**DEPOSITION SUMMARY OF JAMES JJJJ, M.D.,**

**October 3, YYYY**

**Venue:** WHC, 1010 Irving Street, N.W., Washington, D.C.,

**Counsel for plaintiff:** Patrick MAAA, Esquire, Alfred CCCC, Esquire

**Counsel for defendant:** Crystal DDDD, Esquire

**Court reporter:** Carla AAA, CRR

**Also present:** Merinda EEEE, Videographer

**EXHIBITS**

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| **Exhibit Number** | **Exhibit**  | **Pg. No.** |
| 1 | Amended Notice of Deposition | 9 |
| 2 | Request for Images | 25 |
| 3 | Cohen MRI | 37 |
| 5 | List of Items removed | 40 |

*Exhibit 4 was not marked and Exhibit 5 was marked out of numerical order.*

| **Page: Line** | **Summary** | **Subject** |
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| **Examination by Mr. MAAA (Counsel for plaintiff)** |
| 6:3-9:2 | James JJJJ, M.D. was called as a witness, duly sworn, examined and testified as followed:Dr. JJJJ is the chairman of Radiology at the WHC and is an active radiologist. He had been the chairman since January 1, YYYY for almost 20 years. He was board certified in diagnostic radiology and had additional certification in neuroradiology in 1996. He commented that all the certification were ongoing maintenance certification, ongoing professional activity to include quality improvement exercises. He presented to the deposition as the spokesperson for WHC. | Employment and certification background of Dr. JJJJ |
| 9:3-11:4 | Exhibit 1 was marked for identification – Second Amended Notice of Deposition. For the deposition he provided various documents that were prepared by Ms. DDDD’s office. Exhibit 5 marked for identification and he reviewed the 11 items listed in the exhibit. He did review the actual images of the MRI dated February 10, YYYY. He did not review any other imaging of Mr. CCCC that were not mentioned in this list | Preparation for the deposition |
| 11:5-16:14 | He was familiar with the skill set of the radiologists and did supervise the radiology team. He did not directly get involved in the hiring process of the radiologists. There were two types of radiologists, one would work on site and one would work remotely. Some of the images would be primarily diagnosed by teleradiology and some would be actually done on site. The radiologists who work on site here at WHC were employed by MMG. In 2017, an approximate of 10 to 25 radiologists would have been working on site. | Types of radiologists – on site and remote radiologists |
| 16:15-17:12 | There were different sections in the department; they were nuclear medicine, interventional radiology and mammography. There were about 10 to 12 employees of the department for the MMG. Also there were one or two people who worked part time. | Different sections in the department |
| 19:7-20:15 | Dr. JJJJ is familiar with the standard practices for how the radiologists had to interpret imaging studies at the hospital. Being the chairman of the department he was the one who signed their credentials. He commented that not all the MRIs of the pelvis were read by neuro-radiologists, they were usually read by the body radiologists. It was based upon what type of study or what was requested, interpret of the MRI pelvis would be decided.  | Specialists involved in the interpretation of an MRI of pelvis |
| 20:16-22:5 | Dr. JJJJ explained that if a nerve tumor raised within the mesentery, it would be read by a gastrointestinal radiologist and if the tumor of nerve was along the musculoskeletal structure, then it would be read by a musculoskeletal radiologist.For Mr. CCCC’s MRI study dated February YYYY, it was a pelvic mass brought down by an urologist. The usual standard practice for an urologist or a gastro intestinal person typically brings their studies to a body radiologist and a neurosurgeon or neurologist would typically bring their studies to a neuro-radiologist. | The specialist for the radiology would be decided based on the type of study |
| 22:6-23:12 | For the preparation of the deposition, Dr. JJJJ did discuss with their PACS people (Troy DEEE and Adam CHF) for a better understanding of what the audit trail was about. Mr. CHF was one of the PACS administrators and Mr. DEEE was with the radiology information system. The audit trails were very complicated and a single action that happened could trigger something that could get magnified two or threefold. | Details about the audit trails |
| 23:13-25:14 | For the informal opinions, the referring physician with an outside disc would approach one of the radiologists and provide them with a bit of information. The radiologists take the disc to the PACS workstation and retrieve the images from the disc in a PC. The other option was that the radiology librarian would load it into the PACS system. In the case of Mr. CCCC, Dr. JJJJ did not know whether the radiologist look at the images during at that time line. Based on the audit trail, it was Michael SCHH, one of the body radiologists who reviewed the case as on June DD. He assumed that one of the physicians would have requested Dr. SCHH to look at the films with him.  | Upload of film in PACS system and Mr. CCCC’s case reviewed by Dr. SCHH |
| 25:15-28:3 | Exhibit 2 marked for identification, it was a form for the request for images, which consists the details of the patient’s name, medical record number, referring physician name and name of the outside facility. The form also had details regarding the date of submission and completion. Dr. HHH or anyone of his staff had brought the MRI of Mr. CCCC to Dr. JJJJJ’s imaging library as on April 28, 2017. The lower down of document read as, “Staff completing the import TJS on May 1, 2017”. The TJS was Tisha JSSHH, a film librarian who was responsible for uploading images into the system.The left bottom of the record indicated the MR number which was the accession number of the record. The accession number was unique for each record and it was used to identify that specific exam. Once the librarian had loaded it into the PACS system, the study could be reviewed on any PACS computers in the hospital or even outside the hospital if one had privileges in the system. | MRI of Mr. CCCC dated April 28, 2017 brought to Dr. JJJJ’s reviewAccession number for the medical records |
| 28:4-29:17 | Dr. JJJJ briefed about the number of screens that were accessed and visible in the PACS system. Usually the radiologists would prefer to look at the films on the PACS machine as opposed to a stand-alone desktop computer.  | The number of screens visibility in the PACS system |
| 29:18-31:2 | In this case, Mr. CCCC’s MRI study was put into his PACS system on May 1, 2017. In the usual practice the referring physician would take the disc back or sometimes would leave it there. After a period of time, they would be discarded. The notes denoted, “Do you want to CD returned – Yes” and “Room 3B-19, Urology”. There was an intra-office mail and the disc could be returned in that way. Dr. JJJJ did not know how the disc was returned in Mr. Cohen’s case. He did not know when it was returned or if it was returned. | Knowledge about the return of Mr. CCCC’s MRI study |
| 31:3-33:20 | At the bottom of the document it denoted the patient MR number corrected in Amalga. Dr. JJJJ explained that the current hospital information system software used was the MedConnect. In this software, with the patient name details it was easy to access the imaging. However the older system was called as Amalga, where the physicians pull up images directly through that system. In general the images would be available in both Amalga and MedConnect, once it was uploaded in the PACS system.  | Amalga and MedConnect software used in the PACS system |
| 33:22-37:14 | Dr. JJJJ reviewed the standard verbiage that was used throughout the Medstar software in a lot of hospitals. He briefed that there were both technical as well as imaging interpretation issues related to anything. In a report from the outside institution the clinicians should look for, “If desired, the original interpretation from the institution where the study was performed should be requested and reviewed.” It took from 20 minutes to one hour to reinterpret or do a primary study; the person interpreting was responsible for everything available in the film.  | Process involved in interpreting a film |
| 37:15-39:22 | Exhibit 3 was the audit trail on Mr. CCCC’s MRI. It was placed into the PACS system shortly before 08:00a.m., on May 1, YYYY. Dr. JJJJ briefed that every single transaction that happened with the study was recorded. Initially the study had to be registered to the system, irrespective if study was to be performed, copied to a disc or had to be interpreted. Thereby for every study, the medical record number, accession number and patient name have to be entered correctly in the radiology information system. This is then sent to a broker, who then would send it to multiple redundant systems. The software to view the images used in their hospital was the Medicallis. The term ‘I’ denoted in progress and ‘C’ denoted completed. | Process involved in every transaction of a study |
| 40:1-22 | The film of Mr. CCCC took place at 07:55a.m., on May 1, 2017. Dr. JJJJ commented that nobody inside the WHC had reviewed Mr. CCCC’s MRI at any point after it was placed into the PACS system up until the time of his surgery on May 22, YYYY. In the usual process, if a radiologist or a surgeon touches the study, whether they open it, transfer it, copy it or do any kind of action, their signature would appear as a user.  | Review of Mr. CCCC’s MRI in the PACS system |