

482

0.0000 0.0000 0.0000 0.0000 0.0000

→ → → → →

: Case No. 326850

a witness herein, called by the plaintiff for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, taken before Constance Campbell, a Notary Public within and for the State of Ohio, at Saint Luke's Hospital, 11311 Shaker Boulevard, Cleveland, Ohio, on TUESDAY, OCTOBER 28TH, 1997, commencing at 2:10 p.m. pursuant to agreement of counsel.



**COURT REPORTERS
Computerized Transcription
Computerized Litigation Support**

**THE 113 SAINT CLAIR BUILDING - SUITE 505
CLEVELAND, OHIO 44114-1273
(216) 771-8018
1-800-837-DEPO**

APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

Donna Taylor-Kolis, Esq.

Ann Garson, Esq.

Donna Taylor-Kolis Co., LPA

330 Standard Building

Cleveland, Ohio 44113

(216) 861-4300.

ON BEHALF OF THE DEFENDANT:

Gary H. Goldwasser, Esq.

Susan Seacrist, Esq.

Reminger & Reminger

The 113 Saint Clair Building

Cleveland, Ohio 44114

(216) 687-1311.

I N D E XWITNESS:STEVEN BASS, M.D.PAGE

Cross-examination by Miss Xolis

5

PLAINTIFF'S EXHIBITSMARKED

A - 1-23-96 progress note by Dr. Bass

61

B - temperature graph

61

(FOR COMPLETE INDEX, SEE APPENDIX)(IF ASCII DISK ORDERED, SEE BACK COVER)

1 STEVEN BASS, M.D.

2 of lawful age, a witness herein, called by the
3 plaintiff for the purpose of cross-examination
4 pursuant to the **Ohio** Rules of Civil Procedure,
5 being first duly sworn, as hereinafter certified,
6 was examined and testified as follows:

7 -----

8 MISS XOLIS: For
9 identification purposes on the record we've met, as
10 you know my name is Donna Xolis, I've been retained
11 to represent the Estate of Carolyn Yarborough. My
12 purpose is to gain information that you might be
13 able to provide to me both from your consultation
14 and things that don't appear in the record.

15 Have you been deposed before?

16 THE WITNESS: Yes.

17 MISS XOLIS: That's probably
18 a silly question, I'm never certain.

19 Knowing Mr. Goldwasser as I do, I'm
20 certain prior to the deposition he would have
21 indicated to you to answer all my questions in a
22 verbal fashion. I would recommit you to that. We
23 don't like to make the court reporter interpret our
24 answers or questions.

25 Additionally if I ask a question

1 that you don't understand, which is a high
2 likelihood, you can tell me you don't understand
3 what I'm asking. Don't answer a question you are
4 not clear about. As questions and answers appear
5 on the record it's presumed you understood the
6 question.

7 Additionally if at any point you
8 wish to confir with Mr. Goldwasser or your other
9 counsel who is here today that's acceptable to
10 myself. If for any reason you are paged, patient
11 care of course takes precedence over deposition, we
12 don't mind waiting for you. Have you understood
13 everything I instructed you on?

14 **THE WITNESS:** Yes.

15 -----

16 CROSS-EXAMINATION

17 BY MISS ROLIS:

18 Q. With that said, for the record can you state
19 your name and your business address?

20 A. Steven Bass, 11311 Shaker Boulevard,
21 Cleveland 44104.

22 Q. You are identifying **by** address Saint Luke's
23 Hospital; is that accurate?

24 A. Yes, that is where my office is.

25 Q. Other than the office in the hospital, do you

1 have offices outside of the hospital?

2 A. We share some office space, our group does, I
3 don't physically see patients or have an office
4 elsewhere.

5 Q. We'll make that very simple. For the record
6 you've indicated your group, you are a member of a
7 group practice; is that accurate?

8 A. Correct.

9 Q. What is the name of the group practice?

10 A. ID Consultants.

11 Q. How many members are in ID Consultants?

12 A. Five.

13 Q. I'm not going to ask you their names at this
14 moment, I don't think it's all that important. So
15 the record is clear, you do not see patients other
16 than here at Saint Luke's Hospital, you don't see
17 them at the other office?

18 A. Yes, I see patients at other hospitals. I
19 don't see outpatients at any other office.

20 Q. Where is your office located, the other
21 office?

22 A. We have at Hillcrest, Hillcrest medical
23 building, we share some space there.

24 Q. You've indicated that you don't see other
25 hospital outpatients, I'm a little bit confused

1 about what you told me, maybe I'm not listening too
2 well?

3 A. Most of the work I do represents seeing
4 patients in the hospital. Our group sees patients
5 at a number of hospitals. There will be an
6 occasion to see a patient as an outpatient in an
7 office setting. I only see patients here. There
8 is another office that we sublet from another
9 physician at Hillcrest and actually out in Geauga
10 County members **of** our group utilize.

11 Q. I'm still not clear, it's the questioner, not
12 the answerer.

13 You see outpatients here in your
14 office at the hospital; is that right?

15 A. Correct.

16 Q. You also see patients who are inpatients at
17 Saint Luke's?

18 A. Correct.

19 Q. Do you also see patients at Hillcrest
20 Hospital who are in the hospital?

21 A. Yes.

22 Q. I think that **is** pretty clear to me.

23 Mr. Goldwasser is apparently
24 reviewing your CV.

25 MR. GOLDWASSER: I'm going to

1 have a copy made available to you. I'll give it to
2 you. It's the only copy I have, as you saw just
3 brought in.

4 MISS KOLIS: I won't put any
5 marks on it.

6 Q. Do you have privileges at an other hospital
7 other than Hillcrest and Saint Luke's?

8 A. Yes.

9 Q. What other hospitals?

10 A. All the Meridia hospitals, Marymount,
11 Bedford, Saint Vincent's, Geauga, that kind of
12 covers it.

13 Q. I'm probably not going to go through very
14 thoroughly your CV, basically I want to confirm the
15 information that appears on here.

16 You completed medical school at
17 Cornell University in 1976?

18 A. Yes.

19 Q. Thereafter did a one year internship at
20 University Hospitals, correct?

21 A. Yes.

22 Q. Residency same place, University Hospitals,
23 '77 through '79?

24 A. Correct.

25 Q. Was that an internal medicine residency?

1 A. Yes.

2 Q. Thereafter you completed a two year
3 Fellowship in infectious disease, '79 to '81 at
4 University Hospitals?

5 A. Yes.

6 Q. Then spent an additional year as the chief
7 resident, was that in internal medicine or
8 infectious disease?

9 A. Internal medicine.

10 Q. '81 to '82, right?

11 A. Correct.

12 Q. What year did you become Board certified in
13 internal medicine?

14 A. 1979.

15 Q. Are you also Boarded in infectious disease?

16 A. Yes.

17 Q. What year did you take that Board?

18 A. I believe 1982.

19 Q. Have you had to recertify in either of those
20 Boards since that time?

21 A. No.

22 Q. In anticipation of the questions that I'm
23 going to ask today, did you review any material?

24 A. Yes.

25 Q. What did you review?

1 A. I reviewed the medical record during the
2 patient's stay at Saint Luke's Hospital. I
3 reviewed the autopsy report, discharge summary from
4 Huron Hospital.

5 Q. When you say you reviewed the
6 hospitalization, Carolyn was hospitalized here more
7 than once. Did you simply review the January 9,
8 1996 through January 25th hospitalization, or did
9 you review --

10 A. Basically that one. I didn't spend a lot of
11 time on the others.

12 Q. The autopsy report, correct?

13 A. Correct.

14 Q. The discharge summary only of the Huron Road
15 records?

16 A. Correct.

17 Q. In preparing to discuss Carolyn's care with
18 me, did you have an occasion to do a MEDLINE review
19 of any sort?

20 A. No.

21 Q. Doctor, do you have any teaching
22 responsibilities?

23 A. Yes.

24 Q. Tell me about those.

25 A. There are residents on the infectious disease

1 service here each month, we basically supervise the
2 residents and they have an exposure to the
3 discipline of infectious disease here. We also do
4 that at Meridia Huron. We teach medical students
5 here, Case Western Reserve students. We interact
6 with medical students from Ohio University College
7 of Osteopathic Medicine predominantly at South
8 Pointe Hospital.

9 Q. I gather from that answer the teaching you **do**
10 is clinical in nature, you're not teaching in the
11 classroom at Case?

12 A. There are some presentations that we do give
13 to undergraduate -- not undergraduate, sorry, first
14 and second year medical students.

15 Q. When you say you have residents that come
16 through on a monthly basis, does Saint Luke's
17 Hospital offer a full residency program in
18 infectious disease medicine?

19 A. No.

20 Q. They are rotating through on a monthly basis?

21 A. Right.

22 Q. What programs do those residents come from?

23 A. These are internal medicine residents, they
24 don't come from any program.

25 Q. Fair enough.

1 Prior to today I did not have the
2 opportunity to do a Common Pleas index on you, I'm
3 going to ask you these questions by way of
4 background. Other than the instant piece of
5 litigation, have you previously been sued for
6 alleged medical negligence?

7 MR. GOLDWASSER: Objection, you
8 may answer.

9 A. Yes.

10 Q. Without holding you to it specifically, can
11 you recall on how many occasions you were sued?

12 MR. GOLDWASSER: Objection. You
13 may answer.

14 A. I believe I've been involved with five,
15 something of that nature.

16 Q. Were all of those cases filed in Cuyahoga
17 County?

18 A. Yes, as far as I know.

19 Q. I assume you've practiced medicine in
20 Cleveland essentially since you --

21 A. Yes.

22 Q. Did any of those five matters that were
23 previously filed against you involve a failure to
24 diagnose an infection?

25 MR. GOLDWASSER: Objection. You

1 may answer.

2 A. I can't tell you what the -- I don't recall
3 what the allegations were. In no cases was there a
4 proven allegation. I can't tell you if that was
5 the focus of the claims.

6 Q. Are you indicating to me by that answer that
7 in the five cases that were filed against you all
8 of them to the best of your knowledge were resolved
9 without a payment on behalf of Dr. Steven Bass?

10 A. Correct.

11 Q. Were you represented send by
12 Reminger & Reminger in those actions?

13 A. Yes.

14 MR. GOLDWASSER: Not
15 exclusively. I think Jacobson, Maynard had some of
16 those cases.

17 Q. Fair enough. I'll do my own work, look at
18 the index. I thought I would ask you for what you
19 could remember.

20 In January of 1996 what was your
21 relationship with Saint Luke's Hospital at the time
22 of Carolyn Yarborough's admission?

23 A. I first of all was a member of the medical
24 staff, I was a salaried member of the Department of
25 Medicine, teaching capacity in the Division of

1 Infectious Disease and Department of Medicine.

2 Q. In terms of any compensation which you might
3 have derived for the consultation which you
4 performed upon Carolyn while she was in January
5 of 1996, who provided payment for those services,
6 if you know?

7 A. There was no payment for those services as
8 far as I'm aware of.

9 Q. Was Carolyn Yarborough a clinical patient?

10 A. I don't know what you mean by that.

11 Q. If you don't know what I mean, I don't
12 either.

13 I guess what I'm asking you **is** a
14 different question, so let's see if we can turn
15 this around. At the time of this incident were you
16 insured for medical negligence?

17 MR. GOLDWASSER: Was Dr. Bass,
18 did he have professional liability insurance?

19 Q. Yes, did you have professional --

20 MR. GOLDWASSER: Objection. You
21 may answer.

22 A. Yes.

23 Q. Who was your professional liability carrier?

24 A. I've been covered by PIE.

25 Q. In January of 1996 you were working with a

policy of liability coverage provided by PIE; is
2 that right?

3 A. For the care of patients who were so-called
4 private patients. In one's role as a faculty
5 member here, in the care of staff patients, that
6 liability coverage doesn't apply.

7 MR. GOLDWASSER: That's why
8 Goldwasser is here instead of John Jackson.

9 Q. Carolyn Yarborough was not a private
10 patient --

11 MISS KOLIS: Which is good
12 for me I suppose.

13 MR. GOLDWASSER: I don't know.

14 Q. -- she was a staff patient; is that correct?

15 A. Correct.

16 Q. Accordingly you are being represented under
17 an indemnification with the hospital for your care
18 of a staff patient?

19 A. I don't know what you mean by
20 indemnification. My understanding is that any sort
21 of liability coverage is provided by the hospital
22 when these patients are here.

23 Q. She didn't come through your private
24 practice?

25 A. No.

1 Q. Let's try to deal efficiently hopefully with
2 questions that I have for you regarding this case.

3 I reviewed the records, I don't
4 always profess to be able to read everyone's
5 signature. To the best of my ability there is
6 charted only one examination by yourself of this
7 patient, is that accurate, that there was only one
8 examination by you of Carolyn?

9 A. Correct.

10 Q. That occurred on January 23, 1996?

11 A. Correct.

12 Q. To the best of your recollection, other than
13 the one recorded consultative visit we're going to
14 talk about, did you do any I call them curbside
15 consultations in the management of antibiotics for
16 this patient while she was hospitalized?

17 A. Not that I can recall.

18 Q. From your review of the records, Dr. Bass,
19 what was the purpose of the consultation you
20 performed on January 23, 1996?

21 A. To interpret the results of cultures taken on
22 January 16th of 1996.

23 Q. Who requested this consultation with
24 yourself?

25 A. The surgical service.

Q. How does the surgical service request a
consultation with you?

A. In this specific case?

Q. Um-hum.

A. I don't recall if I received a phone call
from the surgical resident or from the surgical
attending.

Q. Have you looked at the orders in the chart?

A. Not comprehensively.

Q. I'm asking you if did you. I went through
them, I didn't find an order for an infectious
disease consult on any date 16th or 20th or 23rd,
that is why I'm asking you whether you have a
recollection how you were called in?

A. It's usually through a phone call.

Q. Do you log those phone calls anywhere?

A. Not all of them. If it came through my
office it may be in a log. It may have been a
message on my beeper that I called right back.

Q. **How is it that** today you **know** that the
purpose that you were called in for consult was to
interpret cultures done on the 16th?

A. I recall that.

Q. When you say you recall it, in reviewing the
medical records themselves, you have a specific

1 recollection that you had received a call to ask
2 you to interpret cultures?

3 A. I recall the case, I recall having my
4 involvement to interpret those cultures.

5 Q. When you say that you would have been
6 requested to interpret cultures, what would the
7 process of interpreting cultures entail?

8 A. If the culture results represented a
9 significant infection that required therapy; or
10 represented colonization, that would require
11 therapy.

12 Q. Would physically examining the patient be
13 part of what would be required to interpret the
14 cultures?

15 A. Yes.

16 Q. What happened on the 16th that caused a
17 culture to be drawn?

18 A. There was, as I recall in reviewing the
19 chart, there was drainage from the wound.

20 Q. We're probably going to go through some of
21 the progress notes. That's your recollection,
22 correct?

23 A. Yes.

24 Q. What I would like to do first, so we have a
25 place to work from, is I'll have the court reporter

1 mark this Plaintiff's Exhibit **A**. I'll represent to
2 you this is a photocopy of an entry from the chart
3 of your one and only consultation in the chart; do
4 agree this is a consultation note?

5 A. There is usually a note written **by** the
6 resident, I did not see a consult form, I did **not**
7 see that in the chart. I don't know where that is.

8 Q. When you say the consult form, are you
9 talking about standard hospital consultation form?

10 A. Correct.

11 Q. From your review of the record did you see a
12 completed consultation form?

13 A. No.

14 Q. Nor did I, that's why I'm asking.

15 A. I didn't see it, I don't know if it was
16 written, that could have been another note
17 referable to infectious disease.

18 Q. Did you see any note written in the chart by
19 infectious disease residents?

20 A. No.

21 Q. I didn't either, I'm trying to confirm that.
22 Customarily then, not trying to beat a dead horse,
23 there is usually a consult form that would be here
24 in the consultation section of the chart?

25 A. Right.

1 Q. Your review reveals that there isn't one,
2 correct? '

3 A. Correct.

4 Q. Generally speaking, on those consult forms,
5 that **is** where you generally find the information as
6 to who requested the consult and scope of
7 consultation, correct?

8 A. Correct.

9 Q. **As** boring as this might seem, I would like to
10 prevail upon you to read into the record what your
11 actual consultation note says.

12 A. **ID** patient seen, has myelitis, on steroids,
13 cecal perforation, treated and has improved.
14 Currently off systemic antibiotics. Surface
15 cultures with enterococcus, yeast. Foley out times
16 one day, afebrile. Blood count down to 13,000.
17 Urinalysis, January 20th, negative. Assessment:
18 No signs of significant infection, positive culture
19 represents surface and mucosal colonization and
20 patient at high risk for superinfection. Keep off
21 all antibiotics. Recheck urine since Foley is
22 out. May treat with Fluconazole.

23 Q. I'll come back and ask questions about that.
24 I wanted that as my baseline.

25 In assessing the patient for the

1 **purpose** of the cultures that were drawn on the
2
3 16th, did you take it upon yourself to review the
4 charting up to the point that you saw her at that
5 time?

6 A. Yes.

7 Q. Were you aware of the operative cultures in
8 this patient at the time that you saw her?

9 A. Yes.

10 Q. Had a yeast organism been identified and
11 isolated from the abdominal fluid?

12 A. Yes.

13 Q. Had an enterococcus organism been identified
14 and isolated?

15 A. Yes.

16 Q. At the time that you consulted with her on
17 January 23rd, were you aware of what systemic
18 antibiotic therapy she had been on?

19 A. Yes.

20 Q. What therapy do you recall, or you can **look**
21 at the record, her having been on up to the point
22 you saw her?

23 A. My recollection is that she was on Cefotetan
24 and Flagyl. Can I check that for sure?

25 Q. If I suggest that the chart also reflects
Gentamycin does that the refresh what you reviewed?

1 A. Yes, that would make sense. I'll take your
2 word for it.

3 Q. You don't ever have to take my word for it.

4 A. That was my recollection.

5 Q. At that time would you agree with me that the
6 three antibiotics that we just listed don't include
7 coverage either for the Candida or enterococcus
8 found?

9 A. Yes.

10 Q. From your review of the chart, up until the
11 time you saw the patient, did you consider that
12 Carolyn had carried a postoperative fever?

13 A. She had fever postoperatively, yes.

14 Q. What is your definition of postoperative
15 fever, what ranges?

16 A. I would say temperature over 38.

17 Q. 38 in Fahrenheit is what, if you can do the
18 math for me, if you can't, tell me?

19 A. I would say a temperature of 100. Pretty
20 close to that.

21 Q. Using your definition, you would agree with
22 me she had postoperative fevers through the course
23 of her hospitalization up until the time of
24 discharge; do you agree or disagree with that?

25 A. It is my recollection her temperature came

1 down during the course of her hospitalization.

2 Q. Is it your recollection it came down and
3 stayed down or fluctuated in the postop 100 degree
4 range?

5 A. It's **my** understanding from looking at the
6 record that her temperature dipped below 37 on
7 numerous occasions, was in the high 37's for most
8 of the time in the hospital. Later on she had a
9 temperature of 38.9, 38.3, temperature had come
10 down.

11 MISS KOLIS: I'm going to
12 hand you this because we may want to refer to it,
13 I'll state for the record that this is a graph.
14 This graph doesn't appear in the hospital chart,
15 For purpose of questioning I'm going to mark it
16 Plaintiff's B.

17 MR. GOLDWASSER: Who prepared
18 the graph or created it?

19 MISS KOLIS: We created it
20 based on the temperature. It's subject to dispute
21 or anything at a later time. This is a graph
22 prepared showing dates and plotting out dates and
23 temperature by nursing staff.

24 MR. GOLDWASSER: Centigrade or
25 Fahrenheit?

MISS XOLIS:

Converted

2 Fahrenheit.

3 Q. Hang onto that in case we need to use it.

4 Looking at a person, when I say a
5 person, talking about Carolyn Yarborough, what is
6 the importance of calculating in the postoperative
7 fevers in trying to assess whether or not there is
8 an intra-abdominal infection?

9 A. Repeat the question.

10 Q. Looking at Carolyn Yarborough's situation, a
11 person who had a perforated secum and peritonitis,
12 in attempting to assess in her particular
13 circumstances whether there is postoperatively an
14 intra-abdominal infection, what importance do you
15 place upon postoperative fever?

16 A. The persistence of fever would raise the
17 concern about there being an infection.

18 Q. So that we don't have a problem with
19 semantics, when you say persistence of fever, can
20 you explain to me in layman's terms how you
21 quantify or define the persistence of fever?

22 A. Temperature that stays elevated above the
23 defined range during the course of her stay. That
24 would be a fever.

25 Q. Having just given that definition, when you

1 say sustained, do you mean a fever that spikes and
2 then stays the same through a number of days, or is
3 there within that temperature a spike, drops,
4 spikes again; is it variable or does it have to be
5 constant?

6 A. Fevers can vary. I don't think that a fever
7 pattern defines what is going on. Usually in a
8 setting of a postoperative fever there is high
9 grade temperature.

10 Q. In terms of your perspective as a Board
11 certified infectious disease physician, what
12 clinical single diagnostic finding is most highly
13 suggestive of intra-abdominal infection?

14 MISS KOLIS: Connie, can you
15 read that back?

16 -----
17 (Question read.)

18 -----

19 A. Persistent fever, persistent leukocytosis.

20 Q. Leukocytosis meaning white blood count?

21 A. Yes.

22 Q. Elevated white blood count?

23 A. Yes.

24 Q. We're going to get into this specifically a
25 little further in my questioning, I'm trying to set

1 the stage in this way: In Carolyn Yarborough was
2 there a diagnostic complication in terms of
3 leukocytosis because of the fact Carolyn Yarborough
4 was taking steroids?

5 A. I think the steroids probably played a role
6 in her leukocytosis.

7 Q. That's something you as an infectious disease
8 doctor are aware of, correct?

9 A. Correct.

10 Q. Can you give me, pretend I'm the medical
11 student, your definition or explanation as to why
12 the administration of steroids affects the
13 leukocytosis?

14 A. It causes leukocytosis by demarginating white
15 cells in the periphery and measured white count is
16 elevated.

17 Q. The person who is on steroids could have no
18 infection, but have a demonstrated higher white
19 blood count, correct?

20 A. Correct.

21 Q. How do you as an infectious disease doctor
22 discern what it is that is elevating the white
23 blood count in a situation like that?

24 A. Well, we use other parameters. Those would
25 include clinical findings, presence of sense of

1 well-being, the examination of the patient, the
2 abdomen, the wound, the presence or absence of
3 fever.

4 Q. At the time that you examined Carolyn, were
5 you aware of a CAT scan result from January 20th?

6 A. Yes.

7 Q. When I say were you aware of them, did you
8 read the actual finding or did you look at the CAT
9 scan?

10 A. I don't recall. I usually do review the CAT
11 scan but I do remember the report.

12 Q. I think that it was suggested in your answer,
13 I always like a clear question and answer for the
14 record to the extent possible, when you say you
15 usually review, are you indicating for the record
16 **you** usually look at the film itself?

17 A. Yes. I don't recall if I looked at the film
18 in this particular situation.

19 Q. This situation you don't have a specific
20 recollection **of** which you did, although it would be
21 your custom to look at the CAT scan?

22 A. Correct.

23 Q. I gather from the answer that you feel a
24 certain degree of competence to review a CAT scan
25 film, to detect the presence and/or absence of an

1 infective process in the abdominal cavity?

2 A. I usually review with a radiologist.

3 Q. In this case you just don't remember, the
4 note doesn't say you reviewed the film?

5 A. Correct.

6 Q. That does or doesn't mean one way or the
7 other that you did, correct?

8 A. Correct.

9 Q. Have you had an opportunity to, subsequent to
10 the time I filed this lawsuit, to look at the film,
11 we won't say rereview?

12 A. No.

13 Q. Have you reviewed the findings as interpreted
14 by the radiologist of the CAT scan?

15 A. Yes.

16 Q. Do you agree or disagree that the findings on
17 that CAT scan as reported by the radiologist are
18 not unequivocal for no infection?

19 MR. GOLDWASSER: I don't know,
20 that is a double negative.

21 Q. We're going back to English.

22 Do you agree or disagree with me
23 the findings on the film don't conclusively
24 establish there was no infection in the abdomen as
25 of January 20th?

1 A. No single test can ever definitively conclude
2 that there is no infection, if that is answering
3 your question.

4 Q. I think I understand the answer. Let me try
5 to ask a better question.

6 Would you agree with me the finding
7 of ascites obtained in the abdominal cavity could
8 be suggestive of abdominal infection?

9 A. The presence of ascites could be --
10 postoperative, could be related to edema, could be
11 related to infection, it is not a sign of
12 infection, not diagnostic of infection, not
13 inconsistent with infection.

14 Q. That is probably the question I should have
15 asked you, using the word inconsistent.

16 The picture that was presented on
17 the CAT scan did not exclude the possibility that
18 there was an intra-abdominal infection and could in
19 fact have been consistent with the presence of one
20 as of January 20th; do you agree with that?

21 A. I think that the interpretation of the CAT
22 scan as I recall was more weighted on the side of
23 no infection than infection, as I recall.

24 Q. By the radiologist?

25 A. Correct.

Q. You yourself as an infectious disease doctor
get an opportunity to look at those films, decide
the film in combination with the clinical setting
could be more suggestive of infection than the
radiologist would be able to determine; would you
agree with that?

A. We use that test as any other test.

Q. What are corticosteroids, Doctor?

A. Medications that are anti-inflammatory.

Q. How do they affect the inflammatory process?

A. They blunt the inflammatory process.

Q. Can you explain simply how they do that?

A. They affect T cell function, halt the or
affect the ability of white cells to work.

Q. In general, within your subspecialty, what is
your understanding of the general affect of
corticosteroids on the healing of an intestinal
anastomosis or surgical wound?

A. In general it impedes the healing.

Q. That is something obviously you would have
been aware of at the time you examined Carolyn?

A. Yes.

Q. Changing directions just for a second, we
will get back to that issue.

Had you work with Dr. Sonpal --

perhaps the use of my word worked with might make
2 you uncomfortable -- in the past had you been
3 involved in cases where Dr. Sonpal chose to
4 initiate and maintain the antibiotic regimen before
5 you came as the ID consult?

6 A. I can't recall that as being either an
7 individual circumstance or a pattern.

8 Q. Based upon your review of this chart, do you
9 believe that an infectious disease consultation
10 should have been requested prior to January 23,
11 1996?

12 MR. GOLDWASSER: Objection. You
13 may answer.

14 A. **My** surgical colleagues treat surgical
15 infection all the time without infectious disease
16 consultation. I wasn't there at the time, my
17 review of the record it appears the patient
18 seemingly improved and antibiotics were stopped.
19 There was an issue of having her discharged. To
20 answer your question, it seemed to the physician
21 taking care of her she was improving.

22 Q. **All** right, I'll accept that answer.

23 Prior to me interjecting that
24 thought that crossed my mind we were talking about
25 corticosteroids. In addition to impeding the

1 healing of a surgical wound or surgical
2 anastomosis, intestinal anastomosis, what affect do
3 the corticosteroids have on other signs and
4 symptoms of infection?

5 A. Corticosteroids may blunt signs of
6 infection.

7 Q. Blunt fever?

8 A. Can.

9 Q. Do you presume when you are seeing a patient
10 who is on corticosteroids who has a fever, that
11 fever may in actuality be a little bit higher if
12 the steroids are withdrawn?

13 A. I don't think I would presume that at all. I
14 think if we want to refer to this specific case.

15 Q. Okay.

16 A. The patient had no difficulty in generating a
17 rather significant fever while on a fair amount of
18 corticosteroids so I don't think that in this
19 specific case that would be relevant.

20 Q. Following what you just said, she was able to
21 generate a rather significant fever on steroids,
22 I'm asking you if you have the understanding based
23 on your training and experience in infectious
24 disease medicine whether the temperature would have
25 recorded higher but for the administration of

1 steroids?

2 A. No, I believe she had an infection, the fever
3 was high, she was treated surgically and medically
4 and her fever came down, I think that is clear.

5 Q. What is peritonitis?

6 A. Inflammation of the peritoneum.

7 Q. Just a general explanation so we can ask a
8 question, how does peritonitis arise following the
9 perforation of the secum?

10 A. The peritoneal cavity is soiled with
11 intestinal content, which includes bacteria,
12 inflammation occurs.

13 Q. Going back, I just had forgotten to ask a
14 question in terms of the affect of the
15 corticosteroids on signs and symptoms of the
16 infection.

17 You indicated the answer it does
18 blunt fever, does/can, does it also affect your
19 classical clinical symptoms of abdominal rigidity
20 or stomach pain?

21 A. It can.

22 Q. That ties with my next question. The
23 corticosteroids themselves, can they specifically
24 affect the signs and symptoms of peritonitis?

25 A. In this particular case she had no difficulty

1 mounting signs and symptoms of peritonitis, her
2 belly became soft while on corticosteroids.
3 Related to the case I believe the corticosteroids
4 did not blunt the signs and symptoms of the
5 peritonitis.

6 Q. At the conclusion of your infectious disease
7 consult, as you read into the record, it seemed my
8 recollection is you said, the last sentence, may
9 treat with Fluconazole. Tell me what is
10 Fluconazole?

11 A. It's an antifungal agent.

12 Q. Why were you recommending treating with
13 Fluconazole at that point?

14 MR. GOLDWASSER: He said may
15 treat with.

16 MISS KOLIS: Excuse me.

17 MR. GOLDWASSER: You said
18 recommend. I thought he said may treat with.

19 Q. To clarify Mr. Goldwasser's appropriate
20 interjection into this, so the record is clear you
21 say may treat with Fluconazole, you were telling
22 them what they could put on it if they wanted to?

23 A. I was expressing I may treat with
24 Fluconazole.

25 Q. You may treat. In that context at that point

1 you had not made a decision to treat with
2 Fluconazole?

3 A. No, she had urine that grew yeast, I wanted
4 to recheck the urine after the Foley was removed.
5 See, often times yeast will colonize surfaces,
6 doesn't represent a significant infection,
7 particularly if there is a catheter in place like a
8 Foley catheter.

9 The Foley was removed for one day,
10 a repeat urine culture was ordered and checked. If
11 that was growing, that was still positive with the
12 Foley being removed, given her situation,
13 Fluconazole may have been used.

14 Q. You never did end up using Fluconazole on the
15 wound then?

16 A. The wound was clean, it was beefy,
17 granulating, there were no signs of infection in
18 the wound at the time I saw the patient. At that
19 time I felt that the wound was not infected, at
20 that time.

21 The organism isolated represented
22 surface colonization. My concern with Fluconazole
23 was she had yeast in her urine, I wanted to see
24 what her urine grew, if anything, after the Foley
25 was removed, the urine was sterile.

1 Q. You are indicating to me that at the time
2 that you checked -- can you point me back to the
3 note where you describe the wound?

4 A. I don't have that written on this note.

5 Q. So the note doesn't have a description of the
6 wound, does it?

7 A. No.

8 Q. So you just related a description of the
9 wound, are you doing that from your memory?

10 A. There are numerous notes by the surgeons
11 about the wound before, during the time I saw the
12 patient and after the time I saw the patient, which
13 I don't have a specific recollection of the wound
14 as we speak now.

15 My note indicated that there were
16 no significant signs of infection, that the wound
17 was granulating and beefy, which was supportive of
18 that.

19 Q. What is mucosal contamination?

20 A. Mucosal is being the urinary tract, bladder
21 mucosa.

22 Q. These cultures that you were asked to consult
23 on, you are saying they were cultures taken on
24 the 16th?

25 A. Correct.

1 Q. Cultures from where?

2 A. From the wound.

3 Q. You weren't consulted because of a concern of
4 urinary tract infection, were you, or culture
5 growing from the urinary tract?

6 A. No, but the time I saw the patient, during
7 the time I saw the patient that was positive, one
8 wanted to be sure that yeast had disappeared.
9 Patients who, particularly a patient who has a
10 neurological condition, once the Foley is removed,
11 the organism can grow if it actually is still
12 there. That was the reason for checking the urine
13 after the Foley was removed. She eliminated that
14 organism from the urinary tract as the catheter was
15 removed.

16 Q. That was the same organism that was found in
17 the abdominal cavity at the time of surgery,
18 correct?

19 A. It was a Candida species, I don't know that
20 was the same species, it was a Candida.

21 Q. Why had Carolyn been removed from antibiotics
22 prior to you seeing her?

23 MR. GOLDWASSER: You only know
24 what the chart **will** tell you, you can't guess what
25 an other doctor's thought process was.

1 A. My recollection of the case, the surgeons
2 felt the patient was improving, had decided to stop
3 antibiotics. That was their sense. I assume that
4 is why they stopped the antibiotics, because the
5 patient was improving.

6 Q. There is your reference to infectious disease
7 point of view, I'm not asking you to guess what
8 anyone was thinking, is there another reason you
9 are aware of in a general principle of infectious
10 disease medicine you remove a person from
11 antibiotics other than the sense they are getting
12 better?

13 A. Yes, if a patient has persistent fever, that
14 could be a drug fever, you want to stop
15 antibiotics.

16

17

18

19

20

21

22

23

24

25 It starts at the top 1-19-96, that
looks like shorthand afebrile, VSS, that is the

1 note I'm referring to. Towards the middle portion
2 of the page, Dr. Sonpal -- I'm assuming this is
3 Dr. Sonpal's note and signature, we haven't deposited
4 him, let's assume that is who it is -- says
5 hyperglycemia secondary to steroid. Impression --
6 does that say the word impression to you or is that
7 something else, if you are familiar with Dr.
8 **Sonpal's** handwriting?

9 A. Hyperglycemia secondary to steroids then
10 what?

11 Q. Can you make out the word between steroids
12 and sepsis?

13 A. **No.** Usually impression is at the beginning
14 of a line, that isn't.

15 Q. I would agree, that is why I'm asking.

16 A. That is doubt.

17 Q. You think that is doubt?

18 A. Yes.

19 Q. Fine.

20 A. He's saying hyperglycemia secondary to
21 steroid, doubt sepsis. Makes sense.

22 Q. Had you read that note prior to your
23 examination of Carolyn?

24 A. Yes.

25 Q. If you would turn to 1-20-96, top of the

1 page, did you read that note before you examined
2 Carolyn; **do** you know?

3 A. I can't tell you at this point if I read the
4 note. I read through the chart when I saw Carolyn,
5 I read the notes. I read all the notes before when
6 I saw Carolyn Yarborough.

7 Q. This note pretty clearly indicates the white
8 blood count is still up at that point?

9 A. Right.

10 Q. He's recommending a CT and pelvis, is that
11 the way you read that?

12 A. Which note, the 19th?

13 MR. GOLDWASSER: Turn the page.

14 Q. 20th, **top of** the page?

15 A. Yes.

16 Q. At the point would you suspect that
17 Dr. Sonpal -- when I say suspect I know you don't
18 know what he thinks -- does this note indicate to
19 you that there is a test being ordered to determine
20 whether or not there **is** infection?

21 A. Yes, he's concerned about it.

22 Q. He's not worried about that white blood count
23 going up because of the wound infection, the
24 external wound infection; would you agree with
25 that?

1 A. Correct.

2 Q. That's why he's ordering a CT.

3 By the way, what is his description
4 of the wound at that point in time?

5 A. Wound is healing well except for slight
6 infection in central portion.

7 Q. By the 23rd you are saying you didn't see any
8 sign of infection in the wound?

9 A. The next day granulating nicely, incision
10 clean and granulating on the 22nd. Incision clean,
11 unchanged on the 23rd. On the 24th wound clean,
12 pink and boggy. Correction, clean, pink and
13 beefy. On the 25th incision granulating nicely.
14 These are all indications of a wound that is not
15 infected.

16 Q. We're talking the surface wound though?

17 A. Correct.

18 Q. The condition of the surface wound does not
19 necessarily tell us what the condition is
20 intra-abdominally; would you agree with that?

21 A. Correct.

22 Q. Let's switch gears again, try to be organized
23 with my questions.

24 You indicated initially that you
25 were called in on this consultation to interpret

1 cultures that were drawn on the 16th?

2 A. Yes.

3 Q. So you came in, did this physical exam, made
4 some recommendations, you also testified that you
5 did read all of the records. Of course by reading
6 those records you would have been aware that there
7 had been some increasing white blood counts,
8 correct?

9 A. Yes.

10 Q. CT was done to look for intra-abdominal
11 infection, right?

12 A. Correct.

13 Q. Did you, Doctor, on the 23rd, make a
14 determination that there was no possibility of
15 intra-abdominal infection in this person?

16 A. Can you repeat the wording?

17 Q. The ending part was did you make a
18 determination on January 23rd that there was not
19 the possibility of intra-abdominal infection in
20 Carolyn Yarborough?

21 A. I can't answer the question in those terms.
22 There is never a situation there is no
23 possibility. I didn't find any signs of
24 significant infection. I felt the cultures that
25 were done on the 16th represented surface and

1 mucosal colonization. Dr. Sonpal on his note of
2 the 22nd noted urine Candida, wound Candida and
3 enterococcus, consult ID. His request was,
4 Dr. Bass, what do you make **of** the cultures.

5 I felt the clinical picture of the
6 patient at that time did not indicate signs **of**
7 infection. As far as no possibility, that is not
8 possible.

9 Q. Once again, the asker asked a poor question,
10 doesn't have anything to do with you. Let me
11 rephrase this.

12 Did you perceive or was it
13 indicated to you that part of your assessment **of**
14 this patient was to determine the existence or
15 nonexistence of an infective process
16 intra-abdominally, not the wound, I'm talking about
17 the intra-abdominal infection?

18 A. No, my recollection of this case was the CAT
19 scan was done, there wasn't evidence of infection,
20 according to the radiologist. The wound cultures
21 were obtained essentially six days, seven days
22 earlier, a week before I saw the patient, they just
23 wanted to know what I thought about those
24 cultures.

25 They felt the patient was

1 improving. The elevated white count was considered
2 part and parcel of her steroid therapy. The white
3 count had come down, her temperature had come
4 down.

5 The answer to your question is the
6 surgeons felt as though the patient had improved,
7 they wanted an interpretation of these cultures
8 that were obtained, that is what Dr. Sonpal
9 writes in his note. That note is January 22nd in
10 the middle of the page.

11 Q. I'm asking you based on your review what the
12 purpose of the consult was.

13 A. Obviously it's important to me to know that,
14 it's right there on January 22nd.

15 You asked me before, by the way, if
16 they were asking me about the urinary Candida, the
17 answer is yes.

18 Q. Understand there is no order in the chart
19 that let's me know the purpose for the consult. I
20 need to know if you knew what the purpose was?

21 A. Let me share with you the protocol here at
22 Saint Luke's.

23 Q. That would be fine.

24 A. Consults are not placed in the order.

25 Consults require a doctor-to-doctor discussion. A

1 phone call. So that is why it probably was not in
2 the orders.

3 Q. So you clarified that's how they occur at
4 Saint Luke's, someone will call you?

5 A. Right.

6 Q. Say, Dr. Bass, I hope you are not too busy to
7 come down see my patient, tell you what they need?

8 A. My recollection of this case, the surgeons
9 did not feel the patient had ongoing
10 intra-abdominal sepsis, that there was some surface
11 cultures they wanted some interpretation of.

12 Q. Do you agree with me that it is medically
13 prudent to change a person's antibiotic regimen, if
14 you will, from empiric to specific once you
15 identified certain organisms?

16 A. Referring to this specific case?

17 Q. We can **do** that in a second. Generally
18 speaking, can you give me generally speaking?

19 A. It depends on the organism. If for example
20 an organism is isolated from the sputum, a patient
21 is clinically improving, **we** often times ignore it.

22 If an organism is isolated from the
23 wound, or even isolated from the peritoneal cavity,
24 doesn't necessarily mean the antibiotics need to be
25 changed.

1 Q. In this instance do you agree with me after
2 the intra-abdominal contents were cultured out
3 there was no change in the antibiotic regimen to
4 cover the Candida or enterococcus?

5 A. That's what the record says.

6 Q. I believe that is what it says.

7 A. I wasn't there at that time, I saw the
8 patient on January 23rd.

9 MR. GOLDWASSER: You are asking
10 after January 23rd?

11 Q. No, I'm asking you first of all obviously you
12 know this case deals with an infection I claim
13 should have been treated that wasn't treated. Did
14 you understand that from reading the complaint and
15 looking at the record?

16 A. (Indicating affirmatively.)

17 MR. GOLDWASSER: He's never seen
18 the complaint. We agreed I would accept service
19 for him, that is all right.

20 Q. Generally let me tell you what I allege.

21 MR. GOLDWASSER: He knows that.

22 Q. Infection should have been treated that
23 wasn't, that ultimately led to this woman's death.
24 Let me ask the question in this context.

25 In this instance I think that

probably 30, 40 minutes ago we established that
2 there was treatment with antibiotics empirically,
3 Flagyl, Gentamycin?

4 A. Cefotetan.

5 Q. I believe you agreed with me those didn't
6 specifically cover Candida or enterococcus; did I
7 understand that testimony?

8 A. Yes.

9 Q. In this instance, because those were
10 intra-abdominal organisms which grew from a
11 situation where the woman had peritonitis, don't
12 you agree that medication should have been added or
13 the regimen changed to specifically cover for those
14 organisms?

15 MR. GOLDWASSER: When should it
16 have been changed? I'll let you answer.

17 Q. You couldn't change them until you knew what
18 the cultures were. Once the culture results were
19 reported out on the 14th of January, that's when my
20 question is don't you believe they should have been
21 changed to cover for those?

22 A. I can't speak to the thinking of surgeons who
23 were taking care of the case. I will say this:
24 The isolation of enterococcus, isolation of yeast
25 does not necessarily mean that there are

1 significant pathogens. There is no consensus on
2 whether or not a Candida isolated from the
3 peritoneal cavity even needs to be treated. I'm
4 not saying shouldn't be, I'm saying there is no
5 consensus it should be. Same for the
6 enterococcus. The original animal model showed
7 that antibiotic therapy was not effective against
8 enterococcus. Many people feel that enterococcus
9 is a second rate pathogen, doesn't necessarily need
10 to be treated. The belief at one point has been
11 that polymicrobial anaerobes, aerobes, yeast, the
12 treatment of gram negative anaerobes is crucial.

13 Whether or not all the organisms
14 need to be treated absolutely specifically, I don't
15 believe there is a uniform consensus about that.

16 Q. Do you believe they need to be treated?

17 A. In general?

18 Q. Yes.

19 A. I'm having difficulty answering the
20 question. In this particular case they weren't
21 treated.

22 They weren't treated because the
23 patient seemingly improved, she did. She improved
24 to the point she was discharged from the hospital,
25 never receiving an antibiotic directed against

1 enterococcus or Candida. She came on steroids with
2 hyperglycemia and survived. To all observers was
3 in good enough shape to leave the hospital. She
4 was in the hospital for well over two weeks.

5 To answer your question did she
6 need to have these organisms treated, I can't
7 really answer given the course that took place.
8 When I saw her on January 23rd, she had no clinical
9 signs of infection that I was clear about.

10 Q. No clinical signs you were clear about, is
11 that what your testimony is?

12 A. There were no signs of significant infection,
13 that is what I wrote in my note, that's what I felt
14 at the time. Her temperature had come down, white
15 count down, CAT scan showed no evidence of abscess,
16 all the findings on CAT scan were consistent with
17 postoperative change, the patient improved, wound
18 became beefy, she was awake, nursing notes
19 confirmed that, she went out of the hospital.

20 Q. Were you asked to give an opinion as to
21 whether she was an appropriate candidate for
22 discharge on the 23rd?

23 A. On the 23rd?

24 Q. Let me rephrase that question. If my English
25 teacher was here, she could write the questions for

1 me.

2 As part of your assessment of the
3 23rd of January had anyone asked you for an opinion
4 as to whether or not Carolyn should be discharged
5 or not?

6 A. No.

7 Q. Going back to the question I asked you, I
8 asked if you believe, not general community
9 consensus, how you practice medicine as an
10 infectious disease physician, would you have
11 treated the enterococcus and Candida with a
12 specific antibiotic?

13 MR. GOLDWASSER: I'm going to
14 have a little trouble with this, Donna, Now you
15 are making him an expert witness pertaining to
16 matters in which he's not involved.

17 Q. Let me withdraw the question.

18 You are talking consensus. When I
19 sat down today I noticed that you happen to own
20 Mandell's on infectious disease; is that right?

21 A. Yes.

22 Q. You or the hospital. Do you consider
23 Mandell's authoritative on the therapeutic regimen
24 for intra-abdominal antibiotics?

25 A. I think there are many authoritative

sources. I don't believe Mandell's represents the single authoritative source. There are a number of places one can go, there are a number of things in textbooks, other textbooks, that represent opinions offered by the authors.

Q. Do I gather then you do consider it to be one of the authoritative texts on that subject matter?

A. One of the sources I refer to.

Q. Do you agree with me enterococcus is one of the most virulent of abdominal organisms?

A. Absolutely not.

Q. You don't think it is?

A. No.

Q. Just asking if you agree or disagree.

From your review of the autopsy and discharge summary in this particular matter, what is your understanding of Carolyn's cause of death?

A. She left the hospital and returned I understand five days later in extremis, hypotensive, acidotic, she was in desperate shape. The feeling was she was in desperate shape and subsequently died.

I was surprised to learn from the autopsy that she had transmural bowel ischemia, which to me represents a significant finding.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

You only saw the discharge summary,
not the complete Huron Road records, correct?

1 A. Correct.

2 Q. If I indicate to you that what was cultured
3 in Carolyn at Huron Road was enterococcus, same
4 variety we found intra-abdominally at the time of
5 surgery at Saint Luke's, Candida, those were found
6 to be the two organisms at work in her sepsis, **do**
7 you have an opinion if changing her antibiotic
8 regimen while she was at Saint Luke's to something
9 that covered for those would have changed the
10 outcome?

11 MR. GOLDWASSER: Objection. You
12 may answer.

13 A. If one concludes that the bowel ischemia **was**
14 a major contributor to her septic shock, if one
15 also concludes that the patient was colonized with
16 enterococcus which would include the
17 gastrointestinal tract, then the septic shock which
18 was reflected by the positive blood culture for
19 enterococcus could easily have been attributed to
20 bowel ischemia. That would not have been affected
21 at all by changing antibiotics.

22 Q. Have you spoken with Dr. Rabin --

23 A. No.

24 Q. -- who prosecuted this?

25 A. **No.**

1 Q. If Dr. Rabin opined that the bowel ischemia,
2 the process is the result of the bowel becoming
3 ischemic because of the abscess, the abscess that
4 was found -- you read the autopsy, found where the
5 abscess was?

6 A. Yes.

7 Q. That was at the approximate location of the
8 surgery, correct?

9 A. I can't speak to those details.

10 Q. Might be out of your range. I don't mean
11 that disrespectfully. Don't take it that way.

12 I gather you don't have an opinion
13 on the question I asked whether or not treatment at
14 Saint Luke's for enterococcus and Candida would
15 have changed the outcome?

16 A. I do have an opinion. The case speaks for
17 itself to some extent. Remember now she came in
18 with a serious infection on the 9th of January,
19 left 16 days later without being treated for
20 enterococcus and Candida. Then comes in five days
21 later in extremis, why wasn't -- she wasn't in
22 extremis before.

23 What had changed, despite the fact
24 abscesses were found at surgery, there was also
25 bowel ischemia. It may have well been the bowel

1 ischemia was an intercurrent, unrelated event. I'm
2 having difficulty why she didn't die at Saint
3 Luke's Hospital or why did she improve at Saint
4 Luke's Hospital if these organisms were ultimately
5 contributory to her death. I'm asking you the
6 question.

7 Q. When the case is over maybe we will have
8 lunch and debate it. I'm asking you.

9 A. I don't think either -- I think that raises a
10 serious question as to what ultimately happened on
11 the 30th of January that caused this lady to have
12 an exacerbation that abruptly brought her to Huron
13 Hospital.

14 MR. GOLDWASSER: Do you have to
15 get that?

16 THE WITNESS: Let me get
17 this.

18 -----

19 (Interruption in proceedings.)

20 -----

21 Q. Doctor, have you discussed Carolyn's case
22 with any of the other doctors since I filed the
23 lawsuit?

24 A. I mentioned it in passing to one of my
25 partners.

1 Q. You haven't discussed this case with, sat
2 down with Dr. Sonpal?

3 A. I'm sorry, one of the members?

4 Q. Yes, not anyone in the group.

5 A. Absolutely not, no.

6 Q. Anyone else involved?

7 A. No.

8 Q. In your note you indicated under your
9 assessment that patient is at high risk for
10 superinfection. I know what that says in English.
11 Can you tell me what you are trying to convey to
12 medical personnel, I assume that is who reads the
13 note, what you are trying to convey in terms of
14 writing that?

15 A. Something that is resistant to all
16 antibiotics, Vancomycin. We're being inundated
17 with Vancomycin resistant enterococcus. We need to
18 be careful with the use of Vancomycin and this
19 would be the agent needed in the situation. We
20 have a high risk of VRE, Vancomycin resistant
21 enterococcus. That is the point I'm trying to
22 convey.

23 Q. So I'm clear about it, when you say
24 Vancomycin would have been effective for the
25 enterococcus --

1 A. That is not what I said.

2 Q. Give it to me again.

3 A. Vancomycin wouldn't have been the antibiotic
4 one would choose except in a clinically significant
5 infection due to this organism.

6 Q. In writing this, that the patient is at high
7 risk for superinfection, you were trying to convey
8 not to use Vancomycin?

9 A. If for example treating with Vancomycin for
10 this patient, who did not have signs of significant
11 infection, it would be very likely that she would
12 be colonized or become colonized with Vancomycin
13 resistant enterococcus and if she became colonized
14 with Vancomycin resistant enterococcus, does
15 develop an infection down the road, this could be
16 an infection that couldn't be treated at all.

17 That's thinking now that antibiotic
18 therapy is specifically against efecium, sensitive
19 only to the Vancomycin, what we want to do is try
20 to prevent superinfection. The other concern of
21 course is other superinfections that may arise with
22 the use of antibiotics.

23 Q. I'm trying to find out what you were trying
24 to communicate where it seems to me you, correct me
25 where I'm wrong, taking at face value what you

50

testified to, you were not concerned with surface enterococcus, right?

A. The point I'm making is if one treats for surface colonization for enterococcus, the patient doesn't have a significant infection, the next thing you know the next surface culture is going to grow YRE or intestinal culture grows VRE, the patient will need isolation, may not be able to go back to the nursing home. May ultimately develop an infection that can't be treated at that point.

Q. It's been pointed out to me by my associate, she had a chance to cruise through your CV, you've done research in clinical epidemiology of YRE, that's what that note means; is that right?

A. Well my partner and I published a paper regarding the VRE acquisition. It's a case report. I wouldn't call myself an expert on VRE or its epidemiology.

Q. I didn't know, I haven't read your CV, is that a publication on your CV?

A. It should be.

Q. You have also published on "Combination Antibiotic Therapy," correct?

A. That is a long, long time ago. Pediatric Clinics of North America where I was a pediatric

1 person, when I was a child.

2 Q. You know I'm going to run out, read this,
3 Mr. Goldwasser will tell you I read everything
4 people publish, do you remember what you reported
5 on in that article "Combination Antibiotic Therapy"
6 you published in 1983, were you for it or against
7 it?

8 A. It was a review article describing the role
9 of combination of antibiotics, pros and cons for
10 various agents in various clinical situations.

11 Q. Any of the agents that are at issue in this
12 case contained in that article?

13 A. I can't recall.

14 Q. No problem, I'll read it.

15 A. I can tell you Fluconazole is not.

16 Q. Fair enough.

17 A. Cefotetan is not. I expect Gentamycin is.

18 Q. Because that has been around for a while.

19 Let me ask you another question:

20 Postoperatively in a patient like this, if someone
21 was thinking that there is an infection
22 intra-abdominally that had not been treated or
23 resolved, how difficult **is** it to draw a fluid
24 sample from the area indicated on the **CT** scan and
25 culture it?

1 A. If there was a localized collection it could
2 be done rather easily. With a small amount of
3 ascites it may be difficult.

4 Q. That's something as an infectious disease
5 doctor you order if you feel a necessity for?

6 A. Something I would discuss with a surgeon,
7 discuss the practically with a radiologist.

8 Q. Along those issues of localization, do you
9 agree with me that corticosteroids can also prevent
10 the formation of a localized site of fluid?

11 A. It can. It had no difference in this since
12 at autopsy she has an abscess which is pretty well
13 localized, which she did not have on January 20th I
14 might add.

15 Q. I agree with that, we didn't see that, did
16 we?

17 A. No.

18 MISS KOLIS: Doctor, I don't
19 have any other questions. I will have today's
20 deposition transcribed, your counselor I'm certain
21 will instruct you as to whether you should read
22 your deposition or waive your right to read it.

23 MR. GOLDWASSER: Connie, send me
24 a copy and I'll get you signature.

25 MISS KOLIS: I'll waive the

1 seven day reading requirement since we don't need
2 to read it in seven.

3 Thank you a very much, Doctor.

4 -----

5 (Plaintiff's Exhibits A and B
6 marked for identification.)

7 -----

8 (Deposition concluded; signature not waived.)

9 -----

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ERRATA SHEET

NOTATION

PAGE/LINE

-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----

I have read the foregoing
transcript and the same is true and accurate.

STEVEN BASS, M.D.

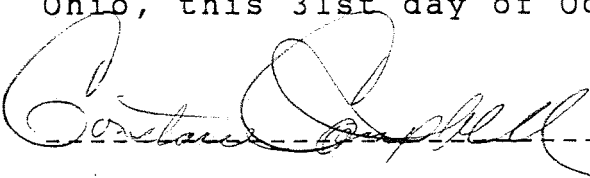
1 The State of Ohio,
2 County of Cuyahoga.

CERTIFICATE:

3 I, Constance Campbell, Notary Public within
4 and for the State of Ohio, do hereby certify that
5 the within named witness, STEVEN BASS, M.D. was by
6 me first duly sworn to testify the truth in the
7 cause aforesaid; that the testimony then given was
8 reduced by me to stenotypy in the presence of said
9 witness, subsequently transcribed onto a computer
10 under my direction, and that the foregoing is a
11 true and correct transcript of the testimony so
12 given as aforesaid.

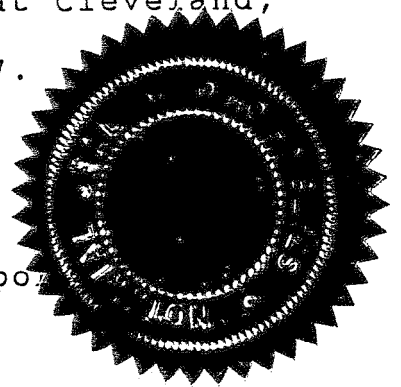
13 I do further certify that this deposition was
14 taken at the time and place as specified in the
15 foregoing caption, and that I am not a relative,
16 counsel or attorney of either party, or otherwise
17 interested in the outcome of this action.

18 IN WITNESS WHEREOF, I have hereunto set my
19 hand and affixed my seal of office at Cleveland,
20 Ohio, this 31st day of October, 1997.

21 
22 -----

23 Constance Campbell, Stenographic Reporter
24 Notary Public/State of Ohio.

25 Commission expiration: January 14, 1998.



Look-See Concordance Report

 UNIQUE WORDS: 1,155
 TOTAL OCCURRENCES: 3,291
 NOISE WORDS: 385
 TOTAL WORDS IN FILE: 9,850

 SINGLE FILE CONCORDANCE

 CASE SENSITIVE

 PHRASE WORD LIST(S):

 NOISE WORD LIST(S): **NOISE.NOI**

 COVER **PAGES** = 4

 INCLUDES ONLY TEXT OF:
 QUESTIONS
 ANSWERS
 COLLOQUY
 PARENTHEICALS
 EXHIBITS

 DATES **ON**

 INCLUDES PURE NUMBERS

 POSSESSIVE FORMS **ON**

 MAXIMUM TRACKED OCCURRENCE
 THRESHOLD: 50

 NUMBER OF WORDS SURPASSING
 OCCURRENCE THRESHOLD: 1

 LIST OF THRESHOLD WORDS:

infection[53]

* * **DATES** * *

1-19-96 [1]
 38:24
 1-20-96 [1]
 39:25
 January [4]
 47:19; 50:3; 54:18; 55:11
 January 9, 1996 [1]
 10:7
 January 16th [1]
 16:22
 January 19th [1]
 38:21
 January 20th [5]
 20:17; 27:5; 28:25; 29:20; 60:13
 January 22nd [2]
 44:9, 14
 January 23, 1996 [3]
 16:10, 20; 31:10
 January 23rd [5]
 21:16; 42:18; 46:8, 10; 49:8
 January 25th [1]
 10:8
 January of 1996 [3]
 13:20; 14:4, 25
May [2]
 20:22; 58:9

* * **1** * *

1-19-96 [1]
 38:24
 1-20-96 [1]
 39:25
 100 [2]
 22:19; 23:3
 11311 [1]
 5:20
 13,000 [1]
 20:16
 14th [1]
 47:19
 16 [1]
 54:19
 16th [8]
 16:22; 17:12, 22; 18:16; 21:2; 36:24;
 42:1, 25
 1976 [1]
 8:17
 1979 [1]
 9:14
 1982 [1]
 9:18
 1983 [1]
 59:6
 1996 [8]
 10:8; 13:20; 14:5, 25; 16:10, 20, 22;
 31:11
 19th [2]
 38:21; 40:12

* * **2** *

20th [1]
 17:12; 20:17; 27:5; 28:25; 29:20; 40:14;
 60:13
 22nd [4]
 41:10; 43:2; 44:9, 14
 23 [3]
 16:10, 20; 31:10
 23rd [12]
 17:12; 21:16; 41:7, 11; 42:13, 18; 46:8,
 10; 49:8, 22, 23; 50:3
 24th [1]
 41:11
 25th [2]
 10:8; 41:13

* * **3** * *

30 [1]
 47:1
 30th [1]
 55:11
 37 [1]
 23:6
 37's [1]
 23:7
 38 [2]
 22:16, 17
 38.3 [1]
 23:9
 38.9 [1]
 23:9

* * **4** *

40 [1]
 47:1
 44104 [1]
 5:21

* * **7** * *

77 [1]
 8:23
 79 [2]
 8:23; 9:3

* * **8** *

81 [2]
 9:3, 10
 82 [1]
 9:10

* * **9** * *

9 [1]
 10:7
 9th [1]
 54:18

* * **A** * *

abdomen [2]
 27:2; 28:24
 abdominai [7]
 21:10; 28:1; 29:7, 8; 33:19; 37:17; 51:10
 ability [2]
 16:5; 30:14
 able [5]
 16:4; 30:5; 32:20; 52:23; 58:8
 abruptly [1]
 55:12
 abscess [6]
 49:15; 52:17; 54:3, 5; 60:12
 abscesses [1]
 54:24
 absence [2]
 27:2, 25
 Absolutely [2]
 51:11; 56:5
 absolutely [1]
 48:14
 accept [2]
 31:22; 46:18
 acceptable [1]
 5:9
 according [1]
 43:20
 accurate [3]
 5:23; 6:7; 16:7
 acidosis [1]
 52:2
 acidotic [1]
 51:20
 acquisition [1]
 58:16
 actions [1]
 13:12
 actual [2]
 20:11; 27:8
 actuality [1]
 32:11
 add [2]
 52:21; 60:14
 added [1]
 47:12
 addition [1]
 31:25
 additional [1]
 9:6
 Additionally [1]

5:7
address [2]
 5:19, 22
administration [2]
 26:12; 32:25
admission [1]
 13:22
aerobes [1]
 48:11
afebrile [2]
 20:16; 38:25
affect [8]
 30:10, 13, 14, 16; 32:2; 33:14, 18, 24
affected [1]
 53:20
affects [1]
 26:12
affirmatively [1]
 46:16
agent [2]
 34:11; 56:19
agents [2]
 59:10, 11
agree [20]
 19:4; 22:5, 21, 24; 28:16, 22; 29:6, 20;
 30:6; 39:15; 40:24; 41:20; 45:12; 46:1;
 47:12; 51:9, 14; 52:5; 60:9, 15
agreed [2]
 46:18; 47:5
allegation [1]
 13:4
allegations [1]
 13:3
allege [1]
 46:20
alleged [1]
 12:6
America [1]
 58:25
amount [2]
 32:17; 60:2
anaerobes [2]
 48:11, 12
anastomosis [3]
 30:18; 32:2
animal [1]
 48:6
anoxic [1]
 52:10
answer [24]
 5:3; 11:9; 12:8, 13; 13:1, 6; 14:21;
 27:12, 13, 23; 29:4; 31:13, 20, 22;
 33:17; 38:16; 42:21; 44:5, 17; 47:16;
 49:5, 7; 52:23; 53:12
answerer [1]
 7:12
answering [2]
 29:2; 48:19
answers [1]
 5:4
anti-inflammatory [1]
 30:9
Antibiotic [2]
 58:23; 59:5
antibiotic [10]
 21:17; 31:4; 45:13; 46:3; 48:7, 25;
 50:12; 53:7; 57:3, 17
antibiotics [17]
 16:15; 20:14, 21; 22:6; 31:18; 37:21;
 38:3, 4, 11, 15; 45:24; 47:2; 50:24;
 53:21; 56:16; 57:22; 59:9

anticipation [1]
 9:22
antifungal [1]
 34:11
anywhere [1]
 17:16
apparently [1]
 7:23
appear [2]
 5:4; 23:14
appears [2]
 8:15; 31:17
apply [1]
 15:6
appropriate [2]
 34:19; 49:21
approximate [1]
 54:7
area [1]
 59:24
arise [2]
 33:8; 57:21
article [3]
 59:5, 8, 12
ascites [3]
 29:7, 9; 60:3
asker [1]
 43:9
asking [15]
 5:3; 14:13; 17:10, 13; 19:14; 32:22;
 38:7; 39:15; 44:11, 16; 46:9, 11; 51:14;
 55:5, 8
assess [2]
 24:7, 12
assessing [1]
 20:25
Assessment [1]
 20:17
assessment [3]
 43:13; 50:2; 56:9
associate [1]
 58:11
associated [1]
 52:1
assume [4]
 12:19; 38:3; 39:4; 56:12
assuming [1]
 39:2
attempting [1]
 24:12
attending [1]
 17:7
attributed [1]
 53:19
authoritative [4]
 50:23, 25; 51:2, 7
authors [1]
 51:5
autopsy [9]
 10:3, 12; 51:15, 24; 52:6, 9, 15; 54:4;
 60:12
available [1]
 8:1
awake [1]
 49:18
aware [9]
 14:8; 21:6, 16; 26:8; 27:5, 7; 30:21;
 38:9; 42:6

* * B * *

background [1]
 12:4
bacteria [1]
 33:11
Based [1]
 31:8
based [3]
 23:20; 32:22; 44:11
baseline [1]
 20:24
Basically [1]
 10:10
basically [2]
 8:14; 11:7
basis [2]
 11:16, 20
Bass [6]
 5:20; 13:9; 17; 16:18; 43; 45:6
Bates [1]
 38:22
beat [1]
 19:22
becoming [1]
 54:2
Bedford [1]
 8:11
beefy [4]
 35:16; 36:17; 41:13; 49:18
beeper [1]
 17:19
behalf [1]
 13:9
belief [1]
 48:10
believe [12]
 9:18; 12:14; 31:9; 33:2; 34:3; 46:6; 47:5,
 20; 48:15, 16; 50:8; 51:1
belly [1]
 34:2
bit [2]
 6:25; 32:11
bladder [1]
 36:20
Blood [1]
 20:16
blood [8]
 25:20, 22; 26:19, 23; 40:8, 22; 42:7;
 53:18
Blunt [1]
 32:7
blunt [4]
 30:11; 32:5; 33:18; 34:4
Board [3]
 9:12, 17; 25:10
Boarded [1]
 9:15
Boards [1]
 9:20
boggy [1]
 41:12
boring [1]
 20:9
Boulevard [1]
 5:20
Bowel [1]
 52:1
bowel [7]
 51:24; 53:13, 20; 54:1, 2, 25
brain [1]
 52:10
building [1]

6:23 business [1] 5:19 busy [1] 45:6	58:12 change [4] 45:13; 46:3; 47:17; 49:17 changed [7] 45:25; 47:13, 16, 21; 53:9; 54:15, 23 Changing [1] 30:23 changing [2] 53:7, 21 chart [14] 17:8; 18:19; 19:2, 3, 7, 18, 24; 21:24; 22:10; 23:14; 31:8; 37:24; 40:4; 44:18 charted [1] 16:6 charting [1] 21:3 check [1] 21:23 checked [2] 35:10; 36:2 checking [1] 37:12 chief [1] 9:6 child [1] 59:1 choose [1] 57:4 chose [1] 31:3 circulatory [1] 52:11 circumstance [1] 31:7 circumstances [1] 24:13 claim [1] 46:12 claims [1] 13:5 clarified [1] 45:3 clarify [1] 34:19 classical [1] 33:19 classroom [1] 11:11 clean [5] 35:16; 41:10, 11, 12 clear [10] 5:4; 6:15; 7:11, 22; 27:13; 33:4; 34:20; 49:9, 10; 56:23 Cleveland [2] 5:21; 12:20 clinical [11] 11:10; 14:9; 25:12; 26:25; 30:3; 33:19; 43:5; 49:8, 10; 58:13; 59:10 clinically [2] 45:21; 57:4 Clinics [1] 58:25 colleagues [1] 31:14 collection [1] 60:1 College [1] 11:6 colonization [5] 10:10; 20:19; 35:22; 43:1; 58:4 colonize [1]	35:5 colonized [4] 53:15; 57:12, 13 Combination [2] 58:22; 59:5 combination [2] 30:3; 59:9 Common [1] 12:2 communicate [1] 57:24 community [1] 50:8 coimpensation [1] 14:2 competence [1] 27:24 complaint [2] 46:14, 18 complete [1] 52:25 completed [3] 8:16; 9:2; 19:12 complication [1] 26:2 comprehensively [1] 17:9 concern [4] 24:17; 35:22; 37:3; 57:20 concerned [2] 40:21; 58:1 conclude [1] 29:1 concluded [1] 61:8 concludes [2] 53:13, 15 conclusion [1] 34:6 conclusively [1] 28:23 condition [3] 37:10; 41:18, 19 confir [1] 5:8 confirm [2] 8:14; 19:21 confirmed [1] 49:19 confused [1] 6:25 Connie [2] 25:14; 60:23 cons [1] 59:9 consensus [5] 48:1, 5, 15; 50:9, 18 consider [3] 22:11; 50:22; 51:6 considered [1] 44:1 consistent [2] 29:19; 49:16 constant [1] 25:5 consult [13] 17:12, 21; 19:6, 8, 23; 20:4, 6; 31:5; 34:7; 36:22; 43:3; 44:12, 19 Consultants [2] 6:10, 11 consultation [14]
--	---	---

14:3; 16:19, 23; 17:2; 19:3, 4, 9, 12, 24;
20:7, 11; 31:9, 16; 41:25
consultations [1]
16:15
consultative[1]
16:13
consulted [2]
21:15; 37:3
Consults [2]
44:24, 25
contained [1]
59:12
contamination[1]
36:19
content [1]
33:11
contents [1]
46:2
context [2]
34:25; 46:24
contributor [2]
52:3; 53:14
contributory [1]
55:5
Converted [1]
24:1
convey [4]
56:11, 13, 22; 57:7
copy [4]
8:1, 2; 38:18; 60:24
Cornell [1]
8:17
Correction [1]
41:12
Corticosteroids[1]
32:5
corticosteroids[11]
30:8, 77; 31:25; 32:3, 10, 18; 33:15, 23;
34:2, 3; 60:9
counsel [1]
5:9
counselor [1]
60:20
count [11]
20:16; 25:20, 22; 26:15, 19, 23; 40:8,
22; 44:1, 3; 49:15
counts [1]
42:7
County [2]
7:10; 12:17
course [7]
5:11; 22:22; 23:1; 24:23; 42:5; 49:7;
57:21
court [1]
18:25
cover [4]
46:4; 47:6, 13, 21
coverage[4]
15:1, 6, 21; 22:7
covered [2]
14:24; 53:9
covers [1]
8:12
created [2]
23:18, 19
CROSS-EXAMINATION [1]
5:16
crossed [1]
31:24
crucial [1]
48:12

crui [1]
58:12
CT [4]
40:10; 41:2; 42:10; 59:24
culture [10]
18:8, 17; 20:18; 35:10; 37:4; 47:18;
53:18; 58:6, 7; 59:25
cultured [2]
46:2; 53:2
Cultures [1]
37:1
cultures [20]
16:21; 17:22; 18:2, 4, 6, 7, 14; 20:15;
21:1, 6; 36:22, 23; 42:1, 24; 43:4, 20,
24; 44:7; 45:11; 47:18
curb [1]
16:14
Currently [1]
20:14
custom [1]
27:21
Customarily [1]
19:22
Cuyahoga [1]
12:16
CV [5]
7:24; 8:14; 58:12, 19, 20

* * D *

damage [1]
52:10
date [1]
17:12
dates [2]
23:22
day [4]
20:16; 35:9; 41:9; 61:1
days [6]
25:2; 43:21; 51:19; 54:19, 20
dead [1]
19:22
deal [1]
16:1
deals [1]
46:12
death [6]
46:23; 51:17; 52:4, 7, 10; 55:5
debate [1]
55:8
decide [1]
30:2
decided [1]
38:2
decision [1]
35:1
define [1]
24:21
defined [1]
24:23
defines [1]
25:7
definition [4]
22:14, 21; 24:25; 26:11
definitively [1]
29:1
degree [2]
23:3; 27:24
demarginating [1]
26:14
demonstrated [1]

26:18
Department [2]
13:24; 14:1
depends [1]
45:19
deposed [1]
39:3
Deposition [1]
61:8
deposition [3]
5:11; 60:20, 22
derived [1]
14:3
describe [1]
36:3
describing [1]
59:8
description [3]
36:5, 8; 41:3
desperate [2]
51:20, 21
despite [1]
54:23
details [1]
54:9
detect [1]
27:25
determination [2]
42:14, 10
determine [3]
30:5; 40:19; 43:14
develop [2]
57:15; 58:9
diagnose [1]
12:24
diagnostic [3]
25:12; 26:2; 29:12
die [1]
55:2
died [1]
51:22
difference [1]
60:11
difficult [2]
59:23; 60:3
difficulty [4]
32:16; 33:25; 48:19; 55:2
dig [1]
38:19
dipped [1]
23:6
directed [1]
48:25
directions [1]
30:23
disagree [4]
22:24; 28:16, 22; 51:14
disappeared [1]
37:8
discern [1]
26:22
discharge [6]
10:3, 14; 22:24; 49:22; 51:16; 52:24
discharged [3]
31:19; 48:24; 50:4
discipline [1]
11:3
discuss [3]
10:17; 60:6, 7
discussed [2]
55:21; 56:1

<p>infectious [22] 9:3, <i>1</i>, 15; 10:25; 11:3, 18; 17:11; 19:17, 19; 25:11; 26:7, 21; 30:1; 31:9, 15; 32:23; 34:6; 38:6, 9; 50:10, 20; 60:4</p> <p>infective [2] 28:1; 43:15</p> <p>Inflammation [1] 33:6</p> <p>inflammation [1] 33:12</p> <p>inflammatory [2] 30:10, 11</p> <p>information [2] 8:15; 20:5</p> <p>initially [1] 41:24</p> <p>initiate [1] 31:4</p> <p>inpatients [1] 7:16</p> <p>instance [3] 46:1, 25; 47:9</p> <p>instant [1] 12:4</p> <p>instruct [1] 60:21</p> <p>instructed [1] 5:13</p> <p>insurance [1] 14:18</p> <p>insured [1] 14:16</p> <p>interact [1] 11:5</p> <p>intercurrent [1] 55:1</p> <p>interjecting [1] 31:23</p> <p>interjection [1] 34:20</p> <p>Internal [1] 9:9</p> <p>internal [4] 8:25; 9:7, 13; 11:23</p> <p>internship [1] 8:19</p> <p>interpret [7] 16:21; 17:22; 18:2, 4, 6, 13; 41:25</p> <p>interpretation [3] 29:21; 44:7; 45:11</p> <p>interpreted [1] 28:13</p> <p>interpreting [1] 18:7</p> <p>Interruption [1] 55:19</p> <p>intestinal [4] 30:17; 32:2; 33:11; 58:7</p> <p>intra-abdominal [13] 24:8, 14; 25:13; 29:18; 42:10, 15, 19; 43:17; 45:10; 46:2; 47:10; 50:24; 52:12</p> <p>intra-abdominally [4] 41:20; 43:16; 53:4; 59:22</p> <p>inundated [1] 56:16</p> <p>involve [1] 12:23</p> <p>involved [4] 12:14; 31:3; 50:16; 56:6</p> <p>involvement [1] 18:4</p>	<p>ischemia [7] 51:24; 52:1; 53:13, 20; 54:1, 25; 55:1</p> <p>ischemic [1] 54:3</p> <p>isolated [7] 21:10, 13; 35:21; 45:20, 22, 23; 48:2</p> <p>isolation [3] 47:24; 58:8</p> <p>issue [3] 30:24; 31:19; 59:11</p> <p>issues [1] 60:8</p> <p style="text-align: center;">* * J * *</p> <p>Jackson [1] 15:8</p> <p>Jacobson [1] 13:15</p> <p>January [26] 10:7, <i>1</i>; 13:20; 14:4, 25; 16:10, 20, 22; 20:17; 21:16; 27:5; 28:25; 29:20; 31:10; 38:21; 42:18; 44:9, 14; 46:8, <i>10</i>; 47:19; 49:8; 50:3; 54:18; 55:11; 60:13</p> <p>John [1] 15:8</p> <p style="text-align: center;">* * K * *</p> <p>Keep [1] 20:20</p> <p>knowledge [1] 13:8</p> <p>KOLIS [10] 5:17; 8:4; 15:11; 23:11, 19; 24:1; 25:14; 34:16; 60:18, 25</p> <p style="text-align: center;">* * L * *</p> <p>lady [1] 55:11</p> <p>last [1] 34:8</p> <p>lawsuit [2] 28:10; 55:23</p> <p>layman's [1] 24:20</p> <p>learn [1] 51:23</p> <p>leave [1] 49:3</p> <p>Let's [2] 16:1; 41:22</p> <p>let's [3] 14:14; 39:4; 44:19</p> <p>Leukocytosis [1] 25:20</p> <p>leukocytosis [5] 25:19; 26:3, 6, 13, 14</p> <p>liability [5] 14:18, 23; 15:1, 6, 21</p> <p>likelihood [1] 5:2</p> <p>line [1] 39:14</p> <p>listed [2] 22:6; 52:6</p> <p>listening [1] 7:1</p> <p>litigation [1] 12:5</p> <p>localization [1]</p>	<p>60:8</p> <p>localized [3] 60:1, 10, 13</p> <p>located [1] 6:20</p> <p>location [1] 54:7</p> <p>log [2] 17:16, 18</p> <p>looks [1] 38:25</p> <p>lot [1] 10:10</p> <p>Luke's [14] 5:22; 6:16; 7:17; 8:7; 10:2; 11:16; 13:21; 44:22; 45:4; 53:5, <i>1</i>; 54:14; 55:3, 4</p> <p>lunch [1] 55:8</p> <p style="text-align: center;">* * M * *</p> <p>maintain [1] 31:4</p> <p>major [2] 52:3; 53:14</p> <p>management [1] 16:15</p> <p>Mandell's [3] 50:20, 23; 51:7</p> <p>mark [2] 19:1; 23:15</p> <p>marked [1] 61:6</p> <p>marks [1] 8:5</p> <p>Marymount [1] 8:10</p> <p>material [1] 9:23</p> <p>math [1] 22:18</p> <p>matter [2] 51:7, 16</p> <p>matters [2] 12:22; 50:16</p> <p>May [2] 20:22; 58:9</p> <p>Maynard [1] 13:15</p> <p>mean [8] 14:10, 11; 15:19; 25:1; 28:6; 45:24; 47:25; 54:10</p> <p>meaning [1] 25:20</p> <p>means [1] 58:14</p> <p>measured [1] 26:15</p> <p>medical [12] 6:22; 8:16; 10:1; 11:4, 6, 14; 12:6; 13:23; 14:16; 17:25; 26:10; 56:12</p> <p>medically [2] 33:3; 45:12</p> <p>medication [1] 47:12</p> <p>Medications [1] 30:9</p> <p>Medicine [3] 11:7; 13:25; 14:1</p> <p>medicine [10] 8:25; 9:7, 9, 13; 11:18, 23; 12:19; 32:24;</p>
--	--	--

<p>fluctuated [1] 23:3</p> <p>fluid [3] 21:10; 59:23; 60:10</p> <p>focus [1] 13:5</p> <p>Foley [9] 20:15, 21; 35:4, <i>a</i>, 9, 12, 24; 37:10, 13</p> <p>Following [1] 32:20</p> <p>following [1] 33:8</p> <p>forgotten [1] 33:13</p> <p>form [5] 19:6, <i>a</i>, 9, 12, 23</p> <p>formation [1] 60:10</p> <p>forms [1] 20:4</p> <p>found [8] 22:8; 37:16; 52:16; 53:4, 5; 54:4, 24</p> <p>full [1] 11:17</p> <p>function [1] 30:13</p>	<p>6:2, 6, 7, 9; 7:4, 10; 56:4</p> <p>grow [2] 37:11; 58:7</p> <p>growing [2] 35:11; 37:5</p> <p>grows [1] 58:7</p> <p>guess [4] 14:13; 37:24; 38:7; 52:5</p>	<p style="text-align: center;">* * * *</p> <p>I've [2] 12:14; 14:24</p> <p>ID [5] 6:10, 11; 20:12; 31:5; 43:3</p> <p>identification [1] 61:6</p> <p>identified [3] 21:9, 12; 45:15</p> <p>identifying [1] 5:22</p> <p>ignore [1] 45:21</p> <p>impedes [1] 30:19</p> <p>impeding [1] 31:25</p> <p>importance [2] 24:6, 14</p> <p>important [2] 6:14; 44:13</p> <p>Impression [1] 39:5</p> <p>impression [2] 39:6, 13</p> <p>improve [1] 55:3</p> <p>improved [6] 20:13; 31:18; 44:6; 48:23; 49:17</p> <p>improving [5] 31:21; 38:2, 5; 44:1; 45:21</p> <p>incident [1] 14:15</p> <p>incision [1] 41:10</p> <p>incision [2] 41:9, 13</p> <p>include [3] 22:6; 26:25; 53:16</p> <p>includes [1] 33:11</p> <p>inconsistent [2] 29:13, 75</p> <p>increasing [1] 42:7</p> <p>indemnification [2] 15:17, 20</p> <p>index [2] 12:2; 13:18</p> <p>indicate [3] 40:18; 43:6; 53:2</p> <p>indicated [8] 6:6, 24; 33:17; 36:15; 41:24; 43:13; 56:8; 59:24</p> <p>indicates [1] 40:7</p> <p>indicating [1] 46:16</p> <p>indicating [3] 13:6; 27:15; 36:1</p> <p>indications [1] 41:14</p> <p>individual [1] 31:7</p> <p>infected [2] 35:19; 41:15</p> <p>Infection [1] 46:22</p> <p>Infectious [1] 14:1</p>
<p style="text-align: center;">* * G * *</p> <p>gastrointestinal [1] 53:17</p> <p>gather [4] 11:9; 27:23; 51:6; 54:12</p> <p>gears [1] 41:22</p> <p>Geauga [2] 7:9; 8:11</p> <p>generate [1] 32:21</p> <p>generating [1] 32:16</p> <p>Gentamycin [3] 21:25; 47:3; 59:17</p> <p>Give [1] 57:2</p> <p>give [6] 8:1; 11:12; 26:10; 38:23; 45:18; 49:20</p> <p>given [3] 24:25; 35:12; 49:7</p> <p>glean [1] 52:15</p> <p>GOLDWASSER [25] 7:25; 12:7, 12, 25; 13:14; 14:17, 20; 15:7, 13; 23:17, 24; 28:19; 31:12; 34:14, 77; 37:23; 40:13; 46:9, 77, 21; 47:15; 50:13; 53:11; 55:14; 60:23</p> <p>Goldwasser [4] 5:8; 7:23; 15:8; 59:3</p> <p>Goldwasser's [1] 34:19</p> <p>grade [1] 25:9</p> <p>gram [1] 48:12</p> <p>granulating [5] 35:17; 36:17; 41:9, 10, 13</p> <p>graph [4] 23:13, 14, 18, 21</p> <p>grew [3] 35:3, 24; 47:10</p> <p>group [7]</p>	<p style="text-align: center;">* * H *</p> <p>halt [1] 30:13</p> <p>hand [1] 23:12</p> <p>handwriting [1] 39:8</p> <p>Hang [1] 24:3</p> <p>haven't [3] 39:3; 56:1; 58:19</p> <p>He's [4] 39:20; 40:10, 22; 46:17</p> <p>he's [3] 40:21; 41:2; 50:16</p> <p>healing [4] 30:17, 19; 32:1; 41:5</p> <p>high [7] 20:20; 23:7; 25:8; 33:3; 56:9, 20; 57:6</p> <p>higher [3] 26:18; 32:11, 25</p> <p>highly [1] 25:12</p> <p>Hillcrest [5] 6:22; 7:9, 19; 8:7</p> <p>holding [1] 12:10</p> <p>home [1] 58:9</p> <p>hope [1] 45:6</p> <p>hopefully [1] 16:1</p> <p>horse [1] 19:22</p> <p>Hospital [11] 5:23; 6:16; 7:20; 10:2, 4; 11:8, 17; 13:21; 55:3, 4, 13</p> <p>hospital [18] 5:25; 6:1, 25; 7:4, 14, 20; 8:6; 15:17, 21; 19:9; 23:8, 14; 48:24; 49:3, 4, 19; 50:22; 51:18</p> <p>hospitalization [4] 10:6, 8; 22:23; 23:1</p> <p>hospitalized [2] 10:6; 16:16</p> <p>Hospitals [3] 8:20, 22; 9:4</p> <p>hospitals [4] 6:18; 7:5; 8:9, <i>io</i></p> <p>Huron [6] 10:4, 14; 11:4; 52:25; 53:3; 55:12</p> <p>Hyperglycemia [1] 39:9</p> <p>hyperglycemia [3] 39:5, 20; 49:2</p> <p>hypotensive [1] 51:20</p> <p>hypothetical [11] 52:22</p>	

discussion [1]

44:25

Disease [1]

14:1

disease [22]9:3, 8, 15; 10:25; 11:3, 18; 17:12; 19:17,
19:25:11; 26:7, 21; 30:1; 31:9, 15;
32:24; 34:6; 38:6, 10; 50:10, 20; 60:4**dispute** [1]

23:20

disrespectfully [1]

54:11

Division [1]

13:25

Doctor [6]

10:21; 30:8; 42:13; 55:21; 60:18; 61:3

doctor [4]

26:8, 21; 30:1; 60:5

doctor's [1]

37:25

doctor-to-doctor [1]

44:25

doctors [1]

55:22

doesn't [10]15:6; 23:14; 28:4, 6; 35:6; 36:5; 43:10;
45:24; 48:9; 58:5**Donna** [1]

50:14

double [1]

28:20

doubt [3]

39:16, 17, 21

Dr [17]13:9; 14:17; 16:18; 30:25; 31:3; 38:21;
39:2, 3, 7; 40:17; 43:1, 4; 44:8; 45:6;
53:22; 54:1; 56:2**drainage** [1]

18:19

draw [1]

59:23

drawn [3]

18:17; 21:1; 42:1

drops [1]

25:3

drug [1]

38:14

due [2]

52:11; 57:5

*
* E * ***easily** [2]

53:19; 60:2

edema [1]

29:10

efecium [1]

57:18

effective [2]

48:7; 56:24

efficiently [1]

16:1

Elevated [1]

25:22

elevated [3]

24:22; 26:16; 44:1

elevating [1]

26:22

eliminated [1]

37:13

elsewhere [1]

6:4

empiric [1]

45:14

empirically [1]

47:2

end [1]

35:14

ending [1]

42:17

English [3]

28:21; 49:24; 56:10

entail [1]

18:7

enterococcus [25]20:15; 21:12; 22:7; 43:3; 46:4; 47:6, 24;
48:6, 8; 49:1; 50:11; 51:9; 53:3, 16, 19;
54:14, 20; 56:17, 21, 25; 57:13, 14;
58:2, 4**entry** [1]

19:2

epidemiology [2]

58:13, 18

essentially [2]

12:20; 43:21

establish [1]

28:24

established [1]

47:1

event [1]

55:1

everyone's [1]

16:4

evidence [2]

43:19; 49:15

exacerbation [1]

55:12

exam [1]

42:3

examination [4]

16:6, 8; 27:1; 39:23

examined [3]

27:4; 30:21; 40:1

examining [1]

18:12

example [2]

45:19; 57:9

except [2]

41:5; 57:4

exclude [1]

29:17

exclusive [1]

13:15

Excuse [1]

34:16

Exhibit [1]

19:1

Exhibits [1]

61:5

existence [1]

43:74

expect [1]

59:17

experience [1]

32:23

expert [2]

50:15; 58:17

explain [2]

24:20; 30:12

explanation [2]

26:11; 33:7

exposure [1]

11:2

expressing [1]

34:23

extent [2]

27:14; 54:17

external [1]

40:24

extremis [3]

51:19; 54:21, 22

* * F * *

ace [1]

57:25

act [3]

26:3; 29:19; 54:23

acuity [1]

15:4

Aahrenheit [3]

22:17; 23:25; 24:2

ailure [2]

12:23; 52:11

Fair [4]

11:25; 13:17; 38:16; 59:16

fair [2]

32:17; 52:14

familiar [1]

39:7

feel [4]

27:23; 45:9; 48:8; 60:5

feeling [1]

51:21

Fellowship [1]

9:3

felt [7]

35:19; 38:2; 42:24; 43:5, 25; 44:6; 49:13

Fever [23]22:12, 13, 15; 24:15, 16, 19, 21, 24;
25:1, 6, 8, 19; 27:3; 32:7, 10, 11, 17, 21;
33:2, 4, 18; 38:13, 14**Fevers** [1]

25:6

fevers [2]

22:22; 24:7

filed [5]

12:16, 23; 13:7; 28:10; 55:22

film [7]

27:16, 17, 25; 28:4, 10, 23; 30:3

films [1]

30:2

find [5]

17:11; 20:5; 42:23; 52:19; 57:23

finding [4]

25:12; 27:8; 29:6; 51:25

findings [5]

26:25; 28:13, 16, 23; 49:16

Fine [1]

39:19

fine [1]

44:23

first [5]

17:13; 13:23; 18:24; 38:20; 46:11

Five [1]

6:12

five [5]

12:14, 22; 13:7; 51:19; 54:20

Flagyl [2]

21:23; 47:3

Fluconazole [11]20:22; 34:9, 10, 13, 21, 24; 35:2, 73, 14,
22; 59:15

38:10; 50:9
MEDLINE [1]
 10:18
member [4]
 6:6; 13:23, 24; 15:5
members [3]
 6:11; 7:10; 56:3
memory [1]
 36:9
mentioned [2]
 52:18; 55:24
Meridia [2]
 8:10; 11:4
message [1]
 17:19
microscopically [2]
 52:18, 20
middle [2]
 39:1; 44:10
mind [3]
 5:12; 31:24; 38:23
minutes [1]
 47:1
MISS [10]
 5:17; 8:4; 15:11; 23:11, 19; 24:1; 25:14;
 34:16; 60:18, 25
model [1]
 48:6
moment [1]
 6:14
month [1]
 11:1
monthly [2]
 11:16, 20
mounting [1]
 34:1
mucosa [1]
 36:21
Mucosal [1]
 36:20
mucosal [3]
 20:19; 36:19; 43:1
myelitis [1]
 20:12
myself [2]
 5:10; 58:17

* * N * *

name [2]
 5:19; 69
names [1]
 6:13
nature [2]
 11:10; 12:15
necessity [1]
 60:5
needs [1]
 48:3
negative [3]
 20:17; 28:20; 48:12
negligence [2]
 12:6; 14:16
neurological [1]
 37:10
nicely [2]
 41:9, 13
nonexistence [1]
 43:15
North [1]
 58:25

note [26]
 19:4, 5, 16, 18; 20:11; 28:4; 36:3, 4, 5,
 15; 38:21; 39:1, 3, 22; 40:1, 4, 7, 12, 18;
 43:1; 44:9; 49:13; 56:8, 13; 58:14
noted [1]
 43:2
notes [6]
 18:21; 36:10; 38:18; 40:5; 49:18
noticed [1]
 50:19
number [5]
 7:5; 25:2; 38:23; 51:2, 3
numerous [2]
 23:7; 36:10
nursing [3]
 23:23; 49:18; 58:9

* * O *

Objection [6]
 12:7, 12, 25; 14:20; 31:12; 53:11
observers [1]
 49:2
obtained [3]
 29:7; 43:21; 44:8
Obviously [1]
 44:13
obviously [2]
 30:20; 46:11
occasion [2]
 7:6; 10:18
occasions [2]
 12:11; 23:7
occur [1]
 45:3
occurred [1]
 16:10
occurs [1]
 33:12
offer [1]
 11:17
offered [1]
 51:5
office [12]
 5:24, 25; 6:2, 3, 17, 19, 20, 21; 7:7, 8,
 14; 17:18
offices [1]
 6:1
Ohio [1]
 11:6
Okay [1]
 32:15
one's [1]
 15:4
ongoing [1]
 45:9
operative [1]
 21:6
opined [1]
 54:1
opinion [5]
 49:20; 50:3; 53:7; 54:12, 16
opinions [1]
 51:4
opportunity [3]
 12:2; 28:9; 30:2
order [4]
 17:11; 44:18, 24; 60:5
ordered [2]
 35:10; 40:19
ordering [1]

41:2
orders [2]
 17:8; 45:2
organism [10]
 21:9, 12; 35:21; 37:11, 14, 16; 45:19,
 20, 22; 57:5
organisms [9]
 45:15; 47:10, 14; 48:13; 49:6; 51:10;
 52:16; 53:6; 55:4
organized [1]
 41:22
original [1]
 48:6
Osteopathic [1]
 11:7
outcome [2]
 53:10; 54:15
outpatient [1]
 7:6
outpatients [3]
 6:19, 25; 7:13
outside [1]
 6:1

* * P *

page [6]
 38:23; 39:2; 40:1, 13, 14; 44:10
paged [1]
 5:10
pain [1]
 33:20
paper [1]
 58:15
parameters [1]
 26:24
parcel [1]
 44:2
part [5]
 18:13; 42:17; 43:13; 44:2; 50:2
partner [1]
 58:15
partners [1]
 55:25
passing [1]
 55:24
pathogen [1]
 48:9
pathogens [1]
 48:1
patient [45]
 5:10; 7:6; 14:9; 15:10, 14, 18; 16:7, 16;
 18:12; 20:12, 20, 25; 21:7; 22:11; 27:1;
 31:17; 32:9, 16; 35:18; 36:12; 37:6, 7, 9
 38:2, 5, 13; 43:6, 14, 22, 25; 44:6; 45:7,
 9, 20; 46:8; 48:23; 49:17; 53:15; 56:9;
 57:6, 10; 58:4, 8; 59:20
patient's [1]
 10:2
Patients [1]
 37:9
patients [12]
 6:3, 15, 18; 7:4, 7, 16, 19; 15:3, 4, 5, 22
pattern [2]
 25:7; 31:7
payment [3]
 13:9; 14:5, 7
Pediatric [1]
 58:24
pediatric [1]
 58:25

pelvis [1]
40:10

people [2]
48:8; 59:4

perceive [1]
43:12

perforated [1]
24:11

perforation [2]
20:13; 33:9

performed [2]
14:4; 16:20

periphery [1]
26:15

peritoneal [3]
33:10; 45:23; 48:3

peritoneum [1]
33:6

peritonitis [7]
24:11; 33:5, 8, 24; 34:1, 5; 47:11

persistence [3]
24:16, 19, 21

Persistent [1]
25:19

persistent [2]
25:19; 38:13

person [7]
24:4, 5, 11; 26:17; 38:10; 42:15; 59:1

person's [1]
45:13

personnel [1]
56:12

perspective [1]
25:10

pertaining [1]
50:15

phone [4]
17:5, 15, 16; 45:1

photocopy [1]
19:2

physical [1]
42:3

physically [2]
6:3; 18:12

physician [4]
7:9; 25:11; 31:20; 50:10

picture [2]
29:16; 43:5

PIE [2]
14:24; 15:1

piece [1]
12:4

pink [2]
41:12

place [5]
8:22; 18:25; 24:15; 35:7; 49:7

placed [1]
44:24

places [1]
51:3

Plaintiff's [3]
19:1; 23:16; 61:5

played [1]
26:5

Pleas [1]
12:2

plotting [1]
23:22

point [16]
5:7; 21:3, 20; 34:13, 25; 36:2; 38:7;
40:3, a, 16; 41:4; 48:10, 24; 56:21; 58:3,

IO

Pointe [1]
11:8

pointed [1]
58:11

policy [1]
15:1

polymicrobial [1]
48:11

poor [1]
43:9

portion [2]
39:1; 41:6

positive [4]
20:18; 35:11; 37:7; 53:18

possibility [5]
29:17; 42:14, 19, 23; 43:7

postop [1]
23:3

postoperative [8]
22:12, 14, 22; 24:6, 15; 25:8; 29:10;
49:17

Postoperatively [1]
59:20

postoperatively [2]
22:13; 24:13

practically [1]
60:7

practice [4]
6:7, 9; 15:24; 50:9

practiced [1]
12:19

precedence [1]
5:11

predominantly [1]
11:7

prepared [2]
23:17, 22

preparing [1]
10:17

presence [5]
26:25; 27:2, 25; 29:9, 19

presentations [1]
11:12

presented [1]
29:16

presume [2]
32:9, 13

presumed [1]
5:5

pretend [1]
26:10

Pretty [1]
22:19

pretty [3]
7:22; 40:7; 60:12

prevail [1]
20:10

prevent [2]
57:20; 60:9

previously [2]
12:5, 23

principle [1]
38:9

Prior [2]
12:1; 31:23

prior [3]
31:10; 37:22; 39:22

private [3]
15:4, 9, 23

privileges [1]

8:6

problem [2]
24:18; 59:14

proceedings [1]
55:19

process [7]
18:7; 28:1; 30:10, 11; 37:25; 43:15; 54:2

profess [1]
16:4

professional [3]
14:18, 19, 23

program [2]
11:17, 24

programs [1]
11:22

progress [2]
18:21; 38:17

pros [1]
59:9

prosected [1]
53:24

protocol [1]
44:21

proven [1]
13:4

provided [3]
14:5; 15:1, 21

prudent [1]
45:13

publication [1]
58:20

publish [1]
59:4

published [3]
58:15, 22; 59:6

purpose [7]
16:19; 17:21; 21:1; 23:15; 44:12, 19, 20

* * Q * *

quantify [1]
24:21

Question [1]
25:17

question [26]
5:3, 6; 14:14; 24:9; 27:13; 29:3, 5, 14;
31:20; 33:8, 14, 22; 42:21; 43:9; 44:5;
46:24; 47:20; 48:20; 49:5, 24; 50:7, 17;
54:13; 55:6, 10; 59:19

questioner [1]
7:11

questioning [2]
23:15; 25:25

questions [8]
5:4; 9:22; 12:3; 16:2; 20:23; 41:23;
49:25; 60:19

* * R * *

Rabin [2]
53:22; 54:1

radiologist [7]
28:2, 14, 17; 29:24; 30:5; 43:20; 60:7

raise [1]
24:16

raises [1]
55:9

range [3]
23:4; 24:23; 54:10

ranges [1]
22:15

rate [1]

48:9
read [22]
 16:4; 20:10; 25:15, 17; 27:8; 34:7;
 39:22; 40:1, 3, 4, 5, 11; 42:5; 54:4;
 58:19; 59:2, 3, 14; 60:21, 22; 61:2
reading [3]
 42:5; 46:14; 61:1
reads [1]
 56:12
reason [3]
 5:10; 37:12; 38:8
recall [16]
 12:11; 13:2; 16:17; 17:5, 23, 24; 18:3;
 18:21:19; 27:10, 17; 29:22, 23; 31:6;
 59:13
received [2]
 17:5; 18:1
receiving [1]
 48:25
recertify [1]
 9:19
Recheck [1]
 20:27
recheck [1]
 35:4
recollection [15]
 16:12; 17:14; 18:1, 21; 21:22; 22:4, 25;
 23:2; 27:20; 34:8; 36:13; 38:1; 43:18;
 45:8; 52:21
recommend [1]
 34:18
recommendations [1]
 42:4
recommending [2]
 34:12; 40:10
record [17]
 5:5, 18; 6:5, 15; 10:1; 19:11; 20:10;
 21:20; 23:6, 13; 27:14, 15; 31:17; 34:7,
 20; 46:5, 15
recorded [2]
 16:13; 32:25
records [8]
 10:15; 16:3, 18; 17:25; 42:5, 6; 52:14,
 25
refer [3]
 23:12; 32:14; 51:8
referable [1]
 19:17
reference [1]
 38:6
Referring [1]
 45:16
referring [1]
 39:1
reflected [1]
 53:18
reflects [1]
 21:24
refresh [1]
 21:25
regarding [2]
 16:2; 58:16
regimen [6]
 31:4; 45:13; 46:3; 47:13; 50:23; 53:8
regret [1]
 38:18
Related [1]
 34:3
related [3]
 29:10, 11; 36:8
relationship [1]

13:21
relevant [1]
 32:19
Remember [1]
 54:17
remember [4]
 13:19; 27:11; 28:3; 59:4
Reminger [2]
 13:12
remove [1]
 38:10
removed [8]
 35:4, 9, 12, 25; 37:10, 13, 15, 21
Repeat [1]
 24:9
repeat [2]
 35:10; 42:16
rephrase [2]
 43:11; 49:24
report [4]
 10:3, 12; 27:11; 58:17
reported [3]
 28:17; 47:19; 59:4
reporter [1]
 18:25
represent [3]
 19:1; 35:6; 51:4
represented [6]
 13:11; 15:16; 18:8, 10; 35:21; 42:25
represents [4]
 7:3; 20:19; 51:1, 25
request [2]
 17:1; 43:3
requested [4]
 16:23; 18:6; 20:6; 31:10
require [2]
 18:10; 44:25
required [2]
 18:9, 13
requirement [1]
 61:1
rereview [1]
 28:11
research [1]
 58:13
Reserve [1]
 11:5
Residency [1]
 8:22
residency [2]
 8:25; 11:17
resident [3]
 9:7; 17:6; 19:6
residents [6]
 10:25; 11:2, 15, 22, 23; 19:19
resistant [1]
 56:15
resistent [4]
 56:17, 20; 57:13, 14
resolved [2]
 13:8; 59:23
respiratory [1]
 52:11
responsibilities [1]
 10:22
result [2]
 27:5; 54:2
results [3]
 16:21; 18:8; 47:18
returned [1]
 51:18

reveals [1]
 20:1
review [19]
 9:23, 25; 10:7, 9, 18; 16:18; 19:11; 20:1;
 21:2; 22:10; 27:10, 15, 24; 28:2; 31:8,
 17; 44:11; 51:15; 59:8
reviewed [7]
 10:1, 3, 5; 16:3; 21:25; 28:4, 13
reviewing [3]
 7:24; 17:24; 18:18
Right [4]
 11:21; 19:25; 40:9; 45:5
right [12]
 7:14; 9:10; 15:2; 17:19; 31:22; 42:11;
 44:14; 46:19; 50:20; 58:2, 14; 60:22
rigidity [1]
 33:19
risk [4]
 20:20; 56:9, 20; 57:7
Road [3]
 10:14; 52:25; 53:3
road [1]
 57:15
role [3]
 15:4; 26:5; 59:8
rotating [1]
 11:20
run [1]
 59:2

*
 * S * *

Saint [15]
 5:22; 6:16; 7:17; 8:7, 11; 10:2; 11:16;
 13:21; 44:22; 45:4; 53:5, 8; 54:14; 55:2,
 3
salaried [1]
 13:24
sample [1]
 59:24
sat [2]
 50:19; 56:1
saying [5]
 36:23; 39:20; 41:7; 48:4
scan [13]
 27:5, 9, 11, 21, 24; 28:14, 17; 29:17, 22;
 43:19; 49:15, 16; 59:24
school [1]
 8:16
scope [1]
 20:6
second [5]
 11:14; 30:23; 38:20; 45:17; 48:9
secondary [3]
 39:5, 9, 20
section [1]
 19:24
secum [2]
 24:11; 33:9
seemingly [2]
 31:18; 48:23
sees [1]
 7:4
semantics [1]
 24:19
send [2]
 13:11; 60:23
sense [5]
 22:1; 26:25; 38:3, 11; 39:21
sensitive [1]
 57:18

sentence [1] 34:8 sepsis [4] 39:12, 21; 45:10; 53:6 septic [4] 52:2, 11; 53:14, 17 serious [2] 54:18; 55:10 service [4] 11:1; 16:25; 17:1; 46:18 services [2] 14:5, 7 setting [3] 7:7; 25:8; 30:3 seven [3] 43:21; 61:1, 2 Shaker [1] 5:20 shape [3] 49:3; 51:20, 21 share [3] 6:2, 23; 44:21 shock [4] 52:2, 11; 53:14, 17 shorthand [1] 38:25 showing [1] 23:22 sign [2] 29:11; 41:8 signature [4] 16:5; 39:3; 60:24; 61:8 significant [13] 18:9; 20:18; 32:17, 21; 35:6; 36:16; 42:24; 48:1; 49:12; 51:25; 57:4, 10; 58:5 signs [15] 20:18; 32:3, 5; 33:15, 24; 34:1, 4; 35:17; 36:16; 42:23; 43:6; 49:9, 10, 12; 57:10 simple [1] 6:5 single [3] 25:12; 29:1; 51:2 site [1] 60:10 situation [8] 24:10; 26:23; 27:18, 19; 35:12; 42:22; 47:11; 56:19 situations [1] 59:10 six [1] 43:21 slight [1] 41:5 so-called [1] 15:3 soft [1] 34:2 soiled [1] 33:10 someone [2] 45:4; 59:20 Sonpai [7] 30:25; 31:3; 39:2; 40:17; 43:1; 44:8; 56:2 Sonpai's [3] 38:21; 39:3, 8 sorry [2] 11:13; 56:3 sort [3] 10:19; 15:20; 52:22 sounds [1]	52:14 source [1] 51:2 sources [2] 51:1, 8 South [1] 11:7 space [2] 6:2, 23 speak [3] 36:14; 47:22; 54:9 speaking [3] 20:4; 45:18 speaks [1] 54:16 species [2] 37:19, 20 specific [9] 17:3, 25; 27:19; 32:14, 19; 36:13; 45:14, 16; 50:12 specifically [7] 12:10; 25:24; 33:23; 47:6, 13; 48:14; 57:18 spend [1] 10:10 spent [1] 9:6 spike [1] 25:3 spikes [2] 25:1, 4 spoken [1] 53:22 sputum [1] 45:20 staff [5] 13:24; 15:5, 14, 18; 23:23 stage [1] 26:1 stamped [1] 38:22 standard [1] 19:9 starts [1] 38:24 state [2] 5:18; 23:13 statement [1] 52:14 stay [2] 10:2; 24:23 stayed [1] 23:3 stays [2] 24:22; 25:2 sterile [1] 35:25 steroid [3] 39:5, 21; 44:2 steroids [11] 20:12; 26:4, 5, 12, 17; 32:12, 21; 33:1; 39:9, 11; 49:1 Steven [2] 5:20; 13:9 stomach [1] 33:20 stop [2] 38:2, 14 stopped [2] 31:18; 38:4 student [1]	26:11 students [4] 11:4, 5, 6, 14 subject [2] 23:20; 51:7 sublet [1] 7:8 subsequent [1] 28:9 subsequently [1] 51:22 subspecialty [1] 30:15 sued [2] 12:5, 11 suggest [1] 21:24 suggested [1] 27:12 suggestive [3] 25:13; 29:8; 30:4 summary [4] 10:3, 14; 51:16; 52:24 superinfection [4] 20:20; 56:10; 57:7, 20 superinfections [1] 57:21 supervise [1] 11:1 supportive [1] 36:17 suppose [2] 15:12; 52:22 Surface [1] 20:14 surface [9] 20:19; 35:22; 41:16, 18; 42:25; 45:10; 58:1, 4, 6 surfaces [1] 35:5 surgeon [1] 60:6 surgeons [5] 36:10; 38:1; 44:6; 45:8; 47:22 surgery [4] 37:17; 53:5; 54:8, 24 surgical [9] 16:25; 17:1, 6; 30:18; 31:14; 32:1 surgically [1] 33:3 surprised [1] 51:23 survived [1] 49:2 suspect [2] 40:16, 17 sustained [1] 25:1 switch [1] 41:22 symptoms [6] 32:4; 33:15, 19, 24; 34:1, 4 systemic [2] 20:14; 21:16 * * T * * takes [1] 5:11 talk [1] 16:14
--	--	---

talking [6]
 19:9; 24:5; 31:24; 41:16; 43:16; 50:18
teach [1]
 11:4
teacher [1]
 49:25
teaching [4]
 10:21; 11:9, 10; 13:25
telling [1]
 34:21
Temperature [1]
 24:22
temperature [13]
 22: 16, 19, 25; 23:6, 9, 20, 23; 25:3, 9;
 32:24; 44:3; 49: 14
terms [7]
 14:2; 24:20; 25: 10; 26:2; 33: 14; 42:21;
 56: 13
test [4]
 29:1; 30:7; 40:19
testified [2]
 42:4; 58:1
testimony [2]
 47:7; 49:11
textbooks [2]
 51:4
texts [1]
 51:7
Thank [1]
 61:3
therapeutic [1]
 50:23
Therapy [2]
 58:23; 59:5
therapy [7]
 18:9, 11; 21:17, 19; 44:2; 48:7; 57:18
Thereafter [2]
 8:19; 9:2
thinking [4]
 38:8; 47:22; 57:17; 59:21
thoroughly [1]
 8:14
three [1]
 22:6
ties [1]
 33:22
times [3]
 20:15; 35:5; 45:21
today's [1]
 60:19
Towards [1]
 39:1
tract [5]
 36:20; 37:4, 5, 14; 53:17
training [1]
 32:23
transcribed [1]
 60:20
transmural [1]
 51:24
treat [9]
 20:22; 31:14; 34:9, 15, 18, 21, 23, 25;
 35:1
treated [17]
 20:13; 33:3; 46:13, 22; 48:3, 10, 14, 16,
 21, 22; 49:6; 50:11; 54:19; 57:16; 58:10,
 59:22
treating [2]
 34: 12; 57:9
treatment [3]
 47:2; 48:12; 54:13

treats [1]
 58:3
rouble [1]
 50: 14
 * * U * *
rltimately [4]
 46:23; 55:4, 10; 58:9
Jm-hum [1]
 17:4
rnchanged [1]
 41:11
incomfortable [1]
 31:2
indergraduate [2]
 11:13
Jnderstand [1]
 44:18
inderstand [5]
 5:2; 29:4; 46:14; 47:7; 51:19
nderstanding [5]
 15:20; 23:5; 30: 16; 32:22; 51:17
nderstood [2]
 5:5, 12
nequivocal [1]
 28:18
iniform [1]
 48:15
Jniversity [5]
 8:17, 20, 22; 9:4; 11:6
inrelated [1]
 55:1
Jrinalysis [1]
 20:17
urinary [5]
 36:20; 37:4, 5, 14; 44:16
urine [9]
 20:21; 35:3, 4, 10, 23, 24, 25; 37:12;
 43:2
utilize [1]
 7:10
 * * V * *
value [1]
 57:25
Vancomycin [11]
 56:16, 17, 18, 20, 24; 57:3, 4, 9, 12, 14,
 19
variable [1]
 25:4
variety [1]
 53:4
vary [1]
 25:6
view [1]
 38:7
Vincent's [1]
 8:11
virulent [1]
 51:10
visit [1]
 16:13
VRE [6]
 56:20; 58:7, 13, 16, 17
VSS [1]
 38:25
 * * W * *
waiting [1]

5:12
Naive [2]
 60:22, 25
Naived [1]
 67:8
wanted [8]
 20:24; 34:22; 35:3, 23; 37:8; 43:23;
 44:7; 45:11
We'll [1]
 6:5
We're [5]
 18:20; 25:24; 28:21; 41:16; 56:16
we're [1]
 16:13
week [1]
 43:22
weeks [1]
 49:4
weighted [1]
 29:22
well-being [1]
 27:1
weren't [3]
 37:3; 48:20, 22
Western [1]
 11:5
white [13]
 25:20, 22; 26: 14, 15, 18, 22; 30: 14;
 40:7, 22; 42:7; 44:1, 2; 49:14
wish [1]
 5:8
withdraw [1]
 50:17
withdrawn [1]
 32: 12
WITNESS [2]
 5:14; 55:16
witness [1]
 50: 15
woman [1]
 47:11
woman's [1]
 46:23
won't [2]
 8:4; 28:11
word [6]
 22:2, 3; 29:15; 31:1; 39:6, 11
wording [1]
 42:16
words [1]
 52:5
work [7]
 7:3; 13:17; 18:25; 30:14, 25; 52:9; 53:6
worked [1]
 31:1
working [1]
 14:25
worried [1]
 40:22
wouldn't [2]
 57:3; 58:17
Wound [1]
 41:5
wound [28]
 18:19; 27:2; 30:18; 32:1; 35:15, 16, 18,
 19; 36:3, 6, 9, 11, 13, 16; 37:2; 40:23,
 24; 41:4, 8, 11, 14, 16, 18; 43:2, 16, 20;
 45:23; 49:17
write [1]
 49:25
writes [1]

44:9
writing [2]
56:14; 57:6
written [4]
19:5, 16,18; 36:4
wrong [1]
57:25
wrote [1]
49:13

*
* Y * *

Yarborough [7]
14:9; 15:9; 24:5; 26:1, 3;40:6; 42:20
Yarborough's [2]
13:22; 24:10
year [6]
8:19; 9:2, 6,12,17; 11:14
yeast [8]
20:15; 21:9; 35:3, 5,23;37:8; 47:24;
48:11
You've [1]
6:24
you've [3]
6:6; 12:19; 58:12
yourself [4]
16:6, 24; 21:2; 30:1

A 11-28-97
DR. BASS

Date

1/23/98 I.P.

- P+ soon

1hr myelitis on steroids → cecal puf →
Rxd and has improved. currently
off systemic abx.

surface cultures - Enterococcus, Yeast
Foley out x 7 days opku.
Lab down to 13K

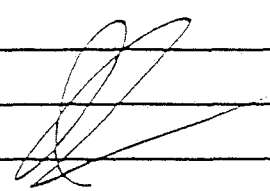
U/A 1/w → ⊙

(A) No signs / significant infections
Re ⊙ cultures represent
surface and mucosal
transys
P.P. is @ high mucosal
superficial

Suggest ① keep off all antibiotics

② 12 ✓ urine, since Foley is
not

③ May RxC Halonazole



1/23/98

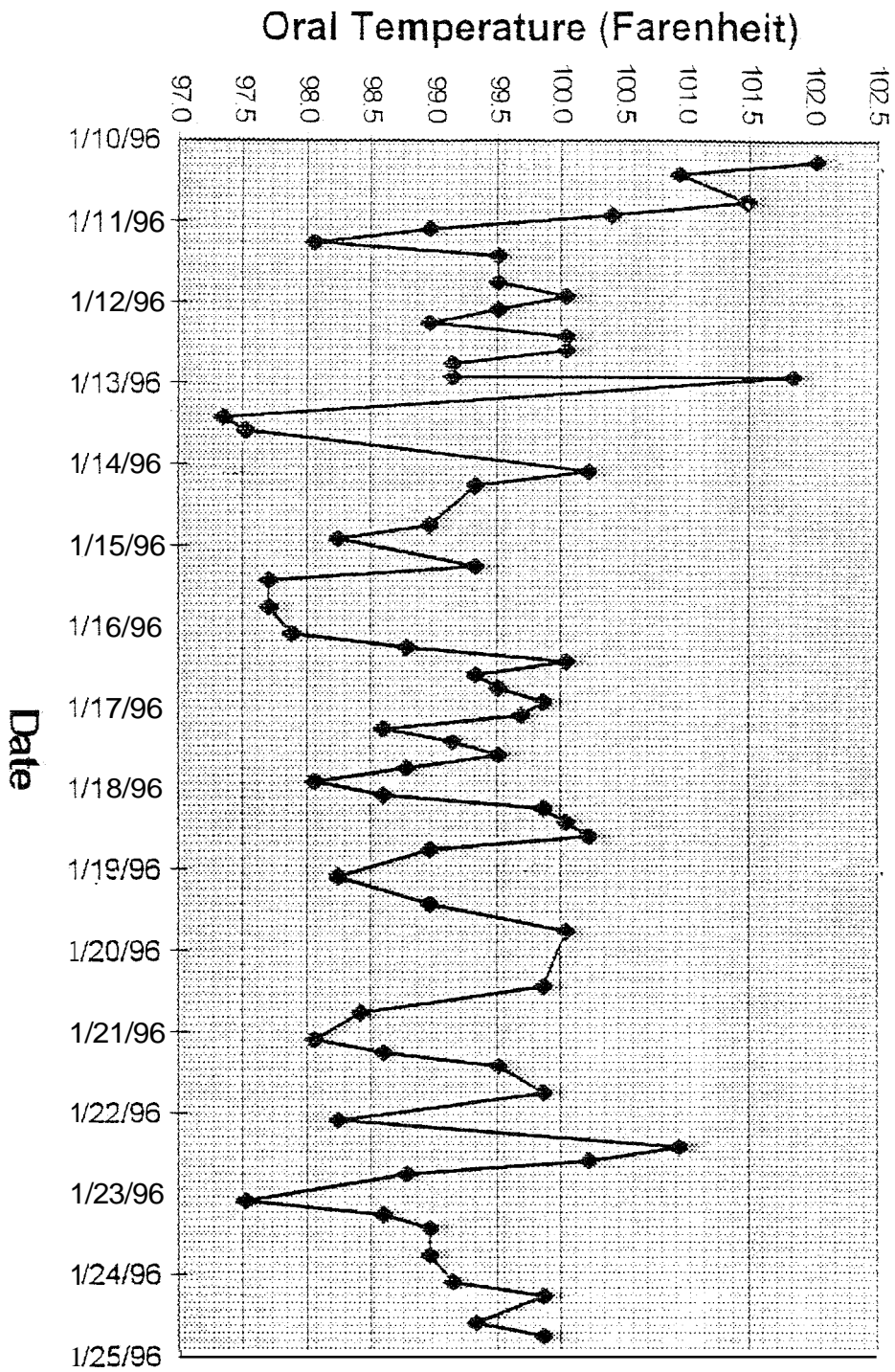
Medicine - Plaintiff

Asked to see for ghr control. Fully
consult on chart to recommendations

000288

(Signature)
A

Carolyn Yarborough



PLAINTIFF'S
EXHIBIT
B
Dr. DAS
11-28-97