

1 IN THE COURT OF COMMON PLEAS
2 OF CUYAHOGA COUNTY, OHIO

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4 NADIRAH D. MALIK, etc.,
5 Plaintiff,

6 vs Case No. 443949
 Judge Russo

7 MERIDIA HEALTH SYSTEMS,
8 et al.,
9 Defendants.

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11 DEPOSITION OF MELISSA SLIVKA, R.N.
12 FRIDAY MAY 31, 2002

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14 Deposition of MELISSA SLIVKA, R.N., a
15 Witness herein, called by counsel on behalf of
16 the Plaintiff for examination under the statute,
17 taken before me, Vivian L. Gordon, a Registered
18 Diplomate Reporter and Notary Public in and for
19 the State of Ohio, pursuant to agreement of
20 counsel, at the offices of Huron Road Hospital,
21 13951 Terrace Road, East Cleveland, Ohio,
22 commencing at 10:00 o'clock a.m. on the day and
23 date above set forth.

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1 APPEARANCES:

2

On behalf of the Plaintiff

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1 MELISSA SLIVKA, R.N., a witness herein,
2 called for examination, as provided by the Ohio
3 Rules of Civil Procedure, being by me first duly
4 sworn, as hereinafter certified, was deposed and
5 said as follows:

6 EXAMINATION OF MELISSA SLIVKA, R.N.

7 BY MR. MISHKIND:

8 Q. State your name, please.

9 A. Melissa Slivka.

10 Q. You are a nurse?

11 A. I'm a nurse.

12 Q. RN or LPN?

13 A. RN.

14 Q. Who is your employer?

15 A. Cleveland Clinic Health System.

16 Q. Do you receive your paychecks from
17 The Cleveland Clinic Health System or from
18 Meridia Huron Road?

19 A. I believe the paychecks now state
20 Cleveland Clinic Health System.

21 Q. How long have you been employed at
22 this hospital?

23 A. Nine years. It will be nine years in
24 July.

25 Q. What department do you work in?

1 A. I work in med/surg telemetry.

2 Q. Tell me where you live, please.

3 A. Do you want the full address?

4 Q. Might as well.

5 A. 16259 Gar Highway, Montville, Ohio,
6 44064.

7 Q. Where is that?

8 A. Past Chardon, Geauga County.

9 Q. Do you have any other family members
10 in the medical profession?

11 A. Not direct, not immediate family, no.

12 Q. The past nine years, have you worked
13 exclusively here at Huron Road?

14 A. Yes.

15 Q. Before 1993, were you working as a
16 nurse elsewhere?

17 A. No.

18 Q. What were you doing?

19 A. I was a cashier at a grocery store.

20 Q. Where did you go to nursing school?

21 A. I went to Huron Road School of
22 Nursing.

23 Q. Graduated when?

24 A. '93.

25 Q. What type of degree do you have?

1 A. I have a diploma in nursing and an
2 associates in science.

3 Q. Where is the associates in science
4 from?

5 A. Tri-C.

6 Q. That would be after?

7 A. At the same time.

8 Q. This is a deposition. The court
9 reporter is taking everything you say down,
10 everything I say. Have you ever had this
11 situation happen before?

12 A. Not in nursing, no, but I have been
13 in a deposition.

14 Q. What was the occasion?

15 A. A case having to do with a client
16 that fell at the supermarket.

17 Q. This is your first deposition as a
18 nurse?

19 A. Yes.

20 Q. Do you remember Mr. Edwards?

21 A. I know the name. I never personally
22 met him.

23 Q. You have been identified by counsel
24 for the hospital as a nurse that may have been
25 involved in some aspect of his care at or around

1 the time of either his death or 24 hours or so
2 before his death. Does that appear to be an
3 accurate statement?

4 A. Yes.

5 Q. You have had a chance to look at the
6 chart; true?

7 A. Yes.

8 Q. Have you talked with any of the other
9 nurses that were involved in any of Mr. Edwards'
10 care since he passed away?

11 MS. REID: About him, obviously?

12 MR. MISHKIND: Right.

13 A. Very minimal, but, yes.

14 Q. Who have you talked to?

15 A. Lekita Nance.

16 Q. She is an LPN; right?

17 A. Uh-huh.

18 MS. REID: You have to say yes.

19 A. Yes, sorry.

20 Q. I should have given you those
21 instructions.

22 Also, think silently. Sometimes we
23 have a tendency of answering questions and
24 thinking as we are talking. If you are
25 uncertain about something I'm asking, tell me,

1 think about it for a second and tell me that you
2 don't understand. I will rephrase it.

3 A. Okay.

4 Q. Also, avoid what you did before in
5 terms of slang type of phrases in terms of yes
6 or no, or even the nodding of the head. Vivian
7 can't take down a nod, even though she can see
8 that you are saying yes in the way that you are
9 nodding your head, okay?

10 A. Okay.

11 Q. When did you talk to Lekita about
12 this case?

13 A. That would have been Monday -- I
14 believe it was Monday -- the next time that both
15 of us worked.

16 Q. Tell me about your conversation with
17 her.

18 A. The extent of it was that a patient
19 had passed on her shift. We didn't go into any
20 details about it.

21 Q. Did she tell you that she was going
22 to be having her deposition taken?

23 A. Well, I know that because I am her
24 supervisor and handed her the letter.

25 Q. Did you guys talk at all about the

1 case in light of the fact that the depositions
2 were coming up?

3 A. Not about the case. More about, ooh,
4 are you nervous that you are having a
5 deposition, but we didn't discuss the case.

6 Q. She still works here at the hospital?

7 A. Yes.

8 Q. Do you have any entries in the chart?

9 A. Entries as far as nurse's notes?

10 Q. Yes.

11 A. No.

12 Q. Did you sign any orders?

13 A. Yes.

14 Q. Did you sign orders on January 28,
15 2000?

16 A. Yes, I did.

17 Q. The first order I'm looking at on
18 January 28th of 2000 appears to be an order
19 written at 9:00 a.m. Does that appear to be the
20 first order that you have any notation on?

21 A. That I signed off on the 28th, yes.
22 But there are orders before that on the 28th.

23 Q. I understand that,

24 A. Okay.

25 Q. I just want to talk about your

1 involvement.

2 On the January 28th, 2000 order,
3 there appears to be a signature by you and it
4 looks to be timed 12:10?

5 A. Yes.

6 Q. And right before your signature is
7 someone else's handwriting; is that true?

8 A. Yes.

9 Q. Who is that?

10 A. That would be Chris Weltman, our unit
11 assistant.

12 Q. And is Chris a man or woman?

13 A. A female.

14 Q. Her note was at 11:50 a.m. on January
15 28th?

16 A. That's what it appears to be.

17 MS. REID: So the record is clear, we
18 are talking about the 1-28, 9:00 a.m. order that
19 is designated on the top, since there is another
20 one dated 1-28 and timed 9:00 a.m.

21 Q. Did you sign the other order on
22 January 28th at 9:00 a.m.? Did you write
23 anything on the other January 28th, 9:00 a.m.
24 order?

25 MS. REID: The one that says transfer

1 6 Main at the top.

2 A. Yes, I signed it.

3 Q. And what is it dated? What time is
4 it dated?

5 A. It's not timed. My time is here when
6 I completed the orders on the second page.

7 Q. I take it on January 28th you were
8 working on 6 Main telemetry?

9 A. Yes.

10 Q. What was your shift on that day?
11 What hours were you working?

12 A. I believe I was working a 7 A to 7 P.

13 Q. Tell me why your name and your
14 signature is reflected on the January 28th, 2000
15 orders.

16 A. I was in charge that day, and as the
17 in charge nurse, we sign off the orders.

18 Q. Now, these orders at 9:00 a.m., and
19 correct me if I am wrong, appear to have been
20 given while the patient was still in the
21 intensive care unit?

22 A. Yes.

23 Q. And the first order of business was
24 to transfer to 6 Main telemetry; true?

25 A. Yes.

1 Q. Do you know from the signature on the
2 orders who it was that gave the orders?

3 A. That would be Dr. Nimeri.

4 Q. From the ICU where Mr. Edwards was
5 located to 6 Main telemetry, how far are we
6 talking in terms of travel?

7 A. I mean, do you want to know floor?

8 Q. Yes.

9 A. Four floors.

10 Q. The ICU is located on what floor?

11 A. The second floor.

12 Q. Were you involved at all in the
13 physical transfer from the second floor to the
14 sixth floor?

15 A. No.

16 Q. Do you know who it was that would
17 have been responsible for the transfer?

18 A. No.

19 Q. There is a bunch of checks on the
20 orders.

21 A. Yes.

22 Q. What do the checks indicate?

23 A. The checks are sometimes used by
24 either myself or the secretary as you are going
25 down taking the orders off to make sure that you

1 have taken each order and either entered them
2 into the computer or made sure they were on the
3 med sheet.

4 Q. So, for example, just picking one
5 randomly, the OOB/chair. That's out of bed and
6 into chair with a Roman Numeral II next to it
7 and a check mark. That would mean that
8 Mr. Edwards at that particular time when the
9 check was put next to that order was out of bed
10 and sitting in a chair; is that correct?

11 A. No.

12 Q. What does that mean?

13 A. That means that -- it's actually not
14 a Roman Numeral II, it's a number sign with a
15 number after it. That number indicates what
16 number order was entered into the computer.

17 Q. Okay.

18 A. So that order is done. It's in the
19 computer.

20 Q. Does that mean that he was out of bed
21 and in a chair at that point?

22 A. No.

23 Q. That means that someone was going to
24 be responsible for making sure that he would be
25 out of bed and in a chair; correct?

1 A. That order states that he should be
2 getting up out of bed into a chair.

3 Q. And that would be a nursing function
4 in terms of complying with that order?

5 A. Nursing or physical therapy,
6 depending.

7 Q. All of the orders, the ones that
8 start on the first page, I take it they then
9 continued on to the second page?

10 A. Yes.

11 Q. Was it Ms. Weltman that checked these
12 items off or are these your checks?

13 A. Honestly, looking at them, I can't
14 tell whose checks.

15 Q. What time, according to the record,
16 did Mr. Edwards arrive in telemetry?

17 A. It looks like, according to the
18 nurse's notes, he arrived at 11:15 a.m.

19 Q. And I want to talk and focus in on
20 the transfusion order.

21 A. Okay.

22 Q. What is your understanding as to what
23 the physician has ordered as of 9:00 a.m. as of
24 January 28th?

25 A. The physician has ordered to

1 transfuse two units of packed red blood cells,
2 each one over four hours.

3 Q. And then you have, again, that Roman
4 Numeral II, what I refer to as Roman Numeral II,
5 and it looks like is it a 1:12?

6 MS. REID: It's cut off here.

7 A. Mine is cut off.

8 MS. REID: You can look in the
9 original and verify.

10 A. Yes.

11 Q. Again, is that just corresponding
12 with how it's entered on to the computer?

13 A. Yes.

14 Q. That doesn't mean that it was entered
15 at 1:12 p.m., does it?

16 A. No.

17 Q. Once it's entered into the computer,
18 what's the next process that the nurse, you are
19 to follow or anyone that's has responsibility to
20 follow on this order is to do?

21 A. Are you asking with any transfusion
22 order what process we follow?

23 MS. REID: The general process?

24 MR. MISHKIND: No.

25 Q. Actually with regard to this

1 particular transfusion order, what's the next
2 process that should take place?

3 A. What probably took place is we called
4 to the blood bank to see if blood was ready. If
5 blood is not ready or there is some problem,
6 depending -- type and crosses are only good for
7 72 hours -- then we order that for the patient.

8 Q. You order a type and cross?

9 A. Uh-huh.

10 Q. Correct?

11 A. Correct.

12 Q. Do you know whether Mr. Edwards had
13 been typed and crossed prior to arriving in
14 telemetry?

15 A. I can check for you. Yes, he was
16 typed and crossed on the 24th.

17 Q. And that type and cross on the 24th,
18 as of the 28th, would no longer be valid;
19 correct?

20 A. That is correct.

21 Q. So the first thing that would need to
22 be done is a type and cross on the patient;
23 correct?

24 A. Correct.

25 Q. Whose responsibility is it to

1 implement whatever steps are necessary to type
2 and cross a patient that has an order for
3 transfusion?

4 A. You mean for --

5 Q. Is this a nursing function that when
6 a doctor gives an order to transfuse a patient,
7 first for the nurse to check and see how
8 recently the patient has been typed and crossed?

9 A. Yes.

10 Q. And I presume you would have been the
11 one that would have had the responsibility to
12 check to see how recently the patient had been
13 typed and crossed?

14 A. I probably did, yes.

15 Q. And do you have any reason to believe
16 that you wouldn't have discovered that he had
17 been typed and crossed back on January 24th?

18 A. No.

19 Q. **So** having that information, then, you
20 knew that he had to be typed and crossed before
21 the transfusion could take place; correct?

22 A. Correct.

23 Q. Logistically, how does the typing and
24 the crossing take place? What steps need to be
25 followed by you in order to see that he is typed

1 and crossed currently? Or rather than relying
2 on the old type and cross, what do you do?

3 A. We would enter it into the computer
4 and the lab then comes and draws it.

5 Q. Do we have any evidence that you are
6 aware of that after taking this order off on
7 January 28th that the lab -- that there was a
8 request to type and cross the patient?

9 A. That would probably be what that
10 number is.

11 Q. The 1:12?

12 A. The 1:12, because that would be the
13 only reason why the transfusion order would go
14 into the computer.

15 Q. How soon in an inpatient that's a
16 post-op patient is the type and screen supposed
17 to take place?

18 MS. REID: How soon after the
19 transfusion is ordered?

20 Q. In this situation, how soon after the
21 order is into the computer is the lab supposed
22 to type and screen the patient?

23 A. Well, the transfusion is not ordered
24 stat, so it would not have been put in stat, so
25 they usually come and draw it next round.

1 Q. And what does that mean?

2 A. I'm not sure how often they round, if
3 it's every hour, or you would have to check with
4 the lab.

5 Q. When a transfusion order is given on
6 a patient, even though it's not stat, if the
7 patient is a post-op patient, do you know
8 whether an order like this reasonably can be
9 delayed until the next day if it's given around
10 the noon hour?

11 A. Rephrase the question.

12 Q. Sure. I'm concluding that this order
13 was taken off by you and put into the computer
14 at or around 12:10 or so, shortly after noon on
15 the 28th. You have told me that it wasn't put
16 down on a stat basis.

17 Is it your experience that an order
18 for transfusion on a patient that isn't put down
19 on a stat basis can reasonably be addressed the
20 next day, or is it more common, even though it's
21 not stat, that the type and screen is done the
22 same day that the order is put into the
23 computer?

24 A. Yes, with the type and screen done
25 the same day.

1 Q. So you would expect, even though it's
2 not stat, you would expect that the type and
3 screen would have been done sometime that
4 afternoon; is that a fair statement?

5 A. Yes.

6 Q. It wasn't done sometime that
7 afternoon, was it?

8 A. I don't know.

9 Q. Do you see any evidence from looking
10 at the chart that the patient was typed and
11 screened?

12 A. There is no record of it in the
13 chart.

14 Q. The last type and screen was on
15 January 24th; true?

16 A. Yes.

17 Q. Whose responsibility is it to follow
18 up with the lab or a doctor to find out why a
19 patient who has a transfusion order hasn't been
20 typed and screened? Is that a nursing function
21 or is that a physician's responsibility?

22 A. Nursing, usually.

23 Q. Now, the 12:00 o'clock time period
24 would fall -- there is a number of shifts.
25 There is 7:00 to 7:00, 7:00 to 3:00, there is

1 3:00 to 11:00; right?

2 A. Yes.

3 Q. Who was the nurse that was assigned
4 to Mr. Edwards from the time that he arrived in
5 telemetry through the balance of that shift,
6 whether it's 3:00 o'clock or 7:00 o'clock?

7 A. Danielle Coates.

8 MS. REID: She was working 7:00 to
9 3:00.

10 Q. And then after Danielle, we then get
11 into our Sherry Edwards as being the nurse that
12 was responsible for Mr. Edwards from 3:00 to
13 11:00?

14 A. If that's what that says. Yes.

15 Q. Have you ever talked to Sherry
16 Edwards about this case?

17 A. No.

18 Q. Does Sherry Edwards still work from
19 time to time at the hospital here?

20 A. Not to my knowledge.

21 Q. You were the charge nurse?

22 A. Yes.

23 Q. Are you responsible for supervising
24 the floor nurses, the nurses like Ms. Coates and
25 Ms. Edwards?

1 A. Yes.

2 Q. You worked until 7:00 p.m.?

3 A. Yes.

4 Q. Did you ever check at any time that
5 afternoon to find out whether or not Mr. Edwards
6 had been typed and screened for transfusion?

7 A. I don't remember.

8 Q. Does the record reflect any such
9 screening?

10 A. Not that I'm aware of.

11 Q. Is there anything that would have
12 prevented you sometime during your shift, before
13 you left at 7:00 p.m., to go back and check and
14 see whether this patient who was to receive a
15 transfusion of two units of packed red blood
16 cells over a four hour period had been typed and
17 screened, or for that matter, the transfusion
18 been started, anything that would have prevented
19 you from checking that?

20 A. I wouldn't have had reason to check
21 it unless somebody would have brought it to my
22 attention that it wasn't done.

23 Q. Whose responsibility would it have
24 been to bring it to your attention that it
25 wasn't done?

1 A. Usually the caregivers or a doctor.

2 Q. **So** if it was the caregivers, that
3 would be Nurse Coates or then Nurse Edwards
4 after the 3:00 p.m. shift; correct?

5 A. Correct.

6 Q. How frequently on the telemetry unit
7 are the telemetry strips to be recorded in the
8 patient's chart?

9 A. Once a shift.

10 Q. Do you have any explanation in this
11 case why there are no telemetry strips after
12 approximately 11:20 a.m. after Mr. Edwards
13 arrived? And if you want to correct that.

14 MS. REID: 11:24 and three seconds.

15 MR. MISHKIND: To be exact.

16 Q. Do you have any explanation for why
17 there were no strips recorded in the chart after
18 11:24 on Mr. Edwards?

19 MR. LENSON: 11:24 a.m.?

20 MS. REID: Correct.

21 A. No, I do not.

22 Q. That certainly is not in compliance
23 with the policies here at the hospital in terms
24 of how frequently telemetry strips are to be
25 recorded in a patient's chart; correct?

1 A. Correct.

2 Q. In fact, there is no telemetry strips
3 at or around the time that Mr. Edwards arrested;
4 correct?

5 A. Not that I'm aware of, no.

6 Q. When did you learn of his death? I
7 know you told me you spoke to someone. Did you
8 learn the next day that he had passed away?

9 A. I was notified the next day.

10 Q. And did anyone give you any
11 indication at that point as to why alarms didn't
12 sound at the time that he arrested?

13 MS. REID: I'm going to object.
14 Where is the evidence that alarms didn't sound?

15 Q. Do you know of any evidence that any
16 alarms sounded or any audible information was
17 provided at the nursing station or in
18 Mr. Edwards' room at the time that he arrested
19 indicating a change in his clinical status?

20 A. I wasn't here to hear any alarms,
21 so --

22 Q. Has anyone indicated to you whether
23 or not he was, in fact, connected to telemetry
24 at the time that he experienced some electrical
25 dysfunction in his heart?

1 MS. SEACRIST: Objection.

2 MS. REID: Objection. You can
3 answer. If you know one way or the other.

4 A. I don't know.

5 Q. If a patient is connected to
6 telemetry, and there is any type of an
7 arrhythmia that occurs, what is the notice or
8 the warning that the nursing station or the
9 nurses receive on the telemetry floor?

10 A. It depends on your arrhythmia and
11 what your arrhythmia is.

12 Q. What type of audible or warning is
13 generated from the telemetry unit with regard to
14 any potentially lethal or problematic
15 arrhythmia?

16 A. If it's a lethal arrhythmia, you have
17 a loud annoying beep, buzz, noise.

18 Q. And what responsibility then do the
19 nurses have in terms of responding to that loud,
20 annoying beep or noise?

21 A. You respond immediately.

22 Q. Do you also then page for physicians
23 to come?

24 A. You check the patient first. A lot
25 of times, they may just have disconnected.

1 Q. Do you have any personal knowledge
2 from talking with anyone as to what the scenario
3 was at the time that Mr. Edwards was discovered
4 in his room as to whether there was any type of
5 an audible warning or whether he was found
6 without any advanced warning from audible noise
7 or otherwise?

8 A. I do not know.

9 Q. Has anyone ever explained to you why
10 there were no telemetry strips recorded in the
11 patient's chart at any time after 11:24 a.m. and
12 some seconds on January 28th?

13 A. No.

14 Q. When you left at 7:00 p.m., there had
15 been a shift change. Ms. Coates was no longer
16 there, Ms. Edwards was, at least according to
17 the records, she was caring for the patient;
18 correct?

19 A. Correct.

20 Q. And neither of those nurses, to your
21 knowledge, brought to your attention anything
22 relative to the status of Mr. Edwards' blood
23 transfusion or the type and screen that needed
24 to be done before the transfusion; correct?

25 A. Not to my knowledge.

1 Q. Had either of them brought this
2 information to your attention and said to you,
3 Melissa, that order that you entered at 12:15,
4 nothing has happened, what would you have done
5 at that particular time?

6 A. I would have called the lab.

7 Q. And?

8 A. And asked them why not.

9 Q. And if we are four or five hours, six
10 hours passed the time period that the order had
11 been put in, do you get to the point where **you**
12 start getting a little bit feistier with the lab
13 in terms of insisting that things be done?

14 A. Yes.

15 Q. If you had known before 7:00 p.m.
16 when you left that he hadn't been typed and
17 screened, hadn't started his blood transfusion,
18 how feisty or insistent would you have been with
19 the powers to be to get things done?

20 A. It would have been drawn.

21 Q. Had you not done that, you would have
22 been providing less than acceptable nursing
23 care; true?

24 MS. REID: Had she known?

25 Q. Had someone taken the initiative to

1 tell you as the charge nurse that things hadn't
2 been done, and you then in turn didn't make sure
3 that it was done, you would have been negligent;
4 correct?

5 MS. REID: Object to the
6 hypothetical. You can answer.

7 A. If I wouldn't have called, if I knew
8 about it, yes.

9 Q. What you are telling me is someone
10 should have told you that it hadn't been done;
11 true?

12 MS. SEACRIST: Objection.

13 MS. REID: Objection. I don't think
14 that's what she said.

15 Q. Can we agree that before 7:00 p.m.
16 the nurses that are monitoring this patient
17 should have been aware of the status of any
18 outstanding orders on the patient?

19 A. Rephrase what you are saying.

20 Q. Can we agree that the nurses from
21 12:15 on through 7:00 p.m. when you are there,
22 they have a responsibility to follow up on the
23 status of orders that have been given for their
24 patients?

25 A. Correct.

1 Q. And certainly, just concentrating on
2 the transfusion order, as the day goes on and he
3 hasn't been typed and screened and hasn't been
4 transfused, would you agree that they -- they
5 being either --

6 MS. REID: Danielle or Sherry.

7 Q. -- Danielle or Sherry had a duty and
8 a responsibility to bring to your attention the
9 fact that this order had not been implemented?

10 A. Yes.

11 Q. And their failure to do that would
12 not be within accepted or reasonable nursing
13 practice; true?

14 A. No.

15 Q. Why do you say no?

16 A. Because they can also make the
17 telephone call themselves.

18 Q. Absent their making the telephone
19 call to make certain that the transfusion takes
20 place or the type and screen gets done, or
21 absent them bringing it to your attention, one
22 or the other, can we agree that that would not
23 be reasonable and acceptable nursing practice on
24 their part?

25 MS. REID: Objection. At what time,

1 Howard?

2 Q. Any time prior to 7:00 p.m. before
3 you left.

4 MS. REID: So what you are saying is
5 that prior to 7:00 o'clock -- well, Danielle
6 Coates is gone at 3:00, so I think there are two
7 separate issues. From noon to 3:00 Danielle had
8 the responsibility to make sure that it was done
9 by 3:00 o'clock, I think that's a different
10 question.

11 MR. MISHKIND: That's fine, I'll
12 break it down.

13 Q. Orders put on at 12:00 o'clock, 3:00
14 p.m. she is done with her shift, giving report
15 to Sherry, at or around that time period, does
16 she have a responsibility to check with the lab
17 as to why this order that was written at 9:00
18 a.m., that was taken off and put into the
19 computer at 12:00, hasn't been implemented?

20 A. Are you asking, does she have the
21 responsibility to check on it?

22 Q. Yes.

23 A. Yes.

24 Q. And it would not be good practice on
25 her part not to check on it; correct?

1 A. Yes. But you don't know if it was
2 passed on to the next shift either.

3 Q. Assuming she did not check on it,
4 assuming she didn't bring it to the attention of
5 Sherry that we still were waiting for a type and
6 screen, and assume that she didn't bring it to
7 your attention, that would not be good nursing
8 care on the part of Ms. Coates; true?

9 MS. REID: Objection.

10 A. I really don't -- I guess no.

11 Q. Now, Sherry is on from 3:00 to 11:00.
12 Part of the time you are there and part of the
13 time you are not there.

14 If, in fact, Sherry from 3:00 to
15 11:00 didn't follow up with the lab, didn't
16 bring it to your attention before you left at
17 7:00, or then take further steps after you left
18 to follow up with the lab to bring it to whoever
19 the charge nurse is, would you agree that that
20 would also not be reasonable nursing care on her
21 part?

22 MS. REID: Object to the
23 hypothetical. You can answer if you can.

24 A. Yes.

25 Q. Has anyone ever explained to you

1 after the death why Mr. Edwards never got
2 transfused before he died?

3 A. No.

4 Q. Did the doctors ever explain to you
5 why the transfusion never was given?

6 A. No.

7 Q. Do you remember having any
8 discussions at all, any interaction with
9 Dr. D'Hue or Dr. Dickerson any time in the
10 afternoon on January 28th while you were on the
11 floor, as it relates to Mr. Edwards?

12 A. No.

13 Q. The order that's written at, it looks
14 like 1:00 p.m. or 1:05 on January 28th, do you
15 see that?

16 A. Yes.

17 Q. What does that say?

18 A. Please something. It looks like
19 Yankauer suction and flashlight at bedside at
20 all times. Probably please leave. My copy is
21 kind of difficult too.

22 Q. Can you help me out with what that
23 means?

24 MS. SEACRIST: Objection.

25 A. They want suction and a flashlight at

1 the bedside at all times.

2 Q. And you took that order off at 1:40
3 p.m.?

4 A. Yes.

5 Q. Entered it into the computer with the
6 number 113?

7 A. Yes.

8 Q. Do you know whose signature that is?

9 A. Dr. D'Hue's.

10 Q. Is that the last order that you had
11 any involvement in terms of taking off?

12 MS. REID: I think that's the last
13 order, frankly.

14 A. Yes.

15 Q. I am almost done. I just want to
16 find out whether you have any knowledge that
17 would be helpful to anyone in this case as to
18 why Mr. Edwards on a telemetry unit floor did
19 not have telemetry strips recorded in his chart
20 at any time after 11:24 a.m. on January 28th
21 prior to and even at the time of his code?

22 MS. REID: Objection. Asked and
23 answered.

24 Q. Do you have any knowledge or
25 explanation that you have been provided by any

1 of the health care providers as to why this
2 happened?

3 A. No.

4 Q. Has anyone given you any indication
5 that this is something that was acceptable to
6 have happened?

7 MS. REID: Objection, Howard. I
8 mean, she doesn't have any knowledge about where
9 the strips are. She already answered that.

10 MR. MISHKIND: I know that. I will
11 take that as an objection.

12 Q. Has anyone indicated to you that this
13 kind of practice where strips are not recorded
14 and blood transfusions are not given is an
15 acceptable course of treatment for a patient?

16 A. No, it's not acceptable.

17 MR. MISHKIND: Thank you very much.
18 I have no further questions.

19 MS. SEACRIST: No questions.

20 MR. LENSON: No questions.

21 - - - - -

22 (Deposition concluded at 10:45 p.m.)

23 (Signature not waived.)

24 - - - - -

25

1

AFFIDAVIT

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I have read the foregoing transcript from

3

page 1 through 33 and note the following

4

corrections:

5

PAGE LINE

REQUESTED CHANGE

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MELISSA SLIVKA, R.N.

18

19

20

Subscribed and sworn to before me this

21

day of , 2002.

22

23

Notary Public

24

25

My commission expires

1 CERTIFICATE

2

3 State of Ohio,

4 SS :

5 County of Cuyahoga.

6

7

8 I, Vivian L. Gordon, a Notary Public within
9 and for the State of Ohio, duly commissioned and
10 qualified, do hereby certify that the within
11 named MELISSA SLIVKA, R.N. was by me first duly
12 sworn to testify to the truth, the whole truth
13 and nothing but the truth in the cause
14 aforesaid; that the testimony as above set forth
15 was **by** me reduced to stenotypy, afterwards
16 transcribed, and that the foregoing is **a** true
17 and correct transcription of the testimony.

18 I do further certify that this deposition
19 was taken at the time and place specified and
20 was completed without adjournment; that I am not
21 a relative or attorney for either party or
22 otherwise interested in the event of this
23 action. I am not, nor is the court reporting
24 firm with which I am affiliated, under a
25 contract as defined in Civil Rule 28 (D).

18 IN WITNESS WHEREOF, I have hereunto set my
19 hand and affixed my seal of office at Cleveland,
20 Ohio, on this 5th day of June, 2002.

21

22

23

Vivian L. Gordon

24

Vivian L. Gordon, Notary Public
Within and for the State of Ohio

25 My commission expires June 8, 2004.

26

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