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

**October 3, YYYY**

**EXHIBITS**

|  |  |  |
| --- | --- | --- |
| **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.*

|  |  |
| --- | --- |
| **Topic** | **Summary** |
| Employment and certification background of Dr. JJJJ | * Chairman of Radiology at the WHC since January 1, YYYY for 20 years.
* Board certified in diagnostic radiology.
* Additional certification in neuroradiology in 1996.
* Supervise the radiology team.
* Did not directly get involved in the hiring process of the radiologists
* Being the chairman of the department he was the one who signed the credentials of the radiologists.
* In this deposition as the spokesperson for WHC.
 |
| Preparation for the deposition | * Provided various documents prepared by Ms. DDDD’s office.
* Reviewed the 11 items listed in the exhibit 5.
* Review the actual images of the MRI dated February 10, YYYY.
 |
| Types of radiologists – on site and remote radiologists | * Two types of radiologists, one would work on site and one would work remotely.
* 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.
 |
| Different sections in the radiology department | * Nuclear medicine
* Interventional radiology
* Mammography.
 |
| Specialists involved in the interpretation of an MRI of pelvis | * Not all the MRIs of the pelvis were read by neuro-radiologists, they were usually read by the body radiologists
* Based upon the type of study or what was requested, interpret of the MRI pelvis would be decided.
 |
| Standard practice to interpret a study | * 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
* Eg: 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.
 |
| Audit trails | * The audit trails were very complicated and a single action that happened could trigger something that could get magnified two or threefold.
 |
| Mr. CCCC’s case reviewed by Dr. SCHH | * 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.
 |
| PACS system and upload of the films | * 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.
 |
| MRI of Mr. CCCC dated April 28, 2017 brought to Dr. JJJJ’s review | * 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.
 |
| Accession number for the medical records | * 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.
 |
| Knowledge about the return of Mr. CCCC’s MRI study | * 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.
 |
| Amalga and MedConnect software used in the PACS system | * Current hospital information system software used was the MedConnect.
* In this software, with the patient name details it was easy to access the imaging.
* The bottom of document indicated the patient MR number corrected in Amalga. 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.
 |
| Process involved in interpreting a film | * 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.
* For every study, the medical record number, accession number and patient name have to be entered correctly in the radiology information system.
* It 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.
 |
| Review of Mr. CCCC’s MRI in the PACS system | * The film of Mr. CCCC took place at 07:55a.m., on May 1, 2017.
* 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.
* 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.
 |