

1 IN THE COURT OF COMMON PLEAS
2 OF CUYAHOGA COUNTY, OHIO

4 CHARLES TENNEY, III, etc.
et al.,

11-23-04

Plaintiffs,

6 vs Case No. 448548

URMILA PATEL, M.D., et al.,

Defendants.

10 DEPOSITION OF JILL CASTENIR, R.N.

11 MONDAY APRIL 22, 2002

Deposition of JILL CASTENIR, R.N., a
Witness herein, called by counsel on behalf of
the Plaintiff for examination under the statute,
taken before me, Vivian L. Gordon, a Registered
Diplomate Reporter and Notary Public in and for
the State of Ohio, pursuant to agreement of
counsel, at the offices of Southwest General
Health Center, Middleburg Heights, Ohio,
commencing at 9:00 o'clock a.m. on the day and
date above set forth.

1 APPEARANCES:

2 On behalf of the Plaintiff

Becker & Mishkind

3 HOWARD D. MISHKIND, ESQ.

Skylight Office Tower Suite 660

4 Cleveland, Ohio 44113

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5

6 On behalf of the Defendant Southwest General
Health Center

7 Bonezzi, Switzer, Murphy & Polito

DONALD SWITZER, ESQ.

8 1400 Leader Building

Cleveland, Ohio 44114

9 216-875-2767

10 On behalf of the Defendant Patel

Weston, Hurd, Fallon, Paisley & Howley

11 BEVERLY HARRIS, ESQ.,

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1 JILL CASTENIR, R.N., a witness herein,
2 called for examination, as provided by the Ohio
3 Rules of Civil Procedure, being by me first duly
4 sworn, as hereinafter certified, was deposed and
5 said as follows:

6 EXAMINATION OF JILL CASTENIR, R.N.

7 BY MR. MISHKIND:

8 Q. Would you please state your name for
9 the court reporter and for the record.

10 A. Jill Catenir.

11 Q. You are a nurse?

12 A. Yes.

13 Q. RN?

14 A. Uh-huh.

15 Q. Who is your employer?

16 A. Southwest Hospital.

17 Q. Would you mind telling me your home
18 address, please?

19 A. 6389 Terre Drive, Brook Park, 44142.

20 Q. How many years have you been working
21 here at Southwest Hospital?

22 A. Three years, eight months.

23 Q. To be exact?

24 A. Uh-huh.

25 Q. Have you ever had your deposition

1 taken before?

2 A. No, I have not.

3 Q. I'm going to ask you some questions
4 briefly about your background and then I'm going
5 to talk to you about your involvement in the
6 labor of Dawn Davis.

7 A. Okay.

8 Q. Then we will be done.

9 A. Okay.

10 Q. If you don't understand my question,
11 tell me you don't understand it. Don't try to
12 answer it unless it's clear in your mind.

13 Also, as you are doing right now,
14 answer everything verbally. Don't nod your head
15 affirmatively or negatively because Vivian
16 shouldn't be faced with having to interpret
17 whether that's a yes or no. Avoid any type of a
18 slang response, as well.

19 A. Okay.

20 Q. I will wait until you are done
21 answering. Do the same thing for me in terms of
22 waiting until I am done with the question so we
23 don't have an overlap.

24 A. Okay.

25 Q. Are you currently full time?

1 A. Half time is my status.

2 Q. How long have you been worked half
3 time?

4 A. October of 2000.

5 Q. Prior to that?

6 A. I was full time.

7 Q. What is half time?

8 A. Half time is 20 hours a week, 40
9 hours a pay.

10 Q. How did you qualify for that?

11 A. I accepted the position of the nurse
12 preceptor in labor and delivery, so I went from
13 full time night status to the preceptor role
14 which is a half time position.

15 Q. What are your duties as preceptor?

16 A. I educate new employees to labor and
17 delivery aspects; keep staff current with
18 education.

19 Q. Are you involved in clinical aspects
20 of nursing?

21 A. Uh-huh.

22 Q. That's a yes?

23 A. Yes. I'm sorry.

24 Q. That sounds like you have a lot of
25 administrative responsibilities or supervisory

1 responsibilities.

2 A. Yes, I do.

3 Q. Are you assigned to patient care, as
4 well?

5 A. Yes.

6 Q. How do your 20 hours divide up in
7 terms of patient care versus either educating or
8 administering?

9 A. When I have a new employee that I'm
10 educating, I am assigned to that person almost
11 exclusively, with the exception of maybe one or
12 two days a month where I need to do staff
13 education. During that time, we take patients.

14 Q. Prior to October of 2000, what was
15 your position?

16 A. RN full time night shift.

17 Q. Where were you employed if we went
18 back in time before three years and eight months
19 ago?

20 A. Fairview Hospital.

21 Q. How long were you employed there?

22 A. Ten years.

23 Q. What department?

24 A. I was on labor and delivery for the
25 last seven years. I was on a women's med search

1 GYN floor three years prior to that.
2 Q. Why did you leave Fairview?
3 A. Staffing conflicts. Southwest is
4 much closer to my home.
5 Q. You left voluntarily?
6 A. Uh-huh.
7 Q. That's a yes?
8 A. Yes.
9 Q. Did you come directly here to
10 Southwest Hospital?
11 A. Yes, I did.
12 Q. Prior to Fairview General, were you
13 working as a nurse?
14 A. No, I was not.
15 Q. Were you in school?
16 A. Yes, I was in school.
17 Q. Where did you go to school?
18 A. Fairview Hospital.
19 Q. Did you obtain an associates degree?
20 A. Diploma.
21 Q. Have you advanced your education
22 after obtaining your diploma?
23 A. No, not to any formal level.
24 Q. And you were licensed as an RN what
25 year?

1 A. 1988.

2 Q. I take it your license has never been
3 drawn into question in terms of being suspended
4 or revoked or limited in any way?

5 A. No, sir.

6 Q. Since you have never had your
7 deposition taken before, I take it you have
8 never been a party to any type of litigation as
9 a defendant?

10 A. No, sir.

11 Q. Ever been a party to litigation to
12 someone filing a claim against someone?

13 A. No.

14 Q. Do you have any family members that
15 are in the medical profession, immediate family
16 members?

17 A. No, sir.

18 Q. Let me ask you, before I start
19 talking about the specifics of Dawn Davis, to
20 just sort of get a framework for my questioning.
21 I understand that you were involved in the 11:00
22 p.m. to 7:00 a.m. labor management of Dawn.

23 A. Yes.

24 Q. Am I correct?

25 A. Yes.

1 Q. Any involvement with Dawn when she
2 was seen in the hospital the end of August of
3 2000 or at any time prior to 11:00 p.m. the
4 night before the delivery?

5 A. I have no recall of contacting her at
6 any other time except for that night.

7 Q. After 7:00 a.m., and if you will,
8 after you gave report, did you have any further
9 involvement in any aspect of Dawn's care that
10 day or any day thereafter?

11 A. No.

12 Q. Any contact with Dawn -- and I'll
13 just refer to mom as Dawn -- or any family
14 members after you left at 7:00 a.m. on the 13th?

15 A. No.

16 Q. You relieved Susan Krieger?

17 A. Correct.

18 Q. Then you were relieved by Lisa
19 Piscola; is that correct?

20 A. According to the documents, yes.

21 Q. You were not involved in the actual
22 delivery; true?

23 A. No, I was not.

24 Q. Have you talked with Sue or talked
25 with Jill since September of 2000 about this

1 delivery?

2 A. I am Jill.

3 Q. I am sorry. Have you talked to Sue
4 or have you talked to Lisa?

5 A. No, I have not.

6 Q. You were listening to my question.
7 That's a good sign. The first point of being
8 able to understand it is listening. I didn't do
9 that intentionally. Every once in a while I
10 have a brain cloud. I apologize for that. It's
11 early on a Monday morning.

12 You have not talked to either of
13 them?

14 A. No.

15 Q. Do you know where Lisa is currently
16 employed?

17 A. No, I do not.

18 Q. Do you know when she left Southwest
19 Hospital?

20 A. An exact time, no. It was before I
21 assumed the role of preceptor.

22 Q. So it would have been sometime
23 shortly after Charlie Tenney was delivered, if
24 you assumed the role of preceptor in October of
25 2000?

1 A. Yes.

2 Q. Do you know why she left?

3 A. No, I do not.

4 Q. I understand that you were not
5 involved between 7:00 a.m. and the time of the
6 delivery, but there is one thing that I wanted
7 to try to get clarified, and perhaps you can do
8 that for me and then we will concentrate on your
9 involvement.

10 A. Okay.

11 Q. There was a period of time where the
12 computer was shut down the morning of delivery,
13 and I would tell you that it occurred at or
14 around 9:48 a.m. the computer printout reflects
15 documentation continued on paper flowsheet due
16 to scheduled shut down of QS system.

17 First, in reviewing the records, did
18 you note that, as well?

19 A. No, it didn't happen on my shift. I
20 had no reason to note that.

21 Q. So you just looked at the records for
22 your shift?

23 A. Uh-huh.

24 Q. That's a yes?

25 A. Yes.

1 Q. You didn't, in preparing yourself,
2 look to see what the notes reflected during the
3 previous shift?

4 A. When I took care of this patient?

5 Q. No, in preparing yourself for today's
6 deposition.

7 A. I looked at just my part.

8 Q. And in preparing yourself for the
9 deposition today, did you look at any of the
10 entries after 7:00 a.m. up to the time of the
11 delivery?

12 A. I have glanced at them. I haven't
13 looked at them in any detail.

14 Q. Aside from concentrating on your
15 shift and glancing at the notes after your
16 shift, have you reviewed any other portions of
17 the hospital record for Dawn Davis?

18 A. No, I have not.

19 Q. You have in front of you, it looks
20 like, Dawn's chart and it looks like you may
21 have the baby's chart, as well?

22 A. Uh-huh.

23 Q. That's a yes?

24 A. Yes.

25 Q. And were those copies that were

1 provided to you for your review?

2 A. Yes.

3 Q. Have you looked at Charlie's, the
4 baby's records?

5 A. No, I haven't.

6 Q. So even though they were provided to
7 you, you have decided for whatever reason just
8 to look at your notes relative to your shift and
9 to glance at the notes immediately after your
10 shift?

11 A. Correct.

12 Q. Is there a reason that you didn't
13 look to see what the outcome of the labor and
14 delivery was in terms of Charlie's, the baby's
15 condition?

16 A. In looking at the outcome of the
17 labor -- like I said, I glanced through the next
18 shift's notes and the delivery summary. As far
19 as not looking through the baby's chart,
20 whatever the baby does in the nursery, I would
21 have no knowledge or any reason to follow.

22 Q. Now, going back to the question I
23 started asking you about in terms of the
24 computer being shut down, is that something that
25 happens from time to time at the hospital?

1 A. Yes.

2 Q. Is that something that happens on a
3 scheduled basis?

4 A. That, I'm not sure of.

5 Q. Explain to me the circumstances under
6 which there is a shutdown of the system. Why
7 would it happen and under what circumstances?

8 A. Not being the computer expert, it
9 shut down if there is a malfunction of the
10 system. It's my understanding that shut down
11 routinely for an update or a maintenance of it,
12 but that's my knowledge only.

13 Q. In glancing at the records after your
14 shift, did you see that entry?

15 A. Yes, I did.

16 Q. Do you know in this case, based upon
17 what you can derive from looking at the records,
18 why there was a shutdown of the QS system?

19 A. No.

20 Q. What does QS stand for?

21 A. I think Quantitative Sentinel and
22 that's the name of the computer system.

23 Q. Have you had a situation where during
24 your shift the QS system has shut down?

25 A. Not for me it has not.

1 Q. Have any nurses or doctors explained
2 to you why the system shut down at the time that
3 it did in Dawn Davis' delivery?

4 A. No.

5 Q. Dawn was in, was it, a birthing room?

6 A. Yes.

7 Q. Was it a private room?

8 A. All of our birthing rooms are private
9 rooms, yes.

10 Q. What room was she in?

11 A. I don't recall.

12 Q. Can you tell from looking at the
13 record?

14 A. Not from my notes, I couldn't tell,
15 no.

16 Q. You have the actual chart there,
17 though, in addition to your computer notes. So
18 could you quickly glance at the chart and tell
19 me what room she was assigned to?

20 A. Unless it was documented, I would
21 have no way of knowing. No, I couldn't tell
22 you.

23 Q. Is it normally noted in the chart
24 somewhere, the room number?

25 A. On the triage sheets we use

1 currently, yes, it's documented on the top of
2 our triage sheet. I don't believe we had the
3 triage sheet in place during this.

4 Q. Where is labor and delivery in the
5 hospital?

6 A. Third floor.

7 Q. How many birthing rooms are there?

8 A. Six.

9 Q. Are they all essentially the same in
10 terms of size and equipment or are there any
11 specific differences to any of the birthing
12 rooms?

13 A. They are all the same.

14 Q. Would Dawn have been assigned to a
15 particular room just based upon availability
16 when she came to labor and delivery?

17 A. Yes.

18 Q. Now, the notes that you have are
19 computer generated; true?

20 A. True.

21 Q. Do you have any handwritten notes
22 other than perhaps where you noted a physician's
23 order or is there anything that you have in any
24 progress notes or handwritten notes?

25 A. No, nothing of mine.

1 Q. How do you go about generating notes
2 as you are caring for a patient that's in labor?

3 A. The notes are done on the computer
4 during the course of the labor, during the
5 shift. At the end of the shift, we print up
6 those notes specific to our shift.

7 Q. Do you walk around with a laptop in
8 your hands or is it a stationary type of
9 computer?

10 A. We have a computer in the patient's
11 room at the bedside. We also have one at the
12 labor desk.

13 Q. Are you able to tell by looking at
14 your notes where the entries for any particular
15 time period were entered?

16 A. No.

17 Q. On the computer notes, there are
18 dates and times, and then entries below each
19 time. Can you tell me how the time is, I guess,
20 recorded?

21 A. The OB and notation sheets read from
22 left to right. And the notes are written
23 concurrently underneath it. The time that the
24 computer was noting is in the gray blocks. The
25 time the entry was made will be after the

1 annotations.

2 Q. So if we look at your very first
3 note, just to get a reference point, it appears
4 that the first computer generated note is at
5 11:30 or 2330 military time?

6 A. Correct.

7 Q. And then right below your computer
8 entered name or typed in name, whatever you want
9 to refer to it as, is a time of 2337 or 11:37;
10 true?

11 A. Right.

12 Q. Can you explain to me then, even
13 though it may be obvious, just so I'm clear, the
14 difference between the 11:30 computer generated
15 note and then the 11:37 note at the end of that
16 block of time?

17 A. Certainly. I would have deduced from
18 the notes I received a report from the 11:00 to
19 7:00 shift between 11:27 and 11:30, going in to
20 check on the patient, to talk to the patient, to
21 review the notes and the orders or to review the
22 orders. By the time I got into the room to make
23 the note or I made the note at the desk, it was
24 11:37.

25 Q. So now, you said the desk. Why do

1 you say you made this note at the desk as
2 opposed to in the room?

3 A. We have a computer at the desk we can
4 also chart from if the patient is ambulating in
5 the halls. I may have been making the notes at
6 the desk.

7 Q. Do you know for this particular note
8 whether it was made in the room or at the desk?

9 A. No.

10 Q. Do you have reason to believe, just
11 based upon your practice, that this initial note
12 that you made at 11:37 would have been made at
13 the desk?

14 A. I have no reason to believe it would
15 have or would not have been.

16 Q. Fair enough. Am I accurate in
17 concluding that your -- strike that.

18 Did you actually assess the patient
19 between 11:30 and 11:37?

20 A. I don't recall. The previous RN is
21 noted that she is walking, and at 11:56 I have
22 noted that I palpated the contractions. So at
23 some time, yes, I did feel her contractions.

24 Q. But between 11:30 and 11:37, did you
25 do any type of an assessment?

1 A. The notes don't reflect that, no.

2 Q. I'm going to ask you some specific
3 questions about various entries in the notes,
4 and then we will move through that process. But
5 before I do that, let me just back up for a
6 moment and ask you a couple of additional
7 preliminary questions.

8 A. Okay.

9 Q. You have a copy of the fetal
10 monitoring strips, as well?

11 A. Yes, I do.

12 Q. Did you review them for purposes of
13 the deposition?

14 A. Yes, I did.

15 Q. And during the course of your
16 involvement from 11:00 p.m. to 7:00 a.m., were
17 there any concerning or nonreassuring signs that
18 you saw when you assessed contraction pattern
19 and the baby's heart rate?

20 A. No.

21 Q. Did you just look at the strips for
22 your time period?

23 A. I looked at the strips in detail for
24 my time period and I glanced at them for the
25 following shift.

1 Q. Are you able to say for the following
2 shift that you have reviewed them sufficiently
3 enough to say whether or not there were any
4 nonreassuring patterns demonstrated?

5 A. At this time, I would have to go back
6 and look at them again, but I don't recall
7 anything standing out or striking me as
8 particularly nonreassuring.

9 Q. Is it fair to say, though, that you
10 really didn't review them?

11 A. Not in great, great detail. Not for
12 following my shift.

13 Q. Fair enough. Have you reviewed
14 anything else other than strips, your notes,
15 glancing at the notes for Lisa's shift?
16 Anything else concerning this case?

17 A. I glanced very quickly at the orders
18 and the doctor's progress notes, but there was
19 nothing else that I would have paid attention
20 to.

21 Q. When is the last time you saw
22 Dr. Patel?

23 MR. SWITZER: You mean just in
24 general?

25 MR. MISHKIND: Yes.

1 A. Two weeks ago, possibly.

2 Q. How frequently in your capacity now
3 as a preceptor do you have occasion to interact
4 with Dr. Patel?

5 A. It's varies on the patients she has
6 on the floor. No more frequently now as I did
7 as an RN on the night shift.

8 Q. How would you describe your working
9 relationship with Dr. Patel?

10 A. Professional.

11 Q. Have you ever had any problems
12 professionally with Dr. Patel that have caused
13 you to bring any information to a nursing
14 supervisor or anyone else at the hospital?

15 MS. HARRIS: Objection.

16 A. No.

17 Q. Have you had occasion to talk to
18 Dr. Patel about the Dawn Davis case?

19 A. No, I have not.

20 Q. When is the last time you saw
21 Dr. McKnight?

22 A. Last week.

23 Q. Did he tell you that he had had his
24 deposition taken in this case?

25 A. No, he did not.

1 Q. Were you aware that his deposition,
2 other than conversations you had with
3 Mr. Switzer, that his deposition had been taken?

4 A. No, I was not.

5 Q. Have you seen any depositions in this
6 case?

7 A. No, I have not.

8 Q. Have you had occasion to talk with
9 any of the other nurses that were involved
10 before you or after you, both including the
11 delivery and the postpartum management of Dawn,
12 in any respect about this delivery?

13 A. Just regarding the times that we were
14 scheduled to meet for the conversations and the
15 depositions. No.

16 Q. Did you maintain any type of private
17 notes, either at the time that you were caring
18 for Dawn or in the hours or days after this
19 delivery occurred?

20 A. No.

21 Q. Would you mark something down on a
22 paper towel or a sheet of paper and then go back
23 and enter it on to the computer?

24 A. That's generally not my practice, no.

25 Q. So you store it in your head and get

1 to the computer as quickly as possible?

2 A. Yes.

3 Q. How many patients did you have that
4 you were responsible for on the evening of
5 September 12th going into the early morning
6 hours of the 13th?

7 A. I don't recall. With her being an
8 active labor patient, she would be the only
9 patient I would be assigned to.

10 Q. So it would be one-on-one?

11 A. Yes.

12 Q. Do you know how many other patients
13 were on the floor, either in active labor or in
14 any of the birthing rooms?

15 A. No, I do not.

16 Q. Does the record reflect who else was
17 working on the floor between 11:00 p.m. and 7:00
18 a.m.?

19 A. No, it doesn't.

20 Q. Do you have a recollection of who was
21 working?

22 A. No, I don't.

23 Q. Do you remember Dawn?

24 A. No, I don't.

25 Q. All of your memory then is neatly set

1 forth on computer generated sheets?

2 A. Yes, it is.

3 Q. I take it then, although correct me
4 if I am wrong, you have no memory of meeting the
5 father of the baby, Charles Tenney, Junior, or
6 the parents of Dawn Davis?

7 A. No, I don't.

8 Q. Other than conversations that you may
9 have had with Mr. Switzer, tell me whether
10 anyone has ever advised you why the baby
11 suffered bilateral pneumothoraces after or
12 around the time that he was delivered?

13 MR. SWITZER: Objection.

14 MS. HARRIS: Objection, as well.

15 THE WITNESS: Do I answer?

16 MR. SWITZER: Yes, you can.

17 A. All information I have gotten from
18 this case has been from Mr. Switzer.

19 Q. Has it been good information?

20 MS. HARRIS: Objection.

21 A. Just the facts.

22 Q. Charlie, the baby, suffered a
23 brachial plexus injury. I will represent that
24 to you, whether you know it or not, secondary to
25 a shoulder dystocia that was encountered at the

1 time of delivery.

2 Has anyone, any of the nurses, or
3 Dr. Patel, ever discussed with you the
4 management of the shoulder dystocia at the time
5 that it was encountered?

6 MS. HARRIS: Objection.

7 A. No.

8 Q. Do you have any knowledge as to
9 whether the shoulder dystocia was managed in an
10 appropriate or inappropriate manner at the time
11 that it was encountered?

12 A. No.

13 Q. The next line of questioning is going
14 to be concentrating on the sheet, so you can
15 both read and focus in on that and then
16 hopefully we will be moving toward a conclusion.

17 Specific entries that I have some
18 questions on, first, at 12:44 a.m. or 0044, on
19 September 13, it appears that you recorded this
20 entry -- what time did you record the entry?

21 A. It says 1:37 a.m.

22 Q. You made two entries at 1:37 a.m.?

23 A. Yes.

24 Q. Now, why does the computer show 12:44
25 a.m. at the beginning of this block?

1 A. Because we have the ability to scroll
2 back through computer screens to the appropriate
3 time that we want to make a note at and enter it
4 in.

5 Q. So you scrolled back to 12:44 and
6 chose that time for what reason?

7 A. To make a documentation on the
8 contractions of the fetal heart status.

9 Q. And your choice at 12:44 as opposed
10 to 12:33 or 12:45 was because that's when this
11 information was becoming known to you?

12 A. I don't recall why I picked 12:44 as
13 opposed to 12:33 or 12:45.

14 Q. So you have the ability to scroll
15 through?

16 A. Yes.

17 Q. Looking at the note at 12:45, under
18 annotations, it says UA ref. What does that
19 stand for?

20 A. I believe the computer itself
21 automatically references itself periodically
22 while the monitor is on and that's why the UA
23 ref is monitored. That is nothing nurse
24 generated.

25 Q. UA standing for?

1 A. I don't know.

2 Q. Computers just talking to itself?

3 A. Yes, it's computer talk.

4 Q. Okay. As it was computer talk at
5 12:37 and actually going all the way back to, it
6 looks like, the last time you had made a note
7 would have been at 12:17?

8 A. Correct.

9 Q. And again, just so that I can get a
10 better grasp on these notes, at 12:17 Dawn was
11 up to the bathroom and you made that entry on
12 the computer at 12:17; correct?

13 A. Correct.

14 Q. Now, did you scroll to 12:17 to
15 reflect the fact that you were making that
16 entry?

17 A. That entry was made at 12:17 so I
18 wouldn't have needed to scroll back to it.

19 Q. So you were right in front of the
20 computer at the point in time when she was up to
21 the bathroom?

22 A. Yes.

23 Q. Would you likely have been in her
24 room at that time?

25 A. Yes.

1 Q. Why didn't you make the note from
2 12:44 any earlier than 1:37 a.m.?

3 A. I don't recall why I would not have
4 done it. It may have been the patient was
5 walking or I was off the floor. I don't recall.

6 Q. Explain to me, please, what you meant
7 by dysfunctional contraction pattern with
8 coupling of contractions.

9 A. Dysfunctional contraction pattern is
10 a term I learned from my previous years in
11 Fairview to describe a pattern that doesn't have
12 consistent contractions. Coupling of
13 contractions would indicate that she would get
14 two contractions close together followed by a
15 space and then possibly another two
16 contractions.

17 Q. Is a coupling contraction pattern of
18 any potential concern to you as a labor and
19 delivery nurse?

20 A. It may indicate that the baby is
21 posterior, but no, it's not a concern.

22 Q. If it continues, are there certain
23 concerns that you need to take into account?

24 A. Concerns, no.

25 Q. Are there certain steps or actions

1 that you need to take in the event that there is
2 a continuation of this pattern?

3 A. If this pattern continued, I would
4 ask the patient about pain in her back that
5 would be consistent with a posterior positioning
6 baby and suggest alternate pain relief measures
7 or positions.

8 Q. What can a dysfunctional contraction
9 pattern designate, or represent, I should say?

10 A. In my experience it usually
11 represents a baby that's positioned posteriorly.

12 Q. Are there any other conditions that
13 can cause inactive labor or otherwise a
14 dysfunctional contraction pattern?

15 A. Not that I'm aware of, no.

16 Q. Would you look back at the notes
17 throughout your shift.

18 A. Yes.

19 Q. Does anything pop into your mind
20 about this patient?

21 A. No, it does not.

22 Q. Any memories of any interactions at
23 all with Dawn at all?

24 A. No.

25 Q. Even just a vague recollection of

1 her?

2 A. No. I have no recollection of this
3 patient.

4 Q. The 1:05 time period --

5 A. Okay.

6 Q. -- it appears that the computer did
7 one of those UA ref's again; correct?

8 A. Correct.

9 Q. And then there appears to be an
10 additional annotation referencing Dr. Klein?

11 A. Yes.

12 Q. And was Dr. Klein in at 1:05 and you
13 made your note at 1:06?

14 A. Correct.

15 Q. Is it likely that you were in the
16 room when you made that note?

17 A. Yes, I would have been in the room.

18 Q. This may be an unfair question, but
19 from a birthing room out to the nurses' station
20 and being able to record something on the
21 computer, what's your quickest time period in
22 terms of observing something and then being able
23 to record it at the nurses' station?

24 A. It would depend on what the activity
25 was. A couple minutes.

1 Q. Is it fair to say that when you are
2 recording something on the computer in the room,
3 that those notes are usually closer in time to
4 the events that have transpired?

5 A. Usually, yes.

6 Q. The relationship of the computer to
7 the birthing bed and any other equipment that
8 may be in the room, can you sort of paint a
9 verbal picture for me in terms of what I would
10 be seeing in any one of the six birthing rooms?

11 A. Sure. The bed is positioned
12 perpendicular to the doorway, midway into the
13 room. The computer station is directly to
14 either the left or the right side of the bedside
15 at the head of the bed.

16 Q. And do you know in Dawn's case
17 whether the computer was to the left or the
18 right of the bed?

19 A. Not knowing which room she was in,
20 no, I don't know.

21 MR. SWITZER: I know the room. It's
22 316.

23 A. If the computer would have been
24 facing the bed it would have been on the right
25 side.

1 Q. So with the patient laying down --

2 A. The computer would be to her left.

3 Q. Got it.

4 You say that the bed is perpendicular
5 to what?

6 A. To the door.

7 Q. Is the computer on a stand or is it
8 fixed to the wall?

9 A. It's on a cart that's mobile.

10 Q. Is there any other equipment on that
11 cart with the computer?

12 A. We have the computer hard drive, the
13 key board, the monitor screen and also our
14 Corometrics monitoring system all on the same
15 cart.

16 Q. What is that?

17 A. Corometrics is the brand of monitor
18 we use to monitor fetal heart and contractions.

19 Q. Do your notes at any time during your
20 shift reflect any interaction with family
21 members?

22 A. No, they do not.

23 Q. Is that to suggest that there weren't
24 family members present during your shift?

25 A. It wouldn't suggest that at all. It

1 may be that I had no reason to document any
2 interaction with them.

3 Q. If there was more than one family
4 member in during the 11:00 p.m. to 7:00 a.m.
5 shift, would your notes routinely reflect that
6 during the course of the shift?

7 A. Routinely I would just write family
8 at bedside and it would not indicate whether it
9 was one or multiple family members.

10 Q. The fact that you don't necessarily
11 have -- and maybe you do, but let's assume that
12 you don't have an entry for family at bedside
13 during your shift, does that mean that the
14 family was not at bedside?

15 A. No, it does not.

16 Q. In terms of the significance of what
17 you are recording, whether the family is there
18 or the number of family members that are
19 present, isn't a significant event?

20 A. True.

21 Q. Unless somehow the family is
22 interfering with what you are doing?

23 A. Correct.

24 Q. And that would be recorded?

25 A. Yes, I would record that.

1 Q. And there is no such reflection in
2 your notes; correct?

3 A. There is no such note.

4 Q. I want to move to the 5:00 a.m. note.

5 A. Okay.

6 Q. I can read what you have in terms of
7 the entry. It looks like you made two notes,
8 both at 5:34 a.m.?

9 A. Correct.

10 Q. Again, the selection of the time of
11 5:00 a.m., what was that based on?

12 A. If a patient is in active labor with
13 an epidural, we chart on them every 15 minutes
14 and that 5:00 a.m. note would reflect that
15 assessment of the patient.

16 Q. So what you are recording at 5:34
17 would have been assessments that you made
18 beginning at 5:00 a.m.?

19 A. Between 4:45 and 5:00 a.m., yes.

20 Q. So this would not reflect any entries
21 after 5:00 a.m.?

22 A. No.

23 Q. Is that accurate?

24 A. Yes.

25 Q. Were you concerned at all about what

1 you were seeing on the fetal monitor at that
2 time?

3 A. In regard to?

4 Q. Mom or baby.

5 A. No.

6 Q. These were reassuring patterns that
7 you were seeing?

8 A. Yes, they were.

9 Q. Nothing that required notification to
10 Dr. Patel?

11 A. No.

12 Q. From the notes, did you have any
13 contact with Dr. Patel from 11:00 p.m. until the
14 end of your shift?

15 A. I have documented I spoke to
16 Dr. Patel at 5:15.

17 Q. Prior to 5:15, do your notes reflect
18 any such contact?

19 A. No, they don't.

20 Q. You would also look to the
21 physician's orders, would you not, to see
22 whether or not there were any verbal orders?

23 A. Correct.

24 Q. And between your shift, starting at
25 5:15 or prior to 5:15, do the notes reflect any

1 orders given by Dr. Patel that you can say there
2 had to have been communication between him and
3 either me or someone else?

4 A. No.

5 Q. You did a vaginal exam at 5:15?

6 A. I did a vaginal exam at 5:09.

7 Q. What caused you to contact Dr. Patel
8 at 5:15?

9 A. Updating her on the vaginal exam that
10 was done, the lack of cervical dilation, exactly
11 what is written.

12 Q. Of what significance was this lack of
13 cervical dilatation in the last two hours to you
14 as a labor and delivery room nurse?

15 A. I would have expected the patient to
16 possibly dilate a little faster. It could be
17 that the contractions were spaced or they were
18 ineffective and that was to be conveyed to
19 Dr. Patel.

20 Q. Were you concerned about a failure to
21 progress?

22 A. No, not at that point.

23 Q. Is that one of the things that you as
24 a labor and delivery room nurse think about when
25 there is a lack of cervical dilatation over a

1 two hour period?

2 A. No.

3 Q. What kind of things do you think of?

4 A. Just ineffective contractions

5 usually. At that point she had been making

6 steady progress up until then so there is no

7 reason to suggest that it would have stopped.

8 Q. Ineffective contraction patterns from
9 a nursing perspective, are there certain
10 physiological conditions that you think of that
11 would impact the effectiveness of the
12 contraction patterns?

13 A. From what I know of, polyhydramnios,
14 multiple gestation, early labor, posterior
15 babies.

16 Q. What about macrosomia?

17 A. The babies I have experienced with
18 macrosomia have had normal labor patterns. I
19 have not personally experienced anything
20 otherwise.

21 Q. Do you keep up to date on various
22 obstetrical nursing standards and guidelines?

23 A. I try.

24 Q. And the hospital provides policies
25 and procedures for you to use; correct?

1 A. Correct.

2 Q. What obstetrical nursing journals do
3 you subscribe to?

4 A. I get RN.

5 Q. Is that obstetrically related or just
6 general?

7 A. General.

8 Q. I take it you concentrate on the
9 obstetrical end of those articles mainly?

10 A. Mainly, yes.

11 Q. Have you reviewed any articles that
12 would be relevant in your opinion to Dawn Davis'
13 labor?

14 A. No, I have not.

15 Q. Tell me what your conversation
16 consists of with Dr. Patel at 5:15?

17 A. Exactly what is written. I reported
18 to her what my vag exam was at 5:00 as opposed
19 to one previous. That she had not made cervical
20 dilation in the last two hours and I received
21 orders from her.

22 Q. And her orders were what?

23 A. I would have to go back. I believe
24 they were to start pitocin.

25 Q. Do you want to double-check that to

1 make sure?

2 A. Yes. 5:10 start pitocin for a labor
3 and delivery protocol.

4 Q. And were you to notify Dr. Patel
5 according to her instruction at a particular
6 point in time thereafter?

7 A. Not with that conversation, no.

8 Q. To your knowledge, was Dr. Patel at
9 the hospital or more likely at home at that
10 time?

11 A. More likely at home. However, it
12 wouldn't reflect that.

13 Q. It doesn't reflect that the doctor
14 was in the hospital, though, does it?

15 A. No.

16 Q. At 5:31, you have a note --
17 actually, it's recorded 5:36 -- about
18 occasional nonrepetitive early decels as
19 described previously in notes. Can you explain
20 what that means?

21 A. It means in the previous
22 documentation at 5:35 I had noted that there was
23 still early decelerations. In my course of
24 charting I go on and described decels when I
25 have made a note to them happening, so I just

1 charted that the early decels are continuing as
2 I previously noted at 5:00 o'clock.

3 Q. Were you at all concerned about any
4 fetal distress at this point?

5 A. No.

6 Q. Why is that?

7 A. Decels are not a nonreassuring
8 pattern and there is nothing in the notes to
9 indicate that the baby was in any distress.

10 Q. The 5:30 computer generated time with
11 your 5:35 note, does that reflect that the
12 pattern that you describe at 5:35 was noted at
13 5:30?

14 A. It means that between the period of
15 5:15 to 5:30 or 15 minute assessment of the
16 tracing and patient, that's when those early
17 decels were occurring.

18 Q. Is it likely with the 5:35 note, that
19 you probably made that at the nurses' station?

20 A. It could have been done at the
21 bedside. There is no reflection of where it was
22 made.

23 Q. Your note at 6:01 referencing the
24 5:59 computer generated time, what did you
25 attribute the patient's complaint of pressure in

1 her rectum to be indicative of?

2 A. Possibly the fetal heart descended
3 and future dilation.

4 Q. The fetal heart?

5 A. The fetal head, I'm sorry.

6 Q. You learn something every day.

7 A. See, you were listening, that's a
8 good attribute.

9 Q. We are one-to-one thus far.

10 Was there any indication at this
11 point for you to contact Dr. Patel?

12 A. No.

13 Q. Why?

14 A. Not without an exam to confirm or
15 refute any further dilation.

16 Q. Tell me about your note that you
17 charted at 6:32, and start out by telling me why
18 did you call Dr. Patel based upon the computer
19 generated time reference of 6:29?

20 A. I had down a sterile vag exam of her
21 at 6:22 because the patient had complained of
22 more pressure. I know there was further
23 dilation. I wanted to give that information to
24 Dr. Patel so either she could start coming into
25 the hospital or make a call as far as when she

1 wanted to have the delivery.

2 Q. I take it you don't recall that
3 conversation with the doctor?

4 A. No, I do not.

5 Q. And what orders did Dr. Patel provide
6 at that point?

7 A. To call her back when the patient is
8 fully dilated.

9 Q. Is it fair to say that Dr. Patel
10 didn't give you any indication at that time that
11 she was going to be coming over in the immediate
12 future?

13 A. That would be indicated with that,
14 yes.

15 Q. Prior to the end of your shift, were
16 you at all concerned about the baby's fetal
17 heart rate or the contraction pattern that you
18 were seeing, say, between 6:26 and immediately
19 before Lisa assumed responsibility?

20 A. The documentation reflects the baby's
21 fetal heart baseline increased and some mild
22 variable decels, none of which would indicate
23 any fetal distress, nonreassuring with average
24 variability.

25 Q. The last exam that you did, what

1 station was the baby at?

2 A. Minus two.

3 Q. And was mom fully dilated at that
4 time?

5 A. No, she was eight centimeters.

6 Q. Was she fully effaced?

7 A. Yes -- it doesn't indicate that. 100
8 percent, yes, she was fully effaced.

9 Q. What time was she fully effaced?

10 A. 3:07 when I did my vag exam she was
11 100 percent effaced.

12 Q. It looks like the last note that you
13 made was at 6:58 a.m.?

14 A. Yes.

15 Q. And what is Semi-Fowler's?

16 A. The position of the patient.

17 Q. Just for clarification, can you paint
18 in words what Semi-Fowler's is?

19 A. Semi-Fowler's is a semi-inclining
20 position, the patient is up about 45 degrees in
21 bed.

22 Q. How long had mom been in the
23 Semi-Fowler's position?

24 A. The charting doesn't document how
25 long she had been in that position.

1 Q. Are you able to say whether she had
2 likely been in the Semi-Fowler's position for a
3 period of time before that or was she placed in
4 the Semi-Fowler's position at or around the 6:58
5 time frame?

6 A. The charting doesn't reflect. It
7 just reflects what I noted her position at that
8 time, not whether she was placed there or had
9 been there.

10 Q. Having her in the Semi-Fowler's
11 position wouldn't be contraindicated based upon
12 the fetal heart rate or the contraction pattern?

13 A. No, it would not be contraindicated.

14 Q. In terms of her position, whether she
15 had been in the Semi-Fowler's for hours before,
16 was she in the lithotomy position at any time
17 during your shift?

18 A. No.

19 Q. How would her legs, as best as you
20 can recall, have been positioned as she is
21 laying with the bed perpendicular to the door?

22 A. Her legs either would have been bent
23 at the knees or straight out as to her comfort
24 level.

25 Q. Looking at the totality of your notes

1 up to 7:00 a.m., do these notes reflect a mom
2 that was experiencing a lot of discomfort?

3 A. As stated in my notes, she complained
4 they hurt a lot at the beginning of the shift.
5 After she received an epidural, she was not
6 aware of contractions anymore, so, no, she was
7 not uncomfortable during the majority of my
8 shift.

9 Q. There is a reference to Dr. Haggarty.
10 Who is he or she?

11 A. An anesthesiologist.

12 Q. As is Dr. Klein?

13 A. Yes.

14 Q. During your shift, beside possibly
15 Dr. Klein, and possibly Dr. Haggarty, would
16 there have been any other physicians that were
17 in to see Dawn that you can gather from your
18 notes?

19 A. According to my notes, neither
20 Dr. Haggarty or any of the physicians saw the
21 patient on the shift.

22 Q. Dr. Klein did?

23 A. Dr. Klein did to place the epidural.

24 Q. Your report would have begun at what
25 time, approximately?

1 A. The next shift starts at 7:00, so
2 usually between 7:10 and 7:15 report would be
3 given.

4 Q. Is report in labor and delivery
5 usually given in the patient's birthing room?

6 A. Usually no, it's at the desk.

7 Q. And then the rest of the notes then
8 thereafter begin with Lisa's 7:19 note; correct?

9 A. Correct.

10 Q. Have you had occasion to talk with
11 any of the nurses that came in as part of the
12 code pink team to respond to Baby Charlie Tenney
13 about this case?

14 A. Not directly about this case, just
15 about the times we were meeting.

16 Q. For predeposition?

17 A. Right.

18 Q. Did you all meet together or was it a
19 separate meeting?

20 A. No, this was just in passing.

21 Q. I mean, did you all get together at
22 one time for purposes of your predeposition
23 meeting?

24 A. Yes.

25 Q. And I take it Lisa was not part of

1 that meeting?

2 A. No, she was not.

3 MR. MISHKIND: Give me a couple
4 minutes and I may be done.

5 (Pause.)

6 Q. Just a couple final questions and
7 then we will be done.

8 After you gave report, your
9 involvement in terms of the actual hands-on
10 nursing care ended?

11 A. Correct.

12 Q. As of 7:00 a.m., Dr. Patel had not
13 been in to see this patient?

14 A. Not according to my notes, no.

15 Q. Aside from conversations again that
16 you have had in any attorney-client conference,
17 do you have any knowledge at all as to the
18 manner in which the shoulder dystocia was
19 managed by Dr. Patel or any of the nurses?

20 A. I have no knowledge how it was
21 managed.

22 MR. MISHKIND: I have no further
23 questions. Ms. Harris may have some.

24 EXAMINATION OF JILL CASTENIR, R.N.

25 BY MS. HARRIS:

1 Q. I just have a couple.

2 A. All right.

3 Q. During your shift there was nothing
4 to suggest to you that Dr. Patel needed to come
5 in to examine this patient; is that correct?

6 A. That is correct.

7 Q. This is something I am just uncertain
8 of. Go back to your 5:15 note.

9 A. Okay.

10 Q. That's when you called Dr. Patel and
11 got orders.

12 A. Okay.

13 Q. The note is 5:15 in the gray area and
14 that means the computer time; correct?

15 A. Right.

16 Q. And that's the one you could scroll
17 to set the time?

18 A. That's the time that is actual
19 chronological time.

20 Q. And then in this case, it says 5:15?

21 A. That it was made.

22 Q. So it was contemporaneously?

23 A. Yes.

24 Q. Why then does the order sheet say
25 5:10 for pitocin on it?

1 A. I wouldn't be able to -- I possibly
2 could have written down the order sheet wrong.

3 MS. HARRIS: That's all.

4 EXAMINATION OF JILL CASTENIR, R.N.

5 BY MR. MISHKIND:

6 Q. One more question.

7 The question is, does it
8 automatically generate quarter hour time
9 references?

10 A. I'm not sure how often it generates
11 the references. I'm not sure how it comes up
12 with the times. It documents the times that
13 notes are entered in for. Other than that, I'm
14 not sure otherwise.

15 Q. Is it your responsibility in active
16 labor to record entries minimally every 15
17 minutes?

18 A. That is the ideal way to do entries
19 is every 15 minutes while the computer is
20 currently scrolling through.

21 Q. So that when we look at entries that
22 are odd times, like a 5:23 or a 5:51, if there
23 are annotations made by you, you have chosen
24 that time for purposes of making an entry in
25 between the quarter hour entries?

1 A. Not necessarily in between the
2 quarter hour entries, just that is when whatever
3 event happened that I chose to document it on.

4 MR. MISHKIND: Nothing further.

5 Thanks.

6 - - - - -

7 (Deposition concluded at 10:15 a.m.)

8 (Signature not waived.)

9 - - - - -

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1 AFFIDAVIT

2 I have read the foregoing transcript from
3 page 1 through 51 and note the following
4 corrections:

5 PAGE LINE REQUESTED CHANGE

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JILL CASTENIR, R.N.

18

19

20 Subscribed and sworn to before me this
21 day of , 2002.

22

23 Notary Public

24

25 My commission expires .

CERTIFICATE

State of Ohio,

SS:

County of Cuyahoga.

I, Vivian L. Gordon, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named JILL CASTENIR, R.N. was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was completed without adjournment; that I am not a relative or attorney for either party or otherwise interested in the event of this action. I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28 (D).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 29th day of April, 2002.



Vivian L. Gordon, Notary Public
Within and for the State of Ohio

My commission expires June 8, 2004.

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