IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

TINA HAYBURN,
Adm. of the Estate
of HALYNA SKYRL,

Plaintiff,

-vs-

CASE NO. 224348

DEACONESS HOSPITAL,
et al.,

Defendants.

Doc. 327

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Deposition of GLEB MOYSAENKO, M.D., taken as if upon cross-examination before Ralph A. Cebron, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Charles Kampinski Co., L.P.A., 2150 Illuminating Building, Cleveland, Ohio, at 1:15 p.m. on Wednesday, May 6, 1992, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

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On behalf of the Defendant
Augusto C. Juguilon, M.D.

GLEB MOYSAENKO, M.D., of lawful age, called by the Plaintiff for the purpose of cross-examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION OF GLEB MOYSAENKO, M.D.

BY MS. TAYLOR-KOLIS:

Q. Okay. Doctor, you have already been sworn in. And the court reporter of course has the case caption, so I don't need to repeat that for the record. You are here, of course, by an agreement made between Mr. Kampinski and your counsel. My purpose is to ask you some questions to examine the extent to which I accurately hopefully understand this chart and file. Have you previously been deposed?

A. No.

Q. Okay.

A. Correction. I have, but -- what sense?

a. Well, I guess a silly lawyer way of doing this, I'm trying to determine whether or not you have a fair understanding what the purpose of a deposition is and so I usually ask.

A. Yes, I have been deposed before.

Q. Okay. If at any time I ask a question and the

A. No, I'm not.

Q. Okay. You're a solo practitioner?

A. Yes.

Q. Okay. Could I have your home address, please?

A. 7677 Hidden Valley Lane.
Q. Okay.
A. That's in Parma.
Q. All right. And marital status?
A. Married.
Q. Okay. And children?
A. Three.
Q. Okay. Do you have a CV?
A. No, I don't.
Q. Okay. I would like to briefly review your educational background beginning with, believe it or not, high school.
A. I went to Staunton Military Academy in Staunton, Virginia.
Q. What year did you graduate from high school?
A. 1973.
Q. Okay. Where did you attend college?
A. Case Western Reserve University.
Q. In what year did you graduate?
A. 1977.
Q. Okay. And your degree was in what area of study?
A. Bachelor of Arts in biology.
Q. Okay. Next education following college graduation?

A. University of Guadalajara.
Q. Years attended?
A. 1978 and graduated in '81.
Q. Okay. Have you had any further education, formal education past that?
A. Yes. I did an internship at New York Medical College, rotating internship, for one year.
Q. What year was that?
A. It was 1982 to 1983.
Q. Okay. Residency?
A. At Huron Road Hospital, three years, '83 through '86.
Q. Okay. Anything past that?
A. I opened my practice in 1986.
Q. Okay. What is your area of specialty?
A. Internal medicine.
Q. Do you have a board certification in internal medicine?
A. No, I don't.
Q. Are you board eligible?
A. Yes.
Q. Have you attempted to secure board certification?
A. I have taken the exam.
Q. Okay. How many times?

A. Twice.
Q. Okay. Forgive me for not knowing this, the internal medicine board certification, does that consist of a written and oral examination?
A. No. Written only.
Q. Strictly written?
A. Yes.
Q. Okay. When was the last time you sat for the written examination?
A. 1987.
Q. Okay. And you have not attempted it since then?
A. No.
Q. Okay. When were you licensed to practice medicine in Ohio?
A. I believe in 1982.
Q. Okay, Are you licensed to practice medicine in any other state?
A. New York.
Q. Okay. When did you obtain that licensure?
A. 1982, I believe.
Q. All right. You indicated you're a sole practitioner of medicine; basically what kind of practice do you have?
A. It's a practice that deals with adults and there

is no surgery involved.

Q. Okay. I guess it would be fair to say that I know that you have privileges to practice at Deaconess, do you have any privileges at any other hospitals?

A. Parma Hospital.

Q. Okay. How long have you had privileges at Deaconess?

A. Since 1986.

Q. And what about Parma?

A. I believe '86 or '87.

Q. Okay. Past your basic education that we have already discussed, in the last three years have you attended any ongoing educational seminars?

A. I regularly attend continuing medical education meetings. I also go to seminars as well.

Q. Okay.

A. The last ones I went to was in Chicago. It's a critical care review course.

Q. Okay.

A. Which I believe is 1988 or '89.

Q. In 1988 or '89 that's the last seminar that you went to? If I misunderstood you --

A. That particular seminar.

Q. Okay. If I asked you to provide to your

attorney a list of all seminars or conferences which you have attended in the last three years, could you do that for me?

A. Sure.

Q. Okay. I consider that a request but I will put it in writing for you also. All right?

I think we pretty much covered your employment. What is your relationship with Deaconess Hospital, if any?

A. I'm a private physician that practices at Deaconess Hospital.

Q. Okay. Doctor, I gather that you would have received a Complaint which was filed on behalf of the estate of Halyna Skyrl?

A. Yes.

Q. That would be accurate? Do you understand the nature of the allegations that were made in the Complaint against you?

A. Not really.

Q. Okay. That's a fair enough answer. Did you --

MR. MARKWORTH: I don't understand them either.

Q. Did you meet with your attorney in an effort to aid and assist him in preparing an Answer to the Complaint which was filed?

A Yes.

MR. GROEDEL: Objection.

Q. Okay. Have you seen a copy of the Answer that was filed?

A. I don't remember if I saw it. I believe so.

Q. Okay. You believe so but you're not certain?

A. No.

Q. Okay. How is it that Halyna Skyrl came to be a patient of yours?

A. I was called by the emergency room doctor when she came to the emergency room.

Q. Okay. And what emergency room doctor is that?

A. I believe it was Dr. Alfred Thayn.

Q. Okay. Why would the emergency room physician have called you?

A. To notify me of a patient who needed admission.

Q. Okay. Mrs. Skyrl had not been your patient prior to the presentation at Deaconess?

A. No.

Q. Okay. In preparation for answering questions today, I'm going to assume that you have at least looked at the Deaconess chart; is that an accurate assumption on my part?

A. Yes.

Q. Okay. Did you review any other medical records

of Halyna Skyrl?
A. Yes.
Q. Okay. Did you review the records of the Cleveland Clinic admission?
A. Briefly, yes.
Q. Okay. And is there anything else that you looked at in preparation for this deposition?
A. No.
Q. Okay. I'm going to ask you a good number of questions regarding information contained in the Deaconess chart. I assume that we have the same one and you can feel free to refer to it, okay, if you need to.
A. Uh-huh.
Q. All right. Do you have a recollection of about what time you were called regarding this patient in the emergency room?
A. I believe it was around 6:00 or 7:00.
Q. In the evening?
A. Yes.
Q. What were you told, if you can recall today, regarding the condition of the patient?
A. That the patient had presented with complaints of numbness and right-sided weakness and headache, that she was found to be hypertensive

when she was in the emergency room. She was treated for the hypertension and had subsequently improved, although she did not completely resolve her weakness or headache.

Q. Okay. When you say that, I see that you're reading from the records, that she was treated for her hypertension; are you indicating that they rendered treatment to her in the emergency room for her hypertension?

A. Correct.

Q. Okay. What did they do for her regarding the hypertension in the emergency room?

A. They gave her sublingual Procardia.

Q. All right. If you know, when someone comes to Deaconess and they need to be admitted and the emergency room physician makes that call, I take it, I gather that's what it is, you're not the only physician that they call to admit people, are you?

A. No.

Q. Okay. How do they make a decision, if you know, and only if you know, on who to call to admit someone?

A. This is a patient had been seeing Dr. Farion.

Q. Okay. And who is Dr. Farion?

A. He's a primary care doctor, GP, practicing in Brooklyn.
Q. Okay. I don't know that that answers my question on why they would have called you or called other people.
A. Oh, that's what you want to know?
Q. Yes.
A. They asked him who to refer the patient to because he did not want to admit her and they contacted me because he indicated that.
Q. They called Dr. Farion first, that's your understanding?
A. I'm not sure if they called him first or not.
Q. Okay. But you just indicated that he didn't want to admit her, he being Dr. Farion or he being the emergency room physician?
A. Dr. Farion.
Q. Okay. So you have some understanding that Dr. Farion didn't want to admit this person?
A. Dr. Farion does refer patients to me.
Q. Okay. I'm just trying to understand how it is that you were called in on the case. Okay? After you received the phone call did you then go to Deaconess Hospital?
A. No, I didn't.

Q. All right. When is the first time you actually saw this patient?
A. I saw her in the morning of the 14th.
Q. All right. So she was admitted on the evening of the 13th?
A. Right.
Q. And you saw her then the next morning?
A. Correct.
Q. All right. When you came in the next morning before you saw her, were you able to review information that was already in a chart about her?
A. Before I saw her?
Q. Yes.
A. I had gotten verbal information by the emergency room doctor.
Q. Okay.
A. I had given orders on the patient before I came in that morning.
Q. Okay.
A. As far as reviewing anything else, no.
Q. Okay. When you received the call and you were given information on this patient --
A. Right.
Q. -- you made a decision to agree to have her

admitted?
A. Correct.
Q. Is that a fair statement?
A. Yes.
Q. And you have just now indicated to me that you didn't come in and see her but you issued orders?
A. Yes.
Q. Can you please tell me what orders you issued at that time before you first saw her?
A. Do you want to refer to the chart?
Q. Any way you can answer the question for me is fine.
A. I can answer it without it, but I will give it to you as I gave it.
Q. All right.
A. She had an admitting diagnosis which I had been given at that time of a cerebral vascular accident and uncontrolled hypertension.
Q. Okay. Let me stop you there for a second. What was your basis for diagnosing a CVA?
A. Based on what information the physician communicated to me.
Q. Okay. And reiterate for me which set of symptoms were presenting symptoms?

A. Her complaints of numbness and weakness and the headache.
Q. Okay. And you then made an admitting diagnosis of CVA, correct, based on that?
A. There was more information than that, but that's the majority of the information that makes that diagnosis.
Q. Okay. So based upon those admitting diagnoses, the two that you just admitted to me, then what were your orders for this patients?
A. She was placed on neurochecks and they were ordered to be done every 30 minutes for two hours, then hourly for four hours, and then every four hours thereafter if she was found to be stable. She was placed on bedrest, except to be up to the bathroom with assistance. She was maintained on a full liquid diet, which could be advanced in the morning if she was tolerating it. Scheduled a CAT scan of the head. She was placed on blood pressure medication, which included Capoten, Hydrochlorothiazide, Lopressor, which she had previously been on. She was scheduled for a Halter monitor and echocardiogram, electroencephalogram. She had screening chemistries done. I had given

parameters for treatment of blood pressure, if it was in excess of 190 systolic or over 95 on the diastolic to be using Procardia and if that would not control the blood pressure in those parameters that I should be notified. She also had a chest x-ray and an EKG done.

Q. Let me stop you for a second. Can you show me where you're reading from. Is it the first order sheet?

A. The first admit order sheet, yes.

Q. Okay. And I don't have my pages numbered so I have to dig for it for a second.

A. This comes right after the progress sheets.

MR. GROEDEL: Her notes may be in different order, doctor. It's the first order sheet.

Q. I have these. All right. While I'm looking for it, you just ran through a pretty extensive list of things. Those were all things which you told the hospital on the telephone that you wanted to have happen?

A. Correct.

Q. For her without having seen her?

A. Based on the diagnoses, yes.

Q. Based on the diagnosis. I didn't mean to imply

that you didn't have a diagnosis. Were there a couple other things that we haven't gone over that you had recommended prior to seeing her?

A. Not that I can recall.

Q. Okay. I can't find where you're reading from, Is the bottom from the document you read from, doctor, clinical notes on progress of the patient?

MR. GROEDEL: The order sheet.

Q. Sorry. All right. Going backwards then, I didn't take the notes. What would have been your purpose in ordering a CAT scan?

A. To determine whether she had had a stroke or not.

Q. Okay.

A Or whether she had a tumor or whether she had had a hemorrhage.

Q In fact, was that CAT scan carried out?

A Yes, it was.

Q Okay. Do you recall today what the results of the CAT scan was?

A They were normal.

Q Okay. Do you recall what the time frame was in which the CAT scan occurred?

A It happened on the 14th after I had seen the

patient in the morning.
Q. Okay.
A. Which is I asked them to do it on a stat basis.
Q. All right. Were you immediately notified of the results of the CAT scan?
A. To my recollection, yes.
Q. Okay. Would you have stayed at Deaconess all day on the 14th or would you have been back at your office? I'm just asking. I don't know what you do during the day.
A. No. No. I went back to the office.
Q. Okay. What time did you see her on the 14th?
A. I saw her in the morning and I don't remember exactly what time I had finished, but I believe it was about 10:30. I was completed with the physical exam that I had done.
Q. Okay. What did your physical exam of this patient on the 14th reveal?
A. A patient who had very mild right-sided weakness in the hand and questionably some in the right foot. Had some difficulty using the right hand and foot due to the weakness, and a patient with a possible visual field defect.
Q. Okay.
A. Having difficulty seeing from the left eye.

Q. Okay. I was just going to ask you if it was on the right or the left. Was there anything else remarkable about the physical examination that you can recall now?

A. Let me refer to the record. From what I recall, no.

Q. Okay.

MR. GROEDEL: Well, look at your progress notes just to make sure.

MS. TAYLOR-KOLIS: Sure. We have all the time in the world. At least until 5:00.

A. I had mentioned that she had difficulty with her speech.

Q. Okay. What kind of difficulty was she having with her speech?

A. Slow, deliberate speech.

Q. Okay.

A. Stopping between sentences. Stopping between words.

Q. Okay. From the notes which you took on the physical examination, if there are notes I'm sure based on that, did she have some difficulty understanding you?

A. No.

Q. Okay. Based on that exam then you told them to go ahead and do the CAT scan, correct?
A. Right. Well, the CAT scan had been ordered from the night before, not just then.
Q. But you had ordered it and then it occurred after your physical exam, correct?
A. That's because I wanted the test done more rapidly.
Q. Okay.
A. Would you like to know why?
Q. Sure.
A. Because of the complaint of the headache.
Q. Okay.
A. My other differential diagnosis was a possible hemorrhage.
Q. Okay. So the CAT scan was then performed?
A. Right.
Q. On May 14th?
A. Right.
Q. The results, were they made known to you on the 14th as you recall it?
A. Yes.
Q. Would you have received a phone call at your office indicating what the results were?
A. I believe I both got a phone call and I went and

I looked at the CAT scan as well.
Q. You personally examined the CAT scan?
A. I usually do.
Q. Okay. That was going to be my next question. If you usually examine them on your own, were you in agreement with the radiologist's reading regarding the CAT scan?
A. Yes.
Q. And that essentially was an unremarkable CAT scan?
A. Correct.
Q. Given that there was an unremarkable CAT scan, what was your next approach in terms of determining the cause of difficulty in this patient?
A. She was scheduled to have a carotid ultrasound, Holter monitor and an echocardiogram. She also had thyroid function tests to be done.
Q. Okay. Let me ask you a couple of questions. I actually found the sheet that apparently -- let's see if you and I are looking at the same sheet. Are we?
A. Right.
Q. Okay. Is that your ignature at the bottom?
A. Correct.

Q. Okay. Someone else wrote this pursuant to your telephone conversation. You guys know what I'm looking at?
A. Correct. That was given on the 14th.
Q. Okay. We have discussed the CAT scan and I know approximately what time frame that occurred in. The Halter monitor, do you know when they placed that?
A. I believe it was in place on the 14th.
Q. After you saw her or before? As you recall?
A. I'm not sure whether it was on her at the time that I was examining her or not.
Q. Okay.
A. I can't be sure.
Q. What was your purpose in ordering that?
A. To evaluate a source for a cerebral vascular accident or a stroke.
Q. Okay. What were the possibilities in your mind of the source of the CVA?
A. May have been a source from the heart which is embolic or breaks out from the heart going up to the brain causing the stroke. May be occlusions in the circulation to the brain that are in the carotid arteries.
Q. Okay.

A. Those are the primary ones. There are other problems like vasculitis that may cause occlusions.
Q. Okay. The purpose then of the Halter monitor was to determine what?
A. Whether the patient had an arrhythmia which may have precipitated an embolism from the heart.
Q. Have you reviewed the chart significantly enough to tell me the results of that test?
A. That was normal.
Q. Had a normal CAT scan and a normal Halter?
A. Right.
Q. How were you going to assess and evaluate the carotids?
A. Look at carotid duplex scan.
Q. Right. That didn't occur, did it?
A. No, it didn't.
Q. Can you tell me today why the carotid duplex scan didn't happen?
A. The patient was to be transferred to the Cleveland Clinic on the day that the carotid duplex scan was to be done.
Q. What day was that to be done?
A. The 15th.
Q. Okay. Can you tell me why you had it scheduled

for the 15th?

A. I didn't schedule it for the 15th. I wrote the order on the 14th.

Q. Okay. When you wrote the order on the 14th as the physician how soon did you want the test to be performed?

A. As soon as could be done.

Q. Okay. Well --

A. Within a reasonable period of time.

Q. And what is a reasonable period of time for that test to have been performed from your point of view?

A. Any patient who is stable, showing no fluctuation in the neurologic status, that can be defined over a period of days.

Q. Okay. The answer that you just gave me then leads me to believe that your assessment is that she was in a stable neurologic condition?

MR. KALUR: Did you say stable or unstable?

MS. TAYLOR-KOLIS: Stable.

A. Stable.

Q. And there was no urgency for this test to be performed?

A. Using the word urgency is kind of --

Q. Okay, we will go back.
A. Define urgent. What to you would be urgent? Minutes, hours, days?
Q. Based upon your exam was it a test that needed to occur for diagnostic purposes?
A. Within an hour, no.
Q. Within a day?
A. Within 24 hours would be reasonable.
Q. Okay. And once again --
A. And that is if the patient is stable.
Q. Okay. And you felt that she was neurologically stable?
A. Yes.
Q. On the 14th?
A. Yes.
Q. Okay. Let me ask you, and refer to all the notes that you want to, I believe that you used the phrase waxing and waning in your discharge summary to describe neurological symptoms in this patient prior to her presentation at the hospital?
A. Before she presented, correct.
Q. Can you remember how long she had been experiencing the waxing and waning of neurological symptoms?

A. According to what she had stated about a week.
Q. Okay. As a physician, what did that mean to you, that she was experiencing waxing and waning neurological symptoms?
A. Before she was admitted?
Q. Admitted.
A. During the time before she was admitted, those symptoms were indicating that she was threatening to have a stroke.
Q. Okay. Did she have that stroke?
A. That stroke occurred at the time she was admitted, the day she was admitted she had the stroke. That's what brought her into the emergency room.
Q. All right. Can you tell me in terms that I can understand how you concluded that she had a stroke prior to her admission?
A. By the fact that this patient had problems or complaints that were getting worse and disappearing and then suddenly became persistent and did not go away.
Q. Okay. Define "persistent" for me in the manner which you're using it.
A. If it's persisting or being present for over 24 hours.

Q. Okay.
A. That's defining it as a stroke.
Q. What was persistent -- you're talking 24 consecutive hours?
A. Correct.
Q. Can you tell me what was persisted for 24 hours neurologically or otherwise?
A. Her difficulty with speech and right-sided numbness and weakness.
Q. Do you know the cause of that stroke that you're claiming occurred?
A. An occlusion of the internal carotid artery on the left side.
Q. How do you know that?
A. I know that by knowing the report from Cleveland Clinic, but that's a conclusion that was reached at the time she suffered a catastrophic stroke on the 15th.
Q. All right. Certainly we will make my questions simple. I take it by your answer that you're acknowledging that there was a catastrophic stroke on the 15th?
A. On the 15th, yes.
Q. And that would be her second stroke?
A. Correct.

Q. Is that what it is? Okay.
A. Second stroke or an extension of the first stroke.
Q. Okay.
A. It's in the same distribution.
Q. Did you cancel the order for the carotid duplex?
A. When I saw the patient on the 15th and I had discussed the case with a physician at Cleveland Clinic and there were arrangements to move the patient and I felt that the patient was going to be moved that day to the Clinic, that is when I canceled the carotid duplex and the echocardiogram.
Q. In fact, you canceled two of the tests that you had ordered originally on the 14th, correct?
A. Correct.
Q. The duplex and the echogram?
A. Right.
Q. Is that correct?
A. Right.
Q. What would have been the purpose or what could have been discovered from doing an echogram; what were you looking for?
A. Looking for clot within the heart itself. Look at valvular problems which may precipitate

emboli which cause strokes. Essentially those.
Q. All right. Going back then for a moment to the 15th, on the 15th there came a point in your relationship with this patient, I gather from looking at the file, that a request was made to transfer the patient to the Cleveland Clinic, right?
A. That happened on the 14th.
Q. Okay. Tell me what you recall about the request to transfer the patient.
A. I had talked with one of the daughters after I had gotten the CAT scan report and I had discussed the plans for the evaluation of the patient and treatment.
a. Okay.
A. And at that time that's when one of the daughters, I can't recall who it was that I was talking to, indicated that she wished to be transferred to the Cleveland Clinic.
Q. Okay. Let me ask you, because I'm not writing, I'm trying to hear and talk and think all at the same time, you're indicating that you had a conversation with both daughters; is that your recollection?
A. I had talked with both of the daughters.

Q. Okay. But the conversation that you're talking about occurred on the 14th in the evening?
A. Late afternoon.
Q. Late afternoon or early evening. Did it happen at the hospital?
A. No.
Q. On the telephone?
A. Uh-huh.
Q. And this was after you learned the result of the CAT scan?
A. I believe at that time I had called and gotten a verbal report on the CAT scan.
Q. Okay. But you hadn't seen the CAT scan yet?
A. Not at that point, no.
Q. Did you have plans or an additional thought about having an MRI performed on Mrs. Skyrl?
A. Only after the patient was proven to be stable.
Q. Okay. Let me ask it in a more intelligent fashion. At that point when you had this conversation with whichever daughter it is on the telephone, do you recall indicating to the daughter that you wanted an MRI to also be performed?
A. Yes.
Q. Okay. In fact, Deaconess does not have MRI

equipment, do they?
A. No.
Q. All right. In fact, did you tell the daughter in that particular conversation that when her mother was more stable that you would then have her transferred to a facility that could do an MRI?
A. That's not how the discussion went.
Q. Okay. Why don't you tell me how you recall the discussion going? I'm just trying to find out what it is.
A. The daughter wanted the MRI done. And I had told her that I had not seen her in the hospital over a long enough period of time to expose her to the risk of moving her to another facility, whether it was the Cleveland Clinic or to an MRI facility simply to do an MRI only.
Q. Can I interrupt you for a moment? When you say that the daughter wanted the MRI, so I don't misunderstood any facts in this case, the daughter didn't suggest an MRI, did she?
A. This was discussed and once it was discussed she insisted that it be done.
Q. Okay. It was not her idea as a diagnostic tool? I'm asking. It was your idea to get an

MRI, correct?
A. Correct.
Q. Okay. After you explained it to her she wanted it to be done?
A. Right.
Q. She was insistent, is that accurate?
A. Yes.
Q. And is that the basis upon which a conversation started about transferring her to the Clinic, do you remember that?
A. That's correct.
Q. Okay. And that happened on the 14th, right?
A. Right.
Q. All right. Were you under clear instructions, and I can define that if you want, clear instructions as of the early evening of the 14th to have this patient transferred?
A. Yes.
Q. Okay. And was that from the daughter or the patient?
A. From the daughter.
Q. Okay. And did you accept that she was in a position to indicate what choices her mother wished; I mean, you didn't have a problem with her telling you that a transfer should occur? A

poorly asked question.

MR. GROEDEL: Did he believe that she had --

Q. Did she have the authority?

A. That she had the authority to do that?

Q. Right. Right.

A. Yes.

Q. Okay. Did you arrange for that transfer?

A. Yes, I did.

Q. Okay. When do you recall telling the patient or either one of her daughters that Mrs. Skyrl was going to be transferred?

A. I believe that it was on the 14th after I had talked with a fellow who was on call at the Clinic.

Q. Okay. Do you remember who that fellow was?

A. No, I don't.

Q. You called the Clinic to arrange for a transfer on the 14th?

A. Correct.

Q. When did she actually get transferred?

A. The 16th.

Q. Why was there a delay?

A. I don't know.

Q. Okay. Let's explore why you don't know. You

were the admitting physician, correct?
A. Right.
Q. All right. You had a conversation with the daughter and established that the family desired a transfer to the Cleveland Clinic?
A. Right.
Q. You then talked to the Cleveland Clinic?
A. Right.
Q. And did they indicate to you that they would accept this person as a patient?
A. On the night of the 14th the fellow told me that he would report the case to the neurologist who was on call to take patients and that they would get back to me.
Q. Okay.
A. And my comment to that fellow was if I did not hear from them by noontime that I would call them back.
Q. Noon on the 15th?
A. Correct.
Q. Did you hear back from them prior to noon on the 15th?
A. I don't remember whether it was at noontime or shortly thereafter and I can't recall whether they called me or I actually called and talked

with Dr. Lederman.

Q. Okay. So it's your recollection that you discussed this with Dr. Lederman directly on the 15th?

A. At some point, yes. I may have talked with another fellow earlier that morning and then talked with him. I can't remember exactly the sequence.

Q. Okay. As the admitting physician what is the protocol for you, what are you supposed to do to arrange for a transfer of your patient at Deaconess?

A. I don't necessarily follow a protocol. I had a request from the family to transfer her. I had told the family that I would contact somebody there and try to arrange it.

Q. All right. What notification --

A. I did not follow any written protocol.

Q. That's what I'm getting at. If a person -- is Mrs. Skyrl the first and only patient --

A. No.

Q. -- that was under your care that was ever transferred somewhere else?

A. No.

Q. Okay. From Deaconess, I'm not talking about

what you do at Parma, just Deaconess. Are you to notify someone in the hospital of the request of a patient to be transferred?

MR. MARKWORTH: Which hospital?

MS. TAYLOR-KOLIS: Deaconess.

A. I can't answer that. That's a -- I can tell you what I do.

Q. Okay. You tell me what you do.

A. I get in touch with an attending doctor to insure that somebody has information about the patient who is going to be transferred so that I can answer any questions that they have to make sure that there is continuity of care.

Q. Okay.

A. Once I have been able to talk with somebody and insure that there is an attending physician who will be taking the case and ready to take the patient, then I indicate with the nurse or the secretary to go ahead with the arrangements to get the patient actually transferred. There are some occasions where the Cleveland Clinic or the other facility arranges for the ambulance, but the final step about who gets the ambulance, that can go either way.

Q. Okay. You're indicating that you talked to

Dr. Lederman?
A. Yes.
Q. Sometime during the day on the 15th?
A. Yes.
Q. Do you recall the conversation regarding whether or not they were going to accept this person as a patient?
A. When I described how the patient had presented and how she was doing during the hospitalization, there was some question as to whether there was a need for her to be transferred or admitted to Cleveland Clinic.
Q. Okay. What was the question about?
A. Whether there was a need for her to actually be in the hospital.
Q. Okay. When you were talking with Dr. Lederman on the 15th at whatever time it was, the Clinic was questioning whether there was a need for her to still be in the hospital or you were questioning it?
A. They were questioning it also.
Q. Okay.
A. They did not question whether she should be at Deaconess, they questioned whether they should take her.

Q. Okay. Do you know why they questioned whether they should take her?

MR. GROEDEL: Objection. Go ahead.

MS. TAYLOR-KOLIS: If he knows.

Q. I mean, you had a conversation and they gave you some idea --

A. A patient who has a completed stroke, whether the patient is to be hospitalized and maintained in the hospital can be a debatable issue. The only thing with her that would have qualified her to stay in a hospital in any setting, really, was that her blood pressure was fluctuating.

Q. And that's what is reflected in the notes, is it not?

A. Yes.

Q. You discussed that with Dr. Lederman, the fluctuating blood pressure?

A. Right.

Q. Did you tell Dr. Lederman that she had had a completed stroke?

A. I had described to him how she presented, how she had done during the hospitalization, the findings on the CAT scan, and what my impression

was.

Q. So I'm asking you, did you indicate to him that it was your impression that she had had a completed stroke?

A. Yes.

Q. I guess we're getting to how she ended up then getting transferred. My initial question maybe five minutes ago was why there was a delay. So let's go. You had told the family, had you not, that you would get her transferred on the 15th?

MR. KALUR: Wait a minute.

MR. GROEDEL: Objection.

MR. KALUR: That question is ambiguous.

MR. GROEDEL: He didn't say that.

Q. Okay. Did you tell the family that you would have Mrs. Skyrl transferred on the 15th?

A. No.

Q. Okay. When did you tell them that you would transfer her; did you give them a time frame?

A. No, I didn't.

Q. All right.

A. Because I couldn't give that.

Q. All right.

MR. KALUR: The question is still

ambiguous. You asked him whether he told her that on the 15th. We don't know what you're asking.

A. I never indicated a particular date at which she would be transferred because I could not get anybody to admit her and know that she was going to be admitted.

Q. Okay. That's fine. That's what I was looking for. Had you made a commitment to have her transferred at a particular date, time and place, and your answer was no?

A. Personally I wished she was transferred on the 14th.

Q. Okay.

A. But that's beyond my control.

Q. All right. Now, back to the question of the two original tests that you had ordered not being performed. Those were not performed for what reason?

A. The patient was to be transferred.

Q. Okay.

A. And my understanding was that she would be transferred on the 15th.

Q. All right. When did you have the understanding that she would be transferred on the 15th?

A. Sometime around noontime or 1:00 p.m.

MR. KALUR: On the 15th?

THE WITNESS: Yes.

Q. Okay. Let me ask it so that I understand it myself. Are you indicating that sometime between noon and 1:00 on the 15th that you were told that the patient would be transferred?

A. Would probably be transferred, yes.

Q. Okay. That was based on your conversation with Dr. Lederman?

A. Lederman.

Q. All right. Did you know in what amount of time or time frame she was to be transferred after you had that conversation with Dr. Lederman?

A. My impression was that she was going to be transferred that day.

Q. Okay. That day meaning sometime in the afternoon?

A. The 15th.

Q. Afternoon or evening the 15th?

A. Correct.

Q. And that transfer did not happen?

A. No.

Q. Okay. Do you now know why it didn't happen?

MR. GROEDEL: On the 15th?

MS. TAYLOR-KOLIS: On the 15th.

A. No, I don't.

Q. Okay. Did you again physically examine Mrs. Skyrl on the 15th after you talked to Dr. Lederman?

A. Within 15 minutes of examining her, either I had talked with Dr. Lederman before or after. Very close proximity.

Q. Okay. How many times did you see her on the 15th?

A. Once.

Q. Just once?

A. Right.

Q. Okay. Did you request a neurological consultation in this --

A. Yes.

Q. -- matter? Okay.

A. Yes.

Q. Who did you request do a neurological test?

A. Dr. A.C. Juguilon.

Q. You have worked with Dr. Juguilon previously on patient cases?

A. Yes.

Q. Okay. What is it that you wanted Dr. Juguilon to do?

A. On the 15th when I saw the patient there were family members present, one of the daughters was irate and demanded that I transfer her immediately. I indicated to her at that time that she obviously was not working with me well and I wasn't working with her well and that if she wished to have another physician assume her care or be on consultation I would gladly do that. And that's when I had decided to ask Dr. Juguilon to see the patient.

Q. It's your testimony today that you decided on the 15th that you needed a neurological consultation?

A. That I wanted one, yes.

Q. Okay. Wanted or needed?

A. Wanted.

Q. Okay. Did you feel that this patient needed a neurological consultation?

A. At that point, no.

Q. Dr. Juguilon was actually involved with this patient prior to the 15th, is that an accurate statement?

MR. GROEDEL: Objection. Go ahead.

A. With interpreting a test, yes.

Q. That's my inquiry. He did, in fact, interpret a test for you?
A. Yes. Right.
Q. Did you personally request that he interpret that test?
A. Yes.
Q. The test that he interpreted for you was an EEG?
A. Right.
Q. When do you recall receiving the results of that EEG?
MR. GROEDEL: Orally or written results?
MS. TAYLOR-KOLIS: Either.
A. Either on the 14th or 15th.
Q. Okay. How did you become aware of the results of the EEG?
A. I don't recall if I had seen a note on the chart or whether his office or the nurse in the division had called me with the report.
Q. Do you recall today what the results of the EEG were?
A. That it was abnormal.
Q. What did that mean to you?
A. Confirmed my diagnosis that she had had a

stroke.
Q. In what way did that confirm your diagnosis?
A. When a stroke occurs you will develop an abnormal electroencephalogram. It helps tell you a little bit about where the location of it is. There are other things that will give you an abnormal EEG, however.
Q. Are there not other things indicated by an abnormal EEG?
A. Yes.
Q. What would those be?
A. Seizure disorder. It may be due to medications. It may be due to dementia. There is a, quite an extensive list of problems that can give you an abnormal EEG.
Q. Okay. If a person is in an evolving stroke, can they have an abnormal EEG?
A. They may.
Q. Okay.
A. But they may not.
Q. Okay. But they may or they may not?
A. The words are important.
Q. Okay. Obviously. Did you see Mrs. Skyrl again at all as a patient after your exam on the 15th?
A. No, I didn't.

Q. You were notified of her stroke that occurred on the 15th, is that accurate?
A. Yes.
Q. All right. Who notified you?
A. The nurse on the division.
Q. Okay. And --
A. And Dr. Juguilon. Both.
Q. Did you have any conversation with Dr. Juguilon regarding what had occurred?
A. Yes.
Q. Okay. And what do you recall him telling you?
A. That when he had arrived to examine the patient she had developed massive right-sided weakness, had become unresponsive. Essentially a picture of a massive, catastrophic stroke.
Q. Okay. Who is Dr. Ader?
A. Dr. Ader is a cardiologist.
Q. Does he work -- does he have privileges at Deaconess?
A. Yes.
Q. Or does he actually work there?
A. He has privileges there.
Q. Would you have asked Dr. Ader to perform the echogram?
A. To interpret it, yes.

Q. Who would have performed it?
A. Technician.
Q. Technician. And you would have asked him to read it?
A. Correct.
Q. And who would have interpreted the results of the duplex for you?
A. I did not specify who would do that.
Q. Okay. If you would, give me a few minutes.

MS. TAYLOR-KOLIS: Chris, can 1 see you for a second? Be right back.

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(Off the record.)

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MS. TAYLOR-KOLIS: I just have a couple of more questions for you.

Q. First of all, at any time since you have become a physician or before, have you published anything in the medical field?
A. No.
Q. No articles, nothing? Okay. You said that you wished that this patient had been transferred on the 14th; can you tell me why you wish she would have been transferred on the 14th?

MR. KALUR: He might not have been

sued.

A. Any time the family or a patient asks me to transfer them, my attempts are all out to do that for them.

Q. So that's -- okay.

A. That was my hope.

Q. So your hope --

A. On the 14th when she asked, when the daughter asked to transfer, I had wished then that I could have transferred her immediately.

Q. Okay. Prior to having Mrs. Skyrl as a patient, can you tell me how many stroke patients you have had?

MR. GROEDEL: She's not looking for an exact number.

Q. I'm not looking for an exact number.

A. I'm trying to give you an educated guess here. I probably see an average of four or five per month.

Q. Four or five? Okay. What kind of neurological training have you had?

A. During the rotating internship at New York Medical College and during my residency in internal medicine.

Q. Okay. If a person was experiencing a stroke in

progress, based upon your experience in what you do, what could you do to prevent the stroke?

MR. GROEDEL: Objection to what could be done. *Go* ahead.

Q. What attempts would you make?

A. It depends on the situation.

Q. Okay.

A. There are many factors which would determine what you can or cannot do or should do.

Q. Can you briefly go through for me then --

A. A scenario?

Q. Sure.

A. If a patient comes in who has no signs that they have a completed stroke and they are showing signs that a potential stroke is about to occur or the symptoms are coming and going without resolving, that's one situation where you may be able do something if you can localize the cause.

Q. Okay. And once again I think that you gave me a pretty clear answer previously of what you mean by establishing --

A. Uh-huh.

Q. -- a 24-hour period of neurological symptoms that don't go away?

A. Correct.
Q. When you came to see Mrs. Skyrl on the morning of the 14th, did you retake a history from her independent of that which was given?
A. Absolutely.
Q. Okay. And she was able to communicate with you?
A. Yes.
Q. What historical data she gave you is contained within that chart?
A. Correct.
Q. There isn't anything that you didn't write down, is that true?
A. That may not be true.
Q. Well, in terms of the history of the patient --
A. I don't write everything.
Q. -- and the existence of neurological symptoms --
A. Yes.
Q. -- prior to the admission.
A. In the course of taking a history and doing a physical exam on the patient, my average length of time to do that is over an hour just with the patient alone. Obviously I'm not going to be able to write down everything that is communicated either verbally or found on a physical exam just by constraint of space and

time.

Q. Sure. When you reviewed this chart so that you could talk to me --

A. Yes.

Q. -- did you carefully review your own personal history notes from the morning of the 14th?

A. Yes.

Q. Are there any additions which you wish to make to me of information that isn't on that chart that today you recall having been told?

MR. GROEDEL: Do you want to look at your note again, doctor?

Q. You can. That's fine.

A. I would reserve the right to add something or delete it.

Q. Okay. Your answer is at this moment there isn't anything you wish to add?

A. Correct.

Q. If you think of something that isn't in that chart in the near future or the far future, would you please let your attorney know so that he can tell me?

A. Of course.

MS. TAYLOR-KOLIS: All right. I don't have any other questions for you

right now. Thanks.

MR. KALUR: I have just a few, doctor, I want to ask so I can understand some things here a little better.

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CROSS-EXAMINATION OF GLEB MOYSAENKO, M.D.

BY MR. KALUR:

Q. I represent Dr. Juguilon. I'm looking at the progress notes now and it looks like I have your timed entry at 7:30 p.m. on 1/14, can you find that in your records there?

A. In the progress sheet?

Q. Yes.

A. 7:30 on the 14th, yes.

Q. Now, you indicated at the start of that note that you had received the report of the CAT scan being normal and then some things about the patient.

A. Right.

Q. Then it says family requests transfer to Cleveland Clinic ASAP. Contacted neuroservice. I will arrange for tomorrow. Did I read your writing correctly?

A. Right.

Q. Is this referring to your contact, first contact

with the neurology fellow at the Clinic?
A. Correct.
Q. Had you gotten the request from the family earlier in the day or was it at around 7:30 p.m. that you got the request for transfer?
A. It was around that time. May have been an hour or two prior to that.
Q. As much as 5:30 then, perhaps?
A. At most.
Q. At most. All right. Where there was this entry at 7:30 with respect to this, you said --
A. Discussion.
Q. You said this irate sister, was that on the 15th? I didn't get when that was. Was this before this entry or after it?
A. This entry was on the 14th after I talked with the daughter and she was not irate but she wanted her transferred to the Clinic. I made absolutely no comment to her about doing anything other than getting her transferred. She was not irate at that time.
Q. All right.
A. But she was certainly not --
Q. Was that the MRI discussion then at that point?
A. That MRI discussion occurred at about that

time. It was that afternoon or evening. There were multiple phone calls between me and the family. Multiple.

Q. I see. This fellow at the Cleveland Clinic, just like the old fellow, the Abbot and Costello line, this neurology fellow at the Cleveland Clinic when you talked to him the first time, was it a him?

A. It was a him.

Q. You don't recall his name?

A. No.

Q. He advised you he had to talk to the neurologist, the attending neurologist, before he could tell you the transfer could be made?

A. Correct.

Q. And did he promise to call you back at a specific time?

A. He had told me that when he would do the rounds with Dr. Lederman in the morning they would talk with him about the case and get back to me.

Q. Did he give you any reason why he couldn't give Lederman a jingle on the phone at that time and get an answer?

A. No, he didn't. However, he had stated that with the way the patient's history and presentation

was that he did not see that it was an emergency to transfer her.

Q. Okay. So your understanding was when you hung up on the evening of the 14th that Lederman would be contacted during rounds the next morning?

A. Correct.

Q. The case was discussed and then someone from the Clinic would get back to you?

A. Correct.

Q. And --

A. But it was, I made it clear that I wanted the patient transferred. They were aware of that.

Q. You even said if I don't hear from you by noon tomorrow then I'll call you back?

A. That I will call you back.

Q. Now, you also aren't clear, I take it, whether they called you or you called them, but sometime around the next day at noon you did have another conversation?

A. I called.

Q. You called?

A. At least once.

Q. And this time around noon around on the 15th, did you talk to Lederman?

A. To my recollection, yes.
Q. And I think you have told us there was a discussion as to whether she really needed to be in a hospital or not?
A. Correct.
Q. And you advised them about fluctuating blood pressures?
A. Right.
Q. Was it determined then that she did need to be in the hospital and did need to be transferred?
A. Could be transferred, yes.
Q. I don't understand what you mean by could be transferred at that point; would you explain that?
A. He had some question as to what the utility would be to have this patient at Cleveland Clinic.
Q. In other words, what could we do for her?
A. Correct.
Q. Did you respond to that or was that just a rhetorical question?
A. No. It was a normal discussion. There was no, you know, innuendos or anything of that nature there.
Q.

A. The discussion made it really clear that the family had requested it and that I would want her transferred to the Clinic. And based on the fact that her blood pressure had been fluctuating, even though she had a completed, stable stroke, that on that basis they could have her work-up completed there.

Q. What was the -- what was your understanding of what would be done when you hung up the phone with Dr. Lederman about noon on the 15th?

A. That she would be transferred that day.

Q. Did he say "I will undertake the steps to effect the transfer;" in other words, in whose court was the ball?

A. As the conversation ended I was to be called back or the floor was to be notified that she was to be admitted and to go ahead with making the transfer.

Q You were to be called back?

A Either me or that floor, the division where the patient was located.

Q To your knowledge was such a call ever made during the afternoon of the 15th by the Clinic, anyone at the Clinic?

A I'm just going by what I think I recall.

MR. GROEDEL: I don't want you guessing. If you know, you know.

A. I don't know. I can't tell you. I don't remember.

Q. Well, how about, you said either you were to be called or someone at the hospital. Let's just ask your personal knowledge. Did you get a call on the afternoon of the 15th from anyone at the Clinic about a transfer?

A. I don't remember.

Q. Okay. She was ultimately transferred on the morning of the 16th; how did that come about as far as you know?

A. I believe the call was made to the hospital indicating that they would be able to transfer her in the morning, take her on admission in the morning.

Q. Let's be sure we got it clear. Somebody from the Clinic called Deaconess and said we can transfer on the morning of the 16th?

A. I don't know. I don't know.

Q. In other words, who called who?

A. I'm going to tell you point blankly, I don't know.

Q. All right.

A. I don't want to say something that I'm not sure of here.
Q. Very good.
A. All I know is I was initiating the transfer, I had talked with people at the Clinic several times, and the transfer finally did transpire.
Q. All right.
A. That's it.
Q. After noon on the 15th you literally had no knowledge of how the transfer physically and by direction was accomplished?
A. I cannot remember, no.
Q. The duplex scan --
A. I do know there was a social worker involved. They also help in making transfers.
Q. Do you know the name of the social worker?
A. Actually I think if you look in the record there is something in there about the social worker seeing the patient's family.

MS. TAYLOR-KOLIS: It's on the 16th.

A. But that note is not until the 16th, but I can tell you I recall the social worker having indicated that they had been talking with the people on the 15th prior to her having the

massive stroke.
Q. To her being one of the sisters?
A. Correct. Or both. I don't know.
Q. All right. Now, the order to DC the carotid duplex scan is timed at 12:40 on 1/14?
A. That's a typo. It was done on the 15th. That order was written on the 15th. If you look on the side where the secretary on the floor picks up the order, it's the 15th.
Q. I see. Where it says 1/15, 12:50 p.m. the take off. All right. So the 1/14 on the left written under a telephone order is an error?
A. Correct. As a matter of fact, if I recall correctly, that wasn't a telephone order, that was given while I was on the floor and I arrived there to examine the patient, talk with the nurse.
Q. So the nurse has got the wrong times too, she's got the wrong date?
A. She may not have written it until that time. They sometimes will call and carry out the order before it's written on the chart.
Q. I can see it's out of time sequence for the 14th anyway with the ones above it. There is a nurse's entry in the nursing notes, yes, that

goes along with that if that's the wrong date. At 1/15 at 12:40 p.m. Yes. Here it is. 1/15/91' 12:40 p.m., Dr. Moysaenko called re doing echo and carotid duplex scan. New orders written to follow. Is she in error that you called in?

A. She may be. Or **I** may be. I can't remember exactly.

Q. Would this order that was written actually on 1/15 at 12:40, as you say, would that be written before or after you had talked with Lederman?

A. That I believe was written after I had talked with Lederman.

Q. And in the belief at that time that she was in imminent --

A. Transfer.

Q. -- transfer?

A. Correct.

Q. The record of the nurses' notes appear to indicate that somewhere between 10:35 and noon on the 14th she had her EEG performed; do you remember, you said you got the verbal report either on the 14th or the 15th, can you recall anymore specifically when you got that verbal report?

A. No, I don't.
Q. And I think you said it was either what, Juguilon's office or the tech who did the EEG who called you?
A. Either the nurse on the floor or the secretary there or it may have been Dr. Juguilon's office.
Q. In any event, is there any doubt in your mind that you were aware of the abnormal EEG findings --
A. EEG.
Q. -- before you requested a consult by Dr. Juguilon?
A. Yes.
Q. In other words, there is no doubt in your mind?
A. There is none.
Q. Okay. Have you ever spoken to Dr. Lederman since about this case?
A. No.
Q. Have you talked to anyone at the Cleveland Clinic about this case since it happened?
A. Talked with, no.
Q. Have you received some written communication?
A. Yes, I did. I had gotten a letter from Dr. Lederman's office indicating that the

patient had expired at the Clinic on the 20th, I believe it was.

Q. Okay. The normal type of follow-up letter you receive in these cases?

A. Correct.

Q. When Dr. Juguilon called you on the evening of the 15th and advised you that she had developed this massive right-sided weakness, did he also advise you that she had become quite hypotensive around the time of his examination?

A. Yes. Or just prior to him arriving there.

Q. Right. Did he also advise you or did you become aware that she had received some medication for her hypertension shortly after the hypotensive episode developed? Nitro, I believe?

A. I don't recall that he had told me that.

Q. Did you become aware that a resident or a house physician had administered some nitro shortly before the hypotensive episode?

A. Yes.

Q. Did you come into the ICU then after you spoke with Dr. Juguilon on the night of the 15th?

A. No, I didn't.

Q. Who was taking care of her as a physician during that night in the ICU, if you know?

A. If you will indulge me, I will explain.
Q. All right.
A. After the discussion that I had had with the daughter on the 15th and she had made it clear that she did not want me to have anything to do with the care of the patient any longer, I did not want to antagonize her by being at the hospital. The condition that the patient was in at that time was a massive cerebral vascular accident or stroke. Dr. Juguilon was there, he had written orders seeing the patient. I saw no need for me to go in and see the patient in the presence of the family members and aggravating or agitating them any worse than they already were. But I did call in. I continued to be updated on how the patient was doing.
Q. Was it your understanding then that she was to be transferred as soon as she was stable enough for transfer at that point?
A. Correct.

MR. KALUR: I think that's all I have for you, doctor. Thank you.

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CROSS-EXAMINATION OF GLEB MOYSAENKO, M.D.

BY MR. MARKWORTH:

Q. Doctor, I'm Dale Markworth and I represent Deaconess Hospital. On the 15th you indicated that you had the telephone conversation with Dr. Lederman. Did you have one or more than one conversation by telephone with Dr. Lederman on the 15th?

A. There may have been two.

Q. You also indicated that there was possibly two calls to the Cleveland Clinic that you had that day. Could one of those calls have been to a fellow or someone else at the Cleveland Clinic?

A. It may have been.

Q. Okay. I take it when you say a fellow, you're talking about somebody in training in neurology?

A. On that service, yes.

Q. And as a fellow in training on that service, the fellow himself would not have the right or power, as you understand it, to admit a patient to the Cleveland Clinic, correct?

A. No.

Q. And hence that was your understanding on the 14th when you talked to a fellow --

A. Correct.

Q. -- about speaking with Dr. Lederman on the 15th?
A. That's correct.
Q. And of course the understanding then would be to have to have an attending physician available at the Cleveland Clinic in order to accept this patient and also to have a bed available at the Cleveland Clinic to accept the patient?
A. So there was continuity of care, yes.
Q. You mentioned that there was a social worker at Deaconess Hospital who spoke to the family, correct?
A. Yes.
Q. Did you ever speak to the social worker?
A. I believe I did talk with her, yes.
Q. And when did you talk to her?
A. The 15th.
Q. And would that have been before or after the massive stroke on the 15th?
A. Before.
Q. And what took place in that conversation, please?
A. I can't remember the exact substance of it, but the point was that we were trying to do everything possible to have the patient transferred to Cleveland Clinic.

Q. Did that conversation take place before you had the conversation that day with Dr. Lederman?
A. I think it was after.
Q. Are you sure?
A. I cannot be absolutely sure, no.
Q. And after the conversation that you had with Dr. Lederman, it was your understanding that someone from the Cleveland Clinic, Dr. Lederman or someone else, would be contacting either yourself or somebody at Deaconess to advise whether they were ready to accept?
A. To go ahead with the transfer, yes.
Q. And coordinate the transfer, correct?
A. Right.

MR. MARKWORTH: I have no other questions. Thank you, doctor.

MS. TAYLOR-KOLIS: I have nothing further.

MR. KALUR: I just got one thing that I'm not clear about yet.

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FURTHER CROSS-EXAMINATION OF
GLEB MOYSAENKO, M.D.

BY MR. KALUR:

Q. On 1/14 you wrote an order for the carotid

duplex scan. You haven't timed that. About what time was that order written?

A. Before noon.

Q. All right. And it came off about 25 hours later on the 15th, you took it off?

A. You mean --

MR. GROEDEL: Canceled it?

A. Discontinued. Yes. Yes.

Q. The words "take off" are inappropriate there.

A. I didn't know whether you meant the secretary took off the order or what.

Q. So the order for a carotid duplex scan was on for approximately 24 or 25 hours on this record without being complied with?

A. That's my understanding.

Q. Did you ever attempt to ask anyone at the hospital why that order was not complied with within the 25 hours that it was on the books here?

A. At the time that I saw the patient on the 15th, as I had indicated, I felt or had the understanding that she would be transferred that day. I was not pursuing why one thing wasn't done or was done. I mean that wasn't the focus at that time.

Q. So you don't know, in other words?

A. No, I don't. I did not investigate as to why it hadn't been done at that point.

MR. KALUR: All right, That's all I have.

MS. TAYLOR-KOLIS: Okay.

MR. GROEDEL: Now we are done. Very good.

_____

GLEB MOYSAENKO, M.D.

C E R T I F I C A T E

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

I, Ralph A. Cebron, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named GLEB MOYSAENKO, M.D., was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and was subscribed by said witness in my presence; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this _____ day of _____, A.D. 19 ____

_____
Ralph A. Cebron, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires August 20, 1993

GLEB MOYSAENKO, M.D. (INDEX)

4) 5500 Ridge Road, Suite 15, Parma, Ohio

5) Residence, 7677 Hidden Valley Lane, Parma
Staunton Military Academy in VA - '73; CWRU '77

6) University of Guadalajora - '78-'81; Rotating internship one year N.Y. Medical College; Residency at Huron Road - '83-'86; Not Board Certified - failed twice.

14) First saw patient morning of the 14th; Had verbal information from ER doctor.

15-17) Made orders over phone on evening of 13th.

18-19) Ordered CT Scan on stat basis to see if she had had a stroke; Physical exam on 14th revealed mild right sided weakness in hand ? right foot; Possible visual field defect

20) Slow deliberate speech.

24) Duplex scan not done because patient was to be transferred on 15th, the day scan was scheduled.

25) Okay to wait to perform duplex - patient stable no fluctuation in neurological status

26) Test needed to be done within 24 hours; waxing and waning was before she was admitted.

27) Stroke brought her to emergency room.

Threatened to have a stroke

28) Second catastrophic stroke occurred on 15th; canceled carotid duplex after talking to physician at clinic.

31) Talked to one of the daughter's late afternoon on the 14th.

32) Told her he wanted MRI & Deaconess didn't have one; daughter wanted MRI done, it was his idea.

34) Arranged for the transfer with a fellow who was on call at the clinic - doesn't remember who.

35) Doesn't know why she didn't get transferred until 16th.

36) Talked to Lederman on the 15th.

38) They questioned whether the clinic should take her.

40) Told Lederman she had a complicated stroke.

42) He understood that she would be transferred around noon or **1:00** on the 15th.

44) Consulted with Juguilon because daughter irate; consultation not needed.

46) Abnormal **EEG** confirmed his diagnosis of stroke; abnormal EEG may or may not be indicative of evolving stroke.

48) Wished he could have transferred her immediately upon request; never written anything

49) Sees four or five stroke patients per month.

55) Fellow at clinic said he would talk to Lederman in the morning and that with the patients history and presentation he did not see that it was an emergency to transfer her.

61) Order to DC the carotid duplex is timed at **12:40** on **1/14;** order taken off at **12:50** p.m. on **1/15.**

69) Order for the carotid duplex was on for **25** hours, without ever being done.