediately understood to be Security. I decided to give up and walk back to Room #208 where two security staff eventually came and saw me standing and waiting there. I explained to them what was going on and I told them I considered calling the police because I didn’t want Alexandra making false criminal accusations against me without me being there to defend myself. They said they would not stop me but they felt it was not a police matter. I would normally agree but I did not like Alexandra’s implied threat that she might make a criminal and potentially defamatory accusation against me for allegedly “threatening” her. I wanted to tell my side of the story.

I asked the two security staff to stay around. I told them I didn’t mind their company and I was happy they were there to talk to. I didn’t need Alexandra making false criminal and potentially defamatory accusations against me. They could remain and be witness over the matter. I complained to them that this entire incident was ridiculous and unnecessary.

The two security staff eventually wanted to leave the floor despite my requests for them to stay. Ultimately, the security staff felt they needed to leave because they had many other floors to cover and they felt the situation was fine. Quite frankly, it was ALWAYS fine. But the ICU nurses wanted to use unreasonable and unfair leverage against me to force me away from the nurse’s station and hallway to silence my complaints. They ultimately succeeded in "winning" against me. I simply and quietly walked back to Room #208.

Although I was expecting Pam, Marcie arrived at Room #208 and instructed staff to assist her in transferring my father out of ICU. Marcie’s stated objective was to transfer my father and the rest of us out of ICU as quickly as possible. I repeatedly told Marcie that wasn’t my complaint. I did not care how long it took to transfer out of ICU. I only wanted the four of us to be simultaneously present in Room #208. Joe and Betty traditionally visited for a short time and I did not want them to be held hostage in the waiting room any longer.

As I waited on Marcie, Alexandra went into Room #208 with an assistant to "strip" the room down. The room still had the curtain drawn hiding the bed from the hallway. I overheard Alexandra say to the assistant (within my earshot) that she "didn't need this shit and get stuck with a case that no one wanted." I cannot remember the exact words she used so I have paraphrased her statements and sentiment. I could have gotten upset again but I stayed quiet while she kept venting about me and my father's case to her co-worker until Marcie came back. I wanted to hear every word she would say about me and my father's case.

In the time all this drama and dispute took place, which Alexandra and Lee could have entirely prevented, Joe and Betty could have visited with us for those 30-60 minutes and left. But Lee chose to dig her heels in and allow me to escalate the matter.

What I did not tell them (and perhaps I should have), at the peak stress moment, I began hyperventilating, felt flush, and faint. My heart was pounding very hard but I exercised a great deal of self-control to not raise my voice or yell at anyone. If I had hyperventilated excessively and passed out, they would have created another patient for ORMC in which they (and perhaps ORMC itself) would have been liable and responsible for the costs and consequences. The only people who made efforts to calm me down were Pam, Ava, and Marcie. I am glad that I didn't hyperventilate and pass out as the situation would have been even worse.

When we arrived at Room #533 after 4pm, the nurse found that my father had been entirely soiled in urine and feces in his chair. She didn't say anything to me but I could tell by looking at her face she didn't approve or liked what she saw of my father's waste matter. I believe he was sitting in this waste matter for at least two (maybe more) hours because Alexandra abandoned her professional responsibilities to my father.

Willis Chan ICU Visitor History

Joy typically visited my father for 1-2 hours per day at most after work. And during those times, she greatly relied on me for information and my English communication skills. She also relied on me for onsite judgment and overall assessments of my father's situation. Both Dr. Nassar and Dr. Sadowsky had highly recommended beginning Monday night that the family begin "end of life" discussions and decisions.

Because Joy works in Lake Buena Vista and lives in Kissimmee, coming to ORMC on a daily basis continued to be a time-consuming, energy-consuming endeavor. She would frequently not arrive until 5pm. On occasion, she would arrive at 4:30pm. Joy would take time to visit with my father and settle in. I would provide informational updates to her. By the time all the preliminaries were completed, we would then try to settle to discuss "end-of-life" issues such as DNR, DNI, his financial will, family politics, & consequences of certain decisions, what my father would want (he had no medical will), cremation & funeral options, viewings, ceremonies, etc. These discussions were somewhat lengthy and intertwined and it was easier to have those discussions while we were both together being able to view my father's poor and weakened physical state in the hospital bed. By the time I left the hospital between 10pm and midnight, she and I would not be able to talk at her home. She would be asleep to get up at 5am for her job.

The big picture is that my father had very few visitors at all. There was no consideration for the fact that the vast MAJORITY of the time, taking into account a 24-hour day, my father had ZERO visitors. On my best day, which was 12 hours inclusive of the evening shift-change break, I was only present 10.5 hours which would leave 13.5 hours of ZERO visitors for my father. Typically, I would "only" be present 10 hours, inclusive of the evening shift-change break. That would leave 14 hours without any visitors for my father. I would like to add that because my arrivals tended to be close to 12 noon, there was no visitor presence during ANY morning shift changes. There were no overnight stays by anyone. Joy would generally visit only 1-2 hours per day. And his only two friends came once on Wednesday for about an hour and then again on Sunday, the last day of ICU.

On a side note, Josh was considerate enough to allow extra visit time but with other nurses, it seemed I had to constantly fight for extra time which partially led (the other part being my run-in with Schiann) to my complaint with Paula when I specifically asked for additional time for the remainder of the stay. A compromise was reached that 6:30pm would be the time I would leave the room. I promised Paula I would not push the envelope unless it was absolutely necessary. If you ask any truthful telling nurse, they will tell you we generally left before 6:20pm.

ORMC ICU Minor Incidents Leading Up to the April 24, 2016 Incident

It may appear on the surface that the April 24, 2016 blow-up with Alexandra and Lee was the only unhappy incident. It was not. It was simply the most extreme example and a capstone incident that topped off a week of inexplicable errors, poor responses, and bad judgments. These are some of the incidents I can recall as of this writing. There is probably more that I cannot immediately remember in trying to complete this complaint as quickly as I can.

- On Monday night, April 18, 2016, a breathing tube was inserted into my father without our full, final approval. I specifically instructed Dr. Sadowsky on the phone that I wanted to speak with his wife, Joy, before finalizing the decision. When she and I completed our phone conversation 10-15 minutes later and ready to give final approval, we discovered to our surprise that he had already began the procedure. Further, no one notified Joy after completion where she was stranded in the waiting area for over nearly two hours. I called in to get an update and was told that the tube insertion was long completed. When I informed the doctor of this transgression upon my arrival from Georgia on Tuesday night, April 19, 2016, he attempted to defend his action based on "medical necessity". I told him if it was based on medical necessity, then why was it that he and Dr. Gonzalez called me and Joy for permission? I stated that he couldn't have it both ways. If it was a "medical necessity", then Dr. Gonzalez and later Dr. Sadowsky would not be actively conferring and asking Joy (in person) and me (by phone) for permission. However, he said perhaps there was a misunderstanding. In the interest of moving past the incident and the fact that I ultimately did want the breathing tube placed in, I agreed with him there was a "misunderstanding" and that better efforts should be made in the future for more clear communications. Despite that incident, I have respect for Dr. Sadowsky and we had a great rapport afterwards. I have nothing bad to same about him.

- On April 19, 2016 late Tuesday afternoon, I called twice from my car driving towards Orlando from Georgia to get an update from the nurse but could not be connected to the nurse on duty. The phone would ring endlessly without any pickup or voicemail. On my second call-in attempt, I informed the operator no one picked up. She put me on hold and attempted to make several calls to find an alternative to contact the #208 ICU unit. Ultimately, she did reach an ICU unit but it was not my father's unit and when they transferred me, the phone rang repeatedly without answer. I finally gave up out of frustration. The operator speculated that perhaps the wrong phone number was input into the phone routing system because there was no pick up. Because ORMC records all its calls, this can easily be verified and confirmed. I was annoyed that I could not call and get connected with the ICU nurse of Room #208 during daytime business hours. This remains a disturbing issue in my mind. Even with the operator's help, I simply could not reach anyone by phone in my father's ICU care.

- On Juliette's shift, I was informed that the PEG (feeding) tube was accidentally knocked out at 5am on Juliette's watch during a cleaning. It took until approximately 3-4pm (10-11 hours later) to replace it and resume feeding. The volume of nutrients trickles so slowly through the feeding tube to begin with that I find it reprehensible and irresponsible it would take over 10 hours for the ORMC bureaucracy to make this correction and replace the PEG tube. It was ultimately not life-threatening but I don't think any reasonable person would say that taking over 10 hours to replace a PEG tube is an acceptable response time. There appeared to be a cavalier attitude and lack of urgency on this matter.

- Juliette (around 8pm) put me through an exasperating exercise of getting the 4-digit telephone call-in code so that I could receive detailed information on my father. She told me that only the primary person could receive and distribute the code. I called Joy so that she can give permission to Juliette can give me the 4-digit code. Juliette kept saying that it is the last 4-digits of the account number (or something to that effect) but Joy didn't know the account number. After a few go-arounds, Juliette finally looks it up and tells Joy the number but doesn't tell me and yet I am standing a few feet away from her. After giving Joy the code over the phone and hanging up, Juliette makes me call Joy again to get the 4-digit code. So much time and energy was spent by Juliette trying to school both of us over the account number and putting me and Joy through roundabout, excruciating exercise of giving me a 4-digit code when I, as the son with a Florida ID, was standing there nearby the entire time! It was almost a ridiculous exercise because it could have been anyone on the other side of the phone impersonating Joy (which was not the case here) which Juliette had no problems in believing but she would not believe a person standing in front of her. Once Joy gave permission to Juliette and added my name to the list, it should have been an easy decision for her to just give me the code instead of me having to call Joy again to finally get the code exasperating the both of us. It was an unnecessarily, complicated exercise that only frustrated and infuriated us. We, of course, kept our complaints to ourselves in the interest of not creating waves.

- During lunch periods around 12 noon on April 21 and April 22 (Thursday & Friday), there was a skeleton crew and frequently no nurse to be found in the hallway near #208

which is at the very end of the hallway furthest from the ICU nurse station. When I pressed the Call Nurse button there were no responses on two different days. No one verbally responded to the intercom and no one came to the room. Both times, I had to exit the room to find someone. Another time (not lunch time) I did use the Call Nurse button and the response time was slow. It appears that ORMC ICU staff will only move quickly when they deem it urgent. Otherwise, family calls are clearly regarded as "low priority". Responses to the Call Nurse button in the ORMC ICU is the worst I have seen thus far. It is often less responsive then the 5th floor Call Nurse button.

- I don't remember the exact day but it was Shiann's 2nd day caring for my father during the day shift when I had an unhappy encounter with her because she saw me walking with a protective gown on to the ICU nurse station asking for Kendra, respiratory therapist. She shouted at me and reprimanded that I could not be in the hallway with the gown on. I responded that I had not been in the room because I stopped to talk to the dialysis technician. Further, because I saw Shiann enter another patient's room, I knew she was not available to assist me in finding Kendra. I took the initiative to ask someone else. Based on my prior experience, pressing the Call Nurse button has largely been a negative, non-responsive experience and since I had not entered the room beyond the designated line (to quickly call out to my father and put down my computer bag). She retorted back to me to not "talk to her like that" when it was she that initiated the loud reprimand against me into the hallway without knowing the full story. This is the unhappy event that led me to immediately seek a meeting with Paula to discuss my concerns and treatment from the ICU nurses.

- Unlike Florida Hospital Kissimmee, during quiet times ICU nurses often sit at desk stations between patient rooms to oversee their two assigned patients. They either chart or read on their cell phone but the point it is that they are generally in proximity close-by even when there is nothing to be done at the moment. They don't "disappear" off into a staff area or "hangout" at ICU nurse station for extended periods of time. I see very few nurses ever sit at these desk stations at all. Maybe they are busy but I have witnessed many of them simply go in and out of staff areas and hang out at the ICU nurses station.

- Almost no nurse ever regularly updates the information whiteboard. I brought it up a couple times and no one really cares because there is no policy to tell them so. The information whiteboard in the ICU rooms are faced in a terrible direction and are mostly unused. Almost every shift, I have to go out of my way to find out who the nurse and charge nurse is. It was an ongoing, irritating experience to seek out information that should be readily available. The board is poorly positioned in a corner which contributes to the lack of use. At ORMC ICU, it is evident that every visitor must actively solicit who the charge nurse is assuming visitors have ever been exposed to the concept of "charge nurses".

- Throughout the week, some nurses get irritated, impatient, or get a weird attitude when someone comes out into the hall to the ICU nurse station looking for someone. If a nurse sits at the desk station between rooms during quiet times, there would be lesser need for a patient advocate or visitor to walk into the hall or the nurse station to find someone.

Review Summary of Violations to ORMC's 2014 Code of Conduct

With regard to ORMC's corporate "PROMISE", in my view, it is terribly broken when it comes to the ICU unit. Not every individual violated the "PROMISE" but there are too many individuals who damaged the reputation of the ICU unit and violated the "PROMISE" either partially or in its entirety. I don't think I can ever recommend ORMC ICU for friends, acquaintances, or family members. I can honestly say I never want to come back unless there is simply no choices. The people I associate with generally belong in a suburban hospital, not a downtown trauma hospital with violent criminals and other unsavory people of society that create unhappy experiences for the civil, law-abiding, non-violent patients and visitors. The only way a family member can reasonably exist without feeling oppressed, attacked, or in lockdown at ORMC's ICU is be subservient, silent, or not question anything. Go straight into the room, shut up, don't call any ICU nurse, and don't leave the room unless you are leaving the ICU. The less visitors visit, the better for the ICU nurses so that "annoying" visitors and family members don't violate "rules" or "get in the way". That is the overwhelming message being conveyed by the culture of the ORMC ICU. People who are unhappy and not empowered to speak out never openly complain. They suffer and seethe in silence. I am certain that if I felt this experience, many others are also. The difference is that I have taken the time to articulate and explain my complaint. I want to tell you I never seethed silently or felt like I had to walk on eggshells at Florida Hospital Kissimmee's ICU as I have at ORMC ICU.

The **Positive Attitude** is severely lacking by some staff and speaks for itself.

The **Respect** is severely lacking in some staff. Have some nurses forgotten that most patients are alone for the vast portion of a 24-hour day? Have they forgotten the purpose that visitations are also for emotional support and advocacy for the patients? By overly restricting reasonable visitations, they are being disrespectful to the patient. Additionally, violations of respect are also a violation of Florida's Patient's Bill of Rights statute.

There is a severe lack of **Ownership** regarding creating or shaping a quality outcome by some staff. Most people in the lower ranks tries to run away and hide. None in the lower ranks took any ownership and asked for outside help except to call Security against me. I was the only person who reached outside to PCC. I briefly considered calling the police because of Alexandra's implied threats to make an outrageously false criminal and potentially defamatory accusation against me.

Mindfulness is also severely lacking. The ruthlessness and inconsiderate "enforcement of rules at all costs" mindset seem to take precedence above all else. The ability to think beyond medical tasks appears to be non-existent by some.

There was little **Inclusiveness** because there was no consideration or empathy for my father's lack of visitors to begin with. There was just me alone most of the time. They made it about me being a "difficult" person when I was really advocating for a more fulfilling experience for my father whenever possible.

Superior Communication has been an abomination and failure. No one besides me reached out to anyone else for help except Jillian calling Security on me. Even when Pam in PCC gave clear, direct approval and permission to charge nurse, Lee on speakerphone, Lee intentionally did not inform Ava and went into hiding abandoning the situation. I saw no evidence of her communicating with any staff whatsoever. The only thing she "communicated" to everyone was how "strong" and "tough" she was against me (a family advocate) by depriving the four of us a short, joint visit. She successfully proved to the ICU staff how tough she was against me, how she had supreme authority over all of us, and ultimately defeated my efforts.

Exceed Expectations has been a disgusting, repulsive failure in the ORMC ICU. I am deeply angered and disgusted whenever I think about the entire experience. It was a train wreck that should never have happened and could have been resolved so easily. I would have been satisfied with "come close to expectations" much less "meet or exceed expectations". I can unequivocally say that a few members of the ICU unit have absolutely and irreparably destroyed the reputation of ORMC's ICU where we are concerned. We have ZERO confidence it will be fixed any time soon as long as certain individuals remain employed in the ICU. I also believe there is just an unhealthy, cancerous culture, in general. The current ORMC ICU culture is an oppressive regime populated with unwise, inexperienced, impatient younger nurses who abuse or over-exercise their power and authority. There is an unhealthy, cancerous, entitled attitude amongst a few members of ORMC's ICU ranks. I hope to never come back to ORMC's ICU. I have no ill will towards the many good employees I met along the way but there are way too many "bad apples" that pollute and contaminate the pool of good, caring, hard-working members.

Regarding ORMC's corporate VALUES with my comments:

- We are committed to excellence in serving and supporting our patients... **(I consider that a PR statement, definitely not in practice by a good number of individuals.)**

- We not only care for people, we care about them. **(No way that happened in ICU. Blindly following rules and encouraging visitor silence and subservience is what many in the ICU staff does and wants.)**

- We will do everything in our power to ensure that all people are treated with respect, dignity, kindness and compassion. **(Absolutely not true, they are too focused on their tasks and their convenience. They dislike an involved and informed advocates (me), who is not blindly subservient and "dares" ask for extra consideration on behalf of the patient [my father].)**

- We will listen intently to our customers and each other with open minds and with open hearts. **(Many of the ICU staff chose to gang up on me in support of Lee. I was perceived as the unreasonable "difficult guy". My initial anger was first with Lee then others decided to jump on the bandwagon. Alexandra, then Jillian, and then the security guards. Only Pam seemed to understand the context and reasonableness of my request. Ava was an individual who made large efforts to calm me down but she had no authorization as an employee of Guest Services.)**

- We will make a positive difference in the lives of the people we serve. **(My father pulled through which I am very happy, medically speaking. But I now abhor ever having to visit or deal with the ORMC ICU environment. Compared to my experiences with Florida Hospital Kissimmee, it isn't even a close call. ORMC may have superior resources and staff (medically speaking) but the personal, compassionate, nursing touch is clearly inferior. I never want to come back and I would warn people away.)**

- Our team will provide the highest quality of care and service in everything we do. **(I would say that care and service of the ICU is heavily skewed away from the personal, empathetic, compassionate touch. It is clearly very clinical. There are members of the ICU that should not be there at all. They lack good judgment and maturity. Lee and Alexandra absolutely do not belong in ICU at all. And Lee should never be charge nurse ever again in the ICU. She has a cold personality and does not have a customer service attitude. She is a legal liability to ORMC. She is immature and a liability waiting to happen. Both Alexandra and Lee are not well-suited as ICU nurses.)**

- We will be creative and versatile as a team in our solutions. **(This was clearly non-existent. The solution was to push me and my father out of ICU as fast as possible. That is not creative and definitely not versatile at all.)**

Review Summary of Violations to Florida Patient's Bill of Rights

As this incident relates to FL Statute 381.026, Florida Patient's Bill of Rights.

> *(4) RIGHTS OF PATIENTS.—Each health care facility or provider shall observe the following standards:*
> *(a) Individual dignity.—*
> *1.* ***The individual dignity of a patient must be respected at all times and upon all occasions.***
> *3.* ***A patient has the right to a prompt and reasonable response to a question or request****… The* ***health care facility shall also respond in a reasonable manner to the patient's request for other services*** *customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.*

There was no respect, consideration, or true listening for my father's very few visitor status and the fact I was his lone visitor and advocate for most of the week. I desperately fought to make every visit count. Neither Lee or Alexandra were reasonable, respectful, or considerate to the circumstances and context of my father's case especially for the fact, the last day of ICU should have been a light and happy celebratory day. They had a blind, ruthless devotion to enforcing published "rules" at all costs.

Lee was willfully, maliciously insubordinate by not complying with the oral agreement with Pam (via speakerphone) and denied Joe and Betty to come in. Lee went into hiding never to be seen again and not communicate to anyone to allow them in.

Lee willfully, maliciously, and ruthlessly inflicted emotional distress upon all of us including the remaining ICU staff and Ava to deal with the unresolved situation while she went into hiding. She abandoned her post and responsibilities by leaving me, the ICU staff, and Ava in limbo at the expense of my father (sitting in his chair with urine and feces) with Joe, Betty, and Joy sitting in the waiting room. Lee was the one person in charge that could have quickly and easily relieved the pressure. Instead, she left all of us in a pressure-cooker situation until Marcie arrived on the scene to be the leader.

By refusing to cooperate after specific permission was given, Lee allowed the situation to escalate further which forced me to make a second call to Pam. I went to the nurse station and expressed my frustration how unnecessary this all was and the poor judgment and reckless disregard for the "reasonability" standard used in visitation guidelines.

Additional Comments & Feedback

As I reflect upon the ICU week and how I felt, I think to myself, why is it that I feel like I have to walk on eggshells around ICU staff? Who is supposed to be serving whom? Who is getting paid good wages and salaries to do a job? Who are supposed to be medical professionals? Who is supposed to be providing comfort and customer service to whom? Why do I have to feel like I have to cater and accommodate the ICU nurses feelings? Certainly, I don't advocate or endorse nurses be abused, attacked, insulted, or subject to bad behavior. But legitimate complaints and reasonable requests are not "abusive", "attacks", or "bad behavior". Nurses are supposed to try to be accommodating and comforting to patients and their families, not the other way around. If that is something they are unable or unwilling to do, they should not be working as a nurse AT ALL.

It has been repeatedly explained to me that a reason for the oppressive, regimented, and paranoid atmosphere at ORMC is because that ORMC is located in downtown and a Trauma One Center that takes on many extreme, criminal-related patients. I am so sick of hearing that. If that is the case, then the general public needs a warning that civil, law-abiding, non-violent, non-thug citizens have their loved ones transported to a suburban hospital and bypass the downtown ORMC. **"Avoid ORMC ICU at all costs"** might have to be the warning given to those that are non-violent, non-thugs, and generally well-behaved people.

In our particular case, it was not even a close call whether ORMC was dealing with criminal-related, thugs, or violent people. How can an 81-year old patient who was largely alone with primarily one onsite advocate (me) and largely kept to himself with a portable computer and cell phone not be allowed two additional visitors for 30-60 minutes? How are we remotely dangerous to anyone? My father was going to be transferred out of ICU and it was supposed to be a happy occasion. Yet, both Alexandra and Lee were tremendously short-sighted and lacked perspective that irreparably made a negative impact upon us that long-term consequences are still undetermined.

Assuming I was an “unlikable” or “difficult” person, that is still not a legitimate basis to maliciously, intentionally, cruelly, and ruthlessly withhold, hold hostage, and deprive non-violent, civilized visitors from any patient. No patient should be punished, deprived civil visitors, or allow any other reasonable requests because a staff member doesn’t “like” any family advocate or family member.

Visitors and patients need to know that there is someone outside ICU that they can call when they need help and not fear being unfairly deprived of visitation rights. Implied threats to unreasonably deprive or withhold family visitation from ICU is unethical and unconscionable. It most certainly violates the corporate “PROMISE” and “VALUES” being espoused. It is probably illegal from the perspective of the Florida Patient’s Bill of Rights statute.

The ICU hallway is often deserted not because staff members are always in the rooms working. I see them going into their locker rooms and break areas. I also see them just hanging out at the nurse station socializing and visiting with one another. In the week I was at ICU, there were certainly spurts of important, urgent activity but largely it was quiet and uneventful from the hallway perspective. There is no secret that the staff does not welcome visitor presence around the nurse’s station even for legitimate reasons to communicate or in the hallway.

There was no visible ORMC President contact information plaque in ICU rooms as those in the non-ICU rooms (#533). (It is possible I missed it but I spent a lot of time in the ICU room.) Further, there is no information for families to ask for outside help when the ICU is unwilling to take “ownership” of a problem that arises. I never even knew there was such a thing as "PCC" until recently. It was only by my sheer determination, anger, and frustration that I decided to call outside of ICU for help. There is simply no contact information within ICU to reach someone outside of ICU if there is a problem. It seems the ICU is largely protected from feedback to the President unless someone goes out of the way to find the information. That is totally inconsistent and improper. It is discriminatory and unfair against those patients in ICU. ICU patients may not be in any condition to use such information but ICU family members and advocates have a right to easy access to such information.

Since I have been sharing with others what transpired at ORMC ICU, unpleasant personal stories are now coming out and being shared with me of how some hospitals, doctors, and nurses put down, emotionally manipulate, and suppress family members and advocates in various ways to keep them “under control”, silent, and otherwise subject them to an unreasonably oppressive experience. As I suspected, there are far more untold stories than what I knew. And thanks to Alexandra and Lee, they are now a catalyst for future, ongoing public dialog and discussion. I believe I will hear even more unhappy stories about oppressive and unreasonable hospital rules from rude, inconsiderate, and ruthless nurses and doctors in the weeks and months to come.

You should be informed that some people with "softer" personalities fear retaliation by medical personnel against patients for outward complaints. People inherently don’t want to make trouble or cause a conflict in hospitals. So, they stay silent, suffer, and seethe in their anger and frustration in silence. The fears are that retaliatory actions by unethical nurses and doctors would not necessarily be overt, easily seen, readily detected, or reported.

Some believe that retaliatory measures will be subtle and “under the radar” when no one is around, looking, or someone turns a “blind eye.” Some examples of “under the radar”, blind-eye tactics could be intentionally slow/delayed response times, being strategically unavailable to patients, taking breaks at inopportune times, not "hearing" calls for help, “accidental” inflictions of physical or psychological pain, “malfunctioning” medical equipment, subtle deprivation of respect, consideration and emotional support, medication “mistakes” and generally dismissive, disrespectful, hostile behavior towards patients. This issue (however remote possibility one might believe) needs to be openly acknowledged and discussed not swept under the rug.

Commendations for Exceptional ORMC Staff

Within all this extreme negativity, I want to name a few exemplary ORMC staff members. I want it known that the respiratory team members: Kendra, Tisch, and the black gentleman with accent (I don’t know his name) were outstanding. Each went out of their way to educate me when they did not need to. They were generous with their time, knowledge, and accommodation.

Ruby, Elena, Josh, and charge nurse Paula were outstanding professionals. Paula was a calming influence and I found it easy to speak with and engage her. I believe that if Paula had been there Sunday instead of Lee as charge nurse, it would have been a very different experience for everyone.

Resident Doctors Gonzalez and Guzman were tremendously nice, considerate doctors with great interpersonal skills. Doctor Gonzalez deserves extra recognition for going out of his way in his serious discussions with me at the very beginning with his phone call and towards the end in speaking with me regarding my father’s bleak future. He is someone I would want as my doctor.

Pam, Marcie, and Alicia deserve great credit for reacting quickly to my complaints and being great listeners and were apologetic for the experience on behalf of ORMC.

In Room #533, Casey and Dr. Onyema have been exceptional in working with me and developing a good rapport of mutual respect and teamwork which is how it should be with every staff member. I have requested that both of them remain on my father’s case whenever possible. Michelle and Jean gave us a nice, smooth, considerate, and care-giving send-off for his discharge and transfer to rehab center.

Conclusion

It has taken many days and many hours of writing, rewriting, and editing this complaint. I have made every effort to be factually correct and fair. Although I have made every effort to be complete, **I reserve the right to make further complaints, submit additional information, and addenda to this complaint, if necessary**. I can only hope my complaints will be taken, dealt with, and responded to seriously.

I cannot control what any ORMC staff, employee, manager, administrator, or corporate officer does with my complaint at this point. I have done my part at the hospital level to bring serious

attention to complaints and several urgent issues and matters of great concern. I have already seen how ORMC ICU employees "close ranks" with one another in blind, misplaced loyalty. I remain distrustful of what happens going forward. I will be vigilant, attentive, watchful, and will be looking for legitimate indications of satisfactory and appropriate responsiveness to this complaint. If responsiveness is unsatisfactory or inappropriate, I will likely turn to other parties or agencies for assistance to escalate my complaint or find other more satisfactory remedies.

I also reserve the right to file a complaint to the State of Florida Nursing Board against the nurses as well as any regulatory agency governing ORMC if that should become necessary. As I have said, I am not an enemy of ORMC but ORMC clearly has cancerous staff members and cancerous attitudes in its ranks which are disgusting, reprehensible, and perhaps even illegal. I know if this has happened to me, it is happening to others. The biggest difference is that I am an informed, outspoken advocate who knows how to articulate and communicate my complaints and have chosen not to stay silent and bury the matter out of convenience.

I hope to one day put this entire unfortunate, negative experience behind me but it is going to be very difficult in the near future due to the great anger and tremendous injustice, unfairness, and egregiousness of the entire ORMC ICU experience. I look forward to continuing and maintaining a dialog with ORMC administrators and managers in dealing and resolving this matter.

Please do not hesitate to contact me if you have any questions or concerns regarding the contents and complaints in this letter.

Respectfully,

Matthew Chan
Son, Advocate for Willis Chan (ICU #208 & Medical #533)