

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

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4 IN THE COURT OF COMMON PLEAS

5 - - -

6 Michelle R. Freeman,)
7 Plaintiff,)
8 vs.) Case No. 490991
9 Cardiovascular Clinic, et al.,) Judge Griffin
10 Defendants.)

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12 DEPOSITION OF CHRISTINE ZIRAFI, M.D.
13 FRIDAY, MAY 30, 2003

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16 The deposition of Christine Zirafi, M.D., a Defendant
17 herein, called by the Plaintiff for examination under the
18 Ohio Rules of Civil Procedure, taken before me, Ivy J.
19 Gantverg, Registered Professional Reporter and Notary
20 Public in and for the State of Ohio, by agreement of
21 counsel and without further notice or other legal
22 formalities, at Cardiovascular Clinic, 6525 Powers
23 Boulevard - Suite 301, Parma, Ohio, commencing at 10:15
24 a.m., on the day and date above set forth.

25

1 APPEARANCES:

2 On Behalf of the Plaintiff:

3 David Kulwicki, Esq.
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5 Skylight Office Tower - Suite 660
6 Cleveland, Ohio 44113

7 On Behalf of Defendants Cardiovascular Clinic;
8 James Sechler, M.D.; Christine Zirafi, M.D. and
9 Raju Modi, M.D.:

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12 1375 East Ninth Street - Suite 1700
13 Cleveland, Ohio 44114

14 On Behalf of Defendants John Lazo, Jr., M.D. and
15 Community Emergency Physicians:

16 Tracey S. McGurk, Esq.
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19 Cleveland, Ohio 44114

20 On Behalf of Defendants Parma Hospital Home Health
21 Care and Parma Community General Hospital:

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1 CHRISTINE ZIRAFI, M.D.
2 a defendant herein, called by the plaintiff for
3 examination under the Rules, having been first duly
4 sworn, as hereinafter certified, was deposed and said as
5 follows:

6 CROSS EXAMINATION

7 BY MR. KULWICKI:

8 Q. Doctor, my name is Dave Kulwicki, I represent the
9 Estate of Tracy Lawson. I am here to ask you some
10 questions with regard to your involvement in the care of
11 her.

12 A. Who is Tracy Lawson?

13 Q. I am sorry, maybe I have the wrong case.

14 How about, let's try Sally Huerster.

15 A. Okay.

16 Q. How is that?

17 And why don't I start by getting some background
18 information, and we will talk about the case a little
19 bit.

20 Why don't you state your full name, if you would,
21 and give us your current business address?

22 A. Christine Zirafi, 6525 Powers Boulevard, Number
23 301, Parma, Ohio.

24 Q. Doctor, can you tell us, just briefly take us
25 through your training?

1 A. Okay, I graduated in 1982 from Northeastern Ohio
2 Universities College of Medicine, did my internship and
3 residency in internal medicine from '83 to '86 at the
4 University of Texas Health Science Center in Houston.
5 From '86 to '87, I was on faculty as the chief medical
6 resident.

7 And then from '87 through '89, I was a Fellow in
8 cardiology also at the University of Texas Health Science
9 Center.

10 Q. Thank you, Doctor.

11 What's the name of your current practice group,
12 the full corporate name?

13 A. Cardiovascular Clinic, Incorporated.

14 Q. And how long have you been an employee and a
15 member of that group?

16 A. Well, I started in this group in 1989. We
17 subsequently have changed the name of it a few years ago.

18 Q. What's the current name?

19 A. It is Cardiovascular Clinic, Incorporated.

20 Q. And I assume that all of the care that you
21 provided to Mrs. Huerster was during the course and scope
22 of your employment with that particular practice group,
23 correct?

24 A. Yes.

25 Q. Doctor, have you given testimony before in a

1 setting like this, what we call a deposition?

2 A. Yes.

3 Q. Tell me how many times?

4 A. I have been deposed once.

5 Q. One time.

6 Was that in a capacity as a treating physician, or
7 in a capacity as an expert witness, or some other capacity?

8 A. As a treating physician.

9 Q. Were you sued in that case?

10 A. Yes.

11 Q. Tell me, what was the name of the patient, if you
12 will?

13 A. I don't recall.

14 Q. All right.

15 Do you remember where the case was pending? Was
16 it here in Cuyahoga County?

17 A. It was in Cuyahoga County.

18 Q. And you have only been sued one time?

19 A. No, I have been sued more than once.

20 Q. Have they all been in Cuyahoga County?

21 A. Yes.

22 Q. And as I understand it, only one of those cases
23 resulted in you being actually deposed?

24 A. Yes, sir. And that case in fact went to trial,
25 and I -- the verdict was in favor of me.

1 Q. Have you ever acted as an expert witness on behalf
2 of any party to a medical-legal matter?

3 A. No.

4 Q. Do you have a current curriculum vitae?

5 A. I can get one.

6 Q. Can we do that now? Is that possible?

7 A. Yes.

8 MR. KULWICKI: Why don't we take a break.

9 (Thereupon, the witness left the room and
10 reentered the room.)

11 (Thereupon, Plaintiff's Exhibit 1 (Zirafi)
12 was marked for identification.)

13 BY MR. KULWICKI:

14 Q. Doctor, we have marked your curriculum vitae as
15 Plaintiff's Exhibit 1. Is that a current, complete and
16 accurate copy of your professional credentials?

17 A. I am not certain if it is fully complete. Of my
18 credentials, yes. There is some other research activity
19 I am involved in that I don't think is listed there.

20 Q. Any publications that are not listed there?

21 A. No.

22 Q. Why don't we talk about Mrs. Huerster. When did
23 she first become your patient?

24 A. On July 2nd of 1999.

25 Q. You recite that date without having -- without

1 looking at any records. Is it fair to say that prior to
2 today's deposition, you reviewed your chart relative to
3 this particular patient?

4 A. Not the full chart.

5 Q. What did you review in preparation for today's
6 deposition?

7 A. I reviewed the emergency room portion of the
8 medical record and a few of the laboratory results.

9 Q. Specifically looking at the labs, what were you
10 looking for?

11 A. I was just reviewing her admission laboratory
12 studies and that, those sheets.

13 Q. From the ER admission?

14 A. Yes.

15 Q. And with respect to your training as a
16 cardiologist, you are first and foremost an internist,
17 correct?

18 A. I have training in internal medicine. I would say
19 I am first and foremost a cardiologist.

20 Q. As part of your training, would you have become
21 familiar with the condition known as antibiotic
22 associated colitis?

23 A. Yes.

24 Q. And are you familiar or were you familiar before
25 Mrs. Huerster's death with the C. difficile strain?

1 A. Somewhat familiar.

2 Q. What was your familiarity with that particular
3 strain?

4 A. I know that C. difficile, I believe grows in all
5 of our bowel, I believe it is part of our normal flora.
6 It can end up causing infections in patients.

7 Q. Can we agree that if a patient has an infection
8 with C. dif, that if not treated appropriately and
9 promptly, it can lead to sepsis and ultimately death?

10 A. That can be one of the scenarios.

11 Q. As part of your training, were you familiar before
12 Mrs. Huerster's death with the antibiotic called
13 Clindamycin?

14 A. Yes.

15 Q. And you knew in this case that Mrs. Huerster was
16 on or had been prescribed Clindamycin, correct?

17 A. I know that I ordered a dose of it. She had
18 received one dose, I believe.

19 Q. What was the reason for prescribing that
20 particular medication for her?

21 A. The reason was, I was concerned with the fact that
22 the patient had been hospitalized with pneumonia, she was
23 allergic to penicillin. My only interaction with this
24 patient occurred on the night of July 2nd when the
25 daughter was wheeling her into the emergency room. The

1 daughter is an employee at Parma Hospital.

2 Q. Okay.

3 A. And asked me, as a favor, if she could end up
4 switching her cardiology care to me.

5 And I explained to them at that time that I would
6 not be caring for her during that admission, that I was
7 not covering that hospital for our group. And she said
8 that was fine, that Dr. Modi would be caring for her.

9 And she also requested that Dr. Bacik be put on
10 consult, because apparently her mother had been in the
11 hospital with pneumonia and she felt she was still having
12 a lot of breathing problems and was ill and needed to be
13 evaluated further.

14 Q. Let me back up and see if I understand everything
15 that you have told me.

16 First of all, the daughter of Mrs. Huerster, what
17 does she do here at the hospital?

18 A. She works as a patient assistant.

19 Q. And you knew her from before July 2nd of '99?

20 A. Yes.

21 Q. And in what context?

22 A. She worked in the CCU, and I have been on staff
23 here for ten years.

24 Q. Now, other than just seeing her in the workplace,
25 did you know her from outside of the workplace setting?

1 A. No.

2 Q. Do you know why the daughter asked if you could
3 take care of her mother?

4 A. She stated she thought I was an excellent
5 physician, and that she had been -- didn't feel her
6 mother was getting better from the pneumonia that she had
7 been hospitalized with and wanted to see about switching
8 her cardiology care and her pulmonary care.

9 Q. Now, in the normal course of your practice, do you
10 care for patients that have pneumonia?

11 A. She had multiple heart problems, and so I normally
12 do not take care of patients that have pneumonia. And
13 she had requested that we have a pulmonologist put on
14 consultation to care for that, which I promptly did.

15 Q. And that's Dr. Bacik?

16 A. Yes, sir.

17 Q. You also mentioned something about you not
18 covering the hospital. I am not sure I understand that.
19 Can you explain that a little better?

20 A. Basically we are in a group practice, and we cover --
21 at the time we covered three hospitals, and we would
22 rotate our coverage, say, a week at a time at a
23 particular hospital.

24 Q. Okay.

25 A. And I was not covering Parma Hospital at that

1 time.

2 So I explained to her, right then and there, that
3 Dr. Modi would actually be her mother's physician, and
4 she was fine with that, she liked him and thought he was
5 a good physician.

6 Q. Okay.

7 Now, with regard to Clindamycin, would you be
8 aware that there -- that it is associated with
9 pseudomembranous colitis?

10 A. I believe almost all antibiotics are associated
11 with pseudomembranous colitis.

12 Q. And in this case, you prescribed the Clindamycin;
13 is that correct?

14 A. Yes.

15 Q. Did you give consideration to the suitability of
16 alternatives like Erythromycin?

17 A. Yes.

18 Q. And why did you decide to go with Clindamycin?

19 A. I went with Clindamycin because, as I recall
20 standing there talking to the daughter while she was
21 wheeling her mother in, she was complaining about how
22 short of breath her mother was, it was obvious her mother
23 was very short of breath, and her mother had been on
24 steroids and other antibiotics, she was allergic to
25 penicillin, I was concerned about more upper respiratory

1 and anaerobic type infections, and therefore Clindamycin
2 is a drug you would use in allergic patients.

3 Q. Would you agree it is important to consider the
4 diagnosis of pseudomembranous colitis in patients who
5 present with diarrhea subsequent to the administration of
6 Clindamycin?

7 A. I think that's one of the considerations.

8 Q. Would you agree that after the diagnosis of
9 pseudomembranous colitis has been established, that
10 therapeutic measures should be initiated?

11 A. Yes.

12 Q. What should those therapeutic measures consist of,
13 in other words, how do you treat that condition?

14 A. I would defer to a gastroenterologist or an
15 infectious disease specialist.

16 Q. So in your mind, an appropriate standard of care
17 would be to contact a GI doctor or an ID specialist to
18 come in and consult with the patient?

19 A. Yes.

20 Q. Do you have a general understanding of what the
21 treatment course is for such patients?

22 A. I do. Normally it depends on -- oftentimes they
23 may have no treatment, they may get better on their own.
24 I believe if you are unable to keep your hydration status
25 up, you may need to be admitted to the hospital and

1 hydrated while you are prescribed antibiotics for this.

2 Q. In the case where no treatment is necessary, you
3 would agree, though, that discontinuation of the
4 Clindamycin is indicated, correct?

5 A. I am not certain.

6 Q. Okay.

7 In this case, was a GI doc or an ID doc consulted?

8 A. Yes.

9 Q. And who were they, or who was it that you
10 consulted with?

11 A. I consulted Dr. Damodaran, who is an infectious
12 disease specialist, and then as I said, Dr. Modi actually
13 was the patient's physician of record.

14 MR. DZENITIS: I will tell you, I don't
15 mean to interrupt, but I think she reviewed her
16 admit notes, as well, that may cover some of
17 the --

18 MR. KULWICKI: Okay.

19 BY MR. KULWICKI:

20 Q. Well, why don't we do this, Doctor, if we can,
21 rather than giving you my copy, do you have a copy of the
22 chart?

23 MR. DZENITIS: I do have a copy. They are
24 kind of marked up.

25 MR. KULWICKI: We won't mark it as an

1 exhibit.

2 Q. (Continuing) What I would like you to do, Doctor,
3 is go through and tell us everything that you charted
4 with respect to this particular admission, okay?

5 A. Okay.

6 That would comprise one page.

7 Q. Okay.

8 A. Or one and a half pages, under Doctors Orders.

9 Q. And other than this one and a half pages under
10 physicians orders, you have no other handwritten notes
11 with respect to this particular patient?

12 A. No other contact, yes.

13 Q. Why don't you go ahead and read that note. We are
14 talking about the note from July 2nd at 4:30 p.m.,
15 correct?

16 A. Yes, sir.

17 Q. Okay, go ahead and tell us what you wrote, Doctor?

18 A. Well, I didn't write this.

19 Q. Oh.

20 A. It was a telephone order.

21 Q. Well, tell us what the nurse wrote?

22 A. The nurse wrote, admit 9-West with tele.
23 Electrolyte imbalance, abdominal pain, old records to
24 floor. D5 NS, which is an abbreviation for normal
25 saline, with 30 milliequivalents potassium chloride at

1 100 ccs per hour. PT/INR q.d. Dr. Bacik on consult.

2 Home medications, Lasix is on hold, Lanoxin is on
3 hold, Dilacor XR 180 milligrams P.O. q.d., Slow-K 8
4 milliequivalents, Ativan one half tablet P.O. b.i.d. (500
5 micrograms), Hytrin 5 milligrams P.O. q h.s., Combivent
6 two puffs t.i.d., Nystatin swish q.i.d. P.O., Humibid
7 L.A. two tabs q 12 hours, Prednisone 10 milligrams P.O.
8 q.d., stool for C. dif C&S, WBC, urine C&S, Humulin R two
9 units IV now, Humulin R seven units subcu now, glucometer
10 check in three hours and then a.c. and h.s., if greater
11 than 250 five units Humulin R subcu, if greater than 300
12 ten units Humulin R subcu.

13 Q. Let me stop you there before we go to the next
14 page. At the beginning note, the beginning of the note,
15 you note that there is an electrolyte imbalance and
16 abdominal pain. Would it be fair to say that also at
17 this time you knew that the patient had had some
18 diarrhea?

19 A. Yes.

20 Q. And you also would have known, as of July 2nd,
21 1999, that Clindamycin can exacerbate C. dif colitis,
22 correct?

23 A. Yes.

24 Q. Did you talk with Mrs. Huerster at any time during
25 this particular admission?

1 A. No. I believe I said hello. That was the extent
2 of it.

3 Q. Now, there are a number of orders that you have
4 given, and I would assume that you gave them based on the
5 fact that she had an electrolyte imbalance and abdominal
6 pain along with the diarrhea, correct?

7 A. Yes.

8 Q. What was your concern with respect to the
9 electrolyte imbalance?

10 A. Well, my concern would be I wanted to correct it,
11 because that can cause problems.

12 Q. What kind of problems?

13 A. Well, if your sodium is either too high or too
14 low, that can cause neurologic damage. If your potassium
15 is too high or too low, that can cause certain heart
16 rhythm problems. If other parameters get out of whack,
17 that can cause kidney problems.

18 Q. Doctor, your note continues on the following page,
19 and rather than having you read it, let me just ask you
20 some questions about it.

21 Towards the bottom of it, it says, to Dr. Zirafi/
22 K. Cooper, R.N. What does that mean?

23 A. It is actually not a "to," it is a VO, vocal
24 order, Dr. Zirafi, and then the nurse would be K. Cooper,
25 R.N. who took the telephone order.

1 Q. And as I look at this note, I don't see anywhere
2 where it specifically mentions that Dr. Modi is going to
3 be taking over care of the patient, does it?

4 A. That would not be in there. Normally, no.

5 Q. And then up there it says something about
6 Dr. Gopal or Gopal on call. Who is Dr. Gopal?

7 A. Next to Dr. Damodaran on consult, apparently they
8 notified her service, Dr. Gopal is one of her partners
9 that covers.

10 Q. Okay.

11 Now, the next note from July 3rd, can you tell
12 whose handwriting that is?

13 A. Yes.

14 Q. Whose is that?

15 A. It is Dr. Raju Modi's handwriting.

16 Q. And again, after July 2nd, 1999, you had no
17 further contact with the patient?

18 A. That is correct.

19 Q. And you were not involved in her care after that
20 point?

21 A. That is correct.

22 Q. Now, were you aware, as of the time of this
23 particular note, that the emergency room doctor,
24 Dr. Lazo, had diagnosed her with observation of
25 pseudomembranous colitis?

1 MR. DZENITIS: Objection.

2 You can answer the question.

3 A. First off, I don't believe she had a diagnosis of
4 pseudomembranous colitis at that time, so I believe
5 that's incorrect.

6 Q. Okay.

7 A. And two, what I can recall from my conversation
8 with Dr. Lazo is a very limited conversation.

9 Q. Tell me what you recall of that?

10 A. All I recall is he said, I think Shirley said she
11 stopped you in the hall and wanted to switch care of her
12 mother to you, and we are going to put her in, and I have
13 to give some orders to the nurse. That was about -- very
14 little, other than that.

15 Q. And he said that he had to give some orders to the
16 nurse --

17 A. No.

18 Q. -- or that you did?

19 A. I would give the orders.

20 Q. Have you spoken with Dr. Lazo about this
21 particular patient since her death?

22 A. No.

23 Q. Other than what you just told me, do you remember
24 anything else about your conversation with Dr. Lazo with
25 regard to this patient?

1 A. I can't recall totally. He may have said, I
2 think, about some of her electrolyte abnormalities and
3 what her x-rays showed, some of her lab results, to me.

4 Q. Did Dr. Lazo at all suggest to you that he was
5 concerned about pseudomembranous colitis?

6 A. I can't recall.

7 MS. MCGURK: I am sorry, what was that
8 response?

9 MR. DZENITIS: "I can't recall."

10 BY MR. KULWICKI:

11 Q. Now, the order that you just read to us, let's go
12 through the various medications that you have identified
13 that you had ordered.

14 And why don't you go through and just tell me why
15 you ordered each of the particular medications, just tell
16 me what medication, and what the reason for it was?

17 A. Okay, we were going over her home medications.
18 The first one was Lasix. I stopped that because I felt
19 she might have been somewhat dehydrated.

20 The next one was Lanoxin, which is a heart pill.
21 I stopped that because her blood level was mildly
22 elevated.

23 Dilacor XR is a calcium blocker that is used for
24 blood pressure as well as heart rate control in a patient
25 with atrial fibrillation, as well as treating possible

1 coronary artery disease.

2 I ordered potassium, that would be to replace
3 potassium in her body if it was low.

4 Ativan is a medicine for anxiety, she had been on
5 that at home.

6 Hytrin can be used for either blood pressure or
7 bladder problems. She was on that at home, I resumed
8 that.

9 Combivent inhaler is used for a patient with lung
10 disease, she was on that at home, I resumed that.

11 Nystatin swish is used for a patient who has
12 what's called an oral thrush infection. She was on that
13 at home and I resumed that.

14 Humibid L.A. is another medicine for someone with
15 lung problems. She was on that at home and I resumed
16 that.

17 Prednisone is a steroid. She was on that at home,
18 also, for her lung problems, and I resumed that.

19 Clindamycin, I ordered 600 milligrams IV q 12
20 hours, and I ordered that q 12 hours. She would only
21 receive at most one dose until I would presume her other
22 physicians would have seen her, consultants, and they
23 would decide on her antibiotics.

24 Compazine was 2.5 to 5 milligrams IV every four to
25 six hours as needed. That is a medicine for nausea.

1 And Lomotil one to two tabs P.O. every six hours
2 p.r.n., she was on a similar medicine at home for her
3 diarrhea.

4 Q. Does that complete the medications that you
5 prescribed?

6 A. I believe so.

7 Q. With regard to the history that you had from this
8 patient or with regard to this patient, was there
9 anything that suggested to you that she was having
10 pneumonia or experiencing pneumonia?

11 A. Yes, it was a concern. She has -- this was an
12 elderly woman with end stage lung disease requiring
13 steroids and home oxygen. She had end stage heart
14 disease. She was just in the hospital for a prolonged
15 period of time with pneumonia. It is very common for a
16 patient to have relapses.

17 Her daughter had expressed to me that she felt
18 that when they had sent her home, her pneumonia was not
19 better, and she was very short of breath. And I actually --
20 that's one of the few things I recall, is how visibly
21 short of breath the patient was just lying there on her
22 cart. And so I was very concerned about her having a
23 pneumonia. Her white count was elevated. And so
24 therefore that is why I ordered the antibiotic.

25 Q. Now, why would you not do like a progress note

1 where you would -- or some other type of note where you
2 would write down your physical findings or observations
3 or what you had by way of history or conversations with
4 family members?

5 A. Because I -- as I explained to them, I was leaving
6 the hospital, I was not covering at Parma. They had
7 asked me to do this as a favor, they were on their way
8 into the emergency room to be examined, which would be
9 the appropriate thing, for them to be seen in the
10 emergency room and seen by the ER physician, and that I
11 would not be caring for her, and that they had expressed
12 a desire for her to basically follow up with me in the
13 office afterwards.

14 Q. So your understanding at the time you had the
15 conversation with the daughter would be that mom is going
16 to go into the ER, the ER doc is going to do a workup, a
17 history and physical, and then did you have an
18 understanding at that point in time that the mother would
19 be admitted to your service under Dr. Modi's care?

20 A. She had asked me, if she needed to be admitted,
21 would we admit her on our service under Dr. Modi, yes.

22 Q. Where was Dr. Modi at the time that this
23 conversation took place?

24 A. I don't know.

25 Q. Do you know when he saw the patient next? Was it

1 as of that note on July 3rd?

2 A. I don't know. I haven't reviewed the chart.

3 Q. Now, with regard to times here, there is the July
4 2 at 4:30 p.m., and then I note there is another time
5 down here that's 2100 hours. Help me understand where
6 that time comes from, if you know?

7 MR. DZENITIS: Looking at the first page?

8 Q. (Continuing) It is on both the first and second
9 page, right underneath the nurse's signature.

10 A. 2100 hours, I believe, relates to when the nurses
11 took the orders off.

12 Q. Now, did you have a diagnosis for the patient?

13 A. Yes, I believe I stated it, electrolyte imbalance,
14 abdominal pain.

15 Q. But that is not really a diagnosis, is it? That
16 is more of a set of findings or symptoms, right?

17 A. Well, it is -- a diagnosis is something that may
18 take you days, weeks, months even to make on a patient.
19 So it is a work in progress.

20 Q. Doctor, with respect to this note, you have
21 mentioned stool for C. dif, so certainly one of the
22 considerations you had was that she had antibiotic
23 related colitis, correct?

24 A. It was in the differential.

25 Q. In looking at these records and thinking through

1 this, Doctor, would you agree that when you suspect
2 C. dif colitis in a patient with electrolyte imbalance
3 and abdominal pain, that it is a deviation from standards
4 of care to prescribe Clindamycin in such a patient?

5 A. No.

6 Q. Why not?

7 A. One, there are many causes of diarrhea in this
8 woman. I was just ordering different tests, if you look,
9 I ordered stool for cultures, stool for white counts,
10 there are many reasons why she could have had diarrhea.
11 There are many reasons why all of us have diarrhea.

12 I think, therefore, you base your treatment on
13 that point in time and go from there. She had no
14 definite diagnosis of C. dif at that time, and I
15 explained my concerns as to why I ordered a dose of
16 Clindamycin, and I am not certain what one dose of
17 Clindamycin would do for the patient in a harmful way
18 anyway.

19 Q. Did you give any consideration to prescribing
20 Flagyl to her?

21 A. No.

22 Q. Why not?

23 A. Because as I stated, I was concerned about
24 covering her pulmonary problem, also, and Clindamycin
25 appeared to be more appropriate for that.

1 As far as her GI problem, she was not acutely ill
2 from that, she had -- her KUB was unremarkable, her
3 abdomen was soft, she had good bowel sounds. And in
4 fact, on her examination, Dr. Lazo's examination, she had
5 stool in her rectum.

6 Q. Now, what you just related to me with regard to
7 her abdomen being soft and the bowel sounds, is that
8 based on your review of Dr. Lazo's intake note, or is
9 this your recollection of the patient?

10 A. It would be based on a review of his notes and the
11 nurses notes in the ER.

12 Q. Do you recall anything about -- well, strike that.
13 Let me make sure I am clear.

14 You did not do a physical exam on this patient,
15 correct?

16 A. No.

17 Q. Okay.

18 You related to me one conversation with
19 Mrs. Huerster's daughter, I believe. Were there any
20 other conversations that you had with her?

21 A. No.

22 Q. Have you discussed her mom's outcome or care with
23 her since her mom's death?

24 A. I believe, after her mom had passed away, when I
25 saw her at work, I expressed, you know, my regrets about

1 it.

2 Q. What did she say about it at that time?

3 A. She thanked me, and you know, basically said, you
4 know, her mother was elderly, had a very bad heart, very
5 bad lungs.

6 Q. Have you had any other conversations with the
7 daughter?

8 A. No.

9 Q. Have you discussed this case with Dr. Modi at any
10 time, including at the time these events were transpiring
11 in July of '99?

12 A. Yes, I believe after this hospitalization,
13 whatever, when she died, he talked to me.

14 Q. And what was your discussion about?

15 A. Nothing, he was just saying that she passed away,
16 and he wasn't sure why, just felt bad, because the
17 daughter had worked in the unit, and we felt bad that her
18 mother died.

19 Q. Do you know what her cause of death was?

20 A. No.

21 Q. Are you critical of any other care provider with
22 respect to this particular patient?

23 A. I can't say. I wasn't there, I wasn't taking care
24 of her.

25 Q. Well, you have had a chance to review some

1 records. Is there anything that you think any of the
2 care providers should have done or should not have done?

3 A. I did not review any of the other records, so no.

4 Q. And let me back up to a conversation that you had
5 with Dr. Lazo. Let me make sure that I understand the
6 sequence of events here.

7 It seems to me that you first talked to the
8 daughter and then talked to Dr. Lazo about the patient;
9 is that right?

10 A. Yes, the daughter stopped me in the hallway, and
11 then a few hours later, Dr. Lazo called me on the phone.

12 Q. And then besides that one conversation with
13 Dr. Lazo which we have talked about, did you have any
14 other conversations with him about this patient?

15 A. No.

16 Q. If he had related to you that he was observing her
17 for pseudomembranous colitis, would your order have been
18 any different?

19 MR. DZENITIS: Object to the form.

20 MS. McGURK: Objection.

21 MR. DiMARCO: Objection.

22 MR. DZENITIS: You can answer the question.

23 A. I don't know.

24 Q. Well, would you have prescribed Clindamycin if you
25 suspected that she had pseudomembranous colitis?

1 A. I probably would have asked other questions about
2 the patient.

3 Q. I am not sure I understood or heard you properly.
4 Could you say that again?

5 A. I might have asked other questions about the
6 patient.

7 Q. What kind of stuff would you want to know?

8 MR. DZENITIS: Show my objection to the
9 hypothetical.

10 A. Yes, I don't know. I can't say at this point.

11 Q. Obviously you didn't have the emergency room
12 report that Dr. Lazo signed, the two page emergency room
13 record, at the time that you made your orders in this
14 case, correct?

15 A. Correct.

16 Q. If you had had all of the information contained in
17 that two page record at your disposal at the time you
18 made your orders, would your orders have been any
19 different?

20 A. I don't know. I would have to say possibly. I
21 don't know.

22 Q. Well, in what way might they have been different?

23 A. I don't know, I might have -- I might have ordered
24 a different antibiotic, I might have not ordered an
25 antibiotic. I don't know.

1 Q. With respect to the ID consult and the pulmonology
2 consult that you ordered, are there ways to order those
3 on an emergency basis or on a rush basis?

4 A. Yes.

5 Q. And did you do that in your order?

6 A. No.

7 Q. And why is that?

8 A. Because the patient was not acutely ill at the
9 time. She was ill, but not acutely ill. She was not
10 going to an intensive care unit.

11 Q. Now, with respect to the electrolyte imbalance
12 that's noted in your handwritten -- or your order, what
13 did you understand the parameters of that imbalance to
14 be?

15 A. What do you mean, the parameters? I don't
16 understand the question.

17 Q. Fair enough.

18 First of all, how did you determine that there was
19 an electrolyte imbalance?

20 A. I believe -- somebody gave me the electrolytes
21 over the phone.

22 Q. Okay.

23 A. I don't recall who.

24 Q. And do you remember how imbalanced they were? In
25 other words, what, you were concerned about potassium and

1 sodium, those two only?

2 A. That, and the BUN and creatinine, and the INR and
3 the Digoxin level.

4 Q. Say the last one again?

5 A. Digoxin level.

6 Q. Do you remember how severe these imbalances were?

7 A. I don't recall.

8 Q. Is there anything from your order that would
9 refresh your recollection or give you some idea about how
10 concerned you were about particular lab values that were
11 reported to you?

12 A. Well, I stopped the Lanoxin, so I was -- I
13 wouldn't give her more Lanoxin since her level was high.
14 I held her diuretics and she appeared to be somewhat
15 dehydrated. I ordered potassium as a replacement since
16 her potassium was low. And I ordered her hydrated with
17 normal saline since her -- again, she appeared to be
18 dehydrated and her sodium was low and her blood sugar was
19 up, so I ordered her insulin and put her on parameters to
20 treat the blood sugar. And I stopped her Coumadin
21 therapy, since her INR was high.

22 Q. In July of '99, would you have an understanding
23 that older patients with other morbidities such as heart
24 disease or pulmonary disease tolerate diarrhea less well
25 than the general population of patients?

1 A. Well, I believe that is why she was probably being
2 admitted, part of the reason she was being admitted to
3 the hospital.

4 Q. And when Clindamycin is indicated in these
5 patients, would you agree that they should be carefully
6 monitored for change in bowel frequency?

7 A. Yes.

8 Q. Did you order that, in other words, did you order
9 that she be monitored for change in bowel frequency?

10 A. That is routinely done by the nursing staff.

11 Q. With regard to pseudomembranous colitis, can we
12 agree that it can range in severity from mild to
13 life-threatening?

14 A. Yes.

15 Q. And when it is life-threatening, can we agree that
16 there can be a window -- a short window of opportunity to
17 treat them?

18 A. I don't know if that's an accurate statement at
19 all.

20 MR. DZENITIS: You don't know if it is an
21 accurate statement, like two words?

22 THE WITNESS: Yes.

23 BY MR. KULWICKI:

24 Q. Do you think it is an inaccurate statement? In
25 other words, in your mind, do you consider severe

1 pseudomembranous colitis not to be a medical emergency?

2 A. Again, there are various spectrums, and I would
3 not be an expert on saying -- I don't know if there is an
4 exact window of one hour of time documented anywhere. I
5 am not familiar --

6 Q. Based --

7 A. -- with that.

8 Q. I didn't mean to cut you off. Are you finished?

9 A. Yes.

10 Q. Based on your training, do you consider that in an
11 older patient like this with co-morbidities that we have
12 discussed, that time is of the essence in treating
13 pseudomembranous colitis?

14 A. I don't understand your definition of time is of
15 the essence.

16 Q. Is it in your mind a consideration that the workup
17 for this particular condition should be in any way urgent?

18 A. Again, I don't understand what urgent -- what your
19 definition is.

20 Q. Well, let me -- how would you define the term urgent?

21 A. I think if you are looking for, you know, possibly
22 C. difficile infection, you should order a study, which I
23 did on her admission orders.

24 Q. What would be your expectation as to how long it
25 would take once you order the stool study before the

1 results would be reported back?

2 A. It is going to vary --

3 Q. Sure.

4 A. -- as to when she has a stool sample. You know,
5 if it is -- it could be ten minutes, the first stool
6 sample, it could be ten hours for a stool sample, it
7 could be three days for a stool sample. And then after
8 that, I don't know the mechanics of the laboratory test,
9 as to how long that takes.

10 Q. Is there sort of a range of time that, as a
11 physician, you would expect to have a lab report back
12 from a stool sample, under circumstances like this? I
13 mean, a week, a day, two days, something in that range?

14 A. I don't know the answer to that.

15 Q. If you wanted a stool sample tested on an urgent
16 basis, could you have ordered that there be a swab done
17 and have that sent to the lab on an emergency basis or a
18 stat basis?

19 A. I don't know the answer to that.

20 Q. You mentioned that you initiated these orders as
21 what you called a favor to the daughter, correct?

22 A. Yes, sir.

23 Q. Do you have the authority to refuse to do a
24 medical favor for someone based on your concerns about
25 having a lack of information or lack of understanding of

1 the problem?

2 A. Yes.

3 Q. I mean, certainly in this case, you had the right
4 to tell Shirley that you are uncomfortable giving orders
5 without seeing the patient yourself and getting a better
6 understanding of what's gone on, correct?

7 A. Yes.

8 Q. Did Shirley have any expectation that you were
9 going to see the patient in person at some point in time?

10 MR. DZENITIS: Object, speculation.

11 Q. (Continuing) Based on your conversation with her.

12 A. I would say no.

13 Q. Do you know, sitting here today, Doctor, whether
14 in fact someone read the lab results showing the
15 electrolyte imbalance to you, in other words, read the
16 values to you, or was it a matter of someone simply
17 reporting to you that there was generically an
18 electrolyte imbalance?

19 A. I believe that it was read to me.

20 Q. And why do you believe that?

21 A. Because I normally would ask that.

22 Q. Okay.

23 It would be an important thing for you to know the
24 degree of the electrolyte imbalance, wouldn't it?

25 A. Yes, sir.

1 Q. And in this case, you don't remember specifically
2 who it was that read that to you, correct?

3 A. That is correct.

4 Q. And we know for a fact that you, in fact, did not
5 see the lab results yourself, right?

6 A. No.

7 Q. Yes, you did not see them?

8 A. Yes, I did not see them.

9 Q. Do you know if Shirley related to you that there
10 was an electrolyte imbalance?

11 A. No, they were on their way coming into the ER.
12 They hadn't been seen yet.

13 MR. KULWICKI: Doctor, thank you. That is
14 all the questions I have. Some of these other
15 lawyers may have questions, though.

16 MS. MCGURK: No questions.

17 MR. DIMARCO: No.

18 MR. DZENITIS: We will have her read and
19 sign it. Can we waive the time?

20 MR. KULWICKI: Fine, no problem. Whatever
21 you guys want to do on that is fine.

22 - - -

23 (DEPOSITION CONCLUDED)

24 - - -

25

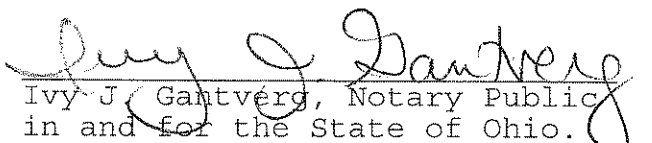
Christine Zirafi, M.D.

1 CERTIFICATE

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

4 I, Ivy J. Gantverg, Registered Professional
5 Reporter and Notary Public in and for the State of Ohio,
6 duly commissioned and qualified, do hereby certify that
7 the above-named CHRISTINE ZIRAFI, M.D., was by me first
8 duly sworn to testify to the truth, the whole truth, and
9 nothing but the truth in the cause aforesaid; that the
10 deposition as above set forth was reduced to writing by
11 me, by means of stenotype, and was later transcribed into
12 typewriting under my direction by computer-aided
13 transcription; that I am not a relative or attorney of
14 either party or otherwise interested in the event of this
15 action.

16 IN WITNESS WHEREOF, I have hereunto set my hand
17 and seal of office at Cleveland, Ohio, this 24th day of
18 June, 2003.

19
20 
21 Ivy J. Gantverg, Notary Public
22 in and for the State of Ohio.
23 Registered Professional Reporter.
24 My commission expires November 5, 2003.
25

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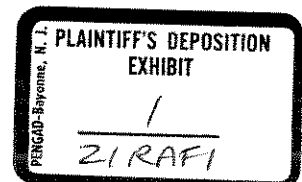
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Postgraduate Education:

1982-1983	Intern Internal Medicine The University of Texas Medical School at Houston
1983-1985	Resident in Internal Medicine The University of Texas Medical School at Houston
1985-1986	Chief Resident Department of Internal Medicine The University of Texas Medical School at Houston
1986-1989	Fellow in Cardiology The University of Texas Medical School at Houston
1988-1989	Nuclear Medical Associates 200 Hour Didactic Course Basic Radioactive Isotope Handling And Radiation Safety

ACADEMIC APPOINTMENTS:

1985-1986	Instructor, Department of Medicine The University of Texas Medical School at Houston
1985-1989	Attending Staff Physician Herrman Hospital The University Hospital Houston, Texas
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1986-1987	Preceptor in Cardiovascular Drug Treatment Merke, Sharpe and Dome
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COMMITTEES:

1991-1992	Utilization Review Committee Parma Community General Hospital Parma, Ohio
1991-1996	Radiation Safety Committee Deaconess Hospital of Cleveland Cleveland, Ohio
1993-1996	Cardiac Catheterization Laboratory Quality Assurance Committee Parma Community General Hospital Parma, Ohio

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1993-1994	Medical Quality Management Committee Parma Community General Hospital Parma, Ohio
1993-1994	Chairperson Critical Care Committee Parma Community General Hospital Parma, Ohio
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1993-1994	Director Critical Care Parma Community General Hospital Parma, Ohio
1994-1996	Cardiovascular Peer Review State of Ohio
1995-Present	Director, Division of Cardiology Parma Community General Hospital

1995-1996	Chairperson Cardiac Catheterization Product Selection Committee St. Vincent Charity Hospital
1995-1996	Cardiovascular Peer Review Pro-West Champus
1996-1997	Vice-Chairperson of Medicine Department of Internal Medicine Parma Community General Hospital
1997-1999	Board of Directors Parma Hospital PHO
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BOARD CERTIFICATION:

Diplomate American Board of Internal Medicine, 1985 No. 100336

Diplomate American Board of Internal Medicine
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1988	Texas Medical Association
1994-Present	Cleveland Academy of Medicine
1992-Present	Ohio State Medical Association
1992-Present	American College of Cardiology Fellow of the American College of Cardiology
1993-Present	American Heart Association
1994-Present	Society of Nuclear Cardiology
1994-1996	American Medical Women's Association

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1976	DOW Chemical Scholarship Outstanding Student in Chemical Engineering Youngstown State University
1977	American Institute of Chemists Award Outstanding Student Majoring in Chemistry
1978	Tau Beta Pi Honorary Engineering Fraternity
1978-1979	Dean's List 9 quarters

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- 1982-1983 Most Valuable Intern
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- 1985-1986 Chief Medical Resident
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PUBLICATIONS:

1. Zirafi, C.M., Passmore, J.M., Taegtmeyer, H.:
The Heart in Diabetes Mellitus
Houston Heart Bulletin, 1987, 6 (2).
2. Taegtmeyer, H., Zirafi, C.M., Nguyen, VTB:
Function and Metabolism of the Heart in Diabetes:
A fresh look at an Old Problem.
Journal of Applied Cardiology, 1989, 6 (34-39).
3. Zirafi, C.M.: Use of a Long Coronary Artery Balloon.
Advanced Cardiovascular Systems, 1993.
4. Primary Investigator, Gusto V, Parma Community General Hospital
2000.
5. Primary Investigator, Novoste Beta-Cath registry, Parma Community
General Hospital 2001.
6. Primary Investigator, Crusade, Parma Community General
Hospital, 2002.
7. Primary Investigator, Extract-Timi 25, Parma Community General
Hospital 2002.
8. Primary Investigator, Timi 28, Parma Community General Hospital.