

NAME: DOE, DAVID

DATE OF INCIDENT: 10.01.2020

DATE OF BIRTH: 06.16.1972

| DOE, DAVID | "FACTS" OR FINDINGS | EXPERT NURSE EXPLANATIONS |
|---|--|--|
| PYXIS | To access Pyxis- <ul style="list-style-type: none">• Scan badge/type in "username"• Biographical marker of fingerprint | |
| | Select patient location/unit (i.e., ER/ICU/etc. | |
| | Select patient: | |
| | Select medication: | |
| | Proper drawer and cassette automatically opened once user selects "Remove" | |
| | If a "controlled medication" is selected: Medication MUST BE COUNTED on closing "cassette" | When pocket or cassette opens, user must count the contents, enter in the number and push select in order to proceed forward |
| | Once the medication count is entered into Pyxis, user removes that medication and closes that cassette. | If there is an issue with the door not closing or the count, the user cannot proceed without help from another RN, Pharmacy Tech, or Pharmacist. |
| | After the cassette is closed and the drawer is closed, user must select "SIGN OUT/OFF" | If user does not sign self out, Pyxis will time-out, or auto kick out the user, however it takes several minutes |
| | If the counted medications are wrong: <ul style="list-style-type: none">• the user is asked to count again.• if the count is still wrong the computerized system will create a "discrepancy" | |
| Discrepancies: <ul style="list-style-type: none">• to clear discrepancies one must have another nurse or pharmacy member present to enter credentials and count what is in the drawers• once the correct count is made, both sets of credentials are saved into the system | Another nurse would enter the room, enter their credentials, count with the user, correct the count in the pyxis to "clear" the discrepancy. The discrepancy is still logged into the computer tracking system. Pharmacy is still able to access who the discrepancy happened with and who helped | |



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| | <p>Quality checks:</p> <ul style="list-style-type: none">• Occur several times a shift checking for accessed controlled medication counts/stocking issues• hospital wide and unit specific• all can be seen in the global Pyxis system live. | <p>clear the issue. Along with who accessed that pocket/cassette last.</p> <p>Pharmacy should be doing checks on controlled substances several times a day. These are called "Quality Checks." Depending on facility and unit, ICU and ER are more prevalent for checks, there is also a system wide check as well.</p> <p>In general, ICU and ER's have break relief/rapid response/charge nurses, who verify the count in the pyxis at the end of each shift with two nurses. The process entails each person's credentials are scanned and fingerprints used to access the Pyxis. The "controlled substances" for count is accessed, then every drug on that shift that was accessed is counted to ensure accuracy. If there is a discrepancy the system shows which nurse accessed it last, when, on what patient, etc.</p> <p>When a controlled substance is ACCESSED from the pyxis, the pharmacy is able to see every access globally. In general, when the count is off, it lands on the last person who accessed that drug. When the drug is accessed, to close the "door" the drug must be counted as well. If a discrepancy occurs, "the nurse counts 15, but the pyxis thinks there's 16" this</p> |



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| | <p>PYXIS compared with charting system CERNER: Pyxis is where the med is removed.</p> <p>Cerner is the EMR [electronic medical record] where the medication should be scanned under the patient.</p> <p>The 5 RIGHTS are checked by the nurse for each patient: Right Patient Right Med Right Dose Right Time Right Route</p> <p>Patient's armband is scanned and is tracked by the EMR</p> <p>IF the medication has yet to be ordered for the patient: Some "emergency" medications can be overridden:</p> <ul style="list-style-type: none">• paralytics• pain medication (fentanyl, morphine, dilaudid)• sedation (versed/Ativan/fentanyl)• Reversal agents (Narcan, Romazicon) | <p>must be rectified prior to closing the cassette/pocket/drawer. See DISCREPANCY info*</p> <p>Certain medications can be overridden in the event of an emergency if they are not yet ordered by the doctor. Other medications need to be ordered by MD, verified by a pharmacist, and then can be accessed.</p> |
| | <p>FENTANYL INFORMATION FROM: Fentanyl DrugFacts National Institute on Drug Abuse (NIDA) (nih.gov)</p> <p>Potency: Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent.</p> <p>Fentanyl's effects include:</p> <ul style="list-style-type: none">• Extreme happiness• drowsiness• nausea• constipation | <p>Mr. Doe is stated to have a red, flushed face, and rubbing hands on pant legs [fidgeting]. This is not a side effect listed.</p> |



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| | <ul style="list-style-type: none">• sedation• problems breathing• unconsciousness <p>Fentanyl: Uses, Dosage, Side Effects & Warnings - Drugs.com</p> <p>Side effects:</p> <ul style="list-style-type: none">• headache, dizziness, drowsiness, pale skin, feeling weak or tired.• constipation, nausea, vomiting, stomach pain or• sleep problems (insomnia)• swelling in your hands or feet• increased sweating, or cold feeling• for patches itching, redness, or rash where a patch was worn. <p>Drug testing:</p> <p>Traces of fentanyl can stay in your system for a lot longer than it takes for the effects of fentanyl to wear off. Drug testing can detect fentanyl or its metabolites (breakdown products) in urine for 24 to 72 hours, in blood for 5 to 48 hours, and in hair for up to 3 months, but it cannot be consistently detected in saliva.</p> <p>FentaNYL: Dosage, Mechanism/Onset of Action, Half-Life - Medicine.com</p> <p>Half-life Elimination: IV: Adults about 2 to 4 hours</p> | <p>Mr. Doe is stated to have a red, flushed face, and rubbing hands on pant legs [fidgeting]. This is not a side effect listed.</p> <p>If Doe were tested for drug in urine or blood at time of accusation, results would be conclusive.</p> <p>Half-life elimination: How long it takes for drug to wear off in your system. Four hours at the longest according to this resource.</p> |
| VIDEO | DETECTIVE BODY CAM ~4MIN Pharmacist shown accessing fentanyl drawer, no evidence of "sticking." | Drawer issue continuously brought up throughout all reports. |
| | DETECTIVE BODY CAM ~7 minutes Detective states "how it was discovered was (from my understanding) someone was | The pocket that the fentanyl was in was not opening |



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| | <p>and say in this pocket I only want FIVE or in this pocket I only want SEVEN."</p> <p>Detective: "So how did you discover the discrepancy? You checked the pocket you saw it was counted?"</p> <p>Pharmacist: " There was not a discrepancy because the count was not off. Cuz he said he removed ONE for the patient and he did. And then he removed a SECOND one, so the count itself...the count was not off...the way that it was umm, you wouldn't remove TWO of those bags for one patient."</p> <p>Nurse Manager Smith: "You only need one bag at a time. That is what triggered her [gestures towards pharmacist] to be like why did he take two?"</p> | <p>Pharmacist explains she changed the amount the pocket itself can hold because of the issue of it "sticking" or not closing properly.</p> <p>Explains that Doe did not create a discrepancy but that he "removed" two bags back-to-back for a patient he was not caring for.</p> |
| | <p>DETECTIVE BODY CAM ~11:40 minutes</p> <p>Detective asks: "What is it that would tell me that that tech did exactly that"</p> <p>Nurse Manager Smith: "I think it's another nurse that same day, another nurse went into that pocket. Did Jennifer [Crandon?] go into that same pocket?" asking to pharmacist.</p> <p>Pharmacist: "At like 3 o'clock."</p> <p>Nurse Manager Smith: "Ya she counted and the count said it was what it was supposed to be. So that is what the pharmacy tech inserted."</p> | <p>Pharmacist had explained how when a tech opens a pocket to insert medications for stock they open the pocket, type in amount the pocket will be holding once the pocket is closed. They then close and closes the pocket.</p> <p>What day are they talking about? The same day Doe "removed" the fentanyl?</p> |
| | <p>DETECTIVE BODY CAM ~13 minutes</p> <p>Pharmacist explains that when the techs load the pyxis with medication that does not create the "discrepancy." It is the next person</p> | <p>Example: Tech accesses Fentanyl pocket inserts bags of fentanyl to equal 10 bags in pocket. Later on a</p> |



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| | <p>that "blind counts" the medication that would create a discrepancy if the number of medications in that drawer was off.</p> <p>Pharmacist: I can then run a whole activity and see who touched that pocket and see who I need to talk to.</p> <p>Detective: I am seeing a gray area so the person who opens the drawer and counts it does not create a discrepancy with them it is the next person?</p> <p>Pharmacist and Nurse Manager nod "yes"</p> <p>Detective: So then another person goes to access the same med, is that person accurate in the count? So how do you KNOW where the discrepancy started?</p> | <p>Nurse comes to remove a bag of fentanyl.</p> <p>The "blind count" that the nurse counts is NINE. A discrepancy is made because that was not the amount of bags the tech stated were in the pocket.</p> <p>This discrepancy now has to be reconciled with TWO people, RN and RN, RN and tech, RN and Pharmacist, Pharmacist and tech, etc.</p> |
| | <p>DETECTIVE BODY CAM ~14:20 minutes</p> <p>Detective: What matters to me is access to the machine, the nurse had access to the machine, uses his print to access that drawer. When that nurse did not have a patient that had that prescription for the fentanyl"</p> <p>Nurse Manager: "No, the nurse did not have the patient the medication was pulled on and he did not have a patient at all that was on that medication."</p> | <p>Issue: The nurse accessed a medication for a patient he was not caring for and his own patients did not have that medication ordered (fentanyl).</p> |
| | <p>DETECTIVE BODY CAM ~22:45 minutes</p> <p>Pharmacist is showing detective Pyxis report paperwork regarding the pocket in question, who accessed that drawer etc. Explains the tech adds fentanyl to pocket to a total of NINE.</p> <p>When she goes in, the pocket expects THREE but she finds FIVE, so this creates a discrepancy. But we were able to solve the</p> | <p>A copy of this report needs to be requested. Not in records.</p> <p>Not pertinent to case but shows how the medications are counted by the tech.</p> <p>Also the "discrepancy" shown is a count LARGER than what is</p> |



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| | discrepancy because before she accessed the pocket twice and cancelled it... | thought to be there. The pyxis thought there were only THREE bags when there were actually FIVE. |
| | DETECTIVE BODY CAM ~24:40 minutes Pharmacist explains the count at the end of the day [no date mentioned] the count in the pyxis of fentanyl was NINE. The next morning it was SIX. She then explains wanting to know what happened on the night shift so she runs a report of the pyxis in the pharmacy of the transactions that occurred overnight . | Report of how/who accessed the pyxis we have but not the prior and after reports of the stocking and restocking before and after Nurse Doe "accessed pocket". |
| | DETECTIVE BODY CAM ~26:15 min. Pharmacist and detective going over paperwork seeing that Doe accessed the patient in question because it was the only patient on fentanyl in the ICU that night. | Only one patient in the ICU was on fentanyl. Doe was not caring for that patient. The issue is why was he accessing that patient in the pyxis? |
| | DETECTIVE BODY CAM ~34min. The documentation Detective, Nurse Manager Smith, and Pharmacist are looking over "explains" how the pyxis does not know when the medication is due because it depends on run time, or the rate of the medication. | When a "drip" is "running," there are various rates it can be run at. The order will tell the nurse what the drip should be started at, how to increase or decrease the rate, what the maximum rate is, what the minimum rate is, etc. The pharmacist and Nurse Manager are explaining that the pyxis and the pump the medication are hanging/running from are not talking to one another therefore it is not "smart" enough system to know if the next bag is truly needed or not. |



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| | | <p>Oftentimes patients require an additional "bolus" of the medication because they are having increased pain from turning, wound care, detox etc. in this instance there is an order in the computer. The medication that is hanging is scanned and the pump is set to deliver the amount that the order states etc.</p> <p>Doe is not seen talking with the nurse that is caring for said patient that he "pulled" fentanyl for.</p> |
| | <p>DETECTIVE BODY CAM ~52MINUTES</p> <p>Schultz states "the video will show him when he goes over to the ICU like his behavior. He doesn't have any good reason to be checking out the board, you can also see that his pocket is fuller when he leaves (she gestures to the right lower pant leg)." Detective clarifies that you cannot actually tell what is in Doe pocket, Smith confirms this but reiterates that it is "fuller."</p> <p>She states "the medications he pulled for his ER patient is in his hands."</p> | <p>Behavior= way a person is</p> <p>Patient board in ICU- likely the room number, which patient (HIPAA compliant likely), nurse assigned, if there are empty rooms (may have explanations why they are empty, i.e., broken light, leak in roof, storage, education etc.). Oftentimes when going to another unit, nurses may be curious as to where a patient they once cared for in ED or there in ICU (It was stated that Doe was known to float between the units) is doing, are they improving, are they worse, etc. Doe may also have been curious as to if the room was ready for an admission he may have in the ER currently</p> <p>OR</p> <p>an admission he MAY get later on in his shift.</p> |



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| | | Also, as stated by Smith, the room was being utilized for the "dummy" for turn education. PLEASE SEE EXPLANATION REGARDING COVID PRONING ABOVE WITH VIDEO** |
| | DETECTIVE BODY CAM ~56MIN Pharmacy PhD states "Bag of fentanyl is around \$29.00 per bag....morphine, fentanyl, dilaudid they are all really cheap. Pharmacy cost not street value" | If bags of fentanyl are \$29.00 why steal it? |
| | DETECTIVE BODY CAM ~58 min "Why not make a hard stop in pyxis for pulling medication so you can only pull one in a certain amount of time?" [Director of ICU?] Pharmacy PhD states "you cannot do that for safety reasons." Other person states "oh right because if you drop it contaminate it etc....he (Doe?) was probably looking at other board so he could see who our sick patients were so he could go in there and get the(gestures with hand a forward motion)." | This does not equate guilt. Multitude of reasons Mr. Doe was looking at patient assignment board. Since he is facing away from the camera there is no conclusive evidence he is looking at the board, his eyes could be closed. |
| | DETECTIVE BODY CAM ~1:03:00 All parties speculate that Doe was speaking to the charge nurse [Wallace] because he had a "good view of the chart" or the assignment board. When asked what he was speaking about with the Charge Nurse, that nurse stated "he was asking me why I was charge, and the goings on in the unit" | Speculation, not pertinent or factual. When short staffed or no charge nurse is working, nurses often are requested to take the charge nurse position based upon seniority/staff RN vs. traveler |
| | DETECTIVE BODY CAM ~1:06:00 More speculation regarding Doe: "The amount of time he spent in the med room was a long time. It doesn't take that long. He was probably contemplating 'should I take another one.'" | Delay in med room: Mr. Doe could have received a phone call or could have forgotten which meds to grab (if your meds are late the Pyxis does not tell you what is due), it |



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| | <p>"It is usually two minutes or less we are in and out."</p> <p>"He was a traveler ya. There is a reason you are a traveler."</p> <p>"You are there for only three months then you are gone, so no one catches on."</p> <p>"There is no reason it should take somebody THAT long."</p> | <p>is common to forget your patient's name as well</p> <p>.</p> <p>As shown in the bodycam footage at the beginning when the detective was being introduced to the Pyxis machine, the "med" room is also the supply room. A nurse did enter the supply room for denture cream and swabs while the detective and Manager and Pharmacist were in the room.</p> <p>Doe could have taken supplies from the room that the ER did not have. It is common practice for nurses to take supplies when they have access to them. Not all units are stocked the same.</p> |
| | <p>DETECTIVE BODY CAM ~1:17:00</p> <p>Claims that Doe went into the "bathroom" for thirty minutes unfounded. He entered the breakroom/bathroom combo at this hour. They stated he was "not clocked out for his lunch" but that he was in the room for over 30 minutes.</p> <p>Claimed the light went off in the staff breakroom "he was in there and the light went off."</p> <p>Security guard stated, "when he came out of the bathroom he was looking for his WOW which was still in the same place it had been all night he's kind of 'gestures side to side movements with body as if disoriented.'"</p> <p>Pharmacist states "if you have been doing this for a while [taking an illegal substance like fentanyl] your tolerance increases so you can go up and up and up."</p> | <p>Nurses get 3 breaks on average. Sometimes two thirty-minute breaks and one 45 minute or a few fifteen-minute breaks depending on the staffing availability.</p> <p>Automatic lights will turn off if there is no movement. Does not equate to any type of guilt.</p> <p>It is common practice for night shift nurses to take naps in order to keep up their work and sleep pattern differentiation. Claiming disorientation because of leaving the breakroom does not automate guilt of "taking the drug he stole."</p> |



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| | <p>When Doe leaves the breakroom Alice states "see his hand is in his pocket. Then it switches to another pocket. He kind of looks this way looks this way like 'where am I gonna get rid of what I have?' Cause that is the sense that we get from watching this."</p> <p>Claims suspicion because "his has still hasn't left his pocket."</p> | <p>If Mr. Doe was suspected of taking the drug, why was he not asked to do a drug test?</p> |
| | <p>DETECTIVE BODY CAM ~1:24:00 "Evidence of when he seems flushed after he comes out of the dirty utility room." Detective states "oh ya he is red." Alice tells detective "Ya and he is kind of doing this thing with his hands [brushes hands up and down sides of legs]. At this time the Pharmacist is talking to Doe on the camera regarding why the meds were not given. [no audio, unable to verify]</p> | <p>Doe just returned from a break, he could be trying to wake up, he could have antibacterial solution on hands trying to dry them off, could be trying to warm up his hands. Hospitals are notorious for being cold. A blanket warmer is in every unit because of this reason. Many nurses wear blankets from the warmer themselves because of how cold it can be.</p> |
| | <p>DETECTIVE BODY CAM ~1:28:00 Detective educates hospital employees that it is up to them what they want to do with Mr. Doe. He says it is a "crime of violence." Alice states they plan on bringing him [Doe] in the next day after this footage, to terminate him. Detective clarifies that the medication [fentanyl] was prescribed to the patient Doe pulled it on. Alice explains, the medication, fentanyl, was prescribed to the patient, however Doe was not caring for that patient and he did not give the med to the patient. There is no evidence on the video of him going into that patient room at all.</p> | |
| | <p>DETECTIVE BODY CAM ~1:30:43 Detective states he doubts the case will be prosecuted by the DA because of lack of evidence on the video.</p> | <p>Detective admits lack of evidence in case.</p> |



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| | Key point is his statement. He states he can catch him in a lie if he denies taking the fentanyl. | |
| | DETECTIVE BODY CAM ~1:36:27 Detective states the video explains suspicion and is indirect evidence. | |
| | DETECTIVE BODY CAM ~1:40:30 Alice states Doe has a temper, he's kind of a hot head. "He gets really pushy and he turns up the volume, | In other interviews, Doe is described as "energetic" and a "great employee." |
| | Surveillance video footage: Difficult to discern which video pertains to ED/Breakroom/ICU | Concern 1: several different accounts state that Doe stopped in the ICU to look at the board of patients and nurses. This is common practice when going to other units. Sometimes there are patients you cared for in ED that you are curious if they are still in ICU, or you may want to know if a friend is working that shift. Concern 2: It was also stated in reports that Doe was seen standing in room 103 and it was empty. He is an ED nurse, there is a chance one of his patients has orders or will have orders to go to ICU and he wants to know if the room is ready, or if they have an empty room in case he receives an ICU patient later in his shift. He may have also had a patient that was in that room that he cared for. It is not uncommon practice as bedside RNs, nor would it be deemed "suspicious." Concern 3: Though Doe did enter the med room in the |



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| | | <p>ICU, he spoke with the nurse at the desk for about two minutes before entering the room. He also spoke to her before entering the room as he punched in the key code. Would someone about to steal medication draw attention to themselves?</p> <p>Concern 4: it is not discernible on the video whether his pant leg "bulged" or not. Also, your typical scrubs could not hold 2 bags of fentanyl in the pocket, the bags are too big. Also, he could have saline flushes, flush bag for his "antibiotic" he stated to be removing from the pyxis in the ICU. He could also have put alcohol swabs, gauze, or lancets in his pockets. False accusation with no merit. The med rooms are full of items that are sometimes out of stock in other units. It is common bedside practice to utilize whatever supplies you can get when you can get them.</p> |
| VERBAL CLAIMS | POLICY AND PROCEDURE: Controlled Substance Diversion Prevention and Detection 5.1.4.1 DEA form 106 "report of theft or loss of controlled substances" | Pg. 6 of 7 |
| | pg. 33 Why did nurse only have pt assigned for 4 hours? 8/29 03:30-07:00. (pg. 10 follow-up Doe accused of "stealing" medication when ICU nurse assumed care of patient 8/29 0330) | |



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| | <p>pg. 2 of 3 of 2602 GRIFFIN'S report 11.10.2020: "DOE TOLD ME HE WAS IN A TYPE OF ALTERCATION WITH AN ED DOCTOR THAT WAS RECENTLY PROMOTED. HE SUGGESTED SOMEONE WAS TRYING TO GET HIM FIRED. DOE ALSO SUGGESTED OTHER NURSES HAVE ACCESS TO THE MACHINE TO ACCESS AND DISPENSE MEDICATION. DOE DID NOT PROVIDE INFORMATION AS TO WHO WOULD CREATE A FRAUDULENT TRANSACTION TO IMPLICATE HIM"</p> | <p>No records of "altercation with doctor" are present at the time of this report.</p> <p>The pharmacist PharmMD and Nurse Supervisor Schultz never mentioned any altercation involving Doe and a doctor.</p> |
| | <p>ER and ICU are walking distance from each other</p> | <p>Medications only removed from ICU pyxis and never in the ER. Mr. Doe was able to walk across the hallway to the ICU to remove the bags of fentanyl from the ICU Pyxis.</p> |
| | <p>MICHAEL PO'S WRITTEN STATEMENT: Accused of removing 6 bags of Fentanyl prior to the incident on 10.01.2020. The first occurring on 06.06.2020 0033. 06.06.2020 0033- 1 bag Fentanyl. 08.21.2020 0057 - 1 bag Fentanyl. 08.21.2020 0534- 1 bag Fentanyl. 08.29.2020 0330 - 2 bag Fentanyl. 09.11.2020 0340- 1 bag Fentanyl.</p> | |
| | <p>DOE PR Pt2.pdf- pg. 21</p> <p>October 1st PharmMD did not remove bags of fentanyl, only "rearranged" drawer.</p> <p>October 2nd, PharmMD returned to Pyxis and 6 bags were in drawer, prior day of 8. Found one nurse, Doe, removed two bags overnight for one patient, back to back.</p> <p>DOE hired as travel nurse for Medical Surgical Department. 26-weeks total</p> <p>Doe hired as "full time" employee of the ED after "travel assignment" completed.</p> <p>"Doe worked in the ED and floated to</p> | |



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| | <p>different hospital departments, specifically ICU."</p> <p>Results of "investigation" by ?</p> <p>"Revealed that between April 1, 2020, and October 6, 2020, Doe withdrew/pulled a total of seven 1,000mcg/100 mL IV piggyback bags of fentanyl from the ICU pyxis machine."</p> | |
| | <p>DOE PR Pt2.pdf- pg. 27</p> <p>"According to Director, Doe worked as an ED RN and did not work in the ICU. He worked in the ED for approximately one year. Prior to obtaining employment as a staff RN with DHM, Doe was a "traveler in-house" that worked in Med/Surg and floated to the ED on occasion. Van Der Maaten told me the ED night shift thought Doe was 'great.' She recalled Doe always having energy and would talk a lot."</p> <p>One complaint received regarding Doe which resulted in a "write-up" from a patient complaint that Doe was "insensitive and rude."</p> | <p>Previous details state that Doe worked only 26-weeks as a travel RN in the Med/Surg unit. This is only about six months. He started in January in that unit.</p> <p>The dates of the "stolen" drug start in June of 2020, not during his time as a traveler.</p> <p>Doe described as a great employee.</p> <p>In the ER, many people are sensitive to being told to "please wait, your nurse will be with you shortly." Details of this accusation are required for further scrutiny. Also, ED is a constantly moving unit where most people have bad experiences.</p> |
| | <p>DOE PR Pt2.pdf- pg. 28</p> <p>"MPD's investigation failed, and because he filed assault charges against the head of the ED doctor."</p> | <p>Where is this document located?</p> |
| Board of Registered Nursing | <p>Pg. 3</p> <p>Doe stated did not know how his ID could be tied to the medication</p> | |



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| Investigation Document | Pg. 4 Unprofessional conduct? Denies removing drug. | Where is this record? What quantifies misconduct? |
| | Pg. 6 Nurse Managers, Pharmacy Techs, Pharmacists given "special privileges" can access Pyxis and run reports. PharmMD stated "she discovered a discrepancy." She states the paper logs attached to the bags of fentanyl were also left in the drawer without the bags of the drug. | This was not in the bodycam footage or in the police report |
| | Pg. 7 Director found total of 7 discrepancies involving Doe and fentanyl | Why was this not caught sooner? |
| | Pg. 10 "Doe believed the reason DHM was bringing up additional documents for missing fentanyl was because DHM could not prove he diverted fentanyl, MPDs investigation failed, and because he filed assault charges against head of ED Doctor" | Where is this assault charge filing? |
| | Pg. 11 Paragraph 2 "According to Doe on October 1 st , 2020, he arrived to DHM to work the night shift and had a patient that was "homeless" and having seizures. The patient had a prescription for an antibiotic and Keppra which were not in the ED Pyxis machine, so he went to the ICU's Pyxis machine and "grabbed the two medications," returned to his "WOW," went to the restroom and returned to administer the medications to his patient. He told me after administering the medications to the patient he received a "bed notification" and took the patient upstairs. Doe told medications administration, scanning the medication, and "hang the medication." Doe | Bed notification-notice the patient has a room for admit upstairs in the hospital. |



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| DOE, DAVID | "FACTS" OR FINDINGS | EXPERT NURSE EXPLANATIONS |
|------------|--|---|
| | confirmed the patient did not have fentanyl prescribed to him. | Hang the medication-administer to patient and physically hang on an IV pole |
| | Pg. 11 Paragraph 4 "Doe stated, 'no medication was ever pulled and diverted.' He asked me why the additional missing fentanyl bags were not part of the reason DHM terminated him nor was that information provided to the MPD Officer who conducted the investigation." | |
| | Pg. 11-12 Paragraph 5-1 | Full explanation regarding the "red tag" of fentanyl bag significance |
| | Pg. 12 Paragraph 2 Doe states he wants a few days to get an attorney. "I don't want to lose my license. I'm the bread winner. I'm scared as shit." | |
| | Pg. 12 Paragraph 6 Smith confirmed that Doe did retrieve medication from the Pyxis machine on October 1 st , 2020 at 2326 hour, but it was not Fentanyl. | Manager confirmed Doe did not remove Fentanyl in statement. |

QUESTIONS/MISSING DOCUMENTATION

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| DOES DRUG SCREEN | Did hospital access any type of drug screen on employee? |
| STREET VALUE OF FENTANYL BAGS/VALUE OF FENTANYL BAGS | Pharmacist stated "\$29.30" is the hospital cost for a bag of fentanyl |
| POLICY AND PROCEDURE OF DISCIPLINARY ACTION AGAINST EMPLOYEES | Missing from file |
| POLICY AND PROCEDURE: RN BREAKS | Most 12hr shift nurses are allotted 115min in break time. |



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| <p>HOW OFTEN PYXIS IS COUNTED, BY WHOM, BY TIME/SHIFT/FREQUENCY/CONSISTENCY</p> <p>CNA/NNA/UNION?</p> | <p>Depending on the hospital, it can be broken up into two 30min breaks and one 45min break. Some hospitals require 3 fifteen-minute breaks and two 30-minute breaks. Each hospital is different.</p> <p>Each hospital has their own procedure for how the pyxis controlled medications are counted and by whom i.e.:</p> <ul style="list-style-type: none"> • Two RNs • Pharmacy tech • Pharmacist <p>There is usually a schedule of how often this occurs as well.</p> <p>Is Doctor's of Manteca a unionized hospital?</p> |
| <p>HOSPITAL STRUCTURE FOR DISCIPLINE</p> | <p>Chain of command documentation needed</p> |
| <p>DOE'S DISCUSSION WITH NIGHT ICU CHARGE NURSE Wallace</p> | <p>What did Doe and Ms. Wallace discuss when he visited ICU on 10.01.2020?</p> |
| <p>Drug test policy for random drug tests?</p> | <p>Why was Doe not drug tested when discovery was made? Or within a few days of discovery?</p> |
| <p>Did he remove Fentanyl only in ICU med room?</p> | <p>Records indicate Fentanyl only removed from ICU Pyxis</p> |
| <p>Can you back time/remove medication and insert different time into Pyxis when removing it?</p> | <p>No, not able to backlog. Pyxis is live.</p> |
| <p>COVID EFFECTS</p> <p>What were the hospitals policies regarding COVID?</p> <p>Were visitation rules changed daily? Weekly?</p> <p>Were there leave of absence resources for nurses who were having difficulties working during COVID?</p> | <p>Many nurses quit, were fired, had burnout during COVID.</p> <p>Many hospitals changed their visitation policies hourly, daily, weekly and each month. What did Doctor's of Manteca do during COVID for visitation?</p> <p>Some nurses refused to work with COVID patients, near COVID patients, and refused to work if there were more than four COVID patients on the unit. Some nurses would not call in sick, they simply did not show up. Others left the bedside completely.</p> |



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| <p>Mr. Doe started at Hospital in January of 2020.</p> <p>Documents required:</p> <ul style="list-style-type: none"> • EOW • PERFORMANCE REVIEWS? • DOE'S REVIEW OF HOSPITAL • COPIES OF DISCIPLINARY ACTIONS | <p>Every year, quarter etc. there are performance reviews that occur for the employees towards the hospital, management, unit, etc. as well as how the employee performed.</p> <p>It was stated that a patient made a complaint about Doe, where is that document?</p> |
| <p>How often did employees attend in-services/training?</p> | <p>Were they up to date on information regarding Pyxis and med administration</p> |
| <p>Any records from other facilities?</p> | <p>History of complaints? Issues with coworkers? Any medicine errors from other facilities?</p> |
| <p>Documents needed</p> | <p>Full report that Detective, Pharmacist, and Nurse Manager were looking over during videoed investigation. Only one version of this document is available for scrutiny. (~34 minute mark on bodycam footage the missing document is on the Detective's LEFT and in the pharmacist's RIGHT hand).</p> <p>What was the count the days before AND after Doe "removed" fentanyl in all instances?</p> <p>Who was removing or restocking Pyxis each time?</p> <p>Rate/run schedule of the fentanyl to know if there were boluses ordered, what the rate the medication was running at, how often and frequently the rate could be changed etc.</p> |
| <p>Cassette/pocket reset in Pyxis</p> | <p>If a medication in a pocket/cassette does not allow that drawer to be closed it will ask the user to "recover drawer" because it was not closed properly.</p> <p>When a person goes to access a medication that is stored in the same drawer but different pocket, it will open and that person has to count how many medications are in that pocket prior to closing it. (another nurse signature/ID scan is not required).</p> |



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For instance:
If nurse goes into Pyxis getting Med A and it is in the same drawer as the Fentanyl pocket, and the Fentanyl pocket was not closed properly, before the nurse can access Med A's pocket, the Fentanyl pocket will open and ask the user to "recover drawer." Once this is done then the pocket for Med A will open and the user can proceed to remove the medications they wanted.

How do they know Doe accessed that patient and not that the drawer/pocket was requiring a recovery?

RESOURCES:

[Pandemic's Impact on the Nursing Profession | U.S. News \(usnews.com\)](#)

[Why so many nurses are quitting \(and what to do about it\) \(advisory.com\)](#)

