State of Ohio,) SS:
County of Cuyahoga.)

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IN THE COURT OF COMMON PLEAS

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Christine B. Kocsis, Admtrx. of the Estate of Kathleen A. Lynch, deceased,	)	
Plaintiff,	)	Case No. 346346
vs.	)	Judge McGinty
MetroHealth Medical Center, et al.,	)	
Defendants.	)	

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THE DEPOSITION OF MARY V. CORRIGAN, M.D.

WEDNESDAY, SEPTEMBER 9, 1998

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The deposition of MARY V. CORRIGAN, M.D., a Defendant herein, called for examination by the Plaintiff, under the Ohio Rules of Civil Procedure, taken before me, Michelle R. Hordinski, Registered Professional Reporter and Notary Public in and for the State of Ohio, pursuant to agreement, at MetroHealth Medical Center, Cleveland, Ohio, commencing at 4:00 p.m., the day and date above set forth.

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APPEARANCES:

On behalf of the Plaintiff:

HOWARD MISHKIND, ESQ.
Becker & Mishkind
Skylight Office Tower
Suite 660
Cleveland, Ohio 44113

On behalf of Dr. Corrigan, M.D.:

DEIRDRE HENRY, ESQ.
Weston, Hurd, Fallon, Paisley & Howley
2500 Terminal Tower
Cleveland, Ohio 44113

On behalf of the Patrician Nursing Home:

DIRK RIEMENSCHNEIDER, ESQ.
Buckingham, Doolittle & Burroughs
1375 East Ninth Street
Suite 1700
Cleveland, Ohio 44114

ALSO PRESENT: Kelly Gale

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MARY V. CORRIGAN, M.D.

a Defendant herein, called for examination by the Plaintiff, under the Rules, having been first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION

BY MR. MISHKIND:

Q. Would you state your full name for the record, please?

A. Mary Virginia Corrigan.

Q. You are a physician?

A. Yes.

Q. I understand you went to University of Cincinnati Medical School?

A. That's right.

Q. And graduated in 1990?

A. Yes.

Q. Have you ever had your deposition taken before?

A. No.

Q. First time?

A. Yes.

Q. After graduating from University of Cincinnati, tell me a little bit about your postgraduate work, what you did by way of residency?

A. I was at family practice residency in Cleveland at Fairview General Hospital from 1990 to 1993,

subsequent to which I did a geriatric fellowship at University Hospitals here in Cleveland from '93 until '95. And from '95 until present, I've been employed at Metro.

Q. Are you board certified, Doctor?

A. Yes, in family practice.

Q. When?

A. 1993.

Q. What governing board administers the --

A. The American Board of Family Practice.

Q. Let me back up for just one moment in fairness to you, since you've not given depositions before. You've known the answer to the last several questions and have volunteered the answers before I finished my question. Just to make sure, when we start getting perhaps to more difficult or substantive questions, wait until I'm done before you start answering, okay?

A. Okay.

Q. It makes the court reporter's life easier, and you also make sure that you're giving a yes or a no or a narrative in response to a question that you understood.

A. Okay.

Q. And if you don't understand what I'm saying, and

Deirdre will tell you that it's not infrequent that I give a question that may not be intelligible, let me know. I will rephrase it. I'll start over again, or I'll have the court reporter read it back to you.

A. Uh-huh.

Q. Okay?

A. Okay.

Q. And also avoid answering with the proverbial uh-huh or uh-uh or the shaking of the head. That really drives the court reporter crazy, okay?

A. All right.

Q. Have you ever had your license suspended or revoked?

A. No.

Q. Ever had your privileges suspended or revoked from any hospitals?

A. No.

Q. The governing board that you said for family practice was what, again, please?

A. The American Board of Family Practice.

Q. Were you successful on your first attempt?

A. Yes.

Q. You have an interest in geriatrics, correct?

A. That's right,

Q. Is there a board certification in geriatrics?
A. There's what's termed CAQ, which is a certification of added qualifications.
Q. Do you have a CAQ?
A. Yes.
Q. When did you obtain that?
A. 1996.
Q. Who administered that process?
A. It's the American Board of Family Practice combined with the American Board of Internal Medicine.
Q. Have you published anything in the medical literature?
A. Yes.
Q. Tell me the number of publications.
A. One.
Q. What is the subject of that publication?
A. Common problems in the elderly.
Q. Where is it published?
A. It's a home study program through the American Board of Family Practice, a monograph series.
Q. How would I go about getting a copy of that article other than asking you for it?
A. Through the American Board of Family Practice.
Q. Do you have a copy of the article?

A. Yes.
Q. Not necessarily with you, but somewhere accessible?
A. Yes.
Q. Would it be much of a problem to provide Ms. Henry with a copy of it?
A. No.
MR. MISHKIND: Deirdre, I presume you'll do that?
MS. HENRY: Uh-huh.
MR. MISHKIND: That's a yes?
MS. HENRY: Yes.
MR. MISHKIND: Okay, thank you.
MS. HENRY: But I will warn you, if you don't get it, to follow up.
(Thereupon, a discussion was had off the record.)
BY MR. MISHKIND:
Q. Do you also have a professional resume, a curriculum vitae?
A, Yes.
Q. Would you also provide that to Ms. Henry?
A. Yes.

Q. You have hospital privileges here at Metro?
A. Yes.
Q. Do you have privileges anywhere else?
A. No.
Q. You indicated that you are an employee of MetroHealth Medical Center?
A. That's right.
Q. And you have been employed here since 1995?
A. August of '95.
Q. Are you employed by any other entities or corporations?
A. No.
Q. Since 1995, have you been employed by any other entities or corporations?
A. No.
Q. In the interrogatory answers, you indicate an office at MetroHealth Medical Center.

Do you maintain any other offices other than at 2500 MetroHealth Drive?
A. No.
Q. You don't maintain an office elsewhere other than MetroHealth?
A. No.
Q. When you were involved in the care of Mrs. Lynch at the Patrician Nursing Home, what was your

relationship to the Patrician Nursing Home?
A. At that time, I served as a co-medical director and likewise as a physician to patients.
Q. You were an employee of Metro, though?
A. That's right.
Q. Can you explain to me the mechanics of how you were an employee of Metro, but yet co-medical director at the facility and also a physician providing care to patients at the Patrician?
A. Basically Metro has an affiliation agreement with Patrician Nursing Home under which I have served as co-medical director with compensation agreed upon between MetroHealth Medical Center and Patrician for medical directorship services, including primary patient care.
Q. And do you still provide services either as director or primary patient care at the Patrician?
A. No.
Q. When did that end?
A. I don't recall specifically. It was spring of this year.
Q. What was the reason for your relationship ending?
MR. RIEMENSCHNEIDER: Objection.
MS. HENRY: Objection,

also.

BY MR. MISHKIND:

Q. Let me explain.

Unless Ms. Henry tells you not to answer a question, from time to time there may be an objection. If you know the answer or if you can provide an answer to the question, you go ahead unless you hear screaming and hollering to your right, okay?

A. My duties within the family practice department changed.

Q. And in what capacities did they change in the spring of this year?

A. I was -- as of January of '98, I was named the interim program director of the family practice residency.

Q. How did that impact your ability to continue to be the co-medical or medical director at the Patrician, I should say?

A. In order to fulfill the duties as program director, other things had to be changed in order to accommodate the new position.

Q. So it's a matter of time?

A. Yes.

Q. Okay.

Who else was the medical director when you were at the Patrician?

A. Dr. Aristotle Markakis.

Q. Aristotle -- the last name is --

A. Markakis.

Q. How is that spelled, please?

A. I believe M-A-R-K-A-K-I-S.

Q. Is Dr. Markakis still associated with the Patrician?

A. As far as I'm aware.

Q. Is he the medical director, as far as you're aware?

A. As far as I'm aware, yes.

Q. Did you receive any compensation at all from the Patrician Nursing Home for services provided at that facility?

MR. RIEMENSCHNEIDER: Objection.

MS. HENRY: Objection.

A. The department of family practice had a contractual agreement for such services, and they are those who received any compensation.

Q. But you did not consider yourself to be an employee of the Patrician, is that correct?

A. That's right.

Q. And any payment that was made wasn't made directly

to you? It was made to the family practice department here at Metro?

A. That's correct.

Q. Did you have a formal contract that you were a party to concerning your relationship between the Patrician and Metro?

A. Yes.

Q. And did it define what your duties and responsibilities were to the Patrician?

A. Yes.

Q. Do you still have a copy of that contract somewhere?

A. The department should.

MS. HENRY: Howard, I'm going to have a whole series of these you're going to ask for, so just drop me a letter that has all of these things in it.

MR. MISHKIND: Just for the record, I'm going to ask that you provide that to counsel. I'm going to send her a letter, and perhaps more, that I request during the course of the deposition.

MS. HENRY: More, probably.

BY MR. MISHKIND:

Q. If you would make a mental note, if nothing more, to provide that, okay?

A. Yes.

Q. Thank you.

Back in July of 1996, what percentage of your time were you spending at the Patrician as opposed to seeing patients here at Metro?

A. As I recall, on average, ten percent of my time.

Q. Ten percent at the Patrician?

A. Yes.

Q. And 90 percent here at Metro?

A. Yes -- let me rephrase that.

Ten percent of my time at Patrician, 10 percent of my time at Corinthian Nursing Home, and the remainder at Metro.

Q. Where is the Corinthian Nursing Home located?

A. Westlake, Ohio.

Q. Was your relationship with the Corinthian Nursing Home similar to your relationship with Patrician?

MS. HENRY: Objection.

A. Yes.

Q. Were you medical director as well as providing primary patient care?

MS. HENRY: Objection.
A. Go-medical director.
Q. Along with Dr. Markakis?
MS. HENRY: Objection.
A. That's right.
Q. Currently, is your practice entirely at Metro, or are you still involved in either of those -- or perhaps the Corinthian or another nursing facility?
A. I am currently still involved with the Corinthian Nursing Home.
Q. Is your practice 10 percent Corinthian and 90 percent here at Metro?
A. On average, yes.
Q. Are there any other nursing homes that you currently have any affiliation with other than the Corinthian?
MS. HENRY: Objection.
Go ahead.
A. There's a recent affiliation with Spring House residents.
Q. Tell me where Spring House is located.
MS. HENRY: Let me have a running objection to any of these questions.

MR. RIEMENSCHNEIDER: Same objection.

MR. MISHKIND: That's fine, Go ahead.

A. I believe it's in Westlake, as well.

Q. That's a recent affiliation?

A. Yes.

Q. Any other nursing homes that you are currently affiliated with?

MS. HENRY: Objection.

MR. RIEMENSCHNEIDER: Objection.

A. No.

Q. Other than the records which accompanied Mrs. Lynch when she was transferred from Metro on the 31st to the Patrician on the 31st, did you have occasion, while she was there from the 31st of July, 1996, until she was transferred back to Metro, to have occasion to see the Metro hospital chart?

A. No, I did not.

Q. Did you have any involvement at all in Mrs. Lynch's care while she was confined from the 16th to the 31st of July, 1996?

A. No, I did not.

Q. I'm going to jump ahead for a moment and then talk in detail with you. But I noted in reviewing the

records that you did make a note, a progress note, on August 6th at Metro when she was transferred back to Metro from the Patrician, is that correct?

A. I don't recall.

Q. Do you recall seeing Mrs. Lynch --

A. No, I don't.

Q. -- upon her being transferred back?

A. No, I do not.

Q. Do you remember Mrs. Lynch as a patient?

A. As a patient, yes. As an individual, no.

Q. Do you have any independent recollection of her daughter?

A. No, I do not.

Q. As you sit here now, do you recall her daughter's name?

A. No, I do not.

Q. Do you have any independent recollection of having any conversations with any family members of Mrs. Lynch other than what's noted in the records while she was at the Patrician?

MS. HENRY: Objection, because I don't think there's any noted in the records.

MR. MISHKIND: Other than

what may be noted in the record.

MS. HENRY: Okay.

MR. MISHKIND: In fairness to her, there may be something. There may not.

BY MR. MISHKIND:

Q. But do you have any independent recollection of any conversations with any family members while Mrs. Lynch was at the Patrician?

A. No, I do not.

Q. What about after she was transferred back to Metro up until the time of her death, do you have any independent recollection of having any conversation with any family members?

A. No, I do not.

Q. I'm going to show you just -- or perhaps Deirdre can show you the August 6th entry that I believe has your name on it.

MS. HENRY: Maybe.

Q. I'm handing you a page from the Metro chart dated August 6th.

The top of that appears to have a note and then your signature, is that correct?

A. Yes.

Q. Can you tell me in what capacity you saw Mrs. Lynch

upon her transfer back to Metro?
A. I don't recall having seen her. Clearly, this is my note.
Q. In looking at the note, I presume that would then refresh your recollection, at least insofar as in what capacity you were seeing her?
A. The capacity with which she was seen was -- because I presume this is the only note, is that correct?
Q. To my knowledge, and Ms. Henry can correct me if I'm wrong, but I believe that's the only note.
A. Okay.
This would be a visit based on having had her at the nursing home and seeing her on a visit, although I was not the attending at this time.
Q. Do you have any explanation in this case why you didn't continue to see her after August 6th?
A. The policy of the department of family practice is, if one of your patients is hospitalized in the department on your service, the attending physician and the team of residents take over that patient's care. And you serve as equal members as colleagues.
And during which time, you are not required to see your patients in-house.

Q. Who would have been the attending during that admission, then?
A. I'd have to look at the schedule.
Q. Okay.
And as to why, on this particular day, why you saw Mrs. Lynch as opposed to someone else, are you able to explain that?
A. Typically, a patient should be seen by the resident who has acquired the care of that patient as well as the attending on the service.
Q. Were you then covering for the attending?
A. No, I was not.
Q. You weren't a resident, were you?
A. No, I was not.
Q. Do you have any explanation for why the attending or the resident didn't see her and why you did?
A. If I could look at the notes from the 6th?
Q. Sure. Let me just put this back in here.
MS. HENRY: There's notes from the 6th (Indicating).
A. On the 5th, just recognizing the writing, this would be Dr. Campbell, who was the attending. And if I could confirm with the schedule 1 have given you as to what his duration of being attending was --

Q. You provided Ms. Henry with a schedule?
A. That's right.
Q. A schedule from the Patrician or a schedule from Metro?
A. From Metro.
Q. That showed what, who was on the --
A. Who would be the attending physician and the team who was providing her care in-house.
Q. Do you have that with you?
MS. HENRY: Is that what you gave me yesterday?
THE WITNESS: You may have a copy today, as well.
MS. HENRY: Okay. I didn't bring the whole file.
This (Indicating)?
THE WITNESS: Actually, it would be both of these (Indicating).
MS. HENRY: Okay.
MR. MISHKIND: Why don't I just, to save time, have her just mark these as Exhibits 1, 2, and 3, and you can run off copies from them, okay?
MS. HENRY: Okay.
(Thereupon, Plaintiff's Exhibits 1, 2, and 3 were

marked for identification.)

MS. HENRY: Just so we're clear, the arrows and stuff have no significance, particularly, to this case, just so you --

MR. MISHKIND: Not reading anything more into it.

MS. HENRY: Oh, well, I just want to be sure, Howard.

BY MR. MISHKIND:

Q. Exhibits 1, 2, and 3 are the documents you provided Ms. Henry, correct?

A. Yes.

Q. And if you could just very briefly explain what those documents are, and then we'll move on and reference the number?

A. The first document refers to the in-patient service schedule of both residents and attendings.

And for the dates that we're speaking of, from July 29th until August 11th, Dr. James Campbell was the attending physician. And the team of residents was comprised of a Dr. Ryan, Ajemian and Haygood.

The Exhibit No. 2 refers to the July on-call schedule. The names listed corresponding to each date is the resident who would be taking call in

the evening with the corresponding attending based on those dates.

Q. Okay.

A. Similarly, Exhibit No. 3 continues through the month of August and who those corresponding residents would be, a listing of the in-patient team during the daytime supervised by the attending with the corresponding dates.

Q. Fair enough.

I'm not sure that that explains to me why, on August 6th, Dr. Corrigan saw Mrs. Lynch.

A. Patients are oft times seen when hospitalized but not followed by the primary physician. The primary care is for the in-patient team to manage, and here, August 6th, the resident, Dr. Haygood, wrote a note. And similarly, August 6th, the attending family practice physician, Dr. Campbell, wrote a note.

Q. And perhaps I'm just dense, and that could be, but why did you write a note on August 6th?

A. If the primary physician is able to see the patient, despite the fact of them not being on the service, oft times a social visit is made with a corresponding note.

Q. You were the primary physician from her stay at the

Patrician?
A. That's right.
Q. Okay.
But as to the logistics or specifically why on that day you wrote a note, it would be just conjecture on your part, is that correct?
A. That's right.
Q. Okay, thanks.
Have you had occasion, Doctor, to review any of Mrs. Lynch's records for the July, '96 admission to Metro since her discharge from the Patrician?
A. No.
Q. And other than this August 6th note of 1996 that you made that we've referenced, have you reviewed any of the other Metro records for her confinement that led up to the time of her death?
A. No.
Q. When she was at the Patrician, did you have occasion to discuss over the phone or in person any aspect of her care that had gone on between July 16th and July 31, 1996?
A. No.
Q. After she was transferred back to Metro, did you have occasion to discuss any aspect of her care with any of the doctors that had been involved in

any way with her care during that second confinement?

A. I don't recall specifically, but seeing as I wrote a note the 6th, I clearly on that particular day had involvement with looking at the chart.

Q. But as you sit here now, you don't have any recollection of having discussions with any of the doctors at Metro after her transfer back and prior to your writing that note, do you?

A. No.

Q. And after you saw her on that day and wrote the note, do you have any recollection of discussions with any of the doctors at Metro about any aspect of her care leading up until the time of her death?

A. No.

Q. What about since she's died, have you discussed any aspect of Mrs. Lynch's care with any of the nurses or the doctors that provided care to her at Metro?

A. Not that I recall.

Q. Have you ever seen her autopsy?

A. No.

Q. Prior to the deposition today, what else, if anything, aside from the records from the

Patrician, did you have occasion to review?
A. Nothing.
Q. Did you review any medical literature at all in connection with this case?
A. Yes.
Q. What did you review?
A. Ulcerative colitis, inflammatory bowel disease.
Q. And what medical literature or what medical textbooks did you refer to to read up on inflammatory bowel disease or ulcerative colitis?
A. Harrison's Internal Medicine.
Q. Any other textbooks or medical literature that you reviewed in connection with this case?
A. No.
Q. Is this Harrison's Internal Medicine the most recent edition?
A. I can't tell you for sure.
Q. Is this something that's maintained at the hospital, or is this something that you own personally?
A. It happens to be both.
Q. Both, okay. I had a feeling after I said that that it was probably going to be both.

Did you refer to the one that you had at home, or did you use the source here at the hospital?

A. Home.
Q. And do you consider Harrison's to be a good source of information that you refer to from time to time?
A. Yes.
Q. Do you consider it to be authoritative, in your opinion?
A. No.
Q. But you refer to it from time to time, correct?
A. Yes.
Q. And you consider the information relative to ulcerative colitis and inflammatory bowel disease to be reliable information?
MS. HENRY: Objection.
BY MR. MISHKIND:
Q. Do you consider it to be reliable information?
A. Yes.
Q. And in your review of the literature that you looked at in Harrison's on ulcerative colitis and inflammatory bowel disease, did you find anything in Harrison's that you disagreed with in terms of the writings?
A. I wasn't scrutinizing it for that reason, so I wouldn't say that I -- I can't say.
Q. Are there any sources of information that you

consider to be, in your practice and in your opinion, more reliable on these areas than Harrison's Internal Medicine?

A. Not more reliable, no.

Q Do you need to take that?

A. May I?

Q. Sure.

(Thereupon, a short recess was taken.)

BY MR. MISHKIND:

Q. At the Patrician when Mrs. Lynch was admitted from July 31st until August 5th, how would you describe your capacity in connection with her care?

A. During that time, I would have been listed as her primary physician.

Q. There was a doctor that I noted in reviewing the records by the name of Kane. I think it's K-A-N-E.

MS. HENRY: Kale, I think.

Q. Kale, K-A-L-E?

A. Uh-huh.

Q. Who might that be?

A. He was a geriatric fellow.

Q. What's Dr. Kale's first name?

A. Parag. I believe it's P-A-R-A-G.

Q. Where is Dr. Parag, if you know, currently?
A. At Metro.
Q. What department?
A. He's doing a cardiology fellowship.
Q. Were there any other physicians that were involved in Mrs. Lynch's care at the Patrician other than yourself and Dr. Kale?
A. Yes.
Q. Who else?
A. It would be the family practice department, which would correspond to the call schedule which I showed you earlier.
Q. Can you tell me specifically from the call schedule or from your review of the records which physicians had some involvement in her care?
A. I can tell you which physicians for the time periods would have been involved in her care.
MS. HENRY: He wants to know whether specifically you can say any particular physician, based on the records, had involvement.
A. I would have to look at the records to see.
Q. Okay, if you would, I'd like to try to identify which doctors were involved.
MS. HENRY: Dirk, do

you have it broken down sort of in like, these are the progress notes, these are the orders, these are the --

MR. RIEMENSCHNEIDER: Yes.

MS. HENRY: I don't have that yet. It might be quicker this way (Indicating).

MR. RIEMENSCHNEIDER: First of all, I don't have any progress notes, but here are the orders (Indicating).

MS. HENRY: Okay.

A. On the 31st of July, it appears that a phone order was taken from a Dr. -- and I cannot tell from the spelling. I can only say from my knowledge of who was rotating in geriatrics, Dr. Naguit.

MR. RIEMENSCHNEIDER: Did you say Naguit?

THE WITNESS: Yes. I believe it's N-A-G-U-I-T.

May I look at that, please? Just this here (Indicating).

BY MR. MISHKIND:

Q. Is that doctor still part of the family practice group?

A. No, he is not.

Q. Where is he practicing now?
A. I do not know.
Q. Do you know when he left the family practice group?
A. He was a geriatric fellow.
Q. Okay.
A. And his completion date, I cannot tell you.
Q. This phone order, would this have been gathering information from Metro, or would this have been orders given by the doctor to the personnel at the Patrician?

MS. HENRY: Objection. What do you mean gathering information from Metro?

BY MR. MISHKIND:
Q. July 31st, he was giving orders. Was he at -- do you know whether he was at the Patrician or whether he was at Metro at the time that the orders were given?
A. I don't know.
Q. Okay, if you --
A. Here it says via phone.
Q. Okay, but you don't know where --

MS. HENRY: Don't speculate. If you don't know, you don't

know. Tell him you don't know.

BY MR. MISHKIND:

Q. If you don't know, that's correct.

A. I don't know.

Q. Who else beside Dr. Naguit?

A. The orders given on August 4th would be from the resident in the family practice department who would have been on call.

Q. Which resident would that be?

A. I cannot attest to the accuracy of this, because oft times changes in the call schedule are made.

Presuming this is correct, Dr. Ajemian.

Q. A-J-E-M-I-A-N?

A. Yes.

MR. RIEMENSCHNEIDER: The doctor's name you just wrote or indicated, Dr. Ajemian, are you looking at the 8-4-96 order?

THE WITNESS: That's right.

MR. MISHKIND: The order that we're referencing is the routine urinalysis, just to make sure that I'm looking at the same thing?

Is that what you were looking at,

Dirk?

MS. HENRY: No. Chem 7 now.

MR. RIEMENSCHNEIDER: Chem 7.

A. Here (Indicating).

Q. Okay.

There looks to be a different signature on the urinalysis dated August 4 -- or maybe it's the same signature.

A. That's my signature.

Q. That's your signature, okay.

Any other physicians --

MS. HENRY: That's an 8-2 urinalysis.

MR. MISHKIND: It's signed August 4, though.

A. The order, when it's taken, is under the date ordered.

Q. But next to your signature is August 4.

Is that the date that you signed --

A. No.

Q. What does the August 4 designate?

A. The nursing home requested that all verbal orders be signed, dated 48 hours later.

Q. Do you know the reason for that?

A. I believe it's a compliance issue.
Q. Okay.
Any other doctors involved?
A. Is this separated for nursing homes?
MS. HENRY: I think you might have already passed them up.
(Thereupon, Plaintiff's Exhibit 4 was marked for identification)
A. The only other corresponding nursing home note that I see is also dated August 4th. It would be in the nursing notes.
MS. HENRY: That's the one you already talked about.
THE WITNESS: Right, which refers to a call to the Metro service. But no specific physician's name was given.
(Thereupon, a short recess was taken.)
BY MR. MISHKIND:
Q. The August 4 note that you just referenced that's in the nurse's notes, it talks about the chem 7 ordered stat, 3:00 p.m. lab, drew blood, results to be faxed to the Patrician.
Were all labs done for Patrician patients done at Metro?

A. No.
Q. Can you explain to me why the results on blood work that was being done on a patient that was at the Patrician was to be faxed to the Patrician?
MR. RIEMENSCHNEIDER: Objection.
MS. HENRY: If you know.
A. They would want the result.
Q. Where was the test being done?
A. I don't know.
Q. Did the Patrician have its own lab?
A. No.
Q. If blood was being drawn, a chem 7 was ordered stat, where, routinely, would the chem 7 analysis be done?
A. I don't know.
Q. Do you know in this case from where the results were faxed?
A. I would have to look at the lab.
Q. It says, call to Metro service concerning resident and new diarrhea.
Do you know what the particulars were that led to that chem 7 being ordered?
A. No.
Q. All right. We'll talk about that in a moment.

But the documents that would have come with Mrs. Lynch when she was transferred to the nursing home would include, at the very least, a form called the goldenrod form?

A. That's right.

Q. And the original is golden in color, I've learned off the record.

I've marked for identification Plaintiff's Exhibit 4, which has three pages of information written on it. I understand that there is a fourth page with a nutritional component. But in Mrs. Lynch's case, there's nothing marked on that nutritional component.

Could you just verify for the record that Exhibit 4 appears to be an accurate copy of all of the information that would have come with Mrs. Lynch upon transfer?

MS. HENRY: No. That's the goldenrod form.

MR. MISHKIND: As to the goldenrod form.

MS. HENRY: Okay.

A. This would be the goldenrod -- a copy of the goldenrod form.

Q. Let's move past the goldenrod form for a moment.

What else, if anything, routinely would accompany the transfer from Metro to the nursing home?

A. Oft times, a discharge summary.

Q. What else?

A. That would be it.

Q. In this case, do you know whether a discharge summary was sent along with the goldenrod form?

A. Yes.

Q. It was?

A. Yes.

Q. Okay.

Was there anything else in this case that was sent other than the discharge summary and the goldenrod form?

MS. HENRY: These are from the Patrician records, these additional nursing discharge, belongings stuff. I'm sure you're asking about anything medical. You don't need the belongings information.

MR. MISHKIND: No, the belongings I don't. There's a discharge home-going instruction sheet.

Is that what you're referring to that --

MS. HENRY: No.
BY MR. MISHKIND:
Q. Or are you referring to the actual dictated discharge summary, correct?
A. There's the dictated discharge summary, and clearly this form also came from Metro (Indicating).
Q. To your knowledge, did anything else accompany Mrs. Lynch?
A. Not to my knowledge.
Q. Were there any antibiotics ordered on transfer to the Patrician by MetroHealth? You can certainly refer to --
A. None of these medications were antibiotics.
Q. Do you know why she wasn't on antibiotics on transfer?
A. No.
Q. Do you have an opinion as to whether she should have been on antibiotics on transfer?
A. Based on the discharge summary, no.
Q. Based on the discharge summary, no, she shouldn't have been, or no, you don't have an opinion?
A. Based on the discharge summary, it corresponded to her discharge medications, which did not include antibiotics.
Q. That wasn't my question.

Do you have an opinion based upon the patient's condition on admission to the nursing home whether she should have been on antibiotics on transfer from MetroHealth?

A. I had no reason to believe she should be on antibiotics.

Q. Why is that?

A. There was nothing to suggest a need for antibiotics.

Q. Do you have an opinion, Doctor -- and recognize when I ask you any of these questions, if you don't have an opinion, tell me that you don't, okay?

A. Okay.

Q. And also, your opinion has to be to a reasonable degree of medical probability, not conjecture, not speculation, okay?

A. Yes.

Q. Do you have an opinion as to whether Mrs. Lynch was an appropriate candidate for transfer on July 31st based upon the information that was available to the nursing home?

A. Yes.

Q. Aside from the goldenrod form, the nursing discharge home-going instructions, and the dictated instructions, you didn't have any information as to

the results of any of the tests that had been performed on Mrs. Lynch during her hospitalization, correct?

A. The only information I had would be included in the material you just mentioned.

Q. When did you first see Mrs. Lynch at the Patrician?

A. Let me review.

MS. HENRY: Those are the nurse's notes.

THE WITNESS: Uh-huh, on August 1st.

BY MR. MISHKIND:

Q. Was she seen by Dr. Kale on July 31st?

A. No.

Q. Was she assessed by any physicians at the nursing home on July 31st?

A. No.

Q. What time, according to the documentation, was she admitted to the nursing home?

A. According to the admission recorded by the Patrician, July 31st, 10:00.

Q. 10:00 a.m?

A. According to this.

Q. A.M?

A. I don't know.
Q. Do you know why she wasn't assessed by a physician, assuming that was 10:00 a.m. as opposed to 10:00 p.m., why she wasn't seen by a physician at the nursing home during her first day at the facility?
A. Nursing home patients are to be seen within 48 to 72 hours upon admission.
Q. Does it depend upon the patient's condition, or is that applied to all patients?
A. It applies to all patients. But if a patient needed to be seen sooner, then accommodations would be made.
Q. Who makes that decision?
A. The patients who are discharged to a nursing home are discharged with the presumption that a physician will be available to them within 48 to 72 hours.
Q. Well, that's not responsive to my question, though.

Who makes the decision as to whether the patient needs to be seen sooner than the 48 to 72 hours? For example, if there's a change in the clinical course from the time that the patient is transferred from the hospital to the nursing home,

who makes that decision?
A. Those who would be assessing the patient at the nursing home.
Q. That would be nurses at the nursing home?
A. Yes.
Q. And 1 take it the nurses at the nursing home are employees of the Patrician, or are they employees of Metro, also?
A. They are not employees of Metro.
Q. Do you know whether they are employees of the Patrician?
MS. HENRY: Objection.
MR. RIEMENSCHNEIDER: Objection.
MS. HENRY: Howard, I don't think she's going to know that.
MR. MISHKIND: We'll find out.
BY MR. MISHKIND:
Q. Do you know whether the nurses that work at the Patrician Nursing Home are employees of the Patrician Nursing Home?
A. I don't know that.
Q. Do you have any knowledge that they're employed in some capacity by some other corporation?
MR. RIEMENSCHNEIDER: Objection.

A. I don't know that.
Q. You saw her on August lst, correct?
A. Yes.
Q. And that's less than the 48 to 72 hour period, correct?
A. Yes.
Q. Why did you see her in less than the 48 to 72 hour period?
A. Because my schedule accommodated it.
Q. Well, was there any particular clinical reason that you needed to see her?
A. No.
Q. It's just that your schedule permitted you to see her?
A. That's right.
Q. There was no change in her clinical course from the time that she had been transferred from Metro until the time that you saw her on August lst?
A. Not having seen her prior to August lst, I can only speak to what was seen on August 1st.
Q. But you also had the goldenrod form, and you had the documents from Metro that we talked about, correct?
A. Yes.
Q. So you knew what her condition was at the time of

discharge from Metro, correct?
A. Based on those forms, yes.
Q. And when you saw her on August lst, was her clinical condition the same as documented upon discharge from Metro, or had there been any change in her condition?
A. Neither the goldenrod nor the discharge summary say what her disposition was upon discharge.
Q. So are you telling me that you can't tell me whether her clinical course had changed between the time of discharge and when you saw her?
A. Yes.
Q. When you saw her, it was at 8:30 -- excuse me, when you saw her, it was on the morning of August lst, is that correct?
A. Yes.
Q. That morning, there was an entry by the nurses of her bowel sounds being hypoactive in all four quadrants.

Do you recall that from the nurse's notes?
A. I'd have to look.
Q. If you would, please.
A. It appears that, according to the nurse's notes, on August 1st there is an entry from a nurse that says, bowel sounds hypoactive in all four

quadrants. Subsequently, on August lst, there's a nurse's note recording normal bowel sounds.

Q. What time is the note of normal bowel sounds?

A. 8:30.

Q. Your office was called at apparently 8:30 that morning?

A. According to the nurse's notes, yes.

Q. And then again your office was called at 9:30, correct?

A. According to the nurse's notes, yes.

Q. And according to the nurse's notes, your office or perhaps you, and I'll ask you which it is in a moment, was advised of the fact that Mrs. Lynch's color was pale. Apparently you were given a report relative to her complaints and the assessments made by the nurses.

And there's a note indicating that, doctor instructed nurse to transfer to hospital. Do you see that note?

MS. HENRY: I'm going to object.

Can I hear that whole question back?

(Thereupon, the record was read).

MS. HENRY: You're talking about the 9:30 note?

MR. MISHKIND: Yes.
MS. HENRY: Where it says, condition report given to doctor.
MR. MISHKIND: Uh-huh.
MS. HENRY: Does it say specifically what condition report was given to doctor?
MR. MISHKIND: It says condition report given to doctor. That wasn't my question.
MS. HENRY: You said assessments were made, and she was told bla bla bla bla. I'm asking where it says in there she was told that.
MR. MISHKIND: Condition report given to doctor. It's in the 9:30 note.
MS. HENRY: But it doesn't say what the condition report was that was given.
MR. MISHKIND: It says condition report given to the doctor.
MS. HENRY: Yeah.
MR. MISHKIND: So I'm assuming whoever it was, this nurse gave

some condition report to her.

BY MR. MISHKIND:

Q. My question to Dr. Corrigan is, was this report of her condition given personally to you, or was it conveyed to some office staff person?

A. I don't recall. I can tell you that, if, per the notes, doctor instructed nurse to transfer to hospital, clearly that came from me.

What that condition report was, I do not know.

Q. Can you tell me what or why you instructed the nurse to transfer the patient to the hospital at 9:30?

A. I cannot say.

Q. I take it you don't have an independent recollection of that conversation, correct?

A. No, I do not.

Q. There's a note on July 31st at the Patrician that Mrs. Lynch's buttocks and coccyx was reddened with a small open area on the left side measuring .25 centimeters round by .5 centimeters in depth.

Do you see that?

A. I see that note.

Q. And also an indication of, at times incontinent of bowel during transfers?

A. What I -- oh, yes, I see that sentence.

Q. Do you know what the cause of this open area on the buttocks was?
A. No.
Q. I take it, when you saw her on August lst, you would have examined her?
A. That's right.
Q. And would have seen this open area on the buttocks and coccyx that's referenced from July 31st?
A. I would refer to Dr. Kale's note.
Q. My question was, did you see it?
A. 1 don't recall.
I can attest to what Dr. Kale wrote in a history and physical, which would have been reviewed.
Q. When was this history and physical done?
Is this from the 31st or from August lst?
A. August 1st.
Q. Which doctor is this?
A. Kale, K-A-L-E.
MS. HENRY: K-A-L-E.
We were calling him Kale earlier.
MR. MISHKIND: I thought that was another doctor that came into the picture.
MS. HENRY: No.

BY MR. MISHKIND:

Q. On August 1st, what was the cause of her hypoactive bowel sounds?

A. I can't say she had hypoactive bowel sounds.

Q. The nurses noted hypoactive bowel sounds, correct?

A. A nurse noted hypoactive bowel sounds.

Q. Do you have any reason to dispute the ability of the nurses at the Patrician to listen to and detect bowel sounds?

A. Seeing as there were varying nurses reporting varying findings, without examining the patient myself, it would be difficult to know whether or not those bowel sounds were, in fact, hypoactive.

Q. So you're suggesting that the nurse noting hypoactive bowel sounds may have been in error?

MR. RIEMENSCHNEIDER: Objection.

A. Could well have been.

Q. And based upon your assessment, do you have reason to believe that the nurse that noted hypoactive bowel sounds at 5:50 a.m. was in error?

MR. RIEMENSCHNEIDER: Objection.

A. I can only speak to the findings of my particular exam, which would concur with Dr. Kale's.

Q. Would your findings be inconsistent with hypoactive bowel sounds at 5:50 a.m?

A. Could you ask me again, please?
Q. Would your findings and those findings of Dr. Kale be inconsistent with a finding at 5:50 a.m. of hypoactive bowel sounds?
A. Are you asking, could an individual have hypoactive bowel sounds at 5:00 a.m?
Q. And have the findings that you concurred with in terms of Dr. Kale's findings?
A. I cannot speak to the validity of her physical examination.
Q. Okay.
What are the causes or potential causes of hypoactive bowel sounds?
A. Any slowing in gut motility can result in hypoactive bowel sounds.
Q. What was causing slowing in gut motility?
MR. RIEMENSCHNEIDER: What possibly can in any individual?
MR. MISHKIND: Sure
MS. HENRY: Yeah. All the things that you can think of that can cause it that you can tell him about.
A. A patient who is post-surgical.
Q. She wasn't, was she?
A. No.

Q. Okay, what else?
A. Medications.
Q. Was she on any medications that would cause hypoactive bowel sounds?
A. She was on medications that could cause hypoactive bowel sounds.
Q. Which medications could cause hypoactive bowel sounds?
A. Tylenol with codeine.
Q. Any other medications?
A. Elavil.
Q. Any others?
A. Benadryl.
Q. Any others?
A. Not that I'm aware of from the list I see,
Q. What other causes are there for hypoactive bowel sounds other than what you've told me about thus far?
A. Hypoactive bowel sounds is a very nonspecific finding and is suggestive, as I said, of slowing of the gut.
Q. All right, Doctor.
What other causes for slowing of the gut exist other than what you've told me about?
A. Bowel obstruction.

Q. What else?
A. Her inflammatory bowel disease.
Q. What else?
A. Those would be the major --
Q. What about infection?
A. I can't say that that would or would not.
Q. On August 1st, Mrs. Lynch was continuing to expel -- I think the term is scanty amounts of stool.
And my question to you as you're looking for that is, if, in fact, she was continuing to expel stool, what was the cause of that?
A. Are you referring to the nurse's note here (Indicating)?
Q. On August 1st. Let's see here.
(Thereupon, a discussion was had off the record.)
BY MR. MISHKIND:
Q. Yes, I am.
A. And your question, please.
Q. My question was, what was the cause on August 1st of her being incontinent of the bowel?
MR. RIEMENSCHNEIDER: Objection.
A. Possible cause would be the inflammatory bowel disease for which she was admitted.
Q. Were there any other causes, causes in your differential diagnosis, based upon the history that

she came to the hospital with and now the clinical information that had been gathered?

A. Other possible causes of diarrhea include infectious, gastroenteritis.

Q. Any others?

A. Medications.

Q. Anything else?

A. Those would have been the concerns.

Q. On August lst, she had a CBC drawn, correct?

A. Yes.

Q. Whose order was that?

A. Dr. Kale.

Q. On August 1st at 10:00 a.m., it says doctor on floor, evaluation done.

Was that you, or was that Dr. Kale?

A. Both of us had evaluated her, so to whom they are speaking of specifically, I can't say.

Q. Tell me why the transfer was cancelled.

A. The patient was clinically stable.

Q. Whose call was it to cancel the transfer?

A. Mine.

Q. Yours.

Do you have a recollection at all of talking with any of the nurses or gathering any additional information other than what's noted in the record

to cause you to cancel the transfer?
A. I don't recall.
Q. It indicates in the record, daughter aware of the cancellation.
Do you have any recall of having any conversation with the daughter indicating that the transfer order had been rescinded?
A. I don't recall.
Q. At 12 noon, I believe the record indicates that every one to two hours, she was expelling scanty amounts of stool.
Was that of any concern to you given the patient's clinical course to that time?
I'm referring to the 12 noon note.
A. We had requested I's and O's on the patient to monitor her.
Q. Okay.
A. And that suggestion would be that they then were recording.
Q. My question to you, though, was the fact that she was continuing to expel every one to two hours scanty amounts of stool, was that of any concern to you from a clinical perspective?
A. Concern as far as being able to monitor a patient and know her status, yes.

Q. And of what concern does that expelling of stool have to you in terms of assessing her condition?
A. It would be taken in context with her clinical picture and other parameters that were being monitored.
Q. What did you believe on August 1st was the most likely explanation for the patient's condition or complaints and the diarrhea?
MS. HENRY: What complaints, Howard, if you want to delineate?
MR. MISHKIND: Oh, she was complaining of weakness, feeling poor -- this is in the morning on August 1st -- unable to stand for five minutes due to generalized weakness.
All of these things are noted by the nurses and I presume then either brought to your attention or made available to you from the records with the diarrhea and her clinical course and her complaints.
BY MR. MISHKIND:
Q. What was your opinion as to the most likely cause for the patient's clinical picture at that time?
A. When she was assessed on the 1st, there was a

concern that she may well have a gastritis, and her medications were adjusted appropriately based on that.

Likewise, she was being treated actively from the hospital for inflammatory bowel disease, which was felt to be a possible reason for her diarrhea.

Q. Her condition could also be explained potentially as a consequence of an infectious process, correct?

MR. RIEMENSCHNEIDER: Objection.

MS. HENRY: Objection.

Based on what you know.

A. In the differential diagnosis, infection is a possibility.

Q. In fact, that's one of the reasons why CBC was ordered, including WBC and checking the differential, as well, correct?

You wanted to determine whether or not the patient had an infection?

A. I wanted to determine what the patient's base line was at the nursing home having had a report that she had emesis and a history of anemia from the hospitalization.

Q. And you also wanted to determine, because you had

lab results from the hospital, you wanted to determine whether or not the patient had an infection, correct?

A. The laboratory results that I had from the hospital included a hemoglobin and hematocrit. And I was informed of emesis that was pink, questionably guaiac positive, and I wanted to insure that there was no change in her hemoglobin hematocrit.

Q. Well, that's not the only thing that you wanted to make certain of? You're looking at the entire patient in terms of causes for her clinical condition, correct?

MS. HENRY: Howard, she's already told you why she ordered it.

MR. MISHKIND: I'm asking another question.

Go ahead, Doctor.

MS. HENRY: No, you're not. You're trying to get her to say she's concerned about infection, which she has not said.

BY MR. MISHKIND:

Q. Go ahead, Doctor, the purpose was what?

A. To have a base line laboratory testing for which she had complaints of emesis and questionable drop

and a history of anemia.
Q. You also had a WBC from Metro, and you knew what the WBC had been prior to her discharge from Metro, correct?
A. No.
Q. You didn't?
A. No.
Q. Do you know now that she had had a WBC at Metro?
MS. HENRY: Wait a minute. Just a minute.
(Thereupon, a discussion was had off the record.)
MS. HENRY: Howard, wait a minute. We have an issue here of attorney-client privilege and what information she may or may not have got from me.
You were advised by her that she has not reviewed any of the records from what occurred prior to the discharge other than what is in the discharge summary as well as the goldenrod transfer. So that information is not in there.
MR. MISHKIND: Okay. Are you done?
MS. HENRY: I'm done,

but I'm telling you that she is not going to answer any questions to anything she may have learned from me.

MR. MISHKIND: Okay.

MS. HENRY: She's told you she didn't know when she saw her there was a WBC done at Metro.

MR. MISHKIND: Well, other than what you've just said, I'm not sure we've ever established that there was a WBC done at Metro.

MS. HENRY: Well, you just informed her there was.

Were you aware of the WBC done at Metro?

MR. MISHKIND: Okay.

BY MR. MISHKIND:

Q. How does one go about ruling out or confirming the existence of an infection?

MR. RIEMENSCHNEIDER: Objection.

MS. HENRY: That's too vague, Howard.

Q. What laboratory testing is done to rule out or confirm the existence of an infection, Doctor?

MS. HENRY: Objection.

Go ahead.

A. An infection is basically determined by a clinical picture and laboratory evidence.

Q. Doctor, once one decides to do laboratory testing, what part of the laboratory test is helpful to a physician such as yourself in determining whether or not the patient has an infection?

What do you look at?

A. Many things.

Q. Okay. Tell me what those things are, Doctor.

A. You could look at a blood count.

Q. Okay, what else?

A. You could look at a urinalysis.

Q. Okay, what else in the blood?

A. A blood count, meaning a CBC with a differential.

Q. What about white blood count, is that at all helpful in terms of determining whether or not an infection --

A. A CBC with a differential includes a white count.

Q. Okay.

What's normal ranges for a WBC?

A. Varies from lab to lab.

Q. What is it at Metro?

A. I would have to look at a laboratory form to tell you specifically.

Q. If I told you that Metro's lab normal is 4.8 to 10.8, would you have any reason to dispute that as the normal ranges?

MR. RIEMENSCHNEIDER: Objection.

A. Without seeing the laboratory parameters that's used at Metro, I'd have no reason to dispute that you had recorded correctly.

Q. In any event, Doctor, from whatever source or whatever information you had, you're telling me that the information that was sent over from Metro did not provide you with any information as to whether she had had a white blood count with a differential or not prior to her discharge, correct?

A. According to the goldenrod and the discharge summary, what was listed was a hemoglobin and a hematocrit.

Q. And as to whether she had had a WBC or not, you're telling me that, based upon what Metro sent over to the nursing home, you would have had no way of knowing it from the written documentation, is that correct?

A. That is correct.

Q. Now, on August lst, there's an indication, and I want to find out whose indication this is, that the

labs that were to be drawn, if they were abnormal, there was supposed to be a call to the on call doctor.

If the labs were within normal limits, then a call was to be made to the doctor in the morning, the next morning, presumably, with the results.

Was that your order, or was that Dr. Kale's order?

A. I don't recall specifically.

Q. Could you take a look at the 12 noon note and perhaps -- or even the orders, and tell me --

MS. HENRY: Howard, where is that order?

MR. MISHKIND: Well, I'm looking at the nurse's note in terms of what the nurse indicates the doctor stated. I'm not sure it's in the actual note itself.

A. Doctor's order reads, please check CBC, chem 7, and TSH today. According to the nurse's note --

MS. HENRY: The time, Howard, just for the record?

MR. MISHKIND: Twelve noon.

A. According to what I read, it says, Dr. Kale called

in, reporting lab still pending. Doctor stated, if labs abnormal, call on call doctor. If labs within normal limits, call doctor in the a.m.

Q. So your read of that would suggest it was Dr. Kale that gave those orders, correct?

A. One would infer from the nurse's note that that's what happened.

Q. Since Dr. Kale was the resident working under your supervision --

MS. HENRY: He's a fellow.

MR. RIEMENSCHNEIDER: Fellow.

BY MR. MISHKIND:

Q. He's a fellow.

He was working under your supervision, correct?

A. That's right.

Q. Was that an appropriate instruction to give to the nurse relative to the results of the CBC and chem 7?

A. Yes.

Q. And with those instructions having been given, would it then have been the responsibility of the nurse to follow the instructions of Dr. Kale?

A. Yes.

Q. According to the information, when were either you or Dr. Kale notified of the results from the CBC and chem 7?
A. I don't know.
Q. If the records suggest that the report on the results was given to you on August 2nd, 1996, at 7:30 a.m., would that be inconsistent, based upon the results of the labs, with what Dr. Kale had instructed the nurse to do?
MS. HENRY: Well, let's look at the results of the lab.
MR. MISHKIND: Sure.
A. It appears here that the labs were collected on the first. And I believe that's 3:05 p.m., is that correct, 15:05?
Q. Yes.
A. Reported, and to whom they're reported, I cannot say whether that be the laboratory or the nursing home, is 20:33. And I cannot read what the stamp says below.
MS. HENRY: Do you have a better copy? That looks like 8-2 at 9:30.
Is that what we all think?
MR. RIEMENSCHNEIDER: That's

what it looks like.

MR. MISHKIND: You read it 9:30 on the next day.

BY MR. MISHKIND:

Q. The WBC that was drawn at 3:05 was 17.4, correct?

A. Yes.

Q. And that's abnormal, correct?

MR. RIEMENSCHNEIDER: Objection.

A. Yes.

Q. The normal ranges are referenced on that document, correct?

A. Yes.

Q. And the 4.8 to 10.8 that I referenced before is, in fact, from that document, correct?

A. That is the reference range that's given for normal.

Q. And the 24 percent bands, that's abnormal?

A. Yes.

Q. The normal range is 0 to 8 percent, correct?

A. Yes.

Q. Do you have any explanation for why those results were not called to either you or Dr. Kale until the following morning?

MS. HENRY: Just answer -- do you have an explanation why the

nurses didn't call you?

A. No, I do not.

Q. Would you agree that calling the following morning would be inconsistent with the instruction that Dr. Kale had given, that if the labs are abnormal, to call the on call doctor?

A. Yes.

Q. Would you agree that those lab results should have been called to the on call doctor on August 1st, 1996?

A. Yes.

Q. The sodium was also -- the sodium was 131?

A. Yes.

Q. And that's, according to the range of that lab, that's abnormal, as well, correct?

A. According to the range referenced, yes.

Q. And the chloride was 92?

A. Yes.

Q. And that's abnormal according to the range referenced, correct?

A. Yes.

Q. The normal is 98 to 112, correct?

A. Yes.

Q. And the sodium normal range is 135 to 148?

A. Yes.

Q. Platelets also were elevated?
A. Yes.
Q. According to the records, were you the one that received the results, or, in fact, was it Dr. Kale that ultimately got this report?
A. I don't know.
Q. In the differential at that time, based upon the results, should infection have been under consideration?
A. Based on the laboratory results -- let me rephrase that.
Q. Sure.
A. Infection is one consideration for an elevated white count.
Q. Infection obviously with an elevated white count and 24 percent bands, the differential, those are consistent with an infection, correct?
A. Infection is one consideration for an elevated white count.
Q. Did you and Dr. Kale consider that Mrs. Lynch had an active infection based upon the clinical course as well as the laboratory results that were obtained on August lst, but made known to you or Dr. Kale the morning of August 2nd?
A. Please just state the question for me again.

(Thereupon, the record was read.)

A. Infection was a possibility for the laboratory tests that we were made aware of.

Q. Did you take any action, based upon the lab results, to treat an infection?

A. There was no obvious source of infection to necessitate instituting treatment based on her laboratory tests.

Q. No obvious source.

Had the area of redness that we talked about on the coccyx and the buttocks, had that cleared?

A. Having not seen the patient on August 2nd, I can only speak to that which would be recorded by others.

Q. Would continued oozing of stool as well as the need to apply Carrington barrier cream to the rectal area and the need to apply a rectal pouch, would that be consistent with a clinical course that would correlate with the laboratory findings?

MS. HENRY: Can I hear that question again?

BY MR. MISHKIND:

Q. Before you read it back, do you understand the question?

A. You've asked a lot of things in one question.
Q. Fine.
You indicated to me that there was no source of infection.
Is that what you said?
MS. HENRY: She said there's no obvious source of infection to institute treatment.
BY MR. MISHKIND:
Q. No obvious source of infection.
Did you consider the perirectal area as a source of the infection?
MS. HENRY: Howard, she didn't say she had an infection. She said it's one consideration.
MR. MISHKIND: She said it's possible. I understand that. I understand that.
Q. And my question is, did you consider the perirectal area and the symptoms, including the continual oozing and the clinical findings that existed in the perirectal area, as a possible explanation for a possible infection?
MS. HENRY: Objection.
A. The patient had stooling. The patient had a

diagnosis of inflammatory bowel disease for which she was being treated, and she had laboratory testing consistent with that inflammatory bowel disease.

Infection is a possibility which was investigated through laboratory testing.

Q. And certainly not ruled out, correct?

A. Not ruled out.

Q. So that the laboratory results on the CBC, including the WBC and the differential, those findings were consistent with an infection, but not necessarily diagnostic of an infection, correct?

A. Those laboratory findings were consistent with inflammatory bowel disease. Those laboratory findings could be consistent with other etiologies, as well.

Q. And just so that I can get an answer to the question, those laboratory findings, you would agree with me, Dr. Corrigan, would also be consistent with an infection, as well, correct?

A. Could one see those laboratory findings with an infection? Yes.

Q. You did not treat her, based upon the laboratory findings and her clinical course, as if she had an

infection on August 2nd, correct?
A. That's right.
Q. What was causing, in your opinion, the low sodium and chloride levels?
A. The low sodium and low chloride values in this particular instance, once again, would need to be taken in context with the rest of her clinical picture.
Q. What was your opinion, taking everything into context, as to the cause for the low sodium and low chloride in this case?
A. This was base line laboratory testing which was then to be followed up with subsequent laboratory testing, and in and of itself were not concerning lab tests.
Q. Did you have, in your mind, any type of a differential diagnosis or explanation for the low sodium or low chloride, even though, as you've just stated, they were base line levels?
A. A low sodium definitely has its own differential. This degree of the sodium being low, as an isolated laboratory test, is something that would be monitored and followed up.
Q. What is the differential for a low sodium?
A. A low sodium needs to be taken in context of the

patient's volume status and in and of itself is difficult to give you truthfully a response as to why.

Q. Doctor, the only reason I said that is a moment ago, if you heard what you said, you indicated the low sodium has a differential. And I'm asking you what that differential is for a low sodium.

A. You would like a list of differentials for a low sodium?

Q. You indicated that a low sodium has a differential. And I want to know what's in your mind as to the differential for a low sodium, yes.

A. The causes of hyponatremia can be fictitious due to hyperglycemia, due to elevated protein, due to lab error. It can be related to water intoxication. It can be related to SIADH. It can be related to medications. It can be seen with pain. It can be seen with a salt-losing or salt-wasting nephropathy. It can be seen with renal failure. It can be seen with congestive heart failure. It can be seen with cirrhosis. It can be seen with nephrosis. It can be seen with hypothyroidism.

Q. Anything else?

A. Offhand, no.

Q. What about the chloride levels?

A. I would take that in context with the sodium.
Q. Same differential would exist?
A. I can't tell you specifically that there are others or not, to be honest.
Q. What steps, if any, did you take to correct the low sodium and chloride levels?
A. Once again, one would need to know the patient's volume status and more than correcting would be monitoring at this stage of seeing a sodium of 131.
Q. Let me rephrase the question, then.
Did you take any steps at that time to correct the sodium and chloride levels?
A. The patient was monitored and assessed, and follow up laboratory chemistries were ordered.
Q. When were they ordered for?
A. In this patient, they would have been ordered on the fourth of August.
Q. So the results from the first, which were made known to you the morning of the second, didn't on the second prompt you to order follow-up until two days later?
A. And, in fact, did not prompt me to write follow-up orders for a chem 7.
Q. Okay.

But you indicated a moment ago that that's a base line and that you wanted a follow-up of the sodium and the chloride levels, correct?

A. Follow-up would have been based on the patient's clinical condition.

Q. Can we agree that the sodium and chloride levels on August 1st were not altered by any way of intervention in terms of any medication prior to the repeat sodium and chloride levels on August 4th?

A. Are you asking whether or not her medications -- tell me, please, again, I'm sorry.

Q. Sure.

We can agree that the sodium and chloride levels were below the normal ranges on August lst, correct?

A. According to the parameters set, yes.

Q. And we can certainly agree, also, that nothing was done to normalize the sodium and chloride levels based upon that first set of labs, correct?

A. That is correct.

Q. And no action was taken in terms of treating the WBC and the -- the WBC of 17.4?

There wasn't any pharmacological intervention or any medications provided at that time to try to

lower or normalize the WBC, correct?
A. The patient was being treated for inflammatory bowel disease with the Rowasa enemas, which were continued.
Q. And aside from the Rowasa suppositories, was there any other treatment being provided to try to normalize the WBC?
A. The patient was being monitored for a trend and what could be, based on the WBC. But there was no other indication for further treatment to be instituted at that time.
Q. But you didn't order repeat CBC until August 4th, correct?
A. No. A CBC --
MR. RIEMENSCHNEIDER: I don't think she's the one that ordered it, just to be clear.
BY MR. MISHKIND:
Q. Well, a repeat CBC wasn't ordered until August 4th, correct?
MR. RIEMENSCHNEIDER: I don't even think that's right.
MR. MISHKIND: Well, she'll correct me.
A. A repeat CBC was ordered on August 5th -- let me

correct that.

A repeat CBC was ordered on August 2nd to be drawn on August 5th for follow up as well as an order for a CBC to be obtained if the patient spiked a temperature, including blood cultures.

Q. It's not unusual in an elderly patient that has an infection to have a normal temperature, is it?

A. It's not unusual.

Q. And especially when a patient is on Tylenol for pain, it's not unusual to be afebrile, yet still have infection?

A. That's true.

Q. What was the rationale for waiting three or -- I'm corrected now -- four days to repeat the CBC given the elevated WBC on August lst?

A. The patient's clinical condition was felt to be stable. And the desire to repeat on August 5th was based on monitoring a trend and the patient's condition, that that order was given.

Q. What was this trend in the patient's condition that caused the repeat CBC to be done on the 5th and, in fact, to be done on a stat basis, apparently?

MS. HENRY: Wait. Let me hear that question back.

(Thereupon, the record was read).

MS. HENRY: Wait a minute. Wait, wait, wait, wait. Where do you see that there is this order for a stat CBC on 8-2?

MR. MISHKIND: I didn't say 8-2. I said 8-5.

MS. HENRY: Well, your question started out as to why on 8-2 there was an order for a CBC on 8-5 in conjunction with her testimony about a trend.

MR. MISHKIND: No, it wasn't.

MS. HENRY: Yes, it was.

MR. MISHKIND: I'11 withdraw the question, and I'll go onto a different question, because I'm not going to argue with you.

BY MR. MISHKIND:

Q. You talked about a course in her clinical condition.

What was this course in her clinical condition that you were monitoring?

A. What I was speaking of is a trend in any patient's condition as to how they're doing at one moment in time relative to the next.

Q. I'm not talking about any other patient other than --

A. And that is specifically what I'm saying in regards to this patient.

Q. Well, tell me the specifics.

What was the course in her clinical condition that you were monitoring between the 1st or the 2nd when you got the results and August 5th when the CBC was repeated?

A. The patient's vital signs were monitored. The orthostatics of the patient were monitored, and the patient's clinical condition was monitored.

Q. And was there any change in the patient's clinical condition during that period of time?

A. The patient's clinical condition was assessed on the 1st. Orders were written on the 2nd. And that which happened on the 3rd or the 4th would have been the domain of those physicians on call having received input from the nursing home.

Q. Well, Doctor, I'm not sure what you just said to me.

You're the attending, right?

A. I'm the attending of record, yes.
Q. You're responsible for the care of this patient, correct?
A. I am responsible for the care of the patient in conjunction with those colleagues with whom I also take call.
Q. Was there a change, based upon the colleagues' entries and your involvement in this case, between the 2nd and the 5th, a change in her clinical course?
A. I can only speak to what's written in the nurse's notes having not been the individual with whom the nursing home spoke.
Q. Okay.
Who did the nursing home speak to?
MR. RIEMENSCHNEIDER: Objection.
MS. HENRY: Do you know for sure who the nursing home spoke with?
MR. MISHKIND: She's looking at the records. Let her have a chance to look.
MS. HENRY: Well, I do not want you to speculate.
Do you know from the records who they

spoke with?

THE WITNESS: I do not know. I do not know.

MS. HENRY: Okay.

BY MR. MISHKIND:

Q. Do you know the level of pain that Mrs. Lynch was registering on the 2nd and the 3rd?

A. I do not know the level of pain she was having.

Q. Patient complained on August 4th in the morning of extreme pain to the buttocks and indicated that the Tylenol was not helping. And the nurse's note indicates that her buttocks was red, and she was continuing to run often with very thin, watery, and black stools.

Do you know, Doctor, or do you have an opinion as to what was causing the patient to have the extreme pain, the continued reddened buttocks area, and to continue to have the stools?

MS. HENRY: Read that first, please.

MR. MISHKIND: Which page are you handing her?

MS. HENRY: The note that you were just looking at. I wanted her to see the whole note.

A. According to the nurse's note on August 4th, it says, complains of extreme pain to buttocks. States that Tylenol is not helping. Buttocks is red. No open areas, and the Carrington barrier and dermagram applied.

And your question in that regard?

Q. It's been so long, I can't even remember what the question was.

(Thereupon, the record was read.)

MR. RIEMENSCHNEIDER: Objection.

A. From the information that I see here, no, no, I don't have an opinion as to why she was having the extreme pain.

Q. Who was the primary care giver on the 3rd and the 4th of August?

A. It would be the on call physician.

Q. And you've already indicated who the on call physician was based upon the records?

A. Yes.

Q. Okay.

MS. HENRY: And not knowing whether or not they were changed or not, or not knowing specifically who would have been called.

MR. MISHKIND: Okay, well,

we're going to eventually determine that, aren't we?

MS. HENRY: Hey, I don't know.

BY MR. MISHKIND:

Q. There's reference to hematoma-like areas around the rectum.

Do you recall ever seeing such findings?

A. No.

Q. What are Rowasa enemas?

A. It's a treatment given for inflammatory bowel disease.

Q. In the face of continual diarrhea, are Rowasa enemas likely to be effective?

A. I don't know the answer to that.

Q. On August 4th, labs that were drawn at 2:00 p.m. indicate her sodium level of 116.

MS. HENRY: Let me get to that, Howard, okay?

MR. MISHKIND: Sure.

MS. HENRY: Okay, we have the labs in front of us.

BY MR. MISHKIND:

Q. Do you see the sodium of 116?

A. I see the sodium of 116.

Q. That's abnormal, correct?
A. Yes.
Q. Can we take that in context with the sodium that you had as a base line?
A. Yes.
Q. And of what significance, if any, is that sodium as of August 4th?
A. Presuming it's not in lab error, there was a significant change in the patient's sodium.
Q. What does that indicate, or what possible explanations for the significant change in her sodium are there?
A. All of the reasons I gave you for the causes of hyponatremia.
Q. In this particular case, was there a more likely diagnosis or explanation for her sodium levels on the 4th?
A. As I stated previously, hyponatremia, or a low sodium, in and of itself, would need to be taken in context with other evaluations.
Q. And I'm saying, taking into context, Dr. Corrigan, with other evaluations that were being done, was there, according to the compilation of information at the Patrician in the records, or what you recall, was there any attempt to determine what was

the most likely cause for her sodium levels?

MS. HENRY: At what time, Howard?

MR. MISHKIND: As of the time that the sodium levels were available.

MS. HENRY: Well, have we established that?

MR. MISHKIND: Well, do you know when --

MS. HENRY: Because I think it's probably important.

MR. MISHKIND: Well, they were drawn at 2:00 p.m. And apparently at 5:45 the results were known to the nurses. Now, I don't know what time the nurses communicated it to the doctors.

BY MR. MISHKIND:

Q. But to the extent that it was known and available -- and I'm not going to -- unless you can tell me when it was communicated, I'm just saying to you, based upon the clinical course of the patient, as of August 4th, with the change in her sodium level, what's the most likely explanation for her significant change in sodium levels?

A. Based on a sodium alone, one cannot say what the

cause of the change was.
Q. Taken into account with all of the lab results and her entire clinical course, what was the most likely explanation for the patient's condition at that time?
A. I don't have enough information to tell you why there would be a change in the sodium to that degree.
Q. Tell me why.
A. This particular laboratory test would prompt further evaluation.
Q. What further evaluation and when?
A. This would prompt further evaluation upon knowing the result.
Q. Would your differential have changed as of the time that the second sodium was available?
A. Would the differential of hyponatremia change?
Q. The causes of.
A. Which is the differential of hyponatremia.
Q. In terms of elevating anyone or more causes for --
A. In and of itself, hyponatremia needs to be assessed with further evaluation.
Q. Okay.

On August 5th, did you see Mrs. Lynch?

A. **No.**

Q. Who was the one that caused her to be transferred back to Metro?
A. There would have been discussion between Dr. Kale and myself.
Q. Is your discussion with Dr. Kale documented in the records?
A. What's documented in the nursing records is at 1:30, Dr. Kale requests resident to be sent to Metro.
Q. My question to you was, your discussion which you said that would have taken place between you and Dr. Kale, is your discussion with him documented anywhere in the record?
A. Not that I'm aware of. I have not seen anything.
Are you referring to something in particular?
Q. No.
Doctor, you said that Dr. Kale would have consulted with you. I'm asking you whether that consultation that you referenced is documented anywhere in the records.
A. I do not know of any progress notes or otherwise other than the nursing notes to suggest that there was communication between he and I.
Q. You don't have any independent recollection of such consultation, do you?

A. Dr. Kale would need to discuss with me a transfer of the patient from the nursing home.
Q. Do you have any independent recollection of having such a discussion with him on August 5? That's my question to you, Doctor.
MS. HENRY: Howard, she's told you that the transfer couldn't be done without her telling him that.
MR. MISHKIMD: That wasn't my question. I asked her, does she have an independent recollection of having such a discussion?
A. Do I remember the specific discussion? No, I do not.
Q. Okay.
A. Would a discussion have been had? Yes.
Q. That's the requirement at Metro, to have such a discussion, correct?
A. Yes.
Q. As of August 5th, did you have an opinion as to what caused the deterioration in Mrs. Lynch's condition?
MS. HENRY: Objection.
A. As of August 5th, I had repeat laboratory testing which was abnormal to suggest the need for further

evaluation as to the cause of those changes.

Q. Did you have an opinion as of August 5th as to the cause of Mrs. Lynch's deterioration in her condition?

MS. HENRY: Well, objection.

MR. MISHKIND: She hasn't answered the question.

BY MR. MISHKIND:

Q. I'm asking you, did you have an opinion?

MS. HENRY: Well, you have to ask her first whether she considers it a deterioration. I mean, that's your term.

Q. Her condition was deteriorating as of August 5th, was it not?

A. There was a change in condition as reflected by change in laboratory testing that would necessitate further evaluation.

Q. Was a change in her condition an improvement in her condition, or was a change in her condition in terms of the laboratory results suggesting that her condition was getting worse?

A. The laboratory results suggested that the patient had a change in condition which necessitated

further evaluation and clearly was not an improvement.

Q. Was it a worsening of her condition?

A. Without having seen the patient, I don't know whether it was a worsening. But clearly the laboratory tests indicate that further evaluation needed to be had.

Q. I hear you, Doctor.

A. In a timely fashion.

Q. Okay, I hear you.

I may be mispronouncing it, but what is an ischiorectal fistula?

A. A fistula is a communication between those two areas that you described.

Q. Okay, and what area are we talking about when we're talking about an ischiorectal fistula?

A. Based on what you're saying, the rectum and the ischio.

Q. And do you have an opinion as to what caused the ischiorectal fistula in Mrs. Lynch?

A. What I have is based on the discharge summary from the hospital stating that a CAT scan revealed a fistula connecting the rectum and the ischiorectal fat.

And the patient was subsequently discharged

with treatment for inflammatory bowel disease based on the gastroenterologist's involvement during her hospital stay.

Q. Do you have an opinion as to what caused the ischiorectal abscess?

A. No.

Q. Was there a relationship, in your opinion, between the ischiorectal fistula and the ischiorectal abscess?

A. Number one, I'm not aware of an ischiorectal abscess. And the connection between the two, I cannot say.

Q. Based upon the fact that you did not review any of the records and were not involved in her treatment other than seeing her that one time at Metro, I take it you have no opinion as to the cause of Mrs. Lynch's death?

A. I do not.

Q. Nor do you have an opinion as to the need for the operative procedures that were performed on the patient at Metro?

A. I have no opinion.

Q. And you don't intend to offer any opinions at the trial relative to the cause of death, do you?

A. No.

Q. Do you have any recollection of having any discussion with Christine Kocsis, the daughter, at any time between the death of her mom and now?
A. No, I do not.
Q. Has anyone ever expressed to you, any of the physicians that were involved in the care of Mrs. Lynch, as to the cause of her death?
A. No, they have not.
Q. Do you have any recollection, Doctor, of informally seeing Mrs. Lynch in passing walking the halls at Metro after that August 5th note?
A. No.

MS. HENRY: Who was walking the halls?

MR. MISHKIND: In her travels at Metro.

MS. HENRY: Was Mrs. Lynch walking the halls?

MR. MISHKIND: You know I'm talking about Dr. Corrigan. I doubt very much she was walking.

MS. HENRY: It wasn't clear what your question was. I want to be clear.

MR. MISHKIND: It was

sort of a slang question at 25 after six probably within minutes of finishing. But I'll be more artful if you'd like.

MS. HENRY: No. She said she didn't have any contact with anybody.

MR. MISHKIND: Right.

BY MR. MISHKIND:

Q. And I'm just asking if you have any recollection of seeing, not necessarily communication with the patient, but seeing Mrs. Lynch at any time after you made that note and prior to her demise.

A. No.

MR. MISHKIND: Doctor, I have no further questions for you.

MR. RIEMENSCHNEIDER: I'm not going to have any follow-up.

MR. MISHKIND: Do you want her to read the deposition?

MS. HENRY: I think she would feel comfortable reading it.

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Mary V. Corrigan, M.D. date

(DEPOSITION CONCLUDED)

STATE OF OHIO,)
COUNTY OF CUYAHOGA.) SS:

CERTIFICATE

I, MICHELLE R. HORDINSKI, a Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, MARY V. CORRIGAN, M.D., was by me first duly sworn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by her was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by her as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

I do further certify that I am not a relative, employee or attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 22nd day of September, 1998.

Michelle Hordinski

Michelle R. Hordinski, RPR and Notary Public
in and for the State of Ohio
My Commission expires January 25, 2001.