Dr.
Professor of ,dicine

May 7, 2007

Stephanie Rosenthal
Allegation Section
Health Regulatory Division
Bureau of Health Professions
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P.O. Box 30670
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RECEIVED

MAY 15 2007

BUREAU OF HEALTH PROFESSIONS
HEALTH REGULATORY DIVISION
ALLEGATION SECTION

Re: James Joseph Glazier, MD
Complaint #99644

Dear Ms. Rosenthal,

Henry O. Clark, Jr. was a 51-year-old man with a history of dilated cardiomyopathy, paroxysmal atrial fibrillation, and left hemiparesis secondary to an embolic stroke in 1977. Other problems included history of alcoholism, remote smoking, hypertension, and gallstone pancreatitis. He was admitted to Harper Hospital on June 27, 2001 for a laparascopic cholecystectomy after holding his warfarin therapy for 3 days and started on the heparin therapy protocol by the pharmacy service team. The surgery was performed uneventfully on June 29. He had an aPTT of 106 at 5:30 am on July 1. At 1:40 pm, he had some orthostatic hypotension and was evaluated by the surgery team and by Dr. Glazier. A 5 cm hematoma was noted at the surgical site. He was re-evaluated by both parties at 6:50 pm. At 8:10 pm, he developed respiratory failure and hypovolemic shock, was intubated, and was successfully resuscitated. A pulmonary artery catheter demonstrated normal intracardiac pressures and normal cardiac output, although he remained on vasopressor therapy. He developed multisystem organ failure and septic shock (systemic vascular resistance 814 on 3 pressors and positive blood cultures for enterobacter at autopsy) over the next 2 days and died. Autopsy disclosed 3 liters of intraperitoneal blood, pancreatitis, and liver microabcesses.

The complaint was stimulated by a disgruntled employee and filed by an angry, frustrated wife. In fact, the hospital took responsibility for the failings of the phlebotomy team, the nurses, and the pharmacy service team and settled a civil suit. Dr. Glazier was dismissed from the suit without prejudice. It is not clear why this claim is being reviewed by your department.

Answers to Questions to the Expert

1-2 The patient was admitted to the cardiology service so that he could be monitored for cardiac complications. He was being cared for by the surgery service and they were responsible for all pre-operative, peri-operative, and post-operative care.

3. The patient required anticoagulation because of cardiomyopathy, paroxysmal atrial fibrillation, and history of stroke. In fact, a left ventricular mural thrombus was found at autopsy. Anticoagulation does increase the risk of bleeding, but it was felt to be worth the risk to prevent recurrent stroke. No further testing was required. It is standard operating procedure to offer "bridging anticoagulation" while warfarin is stopped for surgical procedures.

4. Harper Hospital has a process in place where the pharmacy anticoagulation team administers, monitors, and adjusts the heparin dose. This is done independent of the physician once it is ordered. This is standard of care. Failure to properly perform this function is a hospital responsibility.

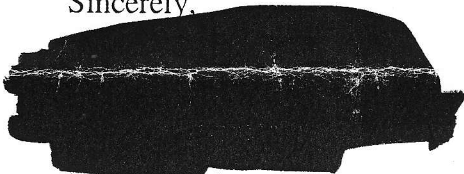
5. Dr. Glazier visited the patient as required and responded to the lab results when they were abnormal.

6. See answer to question 4.

7. Dr. Glazier saw the patient twice with the surgeons on July 1. The patient was stable until he collapsed. They properly resuscitated him. Unfortunately, he had underlying disease (self-inflicted) that made him high risk for complications and could not recover from his hemodynamic instability.

8. The licensee did not fail to meet the minimal standards of care in the treatment of this patient. This complaint should not have been filed.

Sincerely,



Professor of Medicine