

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

AIDEN NORWOOD, a legally incapacitated
minor by and through his Conservator,
HOWARD T. LINDEN, ESQ.,
and **SHALANDREA STAFFNEY**, Individually,

CASE NO.	2015-	-NH
HON.		

Plaintiffs,

15-016906-NH

v

VHS HARPER-HUTZEL HOSPITAL, INC.
d/b/a HUTZEL WOMEN'S HOSPITAL d/b/a
DETROIT MEDICAL CENTER HARPER-
HUTZEL HOSPITAL

COMPLAINT FILED IN MY OFFICE
AND WAYNE COUNTY CLERK
JURY DEMAND 12/29/2015 8:05:11 AM
CATHY M. GARRETT

and

NEIL S. SIMMERMAN, M.D.

Defendants.

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THERE IS NO OTHER PENDING OR RESOLVED CIVIL ACTION ARISING OUT OF THE
TRANSACTION OR OCCURRENCE ALLEGED IN THE COMPLAINT

/s/ Jack Beam
JACK BEAM (P24600)
ATTORNEY FOR PLAINTIFFS

COMPLAINT
JURY DEMAND

NOW COME the Plaintiffs, **AIDEN NORWOOD**, a legally incapacitated minor by and through his Conservator, **HOWARD T. LINDEN, ESQ.**, and **SHALANDREA STAFFNEY**, Individually, by and through their attorneys, **FIEGER LAW** and **BEAM & RAYMOND**, and for their cause of action against the Defendants herein states unto this Honorable Court as follows:

COMMON ALLEGATIONS

1. That at all times relevant herein, Aiden Norwood (Date of birth: March 31, 2014) a/k/a Baby Boy Staffney, hereinafter referred to as the minor-Plaintiff and/or Aiden Norwood, is a minor, residing in the city of Detroit, County of Wayne, State of Michigan.

2. That Shalandrea Staffney is the Natural Mother of Aiden Norwood, residing with him in the city of Detroit, County of Wayne, State of Michigan.

3. That Howard Linden, Esq., was appointed Conservator of Aiden Norwood, the Plaintiff-minor by the Wayne County Probate Court on November 11, 2015 (Case No. 2015-812028-CY).

4. That Defendant herein VHS Harper-Hutzel Hospital, Inc. d/b/a Hutzel Women's Hospital d/b/a Detroit Medical Center Harper-Hutzel Hospital (hereinafter referred to as Defendant Hospital) is a Michigan corporation, incorporated under the laws of the State of Michigan, doing business as a hospital in the City of Detroit, County of Wayne, State of Michigan and is liable for the actions and inactions of its agents, servants, and/or employees whether physicians, fellows, nurses, residents, or other healthcare providers.

5. That at all times relevant herein, Defendant Hospital did hold itself out to the general public, and especially to the minor-Plaintiff and his Mother, who relied upon the

Defendant Hospital's representations that it was conducting a safe place of business, that it was an institution of healing, and that it would provide medical and nursing care and treatment in accordance with the standard of practice in this and similar medical communities. Furthermore, that the Defendant Hospital represented that its agents, servants and employees, including but not limited to physicians, fellows, residents and surgeons that were on its staff, as well as nurses, and other health care providers would perform the proper and necessary medical care and treatment and/or nursing care and treatment in accordance with the standards of practice for said health care providers in the same or similar circumstances as Defendant(s) herein.

6. That Defendant Neil S. Simmerman, M.D., hereinafter referred to as Dr. Simmerman or Defendant Simmerman, is an obstetrician-gynecologist who held herself out to the public and to the Plaintiffs in particular as competent and who would provide medical care and treatment in accordance with the standard of practice for obstetrician-gynecologists in 2012-2013 in this and similar medical communities under the same or similar circumstances.

7. That the negligent acts and/or omissions complained of herein occurred in the City of Detroit, County of Wayne, State of Michigan.

8. Shalandrea Staffney (Date of Birth: 5-26-92) is the mother of the minor, Aiden Norwood (Date of Birth: 3-31-14). She received prenatal care through Detroit Medical Center – Hutzel Women's Hospital, and was at that time 21 years old, Gravida 1, with an estimated date of delivery of April 11, 2014. Ms. Staffney had prenatal visits on dates including, but not limited to, 9-19-13; 12-4-13; 1-17-14; 1-31-14; 2-14-14; 2-28-14; 3-7-14; and 3-20-14.

9. A fetal ultrasound was done on November 14, 2013, at or about 19 weeks gestation, which was consistent with expected gestational age. An estimated date of confinement (EDC) of April 5, 2014 was calculated from this visit. On or about February 28, 2014, Ms.

Staffney was reported as 34 6/7 weeks gestation, with 6 visits with positive fetal movement, blood pressure (BP) of 122/54, and report of cold symptoms, "asthma as child"; daily kick counts were planned. On March 7, 2014, during Ms. Staffney's prenatal visit, the following stats were noted: IUP 35 6/7 weeks, BP 124/69, positive fetal movement, pelvis closed / -2 station cephalic, daily kick counts continued.

10. On March 20, 2014, at IUP (intrauterine pregnancy) 37 5/7 weeks, Ms. Staffney was reported to have an elevated maternal BP of 130/85, which was noted in the Hutzel prenatal clinic. She was also noted to have positive fetal movement. Kick count cards were being used. According to a neonatal note, "prenatal care [was] complicated by elevated maternal blood pressures consistent with PIH."

11. That there was no referral by the nurse on or about March 20, 2014 to a physician for PIH (pregnancy induced hypertension); nor reference to further management, given the significant increase in blood pressures; nor was the patient asked to return before passage of another week ("RTC [return to clinic] 1 wk").

12. That in comparison, blood pressure was 122/54 and 124/69 in the prior visits. Upon information and belief, Terese Stefensky was the nurse practitioner at that time.

13. That hypertension in the late third trimester of pregnancy increases the risk of inadequate oxygen and nutrients going from the maternal circulation to the placenta and baby. Signs and symptoms of diminished nutrients and oxygen can be detected with careful antenatal surveillance, such as through NST, BPP, AFI, and measurements of the size of the baby in the womb. Aiden Norwood was born in a condition referred to in his records as term, SGA (small for gestational age) with head sparing (birth weight 2730g, less than 10th percentile; birth length and birth head circumference both 25-50th percentile). Babies who have asymmetric growth

restriction have normal neurologic development but are at increased risk for intolerance of labor because of reduced fetal reserves.

14. That Ms. Staffney was showing increases in blood pressure in the last weeks of her pregnancy, including but not limited to PIH.

15. That there were some indications of intrauterine growth restriction (IUGR), which condition would have been detected by said testing, which should have been performed, and which would have been followed by earlier delivery.

16. That the neonatal note which indicates “prenatal care complicated by elevated maternal blood pressures consistent with PIH” is important information, which should have been known as a “complication” by the healthcare providers during the visits before birth.

17. On or about March 30, 2014, at or about 23:58 hours, Ms. Staffney was seen in the Defendant Hospital’s OB triage and thereafter was admitted for labor and delivery. It was recorded that she was age 21, Gravida 1, gestational age 39 weeks. Her last menstrual period was noted to have been 7-14-13, and her reasons for visit were marked as contractions every 5-10 minutes, “decreased fetal movement,” and abdominal pain. Her BP was 139/96 and she had a pain score of “10.” Vaginal exam was 2-3cm / 80% effaced / -3 station. At or about 0025 hours on March 31, 2014, BP was 150/90. At or about 0035 hours, the OB Triage nurse note by K. Gray, R.N. includes “FM [fetal movement] + [present]...pain 10/10...” There are no timed notes of the patient between 01:00 and 02:40. There is an automated BP cuff recording at 01:00 of BP 135/90 without indication a nurse or physician noted it.

18. Sometime in the early morning hours, charted at or after a 01:45 urea nitrogen (and PIH labs), and after a 02:24 Type and Screen, there was a physical exam done by resident Monica Modi. Upon information and belief this exam occurred at or about 02:40. The exam

indicates lungs clear bilaterally, heart regular rate and rhythm, soft nontender abdomen, symmetric, no clonus extremities, impression 21 year old G1P0 at 39.2 weeks for elevated BP, 1+ protein in urine dip. Ms. Staffney was 1-2cm / 90% / -3 station, GBS positive, antibiotics ordered, contractions every 3 minutes without augmentation, diagnosis “gestational hypertension versus preeclampsia”, urine dip 1+protein, “fetal status –minimal variability, placed on oxygen, -occasional lates for 10 minutes before positioned patient on her side, -will not start pitocin until fetal strip better, -Dr. Lam, fellow aware of the strip. Will continue to monitor...” Monica Modi MD.

19. That inexplicably, from about 02:55 (which is around the time of the resident’s exam) through approximately 04:24, the electronic fetal heart monitor was inappropriately turned off. There is a note at or about 03:15-03:50 “anesthesia [at] bedside for epidural placement. [Patient] tolerated procedure well” (initials LG), but no explanation for why the baby was not monitored during that time. Thereafter, at 04:00 another nurse note (initials LG) states “0400 Dr. Modi [at] bedside for SVE [sterile vaginal exam], 1-2/80/-3 [1-2 cm / 80% effaced / -3 station]. Penicillin [at] 5 million units, IVBP started [at] this time,” again with no explanation as to why the electronic fetal heart monitor was not in use. Fetal monitoring did not resume until 04:24, which revealed recurrent late decelerations and reduced variability.

20. Upon information and belief, these events occurred prior to the time an Attestation note by Neil Simmerman MD, was written, originally untimed, and revised at 14:10 on 4-1-14 (such that the original note contents and the time of its creation has been lost, is missing or destroyed, and is unknown). That revised Attestation note states “EFM [electronic fetal heart monitor] reveals min [minimal] variability, recurrent late decels [decelerations], Recce [recommend] to proceed w/ immediate CD [sic immediate CS or cesarean section] given NRES.

STATE OF MICHIGAN

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AIDEN NORWOOD, a legally
incapacitated minor by and through his
Conservator HOWARD T. LINDEN, ESQ.,
and SHALANDREA STAFFNEY,
Individually

Case No.: 2015-016906-NH

HON: Sheila A. Gibson

Plaintiffs,

v

VHS HARPER-HUTZEL HOSPITAL, INC.,
d/b/a HUTZEL WOMEN'S HOSPITAL
d/ba/ DETROIT MEDICAL CENTER,
HARPER-HUTZEL HOSPITAL and NEIL
S. SIMMERMAN, M.D.,

Defendants.

15-016906-NH

FILED IN MY OFFICE
WAYNE COUNTY CLERK
9/25/2017 2:37:29 PM
CATHY M. GARRETT
/s/ Kimberly Clifton

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STIPULATED ORDER TO DISMISS
DEFENDANT, NEIL S. SIMMERMAN, M.D., WITH PREJUDICE

At a session of said Court, held in the City of
Detroit, County of Wayne, State of Michigan, on
9/25/2017

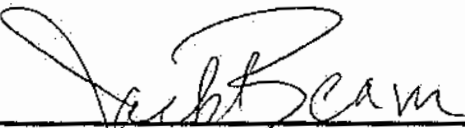
PRESENT: HON. Sheila A. Gibson
Circuit Court Judge

Pursuant to stipulation by counsel of record for the above parties, and the Court being fully advised in the premises;


IT IS HEREBY ORDERED that Defendant, NEIL S. SIMMERMAN, M.D., is dismissed with prejudice and without costs, interest or attorney fees.

This Order does not resolve the last pending claim nor closes this case.

/s/ Sheila A. Gibson
CIRCUIT COURT JUDGE



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Hon. SHEILA ANN GIBSON

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d/b/a HUTZEL WOMEN'S HOSPITAL d/b/a
DETROIT MEDICAL CENTER HARPER-
HUTZEL HOSPITAL; and
NEIL S. SIMMERMAN, M.D.

Defendants.

15-016906-NH

FILED IN MY OFFICE
WAYNE COUNTY CLERK
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CATHY M. GARRETT
/s/ Kenyetta Stewart

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STIPULATED ORDER REGARDING SETTLEMENT ANNUITIES