

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

WESTERN STATE SCHOOL AND HOSPITAL
333 Curry Hill Road
Canonsburg, Pennsylvania 15317

February 8, 1974

TELEPHONE
AREA CODE 412, 745-0700

Harry Goldberg
Response to your letter
ROBERT J. HILTNER, ACSW
SUPERINTENDENT

Mr. and Mrs. Eugene F. L [REDACTED]
183 Lloyd Avenue
Edgewood, Pennsylvania 15218

Dear Mr. and Mrs. L [REDACTED]:

I have received the reports of the Medical, Nursing and Social Service Departments in response to your letter received January 7, 1974. I also had occasion to talk with Mr. L [REDACTED] informally after a recent Board of Trustees meeting.

Let me say at the outset that I am at something of a loss as to the best way to constructively respond to your letter. The reports that I have received from my staff, my conversation with Mr. L [REDACTED] and discussions with my staff have left me with the feeling that everyone has been very concerned about Mark over the last several months, but that the communication of this concern has become very tangled. At this point, all parties appear to be very suspicious of each other. While there may have been reasons for the frustration and the resulting breakdown in communication on all sides, this state of affairs is hardly a basis on which a joint effort to help Mark can be based.

Perhaps it would help to set the stage for a new look at Mark and relationships between his parents and the staff of Western if I review the highlights of Mark's period at Western:

1. Mark was admitted in August of 1971, initially. Mark's admission was to be for a temporary period while Mrs. L [REDACTED] underwent needed corrective surgery. The temporary admission was made long term in October of 1971. A meeting between Mrs. Leonard and the Unit Team took place on November 11, 1971 and with the Clothing Attendant on December 17, 1971. At this time, several matters of concern to Mrs. L [REDACTED] were discussed, including Mark's medication and injuries Mark had received.
2. There were infrequent visits by Mr. and Mrs. L [REDACTED] from April 1972 and July of 1973 during which time the family was living out of state.
3. In March of 1973, Mark's case was reviewed by Dr. Irving Chamovitz, our Neurological Consultant, as part of a review of medication of all seizure patients. At the time Dr. Chamovitz reviewed Mark's case it was his opinion that Mark should be tried on Dilantin since it is, as a rule, a better anti-convulsant than Valium. Dr. Trudy Elterich, Mark's Unit Physician, followed Dr. Chamovitz's suggestion and gradually reduced Mark's Valium medication while

increasing his Dilantin. Apparently at this time there was a slip-up and Miss Salus, the Social Service Worker on Mark's Unit, was not aware of the medication change and consequently did not communicate the change to you. While there was no immediate change in Mark's seizure pattern following the change in medication, there was an increase in seizures in June and July of 1973. Following a series of seizures, on July 28, 1973 Mark was placed back on Valium. On August 2, 1973 there was another meeting between Dr. T. Elterich, Miss Salus and Mrs. L [REDACTED] to discuss Mark's medication. Except for two mild and one severe seizure in October, Mark remained seizure-free until just before Christmas when he again had a series of seizures. At about this time there was another conversation between Mrs. L [REDACTED] and Dr. Elterich, this time by phone. In January, another series of seizures occurred. In order to assist in finding a better balance of medication, Dr. Chamovitz has seen Mark in January and February and plans to see him again in March.

Turning to the specific questions raised in your letter:

1. Frequency of Seizures and Reporting of Seizures:

a. Frequency of Seizures:

1971 (5 months) none recorded
1972 6 of mild nature (Petit Mal)
1973 28 of mild nature
13 of severe nature (Grand Mal)
1974 12 of severe nature

b. Reporting of Seizures:

The Social Service Worker is notified of injuries or other incidents occurring to residents via an Incident Report. The Nursing Department has not routinely notified the Social Service Department of all seizures, but will notify the Social Service Department of a marked change in a seizure pattern, eg. a marked increase or decrease or change in severity. The Social Service Worker has the responsibility of contacting the parents about these changes.

2. Medications prior to July 1973:

As noted above in March a gradual discontinuing of Valium and substituting of Dilantin and Phenobarbital was initiated.

3. Medication Adjustment Before Seizure of July 1973:

As noted above, adjustments were initiated in March of 1973.

4. Adjustment in Medication After July Seizure:

Valium was re-instituted at this time.

5. Was Mark's Medical History Reviewed and Evaluated before Treatment and before Adjustment of Medications were Made:

As noted earlier, Mark's case was reviewed by Irving Chamovitz, M.D., our Neurological Consultant, as part of an effort to review all seizure patients.

6. Notification of Seizures and Medication Adjustments:

As noted earlier, there was apparently a failure to notify Miss Salus of the plans to gradually change the medication. Since there was not a marked change in Mark's seizure pattern, the seizures were not called to Miss Salus' attention.

7. Medications Since August of 1973:

Valium, Dilantin, and Thorazine

8. Seizures Week of December 17:

No seizures were recorded in December until Saturday, the 22nd at which time 7 mild and 2 severe seizures were recorded.

9. Day and Time of Grand Mal Seizure:

Seizures began at 6:10 a.m. lasting until 7:40 a.m. on December 22, 1973.

10. Specific Orders or Instructions Given:

The physician on call was called when it became apparent that Mark had entered a series of seizures. The physician also checked Mark later the same morning.

11. Circumstances Surrounding Seizure:

Mark, who usually sleeps well, had been awake since 3 a.m. on the day of the seizure. However, because of holiday activities and excitement, many of the residents had had a restless night. For this reason, Mark's behavior did not appear to be cause for concern.

12. How Long Did the Seizure Last:

As noted above, from 6:10 a.m. to 7:40 a.m.

13. Were There Injuries Sustained:

Several minor bumps and scrapes.

14. What Treatment Was Given:

The minor bumps and scrapes were cleansed.

15. Were the Social Worker and Parents Notified:

The 22nd of December being a Saturday, there would be normally no report made to the Social Service Department until Monday, unless the nurse or physician felt there was need to contact the parents immediately. I understand that Mr. L [REDACTED] was in to visit Mark on the 23rd. I gather no one mentioned the seizures at that time. This is rather hard to understand. It is possible that this occurred because there was apparently a relief nurse on duty that was not familiar with either Mark or Mr. L [REDACTED].

16. Was Mark's Medical History Reviewed and Evaluated Before Treatment of the Seizures was Given:

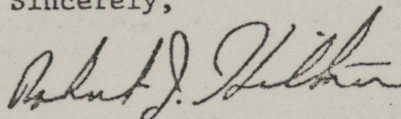
If the thrust of this question is "did the 'on call' physician respond to the initial call of the nurse by reviewing the Medical Record before initiating treatment", the answer is obviously "no". Such a review would only be possible if Western had 24 hour, seven day a week resident and medical staff similar to a full fledged hospital. Treatment was initiated based on the physician's best judgement based on the nurse's report. The physician did follow-up his telephone instructions when he came to the facility a few hours later.

17. Medication Adjustment Afterwards:

The reports I have received do not indicate a medication adjustment immediately following the December 22 series of seizures. Dr. Chamovitz did suggest a small increase in Mark's Valium when he saw him early in January.

In concluding, may I point out again that on both sides there appears many feelings of suspicion and distrust. On your side, Mr. and Mrs. L [REDACTED], the tone of your letter is abrasive to many of our staff who feel that they have made every effort to be open with you. It is apparent that you do not feel that you have received satisfactory answers to your questions and concerns. Under these circumstances, I believe a conference of those concerned for Mark's well-being may help to clear the air. Please let me or Miss Salus know whether you wish such a conference.

Sincerely,



Robert J. Hiltner
Superintendent

cc: Miss Salus