

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

IN THE COURT OF COMMON PLEAS

RICHARD RICHNAFSKY, etc., et)
al,)
)
 Plaintiffs,)
) Case No. 559008
vs.)
)
UNIVERSITY HOSPITALS OF)
CLEVELAND, et al.,)

Defendants.

THE DEPOSITION OF DANIEL KRANITZ, D.O.
TUESDAY, AUGUST 30, 2005

The deposition of DANIEL KRANITZ, D.O.,
called by the Plaintiffs for examination pursuant
to the Ohio Rules of Civil Procedure, taken before
me, the undersigned, Marcie S. Smith, a Registered
Professional Reporter and Notary Public within and
for the State of Ohio, taken at the offices of
Bonezzi, Switzer, Murphy, Polito, 1400 Leader
Building, Cleveland, Ohio, commencing at 2:45 p.m.,
the day and date above set forth.



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ALSO PRESENT:

Jessica Perse

DANIEL KRANITZ, D.O. DEPOSITION INDEX

<u>EXAMINATION BY:</u>	<u>PAGE NO.</u>
MR. BURNETT	4
MS. SANDACZ	43

<u>EXHIBIT NO.</u>	<u>PAGE NO.</u>
1	4
2	4
3	27
4	29

PROCEEDINGS

(Exhibit Nos. 1 and 2 were marked.)

DANIEL KRANITZ, D.O.

of lawful age, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, as hereinafter certified, was examined and testified as follows:

EXAMINATION OF DANIEL KRANITZ, D.O.

BY MR. BURNETT:

Q Doctor, good morning. Or good afternoon. I'm John Burnett and I represent the estate of Susan Richnafsky in this matter.

I take it you have -- well, let me back up.

MR. BONEZZI: That's a good way to start, John.

Q Tell me your full name, please, for the record.

A My name is Daniel J. Kranitz.

Q Okay. I'm going to ask you a series of questions today. Do you understand that this is a question and answer session under oath?

A Yes, I do.

1 Q Okay. If I ask you a question and you don't
2 understand it or it's not clear, will you
3 please tell me and I'll do my best to rephrase
4 it?

5 A Yes.

6 Q Is that a fair way to proceed in this case?

7 A Yes.

8 Q All right. Furthermore, as we go through this
9 deposition, if I ask you a question that you
10 don't remember something about and you tell me
11 that and later on you remember it or I ask you
12 a question that jars your memory, please feel
13 free to tell me. I mean, interrupt me, do
14 whatever you want to let me know that you've
15 remembered something and I will accept that.
16 Is that fair?

17 A Thank you. Yes.

18 Q I want to get a full understanding of what you
19 recall about the events related to this case,
20 and that's my goal here today. Is that okay?

21 A (Witness nods).

22 Q Who was your practice group as of 11-18-01?

23 A University Emergency Specialists.

24 Q Is that still your practice group today?

25 A No, sir.

1 Q Who is your practice group today?

2 A Lakeland Emergency Specialists. No. Lakeland
3 Emergency Specialists.

4 Q Okay. And when did that change over? When did
5 you change?

6 A I became my new position in June of this year.

7 Q Okay. You're licensed to practice in Ohio?

8 A Yes, sir.

9 Q When did you become so licensed?

10 A I believe during my internship year, which
11 would have been 1993.

12 Q Okay. Are you licensed in any other state?

13 A No, sir.

14 Q To your knowledge, has your license ever been
15 suspended, revoked or called in to question?

16 A No, sir.

17 Q Privileges at different hospitals, can you tell
18 me where you're privileged right now to
19 practice?

20 A At South Pointe.

21 Q Have you been privileged -- have you had
22 privileges at other hospitals over the years?

23 A Yes, I have.

24 Q To your knowledge, have any of those privileges
25 ever been suspended, revoked or called in to

1 question?

2 A No, sir.

3 Q Okay. Would you give me a thumbnail sketch of
4 your educational background, please, with
5 dates?

6 A Yes. I grew up in Akron, Ohio.

7 Q Okay.

8 A Graduated Firestone High School in 1984.

9 Q All right.

10 A I went to Ohio State University. I graduated
11 in 1988.

12 Q All right.

13 A From there I went to the Ohio University
14 College of Osteopathic Medicine. I graduated
15 there in 1992.

16 Q All right.

17 A Following my graduation from medical school, I
18 did an internship, rotating track internship in
19 emergency medicine in '93. That would have
20 been '92 to '93. And then following that, I
21 did a three-year emergency medicine residency
22 graduating in 1996.

23 Q Okay. Where to after that?

24 A From there, my first job an attending was at
25 the Cleveland Clinic Foundation.

1 Q Okay. For how long a period of time?

2 A Three years.

3 Q All right. Where to after that?

4 A From there I went to Bedford Medical Center.

5 Q And what year would that have been now at
6 Bedford?

7 A I believe I started at Bedford in 1999.

8 Q Okay. And for how long a period of time did
9 you stay at Bedford?

10 A Five years.

11 Q And now that brings us up to?

12 A That brings us up to 2004.

13 Q Okay.

14 A I stayed with the same group. I had left
15 Bedford and I was working for the same group at
16 Geauga Regional Medical Center. Geauga
17 Hospital.

18 Q Then you left that group?

19 A That's correct.

20 Q Okay. Have you been a defendant in a medical
21 malpractice action before?

22 A Yes, sir.

23 MR. BONEZZI: Objection.

24 THE WITNESS: Sorry?

25 MR. BURNETT: And there will

1 be a continuing objection, I understand.

2 Q Can you tell me how many times?

3 A Once.

4 Q Okay. Is the case still ongoing?

5 A No, sir.

6 Q All right. Can you tell me in general what the
7 allegations were in that case?

8 A Failure to obtain a CAT scan.

9 Q Okay. And in what county was the action
10 brought?

11 A Cuyahoga.

12 Q All right. Do you remember who the name of
13 the -- who the plaintiff was in that case?

14 A David Peat, P-E-A-T.

15 MR. BONEZZI: It's ongoing.
16 I just remembered it's you, with your office.

17 MR. BURNETT: It is ongoing.

18 MR. BONEZZI: Yes, it is.

19 THE WITNESS: I thought it
20 had --

21 MR. BONEZZI: No, it's on
22 appeal.

23 THE WITNESS: I thought that
24 the time, it had come and gone.

25 MR. BONEZZI: I think for

1 the sake of safety --

2 MR. BURNETT: Gotcha.

3 MR. BONEZZI: -- I won't let
4 him answer any further questions.

5 MR. BURNETT: Fine.

6 MR. BONEZZI: I don't know.
7 It's not my case.

8 THE WITNESS: No. I
9 understand.

10 MR. BONEZZI: But there's
11 something about that --

12 MR. BURNETT: Off the record
13 for a minute.

14 (Off the record.)

15 MR. BURNETT: Let's go back.

16 Q I've got to ask you an obnoxious question. I
17 take it you don't have any criminal convictions
18 in your past?

19 A That's correct.

20 Q As you understand it, you're currently not
21 under indictment or investigation?

22 A That's also correct.

23 Q Okay. Do you do expert witness work?

24 A No, sir.

25 Q So you've never served as a legal consultant or

1 anything like that in a case?

2 A That's correct.

3 Q Publications, have you published anything?

4 A Yes. I published a chapter in -- what was it?
5 In Emergency Medicine Comprehensive Preview by
6 Judith Tintinalli. And I published an article
7 in, I think, Emergency Medicine Periodical, and
8 I had another publication when I was a medical
9 student and I'm not -- I don't recall, the JAOA
10 or the DO.

11 Q Okay. You know, as you were answering that
12 question I was looking at your CV.

13 A Okay.

14 Q What was the subject matter of the first
15 publication you told me about?

16 A Yeah. It was a toxicology chapter about
17 methylxanthine.

18 Q All right. I'm looking at your curriculum
19 vitae that your counsel has provided me,
20 Mr. Bonezzi has provided me. And it appears
21 you are president and CEO, founder of
22 Lighthouse Health Services.

23 A Yes, sir.

24 Q What is Lighthouse Health Services?

25 A Lighthouse Health Services is a patient

1 advocacy service that I began in 2003 based on
2 the idea that everybody should have a doctor in
3 their family when somebody becomes acutely ill.
4 And it effectively alters the patient/physician
5 relationship, changing the physician from a
6 provider to a nonprovider status.

7 Q I don't understand what that means.
8 Provider/nonprovider status, would you explain
9 that to me?

10 A Yes. During -- somebody who would choose to
11 use Lighthouse, I do not become their providing
12 physician.

13 Q I see.

14 A Instead, I act as physician of the family,
15 so-to-speak, answering questions, helping guide
16 people through the difficult health care system
17 that we have in place in 2005.

18 Q Okay.

19 A It's a role that I think primary care givers
20 would very much enjoy doing but, unfortunately,
21 due to the time constraints and insurance
22 issues and forces beyond their control, they
23 simply don't have the time available to provide
24 that service for their patients.

25 Q Okay. I see you're board certified?

1 A Yes, sir.

2 Q Did you pass the board on your first try?

3 A Yes, sir.

4 Q I've marked as Exhibit 1 what I understand to
5 be the note you dictated regarding Susan
6 Richnafsky, and I'll hand that to you.

7 I take it you've had an opportunity to
8 review that before this deposition?

9 A Yes, sir.

10 Q Okay. What else did you review, sir, before
11 this deposition?

12 A My notes.

13 Q Okay. After you got notice that a suit may be
14 contemplated by the estate of Susan Richnafsky,
15 can you tell me whether or not you ever
16 discussed this with Dr. El-Khairi or
17 Dr. Ungvarsky?

18 A I have not discussed this with any of those
19 physicians.

20 Q Did you ever discuss it with Dr. Debaz or
21 Dr. Young, again, since you received notice
22 that there was a case contemplated?

23 A No, sir.

24 Q Do you recall anything about this patient or
25 this incident?

1 A I do have patchy recall.

2 Q I mean, I know this is tough to do. I'm going
3 to ask about your recall and then I'm going to
4 probably ask you about your notes. So I'm
5 going to try to separate those things.

6 What do you recall?

7 A I recall that the patient was seen on a slow
8 day. It was a Sunday.

9 Q All right.

10 A I recall the bed area where the patient was at.

11 Q Okay.

12 A And, you know, I don't recall the details of
13 the management. I do recall receiving a
14 telephone call from the radiologist. I do
15 recall telephone calls to the gentleman that
16 was covering for Dr. Hillard, Dr. Lane, and
17 with Dr. El-Khairi.

18 Q Let's talk about the telephone call with the
19 radiologist first. I take it that was
20 Dr. Young?

21 A Yes, sir.

22 Q Okay. Can you tell me what you recall about
23 that telephone call?

24 A My recall, again, is somewhat patchy.

25 Q Yeah.

1 A I recall being told about the diagnosis of
2 acute appendicitis but I also recall her
3 concerns about lung nodules, or something to
4 that effect, that would require follow-up.

5 Q Okay.

6 A I recall her emphasizing that.

7 Q Okay. Regarding that telephone call, or any of
8 the other telephone calls pertaining to this
9 case, did you keep any notes, diary entries,
10 journal entries of any sort that are not part
11 of the file?

12 A None that are not part of the fire -- file.

13 Q With regard to the -- and, again, I think you
14 referred to them in your note as questionable
15 lung masses at her bases, okay.

16 With regard to questionable lung masses
17 at her bases -- let me back up. Strike that.

18 I'm looking at the second page of your
19 note and you reference the conversation with
20 Dr. Young.

21 A Yes, sir.

22 Q And, you know, about three-quarters of the way
23 down under the "treatment and hospital course",
24 it says, "Dr. Young additionally mentioned that
25 there appears to be questionable lung masses at

1 her bases."

2 Sir, my question to you is: Is that
3 reference in your note a reference to the
4 conversation you just recounted to me with
5 Dr. Young?

6 A Yes, sir.

7 Q Okay. Do you remember anything you said to
8 Dr. Young in that conversation?

9 A Not particularly, no.

10 Q Okay. To your knowledge, was the patient still
11 back in the radiology area where I'm assuming
12 she went when Dr. Young called you with this
13 information?

14 A I don't know.

15 Q Okay. Do you know where the patient was when
16 Dr. Young called you with this information?

17 A No.

18 Q Okay.

19 A I would expect the patient to be back in the
20 emergency department at that point in time
21 though.

22 Q Yeah. That's what I was going to ask next. It
23 appears that Dr. Young probably called you at
24 about 12:30. That's what you referenced in
25 your note. Is that fair?

1 A If it's in my note then that's the time, sir.

2 Q Yeah. And take a look at it. It's about --

3 A Yeah.

4 Q -- almost half way down.

5 A 12:30, yeah, I see it. Yes, sir.

6 Q Do you think it is likely that the patient was
7 back in the emergency department back at that
8 point in time?

9 A Yes, sir.

10 MR. BONEZZI: Excuse me just
11 one second because the notes were --

12 MR. BURNETT: Right.

13 MR. BONEZZI: I don't want
14 him guessing.

15 MR. BURNETT: Don't commit to
16 something without --

17 A I understand. Can I refer to the nursing
18 notes?

19 Q Please go right ahead.

20 A According to the nurse's note, Patient went to
21 CAT scan at 10:30 and was returned to the
22 emergency department by 11:15.

23 Q Okay.

24 A So, yes, the patient was in the emergency
25 department at the time I spoke with Dr. Young.

1 Q All right. Do you understand -- well, let's
2 see.

3 Did you believe at that time that you had
4 a duty to convey the information that Dr. Young
5 had conveyed to you about the questionable lung
6 masses to the patient?

7 MR. BONEZZI: Objection.
8 That calls for a legal conclusion.

9 MR. BURNETT: Okay.

10 THE WITNESS: Do I answer
11 that?

12 MR. BONEZZI: No.

13 MR. BURNETT: Okay.

14 MR. BONEZZI: If you change
15 the term "duty", then I'll let him answer it.
16 But you're asking for a legal conclusion which
17 this individual is incapable of answering.

18 MR. BURNETT: All right. Off
19 the record for a minute.

20 (Off the record.)

21 MR. BURNETT: Let's go back
22 on.

23 Q Doctor, at that point in time did you feel the
24 need to convey that information to anyone as an
25 emergency room physician?

1 A Yes, sir.

2 Q Okay. And, by the way, so we understand it, at
3 this point in time you're acting as her
4 physician; is that correct? She's your
5 patient?

6 A Yes, sir.

7 Q Okay. You received this information from
8 Dr. Young. What did you feel it important to
9 do with that information once you received it?

10 A Important to communicate the results of the CAT
11 scan to the patient and to get the patient
12 appropriately cared for, which would require
13 contact with other physicians.

14 Q Okay. Did you, in fact -- well, do you recall
15 whether or not you conveyed the information
16 relative to the CAT scan to the patient?

17 A I believe I did although I can't say that I
18 recall the specific conversation. However,
19 judging by my routine practice, I can say that
20 the information was conveyed back to the
21 patient.

22 Q Okay. In looking at your dictated note, I
23 don't see any reference in there that you, in
24 fact, conveyed that information to the patient.
25 Can we agree on that?

1 A Yes.

2 Q Okay. Can you tell me why you did not include,
3 in your note, information that you conveyed
4 that -- or strike that. A reference that you
5 conveyed the information about the questionable
6 lung masses to the patient?

7 A I'm sorry. Can you --

8 Q Yeah. Bad question. Let me ask it again.

9 I think we both agree there's no
10 reference in your note to the fact you conveyed
11 this information to the patient. Yes?

12 A Yes, sir.

13 Q Okay. Can I ask you why not? Why wouldn't you
14 have put this in your note?

15 A I don't have a good answer for you, sir.

16 Q Okay. Do you recall what, in addition to this,
17 you may have advised the patient about that,
18 the significance of questionable lung masses?

19 A Initially the conversation would have been
20 directed toward her primary complaint and
21 presentation to the department, which had to do
22 with abdominal pain.

23 Q Yes, sir.

24 A So initially I would have conveyed to her the
25 fact she had appendicitis and that would

1 require surgery.

2 Q All right.

3 A I would go on to report that the CT scan also
4 showed something in her lungs that would
5 require further evaluation, likely to include a
6 CAT scan.

7 Q All right. To your knowledge, do you remember
8 whether or not the patient's husband was
9 present with her at all during the day in the
10 emergency department?

11 A Yes, I do recall. And, yes, I believe he was
12 present during the patient's stay.

13 Q Do you know whether or not he was present when
14 you -- let me back up.

15 I take it, sir, you don't have a memory
16 of actually -- I don't want to misstate your
17 testimony.

18 You don't actually have a memory of
19 conveying the information of the lung mass to
20 the patient?

21 A That's correct.

22 Q But you're telling me your regular practice
23 would have been to convey something like that
24 to the patient?

25 A Yes, sir.

1 Q Okay. So as we sit here today, since you don't
2 remember conveying the information to the
3 patient, you can't tell me whether or not her
4 husband was present when you would have
5 conveyed that information?

6 A That's also correct.

7 Q Okay. It appears that you put a phone call in
8 to Dr. Lane next. Yes?

9 A No.

10 Q You put a phone call in to Dr. Hillard?

11 A Yes.

12 Q Okay. And you ended up speaking with Dr. Lane
13 who, I take it, was on call for Dr. Hillard?

14 A That's my understanding, yes.

15 Q Sir, do you remember whether you placed a phone
16 call to a Dr. Erin Hillard or a Brad Hillard?
17 Any recollection?

18 A No, sir.

19 Q Okay. Do you know any Dr. Hillard?

20 A I had multiple phone conversations with both
21 Dr. Brad and I believe Dr. Erin Hillard.

22 Q Okay. But on this date you don't know whether
23 you called Dr. Brad or Dr. Erin Hillard?

24 A No, I don't.

25 Q Okay.

1 A I know that we were trying to contact the
2 physician who cares for the patient's husband.

3 Q Okay. All right. Why would you have done
4 that?

5 A Because the patient didn't have a primary
6 caregiver is my understanding, from what I
7 recall, I see in my notes. And to touch base,
8 let them know the processing going on and to
9 arrange follow-up.

10 Q What about your notes leads you to believe that
11 the patient didn't have a primary caregiver?
12 Or do you recall that from the incident?

13 A There's -- I suppose there's nothing in my
14 notes that say that.

15 THE WITNESS: Can I see the
16 ED sheet, please?

17 MR. BONEZZI: Uh-huh.

18 MR. BURNETT: Would that
19 be -- all right.

20 A According to the emergency department notes,
21 okay, with my sheet, yeah, the sheet you're
22 looking at.

23 Q Yes, sir.

24 A There's a stamp in the upper right-hand corner
25 that has the name of Dr. Erin Hillard on it and

1 that's who I would have contacted as
2 representing her primary caregiver.

3 Q Gotcha. All right. I understand. Okay.

4 You never spoke to her that day, correct,
5 Dr. Erin Hillard?

6 A That's correct.

7 Q How was it that you came to speak with a
8 Dr. Lane as referenced in your note?

9 A I asked the secretary to contact Dr. Hillard,
10 and then the physician covering for that doctor
11 would have responded, whether it was her or
12 another person. In this case it was Dr. Lane.

13 Q Did Dr. Lane call you back?

14 A Yes, sir.

15 Q Do you recall anything about the conversation
16 with Dr. Lane?

17 A Yes, I do recall patchy parts of the
18 conversation.

19 Q Okay. My goal here is to exhaust your memory
20 about those patchy parts of the conversation.

21 A I understand.

22 Q Please tell me what you recall, sir.

23 A I recall communicating with Dr. Hillard the CT
24 findings and the need for follow-up.

25 MR. BONEZZI: Excuse me.

1 Dr. Hillard or Dr. Lane?

2 A I'm sorry. I didn't speak with Dr. Hillard
3 that day.

4 Q Okay.

5 A If I substituted the name, I was in error.

6 Q Yeah. And I figured you were just making an
7 error. Please continue.

8 A I would have communicated the information on
9 the CAT scan to Dr. Lane. And I believe I
10 recall Dr. Lane sharing with me that that
11 information would be forwarded on regarding
12 follow-up.

13 Q Okay. And when you say the information on the
14 CAT scan, please tell me if you remember
15 discussing whether you were talking to him
16 about the appendicitis, the abdominal findings,
17 or the chest findings on the lungs. I mean,
18 did you discuss -- did you convey both that
19 information to him? Do you have a memory of
20 that?

21 A Yes.

22 Q Okay. I mean, I guess what I'm getting at, did
23 you convey -- do you recall conveying to
24 Dr. Lane the information about the questionable
25 masses on the lung?

1 A I remember being on the phone with Dr. Lane.

2 Q Okay.

3 A I know that I would have conveyed about the
4 appendicitis.

5 Q Okay.

6 A I would have asked who he wanted to care for
7 the patient, whether it was a particular
8 surgeon he wanted or whether it was whomever
9 was on call. I don't recall his exact answer.

10 Q All right.

11 A That notwithstanding, I do recall from my
12 conversation earlier with Dr. Young that there
13 was emphasis on need for follow-up regarding
14 the lung issues, and that was communicated as
15 well.

16 Q You have a recollection of conveying that
17 information to Dr. Lane or would that have been
18 your normal routine? I'm trying to get a
19 handle on this.

20 A I recall the conversation with Dr. Lane. I do
21 not recall the exact wording of the
22 conversation, so I have to rely on what would
23 be my typical practice.

24 Q And your typical practice would be what, sir,
25 in this circumstance?

1 A In this circumstance, it would be to convey the
2 information on the CAT scan in total and the
3 recommendation for follow-up.

4 Q And by that, sir, I'm going to show you
5 Plaintiff's Exhibit 2.

6 Under the "impression", if you'll look at
7 that, would you have -- would it have been your
8 practice to have conveyed the totality of the
9 impressions?

10 A No.

11 Q Okay.

12 A This was not --

13 MR. BONEZZI: That was not --
14 that's going to be my objection. That was not
15 transcribed until the 20th, which is the date
16 of her discharge. The only thing that he would
17 have had available is what you have in your
18 hand. That's the wet read.

19 MR. BURNETT: Gotcha. Let's
20 have this marked as Exhibit 3, please, if I
21 could.

22 - - - - -

23 (Exhibit No. 3 was marked.)

24 - - - - -

25 Q Sir, I'm going to hand you Exhibit 3. Could

1 you identify this for us, please?

2 A Yes. This is a handwritten report of the
3 radiologist's interpretation that was provided
4 to me in realtime after the CT scan was read
5 while the patient was still under my care.

6 Q Okay. The information on that document -- may
7 I see it quickly?

8 A Yes.

9 Q It appears under "preliminary report" it says,
10 "Quad appendicitis" and "two right lung
11 masses".

12 Am I reading that correctly?

13 A "Right lower" scratched out prior to "quad".

14 Q Okay.

15 A And then, yes, "appendicitis" and "two right
16 lung masses".

17 Q Okay. I understand. So you would have had
18 this wet read in your possession prior to
19 placing a call to Dr. Hillard?

20 A I don't know.

21 Q Okay. Would you have had this wet read in your
22 possession prior to speaking with Dr. Lane?

23 A I don't know.

24 Q Okay.- But I take it, sir, that regardless of
25 whether you had this in your possession or not,

1 you knew from the conversation with Dr. Young
2 that there was a diagnosis of an appendicitis
3 as well as two right lung masses that needed
4 followed up on. Yes?

5 A Absolutely. And I've got documentation in my
6 handwritten chart that you have, listed as
7 exhibit -- I don't know that it's listed.

8 Q I may not have marked it, sir.

9 MR. BURNETT: Let's do that.
10 Let's mark that our next exhibit in order.

11 - - - - -

12 (Exhibit No. 4 was marked.)

13 - - - - -

14 Q I'll hand this to you, sir, Exhibit 4.

15 A On my handwritten note on this, which is the
16 emergency department face sheet.

17 Q Yes, sir.

18 A That would have been completed when the patient
19 was in the department. I have documented that
20 I spoke with Dr. Young at 12:30 where she
21 reported to me that the patient had positive
22 appendicitis and also that the patient had a
23 questionable lung mass at the bases.

24 Q All right. With regard to the information as
25 to the questionable lung masses, it's your

1 testimony that that's something you likely
2 would have included in your conversation with
3 Dr. Lane. Yes?

4 A Yes. Absolutely.

5 Q All right. And he advised, then, so I
6 understand, I think you recall him advising you
7 he would pass that information along to
8 Dr. Hillard or Dr. Hillard's group?

9 A That's correct.

10 MR. BONEZZI: Objection.

11 Go ahead.

12 THE WITNESS: Sorry.

13 MR. BONEZZI: That's all
14 right.

15 Q If I have misstated that, I'd like you to
16 please restate to me what you recall Dr. Lane
17 saying with regard to the lung masses and what
18 he would do with that information.

19 MR. BONEZZI: John, just for
20 clarification, the basis of my objection is he
21 had already testified that it was his
22 impression that Dr. Lane would pass the
23 information on. He did not say to whom.

24 MR. BURNETT: Okay.

25 MR. BONEZZI: And your

1 question presumed.

2 MR. BURNETT: Assumes. Okay.

3 Let me ask you that then.

4 Thank you, Bill.

5 Q Did Dr. Lane say to whom he would pass the
6 information?

7 A I don't recall.

8 Q All right. It appears from your note that
9 Dr. Lane advised that he would like
10 Dr. Ungvarsky on consult for surgery relative
11 to the appendicitis. Yes?

12 A I'm not certain.

13 Q Okay. Let's look at your note.

14 A Uh-huh.

15 Q It looks like you state that.

16 A Oh, I'm sorry.

17 Q It was Dr. Ungvarsky?

18 A He did request Dr. Ungvarsky, that's correct.

19 Q And it appears you probably put a phone call in
20 to Dr. Ungvarsky?

21 A Yes, sir.

22 Q And then you were awaiting a return call as of
23 the time you dictated this note. Is that true?

24 A That's correct.

25 Q At some point in time I think you learned that

1 Dr. Ungvarsky is not available and
2 Dr. El-Khairi will be acting as the surgeon in
3 this matter?

4 A Yes, sir.

5 Q Okay. Do you remember how that came about?

6 A Again, I would ask the secretary to contact
7 Dr. Ungvarsky. And then whomever was
8 answering, whether it would be Dr. Ungvarsky or
9 whoever was covering, would, in turn, call
10 back.

11 Q All right. I take it at some point in time
12 Dr. El-Khairi, instead of Dr. Ungvarsky, called
13 you back?

14 A Correct.

15 Q Do you recall speaking with Dr. El-Khairi?

16 A Yes, sir.

17 Q Okay. Please tell me everything you remember
18 about that conversation, including what you
19 said and what he said.

20 A I remember being surprised that it was
21 Dr. El-Khairi calling back instead of
22 Dr. Ungvarsky.

23 Q Okay.

24 A From there I can't say I recall exactly the
25 wording of our conversation.

1 Q All right.

2 A I would have definitely conveyed to him the
3 information about the appendicitis.

4 Q Let me interrupt you, if I may. Before we talk
5 about what your normal routine would be, do you
6 remember in general what the conversation
7 entailed even though you don't remember
8 specific words? Do you have a memory of what,
9 in general, was conveyed to you by
10 Dr. El-Khairi and in general what you conveyed
11 to Dr. El-Khairi?

12 A Yes, sir. Actually.

13 Q Okay.

14 A Like I said, I don't recall exactly about the
15 appendicitis and I don't recall exactly my
16 discussion with him about the lung nodules or
17 masses.

18 Q All right.

19 A However, I do remember a brief chuckle and,
20 yes, we'll follow that up because it's
21 independent of the primary issue for which
22 Dr. El-Khairi was being consulted or for which
23 surgery was required.

24 Q What do you mean a "brief chuckle"? I don't
25 understand that.

1 A Let's see. I was the reason to contact
2 doctor -- any surgeon, was because a patient
3 had an acute surgical process occurring.

4 Q Okay.

5 A Which was acute appendicitis.

6 Q All right.

7 A Remotely and unrelated were this finding of
8 lung masses on the CAT scan.

9 Q Okay.

10 A So essentially irrelevant to the process for
11 which he was being contacted.

12 Q I see.

13 Please tell me anything else you remember
14 about the conversation.

15 A I don't recall further details, sir.

16 Q All right. I think we talked about what you
17 remember about the gist of the conversation.
18 Can you please tell me what your practice would
19 have been relative to communicating such
20 information?

21 A Yes. My practice would have been to report to
22 him the information that was conveyed to me by
23 Dr. Young, which would have included the
24 appendicitis and the lung masses.

25 Q Had you ever worked with Dr. El-Khairi in the

1 past?

2 A Yes, sir.

3 Q Can you give me an idea of how many times?

4 A Multiple. Hundreds.

5 Q Okay. Someone you consulted with regularly
6 then?

7 A With reasonable regularity, yes.

8 Q Okay.

9 A Can I?

10 Q Please.

11 MR. BONEZZI: Tell me first.

12 THE WITNESS: Excuse me.

13 (Discussion held off the record.)

14 A I wanted to clarify for you my answer regarding
15 contact with Dr. El-Khairi.

16 Q Yes, sir.

17 A My answer of "hundreds" includes my entire time
18 frame while I was at Bedford.

19 Q Okay.

20 A Not just the time frame prior to this
21 particular case arising.

22 Q Okay. That's fine. And I appreciate you doing
23 that. Thank you.

24 It appears from the nurses' progress
25 notes that Dr. El-Khairi was there to see the

1 patient at about 1435, or 2:35. Do you recall
2 that?

3 A Yes, actually, I do.

4 Q Okay. Please tell me everything you recall
5 about Dr. El-Khairi coming in to see the
6 patient.

7 A I remember him coming into the department to
8 see the patient, which is an unpredictable
9 event.

10 Q What do you mean by that?

11 A Whether a surgeon would come to the department
12 to see the patient or whether they would wait
13 for the patient to be seen on the floor or in
14 preop or whatever the case may be.

15 Q Okay. So as I understand it, you remember
16 seeing Dr. El-Khairi physically walking into
17 the emergency department?

18 A I remember seeing Dr. El-Khairi in the
19 emergency department.

20 Q I'm sorry. Did I say Ungvarsky?

21 A I'm sorry.

22 Q We both mean El-Khairi?

23 A Yes. And I didn't see him walk in necessarily
24 but I do recall his presence in the department.

25 Q Okay. And I take it when you recall his

1 presence in the department, do you recall his
2 presence at the bedside of Mrs. Richnafsky?

3 A I can't say for certain. I recall him over in
4 the general area.

5 Q Okay.

6 A I recall him over in the area where I tend to
7 nest --

8 Q Okay.

9 A -- in the physicians' area.

10 Q Yeah.

11 A But I can't tell you that I saw him at patient
12 bedside, although I'm confident he was there at
13 some point.

14 Q Yeah. Okay. Do you recall anything
15 Dr. El-Khairi said to anyone while he was in
16 the emergency department?

17 A No, I do not.

18 Q All right. Do you recall whether or not you
19 spoke to him when he came into the emergency
20 department?

21 A Again, I don't recall specific conversation.
22 I'm sure there would have been a congenial
23 hello.

24 Q Sure. I take it, then, from the standpoint of
25 a physician/patient relationship, when the

1 patient is admitted to Dr. El-Khairi's care,
2 you are no longer acting as the patient's
3 physician. Is that fair to say?

4 A The patient remains under my care until they
5 physically leave the department and to somebody
6 else's care.

7 Q All right. At some point in time that occurred
8 with Dr. El-Khairi; is that correct?

9 A Yes, sir.

10 Q Were you ever made aware of anything
11 Dr. El-Khairi may have said or may not have
12 said to this patient?

13 A No.

14 Q Did you ever talk to Dr. El-Khairi again about
15 this patient after the patient left the
16 emergency department?

17 A Not that I recall.

18 Q Okay. Are you aware of any notes anywhere
19 which suggest -- or when I say "notes", I mean
20 memorandum, diary entries, anything written
21 which suggests that you and Dr. El-Khairi had a
22 conversation about this patient after the
23 patient left the emergency department?

24 A No, sir.

25 Q By the way, was the surgery performed by

1 Dr. El-Khairi in the emergency department or do
2 they take her physically to another floor?

3 A No. No.

4 Q And I'm probably betraying my ignorance of what
5 happens in emergency departments.

6 A No. Surgery was performed in the emergency
7 department.

8 Q Okay. So it would have been taken -- the
9 doctor would have been -- or the patient would
10 have been taken to another floor or another
11 department on the same floor? Do you know?

12 A The patient would have been relocated to
13 another area of the hospital.

14 Q You have no idea where?

15 A No, I do not.

16 Q Okay. To your knowledge, did Dr. El-Khairi
17 ever speak with Dr. Young about this patient?

18 A I don't know.

19 Q To your knowledge, did Dr. El-Khairi speak with
20 Dr. Debaz about this patient?

21 A I don't know.

22 Q Okay.

23 MR. BURNETT: Let's go off
24 the record for just a moment.

25 (Off the record.)

1 MR. BURNETT: Let's go back
2 on for a minute.

3 Q Doctor, relative to the CT report that I've
4 marked as Exhibit 2 by Dr. Debaz, until you
5 realized you were a defendant in this case, did
6 you ever see that prior to that period of time?

7 A No, sir.

8 Q Okay. So this wasn't something that would have
9 found its way to your possession --

10 A That's correct.

11 Q -- following the patient leaving; is that
12 correct?

13 A That's correct.

14 Q Okay. What is your understanding as to the
15 paper flow of something like this in the
16 hospital? Do you have any idea where it goes?

17 A I couldn't -- I couldn't even begin. My
18 suspicion --

19 MR. BONEZZI: You've
20 answered.

21 Q Fair enough.

22 In any of your conversations with
23 Dr. Young or the patient, or Dr. Lane, do you
24 recall making any reference to any of the
25 clinical symptoms of the patient, as she

1 presented to you, that may or may not be
2 related to something seen on CT scan, such as
3 lung masses?

4 A Patient did relate to me, when I was taking my
5 history, that she had a cough.

6 Q Okay. Do you recall ever mentioning that to
7 Dr. Lane or Dr. El-Khairi?

8 A I don't recall.

9 Q All right. Is that something that would have
10 been part of your normal practice relative to
11 the findings on the CT scan?

12 A I don't think so, no.

13 Q Okay. Tell me why not.

14 A The finding on the CT scan was an incidental
15 finding.

16 Q Okay.

17 A The identification of a cough in the history,
18 when taken in the whole big picture of the
19 patient's case, was also an incidental finding.
20 It would not have been conveyed.

21 Q All right.

22 MR. BURNETT: Give us just
23 one moment. If you'll excuse us.

24 MR. BONEZZI: Uh-huh.

25 (Recess taken.)

1 MR. BURNETT: Let's go back
2 on.

3 Q Were there any plain films done of the abdomen
4 from your review of the file?

5 A No, sir. I don't see any request on my part
6 for plain films of the abdomen.

7 Q And you went right to a CT scan?

8 A Yes, sir.

9 Q Can you tell me why instead of doing plain
10 films? I'm not suggesting one way or another
11 is preferable.

12 A I had high clinical index of suspicion of some
13 type of surgical process occurring in the
14 abdomen and felt that my plain film would not
15 provide the information necessary that I would
16 get from a CT scan.

17 Q Do you have a recollection of speaking, any
18 communication, with the patient relative to the
19 lung masses? Do you know whether or not any
20 family member was around during that period of
21 time?

22 A I honestly can't recall.

23 Q All right. So you don't recall whether or not
24 you conveyed any information relative to that
25 to any family member who may or may not have

1 been -- or who may have been present?

2 A My absolute recall is that I don't know.

3 Q Okay.

4 A I believe that her husband was at bedside when
5 we talked about the CAT scan findings.

6 Q Okay. Do you have a memory of the husband
7 being present at bedside?

8 A I remember him being present in the department
9 but I don't remember if he was present for that
10 specific conversation.

11 Q Okay.

12 MR. BURNETT: If you'll hang
13 on just one minute.

14 (Discussion held off the record.)

15 MR. BURNETT: I don't have
16 any other questions.

17 MS. SANDACZ: I just have a
18 couple questions.

19 EXAMINATION

20 BY MS. SANDACZ:

21 Q I just want to be clear about the conversation
22 that you have explained to date with regard to
23 Dr. El-Khairi. Do you have any other
24 recollection other than what you've told us
25 today?

1 A No, ma'am, I do not.

2 Q Okay. Based upon your custom and practice,
3 would you have told Dr. El-Khairi what you had
4 done as far as contacting Dr. Lane, explaining
5 to Dr. Lane what had happened, what Dr. Lane
6 maybe had conveyed back to you and then told
7 Dr. El-Khairi that scenario?

8 A Yes.

9 Q Okay. So in that scenario, you would have told
10 Dr. El-Khairi that you conveyed the incidental
11 finding, questionable lung masses to Dr. Lane
12 and Dr. Lane had indicated that that would be
13 followed up?

14 A I would have -- can you break that down a bit,
15 please?

16 Q Sure.

17 A I'm sorry.

18 Q I'm just trying to follow your testimony that
19 you've given to date.

20 You've indicated you would have told
21 Dr. Lane about the CT findings which would have
22 included the acute appendicitis as well as the
23 questionable lung masses, correct?

24 A Yes.

25 Q And based upon your custom and practice --

1 strike that.

2 Based upon what you recall of the
3 conversation, Dr. Lane indicated to you that
4 that information would be followed up?

5 A Yes.

6 Q Okay. And based upon your custom and practice,
7 would you have conveyed those two factors to
8 Dr. El-Khairi?

9 A Yes.

10 Q Okay. Just so I'm clear on your testimony,
11 when you told the patient -- was it your
12 understanding, based upon your telling the
13 patient that they would also follow up with the
14 doctor, that they conveyed the information to
15 Dr. Lane?

16 MR. BURNETT: Objection.

17 Q I'm sorry.

18 MR. BURNETT: Go ahead. You
19 can answer.

20 A No.

21 Q You didn't have any understanding whether the
22 patient would follow up with anybody?

23 A That's correct.

24 Q Okay. You had indicated that your -- the
25 purpose for you contacting Dr. Ungvarsky and

1 then ultimately reaching Dr. El-Khairi was to
2 address the acute problem with the
3 appendicitis, correct?

4 A Yes, ma'am.

5 Q If a patient would have, on their CT scan, just
6 lung masses, would you have called a general
7 surgeon to address those issues or would it
8 have been some other specialty to follow up?

9 MR. BONEZZI: Objection.

10 Go ahead.

11 A In the absence of any intra-abdominal process?

12 Q Correct.

13 A If there was no acute surgical process
14 occurring, then I would not have contacted a
15 surgeon to assist with care.

16 Q So the issue with regard to the question of
17 lung masses, you would have contacted either a
18 primary care physician or pulmonologist, or
19 some other specialty to follow up those issues,
20 correct?

21 A Yes.

22 Q Okay.

23 MS. SANDACZ: That's all the
24 questions I have.

25 MR. NORCHI: No questions.

1 MR. BURNETT: No more
2 questions.

3 MR. BONEZZI: Okay. We'll
4 read.

5 (Deposition concluded at 3:30 p.m.)

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THE STATE OF OHIO,)
COUNTY OF CUYAHOGA.)

SS:

I, Marcie S. Smith, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that DANIEL KRANITZ, D.O., was first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was by me reduced to stenotypy in the presence of said witness, afterwards transcribed on a computer/printer, and that the foregoing is a true and correct transcript of the testimony so given by him 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, counsel 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 1st day of September, 2005.



Marcie S. Smith, Notary Public
within and for the State of Ohio
My Commission expires April 28, 2009.

THE STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said state and county, personally appeared the above-named DANIEL KRANITZ, D.O., who acknowledged that he did sign the foregoing transcript and that the same is a true and correct transcript of the testimony so given.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at _____ this _____ day of _____, 2005.

DANIEL KRANITZ, D.O.

Notary Public

My Commission expires: _____