

XXXXXXXXXX

Deposition summary of XXXXXX

November 19, 2024

Venue:

Counsel for plaintiff:

Counsel for defendant:

Also Present:

Exhibits

Exhibit	Description	Pg. No
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Page:Line	Description	Subject
Direct examination by Ms. XXXXXX		
4.17-7.25	XXXXXX, confirmed she is a registered nurse licensed since 2010 and currently employed at Lakeland Regional Health, where she began in 2005. As of 2023, she served as a patient care manager, a role synonymous with nurse manager. Her responsibilities included daily rounding with physicians, team leaders, primary nurses, and pharmacists to review patients' statuses and plans of care. She interacted regularly with her assigned nursing staff based on patient needs and staff inquiries but did not personally review William Hickman's medical chart or documentation related to his case.	Professional Background and Role at Lakeland Regional
8.1-10.25	XXXXXX described her experience within the neuro ICU and neuro floor at Lakeland Regional. She clarified that the neuro ICU is located on floor C3, while the neuro floor is on C4. She noted her participation in multidisciplinary rounding and communication channels between nurses, physicians, and support staff, including physical therapists and dietitians. While she was familiar with the hospital's "Wound/Pressure Injury Assessment Prevention and Management Policy," she stated this was updated after her orientation. Her team followed existing protocols applicable at the time of her training.	Overview of ICU Experience and Team Communication
11.1-13.25	XXXXXX elaborated on her nurse manager role, which included overseeing clinical operations, evaluating nursing practices, and ensuring adherence to documentation standards. She emphasized the importance of care plans, especially regarding pressure ulcer prevention. Her responsibilities extended to monitoring care quality and ensuring that assessment and intervention practices	Nurse Manager Functions and Documentation Practices

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	followed institutional policies. She also discussed the use of electronic medical records and how nurse-driven documentation integrates with broader clinical decision-making.	
13.26-15.25	XXXXXX confirmed her ICU background and progression through multiple roles at Lakeland Regional. She had worked as a health care intern, patient care assistant, nurse intern, and then registered nurse after completing her associate's degree in 2010. She later served as a stroke coordinator and joined the clinical quality team, focusing on hospital-acquired infections, fall prevention, and hygiene monitoring. During the COVID-19 pandemic, she transitioned into the managerial role for the C3 ICU unit. She described the distinction between various ICU types: medical (MICU), surgical (SICU), and neurological (Neuro ICU). She confirmed bedside ICU experience and clarified that the Neuro ICU was formally established in 2021.	Clarifying Roles, Responsibilities, and Historical ICU Structure
16.1-18.25	XXXXXX conducted daily interdisciplinary rounds, including collaboration with team leaders, pharmacists, and primary nurses. While she did not proactively review patient charts unless approached with specific issues, she routinely discussed care plans and patient status with her staff. She noted that orders and changes often stemmed from these collaborative discussions. When questioned about policy involvement, she explained she followed established hospital procedures and had no part in drafting or revising institutional policies. Her managerial oversight included monitoring skin assessments, positioning routines, and compliance with documentation protocols, especially regarding pressure ulcer prevention.	Patient Rounding, Nurse Roles, and Bedside Oversight