

IN THE CIRCUIT COURT OF OUTAGAMIE COUNTY

STATE OF WISCONSIN

SCOTT SCHARA, individually, and as the
Administrator of the Estate of Grace Schara,

Plaintiff,

vs.

Case No. 23-CV-345

ASCENSION HEALTH, ASCENSION
NE WISCONSIN, INC. d/b/a ASCENSION NE
WISCONSIN - ST. ELIZABETH CAMPUS,
GAVIN SHOKAR, M.D., DAVID BECK, M.D.,
DANIEL LEONARD, D.O., KARL BAUM, M.D.,
RAMANA MARADA, M.D., HOLLEE MCINNIS, R.N.,
ALISON BARKHOLTZ, R.N., WI INJURED PATIENTS
AND FAMILIES COMPENSATION FUND,
JOHN DOES 1, 2, 3, 4 - MEDICAL PROVIDERS,

Defendants.

Video-Recorded Deposition of HOLLEE MCINNIS, R.N.

Tuesday, May 21st, 2024

1:06 p.m. - 5:01 p.m.

at

St. Elizabeth Hospital
1506 South Oneida Street
Appleton, Wisconsin

Job No. 166814B

Stenographically Reported by Rosanne E. Pezze, RPR/CRR
Certified Realtime Reporter

Video-Recorded Deposition of HOLLEE

McINNIS, R.N., a witness in the above-entitled action, taken at the instance of the Plaintiffs, pursuant to Chapter 804 of the Wisconsin Statutes, pursuant to Notice, before Rosanne E. Pezze, RPR/CRR, Certified Realtime Reporter and Notary Public, State of Wisconsin, at 1506 South Oneida Street, Appleton, Wisconsin, on the 21st day of May, 2024, commencing at 1:06 p.m. and concluding at 5:01 p.m.

A P P E A R A N C E S:

EDMINISTER JONES, by
Mr. Michael E. Edminister
137 South Main Street
Akron, Ohio 44308
234-208-5020
mike.edministerlaw@gmail.com
Appeared on behalf of the Plaintiffs.

OTJEN LAW FIRM, S.C., by
Mr. Jason J. Franckowiak
20935 Swenson Drive, Suite 310
Waukesha, Wisconsin 53186-2057
262-777-2225
jfranckowiak@otjen.com
Appeared on behalf of Defendants Ascension Health, Ascension NE Wisconsin, Inc. d/b/a Ascension NE Wisconsin - St. Elizabeth Campus, Hollie McInnis, RN & Alison Barkholtz, RN.

A P P E A R A N C E S (continued):

OTJEN LAW FIRM, S.C., by
Mr. Randall Guse, via Zoom
20935 Swenson Drive, Suite 310
Waukesha, Wisconsin 53186-2057
262-777-2225
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Appeared on behalf of Defendants Gavin
Shokar, M.D., David Beck, M.D. and Karl
Baum, M.D.

LEIB KNOTT GAYNOR, S.C., by
Mr. Aaron Birnbaum, via Zoom
219 North Milwaukee Avenue, Suite 710
Milwaukee, Wisconsin 53202
414-276-2108
abirnbaum@lkglaw.net
Appeared on behalf of Defendant Daniel
Leonard, D.O.

CORNEILLE LAW GROUP, LLC, by
Mr. Jason Poje
3113 West Beltline Highway, Suite 100
Madison, Wisconsin 53713
608-662-1180
pojej@corneillelaw.com
Appearing on behalf of Defendant Ramana
Marada, M.D.

NASH, SPINDLER, GRIMSTAD & MCCracken, LLP, by
Mr. Jeremy Gill, via telephone
1425 Memorial Drive
Manitowoc, Wisconsin 54220
920-684-3321
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Appeared on behalf of Defendant Injured
Patients and Families Compensation Fund.

ALSO PRESENT: Ms. Deborah Schmidt, Risk
Management
Mr. Scott Schara
Ms. Megan Sczygelski,
Videographer

I N D E X

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E X H I B I T S

| EXHIBIT NO. | PAGE NUMBER |
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| Exhibit 52 | October 2021 medical record (Bates Ascension 00215-217).17 |
| Exhibit 53 | Medical records, vitals (Bates Ascension 00465-481).55 |
| Exhibit 54 | Morphine and Ativan record.80 |
| Exhibit 55 | Activity Mobility charting (Bates Ascension 00859-860).89 |
| Exhibit 56 | EMAR medication summary (Bates Ascension 00094-106).95 |
| Exhibit 57 | Nursing medical record (Bates Ascension 00384).107 |
| Exhibit 58 | ICU Delirium protocol (Bates Ascension 00843).111 |
| Exhibit 59 | Discharge Audit (Bates Ascension 00736) 112 |
| Exhibit 60 | Dr. Gandev Notes (Bates Ascension 00035-36).114 |

(Original exhibits attached to Original transcript;
copies of exhibits are attached.)

R E Q U E S T S

(None.)

TRANSCRIPT OF PROCEEDINGS

VIDEOGRAPHER: Good afternoon. We are on the record. Today's date is May 21st, 2024, and the time is 1:06 p.m. This is the video-recorded deposition of Hollie McInnis in the matter of Scott Schara versus Ascension Health, et al., Case No. 23-CV-345 venued in the state of Wisconsin, Circuit Court of Outagamie County. This deposition is being held at St. Elizabeth Hospital, 1506 South Oneida Street in Appleton, Wisconsin.

The reporter's name is Rosanne Pezze. My name is Megan Sczygelski. I'm the certified legal videographer. We are with Lexitas Legal.

Would the attorneys present please introduce themselves and the parties they represent, after which the court reporter will swear in the witness.

MR. FRANCKOWIAK: Attorney Jason J. Franckowiak on behalf of the defendant St. Elizabeth Hospital, Ascension, and the nurses.

MR. GUSE: Attorney Randall Guse of the Otjen Law Firm appears on behalf of Drs. Baum,

1 Beck, and Shokar.

2 MR. POJE: Jason Poje, P-O-J-E, from
3 Corneille Law Group appearing on behalf of
4 Dr. Marada.

5 MR. BIRNBAUM: Attorney Aaron Birnbaum
6 appearing on behalf of Dr. Daniel Leonard.

7 MR. EDMINISTER: Attorney Michael
8 Edminister appearing on behalf of the plaintiffs.

9 MR. GILL: Attorney Jeremy Gill
10 appearing on behalf of the Fund.

11 (Discussion off the record.)

12 MR. FRANCKOWIAK: Before we commence the
13 deposition, could we identify the rest of the
14 individuals in the room, if we could?

15 MS. SCHMIDT: Deb Schmidt, risk manager
16 for St. Elizabeth's Hospital.

17 MR. EDMINISTER: Scott Schara --

18 MR. SCHARA: Scott Schara, Grace's dad.

19 MS. KLOTZ: Brianna Klotz, consultant
20 with -- Mike?

21 MR. FRANCKOWIAK: I'm sorry. What was
22 your name?

23 MS. KLOTZ: Brianna Klotz.

24 MR. FRANCKOWIAK: Brianna Slots?

25 MS. KLOTZ: Klotz.

1 MR. FRANCKOWIAK: Klotz?

2 MS. KLOTZ: K-L-O-T-Z.

3 MR. FRANCKOWIAK: Okay. I would like to
4 place an objection on the record that Ms. Slots
5 not be permitted in the room. She's not a party
6 to the action. She's not been identified in any
7 manner. I would ask that she please be excluded
8 from the room at this time.

9 MR. EDMINISTER: She's a paid consultant
10 from our firm, so she's entitled to stay.

11 MR. FRANCKOWIAK: She's employed by your
12 firm?

13 MR. EDMINISTER: Correct.

14 MR. FRANCKOWIAK: She's an employee of
15 your firm?

16 MR. EDMINISTER: That's correct. She's
17 a paid consultant.

18 MR. FRANCKOWIAK: No, I'm not talking if
19 you've hired her as a paid consultant. Do you
20 employ her as an employee, as a -- as a --

21 MR. EDMINISTER: Do I -- do I do tax
22 withholding? What's your definition?

23 MR. FRANCKOWIAK: Correct. I'm not
24 talking about whether she's an expert or if she's
25 retained for this case; she's not an employee. If

1 she's -- if she's a paralegal or something
2 employed by your firm, that's fine.

3 MR. EDMINISTER: That's right.

4 MR. FRANCKOWIAK: But if she's not
5 employed by your firm, and we will do discovery on
6 that to make sure that that is not -- that is
7 accurate. If she's not employed by your firm, I
8 would ask for -- outside of this case, I would ask
9 that she be excluded from the deposition.

10 MR. GUSE: I would join that objection
11 on behalf of Dr. -- Drs. Baum, Beck, and Shokar.

12 MR. BIRNBAUM: I join it as well.

13 MR. EDMINISTER: What's your authority
14 for that, Jason?

15 MR. FRANCKOWIAK: The authority is that
16 we have -- parties are allowed to be here, people
17 involved with the lawsuit. Experts, consultants,
18 other people outside of the lawsuit are not
19 permitted or there's no statutory basis for them
20 to be present at a deposition. They can read the
21 transcripts afterwards if that's the case, but I
22 would object to the use or the presence of anyone
23 other than a party in the deposition.

24 MR. EDMINISTER: Well, I'm not going to
25 engage in this fight. It's not worth it, so

1 you're going to have to go.

2 MR. SCHARA: Well, I think we should
3 just briefly discuss it first, Mike, before we do
4 that. We have a contract with --

5 MR. EDMINISTER: I understand. You
6 know, I haven't had to deal with that issue in
7 forever, so I'm not sure where the law is on it.

8 I mean, are you just objecting
9 because she's not an employee, a party, a --

10 MR. FRANCKOWIAK: Parties are allowed to
11 be at depositions, counsel for the parties, but
12 paid consultants, experts, I am unaware of any
13 statutory authority that would allow people who
14 are not parties or counsel for the parties to be
15 present at a deposition, and we would request that
16 only counsel and parties to the actual deposition
17 be present.

18 MR. EDMINISTER: Okay. Let me talk to
19 my client.

20 MR. FRANCKOWIAK: You can go off the
21 record.

22 VIDEOGRAPHER: We are going off the
23 record at 1:11 p.m.

24 (Brief recess taken from 1:11 p.m. to
25 1:16 p.m.)

1 (Deposition Exhibit No. 52 marked for
2 identification.)

3 VIDEOGRAPHER: We are going back on the
4 record at 1:16 p.m.

5 HOLLEE McINNIS, R.N., having been first
6 duly sworn on oath, was examined and testified as
7 follows:

8 MR. EDMINISTER: Before we begin, I
9 think it's prudent to answer the issue that
10 Mr. Franckowiak made. The room has been cleared
11 of all persons who are not parties or attorneys
12 for parties with the exception of the risk
13 manager, and I want the record to note that we
14 have voluntarily removed any other individual.

15 Are you satisfied with that?

16 MR. FRANCKOWIAK: I understand. We can
17 go forward with the deposition. If you want to
18 cancel the deposition and -- and --

19 MR. EDMINISTER: I didn't say anything
20 about canceling the deposition. Let's go forward.

21 MR. FRANCKOWIAK: I'm perfectly fine
22 with that.

23 E X A M I N A T I O N

24 BY MR. EDMINISTER:

25 Q Great. Would you state your name and spell your

1 last name for the record.

2 **A Hollie McInnis, M-C-I-N-N-I-S.**

3 Q Ms. McInnis, can you tell us how you're employed
4 today?

5 **A I'm employed by St. Elizabeth Hospital.**

6 Q As what?

7 **A An RN.**

8 Q I'd like you to describe for me if you've ever had
9 your deposition taken before.

10 **A I have not.**

11 Q Okay. I'm sure you met with counsel, but I want
12 to explain the following to you: This is my
13 opportunity to find out what you know about this
14 case, and I'll be asking you a series of
15 questions. If you don't understand my question,
16 please ask me to restate -- restate it. If I
17 don't restate it, I may withdraw it, I may ask you
18 a different question. Okay?

19 But I would ask that if you make an
20 answer verbally, then I'll assume that you
21 understood the question; is that fair?

22 **A I understand what you're saying, yes.**

23 Q Okay. Explain to me your educational background
24 in preparation for your position as an RN.

25 **A I have a four-year Bachelor of Nursing in Science**

1 **from UW-Oshkosh.**

2 Q And did you -- did you avail yourself of any
3 educational training beyond your BSN?

4 A I -- I mean, I get yearly education from my
5 employer for my job, but I didn't go to another
6 university and seek a different degree.

7 Q That's what I'm asking you.

8 And how long have you been
9 employed -- I assume you're employed by Ascension
10 St. Elizabeth's; is that fair?

11 A I call it St. Elizabeth Hospital. That's what it
12 says on my check.

13 Q How long have you been employed here?

14 A Roughly 17 years.

15 Q And what is your title?

16 A Registered nurse.

17 Q And where do you perform those duties?

18 A Here at St. Elizabeth Hospital.

19 Q Can you be more specific, please?

20 A I work in the ICU.

21 Q And how long have you worked in the ICU?

22 A I've worked in the ICU at St. Elizabeth Hospital
23 for 17 years.

24 Q Did you review any of the medical records in
25 preparation for this deposition?

1 **A I have spoken with my lawyer.**

2 Q Yeah, I don't want to hear anything about that.

3 **A Okay.**

4 Q I asked if you reviewed the medical records.

5 **A Nothing outside of just speaking with my lawyer.**

6 Q Okay. Let me ask it a different way.

7 How long have you known about this
8 deposition?

9 **A Um, I mean, I -- I guess I don't know how long**
10 **I've known. I was asked to put it on my calendar**
11 **for this week.**

12 Q Right. Weeks, days, months?

13 **A Probably weeks, if I had to guess.**

14 Q Okay.

15 **A Yeah.**

16 Q I mean, you obviously were aware that you were
17 named as a defendant in this lawsuit, correct?

18 **A I was aware of that, yes.**

19 Q And once you were aware that there was a lawsuit,
20 you were named as a defendant in the lawsuit, did
21 you review any medical records?

22 **A Oh, no.**

23 Q And you've not reviewed any medical records since?

24 **A No.**

25 Q Okay. Are you familiar with the decedent in this

1 case, Grace Schara?

2 **A I was her nurse.**

3 Q So is that a yes?

4 **A I knew her in the fact that I was her nurse.**

5 Q So you were familiar with her? Is that a yes?

6 **A My answer is that I took care of her as her nurse.**

7 Q And for what period of time did you take care of
8 her?

9 **A Two days, two separate shifts.**

10 Q And those shifts would have been what?

11 **A Um, it was day shift, like 6:45 to 6:45.**

12 Q 6:45 a.m. to 6:45 p.m.?

13 **A Yes.**

14 Q And what days were those?

15 **A Um, I'd have to -- I'd have to look to see what
16 the exact dates were.**

17 Q As you sit here today, what do you recollect about
18 this patient's care?

19 **A Can you be more specific?**

20 Q Sure. If the records reflect that Grace Schara
21 was admitted to St. Elizabeth's Hospital on
22 October 7th of 2021, would you have any reason to
23 dispute that?

24 MR. FRANCKOWIAK: Objection.
25 Foundation.

1 You can answer if you know.

2 **A Um, I -- I don't know what date she was admitted.**

3 BY MR. EDMINISTER:

4 Q So if I were to tell you that the medical records
5 in this case reflect the fact that she was in the
6 ICU on both October 12th and October 13th of 2021,
7 would you have any reason to dispute that?

8 MR. FRANCKOWIAK: Objection.

9 Foundation. Speculation.

10 You can answer if you know.

11 MR. BIRNBAUM: Join the objections.

12 And again, do we have the agreement
13 to objection for one is an objection by all?

14 MR. EDMINISTER: Yes, we do.

15 BY MR. EDMINISTER:

16 Q You're going to hear objections periodically
17 throughout this exercise. You're still required
18 to answer the question unless your counsel tells
19 you otherwise.

20 Do you understand?

21 **A Sure.**

22 MR. EDMINISTER: Okay. Rosanne, do you
23 want to repeat that question for me, please?

24 (Question read.)

25 MR. FRANCKOWIAK: Objection.

1 Foundation.

2 You can answer if you know.

3 **A I mean, I have no objection. To dispute it, if**
4 **the medical record says that's when she was there,**
5 **that's when she was there, yeah.**

6 BY MR. EDMINISTER:

7 Q Okay. Do you remember the first day that you were
8 involved in her care?

9 **A Um, I guess, what's your specific question?**

10 Q No. That's my question.

11 **A I do remember taking care of Grace on two separate**
12 **days.**

13 Q Okay. And the first day that you cared for her,
14 do you recall anything about that?

15 MR. FRANCKOWIAK: Objection. Vague.

16 You can answer if you know.

17 **A I recall she was a patient in our COVID ICU.**

18 BY MR. EDMINISTER:

19 Q All right. Anything else?

20 **A I guess I just don't know what to say.**

21 **Like, what are you asking for?**

22 Q Well, you took care of this patient for 12 hours.

23 **A Yes.**

24 Q Each shift over two days.

25 **A Um-hmm.**

1 Q Right?

2 A Yes.

3 Q So what else do you remember about Day 1?

4 MR. FRANCKOWIAK: Counsel, this was
5 years ago. If you have a document you can show
6 her to refresh her recollection, that probably
7 would be the best way to go.

8 MR. EDMINISTER: Well, it probably would
9 have been helpful if she had an opportunity to
10 review anything in advance and we wouldn't have to
11 play this game.

12 BY MR. EDMINISTER:

13 Q I'm handing you what's been marked as Exhibit 52.
14 Can you take a look at this
15 photo -- at this copy, please?

16 A (Witness reads.) Okay.

17 Q Does that document that I've just handed you
18 appear to be a copy of the medical record
19 pertaining to Grace Schara at St. Elizabeth's
20 Hospital, October of 2021?

21 A Yes.

22 Q If you look at the first page and go down
23 approximately three sections, there's a shaded
24 portion of the record.

25 What does that record reveal?

1 **A The shaded person -- portion?**

2 Q Yes, the shaded portion.

3 **A Time and dates, and then the person entering the**
4 **notes.**

5 Q And what?

6 **A And the person entering the notes.**

7 Q Okay. And is that person you?

8 **A Yes.**

9 Q Are those your initials, HJM?

10 **A Yes.**

11 Q And what is it that you entered in the medical
12 record on that date and time?

13 **A "Patient's mother updated by Dr. Shokar on plan of**
14 **care. Questions answered."**

15 Q And what does that mean to you?

16 **A It means that the physician was communicating with**
17 **family, what the plan of care was for the day, and**
18 **answered any questions they might have.**

19 Q Did you write this note?

20 **A I did.**

21 Q And is this note accurate, to the best of your
22 recollection?

23 **A Yes.**

24 Q Did you witness this apparent conversation by
25 Dr. Shokar on the plan of care?

1 **A** **I guess I don't recall if I did witness it or**
2 **didn't.**

3 **Q** Okay. Well, is it your common practice to write a
4 note relative to an update by a physician if you
5 didn't know that it occurred?

6 **A** **Well, I knew that it occurred. Either he verbally**
7 **told me that he contacted the family and updated**
8 **them, or maybe he was on the phone updating them**
9 **and I was just trying to show the family was**
10 **updated. Because this was a time when nobody was**
11 **allowed to come into the COVID ICU, so we wanted**
12 **to show that we were updating family.**

13 **Q** Okay. So as we sit here today, you don't recall
14 actually listening to that conversation?

15 **A** **Right. I don't recall listening to the**
16 **conversation.**

17 **Q** You either -- you either were present when
18 Dr. Shokar contacted the mother of Grace, or he
19 told you he contacted her mother; is that --

20 **A** **Yes.**

21 **Q** -- is that correct?

22 And is it your recollection that
23 this alleged conversation occurred at or around
24 the time of this note, that being 10:14 a.m. on
25 October 12th, 2021?

1 **A Yes.**

2 Q Did you have an understanding of what the plan of
3 care was based upon this phone call at this time?

4 **A Well, I don't have, like, the specific doctor's**
5 **note in front of me for plan of care, so in**
6 **general, we always try to, you know, lessen**
7 **therapies. Like, when no longer needed, we would**
8 **lessen whatever therapies we're giving the patient**
9 **if they're getting better to be able to, like,**
10 **decrease oxygen or medications if it was**
11 **appropriate. You know, it could have been about,**
12 **like, medications. I don't know exactly.**

13 Q You wrote in your note, "questions answered."

14 **A Um-hmm.**

15 Q Do you know what the questions were?

16 **A No.**

17 Q Do you recall what his answers to those questions
18 would have been?

19 **A No.**

20 Q The note directly below that, also October 12th,
21 2021, according to your note, it appears that this
22 occurred at 1356, correct?

23 **A Yes.**

24 Q You've checked the box that says "abnormal."

25 At least, you placed an N next to

1 the question "abnormal," question mark, correct?

2 **A I just typed the note. I'm not sure what the N**
3 **next to the "abnormal" means.**

4 Q Well, since I don't type notes, you're going to
5 have to educate me on how this process works.

6 I'm assuming that you're inputting
7 data either in the patient's room or at the
8 nurses' station; is that correct?

9 **A Just from the computer, you go under patient notes**
10 **and then type anything you wish to convey. So in**
11 **my typed statement is just what I wanted to convey**
12 **about that time.**

13 Q So is there a section when you pull up the
14 computers and the screen under patient notes
15 appears?

16 **A Um-hmm.**

17 Q Do you have an opportunity to check abnormal, N or
18 Y?

19 **A No. It's just like turning on Microsoft Word and**
20 **typing a message. It's just a blank screen.**

21 Q Okay. So I guess what you're telling me is that
22 this field is automatically populated?

23 **A I don't know anything about that field. What I**
24 **know about is what I typed here.**

25 Q So what you're saying is you turn it on under

1 patient notes, and you type in?

2 **A Your message that you want to record.**

3 Q Okay. Do you do so with the exact thing that I'm
4 seeing, the exact terminology that I'm seeing?

5 **A What is typed in here is what I typed --**

6 Q Correct.

7 **A -- yes.**

8 Q Correct.

9 **A Yes.**

10 Q Exactly as you typed it?

11 **A Right.**

12 Q Okay. Is this note accurate, to the best of your
13 recollection?

14 **A Yes.**

15 Q What do you mean by HOB 45 degrees?

16 **A Because her lungs were so sick and she was only**
17 **oxygenating at like 78 to 85 percent, you would**
18 **raise the head of the bed up to try to help with**
19 **her oxygenation. You breathe worse if you're**
20 **laying flat.**

21 Q You just indicated to me that her lungs were so
22 sick and she was only oxygenating at 78 to
23 85 percent.

24 **A Um-hmm.**

25 Q Okay. And you recall that --

1 **A Yes.**

2 **Q -- from memory or --**

3 **A Well, from this note right here. This would have**
4 **been realtime, so this would be the best**
5 **indication.**

6 **Q Okay. You've indicated that Dr. Shokar was**
7 **informed about Grace's condition, correct?**

8 **A Yes.**

9 **Q What is it that you informed the doctor of?**

10 **A I monitor for clinical changes and report anything**
11 **significant to the physician. Normal oxygen**
12 **saturation would be like 92 to 94 percent, so**
13 **satting 78 to 85 was -- meaning she wasn't getting**
14 **enough oxygen and putting the -- that I had, you**
15 **know, changed the settings on the BiPAP up to**
16 **100 percent. That's as much oxygen as you can**
17 **give a person.**

18 **We're all breathing 21 percent**
19 **oxygen in this air right here. 100 percent is the**
20 **most you can do. Even with that, she couldn't**
21 **meet what would be like a standard for being able**
22 **to oxygenate appropriately.**

23 **Q And do you recall how it was that you informed**
24 **Dr. Shokar of this condition?**

25 **A It would have been a page.**

1 Q How does that work?

2 A We either page -- you can either page the doctor a
3 text message or you can page a call-back number
4 and they call back. So I wouldn't know from this
5 note which way that happened.

6 Q Well, if you had paged him for a call-back,
7 wouldn't you have had a conversation with him?

8 A Well, if you text a message, then it's up to the
9 doctor to, like, call back if there's something
10 different they want you to do, so not necessarily.
11 It might just be an informational, you know,
12 giving information.

13 Q Well, the next line or -- or the next information
14 that you've entered beyond Dr. Shokar informed
15 says "stat ABG."

16 A Okay. So then he called -- he must have called
17 back to say do some blood gases.

18 Q Now, if you're texting him a message, does he have
19 the capability to respond to you by text message
20 also?

21 A Not with this system.

22 Q Okay. So you're assuming because you put "stat
23 ABG" -- I mean, you can't order a stat ABG,
24 correct?

25 A It would have been a -- No, I don't order things,

1 **yeah.**

2 Q You don't -- right.

3 So in order to write that down, you
4 must have had some input from Dr. Shokar that we
5 needed to do a stat ABG --

6 **A Yes.**

7 Q -- correct?

8 But you don't have any reference or
9 any way of knowing whether this was done by way of
10 a telephone call or a text message, correct?

11 **A I -- let's see. So I would have either text the**
12 **message to his pager or phoned him, and then when**
13 **he called me back is when the order for the ABG**
14 **would have been given.**

15 Q Okay. The next portion of your note indicates "RT
16 to adjust BiPAP settings if possible. An M.D.
17 will come assess patient and talk with family."

18 So the first part of that, I need
19 some clarification.

20 **A For adjusting the BiPAP?**

21 Q Are you referring to respiratory therapy?

22 **A Yes.**

23 Q So RT, an abbreviation for respiratory therapy,
24 indicating that they're going to adjust the BiPAP
25 settings if possible.

1 What does that mean?

2 **A Well, along with delivering oxygen, it has an**
3 **inspiratory and an expiratory pressure, so each**
4 **breath she takes, it will, like, force the air in**
5 **and then it will also, like, leave an expiratory**
6 **pressure to help pop the alveoli open and help**
7 **with oxygen recruitment. So there are other**
8 **numbers on the machine that do those kind of**
9 **settings, so it could have been possible that**
10 **something like that could have been adjusted.**

11 **Q All right. Is that something that respiratory**
12 **therapy typically does on their own, or they do**
13 **that in consult with a physician?**

14 **MR. FRANCKOWIAK: Objection.**
15 **Foundation.**

16 **You can answer if you know.**

17 **A I'm not a respiratory therapist, so I guess you'd**
18 **have to ask them what their role is supposed to**
19 **be.**

20 **BY MR. EDMINISTER:**

21 **Q You work with respiratory therapists on a daily**
22 **basis?**

23 **A I do work with respiratory therapists.**

24 **Q Do you observe their conversations with**
25 **physicians?**

1 **A** **I mean, I'm pretty busy doing my own work, so**
2 **they -- they have their -- their role, I have my**
3 **role.**

4 **Q** When you say "M.D. will come assess patient and
5 talk with family," do you recall whether he did
6 that?

7 **A** **I specifically couldn't say that I remember him**
8 **being there, but writing that, that was his plan**
9 **to come was what -- what he was going to do, come**
10 **and see how the patient was, was there something**
11 **else to order, update the family.**

12 **Q** Do you recall that Grace Schara was a Down's
13 patient?

14 **A** **I know that she had Down syndrome, yes.**

15 **Q** Okay. And you know that she had her father and
16 then ultimately her sister there as an advocate?

17 **A** **I was there her -- the day her sister came in as**
18 **an advocate. That's what I know.**

19 **Q** Okay. Do you know whether there's any indication
20 on the chart that she needed to have an advocate?

21 MR. FRANCKOWIAK: Objection. Foundation
22 and form as to "needed an advocate."

23 BY MR. EDMINISTER:

24 **Q** Do you know -- yeah.

25 Do you know?

1 **A Do -- could you state that again?**

2 Q Do -- do -- do you have access to the full chart?

3 **A I have access to -- I would have had access to her**
4 **chart, yes.**

5 Q Of course. And during your care and treatment of
6 her as her registered nurse --

7 **A Um-hmm.**

8 Q -- in the ICU, would you have the ability to note
9 whether or not she had any type of informative --
10 any type of advocate on the chart?

11 **A There was --**

12 MR. BIRNBAUM: Object to form,
13 foundation.

14 MR. EDMINISTER: Right. Okay.

15 **A There was nothing on the chart indicating that she**
16 **required an advocate.**

17 BY MR. EDMINISTER:

18 Q Okay. So she was -- according to your observation
19 then, if she didn't require an advocate, according
20 to your observation, she was capable of making
21 decisions and responding to you, answering
22 questions?

23 MR. FRANCKOWIAK: Objection.

24 Foundation. Mischaracterizes testimony.

25 You can answer if you understand.

1 **A** I don't remember if she was, like, answering
2 questions or --

3 BY MR. EDMINISTER:

4 Q Well, you said you cared for this patient over two
5 days, 12-hour shifts.

6 **A** **Sure.**

7 Q So you went in and you spoke with her, correct?

8 **A** I know that she had this BiPAP mask on, and she
9 was breathing very hard, so typically, a person
10 can't speak if they're breathing fast with this
11 mask on. It's hard to do that. They're kind of
12 using all their energy just to breathe.

13 Q Okay.

14 **A** So that's why offhand I don't remember three years
15 ago if there was any kind of interaction like
16 that.

17 Q Okay. You -- had you ever met her father, Scott
18 Schara?

19 **A** **No.**

20 Q He wasn't present during that time?

21 **A** **He was not.**

22 Q Did you come to learn why he was not present?

23 **A** I -- um, you know, he wasn't there when I was
24 taking care of her, so Jessica was like my family
25 contact, so we didn't talk about Scott.

1 Q What I asked you was: Did you come to find out
2 why he was not there?

3 MR. FRANCKOWIAK: Objection --

4 BY MR. EDMINISTER:

5 Q Nurses do have conversations among themselves,
6 don't they?

7 MR. FRANCKOWIAK: Objection. Found --
8 Objection, foundation and calls for hearsay.

9 You can answer if you know.

10 A I don't even know what to say. I knew that he had
11 been present and that he wasn't anymore and that
12 Jessica was now going to be the family
13 representative.

14 BY MR. EDMINISTER:

15 Q So you're telling me as you sit here today that
16 you have no knowledge of why he was removed?

17 A I was -- I wasn't a part of that situation, no.

18 Q No, I understand that.

19 I'm asking you, as you sit here
20 today, are you saying you had no knowledge of why
21 he was removed from her room?

22 MR. FRANCKOWIAK: Objection. Asked and
23 answered. Speculation.

24 MR. EDMINISTER: She didn't answer the
25 question.

1 BY MR. EDMINISTER

2 Q I need you to answer that specific question.

3 MR. FRANCKOWIAK: She did answer. Same
4 objection.

5 BY MR. EDMINISTER:

6 Q You have no knowledge?

7 **A I wasn't a part of that situation.**

8 Q I'm not asking if you were a part of it; I asked
9 if you had any knowledge as to why he was removed
10 from her room.

11 **A The --**

12 MR. FRANCKOWIAK: Objection. Asked and
13 answered. She said she has no personal knowledge.
14 She can only speak to what she knows. You told
15 her to tell you only what she knows.

16 BY MR. EDMINISTER:

17 Q So I can take it that you don't know anything
18 about why he was removed.

19 Is that your testimony?

20 MR. FRANCKOWIAK: Are you asking for
21 personal knowledge that she personally witnessed?

22 That's all she can speak to.

23 MR. EDMINISTER: She can speak to her
24 awareness. I'm not asking her how she came to
25 know it. I'm asking her if she had personal

1 awareness of why he was removed.

2 MR. FRANCKOWIAK: Objection. Asked and
3 answered.

4 You can answer if you know.

5 **A I -- I don't know what happened that he was**
6 **removed. I know that Jessica was there as the**
7 **family advocate.**

8 BY MR. EDMINISTER:

9 Q You've indicated that -- back to that same note we
10 left, that a state -- a stat ABG was -- was
11 apparently ordered, right? Is that what that
12 means?

13 **A Yes.**

14 Q And do you know whether there was one performed?

15 **A The medical record would have to show that.**

16 Q Why don't you feel free to verify that for me.

17 MR. FRANCKOWIAK: Do you have some
18 records she can look at, Counsel?

19 All she has is Exhibit 52 in front
20 of her.

21 BY MR. EDMINISTER:

22 Q Can you tell from that exhibit whether a stat ABG
23 was performed?

24 **A I cannot. This is my note.**

25 Q And you don't know whether or not Dr. Shokar came

1 and -- and talked with the family either, correct?

2 **A I don't have personal recollection of exactly what**
3 **happened in that moment.**

4 Q And there's nothing that you put in the note that
5 indicates that the doctor was present to discuss
6 with the family?

7 **A It's stating the plan that she'll get this ABG and**
8 **he will assess the patient and talk with the**
9 **family.**

10 Q Let's go to the next page. It's titled Page 8.

11 It says -- the first note looks
12 like it's also your note. It's on -- also on
13 October 12th. It's timed at 1440. "Patient's
14 mother to confer with patient's father and give
15 decision on code status as patient is currently
16 do-not-intubate."

17 Can you explain to me what that
18 means?

19 (Intercom interruption.)

20 **THE WITNESS: So -- what is that?**

21 MR. EDMINISTER: I don't think they're
22 talking to us.

23 **A Okay. So if she's listed as a full code, that**
24 **means if her heart would stop, we would do CPR.**
25 **But it seemed very clear that the family did not**

1 want a breathing tube placed, and you don't do CPR
2 with putting in the breathing tube because you
3 need to circulate oxygenated blood. That's the
4 point of the CPR. So if she was so sick that
5 she's getting to the point that maybe her heart
6 would stop, I needed clear indication as to what
7 does the family want us to do at this point?

8 They've indicated no breathing
9 tube, but if we do the CPR, we're going to need a
10 breathing tube, so -- so I need -- I need to know
11 exactly what -- what's the plan if that would
12 happen.

13 BY MR. EDMINISTER:

14 Q Well, you've kind of skipped ahead, because what I
15 was asking you originally was, patient is
16 currently do-not-intubate?

17 A Um-hmm. So no breathing. Don't put a breathing
18 tube in for her.

19 Q Okay. And --

20 A If she would stop breathing, no breathing tube.

21 Q The word is "inubate," and that should be a T --
22 there's missing a T there; is that --

23 A Sure.

24 Q Okay.

25 A My elementary spelling teacher would be

1 **disappointed.**

2 Q "But a full code"?

3 A Um-hmm.

4 Q Okay. And what does that mean?

5 A Full code means that when your heart stops, we're
6 going to do CPR, but also, you get a breathing
7 tube at that time. And it seemed very clear that
8 there was not going to be a breathing tube in her
9 future, because doing CPR, the point of it is to
10 circulate oxygenated blood to the organs. And
11 there's not going to be any oxygen going around,
12 and it will be futile. You can't have one without
13 the other.

14 So I just wanted clarification on
15 what is the medical plan for this patient if her
16 heart would stop because I was concerned she was
17 so sick that that could happen.

18 Q Did you receive this clarification that you
19 referred to at 1440?

20 MR. FRANCKOWIAK: Objection. Vague as
21 to time.

22 You can answer if you know.

23 A I -- I couldn't say, like, what time I got
24 clarification, but I did get clarification.

25

1 BY MR. EDMINISTER:

2 Q I think the question was, did you receive any
3 clarification from Dr. Shokar based upon this note
4 of 1440?

5 A Yes, an order was entered for -- for, like, a
6 do-not-resuscitate.

7 Q And so did you have a conversation with Dr. Shokar
8 about that order?

9 A The order got entered electronically in the chart.

10 Q Correct.

11 A Yes. So I didn't have a conversation. The order
12 was placed in the chart, and that was the plan of
13 care.

14 Q So is -- is that -- the fact that the order was
15 placed in the chart was the clarification you were
16 looking for?

17 A Yep. Doctor order, yes.

18 Q Okay. Did respiratory therapy come in to adjust
19 her BiPAP setting, do you know?

20 A I -- I'm sure that they did. I mean, we called
21 them. It's pretty commonplace you call them, say,
22 hey, we need some help in this room or this is a
23 new order, and then they'll come and take care of
24 that, do whatever they need to do.

25 Q You may have said this, and I sort of lost track.

1 But with regard to this notation
2 that the patient is currently do-not-intubate but
3 a full code, does that mean the same thing as
4 do-not-resuscitate --

5 MR. FRANCKOWIAK: Objection.

6 BY MR. EDMINISTER:

7 Q -- or is it different?

8 MR. FRANCKOWIAK: Objection. Form.

9 You can answer.

10 A So -- so the do-not-intubate was her lungs were
11 sick enough that she needed to have a ventilator
12 to try to help with her breathing, and that was
13 not something they wanted, but we'll still
14 continue, you know, full medical treatment, just
15 not the intubation.

16 Full code means if her heart stops,
17 we do CPR. Along with the CPR comes the
18 intubation. So really can't have one without the
19 other. And just, I guess, at this point when she
20 was getting sicker, so we wanted to make sure that
21 family was aware that she's sicker and I'm worried
22 maybe -- what if her heart would stop? What do
23 you want us to do in that situation?

24 BY MR. EDMINISTER:

25 Q So a full code equals CPR plus intubation?

1 **A** Right, 'cause you need to circulate oxygenated
2 blood to the body. Patient's heart's not beating
3 anymore, you're doing CPR, you're compressing it
4 yourself, you're pumping that blood through the
5 body for her, and if it's not oxygenated, then
6 she's going to have --

7 **Q** I know. You've --

8 **A** -- organ damage. Yeah.

9 **Q** You've explained all that.

10 **A** Okay.

11 **Q** So the -- the problem I'm having with your
12 phraseology is you're saying in this note she's
13 currently do-not-intubate but a full code.

14 Do you mean we're -- we're leaving
15 that do-not-intubate behind and changing that to a
16 full code? What are -- what are -- what are you
17 saying there?

18 **A** So what I'm saying is --

19 MR. FRANCKOWIAK: Objection. Form.

20 Asked and answered.

21 You can answer.

22 **A** -- intubation has been offered and refused by the
23 medical decision-maker for this patient, and as it
24 stands, full code means that we would do CPR and
25 then put in a breathing tube. And I was concerned

1 that that would be upsetting because family did
2 not want a breathing tube, so that's what that's
3 talking about.

4 BY MR. EDMINISTER:

5 Q Right. It seems that the -- that the
6 circumstances are in conflict here; are they not?

7 MR. FRANCKOWIAK: Objection. Form.

8 You can answer if you understand.

9 A Right. Yes, in conflict that, like, you can't
10 have one without the other. Yes.

11 BY MR. EDMINISTER:

12 Q You can't have a do-not-intubate along with a full
13 code, correct?

14 A Right.

15 Q And since this follows what you've reported here
16 about mother conferring and -- and Dr. Shokar
17 having had a conversation with the family, are we
18 to understand then based upon this note that
19 Dr. Shokar received permission to place a DNR on
20 the patient?

21 MR. BIRNBAUM: Object to the form.
22 Foundation.

23 MR. GUSE: Objection. Foundation.
24 Calls for speculation.

25 MR. FRANCKOWIAK: Agreed.

1 **A** **So my confirmation that the conversation took**
2 **place and that the patient is a DNR comes in the**
3 **form of the physician order entered in the**
4 **computer.**

5 BY MR. EDMINISTER:

6 Q Right. I understand.

7 You didn't actually personally
8 observe Dr. Shokar having a conversation with
9 either the mother or the father, did you?

10 **A** **No.**

11 Q And you did not hear from Dr. Shokar that the
12 family is in favor of a DNR, correct?

13 **A** **I did in the form of his doctor order.**

14 Q No, that's not what I'm asking you. I understand
15 that you observed that an order is now on the
16 chart electronically.

17 **A** **Um-hmm. I couldn't say that I remember, you know,**
18 **a specific conversation --**

19 Q Right.

20 **A** **-- three -- three years ago. The -- I had asked**
21 **for this issue to be clarified. It was clarified**
22 **in the form of this order now on the chart.**

23 Q Understand.

24 You're not here to tell us that you
25 observed a conversation between Dr. Shokar and the

1 family?

2 **A No.**

3 Q The next note reads, "Dr. Shokar paged for Scott
4 to return call."

5 What does this mean?

6 **A What I think might have happened there was when**
7 **you're in an isolation room with, like, the mask**
8 **and all the garb on, sometimes families call and**
9 **their phones -- couldn't answer phones in the**
10 **room. So I'm thinking there was a call from**
11 **Scott, and so I was facilitating communication**
12 **through the doctor to him. It kind of works best.**
13 **Then everybody's on the same page with everything,**
14 **so, you know, indicating family has -- has called,**
15 **and give them a call back.**

16 Q So when you say "Dr. Shokar paged for Scott,"
17 you're saying that you paged Dr. Shokar on Scott's
18 behalf?

19 **A Yes. There was probably a note saying, hey, while**
20 **you were in your patient's room, family called.**

21 And so then I would pass that along
22 to the physician, just closed loop communication
23 there.

24 Q Got it.

25 The final note on that page

1 indicates small bore -- starting with small bore
2 NG tube.

3 Can you read that for me out loud?

4 **A Oh, okay. "Small bore NG tube placed left nare**
5 **with patient on 15-liter OxyMask for procedure.**
6 **Placed with ease and BiPAP replaced. O2**
7 **desaturation to 61 percent. Slow recovery.**
8 **X-ray's called to confirm placement. Patient's**
9 **sister present for comfort. Patient tolerated**
10 **well. Respiratory rates remain in the 40s."**

11 Q Did you write this note?

12 **A Yes.**

13 Q Is this note accurate, to the best of your
14 recollection?

15 **A Yes.**

16 Q What do you mean by an NG tube?

17 **A It's a tube that goes from the nose into your**
18 **stomach used for feeding, medications.**

19 Q Right. And how is it placed?

20 **A A tube that you slide up the nose, it kind of runs**
21 **down into the stomach. You measure it first so**
22 **you know how far to go, secure it in place.**

23 Q And is this why you put CXR, chest x-ray called to
24 confirm placement, you need to know where the tube
25 is?

1 **A Oh, to confirm that it is indeed in the stomach.**

2 **Q Okay. Do you remember when this tube was placed?**

3 **A My note is at 11:34, so -- I try to do realtime**
4 **notes. I would have to say around that time.**

5 **Q All right. Do you know whether Grace was in**
6 **distress with regard to the placement of that NG**
7 **tube?**

8 MR. BIRNBAUM: Object to form.

9 **A Putting a tube up somebody's nose isn't the most**
10 **comfortable thing, but it was also medically**
11 **necessary in order for her to be able to get,**
12 **like, some nutrition, for healing and medications.**
13 **So I can't say that it would have been comfortable**
14 **for anybody. It was something that she needed for**
15 **treatment to get better.**

16 BY MR. EDMINISTER:

17 **Q Well, while we can recognize that she may have**
18 **needed it for treatment, the question was, was she**
19 **in distress?**

20 **A I wouldn't --**

21 MR. BIRNBAUM: Object to form. Vague.

22 **A I wouldn't say distress.**

23 BY MR. EDMINISTER:

24 **Q Okay. At the time that this NG tube was placed,**
25 **that being on October 13th at 11:34 a.m., did you**

1 believe, based upon your experience as an ICU
2 nurse, that Grace was likely to pass away during
3 her hospital stay?

4 **A I was surprised that she lived through the night**
5 **from the day before because she was breathing so**
6 **fast and her oxygenation was so low for such a**
7 **long time that it didn't look like she was going**
8 **to make it. She was very sick.**

9 Q So when you came in the morning of the 13th, you
10 were actually surprised that she was still with
11 us?

12 **A I was because she was so sick and needed so much**
13 **help with her breathing.**

14 Q So this patient was in an extreme circumstance at
15 the time that you wrote this note, correct?

16 MR. FRANCKOWIAK: Objection.

17 MR. BIRNBAUM: Object to form.

18 MR. FRANCKOWIAK: Agreed.

19 MR. EDMINISTER: Yeah, yeah. I think
20 we've already agreed that an objection does
21 relate.

22 BY MR. EDMINISTER:

23 Q You have a problem with my use of the word
24 "extreme."

25 How about "near death"?

1 **A She was near death.**

2 Q So why is it that you were trying to feed her?

3 **A Because we were treating her medically, and she**
4 **needed to have nutrition.**

5 Q If you would go to the following page, it's listed
6 as Page 9 at the top right.

7 Do you see where I'm referring to?

8 **A Yes.**

9 Q Your first note -- I assume that is your note,
10 correct?

11 **A Yeah. Yes.**

12 Q 1358 is the time that it occurred, correct?

13 **A Yes.**

14 Q Did you write this note?

15 **A I did.**

16 Q Is it accurate, to the best of your recollection?

17 **A Yes.**

18 Q And it indicates that you attempted a feeding
19 tube -- a bridge.

20 I assume that's a feeding tube
21 bridge?

22 **A Yes.**

23 Q What's the purpose of that?

24 **A So that the feeding tube stays in place.**

25 Q And is that X2 a reference to two times?

1 **A Yes.**

2 Q And you indicate there are two nurses, two RNs.

3 What does that mean?

4 **A Putting a feeding tube in is usually a two-person**
5 **job, so just I guess that -- had my coworker with**
6 **me. We attempted, you know, this standard**
7 **securement twice, unsuccessful, and tube was taped**
8 **in place.**

9 Q Okay. And you indicate "unsuccessful D/T."

10 What does that mean?

11 **A Due to.**

12 Q "Unsuccessful due to patient is shaking head," and
13 you indicate "taped in place."

14 Does that make reference to the
15 tube itself?

16 **A Yes.**

17 Q And you were a participant in placement of the NG
18 tube?

19 **A Yes.**

20 Q Was she in distress at the -- at the time of the
21 placement of the NG tube?

22 MR. FRANCKOWIAK: Objection. Form.

23 **A She wasn't in distress. She just -- I mean,**
24 **nobody likes getting a tube like that put in, like**
25 **an IV or any, you know --**

1 BY MR. EDMINISTER:

2 Q Not comfortable?

3 A Right.

4 Q And -- strike that.

5 Page 9, same page, second note
6 down, it indicates starts with "PT," meaning
7 "patient O2 sat," right?

8 A Yes.

9 Q Is that your note?

10 A Yes.

11 Q Can you read the note to me, please.

12 A "Patient O2 sat 54 with proning. Reversed with no
13 recovery in O2 sat. Patient's sister at bedside
14 who FaceTimed patient's father to update on the
15 situation. Family providing comfort."

16 Q Her O2 sat was 54 with proning.

17 Would you describe for me your
18 understanding of proning?

19 A Proning is basically the person laying on their
20 stomach.

21 Q And what does an O2 sat 54 indicate?

22 A It means that she -- her lungs are very sick, and
23 she's not getting oxygen around to her organs.
24 The normal O2 sat would be 92 to 94 percent.

25 Q Thank you, yeah.

1 When you say "Reversed with no
2 recovery in O2 sat," what was reversed?

3 **A So turning her from a prone position to a supine**
4 **position, hoping that then her oxygenation would**
5 **go back up, and it did not go back up.**

6 Q Okay. And you indicate that "patient's sister is
7 at the bedside who FaceTimed patient's father to
8 update on situation."

9 **A Yes.**

10 Q What does that mean?

11 **A Since Jessica was there, she was the one**
12 **communicating with her parents who couldn't be**
13 **there.**

14 Q Okay. And did you witness this conversation
15 occurring on FaceTime?

16 **A I was attending to Grace. She was very sick at**
17 **that time, so I did not.**

18 Q Do you remember anything that was said by Jessica
19 on this call?

20 **A I do not.**

21 Q Do you remember anything that Grace's parents
22 would have said on that call?

23 **A I do not.**

24 Q Do you remember if you said anything to either
25 Grace's sister or Grace's parents while the call

1 was in progress?

2 **A I never spoke with Mr. or Ms. Schara. As far as**
3 **Jessica being in the room, I would have been**
4 **explaining, you know, the saturation is very low,**
5 **she's very close to dying, her respiratory rate is**
6 **too high.**

7 **Q So you would have relayed all that?**

8 **A Yes.**

9 **Q Respiratory rate was too high?**

10 **A (Witness nods.)**

11 **Q Does that mean she's hyperventilating?**

12 **A Yes.**

13 **Q And that's not a good sign?**

14 **A I believe -- I mean, breathing in the 40s, she was**
15 **breathing in the 50s at some point. I mean,**
16 **that's practically taking a breath every second.**
17 **A person can't sustain that.**

18 **Q Where -- where do you say she was breathing in the**
19 **50s or 40s? Where do you see that?**

20 **A That -- well, what do you mean?**

21 **Q Well, you just said to me that she was breathing**
22 **in the 40s and 50s.**

23 **Where -- where do you find that in**
24 **the chart?**

25 **A Under vital signs.**

1 Q Okay. Am I -- am I to see it on these notes?

2 A **Not in the notes. Under vital signs.**

3 Q So this is something you do recall independently?

4 A **I do remember seeing her visibly struggling to**
5 **breathe and breathing that fast, yes.**

6 Q And the third note down starts, "Patient's sister
7 at bedside."

8 Can you read that note for me,
9 please?

10 A **"Patient's sister at bedside and father on**
11 **FaceTime. Updated on 02 sat drop to 40s. Two**
12 **different 02 probes tested and 02 sat confirmed.**
13 **Stat ABG ordered by Dr. -- or by M.D. Offering**
14 **patient comfort."**

15 Q Did you write this note?

16 A **Yes.**

17 Q Is this note accurate, to the best of your
18 recollection?

19 A **Yes.**

20 Q You mentioned another FaceTime call.

21 Is that a different FaceTime from
22 the note previously?

23 A **I wouldn't know because I wasn't involved in the**
24 **calling. It was just stating what was happening,**
25 **you know, in my environment.**

1 Q Right. Okay. And remind me, what was the -- what
2 was the end time of your shift?

3 A The night shift comes in at 6:45 and assumes care.

4 Q Okay. So this -- this occurred still well within
5 your shift?

6 A Yes.

7 Q What is the -- what is the significance of two
8 different O2 probes tested and O2 stat -- O2 sat
9 confirmed?

10 A Just confirming that the number that we have is
11 accurate. We have, like, an ear probe you can put
12 on, or a finger probe, and then we have an
13 independent pulse oximeter that people can
14 ambulate with if they were. So we have different
15 equipment that we tested it with two different
16 probes to confirm that it was, in fact, a
17 40 percent O2 sat.

18 Q Okay. And when you say "stat ABG ordered by
19 M.D.," would that have been Dr. Shokar?

20 A Yes.

21 Q And do you know why he would have ordered a stat
22 ABG at that point?

23 A Well, it would confirm what we were seeing on the
24 monitor. The ABGs show like your CO2 level, your
25 blood acid base balance, your blood oxygenation.

1 Q All right. In the same note, you're indicating
2 the patient was offering -- or that you were
3 offering patient comfort, right?

4 A Um-hmm.

5 Q Which would indicate, would it not, that you've
6 already made a determination that she's not likely
7 to survive?

8 MR. FRANCKOWIAK: Objection. Form, and
9 mischaracterizes testimony.

10 You can answer if you understand
11 what is being asked.

12 A The comfort --

13 MR. GUSE: Further -- further objection
14 on foundation and speculation.

15 A The comfort I would be offering would be like a
16 cool cloth to her head if she was, like,
17 diaphoretic, maybe pillows repositioned. That's
18 the kind of, like, nursing bedside comfort.

19 BY MR. EDMINISTER:

20 Q And all of this occurred at approximately five
21 minutes to 6:00 p.m., right?

22 A Yes.

23 Q And then the following note indicates at 1805,
24 which would be five minutes after 6:00 p.m., that
25 Dr. Shokar was at the bedside.

1 Is that your note?

2 **A Yep.**

3 Q And is that note accurate, to the best of your
4 recollection?

5 **A Yes.**

6 Q Indicates that Dr. Shokar is speaking to the
7 family.

8 Do you recall how it was that he
9 was speaking to the family?

10 **A He was speaking with Jessica in the room, and I**
11 **believe she still had her parents on FaceTime on**
12 **the phone, so through that, like -- we were at**
13 **Jessica's -- at Grace's bedside.**

14 Q Right. Did you witness that call?

15 **A Yes.**

16 Q Do you remember that it was, in fact, on FaceTime,
17 or was it a telephone call?

18 **A There was some sort of video call going on.**

19 Q Okay. And what do you recall about what
20 Dr. Shokar said to the family on this call?

21 **A I do know that it was relayed that the patient was**
22 **hyperventilating, breathing in the 50s, that her**
23 **oxygen was low. It says we were in the 40s there,**
24 **so we would have been relating the oxygen**
25 **saturation. And I remember that she didn't**

1 **have -- she had lost her blood pressure at that**
2 **point, that she was near death.**

3 Q Say the last part again.

4 A **That she was near death.**

5 Q You said lost her blood pressure, and then you
6 said something else before --

7 A **That she had lost her blood pressure and that she**
8 **was near death.**

9 Q She was near death. I see.

10 And you recall Dr. Shokar informing
11 the family of those facts?

12 A **Yes.**

13 Q Do you remember whether Dr. Shokar made any
14 mention during that call that he had just given
15 Grace morphine?

16 A **I remember that he ordered the morphine while we**
17 **were all in the room together and the family was**
18 **on the phone communicating with him.**

19 Q And he would have relayed to the family, as you
20 recall, that he had ordered the morphine
21 specifically to slow her breathing?

22 A **Yes, because she wasn't going to live breathing 55**
23 **times a minute.**

24 Q With regard to this call, did you -- do you recall
25 Dr. Shokar telling the family that Grace had a

1 good day that day?

2 **A I do not recall that.**

3 Q Can you hand me back that exhibit, please?

4 **A (Witness complies.)**

5 (Deposition Exhibit No. 53 marked for
6 identification.)

7 BY MR. EDMINISTER:

8 Q I'm handing you what's been previously marked as
9 Exhibit 53.

10 Can you take a quick look at that
11 record and tell me what it is?

12 **A Okay. So this is -- these are her vital signs.**

13 Q Would you look at the first page of Exhibit 53.

14 At the bottom in the center it
15 says, "Ascension 00465;" does it not?

16 **A Yes.**

17 Q Can you tell me whether or not you were on duty on
18 that particular day of the first vitals listed on
19 the left-hand column for 10/12/21 at 0750?

20 **A I believe -- yeah, I was there entering vitals
21 here. It's got my initials.**

22 Q Okay. And those are your initials on the
23 right-hand column also?

24 **A Yes.**

25 Q HJM?

1 **A Yep.**

2 Q And because your initials are entered in the
3 medical record, does that indicate to us that you
4 entered those vitals?

5 **A Yes.**

6 Q Okay. Can you confirm for me what you entered in
7 the line below the word "document" and the date on
8 the left-hand side?

9 **A Pulse of 58. Respiratory rate 48.**

10 Q And directly below that?

11 **A SPO2 is 87 percent.**

12 Q Okay. And on the right-hand side, the indication
13 is -- this is same date, 10/12/21 at 8:31 a.m.,
14 correct?

15 **A Yes.**

16 Q And are those your initials once again?

17 **A Yes.**

18 Q And would you confirm for me what her respiration
19 rate is?

20 **A Respiratory rate of 48.**

21 Q And her O2?

22 **A SPO2 86.**

23 Q Okay. Same thing -- bless you.

24 Same thing on the next page,
25 left-hand column.

1 What's the date and time?

2 **A 10/12/21, 0852.**

3 Q Okay. So just slightly later than the previous
4 note you read, correct?

5 **A Yeah.**

6 Q And can you tell us -- right.

7 And can you tell us for the record
8 what her respiratory rate was at that time?

9 **A Respiratory rate is 35.**

10 Q And the O2 was what?

11 **A Is 92.**

12 Q You've already testified that that would be within
13 normal limits, right?

14 **A That would be our goal, yes, to maintain a SPO2 of**
15 **82. I've gone up on her FiO2. She's increased**
16 **the amount of oxygen required to maintain that.**

17 Q I understand. I'm not asking you about that yet.

18 **A Okay.**

19 Q So looking at the right-hand column, same date,
20 10/12/21, correct?

21 **A Yes.**

22 Q And the time was what?

23 **A 10:00 a.m.**

24 Q 10:00 a.m.

25 And those are your initials,

1 correct?

2 **A Yes.**

3 Q That means you entered these vitals, correct?

4 **A Yes.**

5 Q And what's the respiratory rate?

6 **A Respiratory rate is 42.**

7 Q Okay. And the O2 at that time?

8 **A O2 sat is 90.**

9 Q Ninety.

10 Okay. Next page, left-hand column,
11 can you tell us whether or not you entered these
12 vitals?

13 **A I did.**

14 Q And the time was what?

15 **A 11:32 a.m.**

16 Q All right. And the respiratory rate at that time
17 was how much?

18 **A Forty-one.**

19 Q And the O2 was what?

20 **A O2 sat of 90.**

21 Q Right-hand column, same day, correct?

22 **A Correct.**

23 Q Time was what?

24 **A 12:30.**

25 Q And are those your initials?

1 **A Yes.**

2 Q Could you read the respiratory rate for me?

3 **A 34.**

4 Q Is the respiratory rate coming down?

5 **A From the previous hour.**

6 Q Right. And the O2 is what?

7 **A Eighty-eight.**

8 Q Okay. Next page, same date, October 12th, 2021,
9 correct?

10 **A Correct.**

11 Q Did you enter these vitals?

12 **A Yes.**

13 Q What time?

14 **A 1402.**

15 Q And the respiratory rate was what?

16 **A Forty-four.**

17 Q And the O2 was what?

18 **A Seventy-nine.**

19 Q Okay. And the right-hand column, same date?

20 **A Same day.**

21 Q And -- and the time was what?

22 **A 1416.**

23 Q And is there a reason why you took these vitals
24 within 14 minutes of the previous reading?

25 **A Probably just to reconfirm. An SPO2 of 79 is**

1 **pretty low.**

2 Q Yeah, okay.

3 And so when you did that, the
4 vitals that you recorded at 1416, respiratory rate
5 was what?

6 **A Thirty-nine.**

7 Q And the O2 was what?

8 **A Eighty-five. SPO2 was 85.**

9 Q SPO2 85.

10 So 14 minutes later, it's gone up
11 10 percentage points, correct?

12 MR. FRANCKOWIAK: Objection.

13 Mischaracterizes the evidence.

14 BY MR. EDMINISTER:

15 Q Well, you tell me.

16 What did it do?

17 **A It -- it fluctuated, and the reading is now at**
18 **85 percent.**

19 Q That's a percentage, right?

20 **A Yep.**

21 Q Okay. I just want to make sure I don't
22 mischaracterize the evidence.

23 The next page, vitals also?

24 **A Yes.**

25 Q Also on 10/12/21?

1 **A Yes.**

2 Q What time?

3 **A 1442.**

4 Q Are those your entries?

5 **A Yes.**

6 Q And what is the respiratory rate?

7 **A Forty-four.**

8 Q And the O2?

9 **A Is 89.**

10 Q And did you enter the vital signs on this column
11 on the right?

12 **A I did, yes.**

13 Q Is that the same day?

14 **A It is.**

15 Q October 12th, 2021, correct?

16 **A Correct.**

17 Q And these vitals were taken at what time?

18 **A At 3:00 p.m.**

19 Q And the respiratory rate at that time was what?

20 **A Forty-three.**

21 Q And the O2 was what?

22 **A SPO2 was 89 percent.**

23 Q 89 percent.

24 Next page, look at the right-hand
25 column, also October 12th.

| | |
|---|---------------------|
| 1 | What time was that? |
|---|---------------------|

| | | |
|---|---|-------|
| 2 | A | 1800. |
|---|---|-------|

| | | |
|---|---|-----------------------------|
| 3 | Q | Did you enter those vitals? |
|---|---|-----------------------------|

| | | |
|---|---|------|
| 4 | A | Yes. |
|---|---|------|

5 Q And the respiratory rate that you entered?

| | |
|---|-----------|
| 6 | A Was 40. |
|---|-----------|

7 Q And the ox -- 02?

| | | |
|---|---|---------------|
| 8 | A | Eighty-eight. |
|---|---|---------------|

| | | |
|---|---|---------------|
| 9 | Q | Eighty-eight. |
|---|---|---------------|

10 I want you to skip the next page,
11 Ascension 471, and the next page. You can skip
12 473.

13 And now it takes us to Ascension
14 474 within that exhibit, correct?

| | | |
|----|---|------|
| 15 | A | Yes. |
|----|---|------|

16 Q And on the vital signs, we now have a new day,
17 correct?

| | | |
|----|---|------|
| 18 | A | Yep. |
|----|---|------|

| | | |
|----|---|---|
| 19 | Q | And it's October 13th, 2021; is it not? |
|----|---|---|

| | | |
|----|---|------|
| 20 | A | Yes. |
|----|---|------|

21 | 0 And is that your entry of vitals on that day?

22 A It is.

| | | |
|----|---|-----------------------------------|
| 23 | 0 | And what is the respiratory rate? |
|----|---|-----------------------------------|

| | | |
|----|---|------------|
| 24 | A | Forty-one. |
|----|---|------------|

| | | |
|----|---|-------------------|
| 25 | 0 | And the time was? |
|----|---|-------------------|

1 **A 8:02.**

2 Q And the O2 was what?

3 **A Her SPO2 was 95.**

4 Q Significant improvement from the day before; was
5 it not?

6 **A I wouldn't classify it as that. It's a**
7 **fluctuation in vitals.**

8 Q Okay. The right-hand column, same day,
9 October 13th?

10 **A Yes.**

11 Q What time, please?

12 **A 9:00 a.m.**

13 Q And are those your entries?

14 **A Yes.**

15 Q And what is the respiration rate?

16 **A Twenty-four.**

17 Q And the O2 was what?

18 **A 90 -- the SPO2 was 92 percent.**

19 Q And in the comment section, it appears that you --
20 did you enter this information, FiO2 decreased?

21 **A I'm looking for where that is on here. Give me a**
22 **sec.**

23 Q Way down.

24 **A Oh.**

25 Q Right-hand side.

1 **A** **Oh, here, yes. Comments.**

2 **Q** Comments?

3 **A** **Yes. Yep.**

4 **Q** Right. Do you know why that is?

5 **A** **Just tracking, you know, if we turn up the oxygen,**
6 **turn down the oxygen, what the patient's response**
7 **would be to that.**

8 **Q** Understood.

9 This takes us to the following
10 page, Ascension 475, same exhibit, October 13th.

11 Are those your entries on the
12 left-hand column?

13 **A** **Yes.**

14 **Q** And can you tell me what time those were made?

15 **A** **9:13.**

16 **Q** A.M.?

17 **A** **Yes.**

18 **Q** And the respiratory rate was what?

19 **A** **Thirty-seven.**

20 **Q** And the O2 was what?

21 **A** **SPO2 of 83 percent.**

22 **Q** Okay. And in that section just below that, it
23 says -- am I reading this correct, Pasero,
24 P-A-S-E-R-O?

25 **A** **Yeah.**

1 Q Pasero Opioid-Induced Sedation Scale.

2 Is that what POSS stands for, if
3 you know?

4 A I -- I don't know. It's just a sedation scale.

5 Q Okay. And did you enter this information that she
6 was awake and alert?

7 A Yeah.

8 Q And would you have entered the information
9 directly below that that indicates her respiratory
10 quality was regular?

11 A I would have, yes.

12 Q Okay. And on the right-hand column, same day,
13 correct?

14 A Yes.

15 Q At what time?

16 A 9:25.

17 Q And those are your vital entries, correct?

18 A Yes.

19 Q And what is the respiratory rate, if you would?

20 A Forty-eight.

21 Q And the O2 was what?

22 A SPO2 was 90 percent.

23 Q And also on the Pasero Opioid-Induced Sedation
24 Scale, POSS, you indicate that she was awake and
25 alert?

1 **A Yes.**

2 Q Proceeding to the next page, Ascension 476, also
3 on the left column, same date?

4 **A Yes.**

5 Q At what time did you --

6 **A 11:39.**

7 Q And those are your entries, correct?

8 **A Yes.**

9 Q And what was her respiratory rate?

10 **A Forty-one.**

11 Q Did you say 41?

12 **A Her respiratory rate is 41.**

13 Q And her O2 was what?

14 **A Sixty-five.**

15 Q Okay. And on the POSS down below, you indicate
16 she was awake and alert, correct?

17 **A I do.**

18 Q On the right-hand side, what is the -- is that the
19 same date?

20 **A 10/13/21.**

21 Q Right. And the time --

22 **A At noon.**

23 Q Correct.

24 And those are your entries, are
25 they --

1 **A Yes.**

2 Q -- not?

3 **A Yep.**

4 Q Okay. And what was her respiratory rate?

5 **A Fifty.**

6 Q And her O2 was what?

7 **A 82 percent.**

8 Q Also, she's awake and alert, according to the POSS
9 entry?

10 **A So -- wonder -- yeah, I guess that's what it is.**

11 Q Okay. Next page, same date, October 13th?

12 **A Yes.**

13 Q And these are your entries; are they not?

14 **A Yes.**

15 Q What time, please?

16 **A 12:22.**

17 Q And what was her respiratory rate?

18 **A Forty-eight.**

19 Q And her O2?

20 **A SPO2 is 82.**

21 Q Eighty-two.

22 Also listed as awake and alert?

23 **A Yes.**

24 Q That right-hand column, same date, what's the time
25 of that entry?

1 **A 1405.**

2 Q So that would be 2:05 p.m., right?

3 **A Yes.**

4 Q And these are your entries; are they not?

5 **A Yes.**

6 Q And what is the respiratory rate that you entered
7 on -- at that time?

8 **A Forty.**

9 Q And the O2 was what?

10 **A SPO2 is 80 percent.**

11 Q Okay. You indicate on the POSS, opioid-induced
12 scale, that she is slightly drowsy, correct?

13 **A Correct.**

14 Q Next page, same date, correct?

15 **A Yes.**

16 Q At 1500 or 3:00 p.m., are those your entries?

17 **A They are.**

18 Q And what is her respiratory rate, please?

19 **A Fifty-four.**

20 Q And her O2?

21 **A 56 percent.**

22 Q 56 percent.

23 You were seeing a significant
24 decrease in her oxygen saturation level at this
25 point; were you not?

1 **A** Um-hmm. It says, "The sat dropped with proning.
2 Patient repositioned self onto back soon after
3 position change."

4 So it was the comments about what
5 was happening during these vitals.

6 **Q** Right. And down slightly below that under the
7 POSS there, you've not entered any scale, correct?

8 **A** I did not fill in that box there, no. Um --

9 **Q** But what is meant by the PASS scale?

10 And you put a zero in, but alert --
11 but entered "alert and calm"?

12 **A** It's another scale that measures, like, a
13 patient's sedation or awakesness.

14 **Q** Okay. And on the right-hand side, are these your
15 vitals on 10/13?

16 **A** Yes.

17 **Q** At what time?

18 **A** 1530.

19 **Q** So some 30 minutes later than the previous entry,
20 correct?

21 **A** Yes.

22 **Q** And -- and at that time, her respiratory rate was
23 what?

24 **A** Fifty-six.

25 **Q** And her O2 was what?

1 **A 80 percent.**

2 Q That's a significant difference from the 30
3 minutes prior, is it not?

4 **A Yes.**

5 Q And is there anything -- what do you account for
6 that?

7 MR. FRANCKOWIAK: Objection.
8 Speculation.

9 You can answer if you know.

10 BY MR. EDMINISTER:

11 Q If you know.

12 **A It said that she wasn't tolerating the proning**
13 **over here, that she had turned over, so maybe**
14 **position.**

15 Q I see.

16 So it could have been a positional
17 artifact then?

18 **A Not artifact. It was the position increased her**
19 **oxygenation.**

20 Q I see.

21 Same thing underneath the
22 right-hand side, respiratory rate at 1530 was --
23 what did you say it was, 56?

24 **A Yeah, 56.**

25 Q And with regard to the POSS scale, there's no

1 entry there?

2 **A No.**

3 Q And how do you account for that?

4 **A I did the RA -- RASS scale instead.**

5 Q Okay. And so the RASS scale says "alert and
6 calm," right?

7 **A Yes.**

8 Q And you would have had to enter that, correct?

9 **A Yeah.**

10 MR. SCHARA: What time is that?

11 MR. EDMINISTER: 1530.

12 BY MR. EDMINISTER:

13 Q Proceeding to the next page, it's marked Ascension
14 479 on the left-hand column once again.

15 Same date, correct?

16 **A Correct.**

17 Q October 13th.

18 What time was that?

19 **A About 1600.**

20 Q That's 4:00 p.m. for normal people, right?

21 **A Yes.**

22 Q And are those your entries?

23 **A They are.**

24 Q And what is the respiratory rate?

25 **A Fifty-two.**

1 Q And her O2?

2 A **SPO2 of 80 percent.**

3 Q Okay. And on the right-hand column, are those
4 your entries?

5 A **Yes.**

6 Q And those entries are made at what time?

7 A **1700.**

8 Q So one hour later than the previous?

9 A **Right.**

10 Q And what's her respiratory rate at 1700?

11 A **Fifty-four.**

12 Q And her O2?

13 A **54 percent.**

14 Q Not a good reading, is it?

15 A **It's not.**

16 Q And once again, you used the PA -- a POSS scale --

17 A **Yes.**

18 Q -- to indicate her condition at this point.

19 And it was what? What did you
20 enter there?

21 A **Somnolence.**

22 Q And what does that mean?

23 A **Minimal to no response.**

24 Q Minimal what?

25 A **Minimal to no response.**

1 Q Yeah, okay.

2 And what about the respiratory
3 quality?

4 A **Labored.**

5 Q Would that be another word for agonal?

6 A **No.**

7 Q Okay. Proceeding to the next -- okay. I'm sorry.
8 Let's stay on that page, Ascension 479.

9 About three-quarters of the way
10 down, you've got a comment there.

11 Would you read that comment into
12 the record, please?

13 A **"Saturation dropping with proning."**

14 Q I'm not sure we're reading the same thing. Oh, I
15 see. You're on the right-hand column.

16 On the left-hand column for the
17 1600 entry --

18 A **Okay.**

19 Q -- there was -- I neglected to ask you about your
20 comment there.

21 Would you read that into the
22 record?

23 A **"Dr. Shokar aware of sats. No further
24 intervention available."**

25 Q What does that mean?

1 **A** **That she was on, like, the max medical treatment**
2 **that the BiPAP could offer her. The only thing**
3 **you could do more at that point would be to**
4 **intubate and put on the ventilator. That was not**
5 **the wish of her family to have that done for her.**

6 **Q** **Okay. So would this indicate then -- I'm**
7 **presuming this indicates that you spoke to**
8 **Dr. Shokar --**

9 **A** **Yes.**

10 **Q** **-- did you not?**

11 **A** **Or a -- like, either a page or a phone call, yeah.**

12 **Q** **Right. Just to make him aware of these sat**
13 **levels, right?**

14 **A** **Um-hmm.**

15 **Q** **Because --**

16 THE STENOGRAPHER: Yes?

17 **A** **Yes. Sorry.**

18 BY MR. EDMINISTER:

19 **Q** **That's okay. We all do it.**

20 So we now know that you made him
21 aware of the decrease in sat and that he's
22 responded by telling you, no further intervention
23 available?

24 **A** **I believe that means I received no orders. There**
25 **was nothing further to do.**

1 Q I understand.

2 Okay. On to the next page,
3 Ascension 480. I'm sorry, this gets a little
4 tedious.

5 On the left-hand column, we are
6 once again referring to October 13th, 2021; are we
7 not?

8 A Yes.

9 Q And at -- what is the time there?

10 A 1730.

11 Q And did you make these entries?

12 A Yes.

13 Q And they are vital signs?

14 A Yes.

15 Q And the respiration rate is what?

16 A Forty-seven.

17 Q And the O2 is what?

18 A 46 percent SPO2.

19 Q Okay. And down a little further under the POSS,
20 what did you enter?

21 A "Somnolent. Minimal -- minimal to no response."

22 Q And her respiratory quality?

23 A Labored.

24 Q Okay. And what does it mean when you enter
25 "minimal to no response"?

1 **A Basically, the patient's, like, very sleepy. It's**
2 **like a side effect of high CO2 if you're not**
3 **breathing well.**

4 **Q Okay. Are you trying to stimulate the patient in**
5 **some fashion?**

6 MR. FRANCKOWIAK: Objection.
7 Foundation.

8 You can answer.

9 **A You would try to see if she could open her eyes or**
10 **respond to you in the manner that she had been**
11 **previously.**

12 BY MR. EDMINISTER:

13 **Q Right. Okay. And under "comment," what did**
14 **you -- what did you enter there?**

15 **A "No recovery in O2 sat. Sister at bedside.**
16 **Father updated via FaceTime. Dr. Shokar paged to**
17 **update."**

18 **Q And what does it mean that Dr. Shokar paged to**
19 **update? Did he page you, or you paged him to --**

20 **A That I just paged him her clinical status. Again,**
21 **she was very sick at this point.**

22 **Q Okay.**

23 MR. EDMINISTER: Do you have something
24 you wanted to tell me?

25 MR. SCHARA: No.

1 MR. EDMINISTER: Oh.

2 MR. SCHARA: I just wanted to see the
3 timestamps.

4 BY MR. EDMINISTER:

5 Q Moving on to the right-hand column on the same
6 page, can you indicate for us whether or not you
7 made those vital sign entries?

8 A I did.

9 Q Same date, October 13th of '21?

10 A Yes.

11 Q And at what time did you make those entries?

12 A 1809.

13 Q So at 1809, you indicate that the respiratory rate
14 is what?

15 A Fifty-one.

16 Q And the O2 is what?

17 A 51 percent SPO2.

18 Q SPO2 of 51 percent.

19 Once again, she is, according to
20 your record, somnolent, minimal to no response,
21 and labored respiratory quality, correct?

22 A Yes.

23 Q And down below in the comment section, what do you
24 enter there?

25 A "Blood pressure undetectable. Dr. Shokar

1 **present."**

2 Q Okay. This is at 1809, correct?

3 **A Yes.**

4 Q Are you aware that the dose of morphine was given
5 at 1830?

6 **A I'd have to, like, confirm with my charting, but**
7 **we did give her morphine.**

8 Q Okay. Next page, Ascension 481, left-hand column.
9 Once again, are those your entries?

10 **A Yes.**

11 Q Same date, October 13th of '21?

12 **A Yes.**

13 Q And the time you entered was what?

14 **A 1837.**

15 Q Okay. So it's 6:37 p.m.

16 You entered respiratory rate of
17 what?

18 **A Thirty-five.**

19 Q And an O2 sat of what?

20 **A Of 98 percent SPO2.**

21 Q Do you have any -- any idea based upon your
22 clinical expertise why the O2 has gone to 98?

23 MR. FRANCKOWIAK: Objection.

24 Foundation.

25 You can answer if you know.

1 **A** Well, the morphine helped her. She's not
2 breathing as fast, so she can take deeper, more
3 normal kind of breaths.

4 BY MR. EDMINISTER:

5 Q I see. I see.

6 MR. BIRNBAUM: Mike, we've been going
7 for a while.

8 MR. EDMINISTER: Oh, yeah.

9 MR. BIRNBAUM: Are we at a point where
10 we can take a break?

11 MR. EDMINISTER: Oh, yeah. Oh, yeah.
12 This is it. You've got the timing right. That
13 was my last entry. We're going to take a
14 ten-minute break at this point.

15 VIDEOGRAPHER: We are going off the
16 record at 2:42 p.m.

17 (Brief recess taken from 2:42 p.m. to
18 3:13 p.m.)

19 VIDEOGRAPHER: We are going on the
20 record at 3:12 -- 3:13 p.m.

21 MR. EDMINISTER: We're having issues
22 with tape. Okay. We're back on the record.

23 BY MR. EDMINISTER:

24 Q And when we left for our break, we were talking
25 about Exhibit 52.

1 MR. EDMINISTER: Can you help me,
2 Rosanne?

3 THE STENOGRAPHER: Yes.

4 MR. EDMINISTER: You have 52, right?

5 MR. POJE: I think it was 53.

6 MR. EDMINISTER: 53, yeah. Okay.
7 Perfect.

8 BY MR. EDMINISTER:

9 Q So we have gone all the way through 53, which is
10 the listing of your vitals.

11 Do you know -- if you don't know,
12 just say, but do you know why this record
13 indicates at the top an archive discharge audit?

14 MR. FRANCKOWIAK: Objection.
15 Foundation.

16 You can answer if you know.

17 **A I don't know why.**

18 (Deposition Exhibit No. 54 marked for
19 identification.)

20 BY MR. EDMINISTER:

21 Q Okay. I'm going to be handing you what's been
22 marked for purposes of identification as
23 Exhibit 54, if you would please take a look at
24 that.

25 And I know the print is incredibly

1 small, but can you tell me what this document
2 represents, if you know?

3 **A Um, this looks like the record for pulling**
4 **morphine and Ativan.**

5 Q Okay. And on the -- it's got -- it's got several
6 columns, right, and the -- the first column
7 clearly is E -- is E2C.

8 Is -- is that a reference to your
9 floor unit?

10 **A It's not -- it's probably a reference to the**
11 **machine where the medications were held.**

12 Q The what?

13 **A The machine where the medications came out of, I'm**
14 **thinking.**

15 Q Oh, okay.

16 MR. EDMINISTER: For you folks that are
17 not present, this is Ascension 01098, All Station
18 Events.

19 BY MR. EDMINISTER:

20 Q So you can identify for me, can you not, that this
21 is a medication record?

22 **A This looks like something printed off from our**
23 **Pyxis machine about what medications were, like,**
24 **taken out.**

25 Q What is -- what are you -- what are you calling

1 this, a Pyxis?

2 **A The machine that holds all of the medications on**
3 **the floor is called the Pyxis.**

4 Q Can you spell that?

5 **A I think it's P-Y-X-I-S, but we've established I'm**
6 **not a good speller.**

7 Q The P-Y-X --

8 **A I-S.**

9 Q -- I-S.

10 Okay. And you can tell from this
11 report that these are medications that pertain to
12 Grace Schara, correct?

13 **A Let's see here.**

14 **Yep, taken out under her patient**
15 **name.**

16 Q Right. So is this report generated from the Pyxis
17 machine?

18 **A I don't know what it's generated for. It's not**
19 **part of my charting.**

20 Q Right. This would probably be an automated
21 medication dispensation record?

22 **A Some kind of medication record.**

23 Q Yeah. And is this the first time you've ever seen
24 this --

25 **A Yes.**

1 Q -- document?

2 And if you look over about one,
3 two, three, four, five, six, seven, eight, nine,
4 ten columns across, at the top it says "user
5 name," correct?

6 A Yes.

7 Q And your name appears twice within that column,
8 correct?

9 A Correct.

10 Q And if you look down to about the seventh entry in
11 that column where we see your name, can you tell
12 me what you can glean from that information?

13 A Looks like on 10/13/21 at 11:24, I removed some
14 lorazepam.

15 Q Okay. And on the far right it says Med Class IV.

16 Do you know what that means?

17 A I do not.

18 Q Okay. Are these controlled substances?

19 A These are medications we have to account for, so I
20 guess I don't know their classification, but we
21 have to account -- you know, account for the drug.

22 Q Right. Okay. And so when you look down at the
23 bottom of that last column under Med Class, most
24 of them are Class IVs until you get down to
25 morphine, and it says "Class II" on the far right,

1 correct?

2 **A Correct.**

3 Q And there are two time entries for morphine, the
4 one above -- I'm sorry.

5 So we have a user and a witness in
6 these columns, right?

7 **A Right.**

8 Q I see.

9 So the first one we come to, going
10 from the top down, is -- the first one that you're
11 involved with is actually lorazepam, correct?

12 **A Yes.**

13 Q And then this record would indicate that according
14 to Pyxis, at 11:24 a.m. on the 13th, you would
15 have removed lorazepam, correct?

16 **A Yes.**

17 Q Is there anything about this line that you're
18 listed on relative to lorazepam at 11:24?

19 If we start over on the far left,
20 we've already established that the first column
21 indicates the station where the Pyxis machine is
22 located.

23 **A Yep.**

24 Q The second column says "transaction," right?

25 **A Yes.**

1 Q And for your entry relative to lorazepam, it says
2 "withdrawn."

3 A **Correct.**

4 Q And then the next column says "override."

5 What does that refer to?

6 MR. FRANCKOWIAK: Objection.

7 Foundation. You can answer if you know.

8 BY MR. EDMINISTER:

9 Q If you know.

10 A **I -- I don't know.**

11 Q Okay. And then under the med name, it says "pull
12 kit" -- I'm still on lorazepam.

13 A **Um-hmm.**

14 Q "Pull kit 2-milligram/1-milliliter vial," right?

15 A **Yes.**

16 Q And then next to your name it says "override."

17 So what does that mean? You don't
18 know what that means?

19 MR. FRANCKOWIAK: Objection.

20 Foundation.

21 BY MR. EDMINISTER:

22 Q Override --

23 A **I don't know what the "override" means.**

24 Q Okay. Not something -- not a term that you're
25 normally familiar with relative to the

1 dispensation of medications?

2 **A Right.**

3 Q Okay. And then if we go down to the
4 second-to-last line, I'm sorry -- third to the
5 last line, we have morphine appears to have been
6 withdrawn by Schonfelder, correct?

7 **A Yes.**

8 Q There's no witness name listed in that column to
9 the right of her name, but we know that that was
10 withdrawn at 10:13 -- I mean on October 13th,
11 '21 at 6:21 p.m., correct?

12 **A Let's see.**

13 Q According to this report.

14 **A Um, you're talking about the second from the**
15 **bottom line? Is that what you're talking about?**

16 Q No, no, no. The third --

17 **A The third from the bottom?**

18 Q -- from the bottom.

19 **A Yeah, that medicine is what's drawn at that time.**

20 Q Right. And that was morphine?

21 **A Yes.**

22 Q And do we know how much? It says 4 milligrams,
23 right?

24 **A Yes.**

25 Q Okay. And there's no witness listed under witness

1 name, correct?

2 **A Correct. The witness is listed on the second**
3 **line --**

4 Q Oh, I see.

5 **A -- down. Yeah.**

6 Q Okay. Because you're the witness to this
7 Schonfelder, correct?

8 **A Right.**

9 Q And the second line from the bottom also
10 override -- I mean also morphine, same amount.

11 **A So that's just the waste. It's not a withdrawal**
12 **of med. It's -- the med was already -- already**
13 **withdrawn, and now we're wasting the unused**
14 **portion --**

15 Q I see.

16 **A -- in the machine.**

17 Q Okay. That -- I was just going to ask you, that
18 was my next question.

19 **A Yeah, that's what that looks like.**

20 Q What does -- right. What does "wasted" mean?

21 So the machine -- help me here, I
22 mean, because I've never used a Pyxis machine.

23 But the machine will dispense to
24 you a specific amount, not necessarily the amount
25 that doctor ordered; is that right?

1 **A Correct. It's whatever quantity is stocked in the**
2 **machine.**

3 Q Okay. Got it.

4 And so then you have to waste an
5 amount --

6 **A The unused portion.**

7 Q The unused portion?

8 **A Um-hmm.**

9 Q And you have to log that somehow?

10 **A Correct.**

11 Q Well, how would the Pyxis machine know that you've
12 wasted that amount?

13 **A It's -- you and the other person waste the**
14 **medication.**

15 Q Okay. Do you go to the Pyxis machine and make an
16 entry --

17 **A Yes.**

18 Q -- that you've wasted a -- a portion?

19 **A Yes.**

20 Q Understood. Okay. Bless you.

21 And then the final line on this
22 indicates there was lorazepam. Your name is
23 listed as the user. Paige Schonfelder is a
24 witness.

25 And once again, there's an entry

1 that indicates that was wasted?

2 **A Right.**

3 Q So what you're doing is you're going in at
4 6:48 p.m. to the machine to indicate how much
5 lorazepam you've wasted?

6 **A Right.**

7 Q Understood. Thank you for that clarification.

8 Can you return the exhibit, please?

9 (Deposition Exhibit No. 55 marked
10 for identification.)

11 BY MR. EDMINISTER:

12 Q Okay. I'm handing you what's been marked as
13 Exhibit 55.

14 Do you recognize that document?

15 **A This looks like activity mobility charting.**

16 Q Okay. And I'd like to direct your attention to
17 Exhibit 55 on the right-hand column.

18 Does it appear that this is your
19 charting on October 13th, 2021 at 0802?

20 **A Yes.**

21 Q And can you explain to me what your reference to
22 the patient's position in the bed is?

23 **A That she is proning.**

24 Q Okay. And do -- do you have to indicate that
25 reference to the right that says "patient refused

1 repositioning"?

2 **A That would be like a yes or a no if that were the**
3 **case.**

4 Q Oh, I see.

5 So that was not --

6 **A So my --**

7 Q -- marked?

8 **A You're right. I just put "proned."**

9 Q It's blank, right, so we know she was prone.

10 And -- and proning is something
11 that we were trying to do to increase her
12 oxygenation?

13 **A Yes.**

14 Q And you indicate under "medical devices checked
15 and repositioned," do you have to enter that, "All
16 lines/wires" and the "Foley tubing"?

17 **A I don't -- this is an older system, so I don't**
18 **remember if I enter it or if it's like boxes you**
19 **select from.**

20 Q Okay. But nonetheless, you have to enter some
21 information?

22 **A Yes.**

23 Q And -- and however you do it, I mean, it doesn't
24 automatically generate --

25 **A Right. Right.**

1 Q -- that all lines and wires were checked, right?

2 A **Correct.**

3 Q And how do you check for all lines, wires, and
4 Foley tubing?

5 A **We assess a patient's position and make sure that**
6 **the IV, like the IV tubing isn't running under**
7 **their arms causing an indentation or things that**
8 **could cause, like, pressure sores.**

9 Q Right.

10 A **If they move around the Foley tubing, sometimes if**
11 **they have edema, it cuts in, like, their leg and**
12 **you move it around.**

13 Q Right. Okay. And further down, about midway down
14 the right-hand column on that same page, there is
15 a reference under the comment section, "Patient
16 had rolled self onto back," right?

17 A **Yep.**

18 Q "Assisted into prone position once again."

19 That's your -- is that your entry?

20 A **Yes.**

21 Q Okay. And that would have been done -- that --
22 that comment is related to the entry at 8:02 a.m.,
23 correct?

24 A **Yes.**

25 Q I'm sorry. I have a very difficult time with this

1 crazy microscopic print.

2 And then when you look down further
3 the lower half of the right-hand column, that's a
4 new entry, right?

5 **A Yes.**

6 **Q** It looks like 8:20 a.m., same date, correct?

7 **A Correct.**

8 **Q** No reference to where the patient was positioned,
9 correct?

10 **A Correct.**

11 **Q** Document would apply. Said nothing is documented
12 except when you go down -- we're six lines from
13 the bottom, once again, "Patient rolled onto back.
14 Assisted into prone position," and then it says
15 "Precedex increased."

16 **A Yes.**

17 **Q** Okay. And why do you make that notation for
18 Precedex at this -- at this location in the chart?

19 **A Precedex is used to help with anxiety, so -- and**
20 **to help, like, also maintain her prone position,**
21 **so I just was indicating she's not staying in this**
22 **therapeutic position like she should be, like**
23 **would be helpful to her. This is the medication**
24 **that we're using to try to help her do that, so**
25 **now I've increased it.**

1 Q And is that a PRN? Was there a PRN order relative
2 to Precedex?

3 A **There's an -- there's an order in there for**
4 **Precedex.**

5 Q Right. But I guess my question is, and maybe I'm
6 using the wrong terminology, are you capable of
7 increasing the Precedex if the patient's position
8 warrants it?

9 A **Yes.**

10 Q So -- so there's kind of a standard order?

11 A **There was a specific order in there on how to**
12 **change the Precedex.**

13 Q I see.

14 So you didn't have to receive a
15 doctor's --

16 A **The order was already in place, yeah. It wasn't a**
17 **new medication.**

18 Q I got it. Yeah. Okay. Very good. Thank you.

19 And on the next page which is
20 marked Ascension 860, on the left-hand column of
21 the second page, this is also your charting; is it
22 not?

23 A **Yes, it is.**

24 Q And can you help me with -- what -- what is the
25 date and time here?

1 **A I see 10/13/21 at 9:00 a.m.**

2 Q Okay. And is this reference directly above that
3 date and time, "Patient rolled onto back. Assist
4 into prone position. Precedex at max dose."

5 Does that relate to the previous --

6 **A I believe so, like the 10/13, 8:40.**

7 Q -- entry we just looked -- yeah, that's what I
8 think.

9 This is a carryover from that
10 8:40 entry, isn't it?

11 **A The comments.**

12 Q Right. The comments are, right.

13 And what is the max dose?

14 **A 1.4 is usually the max dose on Precedex.**

15 Q Okay. And so you've indicated that she's now been
16 given the maximum dose of Precedex --

17 **A Right.**

18 Q -- as of October 13th at 8:40 a.m., correct?

19 **A Correct.**

20 Q And then the -- the note directly below that on
21 the left-hand column would be the 10 -- the
22 October 13th, 9:00 a.m. note. Indicates in the
23 comment section that the patient was rolled onto
24 back and sheets were changed. It just says
25 "position supine."

1 **A** **Um-hmm.**

2 **Q** So when -- I understand what you're saying about
3 patient rolled onto back.

4 Why are the sheets changed?

5 **A** **I mean, if they're dirty, we change the sheets, or**
6 **maybe they were, you know, like, all wrinkled or**
7 **something, just try to keep nice, straight, clean**
8 **sheets under patients.**

9 **Q** Okay.

10 (Deposition Exhibit No. 56 marked for
11 identification.)

12 BY MR. EDMINISTER:

13 **Q** I'm handing you what's been marked as Plaintiff's
14 Exhibit 56.

15 Do you see that document?

16 **A** **Yes.**

17 **Q** Would you take a moment to review that for me,
18 please?

19 **A** **(Witness complies.) Okay.**

20 **Q** And this looks -- appears to be -- well, for those
21 not in attendance, it's listed as Ascension 00094
22 at the bottom, right? Correct?

23 **A** **Yes. Yes.**

24 **Q** Okay. And so this appears to be a Medication
25 Administration Summary, correct?

1 **A This is the order in the EMAR for the medication**
2 **that was ordered and then times it was given.**

3 Q And what is an EMAR, electronic --

4 **A The medication record, yes.**

5 Q Yeah. Okay. And so if you look underneath
6 lorazepam, it indicates PRN Q6H.

7 And can you tell us what that
8 means?

9 **A Every six hours as needed.**

10 Q As needed, okay.

11 And then is there anything in this
12 that tells us how often it was given?

13 **A The administration times and dates are underneath**
14 **it.**

15 Q Okay. So this next section below that is
16 administration dates and the times and who gave
17 those medications, right?

18 **A Correct.**

19 Q So we can just skip right down to 10/13, the date
20 of administration of lorazepam, 2-milligram, and
21 it indicates at 11:25 a.m. on the 13th you -- you
22 gave .5 milligrams?

23 **A Correct.**

24 Q And then below that at 7:46, also lists your name
25 and you gave .5 milligrams again?

1 **A Yes.**

2 **Q Then below that on the same date, 1749, you**
3 **gave -- excuse me -- .5 milligrams once again?**

4 **A Yes.**

5 **Q And those two -- last two administrations of**
6 **lorazepam were done within basically three**
7 **minutes?**

8 **A Yeah. If you reference the notes in her vitals**
9 **about what's going on at this time, I had concerns**
10 **she was breathing so quickly, so I gave her the Q6**
11 **hour as needed lorazepam, kind of monitored to see**
12 **if anything changed. It didn't. Oxygen still**
13 **low, respiratory rate is still high. So I called**
14 **Dr. Shokar. He gave me a verbal order to give a**
15 **.5 additional Ativan and that he would be coming**
16 **down to see her because she was very critically**
17 **sick at this time. Respiratory rate 55. Work of**
18 **breathing.**

19 **Q I see.**

20 So this reference that's written
21 here, "RR55, given for work of breathing," I -- I
22 never -- I couldn't understand what that was
23 referring to. You've just read it in.

24 And -- and how do you know this
25 notation indicates that Dr. Shokar gave you that

1 as a verbal order?

2 **A I know because I talked to him that he gave it to**
3 **me as a verbal order, and then this is just the**
4 **documentation of the administration of the**
5 **medication.**

6 Q Okay. Now, why does it say "Rule: PRNQ6HR" -- H
7 -- "Rule"?

8 **A I haven't seen that before. I don't know what**
9 **that is.**

10 Q Okay. Going to the second page on this Medication
11 Administration Summary, Exhibit 56, if you look at
12 the bottom half of the page, looks like
13 acetaminophen 650 milligrams suppository dose,
14 right?

15 **A Yes.**

16 Q Dr. Beck had ordered that, correct?

17 **A Correct.**

18 Q And on 10/13/21, it appears that you administered
19 that dose at 1448, right?

20 **A Yes.**

21 Q And do you know what her status was, what her --
22 what her condition was at 1448 on the 13th?

23 **A I'd have to refer to my notes and the vital signs**
24 **at that time.**

25 Q If you turn to the following page, Ascension 99,

1 at the bottom of that page, it looks like
2 Dr. Shokar ordered and you administered
3 1500 milliliters of standard -- is that TF?

4 **A Yes.**

5 Q "With fiber." What is that?

6 **A That would be the bottle of tube feeding.**

7 Q Tube feeding. Got it. Okay.

8 And so you decide to start the tube
9 feeding -- and this is -- we -- we talked about
10 this previously, right, with -- with the tube
11 placement?

12 **A Um-hmm.**

13 Q And when you say "Rate 10," is that -- is that
14 some sort of a dosage rate or administration rate?

15 **A It's the administration rate. The tube feeding
16 was running at 10 cc an hour.**

17 Q Got it.

18 And is that normal?

19 **A Yes.**

20 Q Okay. The next page, it looks as though we have
21 your reference on the bottom as the user.

22 And if you can tell me what this
23 is?

24 **A Her blood sugar was 151.**

25 Q So you administered insulin?

1 **A** **I don't believe that I did administer. I think**
2 **given no --**

3 **Q** **Oh --**

4 **A** **It --**

5 **Q** **There's an N. I didn't see that.**

6 **A** **Looks different in a printed form than when you're**
7 **charting, and now it's a different system. But I**
8 **believe that says "no -- no insulin given."**

9 **Q** **No insulin given, okay.**

10 But does this document indicate to
11 us that Dr. Shokar ordered it?

12 **A** **This order was -- let's see.**

13 **Q** **It appears that he ordered it.**

14 MR. FRANCKOWIAK: Objection.
15 Foundation.

16 You can answer if you know.

17 **A** **It's a confusing -- one unit total dispensed is**
18 **zero. I guess I'm unclear on how to read this.**
19 **I'm sorry. This one is --**

20 BY MR. EDMINISTER:

21 **Q** **That's okay.**

22 What does "reason code parameters"
23 mean?

24 **A** **I don't know.**

25 **Q** **Okay.**

1 **A Oh -- no. I'm not sure.**

2 Q Okay. Well, I don't want you to guess.

3 Next page is Ascension 101, also
4 part of the same exhibit, Medication
5 Administration Summary, and we've got at the top
6 "morphine sulfate 1 each SYR" indicates a syringe,
7 right?

8 **A Correct. Well, sure.**

9 Q Dose given says -- well, first of all, your name
10 is listed at 1815, correct?

11 **A Yes.**

12 Q Administration date, time 1815.

13 Says "Given: Y," which means yes,
14 right?

15 **A Yes.**

16 Q And you gave two doses?

17 **A I give 2 milligrams.**

18 Q Is that what that means, two each?

19 **A 2 -- 2 milligrams.**

20 Q Where do you get that?

21 **A Um, the instructions, 2 milligrams IV. So the**
22 **label, instead of reading milligrams said each.**
23 **Should have maybe said milligrams. It's**
24 **2 milligrams, which is the total amount in the**
25 **vial there. 2 milligrams IV.**

1 Q Where are you pointing at that shows me the total
2 amount in the vial?

3 A Or maybe it doesn't. Dose instructions -- so I
4 see it says 2 milligrams IV now, 10/13, 1830
5 Dr. Shokar, and then it was administered and given
6 2 milligrams.

7 Q At 1815?

8 A Yes.

9 Q And was this given for purposes of slowing her
10 respiratory rate?

11 A It was. It was an emergency situation. She was
12 breathing so fast we had to slow down her
13 breathing rates or she wasn't going to be able to
14 keep going, breathing like that. And Dr. Shokar
15 gave the order for the morphine.

16 Q Okay. If we go to the next page, Ascension 102,
17 also part of the same exhibit, Medication
18 Administration Summary.

19 This has to do with
20 dexamethasone [sic], dex -- dex -- this looks like
21 Dr. Marada ordered this?

22 A Um-hmm.

23 Q Oh, the date was started on 10/7, right?

24 A Yes.

25 Q And if you look down about -- under the 10/7 on

1 the lower portion of the page it says, "Needed to
2 quickly reduce dose R/T over-sedation."

3 What does this refer to?

4 MR. FRANCKOWIAK: Objection. Foundation
5 to the extent it's not her note.

6 You can answer if you know.

7 BY MR. EDMINISTER:

8 Q Right. We know it's not your note.

9 A Yeah, I couldn't say. I wasn't the one entering
10 that.

11 Q And what does "R/T" refer to?

12 A Related to.

13 Q Pardon?

14 A Related to.

15 Q Related to. So reduce -- needed to quickly reduce
16 dose related to over-sedation. Okay. Got it.

17 And that was on 10/7?

18 A Yes.

19 Q And you weren't -- you weren't present then?

20 A I was not.

21 Q But you would have been aware of this in the chart
22 had you looked, right?

23 A I'm not sure with that computer system that we
24 could see back, how many days back we could see.
25 It was like a limited number of days.

1 Q Oh, you can see the whole chart based on the
2 computer system?

3 A I would -- like, I mean, this is an old computer
4 system, so it doesn't, like, show -- show it like
5 how this was, like I'm seeing right now. So...

6 Q Okay. So if you cared for this patient on the
7 12th and the 13th, hypothetically, you couldn't
8 see, for instance, on the 7th -- what happened on
9 the 7th?

10 A Not in the medical record where I was documenting.
11 I could see it in other places.

12 Q What other places?

13 A Like, you have to, like, rearrange the parameters
14 and go back a few days, and then you can view it.

15 Q I see.

16 On this Page 104, Ascension 104,
17 what is this medication record referring to?

18 A The rate that the medication's running at.

19 Q Which medication?

20 A The dexmedetomidine.

21 Q Oh, I see.

22 So this is a continuation of the
23 page we were just on?

24 A Yes.

25 Q I see.

1 And so on the bottom on the entry
2 for 10/12, October 12 of '21 at 1501, your name
3 appears, and there's a Y next to it meaning "yes"
4 right? And what -- what does that entry show us?

5 **A What I can see here is it shows that the**
6 **medication was running at a rate of 0.7.**

7 Q I see.

8 Is that a standard rate?

9 **A That is within the range that the medication can**
10 **go.**

11 Q Okay. Continuing on to the following page, which
12 is Ascension 105, and that takes us to the date
13 October 13th, the last three entries on that page
14 starting at 0700, 0730, and then finalizing at
15 0754 show your name, and there are Ns, as in
16 November, next to your name.

17 So what does that mean?

18 **A I don't know what the N is.**

19 Q I mean, you can agree with me that -- that if --
20 there are either Ys or Ns --

21 **A Correct.**

22 Q -- in that column?

23 **A Yes.**

24 Q But based upon this, you can't tell what's going
25 on here?

1 **A** I can tell you what medication is running and at
2 what rate, and then the reason why the medication
3 was changed is entered into the comments.

4 **Q** Yeah. Right.

5 For instance, at 7:30, you've
6 indicated the patient was "rolling on side" and
7 "increase to help tolerate prone position," right?

8 **A** **Yep. Yes.**

9 **Q** Okay. And on the next page, which is Ascension
10 106, on 10/13 of 2021 at 10:48, your name appears.

11 This is the dexmedetomidine also
12 given, yes, and the rate was 1.4, correct?

13 **A** **Correct.**

14 **Q** Doesn't look like it was changed to anything at
15 that time, correct?

16 **A** **Correct.**

17 **Q** But then the final note at 1837 indicates your
18 name, given, "GVN," and it says "N," letter N?

19 **A** **Yeah.**

20 **Q** And says "rate changed to off," right?

21 **A** **Right.**

22 **Q** Now, then there's an entry which I presume you
23 have made, right? You're entering this data?

24 **A** **I am.**

25 **Q** What does that say, "Stop GTT"?

1 **A** **GTT is abbreviation for drip, so the medication**
2 **was infusing continually. That's what a drip**
3 **means. And it was stopped.**

4 **Q** Are you saying GTT means dripped?

5 **A** **Yes, I do.**

6 **Q** Okay. Okay. You can give that back to the court
7 reporter. I'll be handing you what's marked as
8 Exhibit 57, Ascension 384.

9 (Deposition Exhibit No. 57 marked for
10 identification.)

11 BY MR. EDMINISTER:

12 **Q** All right. Handing you what's been marked
13 Exhibit 57. As I said, at the bottom of the page,
14 it's labeled Ascension 384, and there are two
15 columns, left and right.

16 On the column -- on the left-hand
17 column, it indicates that the date is 10/12/21,
18 correct?

19 **A** **Yes.**

20 **Q** The time, 1400.

21 Are those your initials?

22 **A** **Yes, they are.**

23 **Q** So would you have entered this data?

24 **A** **Yes.**

25 **Q** And what did you enter?

1 **A** **Education, on diet, activity, BiPAP oxygen,**
2 **weaning process, labs, and vital signs.**

3 **Q** **And it was done verbally, right?**

4 **A** **To the family member, it indicates.**

5 **Q** **Where do I get that information?**

6 **A** **Just above where "method verbal," if you look**
7 **right above that.**

8 **Q** **Oh. Yeah, "if other than patient, family member"?**

9 **A** **Yes.**

10 **Q** **So on the 13th -- or the 12th -- this is**
11 **October 12th, that would have been the patient's**
12 **sister Jessica?**

13 **A** **Yes.**

14 **Q** **Okay. And what was the purpose of that notation?**

15 **A** **Again, just explaining, like, plan of care, how**
16 **the patient's doing, maybe the goals that we'd be**
17 **moving towards if she were to progress. You know,**
18 **eventually, we would want to be like -- we want to**
19 **always be giving the patient, like, the least**
20 **amount of whatever that they need. So if she can**
21 **have less oxygen, great, let's try to move down to**
22 **that. If she -- you know, this is what her**
23 **diet -- this is what her activity goal would be.**
24 **It doesn't necessarily mean that she can attain**
25 **that right now, but this would be our hope.**

1 Q Understood. Okay.

2 Now I want to go back to 56 right
3 here. If you could take a look at Page 5.

4 A The 95, you mean?

5 Q Oh, I'm sorry.

6 A Or first page, Page 5. Okay.

7 Q It's actually Page 12 in the exhibit.

8 So did you question why the
9 morphine was given at that time?

10 A I didn't. She was in an emergency situation. She
11 was not doing well. This was a very small amount
12 of this drug as far as this drug goes. And I know
13 that this could have helped her respirations, her
14 breathing, which is all the goal of trying to slow
15 that down so that she could oxygenate better.

16 Q Okay. You're A -- ALCS-certified [sic], are you
17 not?

18 A ACLS.

19 Q ACLS. Did I say -- oh, that would be American
20 League Championship series. That's --

21 A They probably wouldn't want me.

22 Q Yeah. No, they -- they wouldn't want you.

23 A No.

24 Q Yes, ACLS.

25 Would the ACLS protocol require the

1 presence of a reversal agent at bedside?

2 **A No.**

3 Q No.

4 Why not?

5 **A Because the protocol doesn't require it.**

6 Q Okay. That's a fair enough answer.

7 Okay. What do you have in front of
8 you there, 56 and 57?

9 **A 56, yes.**

10 Q Okay, great. And on 57 in front of you, it
11 appears that there's -- we talked about the
12 intervention, and you confirmed for me that Grace
13 was verbalizing and understanding. No?

14 **A No, that I spoke to the family member.**

15 Q The family member was verbalizing, right?

16 **A Yes.**

17 Q Right. I got it. Never mind. You have 58 over
18 there?

19 **A I have 56 and 57.**

20 MR. EDMINISTER: Okay. Why don't we
21 hand those back to Joanne [sic] so that I don't
22 steal them. I'm sorry, but I'm at that point
23 where I'm losing control of all of the exhibits.

24 (Deposition Exhibit No. 58 marked for
25 identification.)

1 BY MR. EDMINISTER:

2 Q Now I'm handing you what's previously been marked
3 as Exhibit 58.

4 Can you identify that record?

5 A This is an ICU delirium protocol.

6 Q Okay. Can you tell us what the number is on the
7 bottom of the page so these other fellows can --

8 A Yep. 00843.

9 Q Okay. An ICU delirium protocol --

10 A Yep.

11 Q -- did you say?

12 Okay. And what does that mean?

13 A Well, we use Precedex to treat lots of things. So
14 if somebody has delirium in the ICU, that's a
15 medication they would start to kind of help them
16 clear their mind with their delirium, or if
17 they're in alcohol withdrawals, they can start
18 this medication so they can be, like, up and
19 walking in the hallway, or if they're trying to
20 remove a breathing tube from a patient, we often
21 start Precedex to help them get the breathing tube
22 removed.

23 So where it says "Delirium.

24 Doesn't answer questions, already on Precedex,"

25 Precedex would be what's ordered if she scored

1 **positive for this delirium protocol. So that's**
2 **why the notation. Like, "not needed," she's on**
3 **the medication that would treat it.**

4 Q Does this mean she was unconscious at the time?

5 A **Nope.**

6 Q No?

7 A **Nope. It means she had this medication infusing.**

8 Q Okay. Thank you. You can hand that back.

9 (Deposition Exhibit No. 59 marked for
10 identification.)

11 MR. EDMINISTER: A little bit of
12 confusion, apparently, there.

13 BY MR. EDMINISTER:

14 Q I'm handing you what's been marked as Exhibit 59.
15 On the bottom of the page, it's listed as
16 Ascension 736.

17 Can you identify that document for
18 us, please?

19 A **It says at the top that it's a discharge audit.**

20 Q Yeah, I've seen that before, but I don't think
21 that means anything.

22 A **Talking about, like, safety, fall interventions.**

23 Q Okay. Yeah. An intervention protocol?

24 A **Well, this says "continued," so this isn't the**
25 **first page of it. Let's see. 10/13 -- trying to**

1 see, like, what time this might be. Oh, here we
2 go. So it lists here 10/11 at 8:00 a.m. At
3 1900 -- 10/12 at 8:00 p.m., and then 10/13 at
4 8:00 a.m. So it's talking about fall risk
5 interventions.

6 Q I see.

7 What is the meaning of "hourly
8 rounding" as it appears on that chart?

9 A Visualizing the patient each hour.

10 Q And is that a nurse responsibility or physician?

11 A It would be a nurse or a tech responsibility.

12 Q And do we know if the hourly rounding occurred?

13 A It says yes. The little Y is in the column.

14 Q Okay.

15 A Also indicated by my hourly vitals. Oh --

16 Q Hold on. Hold on a second.

17 A Okay.

18 Q You hold that thought.

19 You want to repeat that? Also
20 indicated by --

21 A Like, hourly vitals would show that I was
22 visualizing the patient and assessing her hourly.

23 You're asking, how do you do hourly
24 rounding? That's all I was trying to explain.

25 Q Okay. Thank you.

1 (Deposition Exhibit No. 60 marked for
2 identification.)

3 BY MR. EDMINISTER:

4 Q Handing you what's been previously marked as
5 Exhibit 60. Appears to be Bates-stamped on the
6 bottom as Ascension 35, two-page document, 35 and
7 36.

8 Can you identify that document for
9 me, please?

10 A So this is a provider note from Dr. Gandev.

11 Q All right. And do you know Dr. Gandev?

12 A I work with him.

13 Q Do you? What is his specialty?

14 A Pulmonary care.

15 Q Right. Okay. And would you agree that Grace was
16 having problems with a too high respiration rate
17 as indicated in that note?

18 MR. FRANCKOWIAK: Objection. Vague.
19 Foundation.

20 You can answer if you understand
21 what the question is.

22 A Well, I mean, we read through the vitals last
23 hour, so it varied, right, the respiratory, but in
24 general, yes, she had a very high respiratory
25 rate.

1 BY MR. EDMINISTER:

2 Q Right. Okay. Did you ever try to discuss her
3 respiratory rate with the patient? Would that
4 have been something you would --

5 A That doesn't -- I guess that doesn't make sense to
6 me.

7 Q Okay. What's the number of that exhibit?

8 A 00035.

9 Q No. I apologize.

10 A Oh, 60.

11 Q 60, okay. You can hand that back to the court
12 reporter.

13 If you can refer back to this
14 Exhibit 60 for me, the second paragraph under
15 subjective, it's only two lines, and Dr. Gandev
16 states, "I had extensive conversation with the
17 patient's nurse at the bedside and the hospitalist
18 attending, Dr. Shokar."

19 Now, given the time and date of
20 this note, it indicates that he wrote the note on
21 the 13th of October, and it appears from the
22 second page of the note that he dictated that note
23 at 12:41. Okay?

24 A Okay.

25 Q And so he makes reference to the fact he had

1 extensive conversation with the patient's nurse.

2 Given that this is the 13th of
3 October and given the fact that it's dictated at
4 12-something p.m., would that have been you he's
5 referring to, an extensive conversation?

6 MR. FRANCKOWIAK: Objection.
7 Foundation.

8 You can answer if you know.

9 BY MR. EDMINISTER:

10 Q If you know.

11 A It would have been me, yeah. I was her nurse.

12 Q Right. Okay. Do you recall an extensive
13 conversation with Dr. Gandev?

14 A I do recall that he came and rounded on Grace that
15 day, as was common for our pulmonologist to see
16 all ICU patients, even though he wasn't primary.

17 Q Wasn't primary what? Primary --

18 A The attending physician, I should say.

19 Q I see.

20 A Yes.

21 Q Okay. Right. Okay. You can hand that back to
22 the court reporter.

23 MR. FRANCKOWIAK: Are we going off the
24 record?

25 MR. EDMINISTER: Yes.

1 MR. FRANCKOWIAK: Okay. For how long?

2 MR. EDMINISTER: I was only planning to
3 be off the record for a couple minutes. I want to
4 try and finish her up today.

5 MR. FRANCKOWIAK: Okay.

6 VIDEOGRAPHER: We are going off the
7 record at 4:10 p.m.

8 (Brief recess taken from 4:10 p.m. to
9 4:36 p.m.)

10 VIDEOGRAPHER: We are going back on the
11 record at 4:36 p.m.

12 BY MR. EDMINISTER:

13 Q Okay. Ms. McInnis, we are going to try and get
14 finished up here, but I've got a few other areas I
15 need to go -- get into. I'll try to get through it
16 as quickly as possible.

17 You recognize that on the 13th of
18 October, Grace was placed in restraints, correct?

19 A I guess I don't recall that.

20 Q No?

21 A I'd have to check my charting to know.

22 Q Okay. If -- if she was placed in -- if the record
23 reflects that she was placed in restraints, should
24 there be documentation associated with that?

25 A Yes.

1 Q Would that be something that you could do as a
2 nurse in charge of her care on that floor?

3 A To place her in restraints?

4 Q Right.

5 A I could put her in restraints and then get a
6 physician's order for that.

7 Q But it's still -- nonetheless, it requires an
8 order, right?

9 A Yes.

10 Q Okay. And was there anything about -- strike
11 that.

12 This care occurred in October of
13 2021, and I think we're all aware of the fact that
14 some of the physicians have testified previous to
15 you that we were in the throes of a COVID surge.

16 Would you agree with that?

17 A Yes.

18 Q And would you agree that your ICU was fully
19 occupied?

20 MR. FRANCKOWIAK: Objection.

21 Foundation. Speculation.

22 You can answer if you know.

23 Also vague as to time.

24 BY MR. EDMINISTER:

25 Q During --

1 **A We had --**

2 Q -- the -- the week of October 8th -- 7th, 8th,
3 9th, 10th, 11th, 12th, and through the 13th, was
4 your ICU fully occupied?

5 MR. FRANCKOWIAK: Same objections.

6 You can answer if you know.

7 **A We had a COVID ICU that most often all the rooms**
8 **were full, is the best I could say.**

9 BY MR. EDMINISTER:

10 Q Yeah, okay. And was there anything about that
11 surge during that particular time frame that
12 prevented you from performing your duties as an
13 ICU nurse?

14 MR. FRANCKOWIAK: Objection. Vague.

15 You can answer if you understand.

16 **A I don't feel that I had something preventing me**
17 **from performing my duties.**

18 BY MR. EDMINISTER:

19 Q Okay. What about, for instance, the availability
20 of sufficient personnel? Do you recall based upon
21 the record whether or not there were sufficient
22 personnel?

23 MR. FRANCKOWIAK: Objection. Form.

24 Vague.

25 MR. BIRNBAUM: And foundation.

1 MR. FRANCKOWIAK: Yes.

2 You can answer if you know or if
3 you understand.

4 **A I -- I don't have anything standing out in my mind**
5 **about not having enough personnel.**

6 BY MR. EDMINISTER:

7 Q Okay. Clearly, there's several factors that cause
8 you to recall this patient even though you didn't
9 look at any record prior to today, right?

10 **A Yes.**

11 Q So you know with some particularity about this
12 time frame in October of 2021, correct?

13 MR. FRANCKOWIAK: Objection. Form.
14 Vague.

15 You can answer if you understand.

16 **A Can I -- I know what?**

17 **I guess I don't understand what**
18 **you're asking me.**

19 BY MR. EDMINISTER:

20 Q As we sit here today, you do have some
21 recollection of the events that occurred relative
22 to Grace Schara --

23 **A Yes.**

24 Q -- during that time frame, right?

25 And as a result, would you recall

1 that you had staffing issues at that time?

2 MR. FRANCKOWIAK: Objection. Asked and
3 answered. Foundation and vague.

4 You can answer if your answer would
5 be any different than last.

6 BY MR. EDMINISTER:

7 Q You can answer it.

8 **A No different answer.**

9 Q Don't you typically have CNAs and techs assisting
10 you in the ICU?

11 MR. FRANCKOWIAK: Objection. Form.
12 Vague.

13 You can answer if you understand.

14 **A Are you saying --**

15 MR. BIRNBAUM: And foundation.

16 **A Are you -- our ICU does not always have techs**
17 **assisting. It depends.**

18 BY MR. EDMINISTER:

19 Q Okay. Were there sufficient techs available
20 during October of 2021?

21 MR. FRANCKOWIAK: Objection. Form.
22 Vague. Foundation.

23 You can answer if you know.

24 MR. POJE: I would add basis of
25 knowledge.

1 **A I had sufficient help --**

2 BY MR. EDMINISTER:

3 Q You did?

4 **A -- to do my job.**

5 Q Okay. Now, I'm going to get into an area here
6 which has been raised by your lawyers in an
7 attempt to gain a protective order, so I'm going
8 to ask you a set of questions regarding your own
9 knowledge and experience relative to the publicity
10 surrounding the death of Grace Schara. Okay?

11 So are you aware that this case has
12 been covered in the media?

13 **A Yes.**

14 Q And are you -- what forms of media are you aware
15 of that covered this case?

16 **A I believe Action 2 News --**

17 Q Okay.

18 **A -- or some -- maybe not 2. One of the --**

19 Q It was on the news?

20 **A Yeah.**

21 Q The television news?

22 **A Um-hmm.**

23 Q Okay. Are you aware of any billboards that were
24 erected that made reference to our case?

25 **A I am.**

1 Q Okay. Are you aware that -- did any of those
2 billboards make reference to you individually?

3 A I did not see --

4 MR. FRANCKOWIAK: Objection.
5 Foundation.

6 You can answer.

7 A I did not see a billboard that referenced me
8 personally.

9 BY MR. EDMINISTER:

10 Q How -- okay.

11 How about press releases or any
12 public statements that had referenced you
13 specifically?

14 A I do know that my name, first and last name was
15 mentioned on his website --

16 Q Okay.

17 A -- specifically.

18 Q All right. Other than that, do you know of any
19 other areas where your name was mentioned in the
20 public domain?

21 A I'm trying to think. I'm --

22 MR. FRANCKOWIAK: Objection. Foundation
23 to the extent that she doesn't have access to
24 everything that's published about her.

25 You can answer if you know.

1 **A I haven't been searching it out, to be honest.**

2 BY MR. EDMINISTER:

3 Q Okay. Fair enough.

4 How, if at all, has the publicity
5 surrounding the case of Grace Schara's death
6 affected your life?

7 **A So --**

8 Q Why are you looking at him?

9 **A I just didn't know if it was okay to answer.**

10 MR. FRANCKOWIAK: You can tell him.

11 **A Sure. So I put security cameras up around my**
12 **house because I feel unsafe. I had heard -- I**
13 **didn't myself see -- that people were standing**
14 **outside my place of employment with my sign -- my**
15 **face on a sign saying "thou shalt not kill" facing**
16 **the patients that I take care of. I didn't see**
17 **that, but I heard that that was out there from**
18 **coworkers. I've contacted my kids' schools to**
19 **make sure that my kids will not be released to**
20 **anybody other than myself, and should more press**
21 **be made public, that that get dealt with in an**
22 **appropriate and safe way for my children.**

23 My children all have access to the
24 Internet and the billboards and the websites and
25 that, so they are able to read that kind of stuff,

1 so that doesn't feel good as a -- as a parent
2 because the things they're saying are untrue, and
3 it makes me feel fearful for myself and my
4 children because of the things that are being
5 said.

6 BY MR. EDMINISTER:

7 Q Okay. That's what I'm getting at.

8 So how many children do you have,
9 and what are their ages?

10 A Like --

11 Q I'm not getting into -- I'm not asking for -- for
12 names.

13 MR. FRANCKOWIAK: You -- okay.

14 MR. BIRNBAUM: I'm going to object.

15 MR. FRANCKOWIAK: I don't want to get
16 into identification of other individuals given the
17 circumstances of this case and the publicity.

18 MR. EDMINISTER: I think that you've
19 already raised that in your request for a -- for a
20 protective order and indicated that -- I'm not
21 sure whether you did it in a -- in a -- obviously,
22 not in a filing, but you've notified us that your
23 client has certain fears based upon the publicity,
24 and that's what has necessitated, in your mind,
25 the need for a protective order; is that --

1 MR. FRANCKOWIAK: Well, she has
2 identified the concerns she has.

3 MR. EDMINISTER: Is that fair?

4 MR. FRANCKOWIAK: That is fair. She has
5 identified her concerns regarding her children. I
6 don't know that -- that having specifics about
7 those children is necessary.

8 **A I also have a safety plan activated here at my**
9 **place of employment for my director of nursing.**

10 BY MR. EDMINISTER:

11 Q Okay. What does that safety plan entail?

12 **A I park in a place where my car is under constant**
13 **camera, so surveillance, and I can have security**
14 **walk me in and out of the building, and I can**
15 **contact her personal cell phone at any time that I**
16 **feel unsafe.**

17 Q Okay. Have you had any sort of interactions with
18 persons that made you feel unsafe?

19 **A I avoid that. No.**

20 Q Okay. I mean, I recognize the sensitive topic,
21 but I need to -- I need to understand where your
22 fears come from.

23 I mean, have you -- have there --
24 as I take it, there have not been any incidents
25 that occurred other than what you've just

1 described?

2 **A No.**

3 Q Okay. I think you've told me previously that you
4 didn't have anything to do with the decision to
5 remove Mr. Schara from Grace's room. Fair enough?

6 **A I --**

7 MR. FRANCKOWIAK: Objection. Asked and
8 answered.

9 You can answer.

10 **A Yeah, I was not around at any time when Mr. Schara**
11 **was in the hospital.**

12 BY MR. EDMINISTER:

13 Q Right. And you were only marginally aware of it
14 based upon your care that was rendered on the 12th
15 and 13th of October --

16 **A Yes.**

17 Q -- fair?

18 Right. But you were aware that
19 Mr. Schara was her power of attorney, her care
20 advocate, right?

21 **A Yes. Yep.**

22 Q And she couldn't possibly make decisions, medical
23 decisions for herself, could she?

24 MR. FRANCKOWIAK: Objection.
25 Foundation. Speculation.

1 BY MR. EDMINISTER:

2 Q Do you know?

3 MR. FRANCKOWIAK: You can answer if you
4 know.

5 A She wasn't deemed incompetent, is my
6 understanding. She came into the hospital as her
7 own person with no guardian, and that's what I
8 knew.

9 BY MR. EDMINISTER:

10 Q Okay. But you also stated that you knew that
11 there was an order on -- placed on the chart,
12 right?

13 A An order for what now?

14 Q A -- not an order. I'm losing the -- I'm losing
15 the word.

16 MR. SCHARA: Notation?

17 MR. EDMINISTER: Pardon?

18 MR. SCHARA: Notation?

19 MR. EDMINISTER: No. The -- a legal --
20 the legal guardian. The --

21 MR. SCHARA: Power of attorney.

22 MR. EDMINISTER: Power of attorney. I
23 should know that. Power of attorney.

24 A Yes.

25

1 BY MR. EDMINISTER:

2 Q You were aware that there was a power of attorney?

3 A I was aware that he was her medical
4 decision-maker, I guess. I didn't know if there
5 was some sort of --

6 Q Okay.

7 A -- form as far as like a power of attorney.

8 Q Yeah. And so as -- as her legal decision-maker --

9 A Um-hmm.

10 Q -- right, based upon a power of attorney that was
11 on the chart, it was -- it -- having him removed
12 prevented you from adequately relaying information
13 to the family and receiving information back; did
14 it not?

15 MR. FRANCKOWIAK: Objection. Form.
16 Foundation. I'm going to instruct her not to
17 answer to the extent that is encroaching on the
18 Alt privilege.

19 MR. EDMINISTER: I don't see how that
20 encroaches on the Alt privilege.

21 MR. FRANCKOWIAK: It's a direct
22 criticism of the hospital and the people who made
23 the decision to ask Mr. Schara to leave.

24 MR. EDMINISTER: She's an employee of
25 the hospital.

1 BY MR. EDMINISTER:

2 Q I think you can answer the question.

3 MR. FRANCKOWIAK: I'm going to instruct
4 her not to answer that question to the extent that
5 it invades the Alt privilege.

6 MR. EDMINISTER: Okay. Let-- let's --
7 let's deal with it in this fashion.

8 BY MR. EDMINISTER:

9 Q You've had -- you've had other occasions where
10 patients came into the hospital with a power of
11 attorney; have you not?

12 A To be honest, the hospital really deals with
13 family consensus, so power of attorney isn't
14 always needed unless they're transferring to,
15 like, an outside facility that requires, like, an
16 LTACH, and that they usually will go off of -- if
17 there's a family consensus for treatment of a
18 patient, they don't activate legal, like, power of
19 attorney paperwork.

20 Q What's a family consensus? What do you mean by
21 that?

22 A That every member of the family involved agrees
23 upon the plan of care.

24 Q Is that some sort of protocol that's employed by
25 this hospital?

1 **A I wouldn't say a protocol. I'm just saying that**
2 **this is what I have seen done here most often.**

3 Q Is there any writing or -- or plan that you're
4 aware of that establishes that family consensus
5 concept?

6 **A I couldn't say that I've seen writing or a plan.**

7 Q Right. But you've already testified that you
8 understood that Scott Schara was the medical
9 decision-maker for Grace?

10 **A Yes.**

11 Q And wouldn't you agree with me that the fact that
12 Scott Schara was escorted out of her room and
13 forbidden from returning prevented a medical
14 decision-maker from being on the scene?

15 MR. FRANCKOWIAK: Once again, objection.
16 Form. Foundation.

17 And to the extent she's already
18 answered that question, I'm going to instruct you
19 not to answer.

20 That's the exact same question that
21 violated the Alt privilege earlier.

22 MR. EDMINISTER: Well, I'm going to
23 place on the record the fact that I don't believe
24 this violates the Alt privilege. I think the
25 question is a reasonable one as it stands. And if

1 you're going to stand on that objection, then I'm
2 going to potentially bring her back to have an
3 answer for -- for that question.

4 MR. FRANCKOWIAK: Well, if you can
5 rephrase your question in such a way that it
6 doesn't violate what I believe to be the Alt
7 privilege, you can certainly do so.

8 MR. EDMINISTER: Yeah. Well,
9 fortunately, you're not the judge.

10 BY MR. EDMINISTER:

11 Q Did you ever attempt to get Mr. Schara back into
12 the hospital in order to assist in medical
13 decision-making?

14 A **I attempted to facilitate communication between**
15 **the physician and Mr. Schara.**

16 Q And how did you do that?

17 A **By paging the physician with -- like, that one**
18 **time when he had called me referring an update or**
19 **something to say, hey, family wants to talk to**
20 **you, please give an update.**

21 Q On the morning of October 13th, Grace was actually
22 doing well; was she not?

23 MR. FRANCKOWIAK: Objection. Form.
24 Foundation. Vague.

25 You can answer if you know, if you

1 understand.

2 **A I'd have to look at vitals and charting for that**
3 **date, but I -- I know that she was not doing well**
4 **either of the days I took care of her. She had**
5 **been on a BiPAP machine for five days, which, in**
6 **fact, is a form of a ventilator. It's positive**
7 **pressure ventilation, so that means she was unable**
8 **to breathe without the assist of a machine for up**
9 **to five days now, or four days, whatever the time**
10 **frame was.**

11 BY MR. EDMINISTER:

12 Q She -- on the morning of October 13th, you would
13 agree that she was more alert than she had been,
14 correct?

15 MR. FRANCKOWIAK: Objection. Form.
16 Foundation. Vague.

17 You can answer if you know.

18 **A I don't know that I would qualify it as more or**
19 **less. I did say she was alert.**

20 BY MR. EDMINISTER:

21 Q Thank you.

22 And she was speaking in sentences
23 on the morning of October 13th; was she not?

24 **A That, I don't know.**

25 Q She was tolerating being prone; was she not?

1 **A I would have to look at the charting.**

2 Q I think you've already testified that she was
3 proning.

4 **A She was proning for short periods of time, and I**
5 **was increasing the Precedex to try to assist in**
6 **the prone therapy because of her agitation.**

7 Q And we know that her oxygen -- oxygen saturation
8 level was as high as 95 percent on the morning of
9 October 13th; was it not?

10 **A If that's what you have there in the charting.**

11 Q We went through all of the charting and you -- all
12 of the vitals that you --

13 **A I read about 20 lines of vitals, so if you want me**
14 **to reference a specific one, I'll just need to see**
15 **the chart again.**

16 Q Okay. At 10:56 a.m., Dr. Shokar wrote a DNR
17 order, correct?

18 MR. FRANCKOWIAK: Objection.

19 Foundation.

20 BY MR. EDMINISTER:

21 Q October 13th?

22 MR. FRANCKOWIAK: You can answer if you
23 know.

24 **A I don't know the time, specifically. Yes, he put**
25 **a DNR order in the computer.**

1 BY MR. EDMINISTER:

2 Q And on the morning of October 13th?

3 A Yes.

4 Q And you acknowledged that order in the computer,
5 correct?

6 A Yes.

7 Q And there's no documentation in the medical record
8 of any conversations between you and the doctor
9 about the specifics of the DNR order, correct?

10 MR. FRANCKOWIAK: Objection. Form.
11 Vague. Foundation.

12 You can answer if you know.

13 A I don't believe there was any documentation about
14 the specifics because the DNR order is specific in
15 and of itself.

16 BY MR. EDMINISTER:

17 Q Why was there confusion about Grace's code status
18 on the morning of the 13th?

19 MR. FRANCKOWIAK: Objection.
20 Foundation. Speculation.

21 You can answer to the extent you
22 know what he's talking about.

23 A I'm not sure what you're talking about.

24 BY MR. EDMINISTER:

25 Q Well, you -- in your own charting, you've

1 indicated on the morning of the 13th there was
2 some confusion about whether she was DNI or DNR,
3 what her code status --

4 **A Can you show me that part again so I can be clear**
5 **in answering?**

6 Q Well, the testimony will stand. I'm not going to
7 dig through this.

8 Are -- are you -- are you disputing
9 the fact that there was confusion regarding code
10 status on the morning of the 13th?

11 MR. FRANCKOWIAK: She's already said she
12 can't answer that question without looking at the
13 records.

14 MR. EDMINISTER: Okay.

15 BY MR. EDMINISTER:

16 Q You are aware that there was a complaint filed
17 against you by a Ph.D. Lorna Speid, S-P-E-I-D,
18 correct?

19 **A Yes.**

20 Q With this Wisconsin board, and you had to reply to
21 that --

22 **A Yes.**

23 Q -- complaint, correct?

24 And your lawyer here,
25 Mr. Franckowiak, he -- he prepared that letter

1 with your assistance?

2 **A He did.**

3 Q He did?

4 **A Yes.**

5 Q Right. And both you and he signed that letter --

6 **A Yes.**

7 Q -- correct?

8 And the complaint was ultimately
9 dismissed, correct?

10 **A Yes.**

11 MR. EDMINISTER: Thank you. I have no
12 further questions.

13 MR. FRANCKOWIAK: Counsel, do you have
14 any other questions?

15 MR. GUSE: Not from Guse.

16 MR. POJE: I have a couple.

17 MR. FRANCKOWIAK: Looks like we might --
18 we might have some questions here, but nobody
19 on -- on Zoom?

20 MR. GUSE: Correct.

21 MR. FRANCKOWIAK: Okay. Attorney Poje
22 has some questions.

23 MR. POJE: Yeah, just a couple.

24 VIDEOGRAPHER: Your microphone.

25 MR. POJE: Oh.

1 VIDEOGRAPHER: Thank you.

2 MR. POJE: I was seeing if I could avoid
3 that.

4 How did I do this before?

5 VIDEOGRAPHER: You can pinch your shirt
6 and just --

7 MR. POJE: Will that do? Is that fine?

8 Okay. All right. Just a couple of
9 questions, if I could.

10 E X A M I N A T I O N

11 BY MR. POJE:

12 Q So you -- you've testified that during the course
13 of your treatment for Grace Schara you interacted
14 with several doctors; is that correct?

15 A Yes.

16 Q At various points, did you also have any
17 opportunities to view any charting that was done
18 by other doctors?

19 A I would have had the opportunity while I was
20 taking care of her to see previous notes.

21 Q Okay. Did any of your review of doctors' notes or
22 conversations with those doctors cause you to have
23 any particular disdain for Grace or her family as
24 you cared for Grace?

25 A No.

1 Q Did any of those notes or conversations cause you
2 to have any feeling of bias towards Grace or her
3 family in the care that you provided for Grace?

4 A No.

5 Q Did your review of those notes or conversations
6 with the doctors cause you to have any feeling of
7 an attitude of opposition against Grace or her
8 family in the care that you provided for Grace?

9 A No.

10 MR. POJE: Okay. Thank you. That's all
11 I have.

12 VIDEOGRAPHER: Anything further?

13 MR. EDMINISTER: No.

14 MR. FRANCKOWIAK: Nothing here.

15 VIDEOGRAPHER: Thank you. This --

16 MR. GUSE: Nothing here.

17 MR. BIRNBAUM: Yeah, nothing from here.

18 VIDEOGRAPHER: This concludes today's
19 deposition of Hollie McInnis. We are going off
20 the record at 5:01 p.m.

21 (Deposition concluded at 5:01 p.m.)

22 (Original exhibits attached to Original
23 transcript; copies of exhibits are attached.)

24

25

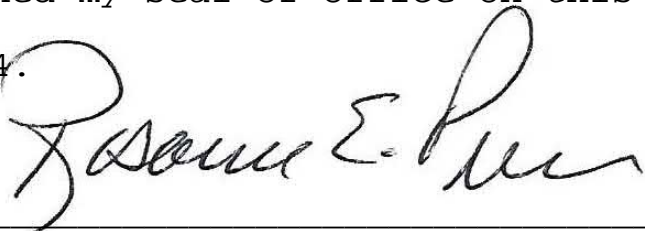
1 STATE OF WISCONSIN)
2) SS:
3 MILWAUKEE COUNTY)

4 I, Rosanne E. Pezze, RPR/CSR/CRR
5 and Notary Public in and for the State of
6 Wisconsin, do hereby certify that the deposition
7 of HOLLEE MCINNIS, R.N. was recorded by me and
8 reduced to writing under my personal direction.

9 I further certify that said
10 deposition was taken at 1506 South Oneida Street,
11 Appleton, Wisconsin, on the 21st day of May, 2024,
12 commencing at 1:06 p.m.

13 I further certify that I am not a
14 relative or employee or attorney or counsel of any
15 of the parties, or a relative or employee of such
16 attorney or counsel, or financially interested
17 directly or indirectly in this action.

18 In witness whereof, I have hereunto
19 set my hand and affixed my seal of office on this
20 29th day of May, 2024.

21 
22

23 ROSANNE E. PEZZE, RPR/CSR/CRR
24 Notary Public

25 My commission expires January 10, 2026

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