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IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

MARY LOU ZIMMERMAN,
et al.,

Plaintiffs,

JUDGE BURNSIDE
CASE NO. 399411

-vs-

THE CLEVELAND CLINIC FOUNDATION,

Defendant.

- - - -

Deposition of RICHARD W. SCHULE, taken as if upon
cross-examination before Laura L. Ware, a Notary
Public within and for the State of Ohio, at The
Cleveland Clinic Foundation, 9500 Euclid Avenue,
PACU Classroom, Building H, 3rd Floor, Cleveland,
Ohio, at 9:00 a.m. on Wednesday, March 14, 2001,
pursuant to notice and/or stipulations of counsel,
on behalf of the Plaintiffs in this cause.

- - - -

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APPEARANCES:

Robert F. Linton, Jr., Esq.
Linton & Hirshman
Hoyt Block Building - Suite 300
700 West St. Clair Avenue
Cleveland, Ohio 44113
(216) 771-5800,

On behalf of the Plaintiffs;

James P. Malone, Esq.
Reminger & Reminger
113 St. Clair Avenue
Cleveland, Ohio 44114
(216) 687-1311,

On behalf of the Defendant.

EXHIBIT INDEX

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- - - -

(Thereupon, Plaintiff's Schule Exhibit

1 was mark'd for purposes of identification.)

- - - -

RICHARD W. SCHULE, of lawful age, called by
the Plaintiffs 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 RICHARD W. SCHULE

BY MR. LINTON:

Q. Mr. Schule, my name is Bob Linton, and I'm one of
the lawyers that represents Mary Lou Zimmerman and
her husband, Sherman Zimmerman. We met during the
inspection you provided several weeks ago down in
the SPD department.

A. Yes.

Q. I'm here today to take your deposition. Have you
ever been deposed before?

A. No, I haven't.

Q. Have you ever been through this process?

A. No, I haven't.

Q. I assume you had a chance to meet with Mr. Malone
today before preparing for your deposition?

A. Yes, sir.

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Q. It's important, as I'm sure you've been told, that
you understand all the questions that I ask you, and
if you don't understand a question please stop me
and I'll rephrase the question, do whatever I need
to to make sure that you understand what I'm
asking. Okay?

A. Yes, sir.

Q. If you answer the question without asking for
clarification, we're then going to assume that you
understand the question. Is that fair?

A. Yes, sir.

Q. What have you done to prepare for your deposition
today?

A. I had a meeting with Mr. Malone a week or so ago,
and that's about it.

Q. How long did that meeting last?

A. I believe--

MR. MALONE: Objection. Go ahead.

A. I believe we --

MR. MALONE: Are you going to challenge
my time entries and my bill in this; is that
why we're going through this?

MR. LINTON: Maybe.

A. Between a half hour and an hour, I believe.

Q. We've been handed what's been marked as Exhibit No.

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- 1 1. Is that a copy of your current CV?
- 2 A. Yes.
- 3 Q. Any additions, subtractions?
- 4 A. The only additions, that would be any additional
- 5 publications that I've had recently. There may be
- 6 one or two that are off there.
- 7 Q. One or two publications?
- 8 A. Yeah. I write for a hobby and I publish in some of
- 9 the professional articles as well as I speak.
- 10 Q. What additional publications are not listed on
- 11 here?
- 12 A. I'd have -- I don't recall. I'd have to look.
- 13 There's a couple of them that I've worked on, and I
- 14 don't know.
- 15 Q. As of what date was the CV current?
- 16 A. Well, it looks -- as of last year, it looks like I
- 17 have the '99, and then I have one article that was
- 18 published in 2000, January, so it's about 12 months
- 19 old.
- 20 Q. What was the topic of the new article?
- 21 A. Usually I write about quality, dealing with
- 22 patient -- or not patient, OR reaction --
- 23 interaction with CS personnel. Kind of warm fuzzy
- 24 type stuff.
- 25 Q. You're talking in code here.

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- 1 A. I'm sorry.
- 2 Q. What are those --
- 3 A. Interpersonal communication skills between employees
- 4 of various departments.
- 5 Q. How long have you been employed by The Cleveland
- 6 Clinic?
- 7 A. I was -- I have been employed since September 2nd of
- 8 1998, if I'm correct.
- 9 Q. And what was your position upon hire?
- 10 A. Position upon hire was as manager of the Surgical
- 11 Processing Department.
- 12 Q. Same position you presently hold?
- 13 A. Yes, sir.
- 14 Q. Had you held that same position with another
- 15 hospital?
- 16 A. Yes, titled differently but still the same
- 17 responsibilities.
- 18 Q. I don't know how you measure size in your business.
- 19 How do you measure size?
- 20 A. We base it on bed size, we also base it on surgical
- 21 procedure size.
- 22 Q. Using those standards, what was the bed size of
- 23 Akron General Medical Center?
- 24 A. I believe Akron General is about a 520 bed hospital,
- 25 give or take a bed or two.

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- 1 Q. And how about the Clinic?
- 2 A. I believe the Clinic is in the neighborhood of 900,
- 3 just under a thousand.
- 4 Q. And how about in terms of surgical procedures, Akron
- 5 General versus the Cleveland Clinic?
- 6 A. Akron General does approximately 24,000 procedures a
- 7 year, and the Clinic is doing approximately 35,000.
- 8 Q. I would expect the numbers to be bigger.
- 9 MR. MALONE: Bigger than 35,000?
- 10 MR. LINTON: Well, relative to Akron
- 11 General I expected it to be a lot bigger.
- 12 MR. MALONE: Off the record.
- 13 - - -
- 14 (Thereupon, a discussion was had off
- 15 the record.)
- 16 - - -
- 17 Q. What do you do as manager of SPD?
- 18 A. I have the responsibilities of budget, annual
- 19 budget, I have responsibilities of capital planning
- 20 and acquisition, I have the responsibilities of
- 21 foreseeing where our needs are into the future,
- 22 either doing a three-year plan or what have you.
- 23 I oversee or am responsible for processing all
- 24 the surgical instruments on campus, that includes
- 25 the training, the orientation and competency of the

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- 1 staff underneath me. I'm responsible for the
- 2 interaction and development of the various different
- 3 surgical services, and then I interact with the
- 4 management team assisting them in planning as far as
- 5 if they need more instrument trays, or I can help
- 6 them become more efficient where they choose to use
- 7 me as a resource.
- 8 I have the responsibility of maintaining those
- 9 surgical instrument trays, make sure the scissors
- 10 are sharpened, etcetera, etcetera, and payroll, et
- 11 cetera. I mean, all the administrative stuff.
- 12 Q. How many surgical instruments do you process in your
- 13 department?
- 14 A. I couldn't give you a specific number at this time.
- 15 Q. Can you give me an estimate?
- 16 A. Estimate, I believe --
- 17 MR. MALONE: You mean daily, weekly?
- 18 Q. However you can quantify it.
- 19 MR. MALONE: Do you understand,
- 20 Richard?
- 21 THE WITNESS: I understand the
- 22 question.
- 23 MR. MALONE: He's asking about
- 24 instruments, I think, not trays.
- 25 A. We're doing I want to say it's about three million

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1 instruments a year. I mean, it's a very large
 2 number.
 3 Q. And is there a difference between trays versus
 4 instruments?
 5 A. There can be.
 6 Q. Let me back up to something earlier. Your CV shows
 7 that your employment began in October of '98. You
 8 had said earlier it was September 2nd of '98. This
 9 particular surgery involved in this case was on
 10 September 22nd, 1998. Do you know for a fact if you
 11 had come and were working as the manager of the SPD
 12 department on that date?
 13 A. I believe that might be incorrect, but I remember --
 14 I don't remember. I can find that information out
 15 specifically, but I'm pretty sure it was --
 16 Q. If you can just let Mr. Malone know that. That's
 17 important.
 18 MR. MALONE: We know the surgical date
 19 he give us is correct. When you say incorrect
 20 date, you're not sure about your hire date?
 21 THE WITNESS: Exactly.
 22 MR. LINTON: His start date, whether
 23 it's before or after.
 24 A. We can find out.
 25 Q. Going back to 1998, how many employees did you

10

1 supervise?
 2 A. In the neighborhood of 65.
 3 Q. And what levels of employees would you have
 4 supervised?
 5 A. The various -- rephrase the question.
 6 Q. Sure. Tell me generically the positions of the
 7 employees you would have supervised.
 8 A. I have an education coordinator, I have a
 9 coordinator that runs the shift, and I have three
 10 shifts. I have lead techs in each of my SPD
 11 departments, and I have three of those in each
 12 area. I have a Tech II, which is the surgical
 13 processing technician, I have service assistants
 14 which help restock the rooms, and I believe that
 15 covers all the different titles.
 16 Q. Are there three separate shift coordinators?
 17 A. Yes, there are.
 18 Q. And you said there are three different departments
 19 in SPD?
 20 A. Logistically, I have three SPD departments.
 21 Q. And how do you break those down?
 22 A. They're broken down as the E building, the M
 23 building and the G building.
 24 MR. MALONE: Those are physically
 25 different units, Bob, is what he's telling

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1 you. There's three areas in the hospital where
 2 processing is done.
 3 Q. Do they do different types of processing in those
 4 departments in each of those buildings?
 5 A. The policies are universal, procedures are
 6 universal.
 7 Q. So for example, neurosurgical instruments could be
 8 processed in any of those three buildings?
 9 A. Yes, sir.
 10 Q. How is it decided where particular instruments are
 11 processed?
 12 A. Based on logistics of where the cases are taking
 13 place. We have a number of ORs in each of those
 14 buildings, and to help prevent long runs of
 15 equipment we kind of isolate in those areas.
 16 Q. Based on what you know about this case, can you tell
 17 us what building the instruments would have been
 18 processed in?
 19 A. The E building.
 20 Q. How do you know that?
 21 A. To the best of my recollection, the room that this
 22 case occurred is located in the E building, and
 23 therefore the instruments would have been processed
 24 in the E building.
 25 Q. What records, if any, would be kept as of this point

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1 relating to the surgical instruments that would have
 2 been used during Mary Lou Zimmerman's surgery?
 3 A. Specifically what are you --
 4 Q. Anything of any kind that would relate to sterile
 5 processing of those surgical instruments.
 6 A. Generally we have records of biologicals that are
 7 performed on the sterilizers. We have records of
 8 load configurations, and load configurations meaning
 9 what was in that particular load for sterilization.
 10 I believe that would cover your question.
 11 Q. Are you required by any law or agency to maintain
 12 those records?
 13 A. We have requirements by state, and then also I
 14 believe there's some federal implications there.
 15 Q. And what type of records would be maintained
 16 presently relating to biologicals?
 17 A. Biologic -- we have a record of the biologicals for
 18 all our sterilizers, either steam or gas, which is
 19 ethylene oxide. Ethylene oxide, by requirements, we
 20 have to keep on board, and then the steam records we
 21 have to keep on board either stored off premise or
 22 on premise.
 23 Q. How long do you maintain the biologicals from the
 24 gas sterilizer?
 25 A. Well, the biologicals themselves are not

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1 maintained. The record?
 2 Q. The records.
 3 A. The record results, how many years, about seven
 4 years.
 5 Q. And who is the record custodian of those records;
 6 who would you go to to ask to get copies of a record
 7 from 1998?
 8 A. I have to call a pager, and it's located in the
 9 Sears Building at this present time.
 10 Q. Who do you call?
 11 A. I don't recall his name. I believe his name is
 12 Rodney, or I'm sorry, Aaron. Aaron is the
 13 supervisor, I believe.
 14 Q. And what information would be contained on that
 15 record?
 16 A. It would ask for -- everything is boxed by month and
 17 year, so in this particular case I would ask for the
 18 sterilization records of September of 1998 for the E
 19 building.
 20 Q. And how would those be broken down then?
 21 A. They're broken down in the sense that the steam
 22 records are bagged together, the ethylene oxide
 23 records are bagged together.
 24 Q. And what EO records would be -- what information
 25 would be on the EO records?

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1 A. Information on the EO records would identify load
 2 configuration or what items were in that particular
 3 load, it would identify load parameters or
 4 sterilization parameters that took place for that
 5 specific load.
 6 Q. Meaning temperature, time?
 7 A. Correct.
 8 Q. Humidity?
 9 A. Correct.
 10 Q. Anything else?
 11 A. EO exposure, staurolitic exposure.
 12 Q. Exposure in terms of time or exposure in terms of
 13 percentage or concentration?
 14 A. Exposure in time.
 15 Q. So there would be load configuration showing the
 16 items that were sterilized, the sterilization
 17 parameters. Anything else?
 18 A. I believe that's it.
 19 Q. And what would you call that, a biological record?
 20 A. A biological record.
 21 Q. So you'd have to call this number, talk to Aaron and
 22 say I'd like the biological records for the E
 23 building for September of 1998 in --
 24 A. Biological records are kept in our computer system.
 25 Q. Okay.

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1 A. So specifically you asked what was in the box. The
 2 box would have the steam and the ethylene oxide load
 3 configuration records, and on it would have the
 4 parameters that it was exposed and the printout from
 5 the equipment.
 6 Biologicals are housed in a computer database,
 7 results of the biologicals are entered into the
 8 computer, and we maintain those computer records.
 9 We try to go paperless when we can.
 10 Q. I may be slow here, so bear with me. The boxed
 11 records, what would you call those documents? You
 12 would call up and ask for --
 13 A. Sterilization records for September of 1998 for the
 14 E building.
 15 Q. And I assume those are broken down by day, are
 16 they?
 17 A. Yeah. Well, they're just grouped together as steam
 18 records and the EO. They may be broken down by a
 19 specific sterilizer, but if my memory serves me
 20 right we usually just group them together, and then
 21 it would be in chronological order starting with
 22 September 1st through September 30th or 31st,
 23 however many days September has.
 24 Q. And are those sterilization records kept
 25 contemporaneously? In other words, are they kept --

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1 A. I'm not understanding.
 2 Q. The record, the sterilization record, I assume those
 3 entries are made as the sterilization is occurring?
 4 A. Correct.
 5 Q. And then eventually they go over to another building
 6 for storage?
 7 A. Yes.
 8 Q. How would you determine which sterilization record
 9 would apply to the instrumentation used during Mary
 10 Lou Zimmerman's surgery?
 11 A. I cannot.
 12 Q. Is there some way to do that?
 13 A. No.
 14 MR. MALONE: Bob, that's the problem,
 15 we don't know when -- I mean, you could get
 16 September records. We don't know this thing
 17 was even sterilized in September.
 18 MR. LINTON: Well, that's what I was
 19 going to ask. That's my next question.
 20 MR. MALONE: I don't think there's any
 21 shelf life on sterilization.
 22 Q. Is there any shelf life on sterilized equipment?
 23 A. Specify your date.
 24 Q. Well, let's talk about back in 1998 for surgical
 25 instruments that would have been used during Mary

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- 1 Lou Zimmerman's case.
- 2 A. I don't recall what the specific -- my recollection
- 3 is that when I came on board everything was event
- 4 related sterility. It was not time dated.
- 5 Q. Meaning what?
- 6 A. Okay, event related sterility, you have to have
- 7 various parameters in place in order to be
- 8 considered event related. And event related is
- 9 based on if you have your coffee mug there and it's
- 10 intact, it's complete, I would be looking for holes
- 11 in that coffee mug to see if we have potential
- 12 contamination, okay. There's various specs that are
- 13 looked at. Time related is based on a specific
- 14 period of time, either 30 days, 60 days, one year.
- 15 Q. I take it now they're time related sterility?
- 16 A. No, we're event related. Time was the old, event
- 17 related is the present modern time.
- 18 Q. I see. When did it change?
- 19 A. I don't know.
- 20 Q. What would you have to look at to see when it
- 21 changed?
- 22 A. I don't know.
- 23 Q. How would you determine when that change occurred?
- 24 A. By asking questions.
- 25 Q. Of whom?

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- 1 A. I could investigate.
- 2 Q. When you came on board, was it time related?
- 3 A. Yes.
- 4 Q. Did it remain time related through 1998?
- 5 A. Yes.
- 6 Q. So at the time of Mary Lou Zimmerman's surgery,
- 7 September 22nd, 1998, obviously the instruments had
- 8 to be processed before that day, well, at least
- 9 before the time of surgery?
- 10 A. Yes.
- 11 Q. And they would have been time related as of that
- 12 point?
- 13 A. No, they would have been event related.
- 14 Q. I'm misunderstanding.
- 15 A. Okay. You had asked me if back in 1998 if we were
- 16 time related or event related, and the best of my,
- 17 if I go back, remembering correctly, what I said was
- 18 to the best of my recollection we were on an event
- 19 related system. If I said that incorrectly, I
- 20 apologize.
- 21 Q. Is it -- what is it now?
- 22 A. It's event related.
- 23 Q. When was it time related?
- 24 A. And I believe I said I don't know, it was before my
- 25 time. I can't answer intelligently on that.

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- 1 Q. But in 1998 you think it was still time related?
- 2 A. No, event related.
- 3 Q. When you came on board it was event related?
- 4 MR. MALONE: You misspoke a minute
- 5 ago. You had me confused as well.
- 6 A. I apologize.
- 7 Q. Can we safely say that at the time these instruments
- 8 were sterilized that it would have been event
- 9 related?
- 10 A. To the best of my knowledge, yes.
- 11 Q. And what's, first of all, the specifications used to
- 12 decide when something should no longer be used
- 13 according to the event related criteria; is that
- 14 something that's in writing?
- 15 A. Yes.
- 16 Q. And what do you call those?
- 17 A. Recommended guidelines.
- 18 Q. Who publishes them?
- 19 A. There's a number of organizations.
- 20 Q. Who publishes the ones used here at The Cleveland
- 21 Clinic?
- 22 A. We utilize AAMI, A-A-M-I.
- 23 Q. Which stands for?
- 24 A. I believe the Association for Advancement of Medical
- 25 Instrumentation.

20

- 1 Q. And were those in use in 1998 when you came to the
- 2 Clinic?
- 3 A. I'm not sure.
- 4 Q. Do you have a memory of using any different
- 5 guidelines since you came to the Clinic?
- 6 A. Since I've been here, no.
- 7 Q. So to the best of your knowledge, the AAMI
- 8 recommended guidelines would have been in place when
- 9 you came to The Cleveland Clinic?
- 10 A. Again, if the previous monitor used them, I don't
- 11 know.
- 12 Q. I'm talking about since you came here.
- 13 A. Since I've been here, I utilized AAMI.
- 14 Q. Was that something you implemented or was it
- 15 existing when you came here?
- 16 A. I don't recall.
- 17 Q. Do you have a copy of these recommended guidelines?
- 18 A. No, I do not.
- 19 Q. Who would you go to to get a copy of those?
- 20 A. 1998, I have not a clue.
- 21 Q. How about the current guidelines?
- 22 A. Yes.
- 23 Q. Do you have a copy of those?
- 24 A. 2001.
- 25 Q. Do you have an office?

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- 1 A. Yes.
 2 Q. Where is your office located?
 3 A. E building, basement, EB 76.
 4 Q. Any other written specification used to determine
 5 event related criteria besides the AAMI guidelines
 6 used here at The Cleveland Clinic?
 7 A. No.
 8 Q. What are the general criteria set forth for
 9 determining whether something is no longer sterile
 10 according to the event related criteria?
 11 A. That criteria, you would look at a package, has the
 12 integrity been violated? And that integrity would
 13 be a hole, a tear in the wrapper. If the proper
 14 banding is on the sterilizing containers, if that's
 15 the type of packaging that was used, are there any
 16 water stains or dirt on the packaging, time and
 17 temperature of storage. I believe that covers them
 18 all.
 19 Q. And I assume that a human being is the person that
 20 has to determine whether that criteria has been
 21 met?
 22 A. Yes, sir.
 23 Q. What level employees make that determination?
 24 A. I can only comment on my staff.
 25 Q. Right. And understand, any of these questions

22

- 1 relate to what you know since coming to The
 2 Cleveland Clinic.
 3 A. My staff is instructed or trained on proper storage
 4 and what to be looking for when they pull --
 5 sterilize an item or when they set up a case cart to
 6 go upstairs.
 7 Q. And what position employee is required to do that?
 8 A. The Tech IIs and the S -- well, all of them actually
 9 from the coordinators on down, but predominantly the
 10 ones pulling the cases are doing the sterilization
 11 or the work. The working force are the Tech IIs and
 12 the SAs and the Tech Is.
 13 Q. I'm sorry, Tech IIs, Tech Is and S --
 14 A. Service assistants or processing assistants.
 15 Q. And in the hierarchy of things, who was the lowest
 16 level employee in your department?
 17 A. Service assistants.
 18 Q. And then Tech IIs?
 19 A. Yes.
 20 Q. And then Tech Is?
 21 A. Yes.
 22 Q. What is required to be an SA?
 23 A. Be specific, rephrase your question.
 24 Q. You're responsible for hiring SAs?
 25 A. Yes.

23

- 1 Q. What are the job responsibilities required to be an
 2 SA in your department?
 3 A. Good communications, ability to read, the ability to
 4 follow direction. That's pretty much it.
 5 Q. Is a high school diploma required?
 6 A. No.
 7 Q. Is a college diploma required?
 8 A. No.
 9 Q. Is prior experience in the field required?
 10 A. It is -- it would be nice, but, no.
 11 Q. Do any of your SAs have college degrees?
 12 A. I couldn't answer that intelligently. I want to say
 13 one of them does, but I'm not sure, to be honest
 14 with you.
 15 Q. How many SAs do you have?
 16 A. I believe I have seven.
 17 Q. What does an SA do?
 18 A. They're restocking the rooms, they're pulling for
 19 cases, they're helping out in decontamination,
 20 running items to the room that are called for,
 21 delivery, restocking of shelves.
 22 MR. MALONE: Did you say what SA stands
 23 for?
 24 MR. LINTON: Service assistant.
 25 THE WITNESS: Service assistant.

24

- 1 MR. MALONE: I missed that.
 2 Q. And is a service assistant the one primarily
 3 responsible for pulling the cases and restocking the
 4 shelves?
 5 A. Rephrase primarily, what you're talking about.
 6 Q. Well, are those responsibilities typically done by
 7 SAs as opposed to the other --
 8 A. It's a task shared by all.
 9 Q. In terms of the percentage of cases, are the
 10 majority of the cases pulled by SAs as opposed to
 11 other level employees?
 12 A. I don't know.
 13 Q. How many Tech IIs do you have?
 14 MR. MALONE: Again, these numbers are
 15 all current as of today, not necessarily
 16 September of '98, just so --
 17 MR. LINTON: I understand.
 18 MR. MALONE: I mean, I'm not objecting,
 19 Bob. I just don't want it to be confusing
 20 later on. This may be bigger now than I
 21 suspect it was in '98.
 22 A. The majority of the work force is Tech IIs.
 23 Specific numbers, I want to say 45, give or take,
 24 maybe a little less. I'm not sure.
 25 Q. And an estimated range is fine. Going back to 1998

25

- 1 when you started, was the majority of the work force
2 likewise Tech IIs?
3 A. Yes, sir.
4 Q. In terms of a range of numbers, would it have been
5 approximately the same range?
6 A. A little less.
7 Q. A little less?
8 A. Approximate. It may have been in the high 30s, give
9 or take.
10 Q. Fair enough. And in terms of requirements, is a
11 college diploma required to be a Tech II?
12 A. No.
13 Q. Is a high school diploma required?
14 A. No.
15 Q. Is prior field experience required?
16 A. It is asked, but no.
17 Q. What are the duties of a Tech II in your
18 department?
19 A. Tech II is responsible for everything identified as
20 the SAs, and they're also responsible for steam and
21 gas, they do more intensive instrument assembly. I
22 believe that's it.
23 Q. The event related criteria, if I'm phrasing this
24 incorrectly help me out here, but the way it's set
25 up right now is the items basically stay in

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- 1 inventory unless they are determined to no longer
2 meet the criteria?
3 A. Correct.
4 Q. All right. What do you call that criteria? Just so
5 you and I are on the same wavelength so we know what
6 we're talking about.
7 A. The criteria would be sterilization.
8 Q. Okay. So they remain in inventory until they no
9 longer meet the sterilization criteria as determined
10 by the guidelines?
11 A. Correct.
12 Q. And the person determining whether or not they still
13 meet those sterilization criteria for the most part
14 are the SAs and the Tech IIs?
15 A. And the Tech Is.
16 Q. And the Tech Is. What does a Tech I do?
17 A. Tech I is the lead tech of the area. They're the
18 ones that help coordinate work flow, they motivate,
19 they're the catalyst of the work force.
20 Q. Give me an approximate number of instruments that
21 would be processed in your department on a given
22 day.
23 A. In a given day, anywhere from five to a thousand.
24 Q. Five hundred?
25 A. Five hundred to a thousand.

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- 1 Q. Five hundred to a thousand. You're not suggesting
2 that the lead tech goes through all the inventory
3 and makes sure that every sterilized package meets
4 the sterilization criteria?
5 A. No.
6 Q. Most of that work on a day-to-day basis would be
7 done by a Tech II or by an SA?
8 A. That's the responsibilities of everybody.
9 Q. And I appreciate that. We all wear many hats, but
10 in terms of the number of packages that are checked
11 on a given day, most of the time it's going to be an
12 SA or a Tech II that will be pulling the package to
13 see if it meets the sterilization criteria?
14 A. Probably so.
15 Q. I mean, there's not a Tech I supervisor looking over
16 the shoulder, literally, of a Tech II or an SA every
17 time a package is pulled off the shelf to see if it
18 meets the sterilization criteria?
19 A. No.
20 Q. You have to delegate those responsibilities to
21 someone who's properly trained?
22 A. Correct.
23 Q. And you have to rely on the Tech IIs and the SAs to
24 do their job as properly trained?
25 A. Correct.

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- 1 Q. And we can agree that we've got human beings working
2 for you and human beings sometimes make mistakes?
3 A. Yes.
4 Q. And it's the responsibility of the supervisor to
5 monitor to see if those mistakes are being made?
6 A. Yes.
7 Q. And if mistakes are being made to take the
8 appropriate disciplinary action and correct those
9 mistakes, true?
10 A. Yes.
11 Q. Since coming to The Cleveland Clinic have you had to
12 discharge any of the employees in your SPD
13 department?
14 MR. MALONE: Well, show an objection.
15 I mean, give us a little narrower parameters.
16 For what reason?
17 MR. LINTON: Any reason.
18 MR. MALONE: Well, I'm going to
19 object. Don't answer that because if we have
20 people fired for off campus improper conduct or
21 things of that sort, that's not proper. If you
22 want to know if he's had to discipline people
23 -- I think this whole area is objectionable.
24 I mean, you're talking about one of the biggest
25 SPDs in the world, and do people from time to

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1 time have to be disciplined or terminated, I
 2 think the answer to that is yes, but the
 3 specifics --
 4 Q. Let's talk about terminated. How many people have
 5 you had to fire or have been fired since you came on
 6 board?
 7 MR. MALONE: I'm sorry, I'm going to
 8 object and instruct him not to answer that. If
 9 I get ordered by the Judge to answer this, I'll
 10 really be surprised. I think we're way, way
 11 off into a fishing area.
 12 Q. You're not going to say how many people have been
 13 fired?
 14 MR. MALONE: He's not going to answer
 15 that question under instruction of counsel.
 16 MR. LINTON: And you're not going to
 17 allow me to get into this area of inquiry?
 18 MR. MALONE: No, it has nothing to do
 19 with this case. It's all after the fact. We
 20 don't even know for sure he was there in '98.
 21 Q. Well, you were here in '98.
 22 MR. MALONE: Well, you asked about
 23 specifically September 22, and he says he
 24 thinks he was here in September of '98 and he's
 25 going to re-check the hire date.

30

1 Q. And I assume, Mr. Schule, when you came in you
 2 wanted to make sure this department was running the
 3 way you wanted to have it run with the best possible
 4 people doing the best possible work, correct?
 5 A. Yes.
 6 Q. It's kind of like Butch Davis stepping in with the
 7 Cleveland Browns, I mean, there's certain personnel
 8 you want to keep and there may be certain personnel
 9 you want to release, certain people you want to
 10 hire?
 11 MR. MALONE: Objection. This is not a
 12 professional football franchise. We're not
 13 going to respond. Come on, Robert.
 14 Q. You're not going to answer that?
 15 MR. MALONE: No, we're not going to
 16 compare the SPD of The Cleveland Clinic to a
 17 professional football team in the NFL.
 18 Q. Have you had to fire --strike that.
 19 MR. LINTON: We'll get a Court order
 20 and come back.
 21 Q. When a person is discharged, is that a decision that
 22 you make, or is that a decision made by somebody
 23 else in your department?
 24 MR. MALONE: Objection. Go ahead.
 25 A. That is a decision that is initiated by me and that

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1 is critiqued or reviewed by Human Resources.
 2 Q. Who in Human Resources would have to --
 3 A. I don't know.
 4 Q. Who had your position before you came to The
 5 Cleveland Clinic?
 6 A. Rephrase the question.
 7 Q. Who was the manager of Surgical Processing before
 8 you came to the Clinic?
 9 A. There was an acting manager.
 10 Q. Who was the acting manager?
 11 A. Penny Sonters.
 12 Q. I'm sorry?
 13 A. Penny, as in the penny, and then Sonters,
 14 S-O-N-T-E-R-S.
 15 Q. Is she still at the Clinic?
 16 A. Yes, she is.
 17 Q. What does she do now?
 18 A. She's a scrub nurse.
 19 Q. I'm sorry?
 20 A. She's a surgical scrub nurse in the OR.
 21 Q. She's no longer in your department?
 22 A. Correct.
 23 Q. How long had she been acting manager?
 24 A. I don't know.
 25 Q. When was the last time there was a formal manager of

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1 the SPD department before you came on board?
 2 A. Specific date, I don't know.
 3 Q. Was it in **1998**?
 4 A. I don't know.
 5 Q. Was there an assistant manager?
 6 A. We don't have an assistant manager in the
 7 department.
 8 Q. To whom do you report?
 9 A. I report directly to the OR director of surgical
 10 services.
 11 Q. Who is that?
 12 A. Specifically specify a time.
 13 Q. How about when you came on board in '98?
 14 A. Lois Bach.
 15 Q. Is she still here? I'm sorry, did you say Louis?
 16 A. Lois, L-O-I-S.
 17 Q. Is she still here?
 18 A. She's here at The Cleveland Clinic.
 19 Q. What is she doing now?
 20 A. She's a Director of Nurse Recruitment and Retention
 21 in Human Resources.
 22 Q. And who is the current OR director?
 23 A. Currently, we do not have one, we have an acting
 24 director.
 25 Q. Who is that?

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- 1 A. Betty Bush.
 2 Q. In your experience, is the time --excuse me. Is
 3 the event related criteria for determining
 4 sterilization a better technique than a time related
 5 sterilization?
 6 A. Yes.
 7 Q. Why is that?
 8 A. It is better in the realm that it focuses
 9 individuals on the aspect of the parameters of
 10 sterilization and not just a keypunch function.
 11 With time sterilization, you just automatically pull
 12 something off the shelf after 30 days, or whatever
 13 the time specific period is, and without thinking of
 14 what those parameters are. With event related
 15 you've raised the level of quality.
 16 Q. Because, what do you call them, loads, packages,
 17 what are they?
 18 A. You can say packages.
 19 Q. Sterilized packages. They're sterilized packages of
 20 surgical instruments, correct?
 21 A. Correct.
 22 Q. There may be packages that no longer meet the
 23 sterilization criteria even though they would still
 24 meet the time criteria?
 25 A. Correct.

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- 1 Q. Likewise, there may be packages that are beyond the
 2 time criteria but still meet the event criteria?
 3 A. No, because with event related you have no time
 4 criteria, so time criteria is not an issue.
 5 Q. Right. The time criteria, when that was used, was
 6 that according to published guidelines?
 7 A. Yes.
 8 Q. Who publishes guidelines on time criteria?
 9 A. It would have -- AAMI would have had a partake in
 10 that, various professional organizations, AORN,
 11 which is the surgical nurse organization.
 12 Q. For example, can you think of a time criteria that
 13 would apply for neurosurgical instruments?
 14 A. No.
 15 Q. If it, let's say, was 90 days under the time
 16 criteria, under the event criteria there might be a
 17 package of neurosurgical instruments that is on the
 18 shelf for six months but still meets the
 19 sterilization criteria?
 20 A. Yes.
 21 Q. Do you follow me?
 22 A. Yes.
 23 Q. Is it more cost effective to go with event criteria
 24 as opposed to time criteria?
 25 MR. MALONE: Objection. Go ahead.

35

- 1 A. Yes, there is an economical cost value.
 2 Q. Okay. And how do you determine that it is more cost
 3 effective to do event criteria as opposed to time
 4 criteria?
 5 A. There's two issues, you're looking at labor to
 6 reprocess the items, you're looking at consumables
 7 that are used to reprocess the items.
 8 Q. But how are you able to know that the event criteria
 9 is more cost effective than a time criteria?
 10 A. I can't answer that question.
 11 Q. You just know? I mean, you do budgets, you've got
 12 to do projections, you've got to do costs.
 13 A. But there's a lot of things in consideration to
 14 that. To identify it solely to event related is, to
 15 my understanding, is not captioned because in that
 16 same period of time you can have increase in volume,
 17 so you're not getting a true reflection. The fact
 18 that you're able to utilize your staff more
 19 efficiently instead of just arbitrarily going and
 20 pulling dated items off the shelf has increased
 21 quality. We're not wasting our time pulling a time
 22 event -- not time, a time sequenced item off the
 23 shelf anymore.
 24 Q. Is anything done to -- back up. Tell me how it
 25 works. You've got a package on the shelf --

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- 1 A. Uh-huh.
 2 Q. -- that an SA or a Tech II determines no longer
 3 meets the sterilization criteria?
 4 A. Right.
 5 Q. First of all, is there any record of that, that it
 6 no longer meets the criteria?
 7 A. No.
 8 Q. What is the employee supposed to do once he decides
 9 does it meet the criteria?
 10 A. Does or does not?
 11 Q. Does not.
 12 A. The item is removed from the shelf, it's broken
 13 down, repackaged, reassembled, and put back into
 14 sterilization.
 15 Q. Reprocessed?
 16 A. Correct.
 17 Q. There is nothing done to determine whether or not it
 18 is, in fact, no longer sterile?
 19 A. No.
 20 Q. So if the employee suspects that --well, strike
 21 that.
 22 Are there any studies that have been done, to
 23 your knowledge, that have talked about the
 24 effectiveness, either a quality standpoint or a cost
 25 standpoint, between the event criteria and the time

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1 criteria?
 2 A. There are. I cannot recall specifics, but that
 3 research is available to anybody.
 4 Q. Who would publish that information?
 5 A. Any of the professional organizations.
 6 Q. Such as?
 7 A. AAMI, AORN, IAHCSMM, ASHCSP.
 8 Q. Are those reliable organizations in your field?
 9 A. They're looked upon -- highly looked upon.
 10 Q. And do you look upon them as well respected
 11 authorities in your field?
 12 A. Yes.
 13 Q. What is your current budget?
 14 MR. MALONE: Objection. You know, Bob,
 15 I think that might be proprietary to the
 16 institution. I'm not going to let him answer
 17 that. I mean, I've got to clear that with
 18 other people. I personally don't have a
 19 problem, but I think that may be their
 20 proprietary business.
 21 MR. LINTON: So you can provide that to
 22 me later on after checking if you --
 23 MR. MALONE: I don't know if I will or
 24 if I can, but really, quite frankly, for the
 25 current budget, I mean, I can't imagine what

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1 possible relevance that can have to 1998 in
 2 September, but be that as it may, I think it
 3 may well be a proprietary item of how they do
 4 business.
 5 Q. How about the budget in 1998?
 6 A. I can't recall because I didn't develop it.
 7 Q. What items would be included on the budget?
 8 Obviously you've got labor costs.
 9 MR. MALONE: Today, you're talking
 10 about?
 11 MR. LINTON: I'm talking about 1998.
 12 MR. MALONE: He didn't do the budget in
 13 '98.
 14 MR. LINTON: I understand, but a budget
 15 is a budget. Any time something new has been
 16 added to it in terms of generic categories, a
 17 budget, you have certain costs that are
 18 generated.
 19 MR. MALONE: I'm going to show an
 20 Objection. I don't think a budget is a
 21 budget.
 22 MR. LINTON: What is --
 23 MR. MALONE: Please let me finish my
 24 statement, Robert. I may or may not let him
 25 answer it, but I disagree that a budget is a

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1 budget. I have not permitted this witness to
 2 testify to budgeting at The Cleveland Clinic
 3 Foundation. I'm not going to let him testify
 4 as to the budgeting at the Cleveland Clinic
 5 Foundation, and I'm not going to let him
 6 testify to the components that go into the
 7 analysis.
 8 MR. LINTON: We'll take that up with
 9 the Court then.
 10 MR. MALONE: That's fine.
 11 Q. What is the rate of pay for an SA?
 12 MR. MALONE: Again, that's a question
 13 about current, 199 -- or 2001?
 14 MR. LINTON: We'll start there.
 15 MR. MALONE: Geez, my God. All right,
 16 go ahead, Richard, if you know.
 17 A. For an SA?
 18 Q. Yes, sir.
 19 A. To the best of my recollection, I believe they start
 20 in the range of 7.85.
 21 Q. And I assume they were not making any more than that
 22 back in 1998; is that fair?
 23 A. I couldn't give you an educated guess --
 24 Q. Could not?
 25 A. -- or answer. I mean, I would say they wouldn't be

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1 making any more than that.
 2 MR. MALONE: I'll object to this on the
 3 grounds of relevancy, but I'm going to let him
 4 answer.
 5 Q. And how about a Tech II employee, what is the Tech
 6 II employee's current rate of pay?
 7 A. I believe they're starting out at 9.25.
 8 Q. And likewise, would it be fair to say they were not
 9 making any more than that back in 1998?
 10 A. Assumption, probably so.
 11 Q. And how about a Tech I?
 12 A. That one I'm not specific on.
 13 Q. You have no idea?
 14 A. I can be specific that it's more than the Tech II.
 15 Q. Can you give me a range?
 16 A. Maybe eleven.
 17 Q. In the neighborhood of eleven dollars an hour?
 18 A. Right.
 19 Q. Are there written job descriptions for Tech I's, Tech
 20 IIs, SAs?
 21 A. Yes.
 22 Q. Do you generate those, or are those generated by
 23 somebody else?
 24 A. I -- yes, with the work with HR.
 25 Q. You generate them with the input of HR?

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- 1 A. Yes.
- 2 Q. Let's go back to 1998, and the reason why I ask
- 3 about what's going on today is because obviously you
- 4 know what's happening today, you might not have as
- 5 clear a recollection of what happened back in 1998,
- 6 but if you're like most of us you can say, well, I'm
- 7 doing what I'm doing today and I've always been
- 8 doing it or at some point I made a change. Do you
- 9 follow me?
- 10 A. Yes, sir.
- 11 Q. So that's why I'm asking about today, and then I go
- 12 back to 1998, but I'm interested in what happened in
- 13 1998 as best you knew it when you came and joined in
- 14 the fall of 1998. Okay?
- 15 A. Yes.
- 16 Q. First of all, in the, let's say, the fall of 1998,
- 17 when you came on board, did you make any changes
- 18 with the way in which neurosurgical instruments were
- 19 being processed?
- 20 A. Not that I recall.
- 21 Q. If you did make a change, would there be a record of
- 22 that someplace?
- 23 A. Yes.
- 24 Q. And where would there be a record?
- 25 A. It would be department policies.

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- 1 Q. And are you responsible for maintaining department
- 2 policies?
- 3 A. Yes.
- 4 Q. Do you keep a copy of that in your office?
- 5 A. No, we keep a copy in our classroom.
- 6 Q. In your classroom?
- 7 A. I have a copy of it, but the masters are kept in the
- 8 classroom.
- 9 Q. And what classroom is that?
- 10 A. EB 80.
- 11 Q. So if there was a revision to that policy, it would
- 12 obviously say in the policy the date in which it was
- 13 revised?
- 14 A. Correct.
- 15 Q. Walk me through the process of sterilizing
- 16 neurosurgical instruments, gas sterilization, like
- 17 the kind of instruments that would have been used in
- 18 Mary Lou Zimmerman's case.
- 19 A. Rephrase and specifically ask what you're asking.
- 20 Q. You had previously given us a tour of your
- 21 department?
- 22 A. Correct.
- 23 Q. Unfortunately, I didn't take that down, so now I
- 24 need to get in words what it is that we saw during
- 25 that inspection, so can you just generically walk

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- 1 through what would be involved in gas sterilizing
- 2 neurosurgical instruments like the kind used in Mary
- 3 Lou Zimmerman's surgery?
- 4 MR. MALONE: Those that are appropriate
- 5 for gas sterilization versus those that are
- 6 not?
- 7 MR. LINTON: I want to focus just on
- 8 gas sterilization.
- 9 A. Okay. As from the tour, we started out in the
- 10 decontamination area. I explained to you in the
- 11 tour that the instruments were scanned into
- 12 decontam., and at the time in 1998 when I came on
- 13 board I cannot recall what instrument trays were
- 14 actually trackable. The system was new and I was
- 15 brought on board to try and raise -- you know, to do
- 16 some things with that system. So when I talk it's
- 17 in generic terms as far as what it could do, the
- 18 functions of that system in 1998.
- 19 Instruments are scanned into decontam., the
- 20 technicians then wash the instruments, either a
- 21 manual or an automated method. Once the instruments
- 22 are cleaned, they're delivered into the -- they're
- 23 received into the package and assembly area. In the
- 24 package and assembly area the instruments are
- 25 scanned once again and count sheets are developed,

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- 1 as I showed, as well as the stickers or the labels
- 2 that go on the outside of the package. Trays are
- 3 assembled by the technician, they're wrapped or
- 4 cased, placed in the sterilization area specifically
- 5 for the EO that you asked for, then the items added
- 6 to our load configuration list would be gone.
- 7 In other words, we would open up a load on the
- 8 computer, we would scan those items to the load, the
- 9 specific process would be identified with EO, items
- 10 would be sterilized. Upon completion they would be
- 11 pulled, scanned again to the shelf or delivered
- 12 upstairs to the using service, because we do not
- 13 maintain all the instruments downstairs, and then
- 14 the case cart pulled and items, you know, used from
- 15 there.
- 16 Q. What do you call the area of your department where
- 17 the sterilized packages are kept in inventory?
- 18 A. Sterile storage.
- 19 Q. Have you --
- 20 A. Or I should say clean storage. I mean, to say a
- 21 sterile item, it's not -- it's clean storage.
- 22 Q. It's a clean storage of sterile items?
- 23 A. Yeah. I don't want to misuse that term.
- 24 Q. Well, what does sterile mean to you?
- 25 A. Sterile to the industry identifies a specific number

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- 1 of organisms that are removed from an item. The
 2 industry standard uses what they call 10 to the
 3 negative 6th relative assurance in the removal or
 4 the killing of those organisms.
 5 Q. Where is this industry standard published?
 6 A. I'll see it in AAMI, IAHCSMM, ASHCSP, AORN. It's a
 7 recognized industry standard.
 8 Q. And what does that mean, what does that criteria, I
 9 mean--
 10 A. To the best of my recollection, without actually a
 11 written document out of a text, if you were to take,
 12 say, a million microorganisms and then after that
 13 first minute that million drops down to 100,000, and
 14 then after the next minute it drops down to 10,000,
 15 it's an exponential number that occurs over time.
 16 Q. And what, ultimately, is the percentage of organisms
 17 left?
 18 A. Well, 10 to the negative 6th. You have to -- I
 19 mean, in my opinion, my professional opinion, it's
 20 undetermined. You don't know what you started out
 21 with.
 22 Q. Have you made any changes to the clean storage area
 23 since you took over the department?
 24 MR. MALONE: Objection. Go ahead.
 25 A. Rephrase the question.

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- 1 Q. Sure.
 2 A. Specific --
 3 Q. The clean storage department is an area in which
 4 there are shelves holding sterilized equipment --
 5 A. Uh-huh.
 6 Q. -- and instruments, correct?
 7 A. Yes
 8 Q. Have you made any changes to that since you took
 9 over the department?
 10 MR. MALONE: Same objection.
 11 A. What you saw on the tour is, the best of my
 12 knowledge, the same that it was in 1998 with the
 13 exception that we may have added additional storage
 14 areas because our volumes have increased, and
 15 therefore capacity, we need to maintain proper
 16 storage. So other than expansion, the answer would
 17 be, no, to the best of my recall.
 18 Q. And do you store those items by service?
 19 A. Instrumentation we store by service, consumable
 20 supplies are a generic pull so they're grouped.
 21 Q. But the sterilized instruments that would be used in
 22 a neurosurgical procedure are all housed on the same
 23 shelves?
 24 A. No.
 25 Q. Okay. Why is that incorrect? How is it incorrect?

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- 1 A. It's incorrect because we have multiple carts and
 2 not all the neurosurgical instruments are stored in
 3 my department.
 4 Q. You have multiple, what did you say, carts?
 5 A. We have multiple carts of neurosurgery instruments.
 6 The premise is it's stored in the same location that
 7 you saw, but that's not the only storage area.
 8 Q. Is that the only storage area for instruments
 9 processed in your department?
 10 A. No.
 11 Q. Okay.
 12 MR. MALONE: Bob, when you were in the
 13 OR, there were racks outside of the OR, you saw
 14 all this stuff, where instruments are kept as
 15 well and carts are kept on the floor of the
 16 operating room. They're moved out of his
 17 department. I mean, they're kept --
 18 MR. LINTON: I got you.
 19 Q. Because there are some items that are stored or
 20 warehoused in the clean storage department in SPD,
 21 others that go outside the OR; is that what you're
 22 saying?
 23 A. Correct.
 24 Q. Is there any way to determine in this case where
 25 Mary Lou Zimmerman's instruments would have been

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- 1 stored before they were used in surgery?
 2 A. No.
 3 Q. You're familiar with the kind of instruments that
 4 were used during her procedure, you've now become
 5 aware of it, I assume?
 6 A. Yes, sir.
 7 Q. Would those type of instruments -- could those type
 8 of instruments be stored in clean storage in your
 9 department?
 10 A. I cannot answer that at this time because I don't
 11 remember in 1998.
 12 MR. MALONE: No, he's asking if they
 13 could be stored.
 14 Q. If they could.
 15 MR. MALONE: We don't know if they
 16 were, we don't know where they were, but the
 17 question is could it have been kept in clean
 18 storage.
 19 Q. Is there any reason they could not have been in
 20 clean storage?
 21 A. They would have to have gone up to the OR.
 22 Q. They would have been put on the cart?
 23 A. It's possible.
 24 Q. How is it to be determined where the instruments are
 25 to be stored?

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- 1 A. Nurse manager.
- 2 Q. How does --
- 3 A. They dictate to me if they choose that they want the
- 4 items closer at hand or they can logistically handle
- 5 them having them downstairs.
- 6 Q. They're not in both locations?
- 7 A. The same type of instrument?
- 8 Q. Yes.
- 9 A. No. For efficiency purposes, no.
- 10 Q. Currently they're stored outside the OR?
- 11 A. I cannot answer that because I'm not in control of
- 12 what's stored upstairs.
- 13 Q. Well, don't you know what's stored in your clean
- 14 storage versus what goes up to the floor?
- 15 A. I know what I'm responsible for upstairs. See, once
- 16 an item is done and I have successfully sterilized
- 17 that item, I either store it on my shelves or it's
- 18 scanned out to the service that it belongs. Once it
- 19 leaves my department, I'm no longer responsible for
- 20 it.
- 21 Q. And how is it determined if a package of
- 22 neurosurgical instruments is going to go on your
- 23 shelf or going to go up to the OR; is there a record
- 24 kept of that?
- 25 A. No. It's collaboration with the nurse manager in

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- 1 the sense of how they want to dictate that they want
- 2 their items stored.
- 3 Q. Okay. Assuming that it is placed in storage in your
- 4 department, is there then a shelf for neurosurgical
- 5 instruments?
- 6 A. Yes.
- 7 Q. And is there a shelf for other type of surgical
- 8 instruments?
- 9 A. Yes.
- 10 Q. Explain to me how that is broken down. If we
- 11 start -- if we're looking at the shelves, we've got
- 12 a neurosurgical shelf of instruments?
- 13 A. Yes.
- 14 Q. And what is beside that, what's --
- 15 A. I don't recall.
- 16 MR. MALONE: It's in the video. Didn't
- 17 you look at the video yet; haven't you got it
- 18 yet?
- 19 MR. LINTON: Yes.
- 20 MR. MALONE: I mean, it's in there.
- 21 They say neurosurgery, vascular, or whatever
- 22 the services are.
- 23 Q. And to the best of your knowledge -- strike that.
- 24 MR. MALONE: Sort of like a grocery
- 25 store.

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- 1 MR. LINTON: Right.
- 2 Q. Does your SPD department run three shifts a day?
- 3 A. Yes.
- 4 Q. Seven days a week?
- 5 A. No.
- 6 Q. How many days a week?
- 7 A. Monday through Friday three shifts, and then on the
- 8 weekends we have 12-hour shifts.
- 9 Q. Any days off, on the holidays?
- 10 A. Yes.
- 11 Q. I mean, are you ever closed in your department?
- 12 A. Never closed.
- 13 Q. The gas sterilizers that we saw during our
- 14 inspection, have those gas sterilizers been in place
- 15 since you joined the department?
- 16 A. To the best of my knowledge, yes.
- 17 Q. And as I understand it, there are four gas
- 18 sterilizers, two large ones and two small ones?
- 19 A. Yes.
- 20 Q. Which sterilizer would have been used for --
- 21 understanding you were not here most likely when
- 22 Mary Lou Zimmerman's were sterilized, but if you
- 23 were to sterilize those type of instruments the day
- 24 you started, which gas sterilizer would or could
- 25 have been used to sterilize those?

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- 1 A. Don't know.
- 2 Q. Why is that, they could be any of the four?
- 3 A. No, there's no way of identifying what instruments
- 4 were used on the case. You can give me an
- 5 identification of a tray of instruments, but you
- 6 have to understand the volume that I have here I
- 7 cannot specifically tell you which tray it was that
- 8 was used, so therefore I can't tell you which
- 9 sterilizer was used.
- 10 Q. When you say a tray of instruments, what do you
- 11 mean?
- 12 A. Well, identify an instrument that was used on her
- 13 case.
- 14 Q. Okay. Do you know what instruments were used in her
- 15 case?
- 16 A. I have a vague idea. Specifically, I don't know all
- 17 of them.
- 18 Q. You don't know all of them?
- 19 A. I haven't been asked specifically to look at
- 20 anything.
- 21 Q. Well, let me show you a couple of them and we'll
- 22 start from there. I'm going to show you what has
- 23 been identified as photo number 9 of 50 and tell you
- 24 that that was the tray that was set up the morning
- 25 of our inspection to show the instruments that would

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1 have been used during Mary Lou Zimmerman's case.
 2 MR. MALONE: I'm sorry, showing
 3 exemplars of the instruments used. We do not
 4 know whether they were the instruments used in
 5 her case.
 6 Q. Do you recognize any of those instruments?
 7 A. Yes, I do.
 8 Q. What instruments do you recognize?
 9 A. I recognize the wand in the back middle of the
 10 table. I recognize it looks to be a ruler or
 11 measuring device, drills, needle drivers, hemostats,
 12 basins, Bovie, a retractor arm.
 13 Q. First of all, showing you what has been marked as
 14 photo number 27 of 50, do you recognize that as a
 15 stereotactic wand?
 16 A. I understand it as a wand. Specific name of it, I'm
 17 not sure.
 18 Q. And Exhibit 28 of 50, does that show an exemplar
 19 wand in its sterilized package?
 20 A. That could be one of the packages.
 21 Q. Are you able to determine in which of the four gas
 22 sterilizers -- strike that.
 23 First of all, is this gas sterilized, the wand,
 24 or is this steam sterilized?
 25 A. Without identifying the manufacturer's instructions,

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1 I couldn't honestly tell you.
 2 Q. How would you determine that?
 3 A. By referring to the manufacturer's instructions.
 4 Q. And where would you find that?
 5 A. A phone call to the manufacturer, or if it's on --
 6 if the nurse manager has it.
 7 Q. Well, how do you or how does your department know
 8 how to sterilize a wand like that?
 9 A. By contacting the manufacturer and referring to
 10 their instructions.
 11 Q. And you don't keep a copy of those instructions any
 12 place in your department?
 13 A. Not that I recall. Some items we do, not all.
 14 Q. Well, I'm confused. These wands are reusable and
 15 sterilized by your department, correct?
 16 A. Correct.
 17 Q. How do you know how to sterilize them if you don't
 18 know what the manufacturer requires?
 19 A. That was done before I got here in '98, so I don't
 20 know what system they used before I got here.
 21 Q. What system have you used since '98?
 22 A. We've changed wands, if I'm correct. I believe they
 23 also have -- the manufacturer has tried to get
 24 friendlier and I believe they have a wand that
 25 they're able to steam sterilize now.

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1 Q. Steam sterilization is less expensive than gas
 2 sterilization?
 3 A. Yes, sir.
 4 Q. What does it cost to sterilize a load of gas
 5 sterilization in a small load?
 6 A. You'd have to be specific on the process. The
 7 process -- the equipment that you saw during the
 8 tour, we have two different types, small autoclaves
 9 were a hundred percent cartridge, the larger were a
 10 mixture.
 11 Typically your mixture, larger autoclaves are a
 12 lot more expensive than a smaller one. The
 13 cartridges run about eight dollars a piece, whereas
 14 your canisters run much more expensive. It may run
 15 a hundred dollars or more to run a large autoclaves.
 16 Q. So a small load in the neighborhood of eight
 17 dollars, a large load a hundred dollars or more?
 18 A. Give or take.
 19 Q. And to the best of your knowledge, the wand or the
 20 type of wand shown in photo 27 and 28 has not been
 21 sterilized by your department since you came here?
 22 A. I don't understand the question.
 23 Q. The wand that we see in photographs 27 and 28, to
 24 the best of your knowledge, has not been processed
 25 in your department since you came in here?

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1 MR. MALONE: He can't say that. You
 2 saw these things sterile the day you were here
 3 a couple of weeks ago. These were sterile --
 4 that was a sterilized instrument the day we saw
 5 it. You broke the thing out of sterilization
 6 so you could take pictures of it.
 7 Q. I thought you said you don't know how this is to be
 8 sterilized?
 9 A. This wand could have been sterilized in gas in
 10 1998. The wand that you saw on your tour could be
 11 the same wand that was sterilized in gas, and
 12 according -- if I'm looking at this picture, it was
 13 exposed to gas because of the indicators, and it
 14 also says on the tape that it's a gas process. What
 15 I'm telling you is some of these wands the
 16 manufacturer has improved on and some of them were
 17 steam -- could be steam sterilized.
 18 Q. But looking at this photograph, 27 and 28, you know
 19 now that this was gas sterilized according to the
 20 indicator strip, correct?
 21 A. For your tour, yes.
 22 Q. What do you mean for our tour?
 23 A. This is not what was used on the case. I can't
 24 reflect on what was used on the case process.
 25 You're showing me something that you took on a tour,

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1 so the best of my knowledge, yes, it could -- it
 2 probably was gas sterilized.
 3 Q. Well, let me back up, and I'm not trying to make
 4 this difficult.
 5 A. Okay.
 6 Q. Obviously, we're here in 2001 trying to recreate
 7 what happened in 1998.
 8 A. I understand.
 9 Q. We asked to see an exemplar instrument, and this is
 10 what was shown to us as being an exemplar of the
 11 wand used during Mary Lou Zimmerman's case.
 12 A. Okay.
 13 Q. Are there any written guidelines or written
 14 manufacturing instructions or anything in your
 15 department that would show how this instrument is
 16 gas sterilized?
 17 A. I can't answer that right now.
 18 Q. What would you have to check to answer that
 19 question?
 20 A. Files.
 21 Q. What files?
 22 A. To see -- files that I have in my office on
 23 manufacturer stuff or talking to the nurse manager.
 24 Q. You don't have a notebook or a document that you can
 25 go to to determine how that's sterilized?

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1 A. No.
 2 Q. Do you know how this was sterilized, this particular
 3 item shown in the photograph, 27 and 28?
 4 MR. MALONE: Yeah, he told you, gas.
 5 He's testified to it because of the indicators
 6 on the package that are in the photo.
 7 MR. LINTON: But in terms of -- okay.
 8 Q. Do you recognize the item shown in photograph 13 of
 9 50? This has been identified as a probe and a
 10 sheath.
 11 A. Okay. No, I--to answer your question, no.
 12 Q. You have not seen one of those before?
 13 A. No.
 14 Q. Do you know how they're sterilized?
 15 A. No.
 16 Q. What would you have to do to find that out?
 17 A. Same, go back to the nurse manager, identify what
 18 set this came out of and identify what process we've
 19 put in place.
 20 Q. And you haven't attempted to do that before now?
 21 A. No, sir.
 22 Q. Do you know if it's gas or steam sterilized?
 23 A. From this picture, no.
 24 Q. Looking at photograph 18 of 50, do you see this
 25 container that's marked specials?

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1 A. Yes, sir.
 2 Q. What would you call that, just generically, so we
 3 can put a label on it?
 4 A. Sterilization container.
 5 Q. Can you tell, looking at that sterilization
 6 container, how it would be sterilized?
 7 A. From the container itself, no, because that
 8 container is used both for EO as well as steam.
 9 Q. Looking at photograph 20 of 50, can you tell how it
 10 would have been sterilized?
 11 A. From the label I can tell you how but not from the
 12 container.
 13 Q. What do you mean the label?
 14 A. The tracking label identifies gas process, and our
 15 gas -- and our process is such that an item that is
 16 scanned into our ethylene oxide loads recognize gas
 17 items. Items that are scanned into our steam load,
 18 if a gas item was to try and get there, it would
 19 flag it, it wouldn't allow us to proceed.
 20 Q. Just so I understand, you can't tell us how this
 21 instrument would be gas sterilized?
 22 MR. MALONE: How it would be gas
 23 sterilized?
 24 A. Well, we have, I mean, we have two methods of gas
 25 sterilization, either from the hundred percent or we

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1 have a mix.
 2 Q. Okay. And which would be used in this case?
 3 A. Go back to your wand, to the -- okay. You'll see
 4 gas cold, you'll see gas regular. Cold is a colder
 5 cycle by temperature. With this, this would have
 6 been done on a regular cycle.
 7 If it was a hundred percent versus the mix, I
 8 can't tell you, but I can tell you that one is
 9 temperature sensitive to the other. It has nothing
 10 to do with organisms that are left over. What it
 11 does is to protect the instrument we run it at a
 12 lower temperature cycle, which is a longer cycle.
 13 Q. Would there be any written standards or guidelines
 14 that the employees in your department would follow
 15 to sterilize an instrument like that shown in
 16 Exhibit 20 of 50, the probe and sheath?
 17 A. Not that I recall off the top of my head right now.
 18 We group low temperature sterilized items, gas
 19 items, we group steam items. We tend not to get
 20 specific unless we have to look at the
 21 manufacturer's instruction. Industry has stainless
 22 steel to stainless steel.
 23 Q. Do you know what this probe is made out of?
 24 A. From looking at it in this picture, no, I do not.
 25 MR. MALONE Off the record.

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I - - -
 2 (Thereupon, a discussion was had off
 3 the record.)
 4 - - -
 5 MR. LINTON: Let's go back on the
 6 record.
 7 MR. MALONE: I think you're actually
 8 making it more complicated than it needs to be.
 9 MR. LINTON: I probably am, and forgive
 10 me if I am.
 11 Q. Who is responsible for sterilizing an instrument
 12 like the surgical probe shown in Exhibit 20 of 50?
 13 A. I am ultimately responsible.
 14 Q. All right. But what level employee actually does
 15 the manual task of packaging it, putting it in the
 16 machine and making sure it's sterilized?
 17 A. Tech I.
 18 MR. MALONE: In fairness, I don't think
 19 there's one employee that does all of those
 20 things, it's a staged process which you saw and
 21 which he has testified to.
 22 MR. LINTON: All right.
 23 Q. What level employee is responsible for
 24 decontaminating the surgical probe?
 25 A. All the people that I listed earlier in this

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1 meeting.
 2 Q. A shift supervisor?
 3 A. Shift supervisor, the educator, everybody along the
 4 line.
 5 Q. And I'm probably using the wrong term when I say
 6 responsible. I don't mean responsible in the chain
 7 of command, I'm talking about who is actually there
 8 doing the task?
 9 MR. MALONE: He wants to know who the
 10 dishwasher is.
 11 MR. LINTON: Thank you.
 12 A. It could be the Tech II, it could be the Tech I, it
 13 could be the SA.
 14 Q. All right. And why do you decontaminate a probe?
 15 A. Why? You cannot sterilize an item if it's not
 16 clean.
 17 Q. And if, for whatever reason, it is not fully
 18 cleaned, that can affect the sterilization?
 19 A. It can.
 20 Q. Because the gas may not penetrate if the item is not
 21 completely cleaned?
 22 A. That is true.
 23 Q. And the instrument then may be contaminated if not
 24 properly cleaned?
 25 A. Rephrase your question.

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1 MR. LINTON: Could you read that back,
 2 please.
 3 MR. MALONE: I think he's asking you is
 4 the instrument contaminated if it's not
 5 properly decontaminated.
 6 MR. LINTON: If it doesn't make sense,
 7 just tell me. Let her read it back.
 8 - - -
 9 (Thereupon, the requested portion of
 10 the record was read by the Notary.)
 11 - - -
 12 A. There's a possibility.
 13 Q. And how does that occur, or why does that occur?
 14 MR. MALONE: Why does what occur?
 15 A. Now I'm lost. Now I'm really lost.
 16 MR. MALONE: You got me lost too.
 17 Q. If it is not properly cleaned and the instrument
 18 becomes contaminated, why does that happen?
 19 MR. MALONE: Wait a minute, Bob.
 20 Please, now you're confusing yourself and
 21 everybody else. The instrument comes
 22 contaminated from an OR.
 23 MR. LINTON: I understand.
 24 MR. MALONE: You just said it isn't
 25 cleaned and then becomes contaminated. It

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1 starts off contaminated, presumptively. That's
 2 the process. It's like the dishes that go back
 3 to the kitchen in the restaurant, for a really
 4 crude analogy. They've got to be scraped,
 5 rinsed, put in a cleaning machine.
 6 Q. Using that analogy, if they're not properly cleaned
 7 the gas can't properly sterilize the instrument?
 8 MR. MALONE: Well, it may. A
 9 dishwasher, yeah. The machine takes it off.
 10 A. The industry identifies that.
 11 Q. I'm sorry?
 12 A. Industries identify -- papers have identified that.
 13 Q. That that occurs?
 14 A. Yes.
 15 Q. Now, is this instrument machine washed or is this
 16 hand washed in the decontamination process?
 17 A. More than likely this would have been hand washed.
 18 Q. And why is that?
 19 A. Because of the delicate nature of this.
 20 Q. And would you agree that there is the possibility
 21 for human error when that occurs?
 22 A. I can't intelligently answer that.
 23 Q. You can't --
 24 A. Are you asking me a philosophical question? Does
 25 human error exist, right, human error exists. Does

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- 1 it exist with the particular cleaning of this
 2 instrument, I don't know because I'm not there.
 3 Q. Right, it can occur?
 4 A. I answered the question.
 5 Q. Correct?
 6 A. Yeah, it can occur.
 7 Q. Okay. Now, the next step in the process is you get
 8 to the pack and assembly area?
 9 A. Uh-huh.
 10 Q. And does the employee there have to be -- do they
 11 use sterile -- how do you maintain the integrity of
 12 the instrument after it's been decontaminated before
 13 it's packaged?
 14 A. Instruments that are decontaminated are rendered
 15 safe to handle with hands.
 16 Q. Hands?
 17 A. Yes.
 18 Q. And the instruments, assuming that the probe is then
 19 placed in a case like we see in Exhibit 20 --
 20 A. Uh-huh.
 21 Q. --who actually assembles that for sterilization?
 22 A. One of the technicians that works for me.
 23 Q. In the pack and assembly area?
 24 A. Yes.
 25 Q. And would that be an SA or a Tech II?

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- 1 A. I couldn't identify that.
 2 Q. It could be either?
 3 A. It could be either.
 4 Q. And what steps have to be taken to make sure an item
 5 like the probe shown in 20 is properly packaged for
 6 sterilization?
 7 A. If this particular tray has a count sheet
 8 identified, as I showed you on the tour, there's
 9 instructions on that count sheet of what needs to be
 10 in that tray. It will identify any special
 11 instructions, if anything needs to be protected or
 12 taken care of.
 13 MR. MALONE: Can we take a time out.
 14 - - -
 15 (Thereupon, a discussion was had off
 16 the record.)
 17 - - -
 18 Q. Just tell me the alphabet soup after your name, what
 19 each of these stand for, if you can, please.
 20 A. I have a Bachelor of Science in health care
 21 management, I'm a Certified Surgical Scrub
 22 Technician, I'm a Certified Registered Central
 23 Service Technician, Certification in Health Concepts
 24 of Material Management, and I did my fellowship in
 25 certification.

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- 1 Q. What was required to obtain these last three
 2 credentials?
 3 A. For the CRCST, I took a course that was underwritten
 4 by Perdue University. I sat for a final exam and I
 5 sat for a national certification.
 6 Q. How long was the course?
 7 A. The course is a year long. You have up to a year to
 8 do it.
 9 Q. How many hours do you actually spend in the course?
 10 A. Maybe 100,120.
 11 Q. Okay.
 12 A. The Certification in Health Concepts and Material
 13 Management, again, that was a course underwritten by
 14 Perdue University, same amount of time, sat for
 15 certification -- or sat for the final exam and then
 16 sat for national certification.
 17 With the fellowship, I had to write a paper on
 18 a specific technology after doing research and then
 19 sit for an oral exam.
 20 Q. If we could go back to the SPD processing, and that
 21 by the way is Sterile or Surgical Processing
 22 Department?
 23 A. It's a play on words.
 24 Q. I've seen both.
 25 A. For here it's the Surgical Processing Department.

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- 1 Q. During our inspection when we got to the prep and
 2 pack area, you said that there was a computer log-in
 3 sheet which can print out a recipe for the
 4 particular device.
 5 A. Okay.
 6 Q. What did you mean by that?
 7 A. I'm referring to the count sheet that we print out,
 8 or the menu of items, so that if you had this item,
 9 and we were talking specifically for this, if there
 10 is indeed one for this item --
 11 Q. This being the probe?
 12 A. This being the probe, it would print out on there
 13 that one probe is needed, or a probe, and then tell
 14 you how many -- what the par level is for that
 15 item. If there's cannulas or other items in here,
 16 again, it would be a line item and tell you what the
 17 par level is for that.
 18 Q. What is a par level?
 19 A. Par level is an indicated number for that particular
 20 tray. If we have a tray of instruments, you may
 21 have what they call a Kelly hemostat, and it may
 22 require, six, eight or ten of them in there.
 23 Q. Par level being the number of instruments that you
 24 can put into one load?
 25 A. No, into that container.

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- 1 Q. Into that container being this --
- 2 A. Look at it as if you're -- a simple recipe, you're
- 3 baking cookies --
- 4 MR. MALONE: Now you're trying to teach
- 5 him. Just answer his questions.
- 6 MR. LINTON: He's doing fine.
- 7 MR. MALONE: Answer the question.
- 8 MR. LINTON: Okay. Why don't you read
- 9 me back the question, please.
- 10 - - -
- 11 (Thereupon, the requested portion of
- 12 the record was read by the Notary.)
- 13
- 14 Q. What is a par level?
- 15 A. Maybe I'm using the par level incorrectly. It's the
- 16 number of instruments in a tray.
- 17 Q. Okay. What is a tray?
- 18 A. It is a container used to sterilize.
- 19 Q. Is the silver container shown in this photograph 20
- 20 a tray?
- 21 A. Yes.
- 22 Q. So the recipe would show the number of instruments
- 23 that could be put into this container to properly
- 24 sterilize it?
- 25 A. Yes.

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- 1 Q. The recipe would not show how the instruments are to
- 2 be packaged in that tray?
- 3 A. No.
- 4 Q. How does a tech or an SA know how to properly
- 5 package the instruments in a tray like that shown in
- 6 number 20?
- 7 A. Through training.
- 8 Q. Is there anything in writing that shows them that?
- 9 A. Not that I recall. I can't answer that
- 10 intelligently.
- 11 Q. If there is something in writing, where would it be
- 12 located?
- 13 A. Classroom.
- 14 Q. Under what?
- 15 A. Prep and pack, or sterilization, handling of
- 16 instruments.
- 17 Q. And what are these, notebooks, handbooks, what would
- 18 you --
- 19 A. It could be loose leaves, it could be texts.
- 20 Q. Well, if you had to tell somebody to go to the
- 21 classroom and retrieve that information, what would
- 22 you ask them to look for?
- 23 A. If we had it or if it was on-the-job training?
- 24 Q. Right, either one.
- 25 A. There's -- I cannot identify the specific policy at

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- 1 this time.
- 2 Q. Well, why is that?
- 3 A. Because we have many policies that deal with prep
- 4 and pack assembly and sterilization.
- 5 Q. And where would those policies be, where would they
- 6 be written down?
- 7 A. In the classroom in the loose leaf.
- 8 Q. Okay. So we're going in circles here.
- 9 MR. MALONE: I thought you were.
- 10 Q. All right. You can't physically go in the
- 11 classroom, you've got to ask somebody to look for
- 12 these. What do you ask them to look for?
- 13 A. We --
- 14 Q. What do you ask them to check? Is it a notebook, is
- 15 it a file, is it a published book?
- 16 A. It's a binder.
- 17 Q. It's a binder. What is the name of the binder?
- 18 A. Policies and procedures.
- 19 Q. Okay. And is that a single binder or is it a multi
- 20 binder?
- 21 A. Single, if I remember correctly.
- 22 Q. And if there was a policy or procedure, it would be
- 23 contained in that binder?
- 24 A. Yes.

MR. MALONE: If there's a formal

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- 1 written policy. There are probably lots of
- 2 them that aren't written.
- 3 Q. I'm talking about anything that would be written,
- 4 right.
- 5 Now, have you ever trained any employees on how
- 6 to package probes like that shown in Exhibit 20?
- 7 A. No, I have not.
- 8 Q. Do you know if anybody else in your department has?
- 9 A. I do not know.
- 10 Q. Who would be in charge of education presently?
- 11 A. Presently at this time, Ken Wagner.
- 12 Q. Who had that job when you came here in '98?
- 13 A. Yes.
- 14 Q. He had it then, okay. Now, what affect does the
- 15 presence of air have on gas sterilization?
- 16 MR. MALONE: The presence of air?
- 17 MR. LINTON: Yes.
- 18 MR. MALONE: Simply that gas is not air
- 19 or that air is not gas because from my 8th
- 20 grade science they're both sort of
- 21 interchangeable. There's gas in air and
- 22 there's air in gas.
- 23 MR. LINTON: All right.
- 24 MR. MALONE: If I don't understand the
- 25 question, I'm doing this just to keep myself

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- 1 awake and interested, Robert, because quite
2 frankly we've gotten so far field.
3 MR. LINTON: I don't want you to be
4 awake. I don't want you to be interested.
5 Just you go to sleep.
6 MR. MALONE: I'm struggling to pay
7 attention.
8 Q. The sterilizer has a vacuum pump, does it not?
9 A. Yes, sir.
10 Q. What is the purpose of a vacuum pump?
11 A. To remove air from the chamber.
12 Q. Why do you want to remove air from the chamber with
13 the vacuum pump?
14 A. To expose the sterilant.
15 Q. And what happens if all the air is not properly
16 removed from the vacuum pump? Strike that.
17 What happens if air is not fully removed?
18 A. Specifically, I can't honestly answer that without
19 checking some references, but it impedes the
20 sterilization process.
21 Q. And how does it do that?
22 A. By removing the air, you're helping the sterilant
23 attach or expose itself to the item being
24 sterilized.
25 Q. Because if there were air pockets, the sterilizer

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- 1 cannot properly penetrate the pocket to completely
2 sterilize the surface?
3 A. That's possible. Again, I need to refer to
4 technical references. I don't memorize that stuff.
5 Q. What reference would you refer to?
6 A. The operator's manual, manufacturer's instructions.
7 Q. And where is that located?
8 A. If I don't have a copy, then clinical engineering
9 might have a copy.
10 Q. And there would be a separate one for each machine,
11 I would assume?
12 A. Yes, there would be.
13 Q. And when is the last time you consulted any of the
14 manuals for any of your gas sterilizers?
15 A. For my gas sterilizers? I've had no need to
16 recently.
17 Q. Can you think of the last time you consulted it?
18 A. Maybe a couple months ago.
19 Q. There's a sterilization strip that's supposed to be
20 in each container sterilized?
21 A. Yes.
22 Q. What do you call that?
23 A. It can be referred to as an indicator, it can be
24 referred to as an integrator.
25 Q. The indicator strip shows what?

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- 1 A. Shows exposure to a sterilant.
2 Q. And if it changes colors, then the load has been
3 properly sterilized?
4 A. Theoretically.
5 Q. And that's what you rely on for determining if an
6 instrument is properly sterilized?
7 A. No.
8 Q. What is relied on?
9 A. Multiple parameters.
10 Q. Well, does the strip have any role in that?
11 A. Yes, it does.
12 Q. So it is relied on in part for determining if a load
13 is sterilized?
14 A. Yes.
15 Q. What other parameters?
16 A. Time, temperature, exposure time.
17 Q. Do the current gas sterilizers have an automatic
18 abort feature if those parameters are not properly
19 met?
20 A. Without referring to the manual, I can't
21 intelligently answer that.
22 Q. The manual being the --
23 A. Operator's manual.
24 Q. Is a record generated from the machine that monitors
25 those parameters?

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- 1 A. Be specific. On --
2 Q. A piece of paper?
3 A. Uh-huh.
4 Q. What do you call that?
5 A. Printout.
6 Q. A printout is generated for each load in your gas
7 sterilizers?
8 A. Yes.
9 Q. And what information is contained on that printout?
10 A. Time, temperature, exposure time.
11 Q. And whose job is it to check that printout to make
12 sure that the parameters are met?
13 A. The operator.
14 Q. And what employees serve as operators for the
15 machine, SAs?
16 A. No.
17 Q. Tech IIs?
18 A. Yes.
19 Q. Tech IIs?
20 A. Yes.
21 Q. Is a permanent file maintained of that printout?
22 A. Yes.
23 Q. Where is it maintained?
24 A. Either off site or on premise.
25 Q. Where would the records for 1998 presently be

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1 located?
 2 A. Presently, in my office.
 3 Q. How far back do the records in your office go for
 4 those printouts?
 5 A. September of 1998.
 6 Q. Is there something magic about September of 1998?
 7 MR. MALONE: That's when he started.
 8 Q. When you started, I mean, is that why? I'm not
 9 trying to be facetious. I mean, it started in
 10 September of 1998, is that because that's when you
 11 started or is there a three-year retention policy?
 12 A. No.
 13 Q. Why September of 1998?
 14 A. Because that's a box that I had asked for.
 15 Q. For the purposes of this case?
 16 A. Yes.
 17 Q. Where did you obtain those records?
 18 A. From the building that I was talking about at the
 19 beginning of this conversation.
 20 Q. What records are contained in there besides the
 21 printouts showing the parameters for the gas
 22 sterilizer?
 23 A. Load configuration.
 24 Q. Now, do you have to rely on your employees to
 25 properly do their job in order to monitor the

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1 parameters shown on that printout?
 2 A. One more time.
 3 Q. Sure. Well, tell me what your employees do with the
 4 printout. How does that -- what is their job
 5 responsibility with respect to the printout?
 6 A. They review it, they compare it to the cycle that
 7 they requested, or what was requested, compare times
 8 to make sure everything matches up, it's attached to
 9 the load configuration record.
 10 Q. And again, you have to rely on a human being to do
 11 that job, to do that, physically check the printout
 12 to make sure that what came out matched what it was
 13 supposed to be?
 14 A. Yes.
 15 Q. And obviously there's room there for operator
 16 error?
 17 A. Yes.
 18 Q. And is there anything on the record that would
 19 indicate whether or not -- strike that.
 20 Is there anything that can be done now,
 21 retrospectively, to see if the load, in fact,
 22 matched what the parameters were on the printout?
 23 MR. MALONE: What load?
 24 MR. LINTON: The load that was being
 25 sterilized.

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1 MR. MALONE: This particular instrument
 2 tray for this particular patient?
 3 MR. LINTON: Just generically.
 4 MR. MALONE: Could a load be -- you got
 5 me baffled. Where are we going?
 6 MR. LINTON: Let me start again.
 7 Q. Once the load comes out --
 8 A. Uh-huh.
 9 Q. Strike that. Once the load is sterilized, a
 10 printout is generated that shows the parameters,
 11 correct?
 12 A. Yes.
 13 Q. And the operator's job is to look at the printout to
 14 make sure that it meets the parameters that were
 15 required to sterilize this load?
 16 A. Yes.
 17 Q. And if it does not, is there any record of that
 18 kept?
 19 A. Yes.
 20 Q. What record is kept?
 21 A. It would be identified on that record itself.
 22 Q. And how would it be indicated?
 23 A. Identified or circled, brought to the attention of
 24 the equipment -- or the coordinators.
 25 Q. And then what happens?

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1 A. It's reviewed.
 2 Q. To see if, in fact, the operator is reading it
 3 properly?
 4 A. Yes.
 5 Q. Would there be any mark on the record to indicate
 6 that it was reviewed, does the supervisor have to
 7 initial or make any sort of markings on the record?
 8 A. Not necessarily.
 9 Q. Why did you get the records only to September of
 10 1998 for this case?
 11 MR. MALONE: Don't answer that. I
 12 asked him to do that. You're going into advice
 13 of counsel now. You don't have to respond to
 14 any of this stuff.
 15 Q. What happens if the operator and the supervisor then
 16 determine that the parameters were not met?
 17 A. It's brought to my attention.
 18 Q. And then what happens?
 19 A. Then I do a review on it.
 20 Q. And what do you do?
 21 A. I review it to identify what was asked of the
 22 equipment, I review the parameters to see each
 23 individual parameter I'm reviewing, I look to see if
 24 human error was a part of it, I refer to the other
 25 indicators, if I'm showing exposure, and I can refer

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- 1 to the biological as well.
 2 Q. How do you determine if there's human error
 3 involved?
 4 A. Simple mathematics. They're writing in the time,
 5 the fact if they didn't understand the readout.
 6 Q. All right. So in order to determine if a load is
 7 properly sterilized, one looks at the parameters on
 8 the printout as well as the indicator strip?
 9 A. No.
 10 Q. How is that incorrect?
 11 A. It's incorrect because you don't see that until it's
 12 opened up on the field.
 13 Q. So in terms of what your department does to confirm
 14 if a load is properly sterilized, it would be **just** a
 15 printout record?
 16 A. No.
 17 Q. What else?
 18 A. You have external indicator tape.
 19 Q. And that changes from what color to what color?
 20 A. If I'm correct, a yellow or a beige to a red, in
 21 that particular process.
 22 Q. And this strip is shown on Exhibit 28, correct?
 23 A. I don't know. I didn't read what you said. Photo
 24 28 of 50, yeah.
 25 Q. Can those strips ever generate a false positive or a

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- 1 false negative?
 2 MR. MALONE: A what?
 3 Q. A false positive or --
 4 A. You mean can it change colors without being
 5 processed?
 6 Q. Right. Can it indicate a changed color but in fact
 7 have not been properly sterilize? Let me ask it
 8 this way, is it possible for the indicator strip to
 9 show that it has been sterilized and still the items
 10 have not been properly sterilized?
 11 A. Without confirming data, I couldn't honestly give
 12 you an intelligent answer on that.
 13 Q. What data would you have to check?
 14 A. AAMI requirements, manufacturer printouts,
 15 specifications on a product.
 16 Q. So tell me what other steps are taken in your
 17 department to make sure that the load is properly
 18 gas sterilized. We talked about the parameters, we
 19 talked about the indicator strip, what else?
 20 A. Biological.
 21 Q. And tell me about the biological, how does that
 22 work?
 23 A. The biological is an organism, or spore, actually,
 24 and it's exposed to the sterilant, it is eradicated
 25 or killed and gives us a result.

a3

- 1 Q. And **is** that run for each load in the gas
 2 sterilizer?
 3 A. In a gas sterilizer, yes.
 4 Q. So every time a load is put into the gas sterilizer,
 5 there's a biological placed in with it?
 6 A. Yes.
 7 Q. And that indicates -- that shows what?
 8 A. With relative assuerty that the item was exposed and
 9 sterilized.
 10 Q. And what is the relative assuerty?
 11 A. I would have to consult the tech manuals.
 12 Q. What manuals would you consult?
 13 A. The company.
 14 Q. The manufacturer's manuals?
 15 A. Yes.
 16 Q. Do you know why there is what seems to be a metal
 17 tube contained in Exhibit 20 inside the tray?
 18 A. **Do** I know why?
 19 Q. Correct.
 20 A. **No**, sir.
 21 Q. Would there be some reason why you would have to
 22 have the probe, or a probe like instrument, put
 23 inside a metal tube for sterilization purposes?
 24 A. I can't intelligently answer that. I don't
 25 provide -- I don't do the procedure.

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- 1 Q. Who would be able to best provide that information?
 2 A. I probably would ask the physician that performed
 3 the case.
 4 Q. Well, the tube, is that a tube something that the
 5 physician --
 6 A. I don't know.
 7 Q. -- suggests or **is** that something processing
 8 suggests?
 9 A. I don't know. I'm not familiar with the tube.
 10 Q. Or the probe?
 11 A. No.
 12 Q. Can any processing errors occur in sterilization
 13 because of the way the items are positioned within
 14 the tray?
 15 A. I can't intelligently answer that at this time.
 16 Q. Why is that?
 17 A. Because you have different configurations.
 18 Q. What do you mean different configurations?
 19 A. You have tray setups with various variations of the
 20 way trays are assembled, referring to technical
 21 manuals, I'm sure we could list a number of things.
 22 Q. So the way in which instruments are configured
 23 within a tray is important in a sterilization
 24 process?
 25 A. Yes.

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- 1 Q. And it's important because if they're not properly
2 configured within the tray that can affect the
3 sterilization process?
4 A. Yes.
5 Q. And is there anything in writing you can consult in
6 terms of how --strike that.
7 Just tell me generically how item
8 configuration --strike that.
9 How can the way items are configured in a tray
10 affect sterilization?
11 A. The simplest one is the number of instruments in a
12 tray.
13 Q. If you have too many?
14 A. Possibly too many.
15 Q. Okay.
16 A. If clamps are opened versus closed or locked is a
17 simplistic method.
18 Q. Are they supposed to be opened or closed?
19 A. Opened.
20 Q. Because if they're closed they may not be --
21 A. You are eliminating surface exposure. Those are the
22 two I can recall, the wand, but again, I would have
23 to quote my references.
24 Q. What references would you have to check?
25 A. Again, I'd refer to AAMI, AORN, IAHCSMM, ASHCSP.

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- 1 Q. Are there any written -- strike that.
2 Is there anything in writing that currently
3 exists in your department that would talk about
4 configuration of loads?
5 A. Not that I recall.
6 Q. Is there anything in writing your employees would
7 rely on on how to properly configure a load like a
8 surgical probe?
9 A. Not that I recall.
10 Q. They would know about that based on their training?
11 A. Yes.
12 Q. And we can agree that there's room for operator
13 error in terms of how a load is configured?
14 A. You can speculate.
15 Q. You can speculate?
16 A. I mean, I can't intelligently answer that.
17 Q. Well, why can't you intelligently answer that?
18 A. Because I didn't assemble that, and I'm not
19 overseeing -- I'm not by my staff when they assemble
20 all the trays in my department.
21 Q. I understand. The possibility exists for human
22 error in terms of how instruments are configured in
23 a tray?
24 A. Yes.
25 Q. Because it's human beings that are doing the

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- 1 configuration, correct?
2 A. Yes.
3 Q. And obviously you don't have a supervisor looking
4 over an employee's shoulder for every tray being
5 configured?
6 A. Yes.
7 Q. You have to rely on the employees doing their job
8 properly?
9 A. Yes.
10 Q. Because if they don't do their job properly, they
11 don't configure properly in a tray, that can cause a
12 problem with sterilization?
13 A. Possibly.
14 Q. And even if all the parameters are met, and even if
15 the indicator strip shows that it's been properly
16 sterilized, the instrument itself may not be
17 properly sterilized if it's not properly configured
18 by an employee, true?
19 A. Not necessarily.
20 Q. Can that happen?
21 A. I couldn't intelligently answer that. This is all
22 speculation.
23 MR. MALONE: Should I order lunch in,
24 Bob, perhaps dinner?
25 MR. LINTON: Maybe.

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- 1 Q. Let's use a clamp example. If the clamps are
2 closed --
3 A. Yes.
4 Q. --there are two surfaces that are in contact with
5 each other?
6 A. Yes.
7 Q. That may not be permeated by gas during the
8 sterilization process, correct?
9 A. It is not the best case scenario, correct.
10 Q. Well, in fact, it would be against procedure for an
11 employee in your department to do that, wouldn't
12 it?
13 A. It is against procedure.
14 Q. Now, assuming that an employee did that, for
15 whatever reason, you could still have a load itself
16 that was properly sterilized, correct?
17 A. Yes.
18 Q. The parameters on a printout would look fine,
19 correct?
20 A. Yes.
21 Q. And the strip on the outside would look fine, it
22 would change color, correct?
23 A. Yes.
24 Q. And even if you had a little indicator strip inside
25 the tray that the surgical team would check, that

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- 1 too would show a change, correct?
- 2 A. Yes.
- 3 MR. MALONE: And then a scrub nurse
- 4 would see it in the OR when the tray was
- 5 opened.
- 6 MR. LINTON: One would.
- 7 MR. MALONE: One would, that's the way
- 8 it works. That's why there are **so** many
- 9 checks. God almighty, spare me. There's a
- 10 chance that that ceiling tile over your head
- 11 could fall on you, Robert, and **I'm** starting to
- 12 hope it does.
- 13 Q. What is a recall notice?
- 14 A. I'm sorry?
- 15 Q. What is a recall notice?
- 16 A. A recall notice would be if we've identified a
- 17 potential issue with a sterilization load that we
- 18 would go out and we recall the items for that
- 19 particular load configuration.
- 20 Q. And you're recalling them from where?
- 21 A. Recalling them from our shelves, locations up in the
- 22 OR.
- 23 Q. And what documents are generated when there is a
- 24 recall?
- 25 A. The retaking the load configuration and identifying

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- 1 that that was needed is the only document at this
- 2 time.
- 3 MR. LINTON: Could you read that back,
- 4 please.
- 5 " -- "
- 6 (Thereupon, the requested portion of
- 7 the record was read by the Notary.)
- 8 " - - - "
- 9 Q. I don't follow you. What is the document?
- 10 A. The document is the load itself, the configure --
- 11 the load printout of what the configuration is.
- 12 Q. After you print out the record, that has the
- 13 parameters, right?
- 14 A. Yes, sir.
- 15 Q. And you have separately a load configuration record?
- 16 A. Yes, it lists the items that were in that load.
- 17 Q. So let's **just** talk about there would currently be a
- 18 record here at The Cleveland Clinic that would show
- 19 the load in which Mary Lou Zimmerman's probe was
- 20 sterilized, but we **just** have no way of checking
- 21 which load that is?
- 22 A. I don't understand the question.
- 23 MR. MALONE: I don't either.
- 24 Q. The load configuration sheet shows the items that
- 25 were being sterilized in the load?

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- 1 A. Yes.
- 2 Q. So it would show probe, it would show forceps, it
- 3 would show whatever the instruments were, it would
- 4 be a listing of those items?
- 5 A. Yes.
- 6 Q. What other information would be contained on that
- 7 record?
- 8 A. The time that it was sterilized, the operator, and
- 9 the date.
- 10 Q. Now, has there ever been a case since you've been
- 11 here at The Cleveland Clinic where you have learned
- 12 later that a load or an instrument was not properly
- 13 sterilized and a recall was then issued?
- 14 MR. MALONE: Objection. Go ahead.
- 15 You're asking him if he's ever issued a
- 16 recall?
- 17 MR. LINTON: Right.
- 18 MR. MALONE: I mean, it's simple. If
- 19 we can get a simple --
- 20 MR. LINTON: Yeah, sure.
- 21 A. Yes, I have issued a recall.
- 22 Q. And how many times has that been done?
- 23 A. I don't recall.
- 24 Q. On a percentage basis, how frequently does that
- 25 occur?

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- 1 A. Less than a hundredth of one percent.
- 2 Q. Can you give me a range of the number of recall
- 3 notices you would have issued? Would it be more
- 4 than ten?
- 5 A. In what time period?
- 6 Q. Since you came here in 1998, would it be more than
- 7 ten?
- 8 A. No.
- 9 Q. Have you ever had a recall -- strike that.
- 10 Have you ever issued a recall notice and found
- 11 out that the item had already been used?
- 12 MR. MALONE: Objection. Go ahead and
- 13 answer.
- 14 A. I do not recall specifically. We've been very good
- 15 at recovering every item.
- 16 Q. During the time in which you've been here, have
- 17 there been any mechanical problems with any of the
- 18 gas sterilizers?
- 19 MR. MALONE: Objection. Go ahead.
- 20 A. Yes.
- 21 Q. What mechanical problems are you aware of?
- 22 MR. MALONE: Objection.
- 23 A. Specifically, I can't identify at this time.
- 24 Q. What would you have to do to identify those
- 25 problems?

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- 1 A. Contact clinical engineering.
 2 Q. Who in clinical engineering?
 3 A. Well, there's a manager in charge of the shop, so I
 4 would **just** start with him.
 5 Q. Who **is** that?
 6 A. First name is Paul, I don't recall his last name.
 7 Q. What records are kept, either by your department or
 8 to your knowledge by engineering, clinical
 9 engineering, relating to equipment repairs,
 10 inspections or malfunctions?
 11 A. Well, there's a ticket that's generated that they
 12 fill out that identifies labor, identifies what
 13 repair was performed on a specific piece of
 14 equipment.
 15 Q. As you sit here you have no memory of any types of
 16 repairs being performed on your gas sterilizers?
 17 A. I cannot identify a specific repair versus a
 18 preventive maintenance. We do very detailed
 19 preventive maintenance here.
 20 Q. Who's in charge of that, clinical engineering?
 21 A. Yes, sir.
 22 Q. How often do they maintain the gas sterilizers?
 23 A. I can't intelligently answer that.
 24 Q. Is there any -- are there any reporting -- strike
 25 that.

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- 1 Are there any reports that you or your
 2 department complete in the event of an adverse
 3 incident, unusual occurrence, a mistake, an error of
 4 any kind in the processing of surgical instruments?
 5 MR. MALONE: Objection.
 6 A. Not that I recall at this time.
 7 Q. Why do you say that as opposed to no?
 8 A. Because I'd have to refer to the policy.
 9 Q. The binder of policies we talked about before?
 10 A. Yes, sir.
 11 Q. Located in the classroom?
 12 A. Yes, sir.
 13 Q. Are there any videotapes that are used to train your
 14 employees?
 15 A. Yes.
 16 Q. Who would maintain a list of those videotapes?
 17 A. A list, I'm not sure.
 18 Q. Where are they located?
 19 A. In the classroom.
 20 Q. Who's in charge of maintaining the materials, the
 21 written and video materials in the classroom?
 22 A. Ken Wagner.
 23 Q. I'm sorry?
 24 A. Ken Wagner and myself.
 25 Q. What professional journals or publications do you

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- 1 subscribe to for your job?
 2 A. Infection Control Today, MPS is Medical Product
 3 Sales, HPN, Healthcare Purchasing News, IAHCSMM,
 4 International Association of Healthcare Central
 5 Service Material Management, Surgical Technologist
 6 Association, their periodical, there's a safety
 7 journal that I get.
 8 Q. What's that called?
 9 A. I don't recall off the top of my head, and there
 10 might be one or two others that I'm drawing -- OR
 11 Manager, Motivational Manager. That's about the
 12 best I can do right now.
 13 Q. Do you subscribe to those to stay current in your
 14 field?
 15 A. Yes, sir.
 16 Q. Are those reliable sources of information in your
 17 field?
 18 A. Yes, sir.
 19 Q. Are you familiar with what's called a Kelly probe as
 20 identified in Exhibit 25 and 24?
 21 A. No, I'm not.
 22 Q. Do you know how that instrument -- strike that.
 23 You would not know how that instrument is
 24 sterilized, correct?
 25 A. That's incorrect. I would know. I would know based

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- 1 on what you have pictured in the photo, that it was
 2 exposed to a gas process, and in this case, as
 3 illustrated earlier, it is a gas process and more
 4 than likely was a warm cycle.
 5 Q. What information is contained on the sticker?
 6 A. That particular sticker you're pointing to?
 7 Q. Yes, that's shown in photograph 25.
 8 A. It's identifying the service it belongs to, it's
 9 identifying the name of the instrument, it's
 10 identifying a code number that's associated, you
 11 have the bar code itself, which is specific, it's
 12 located or it's maintained or housed or stored after
 13 sterilization in the core A, it was sterilized on
 14 the 14th of February of this year, 2001, Cleveland
 15 Clinic identifies that it comes from this area,
 16 process of sterilization, the initials of the person
 17 who **assembled** it, not necessarily sterilized it, and
 18 then **just** a breakdown code of again the name of the
 19 instrument.
 20 Q. Would there be any record of who actually sterilized
 21 it?
 22 A. Yes, it's identified on this sticker here, little
 23 sticker, control number.
 24 Q. What information is contained on the load sticker
 25 number?

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1 A. On this particular one?
 2 Q. Just identify the number.
 3 A. Photo 25 of 50, it's identified that it was
 4 processed, and it's faint, but I'm going to take --
 5 this is a guess only, that it looks like a 78 load,
 6 which would have identified the piece of equipment,
 7 the sterilizer.
 8 It was the first load. It's too fuzzy to
 9 identify what load number it was. The third number
 10 or the two numbers, if that's a 66 or not, would
 11 have identified the operator, and then you have the
 12 date below that it was sterilized. Again, it's a
 13 little fuzzy to be real specific.
 14 Q. Do you know what's identified in photograph 26?
 15 A. I know a couple of the items.
 16 Q. Well, which items can you identify?
 17 A. You have a drill, it looks like you have a chuck
 18 that would fit into a drill.
 19 Q. Do you know how the drill and chuck are sterilized?
 20 A. Depends on the drill.
 21 Q. This particular --
 22 A. This particular one can be done on steam, the other
 23 pieces I can't tell from these photos. I need to go
 24 back to your original question. The chuck can be
 25 done in steam. I can't tell you if that drill was

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1 done by us or not. Some drills come to us sterilely
 2 packaged from the manufacturer.
 3 Q. What is a Bovie, B-O-V-I-E, Dick test, D-I-C-K?
 4 A. Bovie Dick test is an industry test that identifies
 5 air removal.
 6 Q. How is that performed?
 7 A. It's run in the sterilizer.
 8 Q. Are any records kept of that?
 9 A. Yes, sir.
 10 Q. Would any records currently exist for testing that
 11 in 1998?
 12 A. I can't intelligently answer that at this time.
 13 Q. Am I correct that some neurosurgical instruments
 14 would be sterilized and then sent immediately to the
 15 operating room or for storage outside the operating
 16 room?
 17 A. Yes.
 18 MR. MALONE: He went through all this
 19 about an hour and a half ago, Bob. I mean,
 20 some things are kept down below, some are kept
 21 inside the ORs, outside the OR. It depends on
 22 the OR manager. Remember that?
 23 Q. Based on what you know about the SPD department, can
 24 you rule out the fact that Mary Lou Zimmerman was
 25 contaminated with an instrument that was not

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1 properly sterilized when she had her brain surgery
 2 here in The Cleveland Clinic September 22nd, 1998?
 3 A. No.
 4 Q. Can you rule out that if she was contaminated during
 5 the surgery that it occurred due to an employee in
 6 your department not properly doing his job?
 7 A. No.
 8 MR. LINTON: Subject to the earlier
 9 objections, as well as some additional
 10 documents that we may need, that's all I have
 11 at this time.
 12 MR. MALONE: Okay. We're done.

RICHARD W. SCHULE

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CERTIFICATE

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

I, Laura L. Ware, a Notary Public within and
 for the State of Ohio, do hereby certify that the
 within named witness, RICHARD W. SCHULE, was by me
 first duly sworn to testify the truth, the whole
 truth, and nothing but the truth in the cause
 aforesaid; that the testimony then given was reduced
 by me to stenotypy in the presence of said witness,
 subsequently transcribed into typewriting under my
 direction, and that the foregoing is a true and
 correct transcript of the testimony so given as
 aforesaid.

I do further certify that this deposition
 was taken at the time and place as specified in the
 foregoing caption, and that I am not a relative,
 counsel or attorney of either party or otherwise
 interested in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto set my
 hand and affixed my seal of office at Cleveland,
 Ohio, this 30th day of March, 2001.


 Laura L. Ware, Ware Reporting Service
 21860 Crossbeam Lane, Rocky River, Ohio 44116
 My commission expires May 17, 2003.

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- Presenter to the Central Service Association of Ontario, September 21, 1999, “Panel on Processing – Pasteurization”.
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- Presenter to the Buckeye Central Service Association, October 10, 1998, “Pasteurization: Not **Just** For Milk”.
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- Authored “CS Safety: Taking An Active Role”, Medical Products Sales, January 2000.
- Authored “Surgical Processing & Operating Room ~~Staff~~ Moving Closer Toward Unity?”, Medical Products Sales, November 1999.
- Authored “Let’s Put Compassion Back Into Quality”, IAHCMM Communique, March/April 1999.
- Authored “Pasteurization: Not Just For Milk (Part II)”, IAHCMM Communique, November/December 1998.
- Authored “Pasteurization: Not Just For Milk (Part I)”, IAHCMM Communique, September/October 1998.
- Authored “Pasteurization: Is It Only For Milk?”, Infection Control Today, September 1998.