

IN THE COURT OF COMMON PLEAS
OF CUYAHOGA COUNTY, OHIO

JUNE M. HAYES, Etc.,

Plaintiff,

vs.

Case No. 383210

JUDSON RETIREMENT

Judge Griffin

COMMUNITY, et al.,

Defendants.

- - - - -

DEPOSITION OF ELIZABETH E. O'TOOLE, M.D.

Monday, April 10, 2000

- - - - -

Deposition of ELIZABETH E. O'TOOLE,
M.D., called for examination under the statute,
taken before me, Elaine S. FitzGerald, a
Registered Professional Reporter and Notary
Public in and for the State of Ohio, pursuant to
notice and stipulations of counsel, at the
University Geriatric Care Center, 12200 Fairhill
Road, Cleveland, Ohio, on Monday, April 10, 2000,
at 11:42 o'clock a.m.

- - - - -

1 APPEARANCES:

2 On behalf of the Plaintiff:
3 Becker & Mishkind Co., L.P.A., by
4 JEANNE M. TOSTI, ESQ.
5 Skylight Office Tower, Suite 660
6 1660 West Second Street
7 Cleveland, Ohio 44113
8 (216) 241-2600

9 On behalf of the Defendant Elizabeth E.
10 O'Toole, M.D.:
11 Roetzel & Andress, by
12 R. MARK JONES, ESQ.
13 One Cleveland Center
14 10th Floor
15 1375 East Ninth Street
16 Cleveland, Ohio 44114
17 (216) 623-0150

18 On behalf of the Defendant Judson Retirement
19 Community:
20 Slater & Zurz, L.P.A., by
21 BRUCE S. GOLDSTEIN, ESQ.
22 One Cascade Plaza
23 Suite 2210
24 Akron, Ohio 44308-1135
25 (330) 762-0700

On behalf of the Defendant Larry Irvin, M.D.:
Davis & Young, L.P.A., by
JAN L. ROLLER, ESQ.
1700 Midland Building
Cleveland, Ohio 44115
(216) 348-1700

On behalf of the Defendant Lisa Ann
Atkinson, M.D.:
Weston, Hurd, Fallon, Paisley &
Howley, L.L.P., by
MARTIN J. FALLON, ESQ.
2500 Terminal Tower
50 Public Square
Cleveland, Ohio 44113-2241
(216) 687-3262

25 - - - -

1 ELIZABETH E. O'TOOLE, M.D., of lawful age,
2 called for examination, as provided by the Ohio
3 Rules of Civil Procedure, being by me first duly
4 sworn, as hereinafter certified, deposed and said
5 as follows:

6 EXAMINATION OF ELIZABETH E. O'TOOLE, M.D.

7 BY MS. TOSTI:

8 Q. Hello, Doctor. Would you please state
9 your name for us?

10 A. Elizabeth O'Toole.

11 Q. And your home address?

12 A. **2679** Rochester Road, Shaker Heights.

13 Q. Your zip code?

14 A. **44122.**

15 Q. And is that a single family home?

16 A. Yes.

17 Q. What is your current business address?

18 A. **12200** Fairhill Road, Cleveland, **44120.**

19 Q. And was that also your business
20 address in November of **1997**?

21 A. Yes.

22 Q. Are you currently an employee of a
23 medical group practice?

24 A. I'm an employee of Case Western
25 Reserve University and through that, University

1 Physicians, Incorporated.

2 Q. And were you so employed in November
3 of 1997?

4 A. Yes.

5 Q. Have you ever had your deposition
6 taken before?

7 A. No.

8 Q. I want to explain a few of the ground
9 rules for you. I'm sure counsel has had a chance
10 to talk with you.

11 This is a question and answer
12 session. It's under oath. It's important that
13 you understand the questions that I ask you. If
14 you don't understand them or if I phrase them
15 inartfully, let me know and I'll be happy to
16 repeat the questions or to rephrase them.
17 Otherwise I'm going to assume that you understood
18 my question and that you're able to answer it.
19 It's also important that you give all of your
20 answers verbally because the court reporter can't
21 take down head nods or hand motions.

22 At some point during the deposition
23 the various counsel may choose to enter an
24 objection. You are still required to answer my
25 question unless counsel instructs you not to do

1 so. Do you understand those directions?

2 A. Yes.

3 Q. And have you been provided with a copy
4 of the medical records by counsel?

5 A. The record from Judson, yes.

6 Q. If at any point during the deposition
7 you'd like to refer to those records to refresh
8 your memory about something, feel free to do so.

9 A. Thank you.

10 Q. Now, aside from your employment with
11 Case Western Reserve University and with
12 University Physicians, Incorporated, in November
13 of 1997, were you employed by any other entity?

14 A. I was not employed by any other
15 entity. I do work for other institutions through
16 those groups that I mentioned.

17 Q. Now, in November of 1997, was Dr. Lisa
18 Atkinson a member of the same professional group
19 that you were a member of?

20 A. She was a member of the faculty of
21 Case Western Reserve University, but her group
22 practice was University -- UPCP.

23 Q. And what does UPCP stand for?

24 A. That's the problem. University
25 Primary Care Physicians. But she was a member

1 and still is a member of our geriatric group.

2 Q. What is the name of your geriatric
3 group?

4 A. The Division of Geriatric Medicine at
5 University Hospitals of Cleveland.

6 Q. The income that you derive from your
7 professional services, were they paid through
8 Case Western Reserve and your medical group that
9 you previously referred to?

10 A. Right.

11 Q. In November of 1997, what was your
12 relationship with Judson Retirement Community?

13 A. Their medical director and had
14 attending responsibilities for my own patients.

15 Q. Did you receive any remuneration for
16 the services that you were providing at Judson
17 Retirement Community as the medical director?

18 A. Support for the medical directorship
19 went from Judson to the University Physicians,
20 Incorporated group and I was paid from that, but
21 there was no direct salary.

22 Q. Have you ever been named as a
23 defendant in a medical negligence case?

24 A. No.

25 Q. Have you ever acted as an expert in a

1 medical negligence case?

2 A. No.

3 Q. Have you ever given testimony in any
4 case involving medical negligence?

5 A. No.

6 Q. Have you ever had your hospital
7 privileges called into question, suspended or
8 revoked?

9 A. No.

10 MS. TOSTI: I'm going to mark this as
11 Plaintiff's Exhibit 1.

12 - - - - -
13 (Thereupon, Plaintiff's Exhibit 1 was
14 marked for purposes of
15 identification.)
16 - - - - -

17 Q. Now, Doctor, I'd ask you to just take
18 a look at Plaintiff's Exhibit 1 and if you would
19 identify that document for us for the record.

20 A. Yes. That's my CV.

21 Q. I'll have a couple questions for you
22 about it in just a minute.

23 There are a number of publications I
24 believe that you have listed on there.

25 A. Yes.

Q. Do any of those deal with the subject
matter of pulmonary emboli or deep vein

1 thrombosis?

2 A. No.

3 Q. Have you ever written or done a
4 presentation on either of those subject matters?

5 A. No.

6 Q. Tell me what you have reviewed for
7 this deposition.

8 A. I have reviewed the Judson chart.

9 Q. Have you referred to any textbooks or
10 journal articles?

11 A. No.

12 Q. Have you had an opportunity to see any
13 additional records such as the Hillcrest Hospital
14 records from William Hayes' bilateral total knee
15 surgery?

16 A. No. I only saw what Judson had.

17 Q. I'm going to just run through a couple
18 other things, and if you haven't seen them or
19 referred to them, just tell me.

20 Dr. Hissa's office records?

21 A. No.

22 Q. Cleveland Emergency Medical Service
23 report of November 27th for Mr. Hayes?

24 A. If it's not in here, no, I did not see
25 it.

1 Q. And any Cleveland Clinic records made
2 after transfer to Cleveland Clinic --

3 A. No.

4 Q. -- from Judson on November 27th of
5 '97?

6 A. No.

7 Q. Have you seen his death certificate?

8 A. No.

9 Q. How about the autopsy that was done on
10 Mr. Hayes that was done by Cleveland Clinic?

11 A. No.

12 Q. Since the filing of this case, have
13 you discussed it with any physicians?

14 A. I discussed it with Dr. Atkinson and
15 that's all.

16 Q. When did you discuss the case with
17 Dr. Atkinson?

18 A. In the quality review.

19 Q. When was that?

20 MR. JONES: Objection.

21 MR. FALLON: Objection.

22 MR. JONES: Don't answer.

23 MS. TOSTI: I think she can tell me
24 when it is. I'm not going to ask her what the
25 discussion was. She can tell me when that

1 occurred.

2 MR. JONES: You can know that there
3 was a quality assurance meeting. You can't know
4 anything else.

5 MS. TOSTI: I asked her since the
6 filing of this case and I think she can tell me
7 as to when that discussion occurred.

8 MR. JONES: I'm not sure you said
9 since the filing of this lawsuit.

10 MS. TOSTI: I specifically did.

11 MR. JONES: Okay.

12 MS. TOSTI: Since the time that the
13 case was filed, have you discussed this case with
14 any physicians. She answered yes. She said with
15 Dr. Atkinson. And I asked her when that occurred
16 and she said in quality assurance meeting.

17 MR. JONES: Correct.

18 MS. TOSTI: And I'm asking when that
19 occurred.

20 MR. JONES: I'll let you answer the
21 question when, if you can recall when that
22 quality assurance meeting was.

23 MR. FALLON: Objection.

24 Go ahead.

25 MR. JONES: Go ahead.

1 A. I can't give you a specific time.

2 Q. Approximately.

3 A. When we got notice. It was right
4 around that time.

5 MR. JONES: Doctor, just for
6 clarification, notice of what? This lawsuit, the
7 notice of the letter or the filing of a lawsuit,
8 what?

9 THE WITNESS: We received a letter
10 notifying us of a filing. I believe it's of a
11 filing. I may be misspeaking that because I
12 don't know the terms.

13 MR. JONES: She is talking about the
14 notice letter I think.

15 Q. Okay. Aside from that discussion with
16 Dr. Atkinson, outside of any meetings that you
17 had with quality assurance, did you have any
18 other discussions with Dr. Atkinson regarding
19 this case?

20 A. Only that she mentioned that she had
21 been deposed, the fact that she had been
22 deposed --

23 Q. In this case?

24 A. -- or was scheduled for deposition.
25 Yes.

1 Q. When did you talk to her about that?

2 A. Well, probably a couple months ago.

3 Q. Do you work with Dr. Atkinson on a
4 regular basis currently?

5 MR. FALLON: Objection.

6 A. Yes.

7 Q. How often, just approximately, do *you*
8 see Dr. Atkinson?

9 A. Once or twice a week.

10 Q. And would that be at this facility
11 that we're currently at?

12 A. Primarily, yes.

13 Q. And aside from the conversations that
14 you had with Dr. Atkinson, have you discussed
15 this case with any other physician since it was
16 filed?

17 A. No.

18 Q. Since it was filed, you haven't had
19 any conversations with a Dr. Larry Irvin or a
20 Dr. -- and I don't know if I'm going to pronounce
21 this right -- Fakhur Ahmad?

22 A. Dr. Irvin called our office asking for
23 a phone number, but we did not discuss the case.

24 Q. Other than with counsel, have you
25 discussed this case with anyone else that you

1 haven't already mentioned?

2 A. No details of the case, no.

3 Q. Have you discussed the case in general
4 with anyone other than counsel?

5 A. Well, my husband knows I'm having a
6 deposition this morning about a case, but that's
7 the level of detail.

8 Q. Do you have any personal notes or
9 personal file on this case aside from what's in
10 the Judson Retirement Community records?

11 A. No.

12 Q. Have you ever generated any personal
13 notes or personal file in this case?

14 A. No.

15 Q. Doctor, is there a textbook in your
16 field of practice that you consider to be the
17 best or the most reliable?

18 A. Well, generally Harrison's for
19 Internal Medicine and Hazzard for Geriatrics
20 which is my real specialty.

21 Q. Do you refer to those texts sometimes
22 in your practice?

23 A. Yes.

24 Q. Do you consider them to be
25 authoritative?

1 A. Yes.

2 Q. As you sit here today, are there any
3 publications that you believe have particular
4 relevance to the issues in this case?

5 A. I'm not sure I understand what you
6 mean.

7 Q. I'm just inquiring as to whether there
8 is a particular publication that you are
9 currently aware of that you think has a certain
10 importance to any of the issues in this case, and
11 if there isn't --

12 A. No.

13 Q. -- you just tell me that.

14 A. No.

15 Q. Have you ever participated in any
16 research dealing with pulmonary emboli or deep
17 vein thrombosis?

18 A. No.

19 Q. You are currently licensed to practice
20 in the State of Ohio, is that correct?

21 A. Yes.

22 Q. And you were also so licensed in
23 November of 1997, correct?

24 A. Right.

25 Q. Has your license in this state or any

1 other state ever been subject to review, called
2 into question by the state medical boards?

3 A. No.

4 Q. Have you ever been licensed in any
5 other state besides Ohio?

6 A. No.

7 Q. Would you describe for me just in
8 general your current clinical practice?

9 A. My clinical practice involves taking
10 care of patients at Judson Retirement Community
11 and precepting fellows in the clinic here at the
12 Elder Health Center. I intermittently attend in
13 the hospital, the University Hospitals.

14 Q. Is your practice limited to a
15 particular population of patients?

16 A. Adults, primarily older adults.

17 Q. What percent of your current patients
18 would you say are geriatric patients just
19 approximately?

20 A. Well, with the exception of the
21 patients I attend in the hospital on occasion,
22 100 percent.

23 Q. And, Doctor, I'm going to ask you a
24 few questions about your curriculum vitae so you
25 may want to take a look at that.

1 Are there any corrections or other
2 modifications that you would like to make to
3 that? Let me ask first, is it current and
4 up-to-date?

5 A. It says "Revised October 26th," so
6 there may be additions in terms of presentations
7 and abstracts and that, but otherwise it's
8 substantially unchanged.

9 Q. Are there any corrections or additions
10 that you would like to make?

11 A. No, I don't think so.

12 Q. Now, on your CV under the
13 post-graduate training and fellowship
14 appointment, you have an internal medicine
15 residency listed and that's followed by the
16 letters PGY.

17 A. Yes.

18 Q. What does that stand for?

19 A. Post-graduate years.

20 Q. Was that a three-year residency?

21 A. Right.

22 Q. And did you do any subspecialization
23 in that residency?

24 A. Not during residency, no.

25 Q. Now, you have listed, I believe that

1 you were a fellow in the division of general
2 medicine with a concentration in clinical ethics
3 on page 2 of your resume, your CV. Did that
4 particular fellowship have a clinical component
5 to it?

6 A. Yes.

7 Q. What did that entail?

8 A. We did work at the Student Health
9 Center for the University and also at the VA
10 General Medicine Clinic.

11 Q. And what were you doing in your
12 clinical component?

13 A. At the Student Health Center, I was
14 taking care of students who came into the clinic.
15 At the VA Clinic, I was supervising residents.

16 Q. Because that particular fellowship
17 says a concentration in clinical ethics, so I was
18 just interested in how that was integrated into
19 your clinical component.

20 A. The clinical ethics piece was -- it's
21 not technically clinical that you act as a
22 physician. It's an interdisciplinary thing. I
23 was doing teaching and consultation with my
24 mentors.

25 Q. That was a two-year fellowship, is

1 that correct?

2 A. Right.

3 Q. You also have listed a fellowship with
4 the Division of Geriatric Medicine at University
5 Hospitals, is that correct?

6 A. Yes.

7 Q. Was that a one-year fellowship?

8 A. Yes.

9 Q. And would you describe what you did
10 during that fellowship?

11 A. That fellowship involved rotations at
12 the VA in their inpatient geriatric service,
13 rehabilitation, working as a fellow under an
14 attending at Judson and inpatient consults at
15 University Hospitals under an attending as well
16 as working in the Elder Health Center here with
17 an attending.

18 Q. Now, when you worked as a fellow at
19 Judson Retirement Community, what were your
20 duties and responsibilities?

21 A. I had a panel of patients I came to
22 see once a month, again supervised by an
23 attending, and I can't recall now how many months
24 of time was spent working with the attendings
25 just taking care of their patients for a month at

a time.

2 Q. The duties and responsibilities that
3 you had at Judson, did they go through the entire
4 year; in other words, every month you did
5 something at Judson?

6 A. Yes. We had a panel -- I had a panel
7 of patients I came to see every month.

8 Q. How much time per week or month did
9 you usually spend at Judson when you were in your
10 geriatric fellowship just approximately?

11 A. It would be a guess. I really can't
12 recall. I know I spend a half day a month in
13 seeing my longitudinal patients that I just
14 described, and any months that I was assigned
15 there, I would have spent several half days
16 there, but I can't tell you right now. I can't
17 recall how many.

18 Q. Now, your CV also indicates from 1994
19 through '95 you were a consultant physician in
20 geriatrics and in extended care.

21 A. At the VA.

22 Q. From 1994 through '95, that was at the
23 VA?

24 A. Yes.

25 Q. And it also indicates that you were a

1 staff physician at Judson Retirement Community
2 from 1994 through to the present. Is that
3 correct?

4 A. Yes.

5 Q. As a staff physician, did you admit
6 patients to Judson Retirement Community under
7 your medical management?

8 A. Yes.

9 Q. And in 1997 when you were serving as
10 the medical director, you were also admitting
11 patients under your medical management, is that
12 correct?

13 A. Yes.

14 Q. What does the CCRC after Judson
15 Retirement Community stand for On your CV?

16 A. Continuing care retirement community.

Q. And what does that mean?

A. It means that Judson provides care
19 that runs the spectrum from independent living
20 through assisted living and nursing care.

21 Q. At Judson Retirement Community, do
22 they provide skilled nursing services?

23 A. Yes, they do.

24 Q. And at Judson Retirement Community,
25 are there various therapies available, such as

1 occupational therapy, physical therapy, speech
2 therapy, for patients?

3 A. Yes.

4 Q. Now, your CV indicates that you became
5 medical director of Judson Retirement Community
6 in 1996 I believe. When in 1996 did you receive
7 that appointment?

8 A. February.

9 Q. And who made the appointment?

10 A. I believe it was agreed upon by the
11 division chief of geriatric medicine at the time
12 and the CEO of Judson.

13 Q. And you have held that position as
14 medical director since the time of your
15 appointment, is that correct?

16 A. Yes.

17 Q. Now, you mentioned several levels of
18 care that are available at Judson Retirement
19 Community and if you could just be a little bit
20 more descriptive as to, I'm looking to know the
21 various areas that Judson Retirement Community
22 has and the type of care that's provided in those
23 areas. If you could just describe that in a
24 little more detail for me.

25 A. You mean medical care?

1 Q. Yes.

2 A. The medical care that Judson has,
3 Judson doesn't provide medical care but they
4 contract with our group to provide it or to be
5 available to provide it. There is a clinic where
6 residents of independent living or assisted
7 living can come and receive care if they choose.
8 There is a nursing care center where the
9 physicians in our group who work at Judson attend
10 patients, but patients also may have attendings
11 from outside our group.

12 Does that answer the question?

13 Q. Now, I understand that there is a
14 skilled nursing area at Judson.

15 A. Right.

16 Q. How large is that skilled nursing
17 area, just in bed numbers or census?

18 A. In 1997 or now?

19 Q. Yes.

20 A. I believe in '97 there were 31 skilled
21 beds.

22 Q. Now, did you have other areas of lower
23 level care at Judson?

24 A. Yes. There is other nursing care
25 that's not skilled nursing care.

1 Q. What do you refer to those areas as?

2 A. Intermediate care is one description.

3 Q. How many beds are in the intermediate
4 care area?

5 MR. JONES: You're talking about '97
6 now?

7 MS. TOSTI: Yes.

8 MR. JONES: If you can recall. Go
9 ahead.

10 A. You know, I'm not exactly sure of the
11 numbers. I believe there are 120 beds in all, so
12 it would be what's left after 31's subtracted. I
13 think they have 120.

14 Q. And aside from the skilled and the
15 intermediate care, are there any other care
16 areas?

17 A. Can you tell me what you mean by care
18 areas?

19 Q. Where people would be inpatients
20 receiving nursing care on a regular basis.

21 A. No.

22 Q. And then aside from those areas that
23 we just described, that's our approximately 120
24 beds, they also have areas that are residential?

25 A. Right.

1 Q. That may be assisted living or
2 something like that?

3 A. Yes.

4 Q. As medical director, do you have
5 responsibilities over those additional areas such
6 as the residential assisted living areas?

7 A. Yes.

8 Q. How many patients or what's the
9 population in the other area? We have 120 in the
10 nursing areas that are skilled or intermediate.

11 A. I can't give you an answer on that.

12 Q. So would it be fair to say that as
13 medical director, you oversee all the medical
14 care that is provided at Judson Retirement
15 Community regardless of the area?

16 A. Well, for patients who have their own
17 private physicians, I don't necessarily oversee
18 the medical care, but I am available if there are
19 problems or concerns.

20 Q. What were your duties and
21 responsibilities as medical director of Judson
22 Retirement Community? And I'm speaking of
23 November of 1997.

24 A. My responsibilities were to support
25 the nursing staff in providing adequate care, to

1 be available to assist with concerns about
2 medical care and to provide medical care when
3 necessary.

4 Q. How did you support the nursing staff?

5 A. Policies and procedures, questions
6 about them I would help with, providing
7 educational programs as needed, discussing care
8 concerns.

9 Q. Did you oversee the policies and
10 procedures that were utilized at Judson
11 Retirement Community?

12 A. I did not have primary responsibility
13 for oversight, but I did review when requested.

14 Q. Do you know who did have primary
15 responsibilities for oversight on policies and
16 procedures for the nursing staff?

17 A. I would assume it was the director of
18 nursing.

19 Q. As medical director, did you have a
20 written job description for your position?

21 A. Yes.

22 Q. And aside from what you've already
23 told me, were there any other duties or
24 responsibilities contained in your written job
25 description?

1 A. I think we generally covered it. The
2 job description has more specifics about it
3 probably.

4 Q. Do you have a copy of your job
5 description?

6 MR. JONES: Yes. I have it.

7 MS. TOSTI: Okay. I'm going to make
8 a request for her job description.

9 MR. JONES: Okay.

10 Q. In November of 1997 as medical
11 director, did you have a contract for service
12 with Judson Retirement Community?

13 A. Personally?

14 Q. Was there a document that you
15 signed --

16 A. No.

17 Q. -- that would form the basis of your
18 understanding of your responsibilities at Judson
19 Retirement Community?

20 A. I can't remember whether in 1997 I was
21 signing contracts or not. The contracts were
22 with our group. The head of our group would have
23 signed it. I can't tell you in 1997 I had any
24 signature on it or not.

25 Q. What was your responsibility in regard

1 to geriatric fellows that affiliated at Judson
2 Retirement Community? And my questions are
3 referring to November of 1997.

4 A. Fellows who came to Judson reported to
5 myself and the other attendings who were working
6 there depending upon whose patient they were
7 working with. I also provided some specific
8 education to them about long-term care.

9 Q. And what form? If you could just
10 describe that in a little more detail for me.

11 A. Well, the fellows who were doing their
12 month-long experiences at Judson had a component
13 of education where we went over information about
14 regulations and infection control and other
15 topics that they need to know about long-term
16 care specifically. They were responsible to me
17 for that component of their education.

18 Q. Did the fellows have someone that was
19 clinically supervising their experience at Judson
20 Retirement Community?

21 A. They had -- I as a medical director
22 would be responsible for them and also the
23 attendings of the patient they gave care to were
24 responsible for that.

25 Q. The geriatric fellows, were they

1 assigned to specific patients at Judson
2 Retirement Community in November of '97?

3 A. There are two ways that fellows had
4 patients at Judson. In speaking of the groups of
5 patients they followed from month-to-month, that
6 responsibility was the attending's
7 responsibility, was whoever that patient was
8 assigned to. On their month-long responsibility,
9 they were also to report to the attending
10 responsible for the patient that they saw, but
11 they could be seeing a number of different
12 attendings' patients.

13 Does that answer your question?

14 Q. Why would they be seeing a number of
15 different attendings' patients?

16 A. If the attending was not on site and a
17 patient needed to be seen, the fellow would see
18 that patient.

19 Q. And then report back to the attending?

20 A. Either the attending or myself.

21 Q. And in that time period, for any
22 particular fellow, how much time were they
23 spending at Judson Retirement Community in this
24 geriatric fellowship experience?

25 A. I don't know. I don't know the

1 schedules. They each spent at least one month
2 there plus their monthly half days.

3 Q. When you say they spent one month
4 there plus one-half day a month, was that eight
5 hours a day?

6 A. No. It was probably six half days a
7 week, six to seven half days a week.

8 Q. And that would be during the month
9 that they were there on a continuous basis,
10 correct?

11 A. Correct.

12 Q. Now, the months that they weren't
13 there on a continuous basis, how often would they
14 be at Judson?

15 A. One-half day a month.

16 Q. One-half day a month.

17 And when they were there in that
18 capacity, they would see the patients that they
19 were assigned to and would they also see patients
20 that may have had a problem and the attending
21 wasn't available?

22 A. Not on their monthly visits.

23 Q. That would fall to whoever was
24 assigned for that continued month of experience?

25 A. Correct.

1 Q. Doctor, in November of 1997, how much
2 time were you spending at Judson Retirement
3 Community approximately?

4 A. I honestly don't know. At least 50
5 percent of my time.

6 Q. And in regard to the time that you
7 spent at Judson during November of 1997, could
8 you give me a breakdown as to what you were doing
9 in the time that you spent there?

10 A. Largely I was doing tasks involved
11 with medical direction, what we went over, and
12 additional, I would be seeing my own patients.

13 Q. What type of tasks would you be doing
14 as a medical director?

15 A. Meeting with nursing staff, meeting
16 with administration, participating in quality
17 improvement projects, infection control, working
18 with the nurse practitioners and doing the other
19 things that we talked about in terms of
20 supporting policies and working to develop
21 policies when a need arose.

22 Q. And as a medical director of Judson in
23 1997, did you personally become involved in the
24 medical management of individual patients who
25 were not admitted under your name?

1 A. Occasionally, yes.

2 Q. So if the nurses had a question, they
3 could come to you if the attending wasn't
4 available and you would assist with whatever
5 their concern was?

6 A. Correct.

7 Q. In November of 1997, approximately how
8 many physicians were on staff at Judson
9 Retirement Community?

10 A. I don't know off the top of my head.

11 Q. How many are there currently on staff
12 approximately?

13 A. Approximately ten credentials, active
14 credentials.

15 Q. In 1997, was that number grossly
16 different from what you currently have on staff?

17 A. There may have been more.

18 Q. And were all of the people that were
19 on staff in November of 1997 allowed to admit
20 patients under their names? They all had
21 admitting privileges for Judson Retirement
22 Community?

23 A. That would be my definition of staff.

24 Q. In November of 1997, did Judson
25 Retirement Community have any written policies or

1 procedures for staff physicians regarding the
2 clinical management of patients; in other words,
3 describing how often patients had to be seen, how
4 often orders had to be written or reviewed, those
5 types of things?

6 A. Well, yes. The state supplies much of
7 that and Judson's policies reflect that.

8 Q. Is this in some type of a manual or a
9 booklet, these policies?

10 A. I can't tell you how they were
11 presented in 1997. I believe they were in like a
12 binder.

13 Q. Now, aside from the staff physicians
14 that we've just talked about and the geriatric
15 fellows, were there any other physicians that
16 were providing care at Judson Retirement
17 Community in November of 1997?

18 A. I don't believe.

19 Q. Judson Retirement Community didn't
20 employ what's commonly called house officers?

21 A. No.

22 Q. Now, who was the sponsor of the
23 geriatric fellow program?

24 A. Sponsor as in who funds it?

25 Q. And who manages it and directs it?

1 A. Division of Geriatric Medicine.

2 Q. At Case Western Reserve University?

3 A. Correct.

4 Q. Does anybody else co-sponsor that with
5 Case Western?

6 A. University Hospitals and VA.

7 Q. So the VA also?

8 A. The fellowship is based here at
9 University Hospitals and incorporates the VA as
10 well.

11 Q. So it would be University Hospitals of
12 Cleveland, Case Western Reserve University and
13 the VA Hospital?

14 A. Right.

15 Q. Was these any written document between
16 Judson Retirement Community and the sponsors of
17 the geriatric fellowship program that formed the
18 basis of an understanding or agreement as to the
19 scope of the geriatric fellows' duties and
20 responsibilities at Judson Retirement Community?

21 A. Yes, I believe there was an agreement,
22 a signed agreement.

23 Q. As medical director, did you have any
24 responsibility for the terms of that agreement?

25 A. No.

1 Q. Did Judson Retirement Community pay
2 the sponsors any amount of money for the services
3 that were being provided by the geriatric fellows
4 at Judson Retirement Community?

5 A. No.

6 Q. So this was a free service that was
7 being provided by the geriatric fellowship
8 program, is that correct?

9 A. The fellows worked with an attending.
10 They weren't independently providing service.

11 Q. Well, they were at Judson Retirement
12 Community and they were providing some services
13 in regard to seeing patients when attendings
14 weren't available or following attendings
15 physicians, and so what I'm asking is, of those
16 types of services that they provided, was the
17 program being reimbursed in any way for that?

18 A. No, because the fellows didn't even --
19 the fellows didn't operate independently. They
20 were always operating -- I shouldn't say operate
21 when I'm talking about doctors. The fellows
22 didn't work without an attending in a supervisory
23 role.

24 Q. Did the geriatric fellows take weekend
25 and night call at Judson Retirement Community?

1 A. Yes.

2 Q. And when they were taking weekend and
3 night call, what were they supposed to do?

4 A. The call system is set up so that the
5 fellows get the first call, meaning that they get
6 referred the call first, and they would follow up
7 on it. If they had any questions or concerns, an
8 attending was available to back them up. So
9 depending on what the call is about, their
10 responsibility was to respond to it.

11 Q. Now, we've talked a little bit about
12 the geriatric fellows. Could you just describe
13 for me what their function was at Judson
14 Retirement Community? You mentioned that they
15 would take weekend and also night call and that
16 they were there sometimes for an extended period
17 of time, one month out of their experience, and
18 then the rest of the time they were visiting for
19 perhaps a half a day once a month. While they
20 were at the Judson Retirement Community, what
21 would they be doing? Let's talk first as to that
22 half day that they would do once a month.

23 A. Yes.

24 Q. What were their duties and
25 responsibilities during that half day?

1 A. They would go and see the residents on
2 their list, perform a monthly visit, assess the
3 patient -- the resident, review their medications
4 and their treatment plan, any interval changes,
5 document a note in the chart and discuss that
6 with the supervising attendant.

7 Q. So they were required to report back
8 to the attending after they made their visits
9 during that --

10 A. That was the policy.

11 Q. Now, when they were there for the
12 extended period of time, that one-month segment
13 that we talked about where they might be there
14 six half days a week, what would they be doing?

15 A. Part of the time would be spent in
16 rotating the educational components that I talked
17 about, so they would go to the rehab center and
18 work with the therapists. They participated in
19 infection control rounds, skin rounds, watched,
20 observe the nurses pass medications. For new
21 admissions, they would help with performing the
22 admissions, histories and physicals, and they
23 would see sick patients if that happened, if that
24 need arose.

25 Q. When a new patient would come into

1 Judson Retirement Community, how would the
2 attending physician for the patient be
3 determined?

4 A. If the admissions coordinator knew in
5 advance about a patient coming in, she would
6 usually discuss it with myself or call the
7 attending who was due in the appropriate day to
8 admit the patient so that our attendings had
9 assigned days they would be in. If a patient
10 came in on Monday, we would call the Tuesday
11 doctor.

12 Q. Now, if the patient's coming from an
13 acute care hospital and that attending physician
14 from the acute care hospital doesn't have staff
15 privileges at Judson Retirement Community, how
16 are arrangements made for an attending at Judson
17 Retirement Community?

18 A. Well, the arrangements aren't quite
19 now -- they're different now from what they were
20 in '97.

21 Q. My questions for the duration of this
22 deposition are going to refer to what was
23 occurring in November of 1997, so in case I
24 forget to mention that --

25 A. I'm just paying attention.

1 Q. -- I'm speaking of November of
2 1997 for the balance of this deposition.

3 A. Okay. My recollection of 1997 was as
4 I described, that the admissions coordinator
5 would contact the doctor who was due in to see
6 patients on the appropriate day or myself for an
7 assignment.

8 Q. So the staff physicians, did they have
9 like assignments when they were supposed to
10 rotate through Judson Retirement Community?

11 A. Right, right.

12 Q. And if a patient was admitted on a
13 particular day when an attending physician was
14 assigned to come in, the patient would be
15 probably assigned to that attending?

16 A. Right.

17 Q. If a patient's being transferred from
18 an acute care hospital to Judson Retirement
19 Community, could you just describe for me what
20 the usual procedure was for that type of an
21 admission?

22 A. In what aspect of it?

23 Q. Well, just how it would be organized
24 and what would occur after the patient would come
25 to Judson Retirement Community?

1 A. I don't have direct involvement with,
2 most of the time, with the pre-transfer
3 organization, but I can -- once the patient's
4 transferred, the nurses usually go over the
5 transfer information, patient comes with orders
6 and some other information from the acute care
7 hospital. The nurses transcribe the orders to
8 the Judson order sheets and then those orders are
9 gone over with who will be -- whoever will be the
10 attending physician if they're available on site
11 or over the phone. If it's after hours, they may
12 be gone over with the fellow.

13 Q. So if patients normally would come in
14 with a transfer sheet, that would indicate
15 specific orders for the patient?

16 A. Correct.

17 Q. Was it necessary then to verify those
18 transfer orders with either the attending
19 physician or at least one of the geriatric
20 fellows?

21 A. Right.

22 Q. Were the geriatric fellows permitted
23 to generate additional admitting orders aside
24 from what might come with the patient from the
25 transferring hospital?

1 A. Yes.

2 Q. So if they felt that perhaps
3 laboratory tests were indicated or a change in
4 the diet or something to that effect, the
5 geriatric fellow had the authority to make those
6 changes in the orders?

7 A. Yes.

8 Q. Now, when orders came from a
9 transferring hospital for a diagnostic study or
10 rather on admission if there were orders for a
11 diagnostic study, whose responsibility was it to
12 arrange for the scheduling of the diagnostic
13 studies?

14 A. The nurses.

15 Q. Would the geriatric fellows at Judson
16 have any responsibility for scheduling diagnostic
17 studies ordered by staff physicians?

18 A. No.

19 Q. If an order was written for a
20 diagnostic study, whose responsibility would it
21 be to make sure that the diagnostic study was
22 actually scheduled and carried out?

23 A. Who would be -- it would be the
24 nurses' responsibility to schedule it.

25 Q. Would it also be the nurses'

1 responsibility to make sure that it actually was
2 carried out?

3 A. Yes.

4 Q. Would you expect that if it wasn't,
5 that the nurses would report back to the
6 attending physician if there was a problem in
7 scheduling it --

8 A. Yes.

9 Q. -- or for some reason it was canceled
10 or a date was changed?

11 A. Yes.

12 Q. In November of '97, who made out the
13 assignments for the geriatric fellows?

14 A. Patient assignments do you mean?

15 Q. Yes.

16 A. Well, there, are you speaking of their
17 month-long?

18 Q. Well, let's start with when they were
19 assigned to a particular attending and would be
20 visiting that one-half day during the month. Who
21 would make that assignment?

22 A. I'm just trying to remember who was
23 doing it in '97. I think I was.

24 Q. And then the month-long period of time
25 when they would be there frequently, who would

1 make that assignment?

2 A. They would work with me to decide when
3 they were going to go to rehab and those other
4 places. When they weren't assigned to someplace
5 else, they would be on the floors and there would
6 be no specific assignment unless one of the
7 attendings was concerned about somebody and
8 called them or any new admission would have been
9 on their list.

10 Q. And who was the one that decided when
11 their month would be? Did that come from Case
12 Western Reserve, the sponsors?

13 A. That came from our division office.

14 Q. Now, as medical director, when you
15 were at Judson, did you routinely make rounds on
16 all the patient care areas? Was that part of
17 your responsibilities as medical director?

18 A. I routinely went to all the areas. I
19 didn't round on all the patients.

20 Q. How often were you going to each area?

21 A. At least once a week.

22 Q. And when you would go to the various
23 areas, what would you do?

24 A. I would see any patients that were
25 mine who needed to be seen. I would usually

1 check in with whoever the nurse in charge was or
2 the nurse practitioners who -- well, no. Let's
3 scratch the nurse practitioners. I'm not sure
4 how many we had there in '97. I would check in
5 with the nurses who were there, see how things
6 were going.

7 Q. Would they tell you about any
8 particular problems they had with certain
9 patients where you would go into the various
10 clinical areas?

11 A. Often they would, or if they had a
concern, they would have called me before I got
there.

14 Q. Now, I believe William Harrison Hayes
15 was a patient at Judson Retirement Community from
16 November 23rd through November 27th of 1997. Did
17 you have any contact with him during his
18 admission?

19 A. No, I didn't.

20 Q. Do you have any independent
21 recollection of him, perhaps discussing him with
22 one of the nurses or a physician at that time?

23 A. No, I don't.

24 Q. Did you at any time, either before or
25 after his death, have any conversations with his

1 family?

2 A. No.

3 Q. Now, at the time that William Hayes
4 was admitted to Judson Retirement Community, were
5 you assigned as his attending physician
6 initially?

7 A. Not to my recollection.

8 MS. TOSTI: Would you put a sticker
9 on that?

10 - - - - -
11 (Thereupon, Plaintiff's Exhibit 2
12 was marked for purposes of
13 identification.)
14 - - - - -

15 (Discussion had off the record.)

16 Q. Doctor, what you have been handed has
17 been marked as Exhibit Number 2. Could you tell
18 me, is that a form that typically appears in the
19 Judson Retirement Community charts?

20 A. Yes, it is.

21 Q. The top of that sheets marked Resident
22 Information and you'd agree that that is the
23 resident information form for William Hayes,
24 correct?

25 A. Yes.

Q. Now, down near the bottom I believe is
listed an area for the physician and your name is

1 listed in that area, is that correct?

2 A. Yes.

3 Q. Can you tell me how it is that your
4 name came to be listed as the physician on this
5 particular document?

6 A. I could tell you how that might be. I
7 can't tell you how it did happen.

8 Q. Well, why don't you tell me what you
9 think might have happened to cause you to be
10 listed on that sheet?

11 A. If it was not clear to the admissions
12 coordinator when they typed this out who would be
13 the doctor, they at times have used my name as a
14 default.

15 Q. Now, the patient's chart, you've had a
16 chance to look through the patient's chart,
17 correct?

18 A. Right.

19 Q. From my review, I see that there is a
20 letter from I believe utilization management,
21 Anthem Blue Cross/Blue Shield, that's addressed
22 to you regarding William Hayes and that also on a
23 good number of the therapy notes, physical
24 therapy evaluation, rehabilitation treatment
25 record, the nutritional screening and assessment

1 and also on all of the laboratory tests that were
2 ordered, your name is listed as the attending
3 physician. Why would your name appear on those
4 additional documents as his attending physician
5 if you were in fact not initially assigned as his
6 attending physician?

7 A. Because all of those forms obtain
8 their information from this sheet (witness
9 pointing).

10 MR. JONES: When you say this sheet,
11 Doctor, you're referring to Exhibit Number 2?

12 THE WITNESS: Yes, I am.

13 Q. Thank you.

14 Is it your understanding that
15 Dr. Atkinson was Mr. Hayes' attending physician
16 in this case?

17 A. Yes.

18 Q. Because your name initially appeared
19 on this, did you have any contact with Dr. Hissa
20 in regard to Mr. Hayes, Dr. Hissa being the
21 physician that was his attending at Hillcrest
22 Hospital from where he was transferred?

23 A. No, I did not.

24 Q. At any point in time was there any
25 transfer information provided to you at the time

1 of his transfer?

2 A. To me personally?

3 Q. Yes.

4 A. No.

5 Q. Did you ever discuss Mr. Hayes' care
6 with anyone while he was a patient at Judson
7 Retirement Community?

8 A. No.

9 Q. At the time of his admission, which I
10 believe was on November 23rd, did the nurses ever
11 contact you regarding admission orders for this
12 patient?

13 A. No.

14 Q. Okay. I'd like you to take a look at
15 the Admission Physician Order form for Mr. Hayes
16 there contained in the Judson Retirement
17 Community chart. If you notice on the bottom of
18 the Admission Physician Orders, under the
19 Physician's Name at the very bottom of the page,
20 it has E. O'Toole. Is that information filled
21 out by the nurses at the time of admission?

22 A. Yes.

23 Q. Wouldn't the nurses call the attending
24 physician that they list on the admitting orders
25 in regard to a new admission?

1 A. Yes.

2 Q. And in this instance, you don't have
3 any recollection of them calling you in regard to
4 William Hayes at the time he was admitted?

5 A. If they had called after hours, then I
6 was not on call and they would not have gotten me
7 even if they had intended to get me.

8 Q. And I noted that it appears that
9 Dr. Atkinson then came in and signed these orders
10 but it was the day after the admission. How did
11 Dr. Atkinson end up to be Mr. Hayes' attending if
12 in fact initially your name appears on this
13 patient information sheet?

14 MR. FALLON: Objection.

15 Q. How did it transition to Dr. Atkinson,
16 if you know?

17 MR. FALLON: Objection.

18 Q. You may answer.

19 MR. JONES: Go ahead.

20 A. Sorry.

21 The Resident Information Sheet, that
22 Exhibit 2, is a print date of the 21st, so it may
23 not have been clear who the attending would have
24 been. Dr. Atkinson was assigned a certain half
25 day at Judson and she took the admissions, and

1 when she came on the 24th, this was one of the
2 admissions. In long-term care, the physician --
3 the regulations state that the physician needs to
4 see the patient within 48 hours of admission, so
5 she would see patients from the day prior as well
6 as the day she came in.

7 Q. So you don't have any recollection of
8 being contacted at the time of this patient's
9 admission, correct?

10 A. Correct.

11 Q. And that it's likely that Dr. Atkinson
12 was assigned the particular admission time that
13 this patient came in and, therefore, she became
14 Mr. Hayes' attending physician?

15 A. Correct.

16 Q. Now, on the admission sheet, near the
17 bottom it indicates Orders Verified and then it
18 has Nurse and then there is a signature line
19 there. Do you see that?

20 A. Yes.

21 Q. You had previously mentioned that the
22 patients frequently when they come from an acute
23 care hospital come with transfer orders. Would
24 this be where the nurses would record that they
25 had contacted a physician and verified those

1 transfer orders? Is that what that line is used
2 for?

3 A. Yes.

4 Q. So is it likely that the orders that
5 are written on this page were orders that came
6 with the patient?

7 A. That's what it should be.

8 Q. That's all I'm asking, Doctor, just
9 what the usual routine is.

10 A. Yes.

11 Q. And you indicated that if the
12 attending wasn't available, that the nurses could
13 verify orders with the geriatric fellow, is that
14 correct?

15 A. Right. After hours, the answering
16 service would call the fellow with any call from
17 the nursing home.

18 Q. Now, this particular patient, the
19 nurse has orders verified at 3:40 p.m. What do
20 you consider to be after hours?

21 A. 3:40 p.m. is not after hours.

22 Q. So it's likely these orders were
23 verified then with an attending physician?

24 MR. FALLON: Objection.

25 MR. JONES: And again, you're asking

1 her what the routine would be?

2 MS. TOSTI: Correct.

3 MR. JONES: Okay.

4 Q. Let me rephrase this question.

5 At 3:40 p.m., the usual routine would
6 be to verify orders with the attending physician
7 rather than with a geriatric fellow, correct?

8 A. If this was a weekday, yes.

9 Q. What if it was a weekend?

10 A. That would have been the on-call
11 person. That might have been a fellow.

12 Q. Do you know a Dr. Fakhur Ahmad?

13 A. Yes.

14 Q. Was he a geriatric fellow at Judson
15 Retirement Community in November of '97?

16 A. Yes.

17 Q. Do you know a Dr. Tasaddaq Ahmed?

18 A. Yes.

19 Q. Was he a geriatric fellow at Judson
20 Retirement Community in November of '97?

21 A. No.

22 MS. ROLLER: I'm sorry. No?

23 THE WITNESS: No.

24 MS. ROLLER: Thank you.

25 Q. And, Doctor, in regard to the

1 admission order sheet, it's broken down into
2 various areas. There is an area marked Ancillary
3 Orders and under that area there is about
4 half-way down a line that says Miscellaneous
5 Orders. Do you see that?

6 A. Yes.

7 Q. And that says I believe, "A DVT study
8 11:25 to rule out DVT. Call," and then it has a
9 number, "vascular lab and then follow up with
10 Dr. Hissa in three weeks." Do you see that
11 order?

12 A. Yes.

13 Q. What procedures would be followed to
14 carry out this order? This order that appears on
15 the order sheet, what steps would be taken to
16 carry out that order?

17 A. Well, it would be a nursing function.
18 I can tell -- I don't know exactly what they do.
19 We, the physicians, write the order in, then it
20 becomes the responsibility of the nurse taking
21 the order off to do what the order says.

22 Q. Would the nurses be responsible for
23 calling and making arrangements such as sending a
24 requisition or whatever information would be
25 required for those types of tests?

1 A. Yes.

2 Q. And would they also be responsible for
3 arranging transportation for the patient --

4 A. Yes.

5 Q. -- if it had to be done off site?

6 A. Correct.

7 Q. Would the geriatric fellows have any
8 responsibility for scheduling that type of a
9 test?

10 A. No.

11 Q. In Mr. Hayes' case, do you know of any
12 reason why the order for DVT study was not
13 carried out?

14 A. I have no personal information about
15 why that didn't happen.

16 Q. If the nurses had some type of a
17 problem in scheduling that test, would it be the
18 expectation that they would report back to the
19 attending physician?

20 A. Yes.

21 Q. And would you agree that if the
22 nursing staff failed to schedule and to arrange
23 for the DVT study, that that would be substandard
24 care?

25 MR. GOLDSTEIN: Objection.

1 Q. You may answer.

2 A. Could you repeat it for me?

3 Q. Yes.

4 Would you agree that if the nursing
5 staff failed to schedule and to arrange for the
6 DVT study, that that would be substandard care?

7 MR. GOLDSTEIN: Objection.

8 A. Yes.

9 Q. Now, William Hayes I believe was 72
10 years old and had bilateral full knee
11 replacement. Would you agree that he was at risk
12 for deep vein thrombosis?

13 MR. FALLON: Objection.

14 A. I'm sorry.

15 Q. You may answer.

16 A. I need to hear it again.

17 Q. I said William Hayes was 72 years old
18 and he had had bilateral total knee replacement
19 just days prior to admission to Judson Retirement
20 Community. Would you agree that he was at risk
21 for deep vein thrombosis?

22 A. Yes.

23 Q. And would you agree that the
24 physicians responsible for William Hayes' care
25 had a duty to closely monitor him for DVT because

1 of his recent bilateral total knee replacement
2 surgery?

3 MR. FALLON: Objection.

4 A. Yes.

5 Q. Was it reasonable and prudent
6 considering his risk for deep vein thrombosis to
7 have a DVT study ordered on his fifth
8 postoperative day?

9 MR. JONES: I'm going to object.

10 She has not seen the prior treatment
11 records which resulted in this order being placed
12 in the chart, so she has no basis to have an
13 opinion as to whether that was a reasonable order
14 under the circumstances or not.

15 MS. TOSTI: Well, I'm asking the
16 Doctor and so she can tell me if she has an
17 opinion or not.

18 MR. FALLON: Objection.

19 MR. JONES: I still object.

20 MS. TOSTI: Well, that's fine.

21 Q. You may answer, Doctor.

22 A. I think it seems reasonable to get a
23 DVT study. I can't say anything about the timing
24 or the other parts of your question.

25 Q. When a patient dies unexpectedly at

1 Judson Retirement Community, and I'm speaking in
2 November of 1997, are you as the medical director
3 notified of that death?

4 MR. JONES: Objection.

5 He didn't die at Judson Retirement
6 Community in this case, so I don't see the
7 relevance of the question, but go ahead, Doctor.

8 A. I am generally notified of any sudden
9 change in condition.

10 Q. So if a patient had a cardiac arrest
11 unexpectedly at Judson Retirement Community, you
12 would be notified of that event, correct?

13 A. (Witness nods head affirmatively.)

14 MR. JONES: You need to answer out
15 loud, Doctor.

16 A. Yes.

17 MR. JONES: Thank you.

18 Q. Would you do any type of an
19 investigation after you were notified of that
20 type of event? Is there anything that you would
21 do routinely in that regard after you were
22 notified?

23 MR. JONES: Objection.

24 A. Of a cardiac --

25 MR. JONES: Go ahead.

1 Q. Yes, of an unexpected cardiac arrest
2 at Judson Retirement Community.

3 MR. JONES: Objection.

4 A. Routinely those cases are reviewed.

5 Q. Would that be part of your quality
6 assurance program?

7 A. Yes.

8 Q. In this case, were you notified when
9 Mr. Hayes suffered cardiac arrest at Judson
10 Retirement Community?

11 A. After the fact, yes.

12 Q. When were you notified?

13 A. I can't say exactly. It was within a
14 few days. I believe Thanksgiving was around that
15 time, so I don't know what exact date, but it was
16 within a few days.

17 Q. So you were notified after he died,
18 correct?

19 A. Right.

20 Q. Were you notified that he had had an
21 autopsy done?

22 A. I believe so.

23 Q. Did you receive the results of that
24 autopsy?

25 A. No.

1 Q. Did you have any conversations with
2 anyone at Cleveland Clinic regarding William
3 Hayes after the time that he was transferred
4 there?

5 A. No, no.

6 Q. You said that you have never spoken
7 with any of the Hayes family, is that correct?

8 A. Not to my knowledge.

9 Q. What is your understanding as to
10 William Hayes' cause of death?

11 A. I have not seen the autopsy.

12 Q. I just need to know, Doctor, whether
13 you have any understanding as to what caused his
14 death, and if you don't know, that's fine. I
15 just need you to tell me that.

16 A. I don't know for a fact.

17 Q. You have never requested to see a copy
18 of the autopsy in this case?

19 A. It never occurred to me that I had a
20 right to see a copy of his autopsy.

21 Q. Well, I would like you to assume that
22 William Hayes died of multiple pulmonary emboli
23 in all lobes of his lungs, and assuming that to
24 be true, would you agree that the most likely
25 source of those pulmonary emboli was deep vein

1 thrombosis in his lower extremities?

2 MS. ROLLER: Objection.

3 MR. FALLON: Objection.

4 MR. GOLDSTEIN: Objection.

5 MR. JONES: She has no basis to any
6 such opinion. She's already testified to that.

7 A. I did not see the patient. I can't
8 make a clinical judgment.

9 Q. I'm going to ask you a series of
10 questions, Doctor, and if you have no opinion,
11 just tell me that. I just need to ask you.

12 Do you have an opinion as to whether
13 William Hayes' death was preventable?

14 MR. JONES: Objection.

15 MR. FALLON: Objection.

16 MS. ROLLER: Objection.

17 MR. GOLDSTEIN: Objection.

18 A. No opinion.

19 Q. And I would assume, Doctor, that you
20 have no opinion as to any particular point in
21 time when his condition was irreversible,
22 correct?

23 A. Correct.

24 Q. Do you have any opinion if Mr. Hayes
25 had not died in the manner that he did on

1 November 27th what his reasonable life expectancy
2 would have been?

3 MR. JONES: Objection.

4 MR. GOLDSTEIN: Objection.

5 A. I don't have any idea.

6 Q. Do you have any criticisms of the
7 nurses regarding the way in which the order for
8 the DVT study in this case was handled?

9 MR. GOLDSTEIN: Objection.

10 A. I don't know how it was handled, so I
11 can't criticize it.

12 Q. Well, Doctor, didn't you indicate that
13 there was some type of an investigation done in
14 regard to this case?

15 MR. JONES: Objection.

16 She's not answering any of those
17 questions. She's already indicated that's all
18 quality assurance. We're not answering any of
19 that.

20 So you don't answer, Doctor.

21 MS. TOSTI: Well, I think I can ask
22 her as to what her knowledge is. She said that
23 there was an investigation, so obviously she has
24 gone through some of these materials.

25 Q. I'm asking you whether or not you have

1 any criticisms of the nursing care in this case.

2 MR. JONES: She's indicated she has
3 reviewed the Judson Retirement Community records.
4 She's answered questions from those records. She
5 is not going to answer any questions that attempt
6 to elicit information she may have learned within
7 the quality assurance process.

8 Q. Doctor, do you have any criticisms of
9 the nurses in this case?

10 MR. JONES: Objection.

11 MR. GOLDSTEIN: Objection.

12 THE WITNESS: Is that objection,
13 answer, or objection, don't answer?

14 MR. JONES: The question is the same
15 one she's asked before. Do you have any
16 criticism from what you know of the case of the
17 nursing care in the case?

18 A. I can't criticize what I don't know
19 what I did -- I don't know what the nurses did.

20 Q. Now, you've had an opportunity to
21 review the medical records though, correct?

22 A. Right.

23 Q. And you don't find any problems with
24 anything that you have reviewed in the medical
25 records?

1 A. I see an order for a DVT study. I
2 don't know what became of that order.

3 Q. Do you see any indications in the
4 records that that DVT study order was ever acted
5 upon by the nurses?

6 MR. JONES: I think I better object
7 as to what you mean by acted upon. There is an
8 indication that they were verified. She
9 testified to that, so --

10 MS. TOSTI: Well, she can testify as
11 to what her understanding is.

12 Q. What was done from your review of the
13 records in regard to the DVT study order?

14 MR. GOLDSTEIN: Objection.

15 A. This record would not necessarily
16 reflect what had been done.

17 Q. What record would? Do you find any
18 indication of a report on a DVT study in the
19 records that you reviewed?

20 A. No.

21 Q. Did you find any indication in that
22 record that a DVT study ever was done for William
23 Hayes?

24 A. No.

25 Q. Do you find any problem with that in

1 regard to the nursing care?

2 MR. GOLDSTEIN: Objection.

3 A. Because it's not in the record, I
4 don't know for a fact that it doesn't exist.

5 Q. Wouldn't you expect that there would
6 be a report there if it was done?

7 A. Not necessarily.

8 Q. Where would the report go if there was
9 a report done?

10 A. Written reports aren't always
11 generated given the date was 11-25.

12 Q. Would you expect there would be at
13 least a progress note that refers to the DVT
14 study if it was done?

15 A. It's possible. I don't know if I'd
16 say it was required.

17 Q. Well, Doctor, what I'm trying to find
18 out is what would you expect to see if in fact
19 that DVT study was scheduled and completed. What
20 would we look for in that regard to determine
21 that?

22 A. At some point I would expect to find a
23 report, but given this record stops on the 27th,
24 I don't know that that means that it hadn't been
25 generated. I do not see it here. It's not here.

1 Q. Well, even if the patient expired,
2 wouldn't you expect that a report would still be
3 put in the record if you received a report?

4 A. Yes.

5 MS. TOSTI: I don't think I have any
6 further questions for you. The other defense
7 attorneys may have some additional questions.

8 (Discussion had off the record.)

9 MS. ROLLER: No questions.

10 MR. JONES: Any questions?

11 MR. FALLON: No questions.

12 MR. GOLDSTEIN: No.

13 MR. JONES: The Doctor will read it.

14 - - - - -

15 (Deposition concluded at 1:05 p.m.)

16 - - - - -

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

AFFIDAVIT

I have read the foregoing transcript
from page 1 through 67 and note the following
corrections:

PAGE	LINE	REQUESTED CHANGE
------	------	------------------

ELIZABETH E. O'TOOLE, M.D.

Subscribed and sworn to before me this

_____ day of _____, 2000

Notary Public

My commission expires _____.

CERTIFICATE

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

I, Elaine S. FitzGerald, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named ELIZABETH E. O'TOOLE, M.D., was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was completed without adjournment; that I am not a relative or attorney for 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 19th day of April,
2000.

Elaine S. FitzGerald
Elaine S. FitzGerald, Notary Public
Within and for the State of Ohio.

My commission expires July 13, 2004

E X H I B I T S I N D E X

<u>EXHIBIT NO.</u>	<u>PAGE</u>
Plaintiff's Exhibit 1	7
Plaintiff's Exhibit 2	44

-7-			-3-			adequate ^[1] 24:25			61:13			Atkinson ^[16] 2:20		
'95 ^[2] 19:19	19:22		31 ^[1] 22:20			adjournment ^[1]			answered ^[2] 10:14			5:18 9:14 9:17		
'97 ^[10] 9:5	22:20		31's ^[1] 23:12			66:12			61:4			10:15 11:16 11:18		
23:5	28:2	37:20	330 ^[1] 2:15			administration ^[1]			answering ^[3] 50:15			12:3 12:8 12:14		
41:12	41:23	43:4	348-1700 ^[1] 2:18			30:16			60:16 60:18			46:15 48:9 48:11		
51:15	51:20		383210 ^[1] 1:6			admission ^[17] 38:21			answers ^[1] 4:20			48:15 48:24 49:11		
-1-			3:40 ^[3] 50:19 50:21			40:10 42:8 43:18			Anthem ^[1] 45:21			attempt ^[1] 61:5		
1 ^[5] 7:11 7:12			51:5			47:9 47:11 47:15			appear ^[1] 46:3			attend ^[3] 15:21 22:9		
7:16 65:3 67:4			-4-			47:18 47:21 47:25			APPEARANCES ^[1] 2:1			attendant ^[1] 36:6		
10 ^[2] 1:12 1:21			44 ^[1] 67:5			48:10 49:4 49:9			appeared ^[1] 46:18			attending ^[39] 6:14		
100 ^[1] 15:22			44113 ^[1] 2:4			49:12 49:16 52:1			appointment ^[4]			18:14 18:15 18:17		
10th ^[1] 2:8			44113-2241 ^[1] 2:23			54:19			16:14 21:7 21:9			18:23 28:9 28:16		
111-25 ^[1] 63:11			44114 ^[1] 2:9			admissions ^[7] 36:21			21:15			28:19 28:20 29:20		
11:25 ^[1] 52:8			44115 ^[1] 2:18			36:22 37:4 38:4			appropriate ^[2] 37:7			31:3 34:9 34:22		
11:42 ^[1] 1:22			44120 ^[1] 3:18			45:11 48:25 49:2			38:6			35:8 36:8 37:2		
120 ^[4] 23:11 23:13			44122 ^[1] 3:14			admit ^[3] 20:5			April ^[3] 1:12			37:7 37:13 37:16		
112200 ^[2] 1:20			44308-1135 ^[1] 2:14			31:19 37:8			1:21 66:15			38:13 38:15 39:10		
3:18			48 ^[1] 49:4			38:12 44:4 48:4			area ^[10] 22:14 22:17			39:18 41:6 41:19		
113 ^[1] 66:20			-5-			admitted ^[4] 30:25			23:4 24:9 24:15			44:5 46:2 46:4		
11375 ^[1] 2:9			50 ^[2] 2:22 30:4			admitting ^[4] 20:10			42:20 44:25 45:1			46:6 46:15 46:21		
11660 ^[1] 2:4			-6-			31:21 39:23 47:24			52:2 52:3			47:23 48:11 48:23		
11700 ^[1] 2:17			623-0150 ^[1] 2:10			adults ^[2] 15:16			areas ^[16] 21:21			49:14 50:12 50:23		
1994 ^[3] 19:18 19:22			660 ^[1] 2:3			advance ^[1] 37:5			21:23 22:22 23:1			51:6 53:19		
20:2			67 ^[1] 65:3			AFFIDAVIT ^[1] 65:1			23:16 23:18 23:22			attending's ^[1] 28:6		
1996 ^[2] 21:6 21:6			687-3262 ^[1] 2:23			affiliated ^[1] 27:1			23:24 24:5 24:6			attendings ^[8] 18:24		
11997 ^[27] 3:20			-7-			affirmatively ^[1] 56:13			24:10 42:16 42:18			22:10 27:5 27:23		
4:3 5:13 5:17			7 ^[1] 67:4			affixed ^[1] 66:15			42:23 43:10 52:2			34:13 34:14 37:8		
6:11 14:23 20:9			72 ^[2] 54:9 54:17			afforesaid ^[1] 66:8			arose ^[2] 30:21 36:24			42:7		
22:18 24:23 26:10			762-0700 ^[1] 2:15			afterwards ^[1] 66:9			arrange ^[3] 40:12			attendings' ^[2] 28:12		
26:20 26:23 27:3			-A-			again ^[3] 18:22			53:22 54:5			28:15		
30:1 30:7 30:23			a.m ^[1] 1:22			50:25 54:16			arrangements ^[3]			attention ^[1] 37:25		
31:7 31:15 31:19			able ^[1] 4:18			age ^[1] 3:1			37:16 37:18 52:23			attorney ^[1] 66:12		
31:24 32:11 32:17			abstracts ^[1] 16:7			ago ^[1] 12:2			arranging ^[1] 53:3			attorneys ^[1] 64:7		
37:23 38:2 38:3			acted 6:25			agree ^[7] 44:20 53:21			arrest ^[3] 56:10			authoritative ^[1] 13:25		
43:16 56:2			action ^[1] 66:13			54:4 54:11 54:20			57:1 57:9			authority ^[1] 40:5		
19th ^[1] 66:15			active ^[1] 31:13			54:23 58:24			articles ^[1] 8:10			autopsy ^[6] 9:9		
1:05 ^[1] 64:15			acute ^[5] 37:13			agreed ^[1] 21:10			aside ^[9] 5:10 11:15			57:21 57:24 58:11		
-2-			49:22			agreement ^[4] 33:18			12:13 13:9 23:14			58:18 58:20		
2 ^[6] 17:3 44:10			additional ^[6] 8:13			33:21 33:22 33:24			23:22 25:22 32:13			available ^[11] 20:25		
44:15 46:11 48:22			additions ^[2] 16:6			ahead ^[6] 10:24			39:23			21:18 22:5 24:18		
67:5			address ^[3] 3:11			10:25 23:9 48:19			aspect ^[1] 38:22			25:1 29:21 31:4		
2000 ^[4] 1:12 1:21			addressed ^[1] 45:21			56:7 56:25			assess ^[1] 36:2			34:14 35:8 39:10		
65:19 66:16						Ahmad ^[2] 12:21			assessment ^[1] 45:25			50:12		
2004 ^[1] 66:20						51:12			assigned ^[14] 19:14			aware ^[1] 14:9		
216 ^[4] 2:5 2:10						Ahmed ^[1] 51:17			28:1 28:8 29:19			-B-		
2:18 2:23						Akron ^[1] 2:14			29:24 37:9 38:14			B ^[1] 67:1		
21st ^[1] 48:22						al ^[1] 1:8			38:15 41:19 42:4			balance ^[1] 38:2		
2210 ^[1] 2:14						allowed ^[1] 31:19			44:5 46:5 48:24			based ^[1] 33:8		
23rd ^[2] 43:16 47:10						always ^[2] 34:20			49:12			basis ^[8] 12:4 23:20		
241-2600 ^[1] 2:5						63:10			assignment ^[4] 38:7			26:17 29:9 29:13		
24th ^[1] 49:1						amount ^[1] 34:2			41:21 42:1 42:6			33:18 55:12 59:5		
2500 ^[1] 2:22						Ancillary ^[1] 52:2			assignments ^[3]			became ^[3] 21:4		
2679 ^[1] 3:12						Andress ^[1] 2:7			38:9 41:13 41:14			49:13 62:2		
26th ^[1] 16:5						Ann ^[1] 2:19			assist ^[2] 25:1			Becker ^[1] 2:2		
27th ^[5] 8:23 9:4						answer ^[17] 4:11			31:4			become ^[1] 30:23		
43:16 60:1 63:23						4:18 4:24 9:22			assisted ^[4] 20:20			becomes ^[1] 52:20		
						10:20 22:12 24:11			22:6 24:1 24:6			bed ^[1] 22:17		
						28:13 48:18 54:1			assume ^[4] 4:17			beds ^[4] 22:21 23:3		
						54:15 55:21 56:14			25:17 58:21 59:19			23:11 23:24		
						60:20 61:5 61:13			assuring ^[1] 58:23			behalf ^[5] 2:2		
									assurance ^[7] 10:3			2:6 2:11 2:16		
									10:16 10:22 11:17					
									57:6 60:18 61:7					

2:19	center[8]	1:20	community[59]	copy[4]	5:3 26:4	6:23
best[1] 13:17	2:8 15:12 17:9	1:8 2:12 6:12	58:17 58:20	correct[32]	10:17	IDefendants[1] 1:9
better[1] 62:6	17:13 18:16 22:8	6:17 13:10 15:10		14:20 14:23 18:1		defense[1] 64:6
between[1] 33:15	36:17	18:19 20:1 20:6		18:5 20:3 20:12		definition[1] 31:23
bilateral[4] 8:14	CEO[1] 21:12	20:15 20:16 20:21		21:15 29:10 29:11		depending[2] 27:6
54:10 54:18 55:1	certain[3] 14:9	20:24 21:5 21:19		29:25 31:6 33:3		35:9
binder[1] 32:12	43:8 48:24	21:21 24:15 24:22		34:8 39:16 44:22		deposed[3] 3:4
bit[2] 21:19 35:11	certificate[2] 9:7	25:11 26:12 26:19		45:1 45:17 49:9		11:21 11:22
Blue[1] 45:21	66:1	27:2 27:20 28:2		49:10 49:15 50:14		deposition[12] 1:11
boards[1] 15:2	certified[1] 3:4	28:23 30:3 31:9		51:2 51:7 53:6		1:14 4:5 4:22
booklet[1] 32:9	certify[2] 66:6	31:22 31:25 32:17		56:12 57:18 58:7		5:6 8:7 11:24
bottom[4] 44:24	66:11	32:19 33:16 33:20		59:22 59:23 61:21		13:6 37:22 38:2
47:17 47:19 49:17	chance[2] 4:9	34:1 34:4 34:12				64:15 66:11
breakdown[1] 30:8	45:16	34:25 35:14 35:20		corrections[3] 16:1		derive[1] 6:6
broken[1] 52:1	change[3] 40:3	37:1 37:15 37:17		16:9 65:4		describe[6] 15:7
BRUCE[1] 2:13	56:9 65:5	38:10 38:19 38:25		counsel[7] 1:19		18:9 21:23 27:10
Building[1] 2:17	changed[1] 41:10	43:15 44:4 44:17		4:9 4:23 4:25		35:12 38:19
business[2] 3:17	changes[2] 36:4	47:7 47:17 51:15		5:4 12:24 13:4		described[3] 19:14
3:19	40:6	51:20 54:20 56:1		County[2] 1:2		23:23 38:4
	charge[1] 43:1	56:6 56:11 57:2		66:3		describing[1] 32:3
	chart[6] 8:8 36:5	57:10 61:3		couple[3] 7:19		description[6] 23:2
	45:15 45:16 47:17	completed[2] 63:19		8:17 12:2		25:20 25:25 26:2
	55:12	66:12		court[2] 1:1 4:20		26:5 26:8
	charts[1] 44:17	component[5] 17:4		covered[1] 26:1		descriptive[1] 21:20
	check[2] 43:1	17:12 17:19 27:12		credentials[2] 31:13		detail[3] 13:7
	43:4	27:17		31:14		21:24 27:10
	chief[1] 21:11	components[1] 36:16		criticism[1] 61:16		details[1] 13:2
	choose[2] 4:23	concentration[2] 17:2 17:17		criticisms[3] 60:6		determine[1] 63:20
	22:7	concern[2] 31:5		61:1 61:8		determined[1] 37:3
	circumstances[1] 55:14	43:12		Criticize[2] 60:11		develop[1] 30:20
	Civil[1] 3:3	concerned[1] 42:7		61:18		diagnostic[6] 40:9
	clarification[1] 11:6	concerns[4] 24:19		Cross/Blue[1] 45:21		40:11 40:12 40:16
	clear[2] 45:11 48:23	25:1 25:8 35:7		current[4] 3:17		40:20 40:21
	Cleveland[15] 1:21	concluded[1] 64:15		15:8 15:17 16:3		die[1] 56:5
	2:4 2:8 2:9	condition[2] 56:9		curriculum[1] 15:24		died[3] 57:17 58:22
	2:18 2:23 3:18	59:21		Cuyahoga[2] 1:2		59:25
	6:5 8:22 9:1	consider[3] 13:16		66:3		dies[1] 55:25
	9:2 9:10 33:12	13:24 50:20		CV[6] 7:18 16:12		diet[1] 40:4
	58:2 66:15	considering[1] 55:6		17:3 19:18 20:15		different[4] 28:11
	clinic[9] 9:1	consultant[1] 19:19		21:4		28:15 31:16 37:19
	9:2 9:10 15:11	consultation[1] 17:23				direct[2] 6:21
	17:10 17:14 17:15	consults[1] 18:14				39:1
	22:5 58:2	contact[4] 38:5				direction[1] 30:11
	clinical[12] 15:8	43:17 46:19 47:11				directions[1] 5:1
	15:9 17:2 17:4	contacted[2] 49:8				director[18] 6:13
	17:12 17:17 17:19	49:25				6:17 20:10 21:5
	17:20 17:21 32:2	contained[2] 25:24				21:14 24:4 24:13
	43:10 59:8	47:16				24:21 25:17 25:19
	clinically[1] 27:19	continued[1] 29:24				26:11 27:21 30:14
	closely[1] 54:25	Continuing[1] 20:16				30:22 33:23 42:14
	Co[1] 2:2	continuous[2] 29:9				42:17 56:2
	co-sponsor[1] 33:4	29:13				directorship[1] 6:18
	code[1] 3:13	contract[2] 22:4				directs[1] 32:25
	coming[2] 37:5	26:11				discuss[5] 9:16
	37:12	contracts[2] 26:21				12:23 36:5 37:6
	commission[2] 65:22	26:21				47:5
	66:20	control[3] 27:14				discussed[6] 9:13
	commissioned[1] 66:6	30:17 36:19				9:14 10:13 12:14
	COMMON[1] 1:1	conversations[4] 12:13 12:19 43:25				12:25 13:3
	commonly[1] 32:20	58:1				discussing[2] 25:7
		coordinator[3] 37:4				43:21
		38:4 45:12				discussion[5] 9:25

10:7 11:15 44:13 64:8 discussions[1] 11:18 division[6] 6:4 17:1 18:4 21:11 33:1 42:13 doctor[25] 3:8 7:15 11:5 13:15 15:23 30:1 37:11 38:5 44:14 45:13 46:11 50:8 51:25 55:16 55:21 56:7 56:15 58:12 59:10 59:19 60:12 60:20 61:8 63:17 64:13 doctors[1] 34:21 document[5] 7:17 26:14 33:15 36:5 45:5 documents[1] 46:4 doesn't[3] 22:3 37:14 63:4 done[12] 8:3 9:9 9:10 53:5 57:21 60:13 62:12 62:16 62:22 63:6 63:9 63:14 down[4] 4:21 44:24 52:1 52:4 Dr[24] 5:17 8:20 9:14 9:17 10:15 11:16 11:18 12:3 12:8 12:14 12:19 12:20 12:22 46:15 46:19 46:20 48:9 48:11 48:15 48:24 49:11 51:12 51:17 52:10 due[2] 37:7 38:5 duly[3] 3:3 66:5 66:7 duration[1] 37:21 during[10] 4:22 5:6 16:24 18:10 29:8 30:7 35:25 36:9 41:20 43:17 duties[6] 18:20 19:2 24:20 25:23 33:19 35:24 duty[1] 54:25 DVT[16] 52:7 52:8 53:12 53:23 54:6 54:25 55:7 55:23 60:8 62:1 62:4 62:13 62:18 62:22 63:13 63:19	36:16 effect[1] 40:4 eight[1] 29:4 either[5] 8:4 28:20 39:18 43:24 66:12 Elaine[3] 1:16 66:5 66:18 Elder[2] 15:12 18:16 elicit[1] 61:6 Elizabeth[8] 1:11 1:14 2:6 3:1 3:6 3:10 65:17 66:6 emboli[4] 7:25 14:16 58:22 58:25 Emergency[1] 8:22 employ[1] 32:20 employed[3] 4:2 5:13 5:14 employee[2] 3:22 3:24 employment[1] 5:10 end[1] 48:11 entail[1] 17:7 enter[1] 4:23 entire[1] 19:3 entity[2] 5:13 5:15 ESQ[5] 2:3 2:7 2:13 2:17 2:21 et[1] 1:8 Etc[1] 1:4 ethics[3] 17:2 17:17 17:20 evaluation[1] 45:24 event[3] 56:12 56:20 66:13 exact[1] 57:15 Exactly[3] 23:10 52:18 57:13 examination[3] 1:15 3:2 3:6 exception[1] 15:20 Exhibit[10] 7:11 7:12 7:16 44:10 44:15 46:11 48:22 67:3 67:4 67:5 exist[1] 63:4 expect[6] 41:4 63:5 63:12 63:18 63:22 64:2 expectancy[1] 60:1 expectation[1] 53:18 experience[4] 27:19 28:24 29:24 35:17 experiences[1] 27:12 expert[1] 6:25 expired[1] 64:1 expires[2] 65:22	66:20 explain[1] 4:8 extended[3] 19:20 35:16 36:12 extremities[1] 59:1 -F- facility[1] 12:10 fact[7] 11:21 46:5 48:12 57:11 58:16 63:4 63:18 faculty[1] 5:20 failed[2] 53:22 54:5 fair[1] 24:12 Fairhill[2] 1:20 3:18 Fakhur[2] 12:21 51:12 fall[1] 29:23 Fallon[14] 2:20 2:21 9:21 10:23 12:5 48:14 48:17 50:24 54:13 55:3 55:18 59:3 59:15 64:11 family[3] 3:15 44:1 58:7 February[1] 2:18 fellow[14] 17:1 18:13 18:18 28:17 28:22 32:23 39:12 40:5 50:13 50:16 51:7 51:11 51:14 51:19 fellows[21] 15:11 27:1 27:4 27:11 27:18 27:25 28:3 32:15 34:3 34:9 34:18 34:19 34:21 34:24 35:5 35:12 39:20 39:22 40:15 41:13 53:7 fellows'[1] 33:19 fellowship[13] 16:13 17:4 17:16 17:25 18:3 18:7 18:10 18:11 19:10 28:24 33:8 33:17 34:7 felt[1] 40:2 few[4] 4:8 15:24 57:14 57:16 field[1] 13:16 fifth[1] 55:7 file[2] 13:9 13:13 filed[3] 10:13 12:16 12:18 filing[6] 9:12 10:6 10:9 11:7 11:10 11:11 filled[1] 47:20 fine[2] 55:20 58:14 first[6] 3:3 16:3 35:5 35:6 35:21	66:7 FitzGerald[3] 1:16 66:5 66:18 Floor[1] 2:8 floors[1] 42:5 follow[2] 35:6 52:9 followed[3] 16:15 28:5 52:13 following[2] 34:14 65:3 follows[1] 3:5 foregoing[2] 65:2 66:9 forget[1] 37:24 form[5] 26:17 27:9 44:16 44:21 47:15 formed[1] 33:17 forms[1] 46:7 forth[1] 66:8 free[2] 5:8 34:6 frequently[2] 41:25 49:22 full[1] 54:10 function[2] 35:13 52:17 funds[1] 32:24 -G- general[4] 13:3 15:8 17:1 17:10 generally[3] 13:18 26:1 56:8 generate[1] 39:23 generated[3] 13:12 63:11 63:25 geriatric[31] 1:20 6:1 6:2 6:4 15:18 18:4 18:12 19:10 21:11 27:1 27:25 28:24 32:14 32:23 33:1 33:17 33:19 34:3 34:7 34:24 35:12 39:19 39:22 40:5 40:15 41:13 50:13 51:7 51:14 51:19 53:7 geriatrics[2] 13:19 19:20 given[3] 7:3 63:11 63:23 GOLDSTEIN[11] 2:13 53:25 54:7 59:4 59:17 60:4 60:9 61:11 62:14 63:2 64:12 gone[3] 39:9 39:12 60:24 good[1] 45:23 Griffin[1] 1:7 grossly[1] 31:15 ground[1] 4:8 group[12] 3:23	5:18 5:21 6:1 6:3 6:8 6:20 22:4 22:9 22:11 26:22 26:22 groups[2] 5:16 28:4 guess[1] 19:11 -H- H[1] 67:1 half[10] 19:12 19:15 29:2 29:6 29:7 35:19 35:22 35:25 36:14 48:24 half-way[1] 52:4 hand[2] 4:21 66:15 handed[1] 44:14 handled[2] 60:8 60:10 happy[1] 4:15 Harrison[1] 43:14 Harrison's[1] 13:18 Hayes[18] 1:4 8:23 9:10 43:14 44:3 44:21 45:22 46:20 47:15 48:4 54:9 54:17 57:9 58:3 58:7 58:22 59:24 62:23 Hayes'[9] 8:14 46:15 47:5 48:11 49:14 53:11 54:24 58:10 59:13 Hazzard[1] 13:19 head[4] 4:21 26:22 31:10 56:13 Health[4] 15:12 17:8 17:13 18:16 hear[1] 54:16 Heights[1] 3:12 held[1] 21:13 Hello[1] 3:8 help[2] 25:6 36:21 hereby[1] 66:6 hereinafter[1] 3:4 hereunto[1] 66:14 Hillcrest[2] 8:13 46:21 Hissa[3] 46:19 46:20 52:10 Hissa's[1] 8:20 histories[1] 36:22 home[3] 3:11 3:15 50:17 honestly[1] 30:4 hospital[13] 7:6 8:13 15:13 15:21 33:13 37:13 37:14 38:18 39:7 39:25 40:9 46:22 49:23 Hospitals[7] 6:5 15:13 18:5 18:15 33:6 33:9 33:11
---	---	--	--	--

Index Page 4 **PATTERSON-GORDON REPORTING, INC. (216) 771-0717**

48:12	12:23 28:11 28:14	8:20 12:22 42:13	own [3] 6:14 24:16	perhaps [3] 35:19
named [2] 6:22	31:15 44:15 45:23	66:15	30:12	40:2 43:21
66:6	46:11 52:9	officers [1] 32:20		period [4] 28:21
names [1] 31:20	numbers [2] 22:17	often [6] 12:7 29:13	-P-	35:16 36:12 41:24
near [2] 44:24 49:16	23:11	32:3 32:4 42:20		permitted [1] 39:22
necessarily [3] 24:17	nurse [7] 30:18	43:11	p.m. [4] 50:19 50:21	person [1] 51:11
62:15 63:7	43:1 43:2 43:3	Ohio [15] 1:2	51:5 64:15	personal [5] 13:8
necessary [2] 25:3	49:18 50:19 52:20	1:18 1:21 2:4	page [6] 17:3 47:19	13:9 13:12 13:13
39:17	nurses [19] 31:2	2:9 2:14 2:18	50:5 65:3 65:5	53:14
need [8] 27:15 30:21	36:20 39:4 39:7	2:23 3:2 14:20	67:3	personally [3] 26:13
36:24 54:16 56:14	40:14 41:5 43:5	15:5 66:2 66:5	paid [2] 6:7 6:20	30:23 47:2
58:12 58:15 59:11	43:22 47:10 47:21	66:15 66:19	Paisley [1] 2:20	PGY [1] 16:16
needed [3] 25:7	47:23 49:24 50:12	old [2] 54:10 54:17	panel [3] 18:21	phone [2] 12:23
28:17 42:25	52:22 53:16 60:7	older [1] 15:16	19:6 19:6	39:11
needs [1] 49:3	61:9 61:19 62:5	on-call [1] 51:10	part [3] 36:15 42:16	phrase [1] 4:14
negligence [3] 6:23	nurses' [2] 40:24	once [6] 12:9 18:22	57:5	physical [2] 21:1
7:1 7:4	40:25	35:19 35:22 39:3	participated [2] 14:15	45:23
never [3] 58:6	nursing [21] 20:20	42:21	36:18	physicals [1] 36:22
58:17 58:19	20:22 22:8 22:14	one [12] 2:8 2:13	participating [1] 30:16	physician [30] 12:15
new [4] 36:20 36:25	22:16 22:24 22:25	23:2 29:1 29:3	particular [13] 14:3	17:22 19:19 20:1
42:8 47:25	23:20 24:10 24:25	35:17 39:19 42:6	14:8 15:15 17:4	20:5 37:2 37:13
night [3] 34:25 35:3	25:4 25:16 25:18	42:10 43:22 49:1	17:16 28:22 38:13	38:13 39:10 39:19
35:15	30:15 50:17 52:17	61:15	41:19 43:8 45:5	41:6 43:22 44:5
Ninth [1] 2:9	53:22 54:4 61:1	one-half [4] 29:4	49:12 50:18 59:20	44:25 45:4 46:3
nods [2] 4:21 56:13	61:17 63:1	29:15 29:16 41:20	parts [1] 55:24	46:4 46:6 46:15
normally [1] 39:13	nutritional [1] 45:25	one-month [1] 36:12	party [1] 66:13	46:21 47:15 47:18
Notary [4] 1:17		one-year [1] 18:7	pass [1] 36:20	47:24 49:2 49:3
65:21 66:5 66:18	-O-	operate [2] 34:19	patient [33] 27:6	49:14 49:25 50:23
note [3] 36:5 63:13	o'clock [1] 1:22	34:20	27:23 28:7 28:10	51:6 53:19
65:3	O'Toole [9] 1:11	operating [1] 34:20	28:17 28:18 36:3	Physician's [1] 47:19
noted [1] 48:8	1:14 2:6 3:1	opinion [8] 55:13	36:25 37:2 37:5	physicians [17] 4:1
notes [3] 13:8	3:6 3:10 47:20	55:17 59:6 59:10	37:8 37:9 38:12	5:12 5:25 6:19
13:13 45:23	65:17 66:6	59:12 59:18 59:20	38:14 38:24 39:5	9:13 10:14 22:9
nothing [1] 66:7	oath [1] 4:12	59:24	39:15 39:24 41:14	24:17 31:8 32:1
notice [6] 1:19	object [3] 55:9	opportunity [2] 8:12	42:16 43:15 47:6	32:13 32:15 34:15
11:3 11:6 11:7	55:19 62:6	61:20	47:12 48:13 49:4	38:8 40:17 52:19
11:14 47:17	objection [33] 4:24	order [20] 39:8	49:13 50:6 50:18	54:24
notified [9] 56:3	9:20 9:21 10:23	40:19 47:15 52:1	53:3 55:25 56:10	piece [1] 17:20
56:8 56:12 56:19	12:5 48:14 48:17	52:11 52:14 52:14	59:7 64:1	place [1] 66:11
56:22 57:8 57:12	50:24 53:25 54:7	52:15 52:16 52:19	patient's [6] 37:12	placed [1] 55:11
57:17 57:20	54:13 55:3 55:18	52:21 52:21 53:12	38:17 39:3 45:15	places [1] 42:4
notifying [1] 11:10	56:4 56:23 57:3	55:11 55:13 60:7	45:16 49:8	Plaintiff [2] 1:5
November [28] 3:20	59:2 59:3 59:4	62:1 62:2 62:4	patients [38] 6:14	2:2
4:2 5:12 5:17	59:14 59:15 59:16	62:13	15:10 15:15 15:17	Plaintiff's [6] 7:11
6:11 8:23 9:4	59:17 60:3 60:4	ordered [3] 40:17	15:18 15:21 18:21	7:12 7:16 44:10
14:23 24:23 26:10	60:9 60:15 61:10	46:2 55:7	18:25 19:7 19:13	67:4 67:5
27:3 28:2 30:1	61:11 61:12 61:13	orders [25] 32:4	20:6 20:11 21:2	plan [1] 36:4
30:7 31:7 31:19	62:14 63:2	39:5 39:7 39:8	22:10 22:10 24:8	Plaza [1] 2:13
31:24 32:17 37:23	observe [1] 36:20	39:15 39:18 39:23	24:16 28:1 28:4	PLEAS [1] 1:1
38:1 41:12 43:16	obtain [1] 46:7	40:6 40:8 40:10	28:5 28:12 28:15	plus [2] 29:2 29:4
43:16 47:10 51:15	obviously [1] 60:23	47:11 47:18 47:24	29:18 29:19 30:12	point [5] 4:22 5:6
51:20 56:2 60:1	occasion [1] 15:21	48:9 49:17 49:23	30:24 31:20 32:2	46:24 59:20 63:22
now [33] 5:10 5:17	Occasionally [1] 31:1	50:1 50:4 50:5	32:3 34:13 36:23	pointing [1] 46:9
7:15 16:12 16:25	occupational [1] 21:1	50:13 50:19 50:22	38:6 39:13 42:19	policies [8] 25:5
18:18 18:23 19:16	occur [1] 38:24	51:6 52:3 52:5	42:24 43:9 49:5	25:9 25:15 30:20
19:18 21:4 21:17	occurred [5] 10:1	organization [1] 39:3	49:22	30:21 31:25 32:7
22:13 22:18 22:22	10:7 10:15 10:19	organized [1] 38:23	pay [1] 34:1	32:9
23:6 29:12 32:13	58:19	otherwise [3] 4:17	paying [1] 37:25	policy [1] 36:10
32:22 35:11 36:11	occurring [1] 37:23	16:7 66:13	people [2] 23:19	population [2] 15:15
37:12 37:19 37:19	October [1] 16:5	outside [2] 11:16	31:18	24:9
40:8 42:14 43:14	off [5] 31:10 44:13	22:11	per [1] 19:8	position [2] 21:13
44:3 44:24 45:15	52:21 53:5 64:8	oversee [3] 24:13	15:22 30:5	25:20
49:16 50:18 54:9	office [5] 2:3	oversight [2] 25:13	perform [1] 36:2	possible [1] 63:15
61:20		25:15	performing [1] 36:21	

post-graduate[2] 16:13 16:19	66:18 publication[1] 14:8	46:11 refers[1] 63:13	24:6 esidents[3] 17:15	51:22 51:24 59:2 59:16 64:9
postoperative[1] 55:8	publications[2] 7:21 14:3	reflect[2] 32:7 62:16	22:6 36:1 espond[1] 35:10	rotate[1] 38:10
practice[8] 3:23 5:22 13:16 13:22 14:19 15:8 15:9 15:14	pulmonary[4] 7:25 14:16 58:22 58:25	refresh[1] 5:7 regard[12] 26:25 30:6 34:13 46:20 47:25 48:3 51:25 56:21 60:14 62:13 63:1 63:20	6:14 18:20 19:2 24:5 24:21 24:24 25:15 25:24 26:18 33:20 35:25 42:17	rotating[1] 36:16 rotations[1] 18:11 round[1] 42:19 rounds[3] 36:19 36:19 42:15
practitioners[3] 30:18 43:2 43:3	purposes[2] 7:13 44:11	regarding[6] 11:18 32:1 45:22 47:11 58:2 60:7	responsibility[14] 25:12 26:25 28:6 28:7 28:8 33:24 35:10 40:11 40:16 40:20 40:24 41:1 52:20 53:8	routine[3] 50:9 51:1 51:5 routinely[4] 42:15 42:18 56:21 57:4
pre-transfer[1] 39:2	pursuant[1] 1:18	regardless[1] 24:15	esponsible[7] 27:16 27:22 27:24 28:10 52:22 53:2 54:24	rule[1] 52:8
precepting[1] 15:11	put[2] 44:8 64:3	Registered[1] 1:17	est[1] 35:18	rules[2] 3:3 4:9
present[1] 20:2		regular[2] 12:4 23:20	esulted[1] 55:11	run[1] 8:17
presentation[1] 8:4	-Q-	regulations[2] 27:14 49:3	esults[1] 57:23	runs[1] 20:19
presentations[1] 16:6	qualified[1] 66:6	rehab[2] 36:17 42:3	esume[1] 17:3	
presented[1] 32:11	quality[9] 9:18 10:3 10:16 10:22 11:17 30:16 57:5 60:18 61:7	rehabilitation[2] 18:13 45:24	etirement[59] 1:7 2:11 6:12 6:17 13:10 15:10 18:19 20:1 20:6 20:15 20:16 20:21 20:24 21:5 21:18 21:21 24:14 24:22 25:11 26:12 26:19 27:2 27:20 28:2 28:23 30:2 31:9 31:21 31:25 32:16 32:19 33:16 33:20 34:1 34:4 34:11 34:25 35:14 35:20 37:1 37:15 37:17 38:10 38:18 38:25 43:15 44:4 44:17 47:7 47:16 51:15 51:20 54:19 56:1 56:5 56:11 57:2 57:10 61:3	-S-
preventable[1] 59:13	questions[17] 4:13 4:16 7:19 15:24 25:5 27:2 35:7 37:21 59:10 60:17 61:4 61:5 64:6 64:7 64:9 64:10	relationship[1] 6:12	aw[2] 8:16 28:10	S[5] 1:16 2:13 66:5 66:18 67:1
previously[2] 6:9 49:21	quite[1] 37:18	relative[1] 66:12 56:7	says[5] 16:5 17:17 52:4 52:7 52:21	salary[1] 6:21
primarily[2] 12:12 15:16		relevance[2] 14:4 41:22	schedule[3] 40:24 53:22 54:5	saw[2] 8:16 28:10
primary[3] 5:25 25:12 25:14		reliable[1] 13:17	scheduled[3] 11:24 40:22 63:19	says[5] 16:5 17:17 52:4 52:7 52:21
print[1] 48:22		remember[2] 26:20 41:22	schedules[1] 29:1	schedule[3] 40:24 53:22 54:5
private[1] 24:17	-R-	remuneration[1] 6:15	scheduling[5] 40:12 40:16 41:7 53:8 53:17	salary[1] 6:21
privileges[3] 7:7 31:21 37:15	R[1] 2:7	repeat[2] 4:16 54:2	scope[1] 33:19	saw[2] 8:16 28:10
problem[5] 5:24 29:20 41:6 53:17 62:25	rather[2] 40:10 51:7	rephrase[2] 4:16 51:4	scratch[1] 43:3	says[5] 16:5 17:17 52:4 52:7 52:21
problems[3] 24:19 43:8 61:23	read[2] 64:13 65:2	replacement[3] 54:11 54:18 55:1	screening[1] 45:25	schedule[3] 40:24 53:22 54:5
procedure[2] 3:3 38:20	real[1] 13:20	report[13] 8:23 28:9 28:19 36:7 41:5 53:18 62:18 63:6 63:8 63:9 63:23 64:2 64:3	seal[1] 66:15	scheduled[3] 11:24 40:22 63:19
procedures[5] 25:5 25:10 25:16 32:1 52:13	really[1] 19:11	reported[1] 27:4	Second[1] 2:4	schedules[1] 29:1
process[1] 61:7	reason[2] 41:9 53:12	reporter[2] 1:17 4:20	see[27] 8:12 8:24 12:8 18:22 19:7 28:17 29:18 29:19 36:1 36:23 38:5 42:24 43:5 45:19 49:4 49:5 49:19 52:5 52:10 56:6 58:17 58:20 59:7 62:1 62:3 63:18 63:25	scheduling[5] 40:12 40:16 41:7 53:8 53:17
professional[3] 1:17 5:18 6:7	reasonable[4] 55:5 55:13 55:22 60:1 6:15	reports[1] 63:10	seeing[5] 19:13 28:11 28:14 30:12 34:13	scope[1] 33:19
program[5] 32:23 33:17 34:8 34:17 57:6	receive[4] 6:15 21:6 22:7 57:23	request[1] 26:8	segment[1] 36:12	scratch[1] 43:3
programs[1] 25:7	received[2] 11:9 64:3	requested[3] 25:13 58:17 65:5	sending[1] 52:23	screening[1] 45:25
progress[1] 63:13	receiving[1] 23:20	required[4] 4:24 36:7 52:25 63:16	series[1] 59:9	seal[1] 66:15
projects[1] 30:17	recent[1] 55:1	requisition[1] 52:24	service[6] 8:22 18:12 26:11 34:6 34:10 50:16	Second[1] 2:4
pronounce[1] 12:20	recollection[5] 38:3 43:21 44:7 48:3 49:7	research[1] 14:16	services[6] 6:7 6:16 20:22 34:2 34:12 34:16	schedules[1] 29:1
provide[5] 20:22 22:3 22:4 22:5 25:2	record[12] 5:5 7:17 44:13 45:25 49:24 62:15 62:17 62:22 63:3 63:23 64:3 64:8	Reserve[7] 3:25 5:11 5:21 6:8 33:2 33:12 42:12	serving[1] 20:9	scheduled[3] 11:24 40:22 63:19
provided[9] 3:2 5:3 21:22 24:14 27:7 34:3 34:7 34:16 46:25	records[15] 5:4 5:7 8:13 8:14 8:20 9:1 13:10 55:11 61:3 61:4 61:21 61:25 62:4 62:13 62:19	residency[4] 16:15 16:20 16:23 16:24	session[1] 4:12	schedule[3] 40:24 53:22 54:5
provides[1] 20:18	reduced[1] 66:8	resident[4] 36:3 44:19 44:21 48:21	set[3] 35:4 66:8	salary[1] 6:21
providing[6] 6:16 24:25 25:6 32:16 34:10 34:12	refer[4] 5:7 13:21 23:1 37:22	residential[2] 23:24		saw[2] 8:16 28:10
prudent[1] 55:5	referred[4] 6:9 8:9 8:19 35:6			says[5] 16:5 17:17 52:4 52:7 52:21
Public[5] 1:18 2:22 65:21 66:5	referring[2] 27:3			schedule[3] 40:24 53:22 54:5

66:15		Square [1] 2:22	38:9	topics [1] 27:15	University [19] 1:20
seven [1] 29:7		SS [1] 66:2	surgery [2] 8:15	TOSTI [17] 2:3	3:25 3:25 5:11
several [2] 19:15		staff [18] 20:1	55:2	3:7 7:10 9:23	5:12 5:21 5:22
21:17		20:5 24:25 25:4	suspended [1] 7:7	10:5 10:10 10:12	5:24 6:5 6:19
Shaker [1] 3:12		25:16 30:15 31:8	sworn [3] 3:4	10:18 23:7 26:7	15:13 17:9 18:4
sheet [9] 39:14 45:10		31:11 31:16 31:19	65:18 66:7	44:8 51:2 55:15	18:15 33:2 33:6
46:8 46:10 48:13		31:23 32:1 32:13	system [1] 35:4	55:20 60:21 62:10	33:9 33:11 33:12
48:21 49:16 52:1		37:14 38:8 40:17		64:5	unless [2] 4:25
52:15		53:22 54:5		total [3] 8:14 54:18	42:6
sheets [2] 39:8		stand [3] 5:23	-T-	55:1	up [5] 35:4 35:6
44:19		16:18 20:15	T [1] 67:1	rower [2] 2:3	35:8 48:11 52:9
Shield [1] 45:21		start [1] 41:18	taking [5] 15:9	2:22	up-to-date [1] 16:4
sick [1] 36:23		state [12] 1:18	17:14 18:25 35:2	training [1] 16:13	UPCP [2] 5:22
signature [2] 26:24		3:8 14:20 14:25	52:20	txanscribe [1] 39:7	5:23
49:18		15:1 15:2 15:5	Tasaddaq [1] 51:17	txanscribed [1] 66:9	used [2] 45:13 50:1
signed [4] 26:15		32:6 49:3 66:2	tasks [2] 30:10 30:13	transcript [1] 65:2	usual [3] 38:20
26:23 33:22 48:9		66:5 66:19	teaching [1] 17:23	transcription [1] 66:9	50:9 51:5
signing [1] 26:21		statute [1] 1:15	technically [1] 17:21	transfer [8] 9:2	usually [4] 19:9
single [1] 3:15		stenotypy [1] 66:8	ten [1] 31:13	39:5 39:14 39:18	37:6 39:4 42:25
sit [1] 14:2		steps [1] 52:15	Terminal [1] 2:22	46:25 47:1 49:23	utilization [1] 45:20
site [3] 28:16 39:10		sticker [1] 44:8	terms [4] 11:12	50:1	utilized [1] 25:10
53:5		still [4] 4:24 6:1	16:6 30:19 33:24	transferred [4] 38:17	-V-
six [3] 29:6 29:7		55:19 64:2	test [2] 53:9 53:17	39:4 46:22 58:3	VA [9] 17:9 17:15
36:14		stipulations [1] 1:19	testified [2] 59:6	transferring [2] 39:25	18:12 19:21 19:23
skilled [7] 20:22		stops [1] 63:23	62:9	40:9	33:6 33:7 33:9
22:14 22:16 22:20		Street [2] 2:4	testify [2] 62:10	transition [1] 48:15	33:13
22:25 23:14 24:10		2:9	66:7	transportation [1] 53:3	various [6] 4:23
skin [1] 36:19		Student [2] 17:8	testimony [3] 7:3	treatment [3] 36:4	20:25 21:21 42:22
Skylight [1] 2:3		17:13	66:8 66:10	45:24 55:10	43:9 52:2
Slater [1] 2:12		students [1] 17:14	tests [3] 40:3 46:1	true [2] 58:24 66:9	vascular [1] 52:9
someone [1] 27:18		studies [2] 40:13	52:25	truth [3] 66:7 66:7	vein [6] 7:25 14:17
someplace [1] 42:4		40:17	textbook [1] 13:15	66:7	54:12 54:21 55:6
sometimes [2] 13:21		study [18] 40:9	textbooks [1] 8:9	trying [2] 41:22	58:25
35:16		40:11 40:20 40:21	texts [1] 13:21	63:17	verbally [1] 4:20
sorry [3] 48:20 51:22		52:7 53:12 53:23	Thank [4] 5:9	Tuesday [1] 37:10	verified [5] 49:17
54:14		54:6 55:7 55:23	46:13 51:24 56:17	twice [1] 12:9	49:25 50:19 50:23
source [1] 58:25		60:8 62:1 62:4	Thanksgiving [1] 57:14	two [1] 28:3	62:8
speaking [5] 24:22		62:13 62:18 62:22	therapies [1] 20:25	two-year [1] 17:25	verify [3] 39:17
28:4 38:1 41:16		63:14 63:19	therapists [1] 36:18	type [9] 21:22 30:13	50:13 51:6
56:1		subject [3] 7:24	therapy [5] 21:1	32:8 38:20 53:8	visit [1] 36:2
specialty [1] 13:20		8:4 15:1	21:1 21:2 45:23	53:16 56:18 56:20	visiting [2] 35:18
specific [5] 11:1		Subscribed [1] 65:18	45:24	60:13	41:20
27:7 28:1 39:15		subspecialization [1] 16:22	therefore [1] 49:13	typed [1] 45:12	visits [2] 29:22
42:6		substandard [2] 53:23 54:6	Thereupon [2] 7:12	types [3] 32:5	36:8
specifically [2] 10:10		substantially [1] 16:8	44:10	34:16 52:25	vital [1] 15:24
27:16		subtracted [1] 23:12	three [1] 52:10	typically [1] 44:16	vs [1] 1:6
specifics [1] 26:2		24:5 52:23 59:6	three-year [1] 16:20	-U-	-W-
specified [1] 66:12		sudden [1] 56:8	thrombosis [6] 8:1	unchanged [1] 16:8	watched [1] 36:19
spectrum [1] 20:19		suffered [1] 57:9	14:17 54:12 54:21	under [12] 1:15	ways [1] 28:3
speech [1] 21:1		Suite [2] 2:3 2:14	55:6 59:1	4:12 16:12 18:13	week [6] 12:9 19:8
spend [2] 19:9		supervised [1] 18:22	through [14] 3:25	18:15 20:6 20:11	29:7 29:7 36:14
19:12		supervising [3] 17:15	5:15 6:7 8:17	30:25 31:20 47:18	42:21
spending [2] 28:23		27:19 36:6	19:3 19:19 19:22	52:3 55:14	weekday [1] 51:8
30:2		supervisory [1] 34:22	20:2 20:20 38:10	understand [5] 4:13	weekend [4] 34:24
spent [7] 18:24		supplies [1] 32:6	43:16 45:16 60:24	4:14 5:1 14:5	35:2 35:15 51:9
19:15 29:1 29:3		support [3] 6:18	65:3	22:13	weeks [1] 52:10
30:7 30:9 36:15		24:24 25:4	times [1] 45:13	understood [1] 4:17	West [1] 2:4
spoken [1] 58:6		supporting [1] 30:20	timing [1] 55:23	unexpected [1] 57:1	Western [8] 3:24
sponsor [2] 32:22		supposed [2] 35:3	today [1] 14:2	unexpectedly [2] 55:25 56:11	5:11 5:21 6:8
32:24			took [1] 48:25		33:2 33:5 33:12
sponsors [3] 33:16			top [2] 31:10 44:19		42:12
34:2 42:12					

Weston [1] 2:20
WHEREOF [1] 66:14
whole [1] 66:7
William [14] 8:14
43:14 44:3 44:21
45:22 48:4 54:9
54:17 54:24 58:2
58:10 58:22 59:13
62:22
within [7] 49:4
57:13 57:16 61:6
66:5 66:6 66:19
without [2] 34:22
66:12
witness [7] 11:9
46:8 46:12 51:23
56:13 61:12 66:14
words [2] 19:4
32:2
worked [2] 18:18
34:9
write [1] 52:19
written [9] 8:3
25:20 25:24 31:25
32:4 33:15 40:19
50:5 63:10

-X-

X [2] 67:1 67:1

-Y-

year [1] 19:4
years [3] 16:19
54:10 54:17
Young [1] 2:16

-Z-

zip [1] 3:13
Zurz [1] 2:12