THE STATE of OHIO,
: SS:
COUNTY of STARK.

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IN THE COURT OF COMMON PLEAS

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STEPHAN GERMANOFF, administrator :
of the ESTATE of :
CONNIE SUE GERMANOFF,
plaintiff,
:
vs. : Case No.
: 2000 CV 01475

AULTMAN HOSPITAL, et al.,
defendants.

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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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ON BEHALF OF THE DEFENDANTS CANTON AULTMAN EMERGENCY PHYSICIANS, G. HAMRICK, M.D., and MARK W. HATCHER, M.D.:

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APPEARANCES: (continued)

ON BEHALF OF THE DEFENDANTS STACEY HOLLAWAY, M.D., and COMMONWEALTH COMPREHENSIVE CARE:

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ON BEHALF OF THE DEFENDANTS CARDIOLOGY ASSOCIATES of CANTON and PETER Y. LEE, M.D.:

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Also present:

Mark N. Rose, M.D., J.D.,
Aultman Health Foundation;
Amy Coradel, law clerk.

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I N D E X

WITNESS: STACEY HOLLAWAY, M.D.



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NO EXHIBITS MARKED

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(FOR COMPLETE INDEX, SEE APPENDIX)

(IF ASCII DISK ORDERED, SEE BACK COVER)

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STACEY HOLLAWAY, M.D.

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

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

THE WITNESS: Okay.

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CROSS-EXAMINATION

BY MRS. MATTHEWS:

Q. Have you had your deposition taken before?

A. Yes, I have.

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

A. Um-hum.

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

A. Okay.

Q. You just have to respond verbally instead of

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

A. Okay.

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

A. Yes.

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

A. No.

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

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

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

Can you slow down and explain that again, please?

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

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

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

A. Hopefully.

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

A. Correct.

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

A. No.

Q. Who is BJR; do you know?

A. That's the transcription person.

Q. Do you know what that stands for?

A. No.

Q. How many of these people are there?

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

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

A. Correct.

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

that is noted on the pink slip?
A. Correct.
Q. Then those are placed in the chart?
A. Correct.
Q. What happens if you have notes that relate to a nonpatient visit, for instance, if you happen to see the patient in an emergency room?
A. If I saw the patient in the emergency, it would be dictated as an emergency visit.
Q. Where would that be put?
A. In the hospital record.
Q. Would anything go into the patient chart?
A. You should get a copy of that from the hospital.
Q. So what would be in the chart, would that be the copy of the ER dictation, the dictation you made at the hospital?
A. Right. That would go under the hospital . part, it occurred at the hospital.
Q. There is a separate section then, when you say that that refers to hospitalizations?
A. Correct.
Q. What if you received a call at home let's say from a patient?
A. If I received a call at home, typically that

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

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

A. No.

Q. And add it on?

A. No.

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

A. Correct.

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

A. That's correct.

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

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

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

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

Q. Is that the year 2000?

A. Um-hum.

MR. KREMER: Yes?

A. Yes.
Q. So the last date that you saw Connie Germanoff was what?
A. September 16th, I believe.
Q. September 16th?
A. Or 9th.
MR. KREMER: 9th.
A. September the 9th.
Q. That's the last date you saw her at the office?
A. Yes.
Q. Is it the last day you communicated with her in any way?
MR. RREMER: If you need to refer to the chart.
Q. You may have this back, I'm done with it.
A. The last date that I communicated with her personally?
Q. Yes.
A. Was several days after that when I got her stress test results back.
Q. You spoke to her personally?
A. Yes, on the telephone.
Q. Can you tell me what the nature of that conversation was?

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

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

A. Should be on the stress test part.

On the 23rd.

Q. Of?

A. Of September.

Q. 9-23-99?

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

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

A. Yes.

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

A. No.

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

A. From a standpoint of her chest pain?

Q. Correct.

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

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

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

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

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

A. It's 11-29-99.

Q. Did you receive that telephone message?

A. Yes, I did.

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

A. Her primary concern was her feet swelling.

Q. Where is that?

A. Right up here.

Q. Okay. It's a continuation, it's all one note?
A. Yes.
Q. Go ahead, then. I'm sorry. I didn't want to interrupt you.
A. Her primary complaint was her feet were swelling, and then as an aside she said she was having some heart palpitations and she was concerned because she was told by somebody that her heart test was abnormal.

And I told her her heart test was normal and she wanted an explanation for why they were -- there's a discrepancy.
Q. What did you tell her about that?
A. I told her that the original reading by the cardiologist who did her exercise test was the Cardiolite showed some EKG changes, showed some evidence of ischemia.
Q. Let me back up a little since I didn't realize this was all one note.

There is a note that came in 11-29-99 for you, correct?
A. Correct.
Q. I take it you spoke to her personally after receiving this message?

A. No, I did not.
Q. How did you tell her these things?
A. Through my -- one of the people that works in my office.
Q. Who would that have been?
A. Would have been one of the young lad es.
Q. Can you tell me from the handwriting?
A. Yes.
Q. Okay.
A. Comments, NH. Do you see that, there are initials, that's Nina.
MR. KREMER: Right after 2:25 p.m.
Q. That's all cut off on my copy.
A. Spoke with patient 2:25 p.m., called in prescription for Lasix.
Q. May I look at that again?
A. You sure can.
Q. That's cut off my copy completely.
You called in a prescription for Lasix?
A. Correct.
Q. Was that for the swollen legs?
A. Right.
Q. Were both legs swollen?

A. No, just the one foot.
Q. Why did you decide to give the patient Lasix for a swollen foot?
A. A lot of women have dependent peripheral edema, Lasix helps decrease the swelling.
Q. Do you generally see dependent peripheral edema in just one foot?
A. You can.
Q. Is that typical?
A. Yes.
Q. Did you think that that might represent congestive heart failure?
A. No.
Q. The combination of chest pain, palpitations with exertion, and dependent edema didn't even bring congestive heart failure to mind?
A. No, because it was only one foot.
Q. I thought you just said you can see dependent edema in just one foot?
A. But with congestive heart failure you see it in both.
Q. So you thought this was dependent edema from what?
A. Venous stasis problems, venous insufficiency.
Q. Did Connie have a history of venous

insufficiency?
A. Most women do at this age.
Q. Did she?
A, Not until this time period.
Q. Did you think that it would be a good idea to examine the patient who was calling your office complaining of chest pain and palpitations before you prescribed Lasix over the telephone?
A. I prescribed Lasix not for the chest pain and heart palpitations. I had prescribed Lasix for the edema.
Q. What did you do for the chest pain and heart palpitations?
A. We were going at the time to get her up on a Holter monitor, Holter evaluation.
Q. Was that done?
A. I am not aware if it was done or not.
Q. Was it ordered?
A. Yes, it was ordered.
Q. Where was that noted?
A. Since January we have changed our protocol. Prior to this we would not have written down an order or we'll not keep a copy in the chart. Since January we keep copies of all our orders.
Q. So are you telling me that you ordered a

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

A. Because of heart palpitations.

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

A. I asked for it to be done.

Q. Can you read that for me?

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

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

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

Q. Was this Holter monitor scheduled?

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

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

A. No, there is not.

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

A. Yes.

Q. Who told?
A. Nina.
Q. I'm sorry?
A. The young lady whose initials are right there.
Q. What is her name?
A. Nina.
Q. Does she have a last name?
A. Hawthorne.
Q. Nina Hawthorne I take it has told you that she passed that message to the patient?
A. I have not asked her.
Q. Then how do you know that she told this to Mrs. Germanoff?
A. Because she reported that she had said.
Q. She reported that she had said what?
A. That she had spoke with the patient and she told her exactly what is written in blue.
Q. Read what she reported for me, please?
A. Spoke with the patient at 2:25 p.m.
Q. Where does it say she told her exactly what was reported in blue?
A. Nobody ever records that in our office.
Q. Well, you don't know what Nina told Connie Germanoff, do you?

A. Only that that's our protocol, she's supposed to say exactly what is recorded.
Q. But --
A. I don't know, you know. 1 am not Nina.
Q. She never told you that she passed that along to Mrs. Germanoff; am I correct?
A. No.
Q. No, I am not correct; or no, she never told you?
A. No, you are -- no, she never told me if she did or did not.
Q. You yourself never had any discussions with Mrs. Germanoff about her complaints of ongoing chest pain and palpitations?
A. This was the first time that she had called since I saw her in September.
Q. And you yourself never had discussions with her about that prior to her death?
A. No.
Q. Was Mrs. Germanoff given any kind of follow-up appointment in your office following your call on November 29 of 1999?
A. I don't know.
Q. Did you schedule her for an appointment to come in?

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

Q. To come in in two to three months?

A. Right.

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

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

Q. Why is that?

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

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

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

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

A. I do not know.

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

would not have known?
A. She would have said something.
Q. Connie Germanoff should have said I have unstable angina, please help me?
A. I assume she would call if she was having chest pain between the **11-29** note and the **9-23** visits, she would have called.
Q. Well, she called on **11-29** of '99 and she said I am still having chest pain with fast palpitations, correct?
A. Correct.
Q. Apparently nothing was done about it?
MR. KREMER: Objection.
Q. Was it?
A. I would say that's incorrect.
Q. Well, she was given Lasix, correct?
A. Correct.
Q. What was done about it?
A. She was to be set up on a Holter monitor.
Q. Was that done?
A. I do not know.
Q. Well, according to the medical records it wasn't done, correct?
A. I do not know the -- if it was set up and she -- she didn't show up.

Q. Well, do you have any reason to believe that someone scheduled the Holter monitor and that Connie Germanoff didn't show up for?
A. That's a possibility.
Q. Do you have any evidence of that?
A. No, I do not.
Q. Was that Miss Germanoff's manner of behaving, that you scheduled tests for her and she didn't show up?
A. She has a history of not showing up for certain things.
Q. Did she show up for the stress test that was scheduled for her?
A. Yes, she -- her husband had a stress test the exact same day, they went together.
Q. But she did show up?
A. Correct.
Q. Have you made any efforts to find out whether or not anyone from your office ordered the Holter monitor?
A. No, I have not.
Q. Does it concern you that you asked for a Holter monitor be done that was never done?
MR. KREMER: Objection.
A. I am not sure that it was never done, in a

sense of somebody setting it up.
Q. Wouldn't you like to know?
A. I think it's irrelevant at this time.
Q. You said you took off for a month beginning December 3 of 1999, correct?
A. Correct.
Q. Do you know what date you returned?
A. January, I believe, the 6th.
Q. Between the December 3rd and January 6th did you hear anything at all from your practice concerning Connie Germanoff?
A. Dr. Hummel called me the day that she died.
Q. What did Dr. Hummel say?
A. Dr. Hummel said she came in, she died of an inferior heart attack.
Q. Were you surprised when you heard that?
A. Yes, I was.
Q. Did Dr. Hummel tell you anything else about what had happened in the month that you were off?
A. He told me that they had admitted her December the 16th, and that she was seen by Dr. Lee, the heart specialist.
Q. Did he tell you anything about her laboratory evaluation during that admission?
A. Only thing he told me she had had a negative

stress test when she was in on the 16th.
Q. Do you believe, Doctor, that it is appropriate for a family practitioner -- is that your specialty?
A. No.
Q. What is it, internal medicine?
A. And pediatrics.
Q. Are you double Boarded?
A. Yes.
Q. Do you think it's appropriate for an internal medicine specialist to make the diagnosis of the absence of angina based on a Cardiofite stress test?
A. Yes.
Q. Do you think that it's appropriate to rely on a stress test in ruling out coronary artery disease when the patient continues to have symptoms of chest pain and palpitations?
A. The stress test rules out significant coronary artery disease.
Q. In what percent of patients?
A. You would have to have blockage greater than 70 percent for stress tests to be positive.
Q. What is the false negative rate in a Cardiolite stress test?

A. I have no idea. I don't know offhand.
Q. Wouldn't that be important to know before determining that one can rely on it?
A. Yes.
Q. You are aware that there are false negatives with Cardiolite stress tests?
A. Yes. There is also false positives.
Q. Would you agree that the false negatives are most likely to occur in women?
A. According to --
MR. KREMER: If you know, Doctor.
A. I don't know.
MRS. MATTHEWS: Thank you.
MR. KREMER: You are welcome.
Q. You don't know?
A. No.
Q. Did you yourself look at the stress test results?
A. Yes, I did.
Q. Was it your opinion in looking at the stress test results that it was an adequate stress test?
MRS. MOORE: Objection.
A. **Yes.**

Q. Did you do any other workup other than the Cardiolite stress test to determine whether Connie Germanoff's chest pain was due to the coronary artery disease?
A. No, I did not.
Q. Would you agree she had a number of risk factors that put her at risk for coronary artery disease?
A. Yes, I would.
Q. Can you tell me what they were?
A. Sure. Number one risk was her smoking since the age of 15, anywhere from a half pack to a pack a day, which actually increased over the time period in the Fall when she was under lots of stress from her job; other risk was hypertension, which was well controlled; third risk factor was hyperlipidemia, also well controlled; last was family medical history.
Q. What was her family medical history?
A. Coronary artery disease in her father.
Q. So certainly there was good reason to consider the probability that Connie Germanoff had coronary artery disease?
A. That's correct.
Q. In fact, when you took her history on 9-9-99

you reached the conclusion that it sounds like she had angina pectoris?
A. That's correct.
Q. Was there anything else in your differential diagnosis on 9-9-99?
A. At that time, no, there was not.
Q. It is a pretty classic history for angina, isn't it?
A. It is.
Q. I take it then after hearing Mrs. Germanoff's history this was angina pectoris until proven otherwise?
A. Correct.
Q. Wouldn't you agree the only way you can really rule out coronary artery disease is with a cardiac cath?
A. That's correct.
Q. Is there some reason you did not refer Mrs. Germanoff to a cardiologist?
A. I typically don't refer patients necessarily.
Q. Well, at what point do you refer patients?
A. Positive stress tests, abnormal EKG with arrhythmia, abnormal arrhythmia on a Holter.
Q. So that if you have a patient who has chest

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

A. Not necessarily.

Q. When would you refer such a patient?

A. I already told you that.

Q. I'm sorry.

A. I answered that question already.

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

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

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

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

A. Based on history, examination, clinical suspicion.

Q. What would raise your clinical suspicion?

A. More so the history.

Q. What about the history?

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

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

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

Q. Is it normal to have palpitations?

A. With stress, yes.

Q. Are palpitations always caused by stress?

A. No, they can be caused by anxiety.

Q. Anything else cause palpitations?

A. Arrhythmia.

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

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

Q. But she didn't have it.

MR. KREMER: Objection. It's not a question.

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

A. Yes.
Q. What would these be?
A. Chest pain at rest, chest pain with mild exertion would be more consistent as opposed to strenuous exertion.
Q. Pain that radiates into the left arm?
A. Not necessarily, but can be.
Q. Pain that radiates into the scapula region?
A. Can be, but not necessarily.
Q. In other words, if I am understanding what you're telling me, when you have a patient that had a negative Cardiolite stress test and they continue to complain of chest pain, one of the things you always get as a good and prudent doctor is a thorough history, correct?
A. Correct.
Q. If in taking the history you found symptoms that concerned you, you would do further workup; is that what you're telling me?
A. Or a referral, yes.
Q. Did you talk to the cardiologist that did the stress test about Connie Germanoff's concern that the doctor had told her there was something wrong with the test?
A. No, I did not.

Q. You relied on the official report?
A. Yes.
Q. Do you have any idea what she was talking about?
A. No.
Q. You would agree, Doctor, wouldn't you, that if Connie Germanoff was having chest pain and palpitations due to unstable angina, it would be dangerous for her to exercise?
MR. KREMER: Objection.
A. What type of exercise are you talking about?
Q. Whatever you mean when you tell patients they need to exercise?
A. It would not be dangerous if she was walking.
Q. I'm sorry?
A. It would not be detrimental for her to walk.
Q. Is that what you meant when you wrote you need to exercise more, that you need to walk more?
A. Um-hum.
MR. KREMER: Yes?
A. Yes.
Q. Do you think patients understand that?
A. Yes.
Q. That exercise means walk?

A. Yes.

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

MR. KREMER: Absolutely.

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

MR. KREMER: Okay.

BY MRS. MATTHEWS:

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

A. No, I have not.

Q. Or the hospitalization?

A. No, I have not.

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

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

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

A. No, I did not.

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

A. Yes, I was.
Q. Then why didn't you look at them?
MR. KREMER: Objection.
A. I spoke with Dr. Hummel, and I waited for her -- the coroner report.
Q. Did you speak to Dr. Hummel about the lab testing that was done in the hospital?
A. No.
Q. Would you agree that if a patient has an elevated troponin and a non *Q* wave myocardial infarct that the data is clear they have an increased mortality?
MR. KREMER: Objection.
MRS. MOORE: Objection.
MR. KREMER: If you know.
A. Rephrase the question, please.
Q. Would you agree that elevated troponin in a non *Q* wave infarct is of diagnostic significance?
MR. KREMER: Objection.
MISS MOORE: Objection.
A. An elevated troponin suggests underlying ischemia.
Q. And in a non *Q* wave infarct, would you agree that it predicts mortality?
MR. KREMER: Objection.

MRS. MOORE: Objection.

A. Yes.

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

A. Sure.

Q. Thanks.

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

Q. You took the Board in what year?

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

Q. You passed those both on your first attempt?

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

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

A. There is no orals.

Q. No orals in either specialty?

A. In either specialty.

Q. Did Connie Germanoff have a dye allergy?

A. Yes, she did.
Q. Did that play any role in your failure to refer her to a cardiologist for symptoms, or that was irrelevant?
MR. KREMER: Objection.
A. That's irrelevant.
Q. Doctor, would you agree that the standard of care requires a physician to get an EKG when a patient complains of chest pain?
MR. KREMER: Objection.
A. Typically when somebody complains of chest pain the standard is to get an EKG.
Q. In fact, that's why you got one on that visit in September, correct?
A. That's correct.
Q. Would you agree it's particularly important in somebody who has risk factors for coronary artery disease?
A. Yes.
Q. When you took Connie Germanoff's history on September 9 and dictated it, you took a complete cardiac history, didn't you?
A. I believe *so.*
Q. I take it then you asked her whether her chest pain was related to eating spicy foods,

things like that?
A. I don't recall.
Q. Is that something you routinely ask?
A. It is something I routinely ask.
Q. Had she told you facts like that, that would be documented in your history, correct?
A. Correct.
Q. Is it fair to conclude that you did not think this was gastrointestinal pain because you made a presumptive diagnosis of angina pectoris?
A. That would be correct.
Q. Under what circumstance do the emergency doctors call you about your patients?
MR. KREMER: Objection. If you know.
A. Traditionally they only call me if she needs to be admitted or if they have a concern.
Q. Do you receive a copy of the ER dictations on your patients that are not admitted?
A. Yes, we do.
Q. Are there copies of the various ER dictations on Connie Germanoff in your medical records?
A. Yes, I believe they're in the hospital part.
Q. Can you tell me what dates are there?
A. **12-24-99, 12-20-99, 12-16-99. I do not** have

anything from 12-26.

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

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

Q. Then what happens with those records?

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

Q. What do you do?

A. I reviewed them when I get them.

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

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

Q. What's the reason you review them?

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

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

A. Yes.

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

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

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

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

MR. KREMER: At what point in time?

Q. On the 16th?

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

Q. Did you happen to notice her laboratory results?

A. No.

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

further you would have done?
A. If cardiac enzymes are elevated, depends on in the context of how much they're elevated, in the context of what her EKG showed, she may have -- she still would have gotten a referral to a cardiologist, and from that point on that would be -- would have been up to him.
Q. So I take it then when a cardiologist is involved in a case you rely on the cardiologist to determine the cardiac workup?
A. Yes.
Q. Do you expect the cardiologist who is consulted on one of your patients when they're in the hospital to continue to follow the patients after discharge?
A. Yes.
MISS MOORE: Objection.
Q. If that cardiologist determined that they did not think that a stress test is indicated, is that something you would rely on?
A. Yes.
Q. Is that because you think the cardiologist has superior skills in determining what may or may not be cardiac?
A. Correct.

Q. Did you ever have any discussion with Dr. Lee about this case?
A. No, I did not.
Q. Is that a cardiologist you refer to frequently?
A. Yes, it is.
Q. Do you have any idea how he was selected in this particular case?
A. No, I do not.
Q. You mentioned you wouldn't have done anything further on the 16th, what about on the December 20th, had you been called about this case?
MR. DUNN: Objection.
A. I don't know what her presenting problems were in the emergency.
Q. Let me see if I can tell you.
If you were notified that Connie Germanoff came in clenching her chest and breathing heavy, complaining of chest pain radiating to the left arm with an emesis, is there further workup you feel that would be indicated in addition to what you had done in your office?
MR. KREMER: Objection.
MR. DUNN: Objection.
A. You have to think about the possibility of a

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

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

MR. DUNN: Objection.

MR. KREMER: Objection.

A. Yes.

Q. What would that be?

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

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

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

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

MR. DUNN: Objection.

A. I can't answer that question.

Q. If the Holter monitor that you had wanted had

not been done to this point, is that something you would have obtained?
A. Possibly.
Q. Possibly or --
A. It would depend on what the other test results showed, it would depend upon what the physical exam showed, it would depend on what the history was that the patient had presented with.
Q. Do you think in a patient like Connie Germanoff with serious risk factors and history suggestive of angina pectoris who comes in clenching her chest, breathing heavy, and complaining of pain radiating into the left arm that MI needs to be ruled out?
MR. DUNN: Objection.
MR. KREMER: Objection.
A. That would be one of the -- one of the things that one would consider.
Q. Do you agree it needs to be ruled out?
MR. DUNN: Objection.
MR. KREMER: Objection.
A. Yes.
Q. Would you agree with me, Doctor, that if a woman such as Connie Germanoff comes in complaining of chest pain even with a history of a negative

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

MR. DUNN: Objection.

MR. KREMER: Objection.

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

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

A. Correct.

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

MR. DUNN: Objection.

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

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

MR. KREMER: Objection.

MR. DUNN: Objection?

A. It really depends on what the presentation

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

Q. Was that something you would do?

MR. DUNN: Objection.

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

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

MR. KREMER: Objection.

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

Q. When did you change that?

MR. KREMER: Objection.

A. January of this year.

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

If anybody has some questions, you could ask them.

Just a couple questions.

BY MRS. MATTHEWS:

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

A. I see her sister Mary Tanner.

Q. How long was Connie a patient of yours?

A. Since **1997**.

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

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

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

MR. KREMER: We'll read, Frank.

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(Deposition concluded; signature not waived,)

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## ERRATA SHEET

| NOTATION | PAGE/LINE |
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I have read the foregoing transcript and the same is true and accurate.

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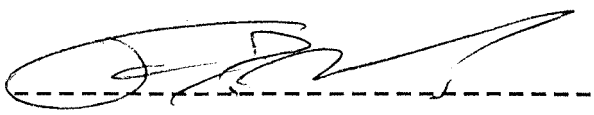
STACEY HOLLAWAY, M.D.

The State of Ohio,
County of Cuyahoga. CERTIFICATE:

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

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



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

Look-See Concordance Report

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UNIQUE WORDS: 725
TOTAL OCCURRENCES: 2,001
NOISE WORDS: 385
TOTAL WORDS IN FILE: 6,845

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SINGLE FILE CONCORDANCE

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CASE SENSITIVE

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PHRASE WORD LIST(S):

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

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COVER PAGES = 5

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INCLUDES ONLY TEXT OF:
**QUESTIONS**
**ANSWERS**
**COLLOQUY**
**PARENTHETICALS**
**EXHIBITS**

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DATES ON

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INCLUDES PURE NUMBERS

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POSSESSIVE FORMS ON

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MAXIMUM TRACKED OCCURRENCE THRESHOLD: 50

## * * DATES * *



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