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THE STATE of OHIO,
COUNTY of STARK.

: SS:

IN THE COURT OF COMMON PLEAS

STEPHAN GERMANOFF, administrator :
of the ESTATE of
CONNIE SUE GERMANOFF,
plaintiff,

vs.

Case No.
: 2000 CV 01475

AULTMAN HOSPITAL, et al.,
defendants.

Deposition of STACEY HOLLAWAY, M.D.,
a defendant herein, called by the plaintiffs for
the purpose of cross-examination pursuant to the
Ohio Rules of Civil Procedure, taken before Frank
P. Versagi, RPR, CLVS, Notary Public within and for
the State of Ohio, taken at the offices of Reminger
& Reminger, 80 S. Summit, Akron, Ohio, on
WEDNESDAY, NOVEMBER 8, 2000, commencing at
3:33 p.m., pursuant to notice.

ORIGINAL

APPEARANCES:

ON BEHALF OF THE PLAINTIFFS:

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1 APPEARANCES: (continued)

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3 and COMMONWEALTH COMPREHENSIVE CARE:

4
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11
12 ON BEHALF OF THE DEFENDANTS CARDIOLOGY ASSOCIATES
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15 Juliana S. Moore, Esq.

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18 Akron, Ohio 44308

19 330-376-2700

20 -----

21 Also present:

22 Mark N. Rose, M.D., J.D.,

23 Aultman Health Foundation;

24 Amy Coradel, law clerk.

25 -----

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I N D E X

WITNESS: STACEY HOLLAWAY, M.D.

PAGE

Cross-examination by Mrs. Matthews 5

NO EXHIBITS MARKED

(FOR COMPLETE INDEX, SEE APPENDIX)

(IF ASCII DISK ORDERED, SEE BACK COVER)

1 STACEY HOLLAWAY, M.D.

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

7 -----

8 MRS. MATTHEWS: Doctor, as we
9 were just introduced before the deposition started,
10 my name is Laurel Matthews. I represent the
11 plaintiffs in this case, all right?

12 THE WITNESS: Okay.

13 -----

14 CROSS-EXAMINATION

15 BY MRS. MATTHEWS:

16 Q. Have you had your deposition taken before?

17 A. Yes, I have.

18 Q. So you know I just have a series of
19 questions.

20 A. Um-hum.

21 Q. If you don't understand one of my questions,
22 please let me know, I'll try to rephrase it,
23 all right?

24 A. Okay.

25 Q. You just have to respond verbally instead of

1 nodding or saying uh-uh because Frank can't take
2 down a head nod, okay?

3 A. Okay.

4 Q. Before we started I asked if you had your
5 file with you and you were kind enough to let me go
6 through your file; is this Connie Germanoff's
7 complete file?

8 A. Yes.

9 Q. Nothing has been removed from it before
10 today's deposition?

11 A. No.

12 Q. Can you explain to me, Doctor, how it is that
13 office notes are placed into the file?

14 A. When a patient comes in we usually dictate
15 our patient files and the young lady who
16 reschedules them for the next appointment pulls the
17 paper out, it goes to the transcriptionist, they
18 write it up. If someone has a telephone message,
19 it gets recorded on a pink note, it comes back to
20 us to review, and then gets put on the file.

21 Q. I was just a little confused by what you said
22 about they pull a piece of paper out of the chart.

23 Can you slow down and explain that
24 again, please?

25 A. If you came to see me, what they will do,

1 they would pull the most current piece of paper and
2 they send it to the transcriptionist, if that piece
3 of paper is full, they put a -- send a blank piece
4 of paper.

5 Q. That way the notes are kept in sequential
6 order?

7 A. Hopefully.

8 Q. I take it then the initials at the end of the
9 note would be dictator and the typist?

10 A. Correct.

11 Q. Is there one person that generally does the
12 transcription?

13 A. No.

14 Q. Who is BJR; do you know?

15 A. That's the transcription person.

16 Q. Do you know what that stands for?

17 A. No.

18 Q. How many of these people are there?

19 A. There are four people that we contract with
20 and they have several people underneath them.

21 Q. Then you mentioned the phone messages are put
22 on pink slips, they're reviewed by the doctor, I
23 take it?

24 A. Correct.

25 Q. Then if the doctor has any action to take,

1 that is noted on the pink slip?

2 A. Correct.

3 Q. Then those are placed in the chart?

4 A. Correct.

5 Q. What happens if you have notes that relate to
6 a nonpatient visit, for instance, if you happen to
7 see the patient in an emergency room?

8 A. If I saw the patient in the emergency, it
9 would be dictated as an emergency visit.

10 Q. Where would that be put?

11 A. In the hospital record.

12 Q. Would anything go into the patient chart?

13 A. You should get a copy of that from the
14 hospital.

15 Q. So what would be in the chart, would that be
16 the copy of the ER dictation, the dictation you
17 made at the hospital?

18 A. Right. That would go under the hospital .
19 part, it occurred at the hospital.

20 Q. There is a separate section then, when you
21 say that that refers to hospitalizations?

22 A. Correct.

23 Q. What if you received a call at home let's say
24 from a patient?

25 A. If I received a call at home, typically that

1 is dictated in and the tape is submitted the
2 following day and dictated on a plain piece of
3 paper, then put in the chart.

4 Q. So they don't go back then and find the
5 previous note?

6 A. No.

7 Q. And add it on?

8 A. No.

9 Q. So under those circumstances you just have a
10 plain sheet of paper with -- an informational note?

11 A. Correct.

12 Q. I understand you recently had a baby; is that
13 true?

14 A. That's correct.

15 Q. On what date did you stop practicing for
16 that, for your delivery?

17 A. Well, I had two days that I wasn't
18 practicing.

19 Q. Do you want to tell me what those were?

20 A. December the 3rd of 1999, I had a miscarriage
21 and was off for a month; and May the 4th, I was off
22 until August the 7th.

23 Q. Is that the year 2000?

24 A. Um-hum.

25 MR. KREMER: Yes?

1 A. Yes.

2 Q. So the last date that you saw Connie
3 Germanoff was what?

4 A. September 16th, I believe.

5 Q. September 16th?

6 A. Or 9th.

7 MR. KREMER: 9th.

8 A. September the 9th.

9 Q. That's the last date you saw her at the
10 office?

11 A. Yes.

12 Q. Is it the last day you communicated with her
13 in any way?

14 MR. RREMER: If you need to
15 refer to the chart.

16 Q. You may have this back, I'm done with it.

17 A. The last date that I communicated with her
18 personally?

19 Q. Yes.

20 A. Was several days after that when I got her
21 stress test results back.

22 Q. You spoke to her personally?

23 A. Yes, on the telephone.

24 Q. Can you tell me what the nature of that
25 conversation was?

1 A. It was regarding her stress test results that
2 were done at Aultman Hospital. The fact that her
3 Cardiolite exercise stress test was negative for
4 any evidence of ischemia or coronary artery
5 disease.

6 Q. Do you have any idea what date that would
7 have been?

8 A. Should be on the stress test part.
9 On the 23rd.

10 Q. Of?

11 A. Of September.

12 Q. 9-23-99?

13 A. 9-23-99. She had the stress test 9-16.

14 Q. You told her at that time the stress test was
15 negative?

16 A. Yes.

17 Q. Did you advise her to do anything further in
18 that phone conversation?

19 A. No.

20 Q. Did you give her some sort of explanation as
21 to what was causing her symptoms?

22 A. From a standpoint of her chest pain?

23 Q. Correct.

24 A. I told her that from a standpoint of the
25 Cardiolite exercise stress test it did not show any

1 significant coronary disease. Certainly the
2 pressure that she was under from her work
3 environment would have been a contributing factor
4 to her chest pain. She was not having chest pain
5 at the time that I talked to her on the 23rd.

6 Q. Did you advise her that she do anything
7 further?

8 A. She should exercise and she should stop
9 smoking, which I advised on several occasions; she
10 should continue taking her medication, and take an
11 aspirin a day.

12 Q. There is a phone message in the chart which
13 appears to be dated 1-29-99 or 11-29-99; do you
14 know which date is correct?

15 A. It's 11-29-99.

16 Q. Did you receive that telephone message?

17 A. Yes, I did.

18 Q. I take it then you were told that the patient
19 had some concerns because she was continuing to
20 have symptoms?

21 A. Her primary concern was her feet swelling.

22 Q. Where is that?

23 A. Right up here.

24

25

1 Q. Okay. It's a continuation, it's all one
2 note?

3 A. Yes.

4 Q. Go ahead, then. I'm sorry. I didn't want to
5 interrupt you.

6 A. Her primary complaint was her feet were
7 swelling, and then as an aside she said she was
8 having some heart palpitations and she was
9 concerned because she was told by somebody that her
10 heart test was abnormal.

11 And I told her her heart test was
12 normal and she wanted an explanation for why they
13 were -- there's a discrepancy.

14 Q. What did you tell her about that?

15 A. I told her that the original reading by the
16 cardiologist who did her exercise test was the
17 Cardiolite showed some EKG changes, showed some
18 evidence of ischemia.

19 Q. Let me back up a little since I didn't
20 realize this was all one note.

21 There is a note that came in
22 11-29-99 for you, correct?

23 A. Correct.

24 Q. I take it you spoke to her personally after
25 receiving this message?

1 A. No, I did not.

2 Q. How did you tell her these things?

3 A. Through my -- one of the people that works in
4 my office.

5 Q. Who would that have been?

6 A. Would have been one of the young ladies.

7 Q. Can you tell me from the handwriting?

8 A. Yes.

9 Q. Okay.

10 A. Comments, NH. Do you see that, there are
11 initials, that's Nina.

12 MR. KREMER: Right after
13 2:25 p.m.

14 Q. That's all cut off on my copy.

15 A. Spoke with patient 2:25 p.m., called in
16 prescription for Lasix.

17 Q. May I look at that again?

18 A. You sure can.

19 Q. That's cut off my copy completely.

20 You called in a prescription for
21 Lasix?

22 A. Correct.

23 Q. Was that for the swollen legs?

24 A. Right.

25 Q. Were both legs swollen?

1 A. No, just the one foot.

2 Q. Why did you decide to give the patient Lasix
3 for a swollen foot?

4 A. A lot of women have dependent peripheral
5 edema, Lasix helps decrease the swelling.

6 Q. Do you generally see dependent peripheral
7 edema in just one foot?

8 A. You can.

9 Q. Is that typical?

10 A. Yes.

11 Q. Did you think that that might represent
12 congestive heart failure?

13 A. No.

14 Q. The combination of chest pain, palpitations
15 with exertion, and dependent edema didn't even
16 bring congestive heart failure to mind?

17 A. No, because it was only one foot.

18 Q. I thought you just said you can see dependent
19 edema in just one foot?

20 A. But with congestive heart failure you see it
21 in both.

22 Q. So you thought this was dependent edema from
23 what?

24 A. Venous stasis problems, venous insufficiency.

25 Q. Did Connie have a history of venous

1 insufficiency?

2 A. Most women do at this age.

3 Q. Did she?

4 A, Not until this time period.

5 Q. Did you think that it would be a good idea to
6 examine the patient who was calling your office
7 complaining of chest pain and palpitations before
8 you prescribed Lasix over the telephone?

9 A. I prescribed Lasix not for the chest pain and
10 heart palpitations. I had prescribed Lasix for the
11 edema.

12 Q. What did you do for the chest pain and heart
13 palpitations?

14 A. We were going at the time to get her up on a
15 Holter monitor, Holter evaluation.

16 Q. Was that done?

17 A. I am not aware if it was done or not.

18 Q. Was it ordered?

19 A. Yes, it was ordered.

20 Q. Where was that noted?

21 A. Since January we have changed our protocol.
22 Prior to this we would not have written down an
23 order or we'll not keep a copy in the chart. Since
24 January we keep copies of all our orders.

25 Q. So are you telling me that you ordered a

1 Holter monitor because she was complaining of chest
2 pain and palpitations?

3 A. Because of heart palpitations.

4 Q. How do you know that you ordered a Holter
5 monitor?

6 A. I asked for it to be done.

7 Q. Can you read that for me?

8 A. Lasix, 20 milligrams, one a day, still having
9 heart palpitations, will need Holter monitor being
10 placed.

11 Q. Where in your record should that have been
12 following your ordering the Holter monitor?

13 A. It wouldn't. It goes to the staff and the
14 staff when they talk with the patient, they set
15 that up, usually depends on which one of the
16 insurance programs that they have and based on
17 their schedule.

18 Q. Was this Holter monitor scheduled?

19 A. My understanding is -- I don't know.

20 Q. Is there any evidence in the medical record
21 that Connie Germanoff ever had a Holter monitor?

22 A. No, there is not.

23 Q. Did you or anyone else tell Connie Germanoff
24 that she needed a Holter monitor?

25 A. Yes.

1 Q. Who told?

2 A. Nina.

3 Q. I'm sorry?

4 A. The young lady whose initials are right
5 there.

6 Q. What is her name?

7 A. Nina.

8 Q. Does she have a last name?

9 A. Hawthorne.

10 Q. Nina Hawthorne I take it has told you that
11 she passed that message to the patient?

12 A. I have not asked her.

13 Q. Then how do you know that she told this to
14 Mrs. Germanoff?

15 A. Because she reported that she had said.

16 Q. She reported that she had said what?

17 A. That she had spoke with the patient and she
18 told her exactly what is written in blue.

19 Q. Read what she reported for me, please?

20 A. Spoke with the patient at 2:25 p.m.

21 Q. Where does it say she told her exactly what
22 was reported in blue?

23 A. Nobody ever records that in our office.

24 Q. Well, you don't know what Nina told Connie
25 Germanoff, do you?

1 A. Only that that's our protocol, she's supposed
2 to say exactly what is recorded.

3 Q. But --

4 A. I don't know, you know. I am not Nina.

5 Q. She never told you that she passed that along
6 to Mrs. Germanoff; am I correct?

7 A. No.

8 Q. No, I am not correct; or no, she never told
9 you?

10 A. No, you are -- no, she never told me if she
11 did or did not.

12 Q. You yourself never had any discussions with
13 Mrs. Germanoff about her complaints of ongoing
14 chest pain and palpitations?

15 A. This was the first time that she had called
16 since I saw her in September.

17 Q. And you yourself never had discussions with
18 her about that prior to her death?

19 A. No.

20 Q. Was Mrs. Germanoff given any kind of
21 follow-up appointment in your office following your
22 call on November 29 of 1999?

23 A. I don't know.

24 Q. Did you schedule her for an appointment to
25 come in?

1 A. No, I did not. She had already had an
2 appointment scheduled with me from her prior visit
3 in September.

4 Q. To come in in two to three months?

5 A. Right.

6 Q. Did you not think these complaints of chest
7 pain and fast palpitations with exertion were
8 significant?

9 A. No, I did not think they were significant.

10 Q. Why is that?

11 A. Because she was under an extremely stressful
12 job, she had had a Cardiolite exercise stress test
13 that was done, she have -- she had three months
14 where she had not called me since her Cardiolite
15 exercise stress test in September.

16 Q. Do you know when she called on November 29 of
17 1999 if she was having chest pain at rest?

18 A. I did not ask that question. It's not
19 written down, so she did not state that she is
20 having a -- chest pain at rest.

21 Q. Do you know if she was having chest pain at
22 rest?

23 A. I do not know.

24 Q. So if in fact she had angina before she may
25 well have progressed to unstable angina and you

1 would not have known?

2 A. She would have said something.

3 Q. Connie Germanoff should have said I have
4 unstable angina, please help me?

5 A. I assume she would call if she was having
6 chest pain between the 11-29 note and the 9-23
7 visits, she would have called.

8 Q. Well, she called on 11-29 of '99 and she said
9 I am still having chest pain with fast
10 palpitations, correct?

11 A. Correct.

12 Q. Apparently nothing was done about it?

13 MR. KREMER: Objection.

14 Q. Was it?

15 A. I would say that's incorrect.

16 Q. Well, she was given Lasix, correct?

17 A. Correct.

18 Q. What was done about it?

19 A. She was to be set up on a Holter monitor.

20 Q. Was that done?

21 A. I do not know.

22 Q. Well, according to the medical records it
23 wasn't done, correct?

24 A. I do not know the -- if it was set up and
25 she -- she didn't show up.

1 Q. Well, do you have any reason to believe that
2 someone scheduled the Holter monitor and that
3 Connie Germanoff didn't show up for?

4 A. That's a possibility.

5 Q. Do you have any evidence of that?

6 A. No, I do not.

7 Q. Was that Miss Germanoff's manner of behaving,
8 that you scheduled tests for her and she didn't
9 show up?

10 A. She has a history of not showing up for
11 certain things.

12 Q. Did she show up for the stress test that was
13 scheduled for her?

14 A. Yes, she -- her husband had a stress test the
15 exact same day, they went together.

16 Q. But she did show up?

17 A. Correct.

18 Q. Have you made any efforts to find out whether
19 or not anyone from your office ordered the Holter
20 monitor?

21 A. No, I have not.

22 Q. Does it concern you that you asked for a
23 Holter monitor be done that was never done?

24 MR. KREMER: Objection.

25 A. I am not sure that it was never done, in a

1 sense of somebody setting it up.

2 Q. Wouldn't you like to know?

3 A. I think it's irrelevant at this time.

4 Q. You said you took off for a month beginning
5 December 3 of 1999, correct?

6 A. Correct.

7 Q. Do you know what date you returned?

8 A. January, I believe, the 6th.

9 Q- Between the December 3rd and January 6th did
10 you hear anything at all from your practice
11 concerning Connie Germanoff?

12 A. Dr. Hummel called me the day that she died.

13 Q. What did Dr. Hummel say?

14 A. Dr. Hummel said she came in, she died of an
15 inferior heart attack.

16 Q. Were you surprised when you heard that?

17 A. Yes, I was.

18 Q. Did Dr. Hummel tell you anything else about
19 what had happened in the month that you were off?

20 A. He told me that they had admitted her
21 December the 16th, and that she was seen by
22 Dr. Lee, the heart specialist.

23 Q. Did he tell you anything about her laboratory
24 evaluation during that admission?

25 A. Only thing he told me she had had a negative

1 stress test when she was in on the 16th.

2 Q. Do you believe, Doctor, that it is
3 appropriate for a family practitioner -- is that
4 your specialty?

5 A. No.

6 Q. What is it, internal medicine?

7 A. And pediatrics.

8 Q. Are you double Boarded?

9 A. Yes.

10 Q. Do you think it's appropriate for an internal
11 medicine specialist to make the diagnosis of the
12 absence of angina based on a Cardiofite stress
13 test?

14 A. Yes.

15 Q. Do you think that it's appropriate to rely on
16 a stress test in ruling out coronary artery disease
17 when the patient continues to have symptoms of
18 chest pain and palpitations?

19 A. The stress test rules out significant
20 coronary artery disease.

21 Q. In what percent of patients?

22 A. You would have to have blockage greater than
23 70 percent for stress tests to be positive.

24 Q. What is the false negative rate in a
25 Cardiolite stress test?

1 A. I have no idea. I don't know offhand.

2 Q. Wouldn't that be important to know before
3 determining that one can rely on it?

4 A. Yes.

5 a. You are aware that there are false negatives
6 with Cardiolite stress tests?

7 A. Yes. There is also false positives.

8 Q. Would you agree that the false negatives are
9 most likely to occur in women?

10 A. According to --

11 MR. KREMER: If you know,
12 Doctor.

13 A. I don't know.

14 MRS. MATTHEWS: Thank you.

15 MR. KREMER: You are
16 welcome.

17 Q. You don't know?

18 A. No.

19 Q. Did you yourself look at the stress test
20 results?

21 A. Yes, I did.

22 Q. Was it your opinion in looking at the stress
23 test results that it was an adequate stress test?

24 MRS. MOORE: Objection.

25 A. **Yes.**

1 Q. Did you do any other workup other than the
2 Cardiolite stress test to determine whether Connie
3 Germanoff's chest pain was due to the coronary
4 artery disease?

5 A. No, I did not.

6 Q. Would you agree she had a number of risk
7 factors that put her at risk for coronary artery
8 disease?

9 A. Yes, I would.

10 Q. Can you tell me what they were?

11 A. Sure. Number one risk was her smoking since
12 the age of 15, anywhere from a half pack to a pack
13 a day, which actually increased over the time
14 period in the Fall when she was under lots of
15 stress from her job; other risk was hypertension,
16 which was well controlled; third risk factor was
17 hyperlipidemia, also well controlled; last was
18 family medical history.

19 Q. What was her family medical history?

20 A. Coronary artery disease in her father.

21 Q. So certainly there was good reason to
22 consider the probability that Connie Germanoff had
23 coronary artery disease?

24 A. That's correct.

25 Q. In fact, when you took her history on 9-9-99

1 you reached the conclusion that it sounds like she
2 had angina pectoris?

3 A. That's correct.

4 Q. Was there anything else in your differential
5 diagnosis on 9-9-99?

6 A. At that time, no, there was not.

7 Q. It is a pretty classic history for angina,
8 isn't it?

9 A. It is.

10 Q. I take it then after hearing Mrs. Germanoff's
11 history this was angina pectoris until proven
12 otherwise?

13 A. Correct.

14 Q. Wouldn't you agree the only way you can
15 really rule out coronary artery disease is with a
16 cardiac cath?

17 A. That's correct.

18 Q. Is there some reason you did not refer
19 Mrs. Germanoff to a cardiologist?

20 A. I typically don't refer patients
21 necessarily.

22 Q. Well, at what point do you refer patients?

23 A. Positive stress tests, abnormal EKG with
24 arrhythmia, abnormal arrhythmia on a Holter.

25 Q. So that if you have a patient who has chest

1 pain and a negative stress test, that's not a
2 patient you would refer to a cardiologist for an
3 opinion?

4 A. Not necessarily.

5 Q. When would you refer such a patient?

6 A. I already told you that.

7 Q. I'm sorry.

8 A. I answered that question already.

9 Q. I don't think you did. Let me ask it again.
10 Maybe I didn't ask it well.

11 If you have a patient who has a
12 negative stress test but continues to have chest
13 pain, is that a patient you would refer to a
14 cardiologist?

15 A. Yes. If I thought that chest pain was
16 related to possibly underlying coronary artery
17 disease, the answer is yes.

18 Q. How would you determine whether that chest
19 pain was related to underlying coronary artery
20 disease?

21 A. Based on history, examination, clinical
22 suspicion.

23 Q. What would raise your clinical suspicion?

24 A. More so the history.

25 Q. What about the history?

1 A. History related to the fact that if she had
2 chest pain after she ate a piece of pizza, she took
3 Tums and the chest pain went away, that would not
4 raise my suspicion for coronary disease.

5 Q. What about if she was having chest pain and
6 palpitations?

7 A. It would be more likely the palpitation was
8 causing the chest pain, or stress.

9 Q. Is it normal to have palpitations?

10 A. With stress, yes.

11 Q. Are palpitations always caused by stress?

12 A. No, they can be caused by anxiety.

13 Q. Anything else cause palpitations?

14 A. Arrhythmia.

15 Q. Don't you have to rule out arrhythmia before
16 you decide someone's pains are due to anxiety?

17 A. That's why she was going to have a Holter.

18 Q. But she didn't have it.

19 MR. KREMER: Objection.

20 It's not a question.

21 Q. You said the history would raise your
22 suspicion, are there features of a history relative
23 to chest pain in a patient who had a negative
24 stress test that would raise your concerns that you
25 are dealing with a cardiac problem?

1 A. Yes.

2 Q. What would these be?

3 A. Chest pain at rest, chest pain with mild
4 exertion would be more consistent as opposed to
5 strenuous exertion.

6 Q. Pain that radiates into the left arm?

7 A. Not necessarily, but can be.

8 Q. Pain that radiates into the scapula region?

9 A. Can be, but not necessarily.

10 Q. In other words, if I am understanding what
11 you're telling me, when you have a patient that had
12 a negative Cardiolite stress test and they continue
13 to complain of chest pain, one of the things you
14 always get as a good and prudent doctor is a
15 thorough history, correct?

16 A. Correct.

17 Q. If in taking the history you found symptoms
18 that concerned you, you would do further workup; is
19 that what you're telling me?

20 A. Or a referral, yes.

21 Q. Did you talk to the cardiologist that did the
22 stress test about Connie Germanoff's concern that
23 the doctor had told her there was something wrong
24 with the test?

25 A. No, I did not.

1 Q. You relied on the official report?

2 A. Yes.

3 Q. Do you have any idea what she was talking
4 about?

5 A. No.

6 Q. You would agree, Doctor, wouldn't you, that
7 if Connie Germanoff was having chest pain and
8 palpitations due to unstable angina, it would be
9 dangerous for her to exercise?

10 MR. KREMER: Objection.

11 A. What type of exercise are you talking about?

12 Q. Whatever you mean when you tell patients they
13 need to exercise?

14 A. It would not be dangerous if she was
15 walking.

16 Q. I'm sorry?

17 A. It would not be detrimental for her to walk.

18 Q. Is that what you meant when you wrote you
19 need to exercise more, that you need to walk more?

20 A. Um-hum.

21 MR. KREMER: Yes?

22 A. Yes.

23 Q. Do you think patients understand that?

24 A. Yes.

25 Q. That exercise means walk?

1 A. Yes.

2 MRS. MATTHEWS: I just like to
3 officially request at this time a copy of this page
4 that we're talking about that I can't read because
5 our notes are cut off.

6 MR. KREMER: Absolutely.

7 MRS. MATTHEWS: Also a copy of
8 the obituary we weren't given, in case I forget.

9 MR. KREMER: Okay.

10 BY MRS. MATTHEWS:

11 Q. Have you reviewed the emergency room visits
12 subsequent to your care of Connie Germanoff?

13 A. No, I have not.

14 Q. Or the hospitalization?

15 A. No, I have not.

16 Q. What is the reason you have not looked at
17 those items?

18 MR. KREMER: Objection. I
19 have instructed her not to look at them. You don't
20 have to answer that.

21 Q. Before this lawsuit was filed you did not
22 look at those items?

23 A. No, I did not.

24 Q. You weren't interested in finding out what
25 had happened with your patient?

1 A. Yes, I was.

2 Q. Then why didn't you look at them?

3 MR. KREMER: Objection.

4 A. I spoke with Dr. Hummel, and I waited for
5 her -- the coroner report.

6 Q. Did you speak to Dr. Hummel about the lab
7 testing that was done in the hospital?

8 A. No.

9 Q. Would you agree that if a patient has an
10 elevated troponin and a non Q wave myocardial
11 infarct that the data is clear they have an
12 increased mortality?

13 MR. KREMER: Objection.

14 MRS. MOORE: Objection.

15 MR. KREMER: If you know.

16 A. Rephrase the question, please.

17 Q. Would you agree that elevated troponin in a
18 non Q wave infarct is of diagnostic significance?

19 MR. KREMER: Objection.

20 MISS MOORE: Objection.

21 A. An elevated troponin suggests underlying
22 ischemia.

23 Q. And in a non Q wave infarct, would you agree
24 that it predicts mortality?

25 MR. KREMER: Objection.

1 MRS. MOORE: Objection.

2 A. Yes.

3 Q. Can you run me through your educational
4 background starting with high school?

5 A. Sure.

6 Q. Thanks.

7 A. Graduated from Arlington High School, '82;
8 attended Youngstown State University and
9 Northeastern Hospital College of Medicine,
10 graduated cum laude in 1990; attended Wright State
11 combined internal medicine, pediatric program from
12 '90 to '94, graduated in '94; joined Brook Point
13 Internal Medicine, which is now Commonwealth,
14 in '94.

15 Q. You took the Board in what year?

16 A. I took pediatric Boards, 1994, other Board in
17 '95.

18 Q. You passed those both on your first attempt?

19 A. The pediatric Board. Med Board I took the
20 second time in '95 and passed.

21 Q. Did you pass the oral on the first attempt?

22 A. There is no orals.

23 Q. No orals in either specialty?

24 A. In either specialty.

25 Q. Did Connie Germanoff have a dye allergy?

1 A. Yes, she did.

2 Q. Did that play any role in your failure to
3 refer her to a cardiologist for symptoms, or that
4 was irrelevant?

5 MR. KREMER: Objection.

6 A. That's irrelevant.

7 Q. Doctor, would you agree that the standard of
8 care requires a physician to get an EKG when a
9 patient complains of chest pain?

10 MR. KREMER: Objection.

11 A. Typically when somebody complains of chest
12 pain the standard is to get an EKG.

13 Q. In fact, that's why you got one on that visit
14 in September, correct?

15 A. That's correct.

16 Q. Would you agree it's particularly important
17 in somebody who has risk factors for coronary
18 artery disease?

19 A. Yes.

20 Q. When you took Connie Germanoff's history on
21 September 9 and dictated it, you took a complete
22 cardiac history, didn't you?

23 A. I believe so.

24 Q. I take it then you asked her whether her
25 chest pain was related to eating spicy foods,

1 things like that?

2 A. I don't recall.

3 Q. Is that something you routinely ask?

4 A. It is something I routinely ask.

5 Q. Had she told you facts like that, that would
6 be documented in your history, correct?

7 A. Correct.

8 Q. Is it fair to conclude that you did not think
9 this was gastrointestinal pain because you made a
10 presumptive diagnosis of angina pectoris?

11 A. That would be correct.

12 Q. Under what circumstance do the emergency
13 doctors call you about your patients?

14 MR. KREMER: Objection. If
15 you know.

16 A. Traditionally they only call me if she needs
17 to be admitted or if they have a concern.

18 Q. Do you receive a copy of the ER dictations on
19 your patients that are not admitted?

20 A. Yes, we do.

21 Q. Are there copies of the various ER dictations
22 on Connie Germanoff in your medical records?

23 A. Yes, I believe they're in the hospital part.

24 Q. Can you tell me what dates are there?

25 A. 12-24-99, 12-20-99, 12-16-99. I do not have

1 anything from 12-26.

2 Q. Do you know approximately how long it takes
3 for those to come to your office?

4 A. Classically they get put in our mailbox at
5 the hospital, and my partners would pick up my mail
6 once a week.

7 Q. Then what happens with those records?

8 A. It depends. I don't know what they do with
9 those records, my partners. I know what I do with
10 the records.

11 Q. What do you do?

12 A. I reviewed them when I get them.

13 Q. Would you expect your partners to do the same
14 thing?

15 A. I can't answer that question for them.

16 Q. What's the reason you review them?

17 A. Personal interest on why they went to the
18 emergency room, especially if I had not spoken with
19 them to suggest that they go.

20 Q. Wouldn't good practice require you to see why
21 your patient went to emergency so that you can keep
22 up with their state of health?

23 A. Yes.

24 Q. So in your absence would you have expected
25 your partners to be aware that Mrs. Germanoff had

1 had three visits to the emergency room in the span
2 of seven days?

3 A. I cannot answer when those end up in my
4 mailbox and I can't answer when they would have
5 picked them up from my mailbox, so they may have
6 received that information after the fact.

7 Q. If you had known Mrs. Germanoff -- if you had
8 been working and received ER records showing that
9 she had come to the emergency room with further
10 complaints of chest pain, was there further
11 diagnostic evaluation you believe you would have
12 ordered?

13 MR. KREMER: At what point
14 in time?

15 Q. On the 16th?

16 A. On the 16th I think everything was
17 appropriate. She got admitted to the hospital, she
18 had an consultation with a cardiologist, I would
19 not have changed what that individual did when she
20 came in on the 16th.

21 Q. Did you happen to notice her laboratory
22 results?

23 A. No.

24 Q. If in fact her cardiac enzymes had been
25 elevated on that examination, is there something

1 further you would have done?

2 A. If cardiac enzymes are elevated, depends
3 on in the context of how much they're elevated, in
4 the context of what her EKG showed, she may
5 have -- she still would have gotten a referral to a
6 cardiologist, and from that point on that would
7 be -- would have been up to him.

8 Q. So I take it then when a cardiologist is
9 involved in a case you rely on the cardiologist to
10 determine the cardiac workup?

11 A. Yes.

12 Q. Do you expect the cardiologist who is
13 consulted on one of your patients when they're in
14 the hospital to continue to follow the patients
15 after discharge?

16 A. Yes.

17 MISS MOORE: Objection.

18 Q. If that cardiologist determined that they did
19 not think that a stress test is indicated, is that
20 something you would rely on?

21 A. Yes.

22 Q. Is that because you think the cardiologist
23 has superior skills in determining what may or may
24 not be cardiac?

25 A. Correct.

1 Q. Did you ever have any discussion with Dr. Lee
2 about this case?

3 A. No, I did not.

4 Q. Is that a cardiologist you refer to
5 frequently?

6 A. Yes, it is.

7 Q. Do you have any idea how he was selected in
8 this particular case?

9 A. No, I do not.

10 Q. You mentioned you wouldn't have done anything
11 further on the 16th, what about on the
12 December 20th, had you been called about this case?

13 MR. DUNN: Objection.

14 A. I don't know what her presenting problems
15 were in the emergency.

16 Q. Let me see if I can tell you.

17 If you were notified that Connie
18 Germanoff came in clenching her chest and breathing
19 heavy, complaining of chest pain radiating to the
20 left arm with an emesis, is there further workup
21 you feel that would be indicated in addition to
22 what you had done in your office?

23 MR. KREMER: Objection.

24 MR. DUNN: Objection.

25 A. You have to think about the possibility of a

1 spontaneous pneumothorax, you have to think of the
2 possibility of an acute pulmonary embolism, there
3 are other things that could have caused that.

4 Q. Is there any diagnostic tests that you would
5 have ordered?

6 MR. DUNN: Objection.

7 MR. KREMER: Objection.

8 A. Yes.

9 Q. What would that be?

10 A. I would order: a regular plain x-ray to help
11 outline the spontaneous pneumothorax, I would have
12 probably ordered a VQ scan to evaluate for
13 pulmonary embolism, and I would have thought about
14 ordering -- keeping her monitored from an EKG
15 standpoint for any type of arrhythmia or cardiac
16 problem.

17 Q. By keeping her monitored, do you mean
18 admitting for some interval of observation?

19 A. Not necessarily. In the emergency we have
20 cardiac monitors available.

21 Q. What length of time of monitoring do you
22 think would be appropriate?

23 MR. DUNN: Objection.

24 A. I can't answer that question.

25 Q. If the Holter monitor that you had wanted had

1 not been done to this point, is that something you
2 would have obtained?

3 A. Possibly.

4 Q. Possibly or --

5 A. It would depend on what the other test
6 results showed, it would depend upon what the
7 physical exam showed, it would depend on what the
8 history was that the patient had presented with.

9 Q. Do you think in a patient like Connie
10 Germanoff with serious risk factors and history
11 suggestive of angina pectoris who comes in
12 clenching her chest, breathing heavy, and
13 complaining of pain radiating into the left arm
14 that MI needs to be ruled out?

15 MR. DUNN: Objection.

16 MR. KREMER: Objection.

17 A. That would be one of the -- one of the things
18 that one would consider.

19 Q. Do you agree it needs to be ruled out?

20 MR. DUNN: Objection.

21 MR. KREMER: Objection.

22 A. Yes.

23 Q. Would you agree with me, Doctor, that if a
24 woman such as Connie Germanoff comes in complaining
25 of chest pain even with a history of a negative

1 Cardiolite stress test, it is not appropriate to
2 simply do an amylase and lipase and discharge the
3 patient home?

4 MR. DUNN: Objection.

5 MR. KREMER: Objection.

6 A. I can't answer that question based on her
7 presentation. I don't know what you -- her
8 presentation was, I was not there.

9 Q. I'm asking you if a patient like Connie
10 Germanoff who has a history suggestive of angina
11 pectoris, who has had a Cardiolite stress test,
12 comes in complaining of chest pain, we already
13 talked about that you feel you need to get an EKG,
14 correct?

15 A. Correct.

16 Q. Would you agree that you cannot simply get an
17 amylase and lipase and send the patient home?

18 MR. DUNN: Objection.

19 MR. KREMER: Objection. Are
20 you asking in the emergency?

21 Q. As an internal medicine physician, that's not
22 an appropriate workup for chest pain, is it?

23 MR. KREMER: Objection.

24 MR. DUNN: Objection?

25 A. It really depends on what the presentation

1 was and what the history was. If there was concern
2 for acute pancreatitis, I think amylase and lipase
3 is warranted. If she was on an EKG monitor or
4 Holter monitor through the entire time of her
5 examination and did not show problems, then maybe
6 in an individual situation they may or may not go
7 any further. I can't answer what happened when she
8 came in.

9 Q. Was that something you would do?

10 MR. DUNN: Objection.

11 A. I don't know what I would do in that
12 situation.

13 Q. Why did you change the procedure about orders
14 in your office?

15 MR. KREMER: Objection.

16 A. Because a lot of patients were forgetting
17 their orders, misplacing them, calling our office,
18 were calling us at the last minute saying things
19 had not been done, so that's why we changed.

20 Q. When did you change that?

21 MR. KREMER: Objection.

22 A. January of this year.

23 MRS. MATTHEWS: Could I just
24 have a minute to look at my notes and this record.
25 I may be done.

1 If anybody has some questions, you
2 could ask them.

3 Just a couple questions.

4 BY MRS. MATTHEWS:

5 Q. How did Connie Germanoff get into your
6 practice; if you know?

7 A. I see her sister Mary Tanner.

8 Q. How long was Connie a patient of yours?

9 A. Since 1997.

10 Q. Can you state your home address, date of
11 birth, and Social Security number for the record,
12 please?

13 A. Home address, 2164 Crestwood Street,
14 Alliance, Ohio, 44601; date of birth, 11-6-63;
15 Social Security number, 289-62-4711.

16 MRS. MATTHEWS: Thank you. I
17 don't have anything else.

18 MR. KREMER: We'll read,
19 Frank.

20 -----

21

22 (Deposition concluded; signature not waived,)

23

24 -----

25

ERRATA SHEETNOTATIONPAGE/LINE

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

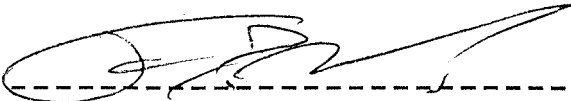
STACEY HOLLAWAY, M.D.

1 The State of Ohio,
2 County of Cuyahoga.

CERTIFICATE:

3 I, Frank P. Versagi, Registered Professional
4 Reporter, Certified Legal Video Specialist, Notary
5 Public within and for the State of Ohio, do hereby
6 certify that the within named witness, STACEY
7 HOLLAWAY, M.D., was by me first duly sworn to
8 testify the truth in the cause aforesaid; that the
9 testimony then given was reduced by me to stenotypy
10 in the presence of said witness, subsequently
11 transcribed onto a computer under my direction, and
12 that the foregoing is a true and correct transcript
13 of the testimony so given as aforesaid. I do
14 further certify that this deposition was taken at
15 the time and place as specified in the foregoing
16 caption, and that I am not a relative, counsel or
17 attorney of either party, or otherwise interested
18 in the outcome of this action.

19 IN WITNESS WHEREOF, I have hereunto set my hand and
20 affixed my seal of office at Cleveland, Ohio, this
21 November 15, 2000.

22 
23 -----

24 Frank P. Versagi, RPR, CLVS, Notary Public/State of
25 Ohio. Commission expiration: 03-09-03.

Look-See Concordance Report

UNIQUE WORDS: 725

TOTAL OCCURRENCES: 2,001

NOISE WORDS: 385

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DATES ON

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