

Exhibit H

Aiste Barkauskaite Deposition

*Vargas v. Cook County
18 CV 1865
Exhibits to Defendants Statement of Facts*

Vargas

Barkauskaite Aiste

10/22/2020

Condensed Transcript

Prepared by:

Bill Ragen
CCSAO

Tuesday, August 31, 2021

	Page 1		Page 3
1	IN THE UNITED STATES DISTRICT COURT	1	APPEARANCES (cont'd):
2	NORTHERN DISTRICT OF ILLINOIS	2	COOK COUNTY STATE'S ATTORNEY
3	EASTERN DIVISION	3	ASSISTANT STATE'S ATTORNEY
4	LETICIA VARGAS, Administrator)	4	BY: MR. FRANCIS J. CATANIA
5	of the Estate of ANGEL CRUZ,)	5	MR. JOHN M. POWER
6	Plaintiff,)	6	50 West Washington Street, Suite 2760
7	-vs-) No. 18-CV-1865	7	Chicago, Illinois 60602
8	SHERIFF OF COOK COUNTY, et al.,)	8	(312) 603-1424
9	Defendants.)	9	francis.catania@cookcountylil.gov
10	The deposition of AISTE BARKAUSKAITE	10	john.power@cookcountylil.gov
11	called for examination pursuant to Notice and the	11	Representing the Defendants
12	Rules of Civil Procedure for the United States	12	Sheriff of Cook County and
13	District Courts pertaining to the taking of	13	County of Cook;
14	depositions, taken before Jana E. Cox, via Zoom	14	
15	video teleconference on the 22nd day of October,	15	CUNNINGHAM, MEYER & VEDRINE
16	2020, at the hour of 11:07 a.m.	16	BY: MR. TIMOTHY TOMASIK
17		17	4200 Cantera Drive, Suite 112
18		18	Warrenville, Illinois 60555
19		19	(630) 447-6043
20		20	ttomasik@cmvlaw.com
21		21	Representing the Deponent.
22		22	
23	Reported By: Jana E. Cox, CSR	23	
24	License No.: 084-004399	24	

	Page 2		Page 4
1	APPEARANCES:	1	I N D E X
2	LAW OFFICES OF KENNETH N. FLAXMAN, P.C.	2	WITNESS EXAMINATION
3	BY: MR. JOEL FLAXMAN	3	AISTE BARKAUSKAITE
4	200 South Michigan Avenue, Suite 201	4	Exam By Mr. Ragen 6
5	Chicago, Illinois 60604	5	Exam by Mr. Flaxman 116
6	(312) 427-3200	6	Exam by Mr. Catania 120
7	jaf@kenlaw.com	7	Further Exam by Mr. Ragen 122
8	Representing the Plaintiff;	8	
9		9	
10	COOK COUNTY STATE'S ATTORNEY	10	
11	BY: MR. WILLIAM R. RAGEN	11	
12	302 Richard J. Daley Center	12	
13	Chicago, Illinois 60602	13	
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15	william.ragen@cookcountylil.gov	15	NUMBER PAGE
16	Representing Defendants	16	Deposition
17	Agustus Alabi, Avis Calhoun,	17	Exhibit No. 1 27
18	Lorraine Chatman, Anita Johnson,	18	
19	Helen Kanel, Cherri Krzyzowski,	19	
20	Elizabeth P. Lassen,	20	
21	Manuel Manalastas, Dr. Steve Paschos,	21	
22	Jason Sprague and	22	
23	Jaruwan Supasanguan;	23	
24		24	

<p>1 THE COURT REPORTER: This deposition is being 2 taken by means of Zoom video teleconference. 3 The attorneys participating in this 4 deposition acknowledge that I am not physically 5 present in the deposition room, and the oath will 6 be administered remotely. 7 The parties and their counsel consent to 8 this arrangement and waive any objections to this 9 manner of reporting. 10 Will all counsel present please state your 11 name and indicate your agreement on the record. 12 MR. FLAXMAN: This is Joel Flaxman for the 13 plaintiff. Plaintiff agrees. Thank you. 14 MR. RAGEN: This is Bill Ragen for Cook County 15 and a number of Cook County employee physicians and 16 nurse and psychologists, and we agree. 17 MR. CATANIA: This is Francis Catania on behalf 18 of the Sheriff of Cook County along with 19 John Power. On behalf of the Sheriff, we agree. 20 MR. TOMASIK: Tom Tomasik on behalf of the 21 witness, and I also agree. 22 (Witness sworn remotely via 23 Zoom video teleconference 24 by agreement of all </p>	<p>Page 5</p> <p>1 A. That's okay. 2 Q. Also, too from time to time -- it'll 3 happen pretty often -- I'll ask a question that you 4 won't understand. If I do so, will you tell me you 5 don't understand it? 6 A. I will. 7 Q. Okay. If you answer a question, I will 8 assume that you understood it. Is that fair? 9 A. Fair. 10 Q. Okay. Can you tell me, you know, when 11 you -- are you a registered nurse? 12 A. I am a registered nurse. 13 Q. And when did you become a registered 14 nurse? 15 A. That was September of 2013. 16 Q. Okay. Where did you go to school to 17 become a registered nurse? 18 A. I went to school to get my bachelor's in 19 science of nursing to UIC. 20 Q. Okay. Did you do any other schooling 21 besides that for nursing or just your BSN? 22 A. To become a registered nurse, we need to 23 pass a state board called NCLEX, which I did in 24 September 2013 after graduating BSN.</p>
<p>1 counsel.) 2 WHEREUPON: 3 AISTE BARKAUSKAITE, 4 called as a witness herein, having been first duly 5 sworn, was examined and testified as follows: 6 EXAMINATION 7 BY MR. RAGEN: 8 Q. Good morning. Is your name 9 Aiste Barkauskaite? 10 A. Aiste Barkauskaite, yes. 11 Q. Okay. Great. Would you please spell it 12 for the record, please? 13 A. Sure. First name is Aiste. It is spelled 14 A-I-S-T-E. Last name is Barkauskaite, 15 B-A-R-K-A-U-S-K-A-I-T-E. 16 Q. Have you gave a deposition before? 17 A. No. 18 Q. Okay. I'll go over a couple of ground 19 rules. Please make sure to respond to the 20 questions with a yes or a no. Even though 21 conversationally I understand what uh-huh or uh-uh 22 is, the court reporter here is taking down our 23 words, you know, typewritten, and that would be 24 ambiguous. Is that okay?</p>	<p>Page 6</p> <p>1 Q. Okay. You got your bachelor of nursing, 2 but that's the last school you did. I mean, the 3 test is independent, but in terms of like 4 training -- in terms of education, you got your 5 bachelor's of science in nursing in 2013? 6 A. Correct. That's the last schooling I did. 7 Q. Okay. Where did you obtain that degree? 8 A. University of Illinois in Chicago. 9 Q. Okay. You said that. Sorry. I'm just 10 trying to get organized while I ask questions. 11 And where were you first employed after 12 you became a registered nurse? 13 A. I was employed at Adventist Hinsdale 14 Hospital. 15 Q. So since there, since that time, since 16 2015, you've always been employed at Adventist 17 Hinsdale Hospital? 18 A. Correct. Same location. Only now they go 19 by AMITA Health. 20 Q. Right. Different ownership, but same 21 hospital, right? 22 A. Correct. 23 Q. Are you employed anywhere else? 24 A. No.</p>

<p style="text-align: right;">Page 9</p> <p>1 Q. Okay. What units do you cover when you 2 work at Hinsdale Hospital?</p> <p>3 A. I work at one unit and it's called two 4 medical.</p> <p>5 Q. Okay. What does two medical mean?</p> <p>6 A. Well, we treat patients who come to the 7 hospital for medical reasons such as, you know...</p> <p>8 Q. For whatever they come in. I guess my 9 question should be a little more specific. Is it 10 like an ICU or surgical ICU or general floor, or is 11 it a psych ward? Does it have any particular, you 12 know, type of concentration of the patients it 13 treats?</p> <p>14 A. Correct, what you said. So it's not ICU. 15 It's not intensive care. It's just general floor.</p> <p>16 Q. Okay.</p> <p>17 A. What you would refer to as general floor.</p> <p>18 Q. In Hinsdale Hospital, are there other 19 different, you know, floors, for lack of a better 20 word?</p> <p>21 A. Yes, there is.</p> <p>22 Q. What are they, the ones that you know of?</p> <p>23 A. There's an ICU floor. Well, I'll specify. 24 Some of them might be on the same physical floor,</p>	<p style="text-align: right;">Page 11</p> <p>1 might go then to the psych unit.</p> <p>2 Q. Okay. So -- okay.</p> <p>3 A. But it's called a discharge.</p> <p>4 Q. Right. They're discharged from one unit 5 and sent to another unit; is that fair?</p> <p>6 A. In general, yes.</p> <p>7 Q. Right. If that were to happen, you would 8 stop caring for the patient once they were 9 discharged from the general unit and went to the 10 psych unit; is that fair?</p> <p>11 A. Correct.</p> <p>12 Q. Okay. We're here for the care and 13 treatment you rendered to Angel Cruz. Did you get 14 a chance to look at the medical records?</p> <p>15 A. I looked at my charting.</p> <p>16 Q. Okay. And do you have any independent 17 recollection of Mr. Cruz?</p> <p>18 A. Yes. I recall how he looked like. And I 19 recall some time after he was no longer at Hinsdale 20 Hospital one of my coworkers mentioned that they 21 read an article online this patient of ours has 22 passed away, but I don't know, you know, where or 23 for what reason.</p> <p>24 Q. Right. Okay. So tell me -- you said you</p>
<p style="text-align: right;">Page 10</p> <p>1 but the units are called, you know, ICU, PCU, 2 psych, emergency room, surgical, labor and 3 delivery.</p> <p>4 Q. Okay. That's good. I'm glad that you 5 made that distinction. So is there a psychiatric 6 unit in Hinsdale Hospital?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. Do you ever care for patients on 9 that?</p> <p>10 A. No.</p> <p>11 Q. From time to time, have you had patients 12 who were on the general floor -- strike that.</p> <p>13 So can I characterize your unit as the 14 general unit?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. So from time to time, have you had 17 patients who were on the general unit that get 18 transferred to the psych unit?</p> <p>19 A. It depends.</p> <p>20 Q. Okay. So I was just wondering has it ever 21 happened?</p> <p>22 A. It's more -- it's more if -- if the 23 patient is done with their medical care on our 24 floor, generally they're being discharged, and they</p>	<p style="text-align: right;">Page 12</p> <p>1 recall a little bit of how he appeared. Is that 2 what you said?</p> <p>3 A. Just I think he was younger age 4 individual, maybe in his 20s, and kind of a bigger 5 build. That's what I recall.</p> <p>6 Q. Okay. Do you recall anything else from 7 what you provided care to Mr. Cruz?</p> <p>8 A. Not specifically.</p> <p>9 Q. Okay. So, for example, if you look at 10 medical records, it appears he was placed in 11 four-point restraints?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. Do you recall any of the 14 circumstances behind that or how that happened or, 15 you know, or the restraining the patient?</p> <p>16 MR. TOMASIK: Independent of the medical 17 records?</p> <p>18 MR. RAGEN: Yeah, exactly, independent of the 19 medical records.</p> <p>20 BY THE WITNESS:</p> <p>21 A. No.</p> <p>22 Q. Okay. So your testimony today will be 23 based on the medical records and reasonable 24 inferences therefrom; is that fair?</p>

<p>1 A. Yes.</p> <p>2 Q. Okay. If from time to time it changes</p> <p>3 because that happens -- you know, it's like this</p> <p>4 occurred, you know, over four years ago. If while</p> <p>5 we go through this and I'm asking you questions</p> <p>6 that are primarily -- you know, if we're going</p> <p>7 through the medical records and something else jogs</p> <p>8 your memory that you do have that creates an</p> <p>9 independent recollection of Mr. Cruz, will you let</p> <p>10 me know?</p> <p>11 A. I will.</p> <p>12 Q. Okay. So when was your -- so on the</p> <p>13 general unit on March 12th and 13th, how many</p> <p>14 patients were there or how many patients could you</p> <p>15 have?</p> <p>16 A. How many patients do I take care of as a</p> <p>17 single -- like singular nurse?</p> <p>18 Q. No. Well, the first question is: How big</p> <p>19 is the unit, and how many patients would be on the</p> <p>20 unit at any given time?</p> <p>21 A. Unit can potentially admit 60 patients.</p> <p>22 We have 60 beds.</p> <p>23 Q. Okay. And on March 12th and 13th, what</p> <p>24 was your shift?</p>	<p>Page 13</p> <p>1 A. As I recall, yes.</p> <p>2 Q. Okay. Did you see -- okay.</p> <p>3 Do you know who you relieved on</p> <p>4 March 12, 2016?</p> <p>5 A. No.</p> <p>6 Q. Would you have had any type of -- would</p> <p>7 there have been any reporting between whoever it</p> <p>8 was that was caring for Mr. Cruz when he was</p> <p>9 transferred to your care as a nurse?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. Would that report have been written</p> <p>12 or oral?</p> <p>13 A. Both. Both computer chart and oral.</p> <p>14 Q. Do you see anything in the record that</p> <p>15 shows that kind of handoff in Mr. Cruz's chart of</p> <p>16 that, you know, passed along report from the prior</p> <p>17 nurse to you?</p> <p>18 A. That's correct.</p> <p>19 Q. So do you see anything in the medical</p> <p>20 records you reviewed to reflect that?</p> <p>21 A. No, I don't recall, I mean, specifically.</p> <p>22 Q. Okay. But you're saying that usually that</p> <p>23 would be found in the chart?</p> <p>24 MR. TOMASIK: Well --</p>
<p>1 A. I work night shift.</p> <p>2 Q. So 11:00 a.m. to 7:00 p.m. Sorry. Strike</p> <p>3 that.</p> <p>4 7:00 p.m. to 7:00 a.m.?</p> <p>5 A. 7:00 p.m. to 7:00 a.m.</p> <p>6 Q. Okay. So the 12-hour shift?</p> <p>7 A. Correct.</p> <p>8 Q. Okay. Can you recall as of March 2016 how</p> <p>9 many nurses would work the night shift on a general</p> <p>10 unit?</p> <p>11 A. No. Specifically that night, no.</p> <p>12 Q. Okay. How many patients would you be</p> <p>13 caring for, you know -- well, do you know how many</p> <p>14 patients you care for on March 12th going through</p> <p>15 13th, 2016?</p> <p>16 A. Typically, it's five to six. So it would</p> <p>17 have been five or six.</p> <p>18 Q. Okay. At some point -- when you took care</p> <p>19 of this patient, he was there prior to you starting</p> <p>20 your shift; is that fair?</p> <p>21 A. Yes.</p> <p>22 Q. For example, your shift started at</p> <p>23 7:00 p.m. on March 12th, and Mr. Cruz was already</p> <p>24 in the general unit; is that correct?</p>	<p>Page 14</p> <p>1 BY THE WITNESS:</p> <p>2 A. I don't really --</p> <p>3 MR. TOMASIK: He wants to know if there was a</p> <p>4 formal documentation of the handoff of the report</p> <p>5 that you had with the off-going nurse when you were</p> <p>6 the oncoming nurse.</p> <p>7 BY THE WITNESS:</p> <p>8 A. I --</p> <p>9 Q. Here. I'll just -- a lot of hospitals</p> <p>10 it's just an oral report. Let's just say you have</p> <p>11 six patients, and you're going to be briefing the</p> <p>12 next person. You just do it orally, you know. The</p> <p>13 medical records -- there's a lot of information in</p> <p>14 the medical records. They can look and find out,</p> <p>15 but it's a lot of times just a quick, oral report</p> <p>16 being like Patient A. Here's the important thing.</p> <p>17 Patient B. Here's the important thing. So anyway,</p> <p>18 going back -- I'll strike that.</p> <p>19 When you take over a patient like</p> <p>20 Mr. Cruz, would you have -- would the prior nurse</p> <p>21 have updated you as to what was going on with</p> <p>22 Mr. Cruz?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. Would that report have been oral or</p>

Page 17	Page 19
1 written or both?	1 Q. If you need to look at the chart, that's
2 A. So we do speak in words, and we refer to	2 fine. I'm just asking you --
3 computer screen, you know, to review orders, labs.	3 A. I don't have it anymore.
4 Q. Gotcha. But there is no -- when that	4 Q. Okay. Okay. How did you -- when you got
5 happens, there is no independent charting that that	5 the chart, how did you get it?
6 report between the nurse coming off and the nurse	6 A. My lawyer sent me whatever I charted.
7 going on happened? We just know it happens?	7 Q. Okay. And don't tell me anything you
8 A. I don't specifically remember what	8 talked about with your lawyer, please, but what --
9 happened in this situation, but sometimes we can,	9 do you know how many pages it was?
10 you know, put a name who we gave report to, but it	10 A. No.
11 is -- that's not mandatory.	11 Q. Okay. You still have it?
12 Q. So it might happen, it might not, that	12 A. No.
13 that, you know, conversation between the nurse	13 Q. Okay. How did you get it?
14 coming off and the nurse coming on happened; is	14 A. My lawyer sent it to me.
15 that fair?	15 Q. Did it come in the mail or did he hand it
16 A. Yes.	16 to you or was it via e-mail?
17 Q. Sometimes it happens? Sometimes it	17 A. E-mail.
18 doesn't, right?	18 Q. Okay.
19 A. The conversation always happens, but the	19 MR. TOMASIK: I can circulate around the
20 note in the computer of the name doesn't	20 110 pages. It is 110 pages of just her charting.
21 necessarily.	21 MR. RAGEN: Okay. Thanks.
22 Q. Perfect. Thank you.	22 MR. TOMASIK: We can take a break and I can
23 Did Mr. Cruz have any significant medical	23 e-mail it around.
24 or psychiatric issues when you cared for him?	24 MR. RAGEN: No, no. It's not like that. I
Page 18	Page 20
1 MR. TOMASIK: Can you narrow that time frame a	1 just want to know like, for example, if she looked
2 little bit? I know it's for when she cared for	2 at other things. I just want to figure out, you
3 him, but it was a 12-hour shift. So...	3 know...
4 MR. RAGEN: Yeah.	4 BY MR. RAGEN:
5 BY MR. RAGEN:	5 Q. So your counsel just stated that you
6 Q. At any point in time in your 12-hour	6 reviewed 110 pages of medical records. Does that
7 shift, did he have any significant medical or	7 sound correct?
8 psychiatric conditions?	8 A. No.
9 A. Well, to answer your question generally,	9 Q. Okay. How is that not correct?
10 yes, because he was on a medical floor.	10 A. Well, my lawyer showed me where my
11 Q. What were they? I just want to -- I'm	11 charting was, which is where I looked at.
12 kind of laying foundation. What were the medical	12 MR. TOMASIK: Oh, I see. I was putting stuff
13 issues you were following him for?	13 up on screen sharing, but I can tell you that I
14 A. I think primary reason he was on our floor	14 extracted 110 pages on PDF from the medical records
15 was to monitor his -- monitor his vital signs,	15 from Adventist Hinsdale.
16 could have been receive fluids, and to make sure	16 MR. RAGEN: Okay. That's fine.
17 he's stable.	17 BY MR. RAGEN:
18 Q. Okay.	18 Q. So when you -- so as you sit here today,
19 A. I recall -- uh-huh.	19 you can't really say what you reviewed one way or
20 Q. I'm sorry. I didn't mean to cut you off.	20 the other, is that fair, besides -- strike that.
21 Anything else?	21 Never mind. If it becomes an issue, we'll deal
22 A. You -- I'm sorry. Are you asking me if	22 with it.
23 I -- you know, if I should talk about what I	23 At Hinsdale Hospital, I imagine that you
24 reviewed in his chart, you know, or --	24 have policies and procedures that concern certain

<p>1 nursing functions?</p> <p>2 A. Yes.</p> <p>3 Q. Right. So, for example, I would imagine</p> <p>4 there is a policy that concerns care to patients</p> <p>5 who have decubitus ulcers?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Is there a policy that specifically</p> <p>8 concerns the implementation and use of four-point</p> <p>9 restraints?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And what is in that policy that you</p> <p>12 can recall, as we sit here today?</p> <p>13 A. Well, I can't tell you word by word, but I</p> <p>14 can tell you the general knowledge that I need as a</p> <p>15 nurse. Four-point restraints require a physician's</p> <p>16 order. They require more frequent -- upon</p> <p>17 implementation, they require a sitter to be present</p> <p>18 with the patient and a frequent assessment every</p> <p>19 15 minutes by a sitter and nurse.</p> <p>20 Q. Okay. Does the policy, do you know one</p> <p>21 way or the other if it concerns whether the patient</p> <p>22 and the staff need to be debriefed?</p> <p>23 A. Well, the patient is informed what is</p> <p>24 happening, but typically, four-point restraints are</p>	<p>Page 21</p> <p>1 A. I can't recall.</p> <p>2 Q. Does the policy contain anything that</p> <p>3 concerns whether or not a physician needs to see</p> <p>4 the patient?</p> <p>5 A. I don't recall.</p> <p>6 Q. Have you told me all the things you can</p> <p>7 recall that are in this restraint policy, as we sit</p> <p>8 here today?</p> <p>9 A. The policy itself?</p> <p>10 Q. Correct.</p> <p>11 A. So, you know, I have seen the policy.</p> <p>12 This is the kind of things that I can recall that I</p> <p>13 would be doing as a nurse typically.</p> <p>14 Q. No. All I'm saying is you told me a</p> <p>15 number of things that you remember in the policy.</p> <p>16 Have you told me all the things you remember that</p> <p>17 are in the policy?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. If, as we go through this and we're</p> <p>20 talking about his care, if you remember oh, yeah,</p> <p>21 that would also be in the policy, let me know.</p> <p>22 Okay?</p> <p>23 A. So, again, I just want to mention I don't</p> <p>24 know exactly what's in the policy. There's more</p>
<p>1 implemented because the patient is not in mind</p> <p>2 space to necessarily understand, but they're</p> <p>3 verbally debriefed.</p> <p>4 Q. Okay. And is there -- the policy, does it</p> <p>5 concern any debriefing of anyone else in terms of</p> <p>6 the psychiatrist, the medical doctors, any</p> <p>7 supervisors?</p> <p>8 A. So the order for restraints needs to be</p> <p>9 gotten from a doctor. So doctor is aware. Also,</p> <p>10 you know, charge nurse is always aware. The nurse</p> <p>11 caring for the patient is aware. Usually, in this</p> <p>12 situation, there may be more staff present involved</p> <p>13 to, you know, apply four-point restraints. Whoever</p> <p>14 is involved is aware.</p> <p>15 Q. Right. Would that -- okay. I used the</p> <p>16 term "debriefing." Does that mean anything to you</p> <p>17 besides just passing along the information about</p> <p>18 the circumstances and the reason for implementing</p> <p>19 restraints?</p> <p>20 A. No.</p> <p>21 Q. Does the policy concern anything -- strike</p> <p>22 that.</p> <p>23 Does the policy contain anything</p> <p>24 concerning range of motion?</p>	<p>Page 22</p> <p>1 details I'm sure about, you know, the order, the</p> <p>2 assessment, the charting, but I do not recall</p> <p>3 specifics.</p> <p>4 Q. Okay. Thank you.</p> <p>5 Do you know, when patients are on the</p> <p>6 general unit, do you take video of those patients?</p> <p>7 A. No.</p> <p>8 Q. Okay. In this case, there's no video that</p> <p>9 you know of Mr. Cruz; is that fair?</p> <p>10 A. That's correct.</p> <p>11 Q. Would it be surprising if there was video</p> <p>12 of Mr. Cruz?</p> <p>13 A. Video of Mr. Cruz?</p> <p>14 Q. Yeah, while at Hinsdale Hospital during</p> <p>15 your shift.</p> <p>16 A. Yeah, I would be surprised.</p> <p>17 Q. Is there a psychiatrist on staff for the</p> <p>18 general unit for patients there?</p> <p>19 A. There's a psychiatrist -- are you talking</p> <p>20 about like currently or at that time?</p> <p>21 Q. Good question. So on March 12th or 13th,</p> <p>22 2016, was there a psychiatrist on staff in the</p> <p>23 Hinsdale general unit?</p> <p>24 A. Trying to think of how specifically to</p>

<p>1 answer your question. There is a psychiatrist 2 always at that time. There was always a 3 psychiatrist on call that anyone in the hospital 4 could, you know, page if their consultation or 5 assistance was needed.</p> <p>6 Q. That would be the same --</p> <p>7 A. So they're not -- they're not for the 8 general unit only.</p> <p>9 Q. So you would have, from your 10 understanding, a physician who was on call, but 11 that would be for -- strike that.</p> <p>12 Your answer -- I don't know. I don't need 13 you to restate it.</p> <p>14 Would that be the same thing for other 15 potential consultants like a pulmonologist or 16 infectious disease or immunologist?</p> <p>17 A. Yes, same idea.</p> <p>18 Q. Okay. As a registered nurse, do you need 19 to participate in continuing nursing education?</p> <p>20 A. Yes.</p> <p>21 Q. What are those requirements per year?</p> <p>22 A. 20 -- 20 CEs every two years when we renew 23 our license.</p> <p>24 Q. Okay. Is there any individual training --</p>	<p>Page 25</p> <p>1 A. Not about the patients, but about the 2 application of restraints.</p> <p>3 Q. Okay. But is that every year, or 4 sometimes it is; sometimes it's not in there?</p> <p>5 A. I can tell you specifically this year that 6 particular skill was there, but I do not -- I do 7 not recall if it was always there or not. I can't 8 answer that.</p> <p>9 Q. Okay. I'm going to go to screen sharing 10 now. We'll talk about your care of Mr. Cruz.</p> <p>11 MR. RAGEN: So, Court Reporter, what I'll do 12 I'm going to e-mail you this document.</p> <p>13 BY MR. RAGEN:</p> <p>14 Q. Now, just for the record, you can see on 15 the bottom there's two page numbers associated with 16 it. I'll be going for the purpose of this 17 deposition the one that says page X of 294.</p> <p>18 Ms. Barkauskaite, you see on the screen 19 that we're looking at page 154 of 294?</p> <p>20 A. Yes. That's what I'm looking at.</p> <p>21 Q. Okay. And I'm scrolling to the top. 22 Under special charting, do you see where you 23 charted some information on this patient?</p> <p>24 A. Yes, I see that.</p>
<p>1 is there any training above that that the hospital 2 has you go through in any regular interval?</p> <p>3 A. You know, as the need arises, we have 4 yearly skills fair. That's mandatory for nurses.</p> <p>5 Q. Okay. Within the yearly skills fair, do 6 you go undergo training on restraints?</p> <p>7 A. Yes.</p> <p>8 Q. Okay.</p> <p>9 A. It depends year to year, but in the 10 six years that I have worked, that has happened.</p> <p>11 Q. So I take it whoever is coordinating it 12 will decide a number of topics that may be in the 13 yearly fair?</p> <p>14 A. Correct. So it --</p> <p>15 Q. So sometimes --</p> <p>16 A. It's more so a review like...</p> <p>17 Q. Okay. Yeah. Then probably updates on any 18 emerging -- go ahead.</p> <p>19 A. Skills fair doesn't teach any new skills. 20 It's just a review of, you know, more critical 21 skills to remember.</p> <p>22 Q. You said sometimes it may contain 23 information about implementing and caring for 24 patients in restraints, right?</p>	<p>Page 26</p> <p>1 Q. Okay. Under T89, can you tell me what you 2 charted?</p> <p>3 A. Did you say T89?</p> <p>4 Q. Correct.</p> <p>5 A. Under T89, it says March 12, 2300. The 6 comment is new skin abnormality noted, self -- 7 probably meant induced -- nail scratches on the 8 left side of patient's chest and right side of 9 face.</p> <p>10 Q. Okay. And you charted that at 11:00 p.m. 11 on March 12th?</p> <p>12 A. That's what I see.</p> <p>13 Q. And does that tell you that Mr. Cruz 14 somehow was able to cause trauma to his skin on the 15 left side of his chest and right side of his face?</p> <p>16 A. From the sentence, that's what it sounds 17 like.</p> <p>18 Q. Well, do you have any reason to disagree 19 with your note that Mr. Cruz on or around 20 March 12th at 11:00 p.m. induced nail scratches on 21 the left side of his chest and right side of his 22 face?</p> <p>23 A. Can you repeat the question? Do I have 24 any reason to what?</p>

<p style="text-align: right;">Page 29</p> <p>1 Q. Right. So I asked you if he did cause 2 himself to have scratches on the left side of his 3 chest and the right side of his face. Do you 4 recall that?</p> <p>5 A. Do you mean if I remember seeing that or 6 if I see what I charted?</p> <p>7 Q. Well, okay. I'll go back to the initial 8 question. Did Mr. Cruz cause himself to be 9 scratched on the left side of his chest and the 10 right side of his face on or about March 12th at 11 11:00 p.m.?</p> <p>12 A. That's my -- that's what my note seems to 13 indicate.</p> <p>14 Q. Okay. You have no reason to disagree with 15 your own note; is that fair?</p> <p>16 A. Yes. I don't -- you know, I don't have a 17 picture in my head.</p> <p>18 Q. Then if you read under T90, 19 March 12, 2016, at 10:00 p.m. -- can you read what 20 you indicated there?</p> <p>21 A. Sure. T90, at the date you mentioned, 22 patient agitated, hallucinating, Haldol given with 23 no effect, Dr. Nadkarni paged.</p> <p>24 Q. Who is Dr. Nadkarni?</p>	<p style="text-align: right;">Page 31</p> <p>1 called you at any time from the records you looked 2 at?</p> <p>3 A. No.</p> <p>4 Q. Okay. I'm going to turn to -- and it 5 seems like -- well, strike that.</p> <p>6 The medical records you reviewed, did 7 they -- were they all flow sheet related notes?</p> <p>8 A. I don't understand the question.</p> <p>9 Q. Okay. So you see here what we're looking 10 at -- this is, again -- make sure I'm on the right 11 page. We're on page 154 of 294. And the 12 formatting -- I would characterize this as like a 13 flow sheet note. Meaning, if you look, there is 14 three columns. One is March 12, 2016, at 15 9:00 p.m., 10:00 p.m., and 1:00 p.m., and then 16 there's, you know, references below to the 17 information you typed in?</p> <p>18 A. Sure. So at the top it says, special 19 charting. So these are the, you know, special 20 charting notes that I put.</p> <p>21 Q. Right. And you typed in like -- for 22 example, we went over T89 that says -- well, strike 23 that.</p> <p>24 We went over T90 which says, Patient</p>
<p style="text-align: right;">Page 30</p> <p>1 A. That's the psychiatrist.</p> <p>2 Q. Okay.</p> <p>3 A. He was the psychiatrist at that time.</p> <p>4 Q. And were you paging him because Mr. Cruz 5 was hallucinating in part?</p> <p>6 A. Well, I would -- I would have informed him 7 of whatever was pertinent to this situation.</p> <p>8 Q. For example, so you paged Dr. Nadkarni, 9 right?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And if he would have called you, 12 you would have given him a report concerning all 13 salient psychiatric findings that you assessed of 14 Mr. Cruz; is that fair?</p> <p>15 A. Yes. Not just hallucinating, you know.</p> <p>16 Q. Right. Exactly. It's like, you know, 17 when you're writing a note, you put in certain 18 things, but you can't, you know -- you never can 19 encapsulate every single thing or every single word 20 that was discussed or all your assessments; is that 21 fair?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. When I look at the records, I did 24 not see that. Well, did you see that Dr. Nadkarni</p>	<p style="text-align: right;">Page 32</p> <p>1 agitated, hallucinating, Haldol given with no 2 effect, Dr. Nadkarni paged. You typed that in, 3 correct?</p> <p>4 A. Me, yes.</p> <p>5 Q. You entered that into the medical record; 6 is that fair?</p> <p>7 A. I see that's recorded by my name. So yes.</p> <p>8 Q. Okay. So just looking at this, to me, 9 this looks like a flow sheet.</p> <p>10 A. Okay.</p> <p>11 Q. Does that make any sense?</p> <p>12 A. Sure.</p> <p>13 Q. I mean, it doesn't need to. Well, strike 14 that.</p> <p>15 Because we're going to go into the 16 documents that concern seeing Mr. Cruz in 17 restraints. They seem to be documented in multiple 18 places. Do you recall that?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. So, for example, like right now I 21 turned to page 256 of 294. Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. And what's here are medical records from 24 March 13, 2016, at 1:00 a.m. Do you see that?</p>

<p>1 A. Yes.</p> <p>2 Q. These concern placing Mr. Cruz in</p> <p>3 four-point restraints; is that fair?</p> <p>4 A. Yes.</p> <p>5 Q. And then I don't know the answer to this</p> <p>6 one, but it seems like other information in other</p> <p>7 parts of the record where you entered information</p> <p>8 about putting Mr. Cruz in restraints. Do you</p> <p>9 recall that?</p> <p>10 A. Can you repeat that? You said you don't</p> <p>11 know the answer?</p> <p>12 Q. Yeah. I know. Exactly.</p> <p>13 So it's like -- well, I'm going to go</p> <p>14 through this particular, you know, part of the flow</p> <p>15 sheet where you enter information on pages 256 and</p> <p>16 257. Okay?</p> <p>17 A. Sounds good.</p> <p>18 Q. And then if we get to something and I ask</p> <p>19 a questions like well, I remember looking at</p> <p>20 another record where they provide more information,</p> <p>21 will you stop me and tell me?</p> <p>22 A. Yes. Do you mean like what we just looked</p> <p>23 at? Like the special charting notes?</p> <p>24 Q. Yeah. So, for example, we can just start</p>	<p>Page 33</p> <p>1 A. Yes.</p> <p>2 Q. Okay. And, again, you don't recall</p> <p>3 the actual him ordering Mr. Cruz placing -- strike</p> <p>4 that.</p> <p>5 You don't remember Mr. -- sorry. Strike</p> <p>6 that.</p> <p>7 You don't remember Dr. Yalamanchi ordering</p> <p>8 Mr. Cruz be placed in restraints; is that fair?</p> <p>9 A. I think it's a vague question.</p> <p>10 Q. Okay. Well, from this medical record, it</p> <p>11 shows that Dr. Yalamanchi ordered Mr. Cruz to be</p> <p>12 placed in restraints at 1:24, right?</p> <p>13 A. Sure.</p> <p>14 Q. Okay. And do you have an independent</p> <p>15 recollection of that happening? Like outside the</p> <p>16 medical records, do you remember receiving a phone</p> <p>17 call or seeing him on the floor or evaluating with</p> <p>18 the patient?</p> <p>19 A. So this -- you know, a doctor, a resident</p> <p>20 doctor -- okay. Let me --</p> <p>21 Q. I guess --</p> <p>22 A. I don't think Dr. Yalamanchi was</p> <p>23 physically in the hospital when he placed the order</p> <p>24 for restraints.</p>
<p>Page 34</p> <p>1 and then -- the basis of my question is if at any</p> <p>2 time you think that this particular part of the</p> <p>3 chart doesn't have the information, but it would be</p> <p>4 contained somewhere else, will you let me know?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. So can you tell me what time</p> <p>7 Mr. Cruz was placed into four-point restraints?</p> <p>8 A. Sure. It says medical restraint</p> <p>9 initiation time March 13, 2016, at 0124.</p> <p>10 Q. And whose decision was it to restrain</p> <p>11 Mr. Cruz?</p> <p>12 A. Like I said before, the order for</p> <p>13 restraint -- decision to restrain is always made by</p> <p>14 a medical doctor.</p> <p>15 Q. Okay. And in this case, who ordered</p> <p>16 Mr. Cruz to be placed in restraints?</p> <p>17 A. It says name of physician</p> <p>18 Yalamanchi, Ravi.</p> <p>19 Q. Do you know Dr. Yalamanchi?</p> <p>20 A. Do I know him?</p> <p>21 Q. Yes.</p> <p>22 A. I know -- sure. I know how he looks like.</p> <p>23 Q. Right. You have worked with him before</p> <p>24 this and after this?</p>	<p>Page 36</p> <p>1 Q. Okay. And I appreciate that. The</p> <p>2 question more is -- you know how before we talked</p> <p>3 about things that you can remember occurring?</p> <p>4 A. Okay.</p> <p>5 Q. So you don't remember this occurring?</p> <p>6 This is all from the medical records, right?</p> <p>7 A. I remember we had a code, behavioral code</p> <p>8 called.</p> <p>9 Q. Okay.</p> <p>10 A. But in terms of, you know, the specific</p> <p>11 order for restraints, I don't recall that</p> <p>12 Dr. Yalamanchi was physically at the hospital at</p> <p>13 that time.</p> <p>14 Q. Right. Okay.</p> <p>15 A. But doctors can put orders in the</p> <p>16 computer, you know, at their own -- wherever they</p> <p>17 are, or they can give a phone order to place that</p> <p>18 order --</p> <p>19 Q. And in this --</p> <p>20 A. -- or another provider.</p> <p>21 Q. In this case, it is unclear from this</p> <p>22 record whether it was in person or a phone record;</p> <p>23 is that fair?</p> <p>24 A. Yes. I don't recall.</p>

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<p>1 Q. Okay. Do you know -- so do you know why 2 Dr. Yalamanchi -- strike that.</p> <p>3 Do you know if he saw the patient on or 4 around March 13th at 1:24 a.m.?</p> <p>5 A. I don't.</p> <p>6 Q. Did you see any charting that you put in 7 the record that would show that Dr. Yalamanchi 8 evaluated Mr. Cruz on or around 1:24 a.m. on 9 March 13th?</p> <p>10 A. I don't specifically recall.</p> <p>11 Q. Okay. In his custom and practice, it 12 would not be uncommon for Dr. Yalamanchi to place a 13 restraint order on a patient over the phone; is 14 that fair?</p> <p>15 A. It would not be uncommon. Well, I guess, 16 for your knowledge, on medical floor, in my 17 experience, we very rarely have to apply four-point 18 restraints. So that question I can't really 19 answer.</p> <p>20 Q. Okay. There is no indication here, 21 though, that Dr. Yalamanchi performed an individual 22 assessment of this patient on or around 1:24 a.m. 23 on March 13th, correct?</p> <p>24 MR. TOMASIK: Just based off this note right</p>	<p>1 restraints?</p> <p>2 A. It would be noted in charting.</p> <p>3 Q. Okay. So --</p> <p>4 A. We specifically have reason --</p> <p>5 Q. And I guess to answer -- to go back to 6 your question, you mentioned that some charting 7 which would show behavior that would call for 8 Mr. Cruz to be placed into restraints. Do you 9 remember that?</p> <p>10 A. Yes. I just spoke of it.</p> <p>11 Q. Right. And that -- page 154. Sorry. 12 Strike that.</p> <p>13 We're on page 154 of 294. Do you see 14 that?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And you said that you remember 17 reading that the patient was agitated, 18 hallucinating, Haldol given with no effect, 19 Dr. Nadkarni paged. And you're saying that is 20 something that would contribute to the reasons why 21 he was placed in restraints?</p> <p>22 MR. FLAXMAN: Objection, foundation.</p> <p>23 MR. TOMASIK: Answer if you can, Aiste.</p> <p>24</p>
Page 38	Page 40
<p>1 here?</p> <p>2 MR. RAGEN: Or anything else she reviewed.</p> <p>3 MR. TOMASIK: Okay. Okay.</p> <p>4 BY THE WITNESS:</p> <p>5 A. I didn't specifically see, you know, 6 Dr. Yalamanchi's assessment notes, no.</p> <p>7 Q. Okay. So do you know what Mr. Cruz was 8 doing to be placed in restraints?</p> <p>9 A. Well, these are violent restraints. So 10 Mr. Cruz would have exhibited some, you know, 11 violent or threatening or, you know, self-injurious 12 or threatening to others type of behavior in order 13 to necessitate those restraints.</p> <p>14 Q. Okay. Did you see from your review of the 15 records anything that characterized his conduct 16 that caused him to be placed in restraints?</p> <p>17 A. Sure. We saw previously on page 154 we 18 just reviewed that my special charting was that 19 patient was agitated and that some medication did 20 not work to relieve agitation.</p> <p>21 Q. Okay. Is there anything at Hinsdale 22 Hospital -- is there any type of, you know, 23 comprehensive document you fill out that explains 24 exactly what a patient was doing to be placed into</p>	<p>1 BY THE WITNESS:</p> <p>2 A. I need some clarification.</p> <p>3 Q. Okay. So guess what I'm saying is there 4 anything else -- and now I'm just speaking just 5 generally. When you place a patient in restraints, 6 does the doctor have to write a note?</p> <p>7 A. Doctor has to -- there needs to be a 8 doctor's order.</p> <p>9 Q. Right. But is there anything -- do they 10 have to write a progress note or consultant note?</p> <p>11 MR. TOMASIK: Foundation.</p> <p>12 BY MR. RAGEN:</p> <p>13 Q. If you know.</p> <p>14 A. I can't really answer that question.</p> <p>15 Q. Okay. And you were the nurse who -- did 16 you participate in placing Mr. Cruz in restraints?</p> <p>17 A. Physically?</p> <p>18 Q. Yes.</p> <p>19 A. I do not recall participating in 20 physically putting the restraints on.</p> <p>21 Q. Did you enter the order that Mr. Cruz be 22 placed in restraints?</p> <p>23 A. So, again, I don't recall if the order was 24 placed by physician or if the physician gave me an</p>
Barkauskaite Aiste	

<p style="text-align: right;">Page 41</p> <p>1 order, and then I would have placed it. I don't 2 recall how the order was placed.</p> <p>3 Q. We're looking at -- now turned back to 4 page 256. Do you see that? Sorry.</p> <p>5 A. Yes.</p> <p>6 Q. Okay. And this note is called restraint 7 initiation, slash, notifications? Do you see that?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. And under March 13, 2016, at 10 1:00 a.m., you entered a number of things 11 concerning the patient being placed in restraints; 12 is that fair?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. And it shows that you did a face to 15 face?</p> <p>16 A. Uh-huh.</p> <p>17 Q. Is that correct?</p> <p>18 A. Yes.</p> <p>19 Q. What time was the face to face done?</p> <p>20 A. It says March 13, 01:25.</p> <p>21 Q. Okay. And is that the time it was 22 started?</p> <p>23 MR. TOMASIK: Can we go off the record for just 24 one second?</p>	<p style="text-align: right;">Page 43</p> <p>1 A. The computer cut out. Did I deem that -- 2 Q. It was proper to have Mr. Cruz in 3 restraints?</p> <p>4 A. So, again, the doctor determines whether 5 it is proper to place the patient in restraints.</p> <p>6 Then the nurse assesses the patient after that --</p> <p>7 Q. Right. Okay.</p> <p>8 A. -- assessment part.</p> <p>9 Q. Did you have -- besides what's written 10 here, it says, you know -- it sounds -- this record 11 shows that you conducted a face-to-face assessment 12 between 1:25 and 1:35 a.m. of Mr. Cruz?</p> <p>13 A. Uh-huh.</p> <p>14 Q. Is that correct?</p> <p>15 A. That's what it says, yes.</p> <p>16 Q. And is there anything else in the medical 17 records that would show what you guys discussed?</p> <p>18 A. Who discussed?</p> <p>19 Q. You and Mr. Cruz during this face-to-face 20 evaluation.</p> <p>21 A. I don't think that would necessarily be a 22 discussion. It was an assessment.</p> <p>22 Q. Okay. Well, do you see anything when you 23 reviewed the medical records that further gave</p>
<p style="text-align: right;">Page 42</p> <p>1 MR. RAGEN: Sure.</p> <p>2 (Discussion off the 3 record.)</p> <p>4 BY MR. RAGEN:</p> <p>5 Q. So talking about the face to face, it 6 looks like there's -- on the third column, third 7 row -- excuse me -- it says contact for 8 face-to-face date and time. That's March 13th at 9 1:25 a.m. Do you see that?</p> <p>10 A. Yeah.</p> <p>11 Q. Then it says face to face completed by 12 date, time, and there is a March 13th at 1:35 a.m. 13 Do you see that?</p> <p>14 A. Yes.</p> <p>15 Q. So does that mean that you would have 16 performed a face to face with Mr. Cruz?</p> <p>17 A. I take it to mean that I assessed the 18 patient in my nursing assessment.</p> <p>19 Q. Okay. Do you see -- other than what is 20 in --</p> <p>21 A. But I saw patient face to face, and I 22 assessed the patient to my best ability.</p> <p>23 Q. Okay. When you assessed him, did you deem 24 that it was proper (inaudible)?</p>	<p style="text-align: right;">Page 44</p> <p>1 information about the assessment besides what's in 2 this note?</p> <p>3 A. Do I see from the screen?</p> <p>4 Q. No. You looked at medical records, right?</p> <p>5 A. I looked at my charting, yes.</p> <p>6 Q. Okay. And from what you recall from 7 looking at your charting, do you remember seeing 8 anything else about this face-to-face assessment 9 besides what's in this particular part of the chart 10 we're looking at right now?</p> <p>11 A. Do I recall seeing anything else about the 12 face-to-face assessment?</p> <p>13 Q. Right. That occurred between 1:25 and 14 1:35 a.m. on March 13th.</p> <p>15 A. I don't recall specifically seeing 16 anything else about the assessment.</p> <p>17 Q. And then it says, reason for restraint. 18 It says -- and there is the -- sorry. Strike that.</p> <p>19 So now staying on page 256. The sixth row 20 down says, Reason for restraint. Do you see that?</p> <p>21 A. Yes.</p> <p>22 Q. And it goes down to T186?</p> <p>23 A. I see that.</p> <p>24 Q. Okay. Can you tell me what the reason was</p>

<p>1 given for Mr. Cruz to be in restraints?</p> <p>2 MR. TOMASIK: Can you lower it down a little?</p> <p>3 It's cutting off on my screen.</p> <p>4 MR. RAGEN: Oh, sorry.</p> <p>5 BY THE WITNESS:</p> <p>6 A. Okay. It says, T186 at 1:00 a.m. reason</p> <p>7 for restraint violent, slash, self-destructive</p> <p>8 behavior.</p> <p>9 Q. Okay. And so that was the reason you</p> <p>10 entered for Mr. Cruz to be in restraints; is that</p> <p>11 fair?</p> <p>12 A. Yes.</p> <p>13 Q. Do you know if you were in the room when</p> <p>14 Mr. Cruz was restrained?</p> <p>15 A. I don't -- I don't specifically recall. I</p> <p>16 would have been either in the room or just outside</p> <p>17 the room usually. Typically when violent patients</p> <p>18 are restrained, typically there is security</p> <p>19 assistant present. So they might need more space</p> <p>20 if the patient, you know, is agitated. So for</p> <p>21 safety, I could have been, you know, just outside</p> <p>22 the room. I'm thinking typically that's what would</p> <p>23 happen, but I don't recall this specific situation.</p> <p>24 Q. Right. Can you tell from this -- do you</p>	<p>Page 45</p> <p>1 easier for a violent patient to be restrained,</p> <p>2 usually the bed is made flat --</p> <p>3 Q. Okay. And --</p> <p>4 A. -- so restraints can be applied</p> <p>5 appropriately.</p> <p>6 Q. And where do the restraints -- where do</p> <p>7 they join the bed? Like, you know, with any</p> <p>8 restraints, do the restraints go around their</p> <p>9 ankles and wrist, and then they're affixed to the</p> <p>10 bed?</p> <p>11 A. Sure, yes. So underneath the bed, there's</p> <p>12 specific like -- kind of like handles that are</p> <p>13 designated to attach restraints, and that's where</p> <p>14 the restraints would be attached.</p> <p>15 Q. Okay. If you look at the location of the</p> <p>16 restraint -- we're now in the eighth row down. Do</p> <p>17 you see that? It says, location restraint.</p> <p>18 A. Uh-huh.</p> <p>19 Q. Okay. And what information did you put in</p> <p>20 for restraint locations?</p> <p>21 A. Sure. Location restraint, see 204.</p> <p>22 1:00 a.m. location restraint would be left ankle,</p> <p>23 right ankle, left wrist, and right wrist.</p> <p>24 Q. Okay. Is there any form that's filled out</p>
<p>1 know -- strike that.</p> <p>2 What restraints were used to restrain</p> <p>3 Mr. Cruz?</p> <p>4 A. As we read just above, type of restraint</p> <p>5 is violent restraint.</p> <p>6 Q. Okay. Do you know what those restraints</p> <p>7 looked like? Are they metal? Are they leather?</p> <p>8 A. They have a metal lock and key part and</p> <p>9 then Velcro part, and I think it's either like a</p> <p>10 very thick textile thing or leather.</p> <p>11 Q. Okay. And so -- all right. What type of</p> <p>12 bed was Mr. Cruz on when he was restrained?</p> <p>13 A. I don't specifically recall. We have a</p> <p>14 few types of beds in the hospital.</p> <p>15 Q. Okay. Do those beds, do they -- are they</p> <p>16 able to incline or decline, change positions?</p> <p>17 A. Yes.</p> <p>18 Q. Do you know what position it was in when</p> <p>19 Mr. Cruz was restrained?</p> <p>20 A. I don't specifically recall.</p> <p>21 Q. Is there any particular way when you</p> <p>22 restrain a patient the position of the bed is</p> <p>23 always in?</p> <p>24 A. No, but just -- just -- just to make it</p>	<p>Page 46</p> <p>1 at Hinsdale Hospital that concerns notice of</p> <p>2 restriction of a patient's rights?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And can you tell me what that is?</p> <p>5 A. I don't -- I'm not very familiar with the</p> <p>6 form because I don't -- I don't see that form very</p> <p>7 often on my floor, but basically it's just what it</p> <p>8 says. If patient's rights are restricted, they</p> <p>9 receive, you know, a piece of paper saying, you</p> <p>10 know, specifically how their rights are restricted.</p> <p>11 Q. So in this case, were Mr. Cruz's rights</p> <p>12 restricted?</p> <p>13 A. I mean, he was placed in restraints. So I</p> <p>14 don't know if you're asking me if he received a</p> <p>15 form or not.</p> <p>16 Q. Right. I mean, I'm just asking you if</p> <p>17 there is a form that you guys fill out sometimes on</p> <p>18 notice of restriction of rights, and you say from</p> <p>19 time to time you do that, right?</p> <p>20 A. Uh-huh.</p> <p>21 Q. Is that correct?</p> <p>22 A. Yes.</p> <p>23 Q. So --</p> <p>24 A. In general in the hospital, yes.</p>

<p style="text-align: right;">Page 49</p> <p>1 Q. So when the patient is placed into 2 four-point restraints, do you know one way or the 3 other whether they should receive a notice of 4 restriction of rights?</p> <p>5 A. I can't specifically say, but they might 6 receive that form. Right now, you know, I don't -- 7 I can't really --</p> <p>8 Q. Say whether they do or don't?</p> <p>9 A. Correct.</p> <p>10 Q. Okay.</p> <p>11 A. I guess, it just depends on the situation.</p> <p>12 Q. Yeah. When I look at the medical 13 records -- well, when you reviewed this, did you 14 see a notice of restriction of rights?</p> <p>15 A. Did I see it?</p> <p>16 Q. Yeah.</p> <p>17 A. I don't recall seeing it.</p> <p>18 Q. Okay. And who would -- when a notice of 19 restriction of rights are filled out, who fills 20 them out?</p> <p>21 A. That would be one of the healthcare 22 professionals. I think either nurse or a doctor or 23 charge nurse in general.</p> <p>24 Q. Okay. So -- okay.</p>	<p style="text-align: right;">Page 51</p> <p>1 A. Yes.</p> <p>2 Q. Do you see anything from what you reviewed 3 that documented what you did to deescalate 4 Mr. Cruz's psychiatric condition?</p> <p>5 A. I don't specifically recall seeing it for 6 this, you know, just while we were reviewing the 7 chart or from what I reviewed beforehand, but 8 it's -- the deescalation methods and documenting, 9 that is part of the routine that we do for any, you 10 know, patient that has restraints placed. So it's 11 like --</p> <p>12 Q. So when I looked at the records, I didn't 13 see anything that would show documentation of you 14 trying to deescalate the patient.</p> <p>15 A. Uh-huh.</p> <p>16 Q. Do you remember looking at the medical 17 records that you entered and seeing anything that 18 you did to deescalate Mr. Cruz?</p> <p>19 A. I don't remember reviewing that part if 20 it's there, but I know that in my practice, I 21 always chart that. That's what we legally have to 22 do, do and chart.</p> <p>23 Q. Well, for sure. And so I guess my 24 question is, whenever you place a patient in</p>
<p style="text-align: right;">Page 50</p> <p>1 A. So, again, I don't recall specifically 2 that this patient did or did not receive that form.</p> <p>3 Q. Okay. Do you know if Mr. Cruz was 4 hallucinating at the time he was placed into 5 restraints?</p> <p>6 A. Just from my special charting notes that 7 we looked at previously, I did say, 8 "hallucinating." So he would have been 9 hallucinating or showing signs that he's 10 hallucinating around that time.</p> <p>11 Q. Okay. Prior to Mr. Cruz being restrained, 12 do you know if there were any steps taken to 13 deescalate his psychiatric condition?</p> <p>14 A. I don't specifically recall, but the 15 routine with any, you know, agitated patients is 16 that prior to putting patients in restraints, the 17 healthcare staff attempts to deescalate, you know, 18 by other means. So placing a patient in restraint 19 is kind of like a last resort. It indicates that 20 patient cannot be deescalated or helped in any 21 other way, you know, or the patient is dangerous to 22 staff.</p> <p>23 Q. So you reviewed your notes concerning 24 Mr. Cruz, right?</p>	<p style="text-align: right;">Page 52</p> <p>1 restraints, you want to avoid placing the patient 2 in restraints, correct?</p> <p>3 A. Correct.</p> <p>4 Q. And even though it doesn't look like it's 5 documented, every time you always try to deescalate 6 the situation; is that fair?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. So I didn't see anything in the 9 records that showed any attempts to deescalate, but 10 you certainly would have tried to deescalate this 11 patient; is that fair?</p> <p>12 A. I know I would have certainly tried to 13 deescalate the patient. I would have certainly 14 charted that. So it's -- you know, I want to say 15 in my practice, I never -- I never have missed that 16 charting because generally we can't leave to go 17 home from our shift before making sure all of that 18 is charted. So...</p> <p>19 Q. Right. I'm just saying I didn't -- can 20 you tell me in the medical records that you 21 reviewed where it shows you took steps to 22 deescalate Mr. Cruz's condition?</p> <p>23 A. You know what? I only -- you know, me and 24 my lawyer only looked at, you know, some spots of</p>

<p>1 where I charted including --</p> <p>2 Q. This is -- we can take an opportunity.</p> <p>3 You can take a look at what you -- what was made</p> <p>4 available to you.</p> <p>5 A. Yes. So I can't tell you now that I</p> <p>6 specifically looked at my charting of the</p> <p>7 deescalation methods that I did, but I know from my</p> <p>8 practice, that I 99 -- 100 percent I charted that.</p> <p>9 So it's probably in the chart, but I didn't review.</p> <p>10 Q. Okay. Well, did your counsel make</p> <p>11 available to you what he made available to you</p> <p>12 before?</p> <p>13 MR. RAGEN: You're muted, Tom.</p> <p>14 BY MR. RAGEN:</p> <p>15 Q. So why don't you take a look at what you</p> <p>16 reviewed, and then you can show me where it shows</p> <p>17 you attempted to deescalate the patient.</p> <p>18 MR. TOMASIK: Yeah. I mean, can we take a</p> <p>19 break so she can review the charting that we have?</p> <p>20 MR. RAGEN: Yeah.</p> <p>21 MR. TOMASIK: Okay.</p> <p>22 (Off the record.)</p> <p>23 BY MR. RAGEN:</p> <p>24 Q. So did you find anything where -- you</p>	<p>Page 53</p> <p>1 A. Sure. So here at T225 it says,</p> <p>2 alternatives attempted. So alternatives to the</p> <p>3 restraint. So prior -- so the alternatives were</p> <p>4 that assistive devices were easily available that</p> <p>5 allow for personal space, enhanced observation,</p> <p>6 environmental changes, medication review and</p> <p>7 adjustment, nutrition and hydration offered, oxygen</p> <p>8 saturation and oxygen administration review,</p> <p>9 presence of family or visitors, reality</p> <p>10 orientation, redirect from inappropriate activities</p> <p>11 and behavior, regular ambulation, reorient patient</p> <p>12 to environment and safety measures, repeated</p> <p>13 reinforcement of instructions, sitter at bedside,</p> <p>14 suggest verbalization of needs and verbal</p> <p>15 deescalation.</p> <p>16 Q. Okay. So that shows your attempts to</p> <p>17 deescalate Mr. Cruz before restraints were</p> <p>18 employed?</p> <p>19 A. Yes. Overall, yes.</p> <p>20 Q. Okay. And, again, this is just -- this is</p> <p>21 a recordation of the event. I'm sure it does not</p> <p>22 say all words you used to deescalate Mr. Cruz; is</p> <p>23 that fair?</p> <p>24 A. The specific words, yes, correct.</p>
<p>Page 54</p> <p>1 mentioned you always document when you -- your</p> <p>2 attempt to deescalate a patient?</p> <p>3 A. Yes.</p> <p>4 Q. Right?</p> <p>5 When you looked at the medical -- your</p> <p>6 notes, did you see where you deescalated the</p> <p>7 patient?</p> <p>8 MR. TOMASIK: Here. Let me show it to you, and</p> <p>9 you can show her.</p> <p>10 MR. RAGEN: That's fine. You know, I'm sure I</p> <p>11 can pull it up.</p> <p>12 MR. TOMASIK: Okay. I'll let you drive.</p> <p>13 MR. RAGEN: I appreciate that.</p> <p>14 MR. FLAXMAN: Bill, try 264.</p> <p>15 MR. RAGEN: Thanks. Okay.</p> <p>16 BY MR. RAGEN:</p> <p>17 Q. So you see on pages 264 and 265 --</p> <p>18 A. Yes.</p> <p>19 Q. -- there's some notes you entered at</p> <p>20 March 13th at 1:00 a.m.?</p> <p>21 A. Yes, I see that.</p> <p>22 Q. And can you tell me, you know, the</p> <p>23 documentation of your attempts to deescalate the</p> <p>24 patient?</p>	<p>Page 55</p> <p>1 Q. I mean, like you would have spent some</p> <p>2 time deescalating Mr. Cruz, right?</p> <p>3 A. Well, in this particular case, I think the</p> <p>4 situation was that the patient is violent. So in</p> <p>5 this case, we, you know, called a code for security</p> <p>6 assistance. We tried to get out of patient's way</p> <p>7 if the patient is violent so that we don't get</p> <p>8 hurt. So I wouldn't have talked much to the</p> <p>9 patient. Just maybe given, you know, directions to</p> <p>10 stand by or stay in bed regularly. That's what</p> <p>11 would happen.</p> <p>12 Q. And the decision to restrain him was made</p> <p>13 because he was violent; is that fair?</p> <p>14 A. I think that would be fair to say that</p> <p>15 that was one of the reasons.</p> <p>16 Q. Okay. What were any of the other reasons?</p> <p>17 A. Well, decision to restrain someone is made</p> <p>18 to protect the patient and the staff.</p> <p>19 Q. Okay. And then have you told me all the</p> <p>20 reasons, as you sit here today, you can recall for</p> <p>21 Mr. Cruz being restrained?</p> <p>22 A. Yes. So from earlier when we read the</p> <p>23 special charting notes, that he was hallucinating,</p> <p>24 agitated.</p>

<p style="text-align: right;">Page 57</p> <p>1 Q. Okay.</p> <p>2 A. I recall some medications were 3 administered, and they were ineffective, and then 4 he was placed in violent restraints.</p> <p>5 Q. Yeah. I mean, sometimes you can't avoid 6 it; is that fair?</p> <p>7 MR. FLAXMAN: "It" being put in restraints?</p> <p>8 MR. RAGEN: Yes.</p> <p>9 BY THE WITNESS:</p> <p>10 A. Is it fair that sometimes we can't avoid 11 it?</p> <p>12 Q. Yes.</p> <p>13 A. I mean, that's a little inaccurate to say. 14 I would say violent restraints are placed very 15 specifically only when that becomes indicated.</p> <p>16 Q. Okay. In this case, looking now at 17 page 264 of 294, it was indicated that the type of 18 restraint was because he was violent, right?</p> <p>19 A. Yes. I recall reading violent behavior.</p> <p>20 Q. Okay. Was that the reason for Mr. Cruz 21 being restrained?</p> <p>22 A. To summarize, yes.</p> <p>23 Q. And you had a chance -- I asked you about 24 the documentation and the steps you took to</p>	<p style="text-align: right;">Page 59</p> <p>1 phone or by pager.</p> <p>2 Q. I didn't see in my review of the medical 3 records anything that would indicate that a 4 licensed professional counselor or psychologist was 5 called to evaluate Mr. Cruz. Did you see anything 6 that would show that?</p> <p>7 A. No.</p> <p>8 Q. Okay. I did see that there was a call for 9 a psychiatrist to consult on Mr. Cruz. Did you see 10 that?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And I think we covered the name of 13 the psychiatrist. Well, strike that.</p> <p>14 Do you know who the psychiatrist -- strike 15 that.</p> <p>16 Was there anything in the medical records 17 that showed you who was the psychiatrist who was on 18 call to consult on Mr. Cruz?</p> <p>19 A. Yes. I think we both read patient 155 20 that it -- I think that was the page. The name is 21 Dr. Nadkarni.</p> <p>22 Q. Yeah. I'll go to that. Thank you. Maybe 23 I will.</p> <p>24 But you remember looking at the</p>
<p style="text-align: right;">Page 58</p> <p>1 deescalate Mr. Cruz, and have we covered that?</p> <p>2 A. Yes.</p> <p>3 Q. Okay.</p> <p>4 A. You asked me to read T225, and I read the 5 whole paragraph.</p> <p>6 Q. Yeah. When we took a break, I said look 7 at all your charting and show me where, you know, 8 the deescalate was, and then this is what we 9 arrived at, right?</p> <p>10 A. Yes. These are the alternatives.</p> <p>11 Q. So yeah. We discussed your documentation 12 of the attempts -- strike that.</p> <p>13 So we have covered your documentation of 14 your attempts to deescalate Mr. Cruz, correct?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. On the general unit, are there 17 licensed professional counselors or psychologists 18 on your unit?</p> <p>19 A. So just like with -- just like with 20 psychiatrist, there's not somebody, you know, 21 always present on the general floor as a counselor 22 or psychologist, but they are -- there are these 23 professionals that are associated with the hospital 24 that are on staff that can be reached, you know, by</p>	<p style="text-align: right;">Page 60</p> <p>1 psychiatrist who was asked to evaluate Mr. Cruz was 2 Dr. Nadkarni, correct?</p> <p>3 A. What do you mean by "asked to evaluate"?</p> <p>4 Q. Well, you understand when there is -- when 5 a -- strike that.</p> <p>6 There was a consult in place for 7 psychiatrist to consult on Mr. Cruz; is that 8 correct?</p> <p>9 A. I don't specifically recall, but I know 10 that a psychiatrist was paged because that's what I 11 charted.</p> <p>12 Q. So since you paged Dr. -- since you 13 charted that Dr. Nadkarni was paged, do you know 14 why you paged him?</p> <p>15 A. I would have paged him to inform about 16 patient's condition.</p> <p>17 Q. Right. And did you page him because he 18 was on the on-call psychiatrist at that time?</p> <p>19 A. Yes, I would have paged on-call 20 psychiatrist, and that happened to be Dr. Nadkarni.</p> <p>21 Q. Okay. When a patient is in restraints, 22 the patient should be checked every 15 minutes? I 23 believe that's what you indicated.</p> <p>24 A. Yes. When the patient is placed in</p>

<p>1 violent restraints, there's also a sitter that 2 needs to be in the patient's room. So the sitter 3 is monitoring the patient at all times, and then 4 the sitter is noting every 15 minutes patient's 5 condition.</p> <p>6 Q. And does the sitter put that information 7 into the medical record?</p> <p>8 A. Either -- I don't recall what was the 9 practice in 2016. Either way that would be part of 10 medical records. I just -- I don't know if it's on 11 paper or scanned in or in the computer.</p> <p>12 Q. Okay. So looking at your charting, it 13 looks like -- let's see what page I want to start 14 at.</p> <p>15 MR. FLAXMAN: Bill, could I just have a 16 30-second break?</p> <p>17 MR. RAGEN: Yeah.</p> <p>18 MR. FLAXMAN: I'll be right back.</p> <p>19 (Off the record.)</p> <p>20 MR. FLAXMAN: Thanks for that. I'm ready to go 21 back.</p> <p>22 MR. RAGEN: Okay. Thanks.</p> <p>23 BY MR. RAGEN:</p> <p>24 Q. I'm now turning to page 257. You see I'm</p>	<p>Page 61</p> <p>1 Q. Okay. So I'm going to show you these 2 pages then. Does this show medical records that 3 you entered for Mr. Cruz on March 13, 2016, this 4 one entry at 7:00 a.m. on page --</p> <p>5 A. Uh-huh.</p> <p>6 Q. -- 257? Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. And I'm going to scroll through 9 slowly and go through the time. So it looks like 10 you make an entry on page 257 on March 13th of 11 7:00 a.m., true?</p> <p>12 A. Yes.</p> <p>13 Q. And then on pages 257 and 258, you make an 14 entry for 6:30 a.m. and 6:45 a.m. on March 13th; is 15 that true?</p> <p>16 A. Yes.</p> <p>17 Q. And then on pages 258 and 259, you make an 18 entry for 6:15 a.m. and 6:00 a.m. on 19 March 13, 2016?</p> <p>20 A. Yes.</p> <p>21 Q. Then on pages 259 and 260, you make 22 entries at 5:45 a.m. and 5:30 a.m. for 23 March 13, 2016, correct?</p> <p>24 A. Yes.</p>
<p>1 starting at page 257 of 294? Do you see that?</p> <p>2 A. Yes.</p> <p>3 Q. And then on that page, there are a number 4 of entries you put in, but the latest one was 5 March 13, 2016, at 7:00 a.m. Do you see that?</p> <p>6 A. Yes.</p> <p>7 Q. Does the one for 7:00 on this page -- 8 there is one for 7:00. It includes the whole note, 9 right?</p> <p>10 A. The whole note? What do you mean?</p> <p>11 Q. So, for example, on this page 257 -- and 12 there is a note you entered on March 13, 2016, at 13 7:00 a.m., and whatever you entered on that 14 particular note is included on this page. And then 15 lower than that there is an entry for 6:30 and 6:45 16 that go to the next page. Do you see that?</p> <p>17 A. Well, yes.</p> <p>18 Q. Okay. So looking at these, which is 19 page 257, are these some of the medical records you 20 looked at before the deposition?</p> <p>21 A. No. That's the reason why I couldn't -- 22 you know, why I needed to speak with the lawyer 23 just 15 minutes ago. I don't -- I didn't 24 specifically see these pages.</p>	<p>Page 62</p> <p>1 Q. And then on pages 260 and 261, you make 2 entries for 5:15 a.m. and 5:00 a.m. on 3 March 13, 2016; is that correct?</p> <p>4 A. Yes.</p> <p>5 Q. And then on pages 261, you make entries at 6 4:45 a.m. and 4:30 a.m. for March 13, 2016; is that 7 correct?</p> <p>8 A. Yes.</p> <p>9 Q. And then on pages 262 and 263, you make 10 entries at 4:15 a.m. and 4:00 a.m. on 11 March 13, 2016; is that correct?</p> <p>12 A. Yes.</p> <p>13 Q. And then on pages -- on page 263, you make 14 entries at 3:45 and 3:30 a.m. for March 13, 2016; 15 is that correct?</p> <p>16 A. Yes.</p> <p>17 Q. And then on pages 263 and 262, you make 18 entries at 3:15 a.m. and 3:00 a.m. for 19 March 13, 2016; is that correct?</p> <p>20 A. Yes.</p> <p>21 Q. And all these entries are restraint and 22 monitoring assessments. Do you see that as the 23 title of the type of assessments they are?</p> <p>24 A. Yes. Physical assessment, restraint</p>

<p>1 affect, behavior, alternatives.</p> <p>2 Q. Okay. And in this, it -- so if you look</p> <p>3 at -- I'm now looking at the one for 3:00 a.m. on</p> <p>4 March 13, 2016.</p> <p>5 A. Uh-huh.</p> <p>6 Q. So on that -- let me know if -- because</p> <p>7 we're doing this via screen sharing. So this part</p> <p>8 is just making sure I'm on the right spot.</p> <p>9 So on page -- I'm showing you page 264 of</p> <p>10 294, and it concerns an entry into the medical</p> <p>11 record you made at 3:00 a.m. on March 13, 2016; is</p> <p>12 that correct?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. What physical assessment did you</p> <p>15 perform at 3:00 a.m. on March 13, 2016, that's</p> <p>16 found in this medical record?</p> <p>17 A. So it says, physical assessment see below.</p> <p>18 T, I think, 24. And I don't see anymore. The</p> <p>19 one -- if you scroll up a little bit.</p> <p>20 Q. Yes. Sorry. Go ahead.</p> <p>21 A. T224 and 242. Not sure if I'm reading --</p> <p>22 Q. If you look at March 15 at 3:00 a.m.,</p> <p>23 physical assessment see below 242 for physical</p> <p>24 assessment, right?</p>	<p>Page 65</p> <p>1 results would have been normal; and that if they</p> <p>2 were abnormal, we could look at shift assessment to</p> <p>3 see any abnormalities?</p> <p>4 A. Correct.</p> <p>5 Q. Okay. I'm going to go to -- you can see</p> <p>6 T241 concerns the entry that is demarcated as 241.</p> <p>7 It's 3:15 a.m. And that also reflects that you</p> <p>8 assessed his respiratory status, cardiac status,</p> <p>9 range of motion, neurological status, and skin and</p> <p>10 circulation, correct?</p> <p>11 A. Yes.</p> <p>12 Q. And there is no abnormalities charted</p> <p>13 here, but you indicate that were there to be any</p> <p>14 abnormalities, check the shift assessment; is that</p> <p>15 fair?</p> <p>16 A. Correct.</p> <p>17 Q. To do this more quickly, does that same --</p> <p>18 now scrolling to page 263. Does that apply on</p> <p>19 March 13, 2016, at 3:30 a.m. as listed under T240?</p> <p>20 A. Correct.</p> <p>21 Q. And the same thing for March 13, 2016, at</p> <p>22 3:45 a.m. where it's marked under T239?</p> <p>23 A. Correct.</p> <p>24 Q. Same thing for March 13, 2016, at</p>
<p>1 A. Yes.</p> <p>2 Q. Okay. Then if you go to T242, what does</p> <p>3 it say that you put in for your physical</p> <p>4 assessment?</p> <p>5 A. Sure. So T242 for physical assessment for</p> <p>6 3:00 a.m. on March 13, 2016, is respiratory status</p> <p>7 assessed. Cardiac status assessed. Range of</p> <p>8 motion assessed. Neurological status assessed.</p> <p>9 Skin and circulation assessed and see shift</p> <p>10 assessment for abnormalities.</p> <p>11 Q. Okay. So does that show that at 3:00 a.m.</p> <p>12 you performed an assessment of his respiratory</p> <p>13 status?</p> <p>14 A. Yes.</p> <p>15 Q. And a cardiac status?</p> <p>16 A. Yes.</p> <p>17 Q. And a range of motion?</p> <p>18 A. Yes.</p> <p>19 Q. And neurological status?</p> <p>20 A. Yes.</p> <p>21 Q. And a skin circulation status?</p> <p>22 A. Yes.</p> <p>23 Q. And these records don't show the results</p> <p>24 of that, but is it safe to assume that all those</p>	<p>Page 66</p> <p>1 4:00 a.m.? Does your physical assessment note --</p> <p>2 is that reflected in -- strike that.</p> <p>3 For 4:00 a.m. on March 13 -- sorry.</p> <p>4 Strike that.</p> <p>5 For 4:00 a.m. on March 13, 2016, is your</p> <p>6 note concerning physical assessment located at</p> <p>7 T238?</p> <p>8 A. Can you scroll down? Thank you. Yes.</p> <p>9 Q. Okay. And for 4:15 a.m. on</p> <p>10 March 13, 2016, is your physical assessment located</p> <p>11 at T237?</p> <p>12 A. Correct.</p> <p>13 Q. At 4:30 a.m. on March 13, 2016, is your</p> <p>14 physical assessment of Mr. Cruz found at T236?</p> <p>15 A. Yes.</p> <p>16 Q. And that's on pages 261 going to 262?</p> <p>17 A. I don't see the page number.</p> <p>18 Q. Okay. So do you see it now?</p> <p>19 A. 261, yes.</p> <p>20 Q. It starts at 261 and then continues on to</p> <p>21 262?</p> <p>22 A. That's what it looks like.</p> <p>23 Q. Okay. And then for your physical</p> <p>24 assessment that you performed on Mr. Cruz at</p>

Page 69	Page 71
1 4:45 a.m. on March 13, 2016, is that found under 2 T235?	1 Q. Okay. Maybe I'll stop and then continue. 2 Maybe that will jog it.
3 A. Yes.	3 A. Okay.
4 Q. Okay. And for the physical assessment you 5 performed on Mr. Cruz at 5:00 a.m. on 6 March 13, 2016, is that found at T234?	4 Q. Sorry.
7 A. Yes.	5 A. No problem.
8 Q. And the physical assessment you performed 9 on Mr. Cruz at 5:15 a.m., is that found at T233?	6 Q. Okay. We were sharing before, and there 7 was like a technical difficulty. Does it seem 8 that's resolved?
10 A. Yes.	9 A. Yes. Now I can see the screen clearly. I 10 see 228, 6:30 physical assessment.
11 Q. Now going to 5:30 a.m. on March 13, 2016. 12 Is the physical assessment you performed on 13 Mr. Cruz identified by T232?	11 Q. So that's your documentation of your 12 physical assessment of Mr. Cruz at 6:30 as 13 evidenced in T228, correct?
14 A. Yes.	14 A. Correct.
15 Q. And the physical assessment you performed 16 on Mr. Cruz at March 13, 2016, at 5:45 a.m., is 17 that found under T231?	15 Q. And for 6:40 a.m., March 13, 2016, your 16 physical assessment is found under T227; is that 17 correct?
18 A. Yes.	18 A. 6:45 a.m.
19 Q. And the physical assessment you performed 20 at 6:00 a.m. on March 13, 2016, at 2230, is that 21 found --	19 Q. Yeah. Sorry. Yes. 6:45 a.m. on 20 March 13, 2016, your physical assessment is found 21 under T227; is that correct?
22 A. 6:00 a.m.	22 A. Correct.
23 Q. -- T230?	23 Q. And now going to 7:00 a.m., your physical 24 assessment of Mr. Cruz can be found under T226; is
Page 70	Page 72
1 Q. Okay. And at 6:15 a.m. on March 13, 2016, 2 is your physical assessment found at T229?	1 that correct?
3 A. Yes.	2 A. Correct.
4 Q. And for 6:30 a.m. on March 13, 2016, is 5 your physical assessment found of Mr. Cruz -- 6 sorry. Strike that.	3 Q. And that shows from -- reviewing all 4 those, it shows from 3:00 a.m. to 7:00 a.m. all the 5 physical assessments you performed of Mr. Cruz on 6 15-minute intervals; is that correct?
7 For 6:30 a.m. -- strike that.	7 A. Yes. We started at 3:00 a.m., yes.
8 For 6:30 a.m. on March 13, 2016, is your 9 physical assessment of Mr. Cruz found on page T228?	8 Q. And for each of them, it shows that the 9 respiratory status was assessed, the cardiac status 10 was assessed, the range of motion was assessed, the 11 neurological status was assessed, the skin and 12 circulation was assessed, but no details were 13 performed. So that it would be safe to assume that 14 all those assessments were normal; is that correct?
10 A. I don't see that on my screen.	15 A. It says, see shift assessment for 16 abnormalities. So if there was any abnormalities, 17 that would be noted in shift assessment, but --
11 Q. Okay. It should be there. So I'm looking 12 at page 258. Does my sharing the screen show that?	18 Q. You know, the way I asked it was probably 19 not the most efficient.
13 A. I don't see the page number, but I still 14 see T230. Maybe it is --	20 For all these entries from 3:00 to 7:00, 21 it shows that respiratory status, cardiac status, 22 range of motion, neurological, skin and circulation 23 were all assessed, correct?
15 Q. What's the -- because maybe it's like 16 there is some --	24 A. Yes.
17 A. Okay. Now it's moving.	
18 Q. Okay. Was it frozen for a while?	
19 A. Maybe so.	
20 Q. Okay. So now can you see 6:30 a.m.?	
21 A. I can, but I think -- as you're scrolling, 22 it has some artifacts on my screen.	
23 Q. Are the artifacts still present?	
24 A. Yes.	

<p style="text-align: right;">Page 73</p> <p>1 Q. And within these notes that we just went 2 through, none of the details of those assessments 3 were provided. So you can assume that it was 4 normal unless you go to the shift assessment which 5 would show any abnormalities; is that fair?</p> <p>6 A. Yes. But to note, I would say for 7 neurological status assessed, something like 8 restraint affect and restraint behavior is part of 9 it. So you can see that assessment on this page as 10 well.</p> <p>11 Q. Okay. When you say that, what you're 12 saying is that when you go up where it's not listed 13 under physical assessment, you look at MS 14 alternatives attempted, that's where that 15 information is located, right?</p> <p>16 A. No. I'm saying his restraint affect and 17 restraint behavior was appropriate as charted at 18 7:00 a.m.</p> <p>19 Q. Oh, I gotcha. Right. So in the actual 20 table, it shows that his affect and behavior were 21 appropriate for restraint at any given time, right?</p> <p>22 A. At this specific time.</p> <p>23 Q. So this specific time we're looking at now 24 is 2 -- it's found on page 257 of 294 for</p>	<p style="text-align: right;">Page 75</p> <p>1 Q. Okay. So you marked that his restraint 2 affect and behavior are appropriate at that time?</p> <p>3 A. Yes.</p> <p>4 Q. Now, if you go down to 6:30, 5 March 13, 2016, you marked that his restraint 6 affect is appropriate, but his restraint behavior 7 is agitated. Do you see that?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. And for March 13, 2016, at 10 6:45 a.m., his restraint affect and behavior are 11 appropriate, correct?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. Now, looking at for March 13, 2016, 14 his restraint behavior is noted as agitated, right?</p> <p>15 A. Yes.</p> <p>16 Q. And is this one -- is there -- it looks 17 like there's a -- you know, there's like almost 18 like a footnote, agitated, which would lead me to 19 believe that there is more information somewhere 20 else. Do you see that?</p> <p>21 A. Yes.</p> <p>22 Q. Let's try to find that particular -- so 23 under C10, right? Do you see it now?</p> <p>24 A. Yes.</p>
<p style="text-align: right;">Page 74</p> <p>1 7:00 a.m., correct?</p> <p>2 A. Yes.</p> <p>3 Q. We just went through a list of -- a number 4 of them that went from 3:00 a.m. to 7:00 a.m., 5 correct?</p> <p>6 A. Yes.</p> <p>7 Q. And under physical assessment, it looks 8 like the charting was the same for every entry 9 between 3:00 a.m. and 7:00 a.m.; is that correct?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And let's go -- make sure that the 12 ones for -- I'm going to scroll through. Okay? 13 And then I'll have you look at them. You can just 14 tell me whether for under restraint affect and 15 restraint behavior if they're all listed as 16 appropriate between 3:00 a.m. and 7:00 a.m. Okay?</p> <p>17 A. Sounds good.</p> <p>18 Q. All right. I see we have a different one. 19 Okay. All right. So --</p> <p>20 A. I'm tracking it.</p> <p>21 Q. Yeah. I know. Right. So -- okay. So 22 we're looking at 7:00 o'clock a.m., March 13, 2016. 23 Now we're on page 257. Do you see that?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 76</p> <p>1 Q. Okay. So the information you added extra 2 was that it was originally marked as calm, but then 3 you changed it to agitated, correct? Sorry. I'm 4 scrolling around a lot.</p> <p>5 A. Maybe it was a correction. I can't -- I 6 don't know what that C10 means.</p> <p>7 Q. Okay. But anyways -- all right. So but 8 under the text -- never mind.</p> <p>9 I didn't see any entries like this which 10 are under restraint monitoring assessment from 11 1:30, 1:45 a.m. -- strike that.</p> <p>12 I didn't see any entries under restraint 13 monitoring assessment from -- at 1:30 a.m., 14 1:45 a.m., 2:00 a.m., 2:15 a.m., 2:30 a.m., or 15 2:45 a.m. Did you see any entries under restraint 16 monitoring assessment at that time?</p> <p>17 A. Not that we went through.</p> <p>18 Q. Okay. And in your review of your 19 charting, did you see restraint monitoring 20 assessments for that time? And at this time, if 21 you need to take a break, look at -- see everything 22 you looked at, we can do that.</p> <p>23 A. I don't have the records.</p> <p>24 Q. Okay. So this would be a good time for</p>

<p style="text-align: right;">Page 77</p> <p>1 you and counsel to go through to see if there's 2 anything in terms of this documentation restraint 3 monitoring assessment from 1:30 to 2:45 a.m. You 4 can look at what documentation there is and tell me 5 if I'm missing it. Okay?</p> <p>6 MR. TOMASIK: Sure. Okay. We can take a quick 7 break.</p> <p>8 (A break was taken.)</p> <p>9 BY MR. RAGEN:</p> <p>10 Q. So the question was for restraint 11 monitoring assessments, we went through all the 12 entries you made from 3:00 a.m. to 7:00 a.m. 13 concerning physical assessments. Do you remember 14 that?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And I didn't see any entries for 17 1:15 a.m. Did you see any?</p> <p>18 A. My lawyer said that he did not.</p> <p>19 MR. TOMASIK: That's --</p> <p>20 MR. RAGEN: I'll move to strike that for the 21 record.</p> <p>22 BY MR. RAGEN:</p> <p>23 Q. So just one thing is never tell us what 24 you and your --</p>	<p style="text-align: right;">Page 79</p> <p>1 contact that started at 1:25 a.m. and was done by 2 1:35 a.m. Do you see that?</p> <p>3 A. Yes.</p> <p>4 Q. So I was asking for 1:45 a.m. Do you 5 see -- because, obviously, you know, 1:30 is right 6 by 1:24. So I'm not going to ask about 1:30. But 7 at 1:45 a.m., do you see anything that when you 8 look at the records -- we took a break to look at 9 the records. Do you see anything that showed 10 documentation of your physical assessment of 11 Mr. Cruz at 1:45 a.m. on March 13, 2016?</p> <p>12 A. No.</p> <p>13 Q. Okay. Same thing for 2:00 a.m. When you 14 got a chance to look at your entries, did you see 15 any physical assessment entered for 2:00 a.m. on 16 March 13, 2016, for Mr. Cruz?</p> <p>17 A. No.</p> <p>18 Q. Same thing for 2:15 a.m. on 19 March 13, 2016. When you got a chance to look at 20 your entries, did you see any physical assessment 21 entered for Mr. Cruz at that time?</p> <p>22 A. No.</p> <p>23 Q. And for 2:30 a.m. on March 13, 2016 -- you 24 had a chance to look at your records. Did you see</p>
<p style="text-align: right;">Page 78</p> <p>1 MR. TOMASIK: Yeah. Here. This is what he's 2 asking you about is right here between this and 3 this.</p> <p>4 BY THE WITNESS:</p> <p>5 A. I'm sorry. Some of the questions I don't 6 know how to answer because I don't have the 7 document to look at. So when you ask me if I saw 8 that --</p> <p>9 Q. No. Right. We've been doing that. 10 There's a couple times where I can deal with it, 11 and it doesn't matter. And sometimes I just say go 12 back. You got an opportunity to meet with your 13 attorney and find any evidence to show me.</p> <p>14 A. Okay.</p> <p>15 Q. So I was asking about for at 1:00 -- we'll 16 start specifically because your counsel just put up 17 screening a document that says -- starts 18 March 13, 2016, at 1:00 a.m.; is that right?</p> <p>19 A. Yes.</p> <p>20 Q. And we went over this before. It covers 21 the restraint initiation at 1:24 a.m. Do you see 22 that?</p> <p>23 A. Yes.</p> <p>24 Q. And it discusses that there was a face</p>	<p style="text-align: right;">Page 80</p> <p>1 any entry of your physical assessment of Mr. Cruz 2 at that time?</p> <p>3 A. No.</p> <p>4 Q. Okay. The last one here. For 2:45 a.m., 5 when you a had chance to look at your entries, did 6 you find any entries for physical assessment for 7 Mr. Cruz for 2:45 a.m. on March 13, 2016?</p> <p>8 A. No.</p> <p>9 Q. But, again, we went through all the ones 10 you did from 3:00 a.m. to 7:00 a.m. Do you 11 remember that?</p> <p>12 A. Yes.</p> <p>13 Q. Would it be fair to say that during this 14 time, you know, after you restrained the patient -- 15 after -- strike that.</p> <p>16 Would it be fair to say after the patient 17 was restrained --</p> <p>18 MR. RAGEN: Oh, wait. Hey, is Joel not back?</p> <p>19 MR. FLAXMAN: I'm here. Go ahead. Thank you, 20 Bill.</p> <p>21 MR. RAGEN: Thank you, Joel.</p> <p>22 BY MR. RAGEN:</p> <p>23 Q. So from, you know, 1:24 when the patient 24 was restrained to 3:00 a.m. when there's</p>

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<p>1 documentation of you performing physical 2 assessments of Mr. Cruz, you would have been 3 performing assessments of Mr. Cruz; is that fair?</p> <p>4 MR. TOMASIK: Do you understand? That's kind 5 of wordy, but it has to be I guess.</p> <p>6 BY MR. RAGEN:</p> <p>7 Q. I'll say it again. So we just went over 8 how there is no documentation of your physical 9 assessment of Mr. Cruz from, you know, 1:45 to 10 2:45 a.m. Do you remember that?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. But even though there is no 13 documentation, you would have been assessing 14 Mr. Cruz at that time; is that fair?</p> <p>15 A. It depends.</p> <p>16 Q. Okay. Depend on what?</p> <p>17 A. It depends if I was present in the room to 18 do the assessment.</p> <p>19 Q. Okay. Would --</p> <p>20 A. So to clarify, the sitter is present in 21 the room at all times to do the assessment of 22 patient.</p> <p>23 Q. And in this case, who was the sitter?</p> <p>24 A. I don't know who that was.</p>	<p>1 Q. Have you had occasions where an RN is a 2 sitter?</p> <p>3 A. Have I had the patients?</p> <p>4 Q. No. So we're talking about Mr. Cruz, 5 right? You can't tell me who the sitter is, as you 6 sit here today or as you look at the records that 7 you reviewed; is that fair?</p> <p>8 A. I don't know who the person was. I can't 9 tell you the name or their specification.</p> <p>10 Q. Right. And that's based on what you 11 remember or what you reviewed from the records; is 12 that correct?</p> <p>13 A. Both.</p> <p>14 Q. Okay. Now, I'm just trying to find out -- 15 because I don't know who anyone would be as a 16 sitter. You've worked with sitters from time to 17 time?</p> <p>18 A. Correct.</p> <p>19 Q. Okay. And I think you just said sometimes 20 they can be CNAs, right?</p> <p>21 A. Yes.</p> <p>22 Q. And there are -- you have not had any 23 experience at Hinsdale where the sitter has been an 24 LPN; is that fair?</p>
Page 82	Page 84
<p>1 Q. Okay. What qualifications does a sitter 2 have or must have?</p> <p>3 A. Depends hospital to hospital.</p> <p>4 Q. Okay. How about Hinsdale? I'm guessing a 5 sitter doesn't need to be an M.D.; is that fair?</p> <p>6 A. Correct.</p> <p>7 Q. Okay. So the sitter at Hinsdale Hospital, 8 what level of training have they obtained that you 9 know of?</p> <p>10 A. Sitter training. I don't know exactly 11 what that contains.</p> <p>12 Q. Okay. All right. So do you know what a 13 CNA is?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. Can a CNA be a sitter?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. What is a CNA, for the record?</p> <p>18 A. Certified nurse assistant.</p> <p>19 Q. Okay. And can an LPN be a sitter?</p> <p>20 A. It depends on the hospital. I don't 21 believe that we have any LPNs in our hospital.</p> <p>22 Q. Okay. So for Hinsdale Hospital, have you 23 had occasions where a CNA is a sitter?</p> <p>24 A. Yes.</p>	<p>1 A. Correct.</p> <p>2 Q. Had you had occasions when you're working 3 with a sitter and a sitter is an RN at Hinsdale 4 Hospital?</p> <p>5 A. Personally myself, no.</p> <p>6 Q. Okay. So all the times when you work with 7 a sitter at Hinsdale Hospital, have they been a CNA 8 from as much as you can remember?</p> <p>9 A. All the times? I cannot attest to that.</p> <p>10 Q. But of all the times you can recall, has 11 it always been a CNA who's been a sitter?</p> <p>12 A. As I can recall, yes.</p> <p>13 Q. As you sit here today, you don't know who 14 the CNA -- do you know when the CNAs -- do they 15 have the same shift schedule as RNs?</p> <p>16 A. Same shift times?</p> <p>17 Q. Yeah.</p> <p>18 A. Yes.</p> <p>19 Q. Okay.</p> <p>20 A. Usually.</p> <p>21 Q. If we were to look at the medical records, 22 whoever the CNA who was making charts between 23 7:00 p.m. and 7:00 a.m. is more likely than not the 24 person who would have been the CNA working on</p>

<p style="text-align: right;">Page 85</p> <p>1 March 12th and 13th between 7:00 p.m. and 2 7:00 a.m.?</p> <p>3 A. Are you talking about the sitter or the 4 CNA?</p> <p>5 Q. Either-or.</p> <p>6 A. I find the question confusing because --</p> <p>7 Q. No. That's true. That's a fair 8 distinction.</p> <p>9 A. A sitter --</p> <p>10 Q. So --</p> <p>11 A. The sitter is a completely separate person 12 that comes in picture when the patient is put on 13 restraints.</p> <p>14 Q. Right.</p> <p>15 A. So it might be -- you know, it might be a 16 totally extra person that's called in to the 17 hospital. It might be somebody who is already on 18 staff. So are you asking me a question about the 19 CNA that worked with me that shift which 20 wouldn't --</p> <p>21 Q. I'm just trying to figure out who -- so 22 you don't know who the sitter was who was there 23 with Mr. Cruz; is that fair?</p> <p>24 A. Correct. I can't -- I cannot recall how</p>	<p>1 Q. Okay. And this is -- the heading for this 2 document is "Vital Signs." Do you see that?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And it shows at the top of this 5 page on March 12, 2016, that you were notified of 6 the patient's vital signs. Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. And do you know who would have 9 taken those vital signs?</p> <p>10 A. The CNA.</p> <p>11 Q. If I'm interpreting this right, let me 12 know. You make an entry at 2000 on March 12, 2016, 13 right?</p> <p>14 A. Yes.</p> <p>15 Q. And then right next to it is an entry by 16 Kimberly Iraci --</p> <p>17 A. Yes.</p> <p>18 Q. -- at 1800 on March 12, 2016. Do you see 19 that?</p> <p>20 A. Yes.</p> <p>21 Q. Do those two correspond to each other, if 22 you know?</p> <p>23 MR. TOMASIK: What do you mean by "correspond"?</p> <p>24</p>
<p style="text-align: right;">Page 86</p> <p>1 they looked like or their name.</p> <p>2 Q. When you look at them -- you've looked at 3 the medical records a couple times now. You have 4 not seen any entries from the sitter, have you?</p> <p>5 A. I didn't look for it, and so no.</p> <p>6 Q. When you -- when the patient is in 7 restraints, how often should their vitals be 8 checked?</p> <p>9 A. I don't think there is a particular 10 policy. It just depends on nursing judgment in the 11 unit.</p> <p>12 Q. Because I didn't see -- well, whose 13 responsibility would it be to check a patient's 14 vitals when they're in restraints?</p> <p>15 A. Usually, that's the CNA.</p> <p>16 Q. Okay.</p> <p>17 A. That's typically a CNA task to do on our 18 floor. Although a nurse can do it as well.</p> <p>19 Q. Right. And then in terms of the patient 20 with restraints, there's -- strike that.</p> <p>21 I'm going to start screen sharing. We'll 22 talk about vitals a little bit. I turned to 23 page 183 of 294. Do you see that?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 88</p> <p>1 BY MR. RAGEN:</p> <p>2 Q. So like I guess trying to understand it. 3 You note at 2000 hours on March 12, 2016, that you 4 were notified of Mr. Cruz's vital signs, right?</p> <p>5 A. Yes. I was notified of the vital signs 6 that you scrolled down from. Vital signs were 7 taken on the page just up.</p> <p>8 Q. Okay. Gotcha. Okay. So you see -- well, 9 what I'm --</p> <p>10 A. Discrepancy. It just sometimes happens in 11 the chart.</p> <p>12 Q. Right.</p> <p>13 A. These two correspond.</p> <p>14 Q. So when you're saying corresponds, your 15 entry at 2000 hours corresponds to the one found -- 16 strike that.</p> <p>17 Just to be clear for the record, so your 18 entry is on page 183 at 2000 hours for 19 March 12, 2016, and it says you were notified of 20 Mr. Cruz's vital signs, right?</p> <p>21 A. Yes.</p> <p>22 Q. And you're saying that that corresponds to 23 the entry on page 182 of 294 by Aiesha Thomas?</p> <p>24 A. That's what it looks like to me. That</p>

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<p>1 would make sense.</p> <p>2 Q. Okay. Who is Aiesha Thomas, if you know?</p> <p>3 A. At the time, she was a patient care tech</p> <p>4 on our unit. Patient care tech is the same as CNA.</p> <p>5 Q. Okay. When you were reviewing records,</p> <p>6 did you review these records?</p> <p>7 A. No.</p> <p>8 Q. Okay. I'm looking at vital signs, and I</p> <p>9 see that you have commented on vital signs from</p> <p>10 March 12, 2016, at 11:00 p.m. Do you see that on</p> <p>11 page 182?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. And then I don't see any</p> <p>14 information about vital signs -- strike that.</p> <p>15 And then I see on March 12, 2016, at</p> <p>16 11:43 p.m., Aiesha Thomas again enters vital signs.</p> <p>17 Do you see that?</p> <p>18 A. Yes.</p> <p>19 Q. And then in this part of the record, the</p> <p>20 next entry is March 13, 2016, at 9:16 a.m. Do you</p> <p>21 see that?</p> <p>22 A. I see that particular, yes.</p> <p>23 Q. Okay. That's all found on page 182 of</p> <p>24 294; is that fair?</p>	<p>1 A. Yes.</p> <p>2 Q. How do you assess that?</p> <p>3 A. I stand and I look at the patient's</p> <p>4 breathing. From that, I can determine the rate of</p> <p>5 breathing, the depth, if it shows it's within</p> <p>6 normal parameters or not.</p> <p>7 Q. Right. So like if a patient had stridor,</p> <p>8 that would be abnormal, correct?</p> <p>9 A. It depends.</p> <p>10 Q. Okay. Does stridor sometimes normal?</p> <p>11 A. I don't understand the question.</p> <p>12 Q. So --</p> <p>13 A. I don't understand.</p> <p>14 Q. So you just -- I'm just --</p> <p>15 A. Are you asking me -- I don't understand.</p> <p>16 Q. Don't worry about it. Strike the whole...</p> <p>17 And do you find anywhere in your medical</p> <p>18 records that you documented his respiratory status</p> <p>19 aside from what you have looked at when we look</p> <p>20 through those records from 257 to 264?</p> <p>21 A. No. I don't recall reviewing that.</p> <p>22 Q. Okay. And from 3:00 a.m. to 7:00 a.m., it</p> <p>23 shows that you assessed his respiratory status,</p> <p>24 correct?</p>
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<p>1 A. That's what I see.</p> <p>2 Q. Yeah. Would your -- I don't see any</p> <p>3 other -- so we know this patient was restrained at</p> <p>4 1:24 a.m., right?</p> <p>5 A. Yes.</p> <p>6 Q. And then your shift ended on or around</p> <p>7 7:00 a.m. on March 13, 2016?</p> <p>8 A. Yes.</p> <p>9 Q. I don't see anywhere where vitals are</p> <p>10 taken between 1240 or 1224 -- strike that. That</p> <p>11 was a bad question.</p> <p>12 I don't see anywhere in the medical</p> <p>13 records from 1:24 a.m. on March 13, 2016, to</p> <p>14 7:00 a.m. that vital signs were taken. Did you</p> <p>15 come across that anywhere in your review of the</p> <p>16 medical records?</p> <p>17 A. No.</p> <p>18 Q. Turning to respiratory status. We talk</p> <p>19 about on page 257 you see this is -- back on that</p> <p>20 7:00 a.m. entry on March 13, 2016, on page 257. Do</p> <p>21 you see that?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. And you indicated that his</p> <p>24 respiratory status was assessed at this time?</p>	<p>1 A. Yes.</p> <p>2 Q. Every 15 minutes?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And prior to that, there's no --</p> <p>5 from the time intervals of 1:45 a.m., 2:00 a.m.,</p> <p>6 2:15 a.m., 2:30 a.m., and 2:45 a.m., I don't see</p> <p>7 any entries by you about his respiratory status.</p> <p>8 Did you see any?</p> <p>9 A. I don't either.</p> <p>10 Q. Okay. Do you know at that time if</p> <p>11 Mr. Cruz's respiratory status was being assessed?</p> <p>12 A. I know most likely. He was breathing.</p> <p>13 What do you mean by respiratory status assessed?</p> <p>14 Q. Well, do you assess his respiratory status</p> <p>15 at 3:00 a.m., 3:15 a.m., 3:30 a.m., 3:45 a.m.,</p> <p>16 4:00 a.m., 4:15 a.m., 4:30 a.m., 4:45 a.m.,</p> <p>17 5:00 a.m., 5:15 a.m., 5:30 a.m., 5:45 a.m.,</p> <p>18 6:00 a.m., 6:15 a.m., 6:30 a.m., 6:45 a.m., and</p> <p>19 7:00 a.m. as reflected in the records, right?</p> <p>20 A. I charted this assessment every</p> <p>21 15 minutes, as you indicated.</p> <p>22 Q. And we talked about what you do to assess</p> <p>23 someone's respiratory status, correct?</p> <p>24 A. That's one of the things that is the basic</p>

<p>1 thing that can be done is just looking at the 2 person.</p> <p>3 Q. And I didn't see any documentation of 4 respiratory assessments at 1:45 a.m., 2:00 a.m., 5 2:15 a.m., 2:30 a.m., or 2:45 a.m. Did you?</p> <p>6 A. I did not see that documentation either.</p> <p>7 Q. Okay. But is it fair to say that his 8 respiratory status was being assessed at that time?</p> <p>9 A. I don't understand the question.</p> <p>10 Q. Do you know if Mr. Cruz's respiratory 11 status was being assessed from 1:40 a.m. to --</p> <p>12 A. By me? By -- being assessed by who?</p> <p>13 Q. By you.</p> <p>14 A. Well, I know logically looking at the 15 chart at the events, I can -- as usually things go 16 in the hospital, I know that I was either in the 17 room or by the room. I was aware of the patient's 18 general condition. So I -- you know, as a nurse, I 19 can say I was aware of patient's status. To answer 20 your question specifically was I assessing his 21 respirations or respiratory rate, I cannot recall 22 that.</p> <p>23 Q. Right. And I guess my point is from that 24 point in time, it seems reasonable to me that his</p>	<p>Page 93</p> <p>1 healthcare provider that's present in the room is 2 continuously -- that is interacting with the 3 patient is also continuously assessing the 4 respiratory status.</p> <p>5 Q. Okay. In any event, you didn't see any 6 documentation of --</p> <p>7 A. Correct.</p> <p>8 Q. -- the respiratory assessment between 9 1:45 a.m. all the way to 3:00 a.m. on March 13th; 10 is that correct?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. So from 3:00 a.m. through 7:00 a.m. 13 on 15-minute intervals, you documented that you 14 assessed his cardiac status?</p> <p>15 A. Yes.</p> <p>16 Q. And how do you assess someone's cardiac 17 status?</p> <p>18 A. That may include pulse check or listening 19 to a patient's heart with a stethoscope routinely. 20 Occasionally, patients have heart monitors on the 21 general floor. So I don't recall specifically in 22 this case.</p> <p>23 Q. All right. And in the records we looked 24 at from 3:00 a.m. to 7:00 a.m. on March 13, 2016,</p>
<p>Page 94</p> <p>1 condition from a respiratory standpoint was being 2 monitored by you and the sitter and anyone else on 3 the general unit; is that fair?</p> <p>4 A. I have difficulty answering questions 5 because I just don't understand them. I'm sorry.</p> <p>6 Q. It's okay. So we can't say one way or the 7 other if his respiratory status was being assessed 8 from 1:45 a.m. up until 3:00 a.m.; is that fair?</p> <p>9 A. I think it would be fair to say in general 10 every person that is ever present in a patient's 11 room can see if the patient is breathing or not.</p> <p>12 Q. Right. I'm with you. That would be a 13 form of assessing respiratory status, correct?</p> <p>14 A. Yes. Just looking at the person and, you 15 know, looking at their condition, general 16 condition, would be part of a respiratory 17 assessment.</p> <p>18 Q. And even though it is not documented 19 between 1:45 a.m. or 2:45 a.m., more likely than 20 not someone was assessing his respiratory status 21 during that time frame; is that fair?</p> <p>22 A. I think it's -- you know.</p> <p>23 Q. If you don't know, you don't know.</p> <p>24 A. It's implicit in the question that every</p>	<p>Page 96</p> <p>1 it just shows that the cardiac status was assessed; 2 is that fair?</p> <p>3 A. Yes.</p> <p>4 Q. And that if there were any abnormalities, 5 we should look at a shift assessment for that; is 6 that fair?</p> <p>7 A. Yes.</p> <p>8 Q. Did you see anywhere in the medical 9 records you reviewed that there were any 10 abnormalities of his cardiac status between 11 3:00 a.m. and 7:00 a.m. on March 13, 2016?</p> <p>12 A. No, I did not.</p> <p>13 Q. Okay. And I didn't see from anywhere in 14 the documentation that there was documentation of a 15 cardiac status being assessed at 1:45 a.m., 16 2:00 a.m., 2:15 a.m., 2:30 a.m., or 2:45 a.m. on 17 March 13, 2016. Did you see anything?</p> <p>18 A. No, I did not.</p> <p>19 Q. Okay. Now let's go to range of motion. 20 At 15-minute intervals from 3:00 a.m. on 21 March 13, 2016, to 7:00 a.m. on March 13, 2016, you 22 documented that his range of motion was assessed?</p> <p>23 A. Yes.</p> <p>24 Q. And what is a range of motion assessment?</p>

<p>1 A. That would be range of motion of 2 extremities or part of extremity, as well as head. 3 Q. And so are you just assessing whether he 4 can, you know, complete his range of motion? 5 A. For a restrained patient, that would be 6 more so assessment if -- you know, if he can move 7 his hands and feet because they're restrained and 8 his head. 9 Q. So do you release the limbs to perform 10 this, or do they stay restrained? 11 A. It depends. It depends on patient's 12 condition because, as we discussed, he was in 13 violent restraint. So he was being violent. So it 14 would just depend if it is appropriate to release 15 restraints or not at any given moment. 16 Q. And in this documentation, we can't tell 17 one way or the other whether any of his limbs were 18 released between 3:00 a.m. and 7:00 a.m. on 19 March 13, 2016; is that fair? 20 A. Fair. 21 Q. And then at the intervals of 1:45 a.m., 22 2:00 a.m. -- strike that. No. That's okay. 23 So at the intervals of March 13, 2016, 24 from 1:45 a.m., 2:00 a.m., 2:15 a.m., 2:30 a.m.,</p>	<p>Page 97</p> <p>1 Q. And if there were abnormalities, would we 2 go to the shift assessment to look to see if there 3 were any abnormalities? 4 A. Yes. 5 Q. Okay. And I didn't see that there were 6 any abnormalities in the shift assessment from 7 3:00 a.m. to 7:00 a.m. for Mr. Cruz's range of 8 motion. Did you? 9 A. No. 10 Q. Going to neurological status. From 11 3:00 a.m. to 7:00 a.m., you assessed -- there is 12 documentation that you assessed Mr. Cruz's 13 neurological status at every 15-minute intervals? 14 A. Yes. 15 Q. And what do you do to perform a 16 neurological status? 17 A. Assess if the patient is alert or 18 sleeping. Part of it would be to see if patient 19 is, you know, answering questions. If asked 20 questions, if the patient is oriented, meaning if 21 he knows who he is, where he is, and the date. And 22 in general, you know, neurologically, is he being 23 agitated? Is he being calm in terms of physiology 24 of the body?</p>
<p>1 and 2:45 a.m., I didn't see any medical records 2 that suggest that his range of motion was assessed. 3 Did you find any medical records to suggest that 4 his range of motion was assessed at that time? 5 A. No. 6 Q. Okay. And that may or may not have been 7 happening, but there's just -- you don't see 8 documentation; is that fair? 9 A. For the range of motion between those 10 times, correct. 11 Q. Okay. March 13, 2016, at 7:00 a.m., you 12 indicate that his neurological status was assessed? 13 A. Yes. 14 Q. And what would -- for a -- oh, strike 15 that. 16 Going back to range of motion. So looking 17 at range of motion, it indicates that his range of 18 motion was assessed, but there is no details about 19 the range of motion; is that fair? 20 A. Yes. 21 Q. And that is for all your entries from 22 3:00 a.m. to 7:00 a.m. in 15-minute intervals, 23 correct? 24 A. Yes.</p>	<p>Page 98</p> <p>Page 100</p> <p>1 Q. Okay. And then moving on to skin and 2 circulation. Do you see that? 3 A. Yes. I recall looking at that. 4 Q. And so the documentation we looked at 5 shows that you assessed his skin and circulation 6 from 3:00 a.m. to 7:00 a.m. on March 13, 2016, 7 every 15-minute intervals? 8 A. Yes. 9 Q. And did you see any documentation that 10 would suggest his skin and circulation were 11 assessed and documented at 1:45 a.m., 2:00 a.m., 12 2:15 a.m., 2:30 a.m., or 2:45 a.m. on March 13th? 13 A. I just recall the note that we looked at 14 at the beginning of the deposition. I think it was 15 around 1:00 a.m. or so noting the skin scratch. 16 Q. Right. For sure. I believe that one was, 17 you know, even before that. So going back in time, 18 the note that we looked at was, you know, around 19 1:00 a.m. entry, but it reflects, you know -- like, 20 for example, that one entry we looked at about the 21 initiation of this restraints. It goes from 22 1:00 a.m., but then also to the end of your 23 face-to-face at 1:35 a.m. So obviously, at that 24 point in time, that's evidence that you are</p>

<p style="text-align: right;">Page 101</p> <p>1 assessing his skin and circulation, correct?</p> <p>2 A. Yes.</p> <p>3 Q. I didn't see anything specifically for</p> <p>4 1:45, 2:00, 2:15, 2:30, or 2:45 a.m. on</p> <p>5 March 13, 2016, that was documented that his skin</p> <p>6 and circulation was assessed. Did you?</p> <p>7 A. No.</p> <p>8 Q. Okay. And you do make entries from</p> <p>9 3:00 a.m. to 7:00 a.m. on March 13, 2016, that you</p> <p>10 assessed his skin and circulation at 15-minute</p> <p>11 intervals, right?</p> <p>12 A. Yes.</p> <p>13 Q. And in those entries, no information about</p> <p>14 the assessment provided except for that it was</p> <p>15 normal, right?</p> <p>16 A. It says, see shift assessment for</p> <p>17 abnormalities. So from what I see, it would have</p> <p>18 been normal besides the scratch.</p> <p>19 Q. Right. And -- okay. Is it important to</p> <p>20 make sure that a patient in restraints stays</p> <p>21 hydrated?</p> <p>22 A. It's --</p> <p>23 Q. So, for example -- I don't mean to try to</p> <p>24 trick you. Looking at March 13, 2016, okay, on</p>	<p style="text-align: right;">Page 103</p> <p>1 Q. Right. So should we assume that both were</p> <p>2 offered or -- I don't know. Can we make that</p> <p>3 assumption?</p> <p>4 A. Well, 7:00 a.m. is when breakfast starts.</p> <p>5 So we can make an assumption that patient was, you</p> <p>6 know, made -- I'm just making an assumption.</p> <p>7 Q. Yeah.</p> <p>8 A. There is always water by the bedside that</p> <p>9 either the sitter or the nurse is offering the</p> <p>10 patient if the patient is alert and able to drink.</p> <p>11 So the word "offered" means that, you know, it's</p> <p>12 being offered.</p> <p>13 Q. Okay. I guess, so would both nutrition</p> <p>14 and hydration be offered at 7:00 a.m.?</p> <p>15 A. That's what I see charted.</p> <p>16 Q. Yes. And it looks like for 15-minute</p> <p>17 intervals between 3:00 a.m. and 7:00 a.m. on</p> <p>18 March 13, 2016, the same entry is in there that</p> <p>19 nutrition and hydration are being offered; is that</p> <p>20 fair?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. And, again, no one needs to eat</p> <p>23 every 15 minutes or drink every 15 minutes.</p> <p>24 A. Yes.</p>
<p style="text-align: right;">Page 102</p> <p>1 this page 257 of 294. We're at your 7:00 a.m.</p> <p>2 entry. Do you see that?</p> <p>3 A. Yes.</p> <p>4 Q. And under T208 in the second line, it</p> <p>5 says, nutrition hydration offered. Do you see</p> <p>6 that?</p> <p>7 A. Yes.</p> <p>8 Q. Does that mean that at that point in time</p> <p>9 at 7:00 a.m. on March 13, 2016, you would have</p> <p>10 offered Mr. Cruz some type of liquid for hydration</p> <p>11 and some type of food for nutrition?</p> <p>12 A. Yes.</p> <p>13 Q. And it shows for these medical records</p> <p>14 that --</p> <p>15 A. And/or.</p> <p>16 Q. Pardon me?</p> <p>17 A. And/or.</p> <p>18 Q. Right. And/or.</p> <p>19 And right now we have no other way of</p> <p>20 knowing than what's -- like so at this point in</p> <p>21 time, do we know for sure if it was hydration</p> <p>22 and/or nutrition that was offered at 7:00 a.m. on</p> <p>23 March 13, 2016?</p> <p>24 A. I see that charted.</p>	<p style="text-align: right;">Page 104</p> <p>1 Q. So is it reasonable to assume that during</p> <p>2 that time whenever the assessment was being made</p> <p>3 every 15 minutes, you offered, but we don't know</p> <p>4 how often he drank or ate; is that fair?</p> <p>5 A. Yes. Just depending on patient's, you</p> <p>6 know, consciousness level.</p> <p>7 Q. Right. If the patient is asleep, you're</p> <p>8 not going to wake him up to eat or drink, right?</p> <p>9 A. Right. And if the patient is being more</p> <p>10 agitated or becoming violent or something, we</p> <p>11 wouldn't be offering food at that time. We would</p> <p>12 be deescalating.</p> <p>13 Q. But there is nothing in the medical</p> <p>14 records that I see that shows what he ate or drink</p> <p>15 from 3:00 a.m. to 7:00 a.m. Is there anything that</p> <p>16 you saw?</p> <p>17 A. Not from what we reviewed.</p> <p>18 Q. Okay. Same thing for, you know, from</p> <p>19 1:24 a.m. to 3:00 a.m. There is nothing I saw in</p> <p>20 the medical records that would show what Mr. Cruz</p> <p>21 ate or drank. Was there anything that you saw in</p> <p>22 the medical records from 1:24 a.m. to 3:00 a.m.</p> <p>23 which would show what Mr. Cruz ate or drank?</p> <p>24 A. No, I didn't see.</p>

<p style="text-align: right;">Page 105</p> <p>1 Q. When a patient is placed into four-point 2 restraints, does Hinsdale Hospital keep a log of 3 patients who have been restrained like that?</p> <p>4 MR. TOMASIK: Foundation.</p> <p>5 Answer if you know if you can.</p> <p>6 BY THE WITNESS:</p> <p>7 A. I don't know.</p> <p>8 Q. Okay. When you hearing me crossing off 9 stuff -- well, I don't have to stop sharing -- it 10 means I'm getting closer to being done.</p> <p>11 MR. TOMASIK: I was going to say that's good 12 news.</p> <p>13 BY MR. RAGEN:</p> <p>14 Q. At the time you started your shift at 15 7:00 p.m., do you know if there was an order for 16 heparin in place?</p> <p>17 A. I don't know if there was an order for 18 heparin in place at 7:00 p.m.</p> <p>19 Q. Okay. I will show you some records that 20 may shed some light on that. I have started 21 sharing my screen. The heading of this says, "CPOE 22 orders." Do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. Scroll down. I'm on page 79 of 294. Do</p>	<p style="text-align: right;">Page 107</p> <p>1 A. That's an order for heparin that's 2 5,000 units per milliliter to be given as an 3 injection with some order details, but order 4 details cannot be interpreted specifically from 5 what I see.</p> <p>6 Q. Okay. But just we'll start with the 7 basics. Does this show there was an order for 8 heparin for Mr. Cruz entered?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Does it show that -- if you look in 11 the third line, it says, order date, 12 March 12, 2016, at 1:01 p.m. Do you see that?</p> <p>13 A. Order date 1301. And yes, I see that date 14 and time.</p> <p>15 Q. Okay. So you see that the order above it 16 is an order for pain assessment?</p> <p>17 A. Yes.</p> <p>18 Q. You see that the order date for that 19 is March 12, 2016, at 1:01 p.m.? Do you see that?</p> <p>20 A. Yes, I see that.</p> <p>21 Q. And you see that the -- there is an order 22 for Braden assessment order date was 23 March 12, 2016, also at 1:01 p.m. Do you see that?</p> <p>24 A. Yes.</p>
<p style="text-align: right;">Page 106</p> <p>1 you see that?</p> <p>2 A. Yes.</p> <p>3 Q. Does this show a heparin order?</p> <p>4 A. Oh, I see the word "heparin." Okay. I 5 see order.</p> <p>6 Q. Okay. And what is the order date and 7 time?</p> <p>8 A. Under order details, it says the very last 9 entry 3-12-16, 2100.</p> <p>10 Q. Where do you see 2100? Oh, okay. Yeah. 11 Under details.</p> <p>12 Okay. So does that show that 13 Dr. Zayed wanted Mr. Cruz to be injected with 14 heparin at 9:00 a.m. on March 12, 2016?</p> <p>15 MR. TOMASIK: P.m.</p> <p>16 MR. RAGEN: Thank you.</p> <p>17 BY MR. RAGEN:</p> <p>18 Q. If you don't know, that's okay.</p> <p>19 A. I don't know what Dr. Zayed wanted.</p> <p>20 Q. Right now -- that's a bad way of asking 21 it.</p> <p>22 So does this reflect that there was an 23 order for heparin 5 units per milliliter to be 24 injected in Mr. Cruz?</p>	<p style="text-align: right;">Page 108</p> <p>1 Q. And you see there's an order for 2 interdisciplinary plan of care. The order date is 3 March 12, 2016, at 1:01 p.m.?</p> <p>4 A. Yes.</p> <p>5 Q. There is a fall risk assessment order 6 for -- the order date is March 12, 2016, at 7 1:01 p.m.?</p> <p>8 A. Yes, I see that.</p> <p>9 Q. And I'm looking now. We'll just go up. 10 There's education, patient history. Sulfodene, 11 polyethylene glycol, senna, vital signs, 12 hypoglycemia, sodium chloride. Those all have the 13 order date March 12, 2016, at 1:01 p.m.?</p> <p>14 A. That's what I see as well.</p> <p>15 Q. And did you look at any documentation that 16 shows whether or not you administered heparin to 17 Mr. Cruz?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. You know, we'll go to it. What did 20 your documentation you looked at show you? And I 21 just pulled up --</p> <p>22 MR. TOMASIK: It's up on the screen. I see it.</p> <p>23 MR. RAGEN: Yeah.</p> <p>24</p>

<p style="text-align: right;">Page 109</p> <p>1 BY MR. RAGEN:</p> <p>2 Q. Do you see it?</p> <p>3 A. Yes.</p> <p>4 Q. I just asked you generally do you remember</p> <p>5 looking at any documents that show whether or not</p> <p>6 you administered heparin to Mr. Cruz, and you said</p> <p>7 yes, right?</p> <p>8 A. Yes. I saw these specific guidelines.</p> <p>9 Q. Okay. That's from -- it starts with --</p> <p>10 now we're on page 220 of 294. And the admin date,</p> <p>11 slash, time is March 12, 2016, at 2000 CST. That's</p> <p>12 the first line?</p> <p>13 A. Yes. I see that.</p> <p>14 Q. And, as you mentioned, it's six lines,</p> <p>15 right?</p> <p>16 A. Yes.</p> <p>17 Q. It showed that the patient refused</p> <p>18 heparin; is that correct?</p> <p>19 A. Yes.</p> <p>20 Q. And you charted this at March 12, 2016, at</p> <p>21 10:10 p.m., right?</p> <p>22 A. Yes.</p> <p>23 Q. And so it looks to me that Mr. Cruz did</p> <p>24 not have heparin in his system throughout the time</p>	<p style="text-align: right;">Page 111</p> <p>1 Q. Okay. And I don't see anywhere from the</p> <p>2 records that he got heparin any time before</p> <p>3 March 13, 2016, at 9:14 a.m. Did you?</p> <p>4 A. Did he get heparin before 9:00 a.m.?</p> <p>5 Q. Yeah. If you look at right underneath</p> <p>6 where we looked for your entry, there is an entry</p> <p>7 that just looking at the entry would show that he</p> <p>8 got heparin on or around 9:19 a.m. on</p> <p>9 March 13, 2016. Do you see that?</p> <p>10 A. Yes. It looks like heparin dose was</p> <p>11 administered at that time.</p> <p>12 Q. Okay. I don't see anywhere in the medical</p> <p>13 records that any time before March 13, 2016, at</p> <p>14 9:19 a.m. that Mr. Cruz was ever given heparin.</p> <p>15 Did you see anything in the medical records that</p> <p>16 would show that Mr. Cruz got heparin at any time</p> <p>17 prior to March 13, 2016, at 9:19 a.m.?</p> <p>18 MR. TOMASIK: I mean, she only reviewed her</p> <p>19 notes, but I know what you're trying to get at</p> <p>20 here. But I don't think she can really comment on</p> <p>21 everyone else's care.</p> <p>22 MR. RAGEN: Yeah. That's the thing.</p> <p>23 MR. CATANIA: Objection to the objection.</p> <p>24 MR. RAGEN: I'm saying like she hasn't seen</p>
<p style="text-align: right;">Page 110</p> <p>1 you cared for him?</p> <p>2 MR. TOMASIK: Foundation, speculation.</p> <p>3 BY THE WITNESS:</p> <p>4 A. That is a question for a medical doctor.</p> <p>5 Q. Okay. Well, looking here, the</p> <p>6 March 12, 2016 dose -- sorry. Strike that.</p> <p>7 Looking at this record, the March 12, 2016</p> <p>8 dose of heparin was refused at 2210, right?</p> <p>9 A. That's what I see.</p> <p>10 Q. Well, is that accurate? Does that show</p> <p>11 that Mr. Cruz refused heparin on or around</p> <p>12 March 12, 2016, at 2210 hours?</p> <p>13 MR. FLAXMAN: Objection, asked and answered.</p> <p>14 MR. TOMASIK: Join.</p> <p>15 BY THE WITNESS:</p> <p>16 A. Yes. I see on the third line it says</p> <p>17 charted at 2210. In administration details, that</p> <p>18 administration was not done. Reason being patient</p> <p>19 refused.</p> <p>20 Q. Right. And so would this -- this record</p> <p>21 reflects that Mr. Cruz, in fact, did refuse heparin</p> <p>22 as per your record, right?</p> <p>23 A. That would be the only reason that I would</p> <p>24 have charted that.</p>	<p style="text-align: right;">Page 112</p> <p>1 anything. You know what I mean? That's why I</p> <p>2 asked the question that way.</p> <p>3 MR. TOMASIK: I'm sorry. Go ahead.</p> <p>4 BY MR. RAGEN:</p> <p>5 Q. So from the medical records you reviewed,</p> <p>6 you don't show any medical records that would</p> <p>7 reflect Mr. Cruz was administered heparin any time</p> <p>8 before March 13, 2016, at 9:19 a.m., correct?</p> <p>9 A. When I reviewed records, I only reviewed</p> <p>10 my charting. So I did not review really even</p> <p>11 9:19 a.m. I just reviewed, like I said, the six</p> <p>12 lines that heparin was not done. Patient refused</p> <p>13 at 2210, to answer your question.</p> <p>14 Q. I just want to make sure there's nothing</p> <p>15 you reviewed in medical records. And I understand</p> <p>16 you're testifying to your records. And that's</p> <p>17 perfectly acceptable. I just don't want to be</p> <p>18 surprised like at trial.</p> <p>19 So I'll ask the question again. There is</p> <p>20 nothing that you saw from the medical records that</p> <p>21 would show that Mr. Cruz was administered heparin</p> <p>22 prior to March 13, 2016, at 9:19 a.m., correct?</p> <p>23 A. I just know that when I reviewed records,</p> <p>24 I saw what I did. So I cannot answer to what</p>

<p style="text-align: right;">Page 113</p> <p>1 anyone else administered. I'm sorry.</p> <p>2 Q. No. It's okay. Say it this way. You did</p> <p>3 not administer -- there is no records that would</p> <p>4 reflect you administered heparin to Mr. Cruz ever,</p> <p>5 right?</p> <p>6 A. I only reviewed these six lines regarding</p> <p>7 heparin. So I cannot answer that question.</p> <p>8 Q. Well, you were given -- you looked at the</p> <p>9 record, right?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And this appears to be a listing</p> <p>12 of the eMAR, which stands for electronic medication</p> <p>13 administration record, right?</p> <p>14 A. Yes.</p> <p>15 Q. And if you look at it, it seems to be</p> <p>16 organized. I'm now going up. We're at page 118 of</p> <p>17 294. It seems to be organized by type of medicine.</p> <p>18 So it shows Haldol. There is one two, three, four,</p> <p>19 five entries for Haldol on pages 119 and 120 of</p> <p>20 294. Do you see that?</p> <p>21 A. I vaguely see the word "Haldol" and</p> <p>22 "heparin" here on the screen, as you're scrolling</p> <p>23 down, yes.</p> <p>24 Q. Okay. And it looks to me that's it's</p>	<p style="text-align: right;">Page 115</p> <p>1 March 13, 2016, at 11:09, and you were not involved</p> <p>2 at that also, correct?</p> <p>3 A. Correct.</p> <p>4 Q. Same thing for March 13, 2016, at</p> <p>5 1755 hours. There is an entry for heparin in the</p> <p>6 electronic medication administration record, and</p> <p>7 you're not associated with that entry; is that</p> <p>8 fair?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Then at March 14, 2016, at</p> <p>11 1:00 a.m., there is another electronic medication</p> <p>12 administration record entered, and you're not</p> <p>13 associated with that entry, correct?</p> <p>14 A. Correct.</p> <p>15 Q. Okay. So looking at all the records I</p> <p>16 see, there is nothing that would reflect that you</p> <p>17 ever administered heparin to Mr. Cruz; is that</p> <p>18 true?</p> <p>19 A. Yes.</p> <p>20 Q. I take it that your opinion is that all</p> <p>21 the care and treatment you rendered to Mr. Cruz was</p> <p>22 appropriate and within the standard of care?</p> <p>23 A. Appropriate and -- sorry. What?</p> <p>24 Q. Within the standard of care.</p>
<p style="text-align: right;">Page 114</p> <p>1 organized by the type of drug. Because then after</p> <p>2 Haldol, there is your entry, which you indicated</p> <p>3 the patient refused heparin at 2210. Sorry.</p> <p>4 Strike that.</p> <p>5 The first heparin on this sheet shows that</p> <p>6 at 10:10 p.m. on March 12, 2016, you documented</p> <p>7 that Mr. Cruz refused heparin, correct?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. And then there's a document that</p> <p>10 you didn't enter on 9:14 concerning heparin. And</p> <p>11 when -- to finish the question, 9:14 a.m. on</p> <p>12 March 13, 2016. Do you see that?</p> <p>13 A. I see that date and time, yes.</p> <p>14 Q. And your name is nowhere on that</p> <p>15 particular electronic medication administration</p> <p>16 record, fair?</p> <p>17 A. Yes. My shift ends at 7:00 a.m.</p> <p>18 Q. So but your name is not associated with</p> <p>19 this record at 9:14 a.m. Do you see that?</p> <p>20 A. Correct.</p> <p>21 Q. That's not surprising to you at all</p> <p>22 because you wouldn't be there, right?</p> <p>23 A. Yes.</p> <p>24 Q. Now, there is another entry on</p>	<p style="text-align: right;">Page 116</p> <p>1 A. Yes.</p> <p>2 Q. And do you understand the standard of care</p> <p>3 to be what a reasonably careful nurse would do</p> <p>4 under the same or similar circumstances?</p> <p>5 A. Yes.</p> <p>6 MR. RAGEN: Okay. I have no further questions.</p> <p>7 THE WITNESS: Thank you.</p> <p>8 MR. CATANIA: For the Sheriff, I have no</p> <p>9 questions.</p> <p>10 EXAMINATION</p> <p>11 BY MR. FLAXMAN:</p> <p>12 Q. This is Joel Flaxman. I'm the attorney</p> <p>13 for the estate of Mr. Cruz. I'm going to try to be</p> <p>14 very brief with my questions. Can you hear me?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. One thing that you talked to</p> <p>17 counsel about is a sitter, which is somebody who</p> <p>18 has responsibilities when a patient is in</p> <p>19 restraints. Do you recall that?</p> <p>20 A. Yes.</p> <p>21 Q. And what does the sitter do?</p> <p>22 A. They sit and fill out a sheet of paper</p> <p>23 every 15 minutes assessing the patient, and, of</p> <p>24 course, they're looking out for any signs of</p>

<p>1 distress to inform the nurse.</p> <p>2 Q. Does that person stay in the patient's</p> <p>3 room for the entire time that the patient is in</p> <p>4 restraints?</p> <p>5 A. Yes.</p> <p>6 Q. You referred to a policy about using</p> <p>7 four-point restraints at the hospital. Do you</p> <p>8 remember that?</p> <p>9 A. I think that the -- Mr. Ragen referred to</p> <p>10 it.</p> <p>11 Q. Okay. And I don't mean to ask do you</p> <p>12 remember every single thing in the policy --</p> <p>13 A. Right.</p> <p>14 Q. -- but do you recall that there is a</p> <p>15 written policy at your hospital for the use of</p> <p>16 restraints?</p> <p>17 A. Yes, there is.</p> <p>18 Q. Okay. And is that something that you've</p> <p>19 read in the past?</p> <p>20 A. I believe so.</p> <p>21 Q. If you wanted to look at it next time you</p> <p>22 were at the hospital, how would you do that?</p> <p>23 A. I would read the policy at the nurses'</p> <p>24 station.</p>	<p>Page 117</p> <p>1 remember, that's --</p> <p>2 BY THE WITNESS:</p> <p>3 A. So you asked where would I look for the</p> <p>4 policy. I said at the nurses' station. So we</p> <p>5 don't necessarily have a policy binder. We have a</p> <p>6 reference binder that we keep different things in,</p> <p>7 and we can also look online. It's available. But</p> <p>8 if I wanted to review this policy, the easiest way</p> <p>9 I think I would go at the nurses' station.</p> <p>10 Q. Is there a computer system that's</p> <p>11 available to review policies too?</p> <p>12 A. Yes.</p> <p>13 Q. Is there a name for that computer system?</p> <p>14 A. Well, we review policies online at our --</p> <p>15 like AMITA Health intercom. I'm not sure exactly</p> <p>16 what it's called.</p> <p>17 Q. And besides four-point restraints, have</p> <p>18 you had any experience using any other types of</p> <p>19 restraints at the hospital?</p> <p>20 A. Yes.</p> <p>21 Q. What other types of restraints have been</p> <p>22 used?</p> <p>23 A. In my experience, I have -- I have had</p> <p>24 patients in enclosure bed restraints and soft wrist</p>
<p>1 Q. Is there a binder kept at the nurses'</p> <p>2 station?</p> <p>3 A. Yes.</p> <p>4 Q. Is there a name for that binder of</p> <p>5 policies?</p> <p>6 A. Not -- it's just things that we -- for</p> <p>7 reference.</p> <p>8 Q. Do you know --</p> <p>9 MR. TOMASIK: Just --</p> <p>10 BY THE WITNESS:</p> <p>11 A. Binder. Maybe there's multiple things in</p> <p>12 it. I don't -- I can't answer that question.</p> <p>13 MR. FLAXMAN: Okay. Did your attorney have</p> <p>14 something else to add about the policy?</p> <p>15 MR. TOMASIK: Nothing. No. I just wanted to</p> <p>16 clarify what I think you're asking, but I think if</p> <p>17 you want to reask, go ahead. Sorry.</p> <p>18 MR. FLAXMAN: No. I think your clarification</p> <p>19 would help me, if you don't mind.</p> <p>20 MR. TOMASIK: Aiste, he just wants to know if</p> <p>21 there is a name for the policy binder that you just</p> <p>22 spoke of, not the policies within them. Just the</p> <p>23 overall global name for the policies. The binder</p> <p>24 itself, rather. And if you don't know, if you</p>	<p>Page 118</p> <p>1 restraints.</p> <p>2 Q. Are four-point restraints not considered</p> <p>3 soft restraints?</p> <p>4 A. They're not considered soft restraints.</p> <p>5 Q. One other thing you mentioned was that a</p> <p>6 coworker told you that Mr. Cruz had passed away</p> <p>7 after he left Hinsdale Hospital. Do you recall</p> <p>8 that?</p> <p>9 A. Yes.</p> <p>10 Q. Who was that coworker?</p> <p>11 A. I don't recall.</p> <p>12 MR. FLAXMAN: Okay. I don't have any</p> <p>13 questions. Thank you again for all your time</p> <p>14 today.</p> <p>15 MR. TOMASIK: Everyone else?</p> <p>16 MR. CATANIA: If I could, I have a follow-up.</p> <p>17 MR. TOMASIK: Sure.</p> <p>18 EXAMINATION</p> <p>19 BY MR. CATANIA:</p> <p>20 Q. You had mentioned that the sitter sits and</p> <p>21 assesses the patient and has a sheet of paper; is</p> <p>22 that right?</p> <p>23 A. Are you talking about now or in 2016?</p> <p>24 Q. Back in 2016.</p>

<p style="text-align: right;">Page 121</p> <p>1 A. It would have most likely been a piece of 2 paper.</p> <p>3 Q. Would that piece of paper have been part 4 of the medical record for the patient?</p> <p>5 A. Yes. I believe they get scanned into the 6 medical record.</p> <p>7 Q. In reviewing the 200-some pages of this 8 chart, did you see any of those records there of 9 the sitter?</p> <p>10 A. I didn't review all these pages. Sorry. 11 So no, I didn't see that in my reviewed document.</p> <p>12 Q. Okay. Neither did I, but there is nothing 13 that you saw that would have been documented by the 14 sitter; is that right?</p> <p>15 A. Not in the records that I reviewed.</p> <p>16 Q. In the records that you reviewed, you saw 17 that there was an entry that said, "in police 18 custody." Do you recall seeing that?</p> <p>19 A. I think -- I think I saw that.</p> <p>20 Q. Do you know what police department?</p> <p>21 A. No, I don't recall.</p> <p>22 Q. These four-point restraints, soft 23 restraints, and the confining bed that you 24 mentioned, those are all medical restraints; is</p>	<p style="text-align: right;">Page 123</p> <p>1 MR. RAGEN: Okay. Thanks. That's all I have.</p> <p>2 THE WITNESS: Thank you.</p> <p>3 MR. TOMASIK: We'll waive signature.</p> <p>4 Can you just provide me a copy of the 5 transcript if this goes to trial?</p> <p>6 MR. RAGEN: Of course.</p> <p>7 THE COURT REPORTER: Are you ordering the 8 transcript?</p> <p>9 MR. RAGEN: Yes. Sorry. I'll order an e-tran, 10 please.</p> <p>11 MR. CATANIA: I'll order a copy as well for the 12 Sheriff.</p> <p>13 MR. FLAXMAN: Plaintiff will take an electronic 14 copy too, please.</p> <p>15 (Whereupon, the 16 deposition concluded 17 at 2:10 p.m.)</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: right;">Page 122</p> <p>1 that right?</p> <p>2 A. I'm sorry. As opposed to?</p> <p>3 Q. They didn't belong to the police 4 department, did they?</p> <p>5 A. Oh, no. These restraints belonged to the 6 hospital.</p> <p>7 Q. So in that way, they're medical 8 restraints, right?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. They're not police handcuffs or 11 police shackles, right?</p> <p>12 A. Correct.</p> <p>13 MR. CATANIA: Okay. Nothing further. Thank 14 you very much.</p> <p>15 MR. TOMASIK: All good?</p> <p>16 FURTHER EXAMINATION</p> <p>17 BY MR. RAGEN:</p> <p>18 Q. We know that Mr. Cruz was put into violent 19 restraints at 1:24 a.m. We covered that, right?</p> <p>20 A. Yes.</p> <p>21 Q. Did you see any reference to reflect that 22 he was in restraints at any point in time prior to 23 that?</p> <p>24 A. Not that -- no.</p>	<p style="text-align: right;">Page 124</p> <p>1 STATE OF ILLINOIS) 2) SS: 3 COUNTY OF C O O K) 4 I, Jana E. Cox, an Officer of the Court, 5 do hereby certify that heretofore, to-wit, on the 6 22nd day of October, 2020, appeared before me via 7 Zoom video teleconference, AISTE BARKAUSKAITE, a 8 witness in a certain cause now pending and 9 undetermined in the United States District Court, 10 Northern District of Illinois, Eastern Division, 11 wherein LETICIA VARGAS is the Plaintiff and 12 SHERIFF OF COOK COUNTY, et al., is the Defendant. 13 I further certify that the said 14 AISTE BARKAUSKAITE was by me first duly sworn to 15 testify the truth, the whole truth, and nothing but 16 the truth in the cause aforesaid; that the 17 testimony then given by said witness was reported 18 stenographically by me and afterwards reduced to 19 typewriting by Computer-Aided Transcription, and 20 the foregoing is a true and correct transcript of 21 the testimony so given by said witness as 22 aforesaid. 23 I further certify that the signature to 24 the foregoing deposition was waived by counsel for</p>

1 the respective parties.

2 I further certify that the taking of this
3 deposition was pursuant to Notice and that there
4 were present at the deposition the attorneys
5 hereinbefore mentioned.

6 I further certify that I am not counsel
7 for nor in any way related to the parties to this
8 suit, nor am I in any way interested in the outcome
9 thereof.

10 IN TESTIMONY WHEREOF: I have hereunto set
11 my verified digital signature this 30th day of
12 October, 2020.

13

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17 Illinois Certified Shorthand Reporter

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