

STATE OF NORTH CAROLINA

BEFORE THE NORTH CAROLINA
RESPIRATORY CARE BOARD

IN THE MATTER OF:)

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CONSENT ORDER

Hannah B. Roy , RCP)

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License Number – 6469)

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Case Number ~~15-786~~ 16-795
WLC

I. Jurisdiction

The North Carolina Respiratory Care Board (the “Board”) is an occupational licensing board of the State of North Carolina, organized under The Respiratory Care Practice Act (“the Act”) codified at N.C. Gen. Stat. § 90-646, et seq. The Board has jurisdiction over this matter pursuant to N.C. Gen. Stat. § 90-652 and 21 N.C. Admin. Code § 61.0307.

II. Identification of Licensee

The Respiratory Care Practitioner agreeing to this Consent Order is Hannah B. Roy. Her current mailing address is 486 Waller Rd., Milton, VT 05468. The RCP held a North Carolina Respiratory Care License Number 6469 (the “License”), first issued on January 13, 2011, and it would expire on January 31, 2017.

III. Waiver of Rights

I, Hannah B. Roy, the Respiratory Care Practitioner, hereby confirm that I understand that I have each of the following rights, and as noted by my initials below, I hereby freely and knowingly waive each of these rights without further process and agree to the terms of this Consent Order regarding my License:

(Initials)

HRC The right to a hearing before the Board;

HRC The right to present evidence to disprove all or some of the charges against me;

HRC The right to present evidence to limit or reduce any sanction that could be imposed for a violation;

HR The right to confront and cross-examine witnesses and to challenge evidence presented by the Board against me;

HR The right to present legal arguments to the Board; and

HR The right to appeal from any final decision adverse to my license to practice respiratory care.

IV. Stipulation to Facts

The Respiratory Care Practitioner (“RCP”) and the Board stipulate to the following facts:

A. The RCP was engaged in the practice of respiratory care in North Carolina when the events occurred that are described below. The RCP currently lives in Vermont, and does not practice respiratory care in North Carolina.

B. On March 31, 2016, the Board received a complaint from Mr. Charles Bangley, Respiratory Care Manager at Vidant Medical Center, Greenville, NC that the RCP was terminated because she had left a critical care patient in the Catheterization Lab unattended on the ventilator on March 28, 2016 and had failed to give a proper report.

C. The Board subpoenaed and received documents from Vidant which included a corrective action form dated April 1, 2016, stating that on March 28, 2016, the RCP had left a critical patient on a transport ventilator in the Catheterization Lab unattended against hospital policy and practice. The document states that urgent intervention was required from another staff member to stabilize the patient’s ventilation and oxygenation while the RCP was absent from the lab. The hospital decided to terminate the employment of the RCP on the grounds of patient abandonment and patient safety.

D. On April 4, 2016, Board Investigator, Judy Green, interviewed Mr. Bangley who stated that the incident was self-reported by the RCP to her manager on Monday following the incident. Mr. Bangley stated that the RCP was coached numerous times in the past for rushing and cutting corners and for some patient safety issues, so she was terminated on April 1, 2016, for leaving this critical patient unattended and not providing bedside hand-off to another respiratory therapist.

E. Other documents received from Vidant included documentation of a previous Serious Safety Event (SSE) which had resulted in a patient death on September 18, 2015. The Risk Behavior Coaching Form report for this SSE indicated that the RCP did not assure that a ventilator had been taken out of the standby mode after returning the patient from Computed Tomography (CT) scan and reconnecting the patient to the ventilator. The ventilator was in stand-by mode for approximately 15-18 minutes. Since the ventilator had been left in standby mode, this placed the patient at serious risk for injury and led to the patient’s death.

F. On June 7, 2016, the RCP attended the meeting of the Board’s Investigative and Informal Settlement Committee and stated that she had worked the night shift at Vidant Hospital in Greenville, NC, for five years. She admitted that her termination on April 5, 2016 resulted from “leaving the patient and not providing bedside hand-off on a critical patient”. She stated that she had received counseling for issues in the past related to her work performance but did not recall the number of times. She denied having documentation issues. Regarding the incident on September 18, 2015, the RCP stated that on that date, she placed a patient back on the bedside ventilator but failed to realize that the ventilator was in the "stand by" mode. She stated that she did not realize that anything was wrong until she was called back to the unit because the patient was coding again. She acknowledged receiving a written coaching for the SSE.

G. During the June 7, 2016 interview The RCP agreed that a patient assessment should always occur when placing patients on a ventilator to avoid adverse events. She acknowledged her responsibility to do this for each patient. The Board took note of the fact that she did self-report the incident on March 28, 2016. She expressed deep remorse for the actions recorded in the documents received from Vidant Hospital and demonstrated that she takes her responsibilities to her patients seriously.

V. Stipulated Order

During an Executive Session at its regular quarterly meeting on April 14, 2016 the Board considered this matter and determined to offer a Consent Order to the RCP, on the terms set out in this document.

A. Stipulation to Sections of Law Violated:

I, Hannah B. Roy, the RCP, admit that if it were proven at a hearing that I had abandoned a critical patient, or failed to properly assess a patient, or failed to follow basic policies for safe delivery of care, that would constitute a violation of N.C. Gen. Stat. § 90-659 (a)(1)(d) and the rule codified at 21 N.C. Admin. Code § 61 .0307 (10).

B. Stipulation to Sanctions:

Under N.C. Gen. Stat. § 90-652, in lieu of proceeding to hearing, the Respiratory Care Practitioner and the Board hereby enter into this consent order and agree to the following terms:

- 1) The RCP accepts and agrees to the issuance of a Board Reprimand.
- 2) The RCP agrees to seek psychological counseling with a counselor who will be approved by the Board within 60 days of her signature of this order and to submit a copy of the counselor's findings and plan of treatment to the Board. The RCP agrees to follow any Plan of Treatment suggested by the Counselor, and to provide a release of information form to the counselor authorizing the counselor to provide a final written report to the Board of the RCP's sessions with the counselor within 12 months of the execution of this order.
- 3) The RCP shall arrange to have her immediate supervisor in any respiratory care position to submit written quarterly reports to the Board for 12 months from the date of execution of this Consent Order; and shall arrange to have her immediate supervisor in any respiratory care position submit a final respiratory care skills evaluation to the Board within 14 months after the execution of this order. Each such written report shall be submitted in a format defined by the Board and shall document the RCP's performance in the delivery of Respiratory Care, and detail any concerns the supervisor has about the RCP's practice of Respiratory Care.
- 4) In addition to the continuing education that the RCP must complete for this renewal cycle, the RCP agrees to complete the course entitled Ventilator Safety (CE): Patient Safety Library offered by the Health Care Compliance Strategies, Inc. no later than thirty (30) days after execution of this Consent Order, to notify the Board of her completion of that

course, and to submit the certificate of completion of that course through the CE Broker System maintained by the Board as described on the Board website.

5) The RCP also assumes all financial responsibility for any costs associated with fulfilling the terms of this Consent Order.

6) The RCP acknowledges and agrees that this Consent Order and the materials compiled by the Board are matters of public record under the North Carolina Public Records Law, N.C. Gen. Stat. § 132-1 *et seq.*; and that the contents of this Consent Order will be reported to the appropriate entities as outlined in Board policy and as required by state and/or federal law or guidelines. Those entities include, but are not limited to, the National Databank maintained by the National Board for Respiratory Care and the Healthcare Integrity and Protection Data Bank (HIPDB).

7) The RCP agrees that if circumstances arise which affect the RCP's ability to remain in compliance with any of the terms of this Consent Order, or to make continued progress on completing the requirements, the RCP shall immediately notify the Board in writing by return receipt mail, fully describing the situation and providing a specific request to modify its terms for Board consideration. However, no modification of this Consent Order shall be in effect until the Board confirms such a modification in writing to the RCP.

8) The RCP acknowledges and agrees that if she fails to comply with the terms of this Consent Order, either by completely failing to carry out one of her obligations, or failing to complete an obligation within a time specified this Consent Order, that will constitute a violation of 21 N.C. Admin. Code 61 .0307(3); and that as a result, the Board may suspend or revoke the License, or impose additional disciplinary sanctions or performance obligations on the RCP.

9) The RCP agrees to continue to comply with the Respiratory Care Practice Act, the Board's Rules, and the Board's published interpretation of those rules, in her practice of Respiratory Care including other states where employed; and the RCP acknowledges and agrees that if other evidence of the RCP's non-compliance with the Act or the Rules that is not presented in the Stipulated Facts above should arise, then the Board may invoke other disciplinary measures against the RCP, based on that other evidence; and that in determining the appropriate action to take, the Board also may consider the conduct of the RCP which is presented in the Stipulated Facts in this Consent Order.

6. Effective Date/Modification

All provisions of this Consent Order are effective upon the date that the Executive Director of the Board signs it, and it shall remain in effect for the time period or periods specified, until the RCP completes each of the requirements listed above, or until amended in writing by the Board.

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CONSENT TO ISSUANCE OF ORDER BY RESPIRATORY CARE PRACTITIONER

I, Hannah B. Roy, state that I have read the foregoing Consent Order; that I know and fully understand its contents; that I agree freely and without threat or coercion of any kind to comply with the terms and conditions stated herein; and that I consent to the entry of this Consent Order as a condition of maintaining my license from the North Carolina Respiratory Care Board.

Hannah B. Roy
Hannah B. Roy

STATE OF VERMONT
COUNTY OF Franklin

There personally appeared before me, a Notary Public in and for the County of Franklin, State of Vermont, Hannah B. Roy, who, after having presented documentation of her identity that was satisfactory to me, did acknowledge that she executed the foregoing Consent Order as her free and voluntary act.

This 9th day of August, 2016.

Devynn Hope
Notary Public

(SEAL)

DEVYNN HOPE
Notary Public, Vermont
My Commission Expires 02/10/19

My Commission Expires: 02/10/19

**ENTRY OF CONSENT ORDER ON BEHALF OF THE NORTH CAROLINA
RESPIRATORY CARE BOARD**

The foregoing Consent Order is entered at Raleigh, North Carolina, this 11th day of August, 2016.

William L. Croft PhD, RRT, RCP
William Croft, PhD, RRT, RCP
Executive Director, North Carolina Respiratory Care Board