

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE LICENSE OF

ANN M. CRUMP, R.N., A.P.N.P., C.N.M.,
LICENSEE.

0005648
:
: FINAL DECISION AND ORDER
: FOR REMEDIAL EDUCATION
:

Division of Legal Services and Compliance Case No. 16 NUR 284

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Ann M. Crump, R.N., A.P.N.P., C.N.M.
1057 Moonbeam Road
Hudson, WI 54016-7848

Wisconsin Board of Nursing
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Wisconsin Board of Nursing (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Licensee Ann M. Crump, R.N., A.P.N.P., C.N.M., (dob March 30, 1971) is licensed in the State of Wisconsin as a professional nurse, having license number 162836-30, first issued on May 8, 2008, and current through February 28, 2020. Licensee is also certified in the State of Wisconsin as a nurse-midwife, having certificate number 148893-32, first issued on April 1, 2014, and current through February 28, 2020.

2. Licensee is also certified in the State of Wisconsin as an advanced practice nurse prescriber, having certificate number 5743-33, first issued on April 8, 2014. This certificate expired on September 30, 2016, and has not been renewed. Pursuant to Wis. Stat. § 440.08(3), Licensee retains the right to renew upon payment of a fee until September 29, 2021.

3. Licensee's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 1057 Moonbeam Road, Hudson, Wisconsin 54016-7848.

4. At all times relevant to this proceeding, Licensee was employed as a nurse midwife at a medical hospital (Hospital) located in western Wisconsin.

5. On February 23, 2016, at about 9:31 p.m., Patient A presented to the Hospital during her 40th week of pregnancy with contractions that had increased in frequency and intensity throughout the day.

6. At about 9:53 p.m., Licensee performed a history and physical exam. The abdominal exam showed the fetus to be vertex with an estimated weight of 7 lbs 5 oz. A cervical exam revealed the cervix dilated at three (3) cm, with 80-90% effacement and 0 fetal station. Patient A's membranes were intact. Patient A was experiencing four contractions every ten minutes. The fetal heart rate was at normal range baseline with moderate variability, accelerations were present, and no decelerations were present, which made it a Category I tracing.

7. Licensee admitted Patient A for routine labor management with a plan for a spontaneous vaginal delivery.

8. At approximately 11:22 p.m., Licensee examined Patient A. A cervical examination revealed the cervix was unchanged (Dilated: 3 cm, 80-90% enfacement, fetal station: 0). Patient A continued to have contractions at the same rate (4 contractions in 10 minutes; duration: 60 seconds) but they were of strong intensity on palpation. Licensee and the Hospital staff were using intermittent auscultation with a Doppler since admission. Patient A was in the active phase of labor with normal progression.

9. At approximately 11:40 p.m., a cervical exam showed dilation at three (3) to four (4) cm, with 95% effacement at 0 fetal station. Contractions remained strong on palpation and occurred every two (2) minutes. Her fetal heart rate baseline was 150 beats per minute (bpm) with moderate variability.

10. On February 24, 2016, at approximately 1:41 a.m., Patient A requested an epidural. A cervical exam revealed cervix dilated to six (6) cm, with 100% effacement and 0 fetal station. The fetal heart rate baseline was in normal range (110-160 bpm), which staff continued to monitor using intermittent auscultation via Doppler. She was having four (4) contractions every ten minutes lasting 60 seconds that were of strong intensity on palpation. Anesthesia was called to administer an epidural. At 2:06 a.m., the epidural was started, and an external fetal monitor was placed shortly after.

11. At approximately 5:35 a.m., Licensee examined Patient A. A cervical exam revealed the cervix dilated to nine (9) cm, with 80-90% effacement and 0 fetal station. Patient A was having two (2) contractions every ten (10) minutes lasting 60 seconds that were of strong intensity on palpation. The fetal heart tracing showed a Category II tracing with moderate variability. Licensee believed Patient A remained in the active phase of labor with normal progression. Licensee continued with the plan of care.

12. At approximately shortly before 8:00 a.m., Licensee examined Patient A. A cervical exam revealed the cervix dilated to ten (10) cm, with 100% effacement and two (2) fetal station. The fetal monitor strip showed a Category I tracing at this time. Patient A had a dense epidural, meaning that she could not feel her legs and lower body due to the strength of the epidural. As such, Licensee called the anesthesiologist to stop the epidural, so that pushing could begin. At approximately 8:22 a.m., the anesthesiologist turned off the epidural. Then Patient A began pushing with minimal progress.

13. On February 24, 2016, at 8:52 a.m., Licensee charted that Patient A was doing well with contractions. She also documented that the fetal heart rate was within normal range (110-160 bpm), there were occasional variable decelerations, that the fetal status was a Category II, there were accelerations with moderate variability and that the baby was at fetal station 2. According to the documentation, the plan at this time was anticipated spontaneous vaginal delivery, Patient A was going to start to push and Licensee spoke with anesthesia to pause the epidural.

14. At approximately 10:55 a.m., Licensee requested a certified nurse anesthetist to re-bolus the epidural. At 11:00 a.m., Licensee charted her cervical examination of Patient A, which remained the same (dilated: 10 cm; effacement: 100%; fetal station: 2). Membranes had ruptured spontaneously, and it was unclear when this occurred. The fetal monitor strip showed a Category I tracing, presence of accelerations, and no decelerations. Patient A's contractions were the same (2 in 10 minutes, lasting 60 seconds with strong palpation). Licensee believed Patient A was in the second stage of labor with a protracted descent. Licensee noted Patient A was not making progress in her pushing. Licensee ordered placement of an intrauterine catheter and to start Pitocin® 2 mu/min. The plan was for Patient A to continue laboring down, and Licensee would re-evaluate in two (2) hours.

15. Licensee left a message for the on-call OB/GYN, to update the OB/GYN on Patient A's progress. Licensee then left to shower and get something to eat before going back for clinic hours.

16. At approximately 11:58 a.m., Pitocin® was increased to 4 mu/min.

17. At 12:10 p.m., a physician saw Patient A's fetal strip and ordered Pitocin® to be stopped. The physician had a nurse call Licensee, update her and have Licensee come to assess the patient.

18. On February 24, 2016, at 12:10 p.m., a professional nurse (RN), charted the following progress note:

Pitocin[®] stopped at this time due to decels. [The physician] here looking at strip and [Licensee] updated. [The physician] was here for her own patient and saw the nonreassuring fetal strip and advised nurse to call [Licensee] to come and assess [Patient A]. [Licensee] to patient room to discuss possible options. [Patient A] Would like to continue laboring down and then push again after the epidural takes effect again. Epidural was shut off at 0822 so patient could feel to push and restarted at 1055 due to patient being so uncomfortable.

19. On February 24, 2016, at 12:13 p.m., RN charted the following progress note:

Epidural stopped at 0822 due to patient not feeling anything. [Patient A] pushed from 0833 to 1045 with no progress. Options discussed with patient and [patient] Would like to restart the epidural. Epidural restarted at 1055, IUPC placed at 1100, and Pitocin[®] started at 1116.

20. At approximately 12:30 p.m., Licensee returned to Hospital to see Patient A.

21. At 12:55 p.m., Licensee re-evaluated Patient A. The cervical examination showed the cervix completely dilated and fully effaced with +2 fetal station. The fetal monitor strip showed 140 bpm baseline and Category II tracing with moderate variability and variable decelerations coinciding with contractions. Pitocin® was restarted at a rate of 2 mu/min with plan to titrate as needed.

22. On February 24, 2016, at 12:55 p.m., Licensee charted the following progress note:

[Patient A] has been laboring down with IV pitocin[®] augmentation, epidural anesthesia, and IUPC. [Fetal station: +2.] RN called me notifying me of variable decels with ctx. I was asked to come and evaluate the [patient].

23. At 2:30 p.m., Pitocin® was turned down to 0.

24. At approximately 3:00 p.m., Licensee returned to Patient A's bedside. At this point, the Licensee interpreted the fetal monitor strip as a Category II tracing with moderate variability and recurrent and variable decelerations. A cervical exam was unchanged (dilated: 10 cm; Enfacement: 100%; Fetal station: 2). Patient A was having four (4) contractions every ten (10) minutes lasting 40-60 seconds that were of moderate intensity on palpation.

25. At 4:00 p.m., the fetal scalp electrode was placed.

26. At 4:15 p.m., Pitocin® was being administered at 4 mu/min. A cervical exam revealed that Patient A was dilated 10 cm, Licensee interpreted the fetal monitor strip as a Category II with minimal and moderate variability, and recurrent variable decelerations. Patient A was having three (3) contractions every ten minutes lasting 60 seconds that were of moderate intensity on palpation. Licensee's assessment was that Patient A remained in the second stage of labor with a protracted descent. The plan was to continue pushing and closely monitor the strip.

27. Licensee stated that as soon as she finished writing her note, Licensee saw the fetal monitor strip was now showing minimal variability, Licensee ordered the treating RN to start intrauterine resuscitation, which included to stop pushing, reposition Patient A, administer oxygen, and give an IV fluid bolus. Licensee also ordered that the physician be paged STAT. Pitocin® was also ordered to be stopped.

28. On February 24, 2016, at 4:37 p.m., Licensee charted the following progress note:

Consult with OB on call to come and assess patient for possible vacuum extraction or C-sec due to recurrent variable decels with now minimal variability.

29. On February 24, 2016, at 4:49 p.m., the physician, charted the following consultation note:

Consultation was called to me at 4:34 this afternoon for prolonged second stage and fetal distress in labor. [Licensee], the midwife on call, reported a prolonged second stage and arrest of fetal descent with fetal bradycardia to the 60s and called for consultation for vacuum extraction versus primary cesarean delivery. Upon presentation to the patient's room within 2 minutes of urgent consultation, I found heart tones to be in the 60s. A quick review of the fetal heart rate tracing revealed heart rate in the 60s for majority of the last 10 minutes. Previous tracing was not available to me at that time and not reviewed secondary to urgent nature of situation. A brief introduction to patient and cervical exam revealed a fetal head at 0 station with caput to +2. Patient not a candidate for a vacuum extraction and thus emergency cesarean was performed.

30. At 4:50 p.m., Patient A was taken to the operating room (OR).

31. At 5:02 p.m., the baby was delivered by C-section. Licensee did not assist in the C-section, but Licensee was present at the head of the bed to assist and provide support. The baby was delivered, unresponsive, and at 5:03 p.m., a full code was called. The baby was transferred to another hospital for brain cooling. After approximately three days, the family decided to stop life support.

32. Licensee completed the following education:

- a. On November 3, 2016, AWHONN Advanced Fetal Monitoring Course (8.0 hours);
- b. On November 15, 2016, S.T.A.B.L.E Program Course (7.5 hours); and
- c. On December 9, 2016, Management of Category II Tracings: A Case Base Review Course (1.5 hours).

33. In resolution of this matter, Licensee consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Board of Nursing is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

ORDER

1. The attached Stipulation is accepted.

2. Within six (6) months of the date of this Order, Ann M. Crump, R.N., A.P.N.P., C.N.M., shall at her own expense take and successfully complete three (3) hours of education on the topic of critical thinking as follows:

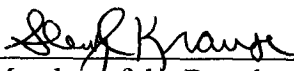
- a. Each course attended in satisfaction of this Order must be pre-approved by the Board or its designee. Licensee shall be responsible for locating course(s) satisfactory to the Board and for obtaining the required approval of the courses from the Board or its designee. Licensee must take and pass any exam offered for the course(s).
- b. Licensee shall submit proof of successful completion of the education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any education requirements that have been or may be instituted by the Board or Department.

3. Request for approval of courses and proof of successful course completion shall be sent by Licensee to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

4. This Order is effective on the date of its signing.

WISCONSIN BOARD OF NURSING

by: 
A Member of the Board

3-8-18
Date

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF LICENSE OF

ANN M. CRUMP, R.N., A.P.N.P., C.N.M.,
LICENSEE.

:
:
:
:

STIPULATION

0005648

Division of Legal Services and Compliance Case No. 16 NUR 284

Licensee Ann M. Crump, R.N., A.P.N.P., C.N.M., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Licensee consents to the resolution of this investigation by Stipulation.

2. Licensee understands that by signing this Stipulation, Licensee voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Licensee, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Licensee;
- the right to call witnesses on Licensee's behalf and to compel their attendance by subpoena;
- the right to testify on Licensee's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Licensee under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Licensee is aware of Licensee's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Licensee is represented by Attorney Andrea P. Hoversten.

4. Licensee agrees to the adoption of the attached Final Decision and Order by the Wisconsin Board of Nursing (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Licensee waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Licensee or Licensee's attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Licensee is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

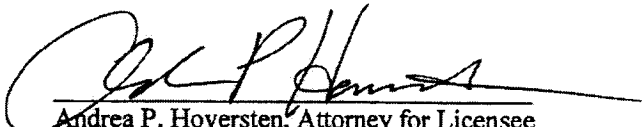
8. The Division of Legal Services and Compliance joins Licensee in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.



Ann M. Crump, R.N., A.P.N.P., C.N.M., Licensee
1057 Moonbeam Road
Hudson, WI 54016-7848
License nos. 162836-30 & 148893-32

02-28-2018

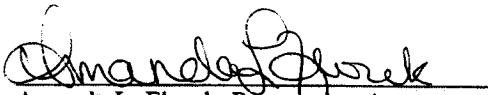
Date



Andrea P. Hoversten, Attorney for Licensee
Geraghty, O'Loughlin & Kennedy, P.A.
55 East 5th Street #1100
St. Paul, MN 55101-1812

02-28-2018

Date



Amanda L. Florek, Prosecuting Attorney
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

2/28/18

Date