

ORIGINAL

1239 Kipke Drive Ann Arbor, MI 48109-2036

THE UNIVERSITY OF MICHIGAN
GENERAL INCIDENT REPORT

CASE STATUS	RELATED UM INCIDENT	INCIDENT YEAR	INCIDENT NUMBER
Open CLASSED		2008	1400

OFFENSE 1	NATURE OF OFFENSE Death Investigation		ATTEMPT/COMPLETE Completed	BIAS MOTIVATION None	WEAPON None
	OFFENDER SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		PREMISES ENTERED	GANG INVOLVED <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER	DOMESTIC VIOLENCE No
	CRIMINAL ACTIVITY <input type="checkbox"/> OPERATING/PROMOTING/ASSISTING <input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING <input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING <input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING <input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING				

OFFENSE 2	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	OFFENDER SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		PREMISES ENTERED	GANG INVOLVED <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER	DOMESTIC VIOLENCE
	CRIMINAL ACTIVITY <input type="checkbox"/> OPERATING/PROMOTING/ASSISTING <input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING <input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING <input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING <input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING				

OFFENSE 3	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	OFFENDER SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		PREMISES ENTERED	GANG INVOLVED <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER	DOMESTIC VIOLENCE
	CRIMINAL ACTIVITY <input type="checkbox"/> OPERATING/PROMOTING/ASSISTING <input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING <input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING <input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING <input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING				

OFFENSE 4	NATURE OF OFFENSE		ATTEMPT/COMPLETE	BIAS MOTIVATION	WEAPON
	OFFENDER SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		PREMISES ENTERED	GANG INVOLVED <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER	DOMESTIC VIOLENCE
	CRIMINAL ACTIVITY <input type="checkbox"/> OPERATING/PROMOTING/ASSISTING <input type="checkbox"/> CULTIVATING/MANUFACTURING/PUBLISHING <input type="checkbox"/> EXPLOITING CHILDREN DISTRIBUTING/SELLING <input type="checkbox"/> BUYING/RECEIVING POSSESSING/CONCEALING <input type="checkbox"/> USING/CONSUMING TRANSPORTING/TRANSMITTING/IMPORTING				

INCIDENT LOCATION					
STREET NUMBER	STREET NAME	CITY	STATE	ZIP	ROOM#
1500	E MEDICAL CENTER	Ann Arbor	MI	48109	
INCIDENT OCCURED					
DATE FROM	TIME FROM	DATE TO	TIME TO	INCIDENT REPORTED DATE	INCIDENT REPORTED TIME
12/11/2007	00:00	12/11/2007	04:00	4/11/2008	14:15
ORIGINATING UNIT Public Safety					

PERSONS INVOLVED					
SEQ	PERSON TYPE	NAME		GENDER	RACE
1	Complainant			Female	Black
HOME ADDRESS			HOME PHONE	AGE	DOB
				00	
OTHER ADDRESS			OTHER PHONE	BEST TIME TO REACH	AFFILIATION
					Unknown

VICTIM	VICTIM TYPE	CONNECTED OFFENSE	ETHNICITY	RESIDENCE	INJURY
	Not Applicable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Unknown	Unknown	None
	CIRCUMSTANCE	JUSTIFIABLE HOMICIDE	VOR	OFFENDER 1	OFFENDER 2
Not Applicable	Not Applicable		Victim was Stranger	Victim was Strange	OFFENDER 3
				Victim was Stranger	OFFENDER 4
					OFFENDER 5
					Victim was Stranger

OFFENDER	HEIGHT	WEIGHT	BUILD	HAIR STYLE	HAIR COLOR	EYE COLOR	FACIAL HAIR	EYE WEAR
	0'00	0	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
	ALIAS	COMPLEXION	OPS CODE/STATE	OTHER ID	SSN			
	Unknown/None	Unknown	Unknown/None					

EXCEPTIONAL CLEARANCE	CLEARANCE DATE	OFFENDER KNOWN	VEHICLE KNOWN	EVIDENCE COLL.	OTHER AGENCY ORI	OTHER AGENCY CASE
Not applicable		No	No	No		
REPORTING OFFICER	SIGNATURE	DATE OF REPORT	REVIEWED BY			
Soichet, Robert		4/16/2008				

THE UNIVERSITY OF MICHIGAN ADDITIONAL PERSON REPORT

INCIDENT YEAR	INCIDENT NUMBER
2008	1400

PERSON INVOLVED		PERSON INVOLVED	
SEQ	PERSON TYPE	NAME	RACE
2	Other Person	PORTERFIELD, DOROTHY ANN	Black
HOME ADDRESS		HOME PHONE	AGE
			79
OTHER ADDRESS		OTHER PHONE	AFFLIATION
			Patient

VICTIM	VICTIM TYPE	CONNECTED OFFENSE	ETHNICITY	RESIDENCE	INJURY
	Not Applicable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Unknown	Unknown	None
	CIRCUMSTANCE	JUSTIFIABLE HOMICIDE	VOR	OFFENDER 1	OFFENDER 2
	Not Applicable	Not Applicable		Victim was Stranger	Victim was Stranger
				OFFENDER 3	OFFENDER 4
				Victim was Stranger	Victim was Stran
				OFFENDER 5	OFFENDER 5
				Victim was Stranger	Victim was Stranger

OFFENDER	HEIGHT	WEIGHT	BUILD	HAIR LENGTH	HAIR COLOR	EYE COLOR	FACIAL HAIR	EYE WEAR
	0'00	0	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
	ALIAS	COMPLEXION	OPS CODE/STATE	OTHER ID	SSN			
	Unknown/None	Unknown	Unknown/None					

PERSON INVOLVED		PERSON INVOLVED	
SEQ	PERSON TYPE	NAME	RACE
3	Witness		Black
HOME ADDRESS		HOME PHONE	AGE
			00
OTHER ADDRESS		OTHER PHONE	AFFLIATION
			Unknown

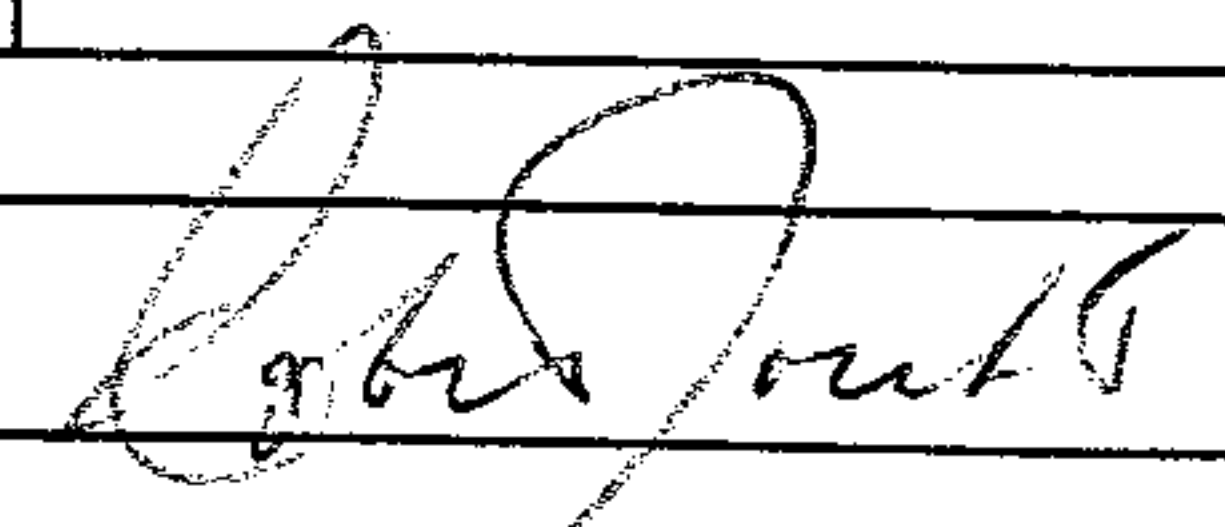

VICTIM	VICTIM TYPE	CONNECTED OFFENSE	ETHNICITY	RESIDENCE	INJURY
	Not Applicable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Unknown	Unknown	None
	CIRCUMSTANCE	JUSTIFIABLE HOMICIDE	VOR	OFFENDER 1	OFFENDER 2
	Not Applicable	Not Applicable		Victim was Str	Victim was Str
				OFFENDER 3	OFFENDER 4
				Victim was Str	Victim was S
				OFFENDER 5	OFFENDER 5
				Victim was Str	Victim was Str

OFFENDER	HEIGHT	WEIGHT	BUILD	HAIR LENGTH	HAIR COLOR	EYE COLOR	FACIAL HAIR	EYE WEAR
	0'00	0	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
	ALIAS	COMPLEXION	OPS CODE/STATE	OTHER ID	SSN			
	Unknown/None	Unknown	Unknown/None					

PERSON INVOLVED		PERSON INVOLVED	
SEQ	PERSON TYPE	NAME	RACE
4			
HOME ADDRESS		HOME PHONE	AGE
OTHER ADDRESS		OTHER PHONE	AFFLIATION

VICTIM	VICTIM TYPE	CONNECTED OFFENSE	ETHNICITY	RESIDENCE	INJURY
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
	CIRCUMSTANCE	JUSTIFIABLE HOMICIDE	VOR	OFFENDER 1	OFFENDER 2
				OFFENDER 3	OFFENDER 4
					OFFENDER 5

OFFENDER	HEIGHT	WEIGHT	BUILD	HAIR LENGTH	HAIR COLOR	EYE COLOR	FACIAL HAIR	EYE WEAR
	ALIAS	COMPLEXION	OPS CODE/STATE	OTHER_ID	SSN			

REPORTING OFFICER	SIGNATURE	DATE OF REPORT	REVIEWED BY
Soichet, Robert		4/16/2008	

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
	4/11/2008	Information- Hospital Death	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Information	INFORMATION RECEIVED FROM:		SUPERVISOR REVIEW: RN

NATURE:

Information – U-M Hospital Death Investigation

SUMMARY:

and her sister told me that their mother had died at U-M Hospital on 12/11/2007. They said they had unanswered questions from the hospital because the private autopsy that they had performed listed the cause of death as asphyxia and the manner of death unknown, but the death certificate lists the cause of death as metastatic small cell lung cancer and the manner of death natural.

STATEMENT OF

told me that her mother had been in the hospital since the end of October until her death on 12/11/07 at around 03:27. She said the actual time of death was not known, but that was when she was pronounced dead.

She told me that her mother had a tracheotomy but that at the time of her death the trach tube was found on the floor. She said another sister of hers, was in the room but asleep at the time and they don't know how the tracheotomy tube came out.

She told me that the head RN, a man named tried to get her sister to sign a document, but her sister refused. She said he also told human resources that their family did not want but this is untrue.

She told me that her mother had been in different areas during her hospital stay and that someone from the family was with her all the time. She said that there was a problem with the bed rail not staying up, when her mother was on the 6th floor and her mother died on the 5th floor.

She told me that her family has been asking for the paperwork of the investigation done by the U-M hospital for months but has not received it and because of that and the question of the trach on the floor, they therefore came to the police.

STATEMENT OF

She added that her mother entered the hospital around the 27th of October. She also described for me the problem of the bed rail not staying up for long and the hospital not staff not taking care of this, although the family complained about it. She also told me that their sister, had refused to sign a document that RN tried to get her to sign.

She said that her mother's trach seemed to her to have been held in place by rubber bands and that when her mother coughed she just coughed gently (not like normal) and she didn't understand how the trach could have come out.

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
	4/11/2008	Information- Hospital Death	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Information		INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN

ADDITIONAL INFORMATION:

provided me a copy of the death certificate as well as the autopsy report. The autopsy was performed by Kanu Virani, MD. She identified herself as the legal representative for the deceased and signed a release of medical information form.

I contacted _____ of Autopsy and Forensic Services at U-M Hospital, who told me that her office was unaware of this case.

I contacted Hospital Risk Management and am awaiting a call back.

I called _____, identified myself and asked to speak with her for a few minutes but she told me that she was not feeling well and did not wish to talk. She agreed to speak with me or someone else next week.

CASE STATUS:

Open

**STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD**

**COUNTY OF WASHTENAW
STATE OF MICHIGAN**

**STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER
3013486

2007-03415-D



1. DECEDENT'S NAME (First, Middle, Last) Dorothy Ann Porterfield		2. DATE OF BIRTH (Month, Day, Year)	3. SEX Female	4. DATE OF DEATH (Month, Day, Year) December 11, 2007
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) Dorothy Ann Smith		6a. AGE - Last Birthday (Years) 79	6b. UNDER 1 YEAR MONTHS DAYS	6c. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) University Hospitals		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Ann Arbor		7c. COUNTY OF DEATH Washtenaw
8a. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY	8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (inside limits of) <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE		8d. STREET AND NUMBER (include Apt. No. if applicable)
8e. ZIP CODE	9. BIRTHPLACE (City and State or Country) Brownsville, Pennsylvania		10. SOCIAL SECURITY NUMBER	11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 10th grade
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) Black		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe African American		13b. HISPANIC ORIGIN (Yes or No) No
14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) No		15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Custodian		
16. KIND OF BUSINESS OR INDUSTRY Bank		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) James Smith		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Corine Smith		
21a. INFORMANT'S NAME (Type/Print)		21b. RELATIONSHIP TO DECEDENT Daughter	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)	
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Forest Lawn Cemetery		23b. LOCATION - City or Village, State Saginaw, Michigan
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>Caroline L. Miller</i>		25. LICENSE NUMBER (of Licensee) 6948	26. NAME AND ADDRESS OF FUNERAL FACILITY Evans-Smith Funeral Home 630 N. Jefferson Ave. Saginaw, Michigan 48607	
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place stated due to the cause(s) and manner stated. Signature and Title <i>D. Ballard</i> M.D.		28a. ACTUAL OR PRESUMED TIME OF DEATH 3:27A	28b. PRONOUNCED DEAD ON (Mo, Day, Yr) December 11, 2007	28c. TIME PRONOUNCED DEAD 3:27A
27b. DATE SIGNED (Mo, Day, Yr) December 11, 2007		27c. LICENSE NUMBER 090084	29. MEDICAL EXAMINER CONTACTED? (Yes or No) No	30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital
29. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient		
32. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Darren Ballard, M.D., University Hospitals, Ann Arbor, Michigan 48109		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
35a. REGISTRAR'S SIGNATURE <i>Carrene Keskuba</i>		35b. DATE FILED (Month, Day, Year) JAN 07 2008		

36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. Metastatic Small Cell Lung Cancer DUE TO (OR AS A CONSEQUENCE OF)	Approximate Interval between Onset and Death Months
b. _____ DUE TO (OR AS A CONSEQUENCE OF)	
c. _____ DUE TO (OR AS A CONSEQUENCE OF)	
d. _____	

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 92 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural	40a. WAS AN AUTOPSY PERFORMED? (Yes or No)
40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	

TYPE IN PERMANENT INK
 For use by physician or institution
 PARENTS
 INFORMANT
 DISPOSITION
 CERTIFICATION
 CAUSE OF DEATH

7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c)
 HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)
University Hospitals

7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH
Ann Arbor

7c. COUNTY OF DEATH
Washtenaw

8a. CURRENT RESIDENCE - STATE
Michigan

8b. COUNTY
Washtenaw

8c. LOCALITY (check the box that describes the location)
 CITY OR VILLAGE (inside limits of)
 TOWNSHIP
 UNINCORPORATED PLACE

8d. STREET AND NUMBER (include Apt. No. if applicable)
10th grade

9. BIRTHPLACE (City and State or Country)
Brownsville, Pennsylvania

10. SOCIAL SECURITY NUMBER

11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?
10th grade

12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie Chinese, Filipino, Asian Indian, etc.) (Enter all that apply)
Black

13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) if American Indian race, enter principal tribe
African American

13b. HISPANIC ORIGIN (Yes or No)
No

14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No)
No

15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired.
Custodian

16. KIND OF BUSINESS OR INDUSTRY
Bank

17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
Widowed

18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)

19. FATHER'S NAME (First, Middle, Last)
James Smith

20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last)
Corine Smith

21a. INFORMANT'S NAME (Type/Print)
Daughter

21b. RELATIONSHIP TO DECEDENT
Daughter

21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)

22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify)
Burial

23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location)
Forest Lawn Cemetery

23b. LOCATION - City or Village, State
Saginaw, Michigan

24. SIGNATURE OF MORTUARY SCIENCE LICENSEE
Caroline L. Miller

25. LICENSE NUMBER (of Licensee)
6948

26. NAME AND ADDRESS OF FUNERAL FACILITY
**Evans-Smith Funeral Home
 630 N. Jefferson Ave., Saginaw, Michigan 48607**

27a. CERTIFIER (Check only one)
 Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

27b. DATE SIGNED (Mo, Day, Yr)
December 11, 2007

27c. LICENSE NUMBER
090084

27d. SIGNATURE AND TITLE
D. Ballard M.D.

28a. ACTUAL OR PRESUMED TIME OF DEATH
3:27A

28b. PRONOUNCED DEAD ON (Mo, Day, Yr)
December 11, 2007

28c. TIME PRONOUNCED DEAD
3:27A

29. MEDICAL EXAMINER CONTACTED? (Yes or No)
No

30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify)
Hospital

31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)
Inpatient

32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)

33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Darren Ballard, M.D., University Hospitals, Ann Arbor, Michigan 48109

34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)
Darren Ballard, M.D., University Hospitals, Ann Arbor, Michigan 48109

35a. REGISTRAR'S SIGNATURE
Lawrence Kestenbaum

35b. DATE FILED (Month, Day, Year)
JAN 07 2008

36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, IF ANY, leading in the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. **Metastatic Small Cell Lung Cancer**
 DUE TO (OR AS A CONSEQUENCE OF)

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d. DUE TO (OR AS A CONSEQUENCE OF)

Appropriate Interval between Onset and Death
Months

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

37. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No Unknown

38. IF FEMALE:
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days or more before death
 Unknown if pregnant within the past year

39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)
Natural

40a. WAS AN AUTOPSY PERFORMED? (Yes or No)
Yes

40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
No

41a. DATE OF INJURY (Mo, Day, Yr)

41b. TIME OF INJURY
M

41c. DESCRIBE HOW INJURY OCCURRED

41d. INJURY AT WORK (Yes or No)

41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)

41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)

41g. LOCATION - Street or RFD No. City, Village or Twp. State

For use by physician or institution

PARENTS
INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

DC11-0483 10/01

B236830



I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

DATED: **JAN 07 2008**

Lawrence Kestenbaum
LAWRENCE KESTENBAUM
 WASHTENAW COUNTY CLERK/REGISTER



KANU VIRANI, M.D.
CONSULTING FORENSIC PATHOLOGIST

6189 Beachwood Court
West Bloomfield
MI 48324-3320
248-858-4044
248-363-1481

Dear

Attached is an autopsy report on Dorothy Porterfield. Do not hesitate to call me if you have any questions.

Sincerely

Kanu Virani
KANU VIRANI, M.D.
1-31-08

*I need this copy: 3/27/2008 (about 8:30 AM - 9 AM)
the meeting of Kanu Virani, M.D., his assistants
& myself,
the Secretary*

OPINION

Dorothy Porterfield died of asphyxia due to dislodgement of tracheostomy tube. Treated metastatic small cell carcinoma of lung is contributing to her death. She also had severe pulmonary emphysema. There are no physical injuries. The manner of death is undeterminable (unclear how the tracheostomy tube was dislodged).

EXTERNAL EXAMINATION

The body is that of a black female, 60 inches, about 120 lb, normally developed, normally nourished, and with an appearance consistent with the stated age of 79 years. There are no clothes on the body.

The body is cold. Rigor mortis is fully developed. Livor mortis is purple, fixed, and dorsal.

Scalp hair is dark brown to gray, curly, short and thin. The head and face are unremarkable. The irides are brown. Arcus senilis is present in both eyes. Central portions of cornea are clear. The scleras are white. There are no conjunctival petechiae or hemorrhages. There are no teeth. The nostrils, mouth, and ears are unremarkable. Hypopigmented skin is present on anterior portion and left side of the lower neck. The chest is symmetrical and barrel shaped. The breasts are atrophic with small palpable fibrotic areas. The abdomen is mildly distended. A very small superficial area of ecchymosis is present on right side of the abdomen. The genitalia are that of an adult female and are without remarkable findings. Lower extremities are symmetrical. There is no visible or palpable edema. Hypopigmented skin is present on right upper arm and central portion of the upper part of the back. The hands and fingers are unremarkable. Very superficial decubitus is present in the lower sacral and upper gluteal areas. There is no visible infection in the decubitus.

SCAR: 1 ½ inch healing scar is present on right side of the lower neck. A midline scar is present on lower abdomen.

TATTOO: None

DOROTHY PORTERFIELD

EVIDENCE OF THERAPY: An opening for tracheostomy tube is present in the suprasternal notch. A wide bore needle puncture is present in right upper arm. An opening for feeding tube is present in left side of the upper abdomen. An ecchymosis is present in the left antecubital fossa.

EVIDENCE OF INJURY: None

INTERNAL EXAMINATION

BODY CAVITIES: The right chest has about 500 cc, left chest has about 300 cc and pericardial sac has about 100 cc of serous fluid. The abdominal cavity is empty. Dense pleural adhesions are present in the posterior portion of lower lobe of the right lung. Lower peritoneal adhesions are also present. Remaining serosal surfaces are smooth.

HEAD AND BRAIN: There are no hemorrhages in the scalp. The skull is intact. There are no epidural, subdural or subarachnoid hemorrhages. The brain weighs 1008 gm. The meninges are thin and transparent. The gyri and sulci are normal and symmetrical. There is no brain edema. The cerebral cortex is uniform. The white matter is without focal lesion. Basal ganglia, mammillary body and hippocampi are without abnormality. The ventricles are normal, containing clear cerebro-spinal fluid. The major blood vessels at the base of the brain are intact and normal. The brain stem and cerebellum are without focal abnormalities. Substantia nigra has adequate pigmentation.

NECK ORGANS: There are no hemorrhages in the neck muscles or soft tissue. The laryngeal cartilages, hyoid bone, and cervical vertebrae are intact. The larynx and pharynx are unremarkable. There are no laryngeal edemas or upper airway obstructions. The carotid arteries and jugular veins are patent and normal.

CARDIOVASCULAR SYSTEM: The heart weighs 341 gm. The coronaries are normally distributed with right predominant circulation. Calcification is present in right coronary and left anterior descending coronary artery with 25% focal narrowing in the middle portion of the right coronary artery. The left main and left circumflex coronary arteries are patent. The myocardium has brown appearance. 1.0 cm

DOROTHY PORTERFIELD

subendocardial fibrosis is present in the posterior wall of the left ventricle. Left ventricle measures 1.5 cm and right ventricle measures 0.5 cm in thickness. The endocardium is smooth. The cardiac chambers are within normal limits. The tricuspid valve has 13.0, pulmonic 7.5, mitral 11.0 and aortic 7.0 cm circumference. The cardiac valves are normal and without deformities. The aorta and its major branches are patent and normal. The major veins are patent.

RESPIRATORY SYSTEM: The right lung weighs 567 gm and the left lung weighs 290 gm. Diffuse severe emphysema is present in both lungs. Anthracosis is heavy. Lower lobe of right lung has severe congestion and focal consolidation. The upper and lower airways are unobstructed. Respiratory mucosa is smooth and intact. The pulmonary arteries are patent and without emboli. There are no other focal abnormalities in the lungs.

DIGESTIVE SYSTEM: The tongue and esophagus are normal. The stomach contains about 300 gm of curdy white solid food and thin liquid. There are no mucosal lesions in the esophagus, stomach, or duodenum. There is no hemorrhaging in the stomach or intestines. The intestines and pancreas are normal. The appendix is not present. There are no contusions or lacerations of the mesentery.

LIVER: The liver weighs 1383 gm and its surface is smooth. The parenchyma has a homogeneous brown appearance. There is no fatty degeneration or focal abnormalities. The gall bladder contains about 2 cc of bile. There are no gall stones. The common bile duct is patent.

SPLEEN: The spleen weighs 99 gm. The capsule is intact. The parenchyma is normal.

GENITO-URINARY SYSTEM: The right kidney weighs 106 gm and left kidney weighs 116 gm. The capsules are difficult to separate and subcapsular surfaces are granular. Left kidney has 2.5 cm cortical cyst containing clear fluid. The renal cortex is uniform. Cortico-medullary demarcation is distinct. There are no other focal abnormalities in the renal parenchyma. The caliceal system and ureters are patent with smooth mucosa. The urinary bladder is empty. The bladder mucosa is smooth and intact. The uterus is not

DOROTHY PORTERFIELD

present. Both ovaries are present and show atrophic changes.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenals are unremarkable.

LYMPH NODES: Large lymph nodes are present in the neck and mediastinum with metastatic tumor. The lymph node in the neck measures up to 2.5 cm and in the mediastinum measures up to 5.0 cm.

MUSCULO-SKELETAL SYSTEM: The bones are intact and without natural disease. There is symmetrical atrophy of the skeletal muscles.

MICROSCOPIC EXAMINATION

HEART: Focal myocardial fibrosis is present. The myocytes show hypertrophy. There is no visible acute myocardial infarct. The coronaries show mild arteriosclerosis.

LUNGS: There is severe emphysema with distended alveoli and, thick and congested septa. The bronchial mucosa show chronic submucosal inflammation and focal squamous metaplasia. Occasional small airway also contains mucus. A small area of acute inflammation and loose fibrosis are present with radiation induced reaction (treated part of the tumor). There is no identifiable definite tumor in the lungs. The trachea has mucosal ulceration with significant submucosal edema and acute, as well as, chronic inflammation.

LYMPH NODES: Mediastinal and cervical lymph nodes show treated tumor. There are ghosts of tumor cells however, these cells are not identifiable for any specific diagnosis. Scattered lymphocytes and plasma cells are present among these cells. Focal hemorrhagic necrosis is also present.

BRAIN: There are no identifiable hypoxic changes in Purkinje cells or in hippocampus.

LIVER: There is acute sinusoidal acute congestion. The hepatocytes and portal triads are unremarkable.

KIDNEYS: Mild focal subcapsular chronic inflammation is present. The blood vessels are mildly hypertrophic. There is autolysis of the tubules.

BONE MARROW: The marrow is hypoplastic however, there is no metastatic tumor.

SPLEEN: There is an acute congestion of the sinuses. The germinal centers are inconspicuous.

BREASTS: Extensive sclerosis is present with focal mildly dilated ducts.

URINARY BLADDER: The mucosa is ulcerated with submucosal inflammation and dilated capillaries.

Sections of pituitary, adrenal, colon, small intestine and stomach are unremarkable. The pancreas shows autolysis.

Kanu Virani
KANU VIRANI, M.D.
Consulting Forensic Pathologist
1-31-08

Case: V07-26

Witness: B. van

Rt Chest: @ 500

Lt Chest: @ 300

Peritoneal: *Exempt*

Pericardial: 1.50

Serosal Surfaces: Pt Lt *all*

Head: *q*

Skull: *p*

Brain: 1008 *q*

Neck: *q*

Heart: 341 *pe*

TV: 13.0

PV: 7.5

MV: 11.0

AV: 7.0

Coronaries: *cal*

Myocardium: *R/R*

Aorta: *7.5 cal 5.5*

IV: 1.5

RV: 0.5

Rt Lung: 567 | *Severe cancer*

Lt Lung: 290 | *PLE cong ? fine*

Stomach: @ 300 gm *conden yg-white*

Intestines: *q*

Appendix: *Not seen*

Pancreas: *q*

CBD: *q*

Liver: 1383 *ML q*

Gall Bladder: 2 *ca*

Spleen: 99 *q*

Rt Kidney: 106 | *q/m*

Lt Kidney: 116 | *2.5 con out*

Bladder: *small*

Uterus & Ovaries/Prostate: *not seen*

L.N. *Worm 2.5 cm*

Pituitary: *q*

Thyroid: *e*

Adrenals: *q*

M-S: *q*

Tox Sp: *—*

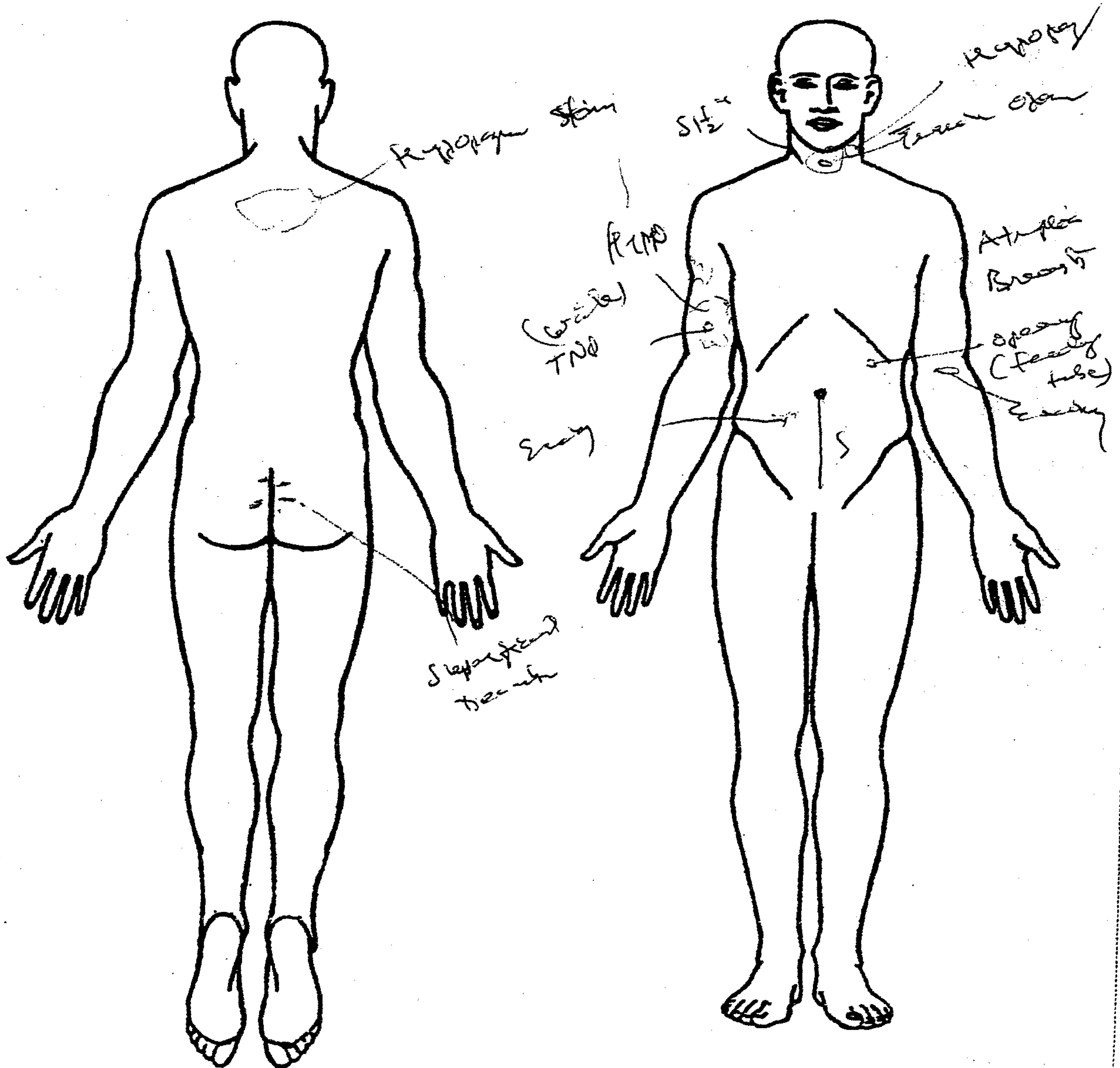
COD: *—*

Case Number: V07-26
 Died at: WOK Hosp.
 Date & Time: 12-11-07 3:27 AM
 Pronounced at:
 Date & Time:
 Injury at:
 Date & Time:
 Brief Circumstances:

Date & Time of Autopsy: 12-12-07, 8:30 AM
 Location: CHC
 Name: DOROTHY ANN PORTERFIELD
 Age: 79 () RF
 Ht & Wt: 60" @ 120 lbs.
 Rigor: full
 Livor: DOMAL fixed.
 Hairs: RR - gray short thin
 Eyes: RR A. seniles
 Teeth: None + or S

TRACHEA ^{tube} came off

NO clothes



ORIGINAL

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT 4/11/2008	INCIDENT TYPE Information- Hospital Death	ORIGINAL YEAR 2008	INCIDENT NUMBER 1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Information	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

NATURE:

Information – U-M Hospital Death Investigation

SUMMARY:

and her sister told me that their mother had died at U-M Hospital on 12/11/2007. They said they had unanswered questions from the hospital because the private autopsy that they had performed listed the cause of death as asphyxia and the manner of death unknown, but the death certificate lists the cause of death as metastatic small cell lung cancer and the manner of death natural.

STATEMENT OF

told me that her mother had been in the hospital since the end of October until her death on 12/11/07 at around 03:27. She said the actual time of death was not known, but that was when she was pronounced dead.

She told me that her mother had a tracheotomy but that at the time of her death the trach tube was found on the floor. She said another sister of hers, was in the room but asleep at the time and they don't know how the tracheotomy tube came out.

She told me that the head RN, a man named tried to get her sister to sign a document, but her sister refused. She said he also told human resources that their family did not want but this is untrue.

She told me that her mother had been in different areas during her hospital stay and that someone from the family was with her all the time. She said that there was a problem with the bed rail not staying up, when her mother was on the 6th floor and her mother died on the 5th floor.

She told me that her family has been asking for the paperwork of the investigation done by the U-M hospital for months but has not received it and because of that and the question of the trach on the floor, they therefore came to the police.

STATEMENT OF

She added that her mother entered the hospital around the 27th of October. She also described for me the problem of the bed rail not staying up for long and the hospital not staff not taking care of this, although the family complained about it. She also told me that their sister, had refused to sign a document that RN tried to get her to sign.

She said that her mother's trach seemed to her to have been held in place by rubber bands and that when her mother coughed she just coughed gently (not like normal) and she didn't understand how the trach could have come out.

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
<input checked="" type="checkbox"/> SUPPLEMENT	4/11/2008	Information- Hospital Death	2008	1400
REPORTING OFFICER: R. Soichet <i>RS</i>	NARRATIVE NAME: Information	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN <i>RS</i>	

ADDITIONAL INFORMATION:

provided me a copy of the death certificate as well as the autopsy report. The autopsy was performed by Kanu Virani, MD. She identified herself as the legal representative for the deceased and signed a release of medical information form.

I contacted _____ of Autopsy and Forensic Services at U-M Hospital, who told me that her office was unaware of this case.

I contacted Hospital Risk Management and am awaiting a call back.

I called _____ identified myself and asked to speak with her for a few minutes but she told me that she was not feeling well and did not wish to talk. She agreed to speak with me or someone else next week.

CASE STATUS:

Open

ORIGINAL

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT 4/17/2008 16:00	INCIDENT TYPE Death Investigation	ORIGINAL YEAR 2008	INCIDENT NUMBER 1400
REPORTING OFFICER: Pillsbury <i>MP</i>	NARRATIVE NAME: Follow-up Investigation		INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: <i>[Signature]</i>

NATURE:

Death Investigation

LOCATIONS:

-
-
-

SUMMARY:

On 4/17/2007, Sgt. Soichet and I went to _____ to contact _____ reference the death investigation of her mother.

At about 17:58 hours we attempted to contact _____ at her residence located at _____ with negative results. No vehicle was present in the driveway at the time. Sgt. Soichet left a business card on the door requesting _____ contact him.

Sgt. Soichet contacted _____ who advised that _____ may be staying with her close friend,

At about 18:25 hours Sgt. Soichet and I attempted to contact _____ or _____ at _____ with negative results. A business card was left at the residence.

INTERVIEW WITNESS

On 4/18/2008, at about 1920 hours Sgt. Soichet and I contacted _____ at her residence located at _____ was briefly interviewed in her driveway and in essence stated the following to Soichet and I:

_____ is my best friend. I call her by her nickname _____ : mother Mrs. Porterfield died several months ago from old age and a blood clot. She was in the hospital in Ann Arbor for a couple of months before she died. _____ was there in the room the night she died. _____ and her sister _____ frequently stayed the night at the hospital. The night Mrs. Porterfield died only _____ was there. _____ told me that her mom told her _____ to get some rest and that _____ laid back in the chair and fell

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT 4/17/2008 16:00	INCIDENT TYPE Death Investigation	ORIGINAL YEAR 2008	INCIDENT NUMBER 1400
REPORTING OFFICER: Pillsbury <i>WR</i>	NARRATIVE NAME: Follow-up Investigation	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: <i>[Signature]</i>	

asleep. said that a nurse later woke her up and informed her that her mother had died.

does not get along with her sister
has been trying to get out of the house
or make her pay rent. There are a lot of problems in that family.

(Sgt Soichet explains to that mother died because her tracheotomy tube was removed.)

Well Mrs. Porterfield probably pulled out the tube herself. Mrs. Porterfield just did not want to go like that. You guys are really going to make upset. She gets really angry and will probably not talk to you.

is very private and
does not share information with anyone. is different; you will see what I mean when you meet her. She probably will not even answer the door for you.

has always lived with her mother.

worked at GM for many years working 12 hours a day.
left GM about 8 years ago. I would appreciate if
you can call me later after you talk to so I can check on her and make sure she is okay. She is really going to be upset when she learns that her mother's death is being investigated.

did receive a letter which she believes her sister wrote. She got the letter a short time after her mother died. The letter showed me the letter and I read it. It was a handwritten letter that was sent through the mail. said that she is sure the handwriting is that of her sister, The letter did not say anything else that I remember.

OBSERVATIONS:

initially acted as if she truly believed that Porterfield died of natural causes and was unaware of any other concern. When Soichet told her that we were investigating the death because of the tracheotomy tube being removed made expressions indicating she was shocked of any allegation that the death was suspicious. then disclosed right before we left that she was aware of the letter

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NARRATIVE / SUPPLEMENT REPORT**

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	4/17/2008 16:00	Death Investigation	2008	1400
REPORTING OFFICER: Pillsbury <i>W</i>	NARRATIVE NAME: Follow-up Investigation	INFORMATION RECEIVED FROM:		SUPERVISOR REVIEW: <i>[Signature]</i>

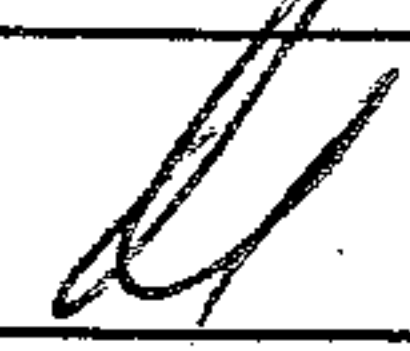

CONTACT

On 4/17/2008, at about 19:48 Sgt. Soichet and I attempted to contact at her residence located at . There was a small dark blue car in the driveway. We knocked on the door and attempted to reach by phone with negative results. As we were leaving we noticed that she came to the door in her bathrobe. immediately began screaming at the top of her lungs complaining about us ringing her doorbell and stating that she was in the shower. We identified ourselves as Police Officers with UM and apologized to her. Sgt. Soichet told her that he had spoke with her on the phone previously. As we started to approach the front steps she slammed the front door.

I called the residence and spoke briefly with by phone. She continued to scream stating that had sent us over there and she did not want to talk to us because she was not feeling well. As I again apologized and requested to schedule an appointment to speak with her she stated that she did not want to speak with us and hung up the phone.

 ORIGINAL

THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT

<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT 4/18/2008	INCIDENT TYPE Death Investigation	ORIGINAL YEAR 2008	INCIDENT NUMBER 1400
REPORTING OFFICER: R. Soichet 	NARRATIVE NAME: Investigation 1	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN 	

NATURE:
U-M Hospital Death Investigation

SUMMARY:

I continued the investigation into the above. Sgt. Alessi and I met with three of the family in . We attempted to meet but she was not in. Det. Pillsbury and I returned to and tried to interview but she only screamed at us and refused to speak with us. I obtained a search warrant for the Risk Management records of their investigation of the case.

JOURNAL ENTRY:

4/11/08

I asked and her sister if they didn't think that their mom's trach tube coming out was malpractice. answered that it was at least that but that they also thought their might have been someone on staff at the U-M Hospital who had killed their mother.

knew that wasn't possible, provide all care.

.. She said that they at the hospital to

4/11/08

I spoke with Hospital Risk Management regarding the above. She told me that she had been conducting an investigation into the incident. She had felt that the death was suspicious, but after consulting with of Hospital Security, they decided not to call the police about the suspicious death. I asked her why and she told me I would have to get the answer from also told me that there was a family member in the room at the time of Dorothy Porterfield's death.

4/12/08

I received a voice message from advising that her niece had filed a police report with the "hospital police" in January 2008 regarding their suspicions about her grandmother's death.

4/14/08

I tried to reach without success
I left a message for regarding the report she made to "hospital police"

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

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REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 1	INFORMATION RECEIVED FROM:		SUPERVISOR REVIEW: RN

I left a message for _____ hospital security.

4/15/08

I spoke with _____ about the above. He told me that he would try to locate the report. He was able to locate both the written report and the recording of the call by _____ to Hospital Security. He provided copies of all items.

I spoke with _____. He said he did not remember the incident. Upon further prompting, he said _____ told him the patient had removed her own trach tube and therefore he considered the death natural. I pointed out that a patient removing her own trach tube would not be a natural death. He apologized for not calling and said he hadn't intended to prevent a report from being made to the police.

I asked if he were aware of the request by the family to file a police report and the report which was generated. He told me he was not.

I spoke with _____ who agreed to have her sisters, including _____ and her niece _____ be available at her house next day so that I could interview them. She later told me that it would probably be difficult to get _____ to her house, because she was suffering _____ since their mom died, and didn't leave the house often. She said we might have to go _____ house and said she'd make arrangements for us to do that.

4/16/08

Sgt Alessi and I went to _____ and met with _____ and _____ at _____ residence on _____

STATEMENT OF

_____ told us that they had been very demanding in care for her grandmother and that this engendered hard feelings on the part of the hospital staff. She told us that one time her grandmother had signaled the nurse that she needed more pain medication and that she looked in the hall and saw the nurse just sitting there reading a book. The nurse then responded to another room, where the call light wasn't even on, before coming to her grandmother's room and asking if she needed more pain medication. She then left the room and again took a long time (overall more than 20 minutes) coming back with the pain medication. She said that her grandmother had also gotten bedsores, from lack of attention.

_____ also said that the nurse manager in charge of the 6th floor was _____. She said _____ She said _____ they have _____

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<input checked="" type="checkbox"/> SUPPLEMENT	4/18/2008	Death Investigation	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 1	INFORMATION RECEIVED FROM:		SUPERVISOR REVIEW: RN

I asked her who she thought killed her grandmother, if in fact she were killed.

She said that her aunt had seen the nurse doing something to her grandmother at around 2:30 a.m. the night she died; but she couldn't see what she was doing because the nurse's back was to her.

She showed Sgt. Alessi and me a photo she had taken of the trach tube, using her phone camera, and agreed to email a copy of the photo. I provided her my cared with email information.

ADDITIONAL INFORMATION FROM

said that her sister was the primary beneficiary of their mother's estate. She got the She also said that had not been willing to give out the bequests in their mother's will, including not giving her a her mom wanted her to have or giving their brother tried to call lawyer, who is also the lawyer who drew up the will, but the lawyer wouldn't take her call, so she just left a message.

said she told her sister that if she didn't give her the stuff her mother wanted her to have that she would come over with the police and get it.

told us that she is twin. She said that called her at 3:34 to say their mom had died. She thought there was a relapse, but told her no.

Sgt. Alessi and I drove to her sister home (formerly the home of their mother as well). was not there, nor was her car. was driven home by her sister

promised to fax me the final page of their mother's will. I also obtained another consent for medical records from which I took to hospital records on Hubbard. They at first declined to honor either of the authorizations; however, after I told them I would return with a search warrant I received a call advising that they had agreed to provide the information and that it would ready next day.

I stopped by hospital general counsel's office to advise that I would need to interview numerous staff regarding the above investigation. I was told I would need additional consent forms to interview medical personnel.

4/17/2008

I spoke with of Risk Management who told me that if I needed an explanation as to why they had not referred the case to the police if they thought it was

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

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REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 1	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

suspicious that I needed to get the information from [redacted] She also said I would need to go through the legal office to obtain the files.

I drafted a search warrant for the Risk Management records. The warrant was reviewed by APA Siller and signed by Magistrate Gatti.

I served the search warrant on Risk Management through hospital General Counsel

Det. Pillsbury and I went to [redacted] to try to interview [redacted] She was not at her residence. I contacted [redacted] who gave the address of [redacted] best friend. We tried to locate [redacted] at [redacted] but no one was home. We returned to [redacted] and spoke with her.

STATEMENT OF

[redacted] said that [redacted] had told her that her mom died of natural causes, peacefully from a blood clot.

She also told us that although she was [redacted] best friend for 40 years, but that she didn't know [redacted] the way most best friends know each other. She said [redacted] was solitary and mean, but she also has her good side. She told us that she had seen a letter from [redacted] saying that [redacted] She said [redacted] recognized the handwriting in the letter as [redacted]

She told us that she is [redacted] only friend and that we needed to check on who was [redacted]

We returned to [redacted] and found her car parked outside the home. After knocking for about 10 minutes on both front and rear doors and calling we were getting in the car to leave when [redacted] opened the door in a bathroom, screaming at us repeatedly that she was in the shower. (She was not wet at all)

I told her that I had already called her once and that she had said she would talk to me at another time. She screamed that she would not talk to us and slammed the door.

We drove to [redacted] home, but no one was there.

4/18/2008

I spoke to [redacted] by phone.

I asked her if everyone in her family thought that [redacted] She seemed surprised, paused, and then answered that she [redacted]

She told me that [redacted] and their mom were closer than just mother and daughter; they were friends. [redacted] lived her whole life with her mom.

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too fragile for that and I could check with the medical staff and they would tell me that her mom was dancing in the bed, expecting to be going home soon and cook 5 pies for Christmas.

She admitted that she hadn't actually spoken to [redacted] about my coming out to visit, since [redacted] has caller ID and didn't answer the phone and her message machine is full so she couldn't leave a message.

She said she was aware of the [redacted] but said they thought it was sent by someone at the hospital, to throw them off. She said that [redacted] was way too passive to have sent the letter.

She said that [redacted] never even called their mother because of [redacted]

She told me that the Met Life insurance policy was for [redacted]

She told me that [redacted] had called [redacted] and told her there was no will and that she got nothing. She also said that [redacted] was mad at [redacted] for talking bad about her. She also said that a friend of hers, [redacted] told her [redacted] won't talk to her because she's friends with [redacted]

[redacted] told me that [redacted]

She [redacted] had to move out her house so it could be painted and she moved in with [redacted] so she [redacted] could have the money she would otherwise pay in rent someplace else.

She gave me the name of both her and [redacted] doctor,

Call from [redacted]

I received a call from [redacted] asking if I had spoken with [redacted] I told her yes but only very briefly – long enough for her to yell at us and tell us she wasn't going to talk to us.

Off. Mathews and I met with Hospital General Counsel [redacted] and [redacted] to go over the results of [redacted] Risk Management investigation and to obtain the records requested in the search warrant. We met in the conference room on the 8th floor, Risk Management offices.

STATEMENT OF [redacted]

**THE UNIVERSITY OF MICHIGAN
NARRATIVE / SUPPLEMENT REPORT**

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REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 1	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

The family was upset with thinking that he was the reason that their mother was transferred out of intensive care. They were very interfering and disruptive of her care. A behavioral contract was worked out for the patient and family.

Both and would pick at the care, shout and work the patient up and repeatedly complained about the care. Dorothy was very sweet. They offered to have her transferred to another facility, although they didn't recommend this, but this was declined.

On 12/6 she had a trach mask on and was stable. On 12/7 she was transferred to 5B. On 12/8 at 0135 she had difficulty breathing and a rapid response team was called and got her stabilized. An ICU fellow was in charge.

told us that earlier that evening (12/10/07) there had been bright red blood in the trach tube and her respiration changed. Staff had suctioned the tube. There was also bleeding from the trach site.

noted that the patient was tugging at the blood pressure cuff and got it loose. She was suctioned again and was present.

Later that night, at around 11 pm, the nurse noticed that Dorothy Porterfield was pulling at the oxygen mask. However, after adjusting the mask, the patient said it was comfortable for her and she was not observed pulling on the mask again.

Staff was going in to check on the patient every half hour. At 2:30, they turned her over so that she was on her left side, facing the doorway. The thought that was asleep at this time; however, since she afterwards remarked that she had seen the nurse attending her mom, she obviously was not asleep.

When staff, and came in at 3:05 am to turn her again, they found that the trach tube was on the floor near the doorway, about 4 feet away, and that the patient was already blue. The trach mask was off, in the bed, hanging next to the patient's arm. It had been tied on with Velcro ties. The patient was not to resuscitate and was pronounced dead at 3:27.

said since the patient was on her left side and was right handed she could have pulled the trach tube out herself and it might have landed on the floor. It was found around 3-4 feet from the bed.

was the physician who assessed the patient, found no pulse and no heart rhythm.

was informed of the incident at 7:50 am.

also told us that there had been a previous incident, on 11/12/07, involving the oxygen vent tube feeding the trach tube coming apart and setting off the machine's alarm, when was in the room. When staff came in they found trying to

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<input checked="" type="checkbox"/> SUPPLEMENT	4/18/2008	Death Investigation	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 1	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

reattach the tube to the machine. Dorothy's blood pressure was 194/97 but the daughter refused medication for her mom saying "you're all done for the night".

After [redacted] completed her review I asked her what happened to the trach tube. She told me that one of the nurse supervisors, [redacted] had collected it and put in a Styrofoam cup in her office, but when she asked her for it, it was already gone, presumably thrown away.

I asked what the staff thought about the trach tube being out - suspicious or just strange. [redacted] said that the hospital staff thought that the trach tube being out was weird rather than suspicious.


I asked her if she thought that the death was suspicious or just weird. She told me definitely suspicious and she called [redacted] and reviewed the case with him.

I told [redacted] that I would need to get all the documents requested in the search warrant today, at the direction of the prosecutor. I called APA Siller who explained this to [redacted]

After I received all the documents collected by Risk Management I completed the tabulation and gave a copy to [redacted]

CASE STATUS:
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<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> SUPPLEMENT	DATE & TIME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
	4/24/2008	Death Investigation	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 2		INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN 

NATURE:
 U-M Hospital Death Investigation

SUMMARY:
 I followed up on _____ mother. I spoke with _____ I interviewed several hospital nursing staff, including _____ who saved the trach tube only to discover it missing when she went to look for it later. I spoke to _____ who cared for Porterfield the shift prior to her death and _____ who supervised her care on the 6th floor.

JOURNAL ENTRY:

4/24/08
 I called _____ . I explained who I was and that I was investigating the death of their mother. I asked her about the letter sent to _____ and the allegation that she had sent it.

She said that _____ sent the letter. I haven't wrote _____ anything. I don't think the hospital, the nurses or _____ killed my mother. I think she was ready to die; she'd suffered a lot. _____ told me about a month ago that one of _____ boyfriends wives sent the letter.

_____ and _____ I do talk to, but she
 Both my brother and I signed off on the will, although _____ and _____ didn't want us to, because our mom wanted _____ and they think it should be sold. My mom should have updated the will, then none of this would be happening.

She told me that she had a falling out with _____ about 8,9 or 10 years ago and that the only one she talks to in the family is _____ but that she was going to call I asked her to ask _____ to call me.

I called _____ and left a message for him to call me back.
 I called _____ and left a message for her to call me back
 I called _____ and left a message for him to call me back.
 I called _____ and left a message for her to call me back.

_____ returned my call.

STATEMENT OF

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	4/24/2008	Death Investigation	2008	1400
REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 2		INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN

told me that he was called in about 15 – 20 minutes after the patient was found. There was no breathing or pulse and she was DNR. He was told that the trach tube was found behind the door about 10 feet from the patient. He said he couldn't remember the names of the staff who were working but thought that the tube was first found by the nurse aid nor could he speak to the location of the call button. He told me that there was already another trach tube inserted when he got there. He said he didn't think there would be any marks around the wound area (where the tube would insert) because it had been in for so long. He told me that he had be informed that _____ was difficult with the staff and had expressed concerns about the level of care her mother received, but he had not had any problems. About 2 or 3 days prior to her death, he and staff had discussed with them the prospect of the patient entering hospice care upon her release. _____ indicated that she would do everything. The patient indicated that she was not interested in hospice and that she wanted to go home and upon additional discussion medical staff thought that by home she might have meant back to god. At the time he and the staff were wondering whether the patient or the daughter had removed the trach tube. He thought it was possible that the patient could have taken the tube out herself. He was not aware of any incidents that might have occurred on the 6th floor. He mentioned that after her mother's death, _____ climbed into bed with her mother and stayed there for about 4 hours.

4/25/08

I tried to reach _____ at her listed phone number but the line is being checked for trouble.

I spoke to _____ She said she would call me back after speaking with Risk Management.

I called _____ and arranged an interview. _____ said she wanted to wait for Risk Management to be present at the interview. Present at the interview were _____ and Hospital Investigator

STATEMENT OF

_____ said she came in to work at 7 am on 12/11 and was told that Porterfield had died. She notified Risk Management. She collected the trach tube from the table and put it in a Styrofoam cup in a drawer in the desk in her office, but it must have been thrown away by the custodian because she looked everywhere for it and couldn't locate it.

_____ said that she was not involved in any discussions with the family on hospice care. She said the family was convinced that she was going to get better _____ never

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REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 2	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

left her mom; she got a lazy boy and stayed in the room. She was very quiet and it was hard to get her to speak. She would just say, "Everything's ok; it's fine". One other time said that she thought her mom should be back on ICU since she was running a fever.

I asked her if it were possible for a patient to cough out the trach tube. She said it was, but only if the tube was not tied (velcroed) on.

She remembered asking the nurses if Porterfield needed to be restrained (to prevent her removing her tube). Both the evening and night nurses said she had the strength to remove it but that she was clear in her thinking and knew not to do anything to remove it and was ok not to be restrained.

Per earlier in her shift (11:30pm – 7:30 am) Porterfield had been banging on the bed to get her daughter's attention. Also per she went in to turn the patient at 3 a.m. and saw from the right side of the bed that the trach tube was out, lying on the floor by the needle box. There was old blood on the dressing and the trach mask was off. She went and got The Velcro strap was still there, around the neck of the patient.

said she didn't know if the balloon was inflated or not. She also said that she didn't know if the door to the patient's room was open or closed. She said she didn't know where the nurse's call light was (relative to the patient) nor did she know which arm the mask was found on, only that the mask was found on the patient's arm.

I was able to see the room Porterfield was in, which is opposite office. The patient's head would be at the end of the bed opposite the wall where the needle box is located. I was unable to measure the distances from bed to needle box because the room was occupied by another patient. (The distance from patient's head to needle box area is far greater than the 3-4 feet described by Risk Management).

I arranged to meet with and said he wanted Risk Management present. Also present during the interview were Risk Management Hospital General Counsel and

STATEMENT OF

said that was very concerned about the quality of care and that basically the families concerns were unfounded.

One instance he referred to concerned an FCD (fecal containment device) which is glued to the patient's bottom to collect fecal matter and to protect the skin. There was a complaint that hadn't replaced it. She noticed there was a greatly reduced amount of fecal material and therefore determined that to leave it off. Shortly after, the patient had a bowel movement and this led to an, I told you so, and the

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REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 2	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

conclusion that the nurse was lazy. said that the glue itself can be just as damaging, therefore the decision not to reglue the FCD.

Another instance was when the family insisted that there had never been a swallow study (to see if the patient could tolerate swallowing) but in fact there had been one.

said that asked if the reason her grandmother wasn't getting better was because she was black. All the complaints were addressed to him.

Their solution was to set up a core group of nurses and they successfully treated the patient, so that she was able to be moved off the intensive care floor.

He said there was one instance when was yelling in intensive care, and interfered with care and refused to allow her mom to receive medicine to reduce her very high blood pressure. I asked what could have resulted and he said she could have stroke or had had a heart attack. The next day denied everything.

He told me that seemed to be always angry and when I asked if she appeared

He said that he thought that anyone who had treated the mom would say that He also told me that she seemed litigious.

I was told that they worked out a behavioral contract for the family, because of the events described and because they were disturbing the floor and the patient.

He said that every day for 2 weeks he talked to the patient, who was a pleasant woman, but who could get riled up by and (complaining about the care).

He told me that there was a plan to work towards getting the patient into LTAC (long term acute care).

I asked if the patient wanted to continue treatment. He said that every time the Dr's would ask the patient if she wanted to continue treatment she said yes, but he couldn't say how long it took her to answer. He suggested I ask and

I asked him to check on who was working on 11/12 – the date of the prior incident in which the oxygen tube was separated from the trach tube and found in the room holding the tube.

said that he is a day shift supervisor (therefore not working the midnight shift).

I arranged to interview nurse when she came in at 3 pm. Also present during the interview were Risk Management Hospital General Counsel and

STATEMENT OF

said that 12/11 was the first time she treated the patient. The patient seemed pleasant and alert and oriented (she always wanted to know what the meds were).

When she first came on shift she noticed bright red blood and her respiration was up. She paged the doctor. She suctioned her. Later when she was giving the patient blood, her respiration was up. Normal would be 12-20 but hers was over 40.

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REPORTING OFFICER: R. Soichet	NARRATIVE NAME: Investigation 2	INFORMATION RECEIVED FROM:	SUPERVISOR REVIEW: RN	

Her daughter said that her mom had had blood in the trach before, but not that red and not that much. She remembered that came in and chatted about having teachers in the family and had told her what a vital woman her mom had been. She said that the patient had grabbed the mask but that after she adjusted it for her she indicated that it was comfortable. She also said that the patient had tugged at the blood pressure cuff and had sufficient strength to tug strongly. I asked when she heard of the patient's death and she told me next day. I asked if there was any speculation as to what happened. She said there was a lot of speculation. I asked her what was said. At this point said that she did not have to answer that question. I replied that she didn't have to answer any questions. said she didn't want to answer for what other people had said.

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