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Feb 18 2025

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas
Thomas L. Hughston, Jr., Circuit Court Judge

Appellate Case No. 2023-001703

Mia Anderson, on Behalf of the
Estate of Jessie Heyward a/k/a
Jessie Bell Anderson

Appellant,

v.

Richard Miles Thompson, M.D., and ACS
Primary Care Physicians – Southeast, P.C.

Respondents.

RECORD ON APPEAL

LAW OFFICES OF BROOKS R.
FUDENBERG, LLC
Brooks R. Fudenberg
14 Ashe Steet
Charleston, SC 29403
(843) 416-2558
Attorney for Appellant

ROGERS TOWNSEND, LLC
Robert P. Wood
PO Box 100200 29202
Columbia SC 29201
(803) 771-7900
Attorney for Respondent

INDEX

Orders

- a. Form 4 Order 4
- b. Order on Motion for New Trial 10

Pleadings

- a. Amended Summons & Complaint..... 12
- b. Answer to Amended Complaint 31

Trial Transcript

- a. Naomi Tenpenny (direct)..... 46
- b. Dr. Richard Thompson (direct)..... 65
- (cross) 67
- (redirect) 83
- c. Mia Anderson (direct)..... 94
- d. Dr. Michael Streiff (direct)..... 100
- (cross)..... 113
- (redirect) 115
- e. Leah Dupree 106
- f. Kelly Jones (cross)..... 121
- g. Dr. Jon Carter (direct)..... 128
- (redirect) 153

Trial Exhibit (Medical Chart)..... 162

Proffered Exhibits

- a. Death Certificate 191
- b. Coroner's Report 192

Motion for New Trial and NEFs	
a. NEF (Motion for New Trial Submitted) (Sep. 25, 2023)	198
b. NEF Sep 26, 2023 (Notice of Rejection) (Sep. 26, 2023.....	200
c. NEF (Notice of Rescission) (Sep. 26, 2023).....	201
d. Motion.....	202
Notice of Appeal	205

STATE OF SOUTH CAROLINA
COUNTY OF Berkeley
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

CASE NO. 2020CP0801232

Mia Anderson, Individually et al
PLAINTIFF(S)

Trident Medical Center, Llc et al
DEFENDANT(S)

DISPOSITION TYPE (CHECK ONE)

- ☒ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ **ACTION DISMISSED** (CHECK REASON): ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled);
☐ Other
- ☐ **ACTION STRICKEN** (CHECK REASON): ☐ Rule 40(j), SCRPC; ☐ Bankruptcy;
☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award;
☐ Other
- ☐ **STAYED DUE TO BANKRUPTCY**
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (CHECK APPLICABLE BOX):
☐ Affirmed; ☐ Reversed; ☐ Remanded;
☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☒ Statement of Judgment by the Court:

This matter is on trial for the week September 11, 2023. The Jurors found in favor of the Defendants.

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.

☐ See Page 2 for additional information.

For Clerk of Court Office Use Only

This judgment was electronically entered by the Clerk of Court as reflected on the Electronic Time Stamp, and a copy mailed first class to any party not proceeding in the Electronic Filing System on 09/18/2023 .

Jane Doe 1-5
John Doe 1-5

RECEIVED
Nov 01 2023
SC Court of Appeals

NAMES OF TRADITIONAL FILERS SERVED BY MAIL

Court Reporter:

E-Filing Note: The date of Entry of Judgment is the same date as reflected on the Electronic File Stamp and the clerk's entering of the date of judgment above is not required in those counties. The clerk will mail a copy of the judgment to parties who are not E-Fileers or who are appearing pro se. See Rule 77(d), SCRCP.



Berkeley Common Pleas

Case Caption: Mia Anderson, Individually , plaintiff, et al VS Trident Medical Center, Llc , defendant, et al
Case Number: 2020CP0801232
Type: Order/Electronic Form 4

So Ordered

s/T.L.HUGHSTON, JR. 2008

Electronically signed on 2023-09-18 16:06:32 page 3 of 3

Certificate of Electronic Notification

Recipients

David Batten - Notification transmitted on 09-18-2023 04:14:27 PM.

Chilton Simmons - Notification transmitted on 09-18-2023 04:14:28 PM.

Frederick Jekel - Notification transmitted on 09-18-2023 04:14:29 PM.

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Lynn Seithel - Notification transmitted on 09-18-2023 04:14:28 PM.

***** IMPORTANT NOTICE - READ THIS INFORMATION *****
NOTICE OF ELECTRONIC FILING [NEF]

-

A filing has been submitted to the court RE: 2020CP0801232

Official File Stamp: 09-18-2023 04:14:18 PM

Court: CIRCUIT COURT

Common Pleas

Berkeley

Case Caption: Mia Anderson, Individually , plaintiff, et al VS
Trident Medical Center, Llc , defendant, et al

Document(s) Submitted: Order/Electronic Form 4/In Favor of Defendants
Order/Electronic Form 4/In Favor of Defendants

Filed by or on behalf of: Thomas L. Hughston, Jr.

This notice was automatically generated by the Court's auto-notification system.

-

The following people were served electronically:

Jack G Gresh

Frederick John Jekel for Mia Anderson,
Individually et al

David H. Batten for Moncks Corner Medical
Center, Trident Medical Center, Llc

Chilton Grace Simmons for Acs Primary Care
Physicians-Southeast P.C., Richard Miles
Thompson, Md

Lynn Seithel for Mia Anderson, Individually et al

Elizabeth Ballentine Mason for Acs Primary Care
Physicians-Southeast P.C., Richard Miles
Thompson, Md

The following people have not been served electronically by the Court. Therefore, they must be served by traditional means:

Jane Doe 1-5

John Doe 1-5

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF BERKELEY)

CASE NO. 2020-CP-08-1232

MIA ANDERSON, on behalf of)
the Estate of Jessie Heyward a/k/a)
Jessie Bell Anderson)

Plaintiff,)

vs.)

RICHARD MILES THOMPSON,)
M.D. and ACS PRIMARY CARE)
PHYSICIANS—SOUTHEAST, P.C.)

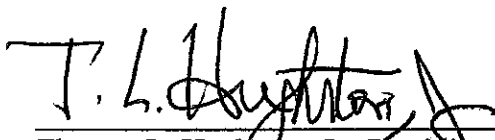
Defendants.)

RECEIVED**Nov 01 2023****SC Court of Appeals****ORDER**

This case is before me on Plaintiff's Motion for a New Trial following a jury trial and a verdict for the Defendants. This was a well tried case in which the attorneys did an excellent job of presenting their side. I have carefully considered the motion of the Plaintiff and respectfully decline to grant it.

IT IS SO ORDERED.

October 2, 2023
Charleston, South Carolina


Thomas L. Hughston, Jr., Presiding Judge



Berkeley Common Pleas

Case Caption: Mia Anderson, Individually , plaintiff, et al VS Trident Medical Center, Llc , defendant, et al

Case Number: 2020CP0801232

Type: Order/Other

So Ordered

s/T.L.HUGHSTON, JR. 2008

Electronically signed on 2023-10-02 14:22:33 page 2 of 2

STATE OF SOUTH CAROLINA)
COUNTY OF BERKELEY)
))
))
MIA ANDERSON, individually and on)
Behalf of the Estate of Jessie Heyward)
Anderson a/k/a Jessie Bell Anderson, and)
Robert Anderson, Jr.,)
))
))
Plaintiffs,)
))
vs.)
))
Trident Medical Center, LLC d/b/a)
Moncks Corner Medical Center; Richard)
Miles Thompson, M.D.; ACS Primary Care)
Physicians– Southeast P.C.; Jane Doe)
Defendants 1-5; and John Doe Defendants)
1-5,)
))
Defendants.)
_____)

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT
CIVIL ACTION NO: 2020-CP-08-01232

AMENDED SUMMONS

TO THE ABOVE-NAMED DEFENDANTS:

YOU ARE HEREBY SUMMONED and required to answer the complaint herein, a copy of which is herewith served upon you, and to serve a copy of your answer to this complaint upon counsel for the Plaintiff at Seithel Law, LLC, Post Office Box 1929, John’s Island, SC 29457, within thirty (30) days after service hereof, exclusive of the day of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

Charleston, South Carolina

August 11, 2020

SEITHEL LAW, LLC

By: /s/ Lynn Seithel

Lynn Seithel (S.C. Bar No. 069728)

Post Office Box 1929

John’s Island, SC 29455

843-557-1699 (direct dial)

800-818-0433 (fax)

lynn@seithellaw.com (email)

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	FOR THE NINTH JUDICIAL CIRCUIT
COUNTY OF BERKELEY	)	CIVIL ACTION NO: 2020-CP-08-01232
	)	
MIA ANDERSON, individually and on	)	
Behalf of the Estate of Jessie Heyward	)	
Anderson a/k/a Jessie Bell Anderson, and	)	PLAINTIFFS' FIRST AMENDED
Robert Anderson, Jr.,	)	COMPLAINT
	)	
	)	
Plaintiffs,	)	
	)	MEDICAL MALPRACTICE
vs.	)	WRONGFUL DEATH
	)	SURVIVAL ACTION
Trident Medical Center, LLC d/b/a	)	
Moncks Corner Medical Center;	)	JURY TRIAL REQUESTED
Richard Miles Thompson, M.D.; ACS	)	
Primary Care Physicians– Southeast P.C;	)	
Jane Doe Defendants 1-5; John Doe	)	
Defendants 1-5;	)	
	)	
Defendants.	)	

Please take notice that Mia Anderson, individually and as the Personal Representative of the Estate of Jessie Heyward Anderson also known as Jessie Bell Anderson and Robert Anderson, Jr. bring this medical malpractice, wrongful death and survival action against all named Defendants including but not limited to Trident Medical Center, LLC doing business as Moncks Corner Medical Center, Richard Miles Thompson, M.D., ACS Primary Care Physicians- Southeast P.C., John Doe Defendants 1-5 and Jane Does Defendants 1-5 related to the care and treatment and deficiencies of the same on behalf of the Decedent Jessie Heyward Anderson, also known as Jessie Bell Anderson on or about April 12, 2013. This Complaint contains a short and plain statement of the facts showing that the Plaintiffs are entitled to relief. Plaintiffs, pursuant to S.C. Code §§ 15-79-125, 15-51-10, *et seq.*, and 42 U.S.C. §2000d, *et seq.*; 45 C.F.R. Part 80 and allege as follows:

PARTIES & VENUE

Plaintiffs

1. Plaintiff Mia Anderson is a citizen and resident of Dorchester County, South Carolina and the daughter of Jessie Heyward Anderson who is also known as Jessie Belle Anderson. Plaintiff Mia Anderson is the Personal Representative of the Estate of Jessie Heyward Anderson also known as Jessie Belle Anderson.
2. Jessie Heyward Anderson, also known as Jessie Belle Anderson (“Decedent”) and referred to as Decedent or Jessie Anderson in the remaining paragraphs. At the time of Jessie Anderson’s death, Mia Anderson was a citizen and resident of Berkeley County, South Carolina.
3. Decedent was born in 1961. She resided in Berkeley County at the time of her death on April 13, 2016.
4. Plaintiff Robert Anderson, Jr. is a citizen and resident Berkeley County, South Carolina and son and a statutory beneficiary of the Decedent.
5. Plaintiff Mia Anderson, individually, Plaintiff Robert Anderson, Jr. individually and Plaintiff Mia Anderson as the Personal Representative of the Estate of Jessie Anderson will collectively be referred to as “Plaintiffs” in the remaining paragraphs of this Complaint.

Defendants

6. Venue in this action properly lies in Berkeley County as the Defendants conduct substantial business in this county and all of the actions and inactions giving rise to the causes of action relevant to this Complaint occurred in Berkeley County.
7. Defendant Trident Medical Center, LLC, d/b/a Moncks Corner Medical Center

(“Trident”) is a for profit foreign limited liability company organized in a state other than the state of South Carolina with principle places of business in Charleston, Dorchester and Berkeley Counties. Trident provides medical services for a fee to the general public in South Carolina and at all relevant times to this Complaint provided medical services for a fee to the Decedent in Berkeley County, South Carolina at their facility known as Moncks Corner Medical Center (“MCMC”).

8. Defendant Trident and its actual and apparent agents, servants and employees provided medical care for a fee to Decedent in 2016 in Berkeley County including the day before her death in April 2016.
9. Defendant Trident had a non-delegable duty to ensure that the healthcare provided on its premises by its actual and apparent agents, servants and employees was appropriate and compliant with the applicable standard of care.
10. The negligent acts, omission and liability of Defendant Trident includes their actual and apparent agents, servants and employees, both directly and vicariously, pursuant to the principals of non-delegable duty, corporate liability, apparent authority, agency, ostensible agency, and/or respondeat superior.
11. Defendant ACS Primary Care Physicians – Southeast P.C. (“ACS”) is a for profit foreign corporation, licensed with the South Carolina Secretary of State to do business in the State of South Carolina.
12. Defendant ACS provided physician services to MCMS and Trident for a fee in 2016 in Berkeley County.
13. Defendant ACS through its actual and apparent agents, servants and employees acting within the scope of their employment provided medical care for a fee to the Decedent the

day before her death in April 2016.

14. The negligent acts, omission and liability of Defendant ACS includes their actual and apparent agents, servants and employees, both directly and vicariously, pursuant to the principals of non-delegable duty, corporate liability, apparent authority, agency, ostensible agency, and/or respondeat superior.
15. Defendant Richard Miles Thompson, M.D. is an individual medical doctor, specializing in Emergency Services who at all relevant times to this Complaint, was an employee, actual or apparent agent or servant of ACS and/or Trident and resided in the State of South Carolina.
16. Dr. Thompson received a fee for the care and treatment he rendered to Decedent in April 2016.
17. Between April 2016 and June 8, 2020, Defendant Richard Miles Thompson, M.D. was listed with the Labor Licensing and Review Board in South Carolina as being employed by Trident Emergency Physicians.
18. Trident Emergency Physicians was a Limited Liability Corporation registered with the South Carolina Secretary of State, which dissolved on December 31, 2019.
19. Jane Doe Defendants are all corporate entities that may not be properly named or who are incorrectly identified within this Complaint but who were responsible for the care and treatment of the Decedent on April 12, 2016 at MCMC.
20. John Doe Defendants are all individuals who provided care to the Decedent on April 12, 2016 who have yet to be identified but who are known to the Defendants listed within this Complaint.
21. At all relevant times, All Defendants including both corporate and individual health care

providers, owed the Plaintiffs and Decedent a duty to provide adequate and timely unbiased medical care, treatment and services.

22. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including but not limited to the duty to obtain a complete medical and personal history of the Decedent on April 12, 2016.
23. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including but not limited to the duty to do a complete physical exam on Decedent on April 12, 2016.
24. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including but not limited to the duty to rule out life threatening disease states they included in their differential diagnosis on April 12, 2016;
25. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including but not limited to the duty to perform a D-Dimer and/or other appropriate testing on Decedent to rule out the Deep Vein Thrombosis included in their differential diagnosis.
26. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including but not limited to the duty to make appropriate referrals to Decedent on April 12, 2016;
27. At all relevant times, All Defendants had the ability to provide Decedent with a D-Dimer on April 12, 2016.
28. At all relevant times, All Defendants had the ability to provide Decedent with lower extremity Doppler studies on April 12, 2016.
29. At all relevant times, All Defendants had the ability to provide Decedent with Cat Scan

imaging on April 12, 2016.

30. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including but not limited to, the duty to comply with medical and nursing standards of care.
31. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and safety, including the ability to treat the Decedent without bias regarding her insurance coverage or race.
32. At all relevant times, All Defendants owed the Plaintiffs and Decedent a duty of reasonable care and treatment to ensure that the patient's care and treatment was not biased on account of the Decedent's race or insurance coverage or lack thereof and to ensure that any such bias did not lead to the lack of proper and necessary life-saving medical treatment.
33. Venue and Jurisdiction are proper in Berkeley County.

FACTUAL ALLEGATIONS

34. Plaintiffs incorporate by reference all preceding paragraphs.
35. Decedent presented to MCMC on April 12, 2016 with complaints of bilateral leg and thigh pain that was exacerbated by nothing and relieved by nothing for a couple of weeks and weakness.
36. Decedent reported the use of 600 mg Motrin on April 12, 2016 without relief.
37. Defendant Thompson was working at MCMC on April 12, 2016 and provided treatment and care to Decedent on April 12, 2016.
38. Decedent was a user of tobacco and had a family history of stroke as noted in the medical records on April 12, 2016.

39. Decedent was tachycardic on presentation as noted in the medical record of April 12, 2016.
40. Decedent had elevated hypertensive blood pressures on presentation as noted in the medical record of April 12, 2016.
41. Decedent had a normal neurological exam as noted in the medical record on April 12, 2016.
42. Decedent reported no history of trauma to her lower extremities and physical exam noted the lack of trauma to Decedent's lower extremities on April 12, 2016.
43. Defendant Thompson's clinical impression of Decedent on April 12, 2016 was "bilateral leg pain."
44. Defendant Thompson referred Decedent to a neurologist upon discharge on April 12, 2016, despite normal neurological exam.
45. Defendant Thompson wrote Decedent a prescription for Tylenol on April 12, 2016.
46. Defendant Thompson included 55 disease states in his differential diagnosis for Decedent.
47. Defendant Thompson included deep vein thrombosis as one of the 55 disease states in his differential diagnosis for Decedent on April 12, 2016.
48. Defendant Thompson did not do anything to rule out thrombo-embolic disease in Decedent on April 12, 2016.
49. Defendant Thompson did not order doppler ultrasound, D-Dimer testing or CT Scan for Decedent on April 12, 2016.
50. Thrombo-embolic disease and deep vein thrombosis, if untreated can cause pulmonary embolism which can be fatal.

51. Plaintiff Robert Thompson resided with his mother in April 2016.
52. On April 13, 2016, Plaintiff Robert Anderson returned home from work and spoke with his mother. Approximately ten minutes later, Plaintiff Robert Anderson spoke to her from another room outside of her presence. When she did not respond to him, he went to check on her and she had collapsed.
53. Plaintiff Robert Anderson called EMS who responded and was on the scene within minutes.
54. EMS performed CPR and intubated Decedent and took her to Roper Emergency.
55. Decedent was pronounced at Roper Emergency in Berkeley County after briefly regaining a pulse on April 13, 2016.
56. Berkeley County Coroner William Salisbury investigated Decedent's death in the normal course of his duties.
57. After speaking with Decedent's health care providers from April 12, 2016 and April 13, 2016 at the conclusion of his investigation, Coroner Salisbury listed the cause of death of Decedent as Cardiac Arrest due to probable pulmonary embolism.
58. Plaintiffs filed their Notice of Intent, along with their responses to local Interrogatories on April 12, 2019. (2019-NI-08-00005) Plaintiffs filed their Expert Affidavit on May 28, 2019. Plaintiffs amended their First and Second Amended Notice of Intent to correct the parties on January 16, 2020 and January 23, 2020. Pre-Suit mediation was held on April 9, 2020 and resulted at an impasse.

**FOR A FIRST CAUSE OF ACTION
(Negligence-Medical Malpractice)
AS TO ALL DEFENDANTS**

59. All preceding paragraphs are realleged as if fully stated.

60. While Decedent was under All Defendants' care, All Defendants and their agents departed from the prevailing professional standards of care and treatment to the Decedent and were thereby negligent, careless, indifferent, negligent, reckless and/or acted in violation of the duties owed to the Plaintiffs and Decedent in that they committed one or more of the following acts or omissions, any or all of which were departures from the prevailing professional standards of care:

- a. In failing and neglecting to provide and furnish the Decedent with proper and necessary medical care and treatment for which they had contracted;
- b. In failing to get a complete medical and personal history of Decedent on April 12, 2016;
- c. In failing to do a complete physical exam on Decedent on April 12, 2016;
- d. In failing to properly assess, diagnose, test, refer, follow-up and respond to her health care condition(s) and offer appropriate intervention(s);
- e. By including 55 disease state in the differential diagnosis of Decedent, the last of which was considered was Deep Vein Thrombosis but without doing anything to rule out thrombo-embolic disease on April 12, 2016;
- f. In failing to properly order imaging, and testing which would have allowed for the proper diagnosis and life-saving treatment of Decedent's deep vein thrombosis on April 12, 2016;
- g. In failing and neglecting to draft, promulgate, adopt and/or enforce appropriate rules, regulations, policies, procedures, bylaws, orders and provisions which could have and should have prevented the acts of malpractice and/or negligence committed against the Plaintiffs and Decedent which also could and should have

prevented the pulmonary embolism and painful death that Decedent suffered;

- h. Failing to rule out a life-threatening disease state included in Decedent's differential diagnosis – Deep Vein Thrombosis – by performing simple rapid tests available to them such as CT scan, D Dimer testing and Doppler Imaging;
- i. For such other and further acts as might be and/or should have been known by the Defendants which may be discovered throughout the course of this litigation.

61. As a direct and proximate result of the negligence, carelessness, indifference, negligence, recklessness and departure from the professional standard of care by the Defendants, the Plaintiffs and Decedent have in the past incurred and suffered, and will in the future incur and suffer the following:

- a. Personal injury;
- b. Pain and suffering;
- c. Mental anguish;
- d. Loss of enjoyment of life;
- e. Medical costs and expenses;
- f. Funeral expenses;
- g. Lost wages;
- h. Mileage and other household expenses;
- i. Loss of Consortium;
- j. Wrongful Death;
- k. Survival;
- l. Other costs and expenses associated with the negligence and deviations in the standards of care by the Defendants; and

m. For such other and further reliefs as determined by a jury or that the evidence may show.

62. Upon proper proofs, Plaintiffs are entitled to recover actual and punitive damages from the Defendants jointly and severally in an amount of actual and punitive damages to be determined by the trier of fact.

WHEREFORE, Plaintiffs pray for judgment against the Defendants, in an amount of actual damages and punitive damages to be determined by the trier of fact in a trial by jury; together with the costs of this action; and for such further legal and equitable relief as the Court deems just and proper.

**FOR A SECOND CAUSE OF ACTION
(42 U.S.C. §2000d; 45 C.F.R., Part 80)
AS TO ALL DEFENDANTS**

63. All preceding paragraphs are realleged as if fully stated.

64. As set forth within this Complaint, Defendants violated Plaintiffs' and Decedent's civil rights.

65. The Defendants acted under the color of state law in so doing.

66. The conduct of All Defendants, specifically including but not limited to Defendant Thompson, Nurse Jones, an employee of Defendant Trident, and John Doe Defendants 1-5, violated 42 U.S.C. §2000d; 45 C.F.R. Part 80, and Plaintiffs are entitled to a judgment against Defendants for relief available for that violation, including actual and punitive damages, attorneys' fees and costs.

67. Defendants Thompson, Jones and certain John Doe Defendants while in the employ of Defendants Trident and ACS did not provide the appropriate standard of care to the Decedent due to her race, financial status, and/or insurance status and as a result, her

constitutional rights were violated and Decedent was not diagnosed with thrombo-embolic disease on April 12, 2016 which led to her death just 24 hours later. Decedent was denied inexpensive, efficient testing, treatment and life-saving measures and instead was diagnosed with “bilateral leg pain” and written a prescription for Tylenol and referred to a neurologist to investigate some “rare conditions” such as myositis and spinal stenosis. She was sent home with instructions to treat an injury when she reported no trauma prior to her symptoms and the clinicians found no evidence of trauma or injury to her legs. Decedent did not receive the appropriate care and suffered tremendous pain and suffering prior to her death. Plaintiffs have suffered irreparable harm. Plaintiffs are fearful of the need to receive medical care from the Defendants in the future. Plaintiffs cannot understand how Defendants can boast about having state of the art imaging and treatment when they denied the same to Decedent.

WHEREFORE, Plaintiffs pray for judgment against the Defendants, in an amount of actual damages and punitive damages and punitive damages to be determined by the trier of fact in at rial by jury; together with the costs of this action; and for such further legal and equitable relief as the Court deems just and proper.

**FOR A THIRD CAUSE OF ACTION
(Wrongful Death)
AS TO ALL DEFENDANTS**

68. All preceding paragraphs are realleged as if fully stated.
69. While the Plaintiff was under the Defendant’s care, Defendant and its agents departed from the prevailing professional standards of care and treatment of the Decedent and were negligent, careless, indifferent, reckless and acted in violation of the duties owed to the Plaintiffs and Decedent in that they committed one or more of the following acts or

omissions and/or commissions, any of which were negligent and departures from the prevailing professional standards of care:

- a. In failing and neglecting to provide and furnish the Decedent with proper and necessary medical care and treatment for which they had contracted;
- b. In failing to get a complete medical and personal history of Decedent on April 12, 2016;
- c. In failing to do a complete physical exam on Decedent on April 12, 2016;
- d. In failing to properly assess, diagnose, test, refer, follow-up and respond to her health care condition(s) and offer appropriate intervention(s);
- e. By including 55 disease state in the differential diagnosis of Decedent, the last of which was considered was Deep Vein Thrombosis but without doing anything to rule out thrombo-embolic disease on April 12, 2016;
- f. In failing to properly order imaging, and testing which would have allowed for the proper diagnosis and life-saving treatment of Decedent's deep vein thrombosis on April 12, 2016;
- g. In failing and neglecting to draft, promulgate, adopt and/or enforce appropriate rules, regulations, policies, procedures, bylaws, orders and provisions which could have and should have prevented the acts of malpractice and/or negligence committed against the Plaintiffs and Decedent which also could and should have prevented the pulmonary embolism and painful death that Decedent suffered;
- h. Failing to rule out a life-threatening disease state included in Decedent's differential diagnosis – Deep Vein Thrombosis – by performing simple rapid tests available to them such as CT scan, D Dimer testing and Doppler Imaging;

- i. For such other and further acts as might be and/or should have been known by the Defendants which may be discovered throughout the course of this litigation.
70. As a direct and proximate result of the negligence, carelessness, indifference, negligence, recklessness and departure from the professional standard of care by the Defendants, the Plaintiffs and Decedent have in the past incurred and suffered, and will in the future incur and suffer the following:
 - a. Personal injury;
 - b. Pain and suffering;
 - c. Mental anguish;
 - d. Loss of enjoyment of life;
 - e. Medical costs and expenses;
 - f. Funeral expenses;
 - g. Lost wages;
 - h. Mileage and other household expenses;
 - i. Loss of Consortium;
 - j. Wrongful Death;
 - k. Survival;
 - l. Other costs and expenses associated with the negligence and deviations in the standards of care by the Defendants; and
 - m. For such other and further reliefs as determined by a jury or that the evidence may show.
71. Upon proper proofs, Plaintiffs are entitled to recover actual and punitive damages from the Defendants jointly and severally in an amount of actual and punitive damages to be

determined by the trier of fact.

WHEREFORE, Plaintiffs pray for judgment against the Defendants, in an amount of actual damages and punitive damages to be determined by the trier of fact in a trial by jury; together with the costs of this action; and for such further legal and equitable relief as the Court deems just and proper.

**FOR A FOURTH CAUSE OF ACTION
(Survival)
AS TO ALL DEFENDANTS**

72. All preceding paragraphs are realleged as if fully stated.

73. While the Plaintiff was under the Defendant's care, Defendant and its agents departed from the prevailing professional standards of care and treatment of the Decedent and were negligent, careless, indifferent, reckless and acted in violation of the duties owed to the Plaintiffs and Decedent in that they committed one or more of the following acts or omissions and/or commissions, any of which were negligent and departures from the prevailing professional standards of care:

- a. In failing and neglecting to provide and furnish the Decedent with proper and necessary medical care and treatment for which they had contracted;
- b. In failing to get a complete medical and personal history of Decedent on April 12, 2016;
- c. In failing to do a complete physical exam on Decedent on April 12, 2016;
- d. In failing to properly assess, diagnose, test, refer, follow-up and respond to her health care condition(s) and offer appropriate intervention(s);
- e. By including 55 disease state in the differential diagnosis of Decedent, the last of which was considered was Deep Vein Thrombosis but without doing anything to

rule out thrombo-embolic disease on April 12, 2016;

- f. In failing to properly order imaging, and testing which would have allowed for the proper diagnosis and life-saving treatment of Decedent's deep vein thrombosis on April 12, 2016;
- g. In failing and neglecting to draft, promulgate, adopt and/or enforce appropriate rules, regulations, policies, procedures, bylaws, orders and provisions which could have and should have prevented the acts of malpractice and/or negligence committed against the Plaintiffs and Decedent which also could and should have prevented the pulmonary embolism and painful death that Decedent suffered;
- h. Failing to rule out a life-threatening disease state included in Decedent's differential diagnosis – Deep Vein Thrombosis – by performing simple rapid tests available to them such as CT scan, D Dimer testing and Doppler Imaging;
- i. For such other and further acts as might be and/or should have been known by the Defendants which may be discovered throughout the course of this litigation.

74. As a direct and proximate result of the negligence, carelessness, indifference, negligence, recklessness and departure from the professional standard of care by the Defendants, the Plaintiffs and Decedent have in the past incurred and suffered, and will in the future incur and suffer the following:

- a. Personal injury;
- b. Pain and suffering;
- c. Mental anguish;
- d. Loss of enjoyment of life;
- e. Medical costs and expenses;

- f. Funeral expenses;
- g. Lost wages;
- h. Mileage and other household expenses;
- i. Loss of Consortium;
- j. Wrongful Death;
- k. Survival;
- l. Other costs and expenses associated with the negligence and deviations in the standards of care by the Defendants; and
- m. For such other and further reliefs as determined by a jury or that the evidence may show.

75. Upon proper proofs, Plaintiffs are entitled to recover actual and punitive damages from the Defendants jointly and severally in an amount of actual and punitive damages to be determined by the trier of fact.

WHEREFORE, Plaintiffs pray for judgment against the Defendants, in an amount of actual damages and punitive damages to be determined by the trier of fact in a trial by jury; together with the costs of this action; and for such further legal and equitable relief as the Court deems just and proper.

Respectfully Submitted,

SEITHEL LAW, LLC

By: s/ Lynn Seithel (S.C. Bar# 69728)
Post Office Box 1929
John's Island, South Carolina 29457
(843) 557-1699
(800) 818-0433 (fax)
Lynn@Seithellaw.com

Counsel for Plaintiffs

Charleston, South Carolina
August 11, 2020

STATE OF SOUTH CAROLINA

COUNTY OF BERKELEY

MIA ANDERSON, individually and on
Behalf of the Estate of Jessie Heyward
Anderson a/k/a Jessie Bell Anderson, and
Robert Anderson, Jr.,

Plaintiffs,

v.

Trident Medical Center, LLC d/b/a Moncks
Corner Medical Center; Richard Miles
Thompson, M.D.; ACS Primary Care
Physicians – Southeast, P.C., Jane Doe
Defendants 1-5; and John Doe Defendants 1-
5,

Defendants.

IN THE COURT OF COMMON PLEAS

C.A. No. 2020-CP-08-01232

**DEFENDANT TRIDENT MEDICAL
CENTER, LLC d/b/a MONCKS CORNER
MEDICAL CENTER'S ANSWER TO
PLAINTIFFS' FIRST AMENDED
COMPLAINT**

NOW COMES Trident Medical Center, LLC d/b/a Moncks Corner Medical Center, (hereinafter "Defendant"), by and through undersigned counsel of record, and responds to and answers the Plaintiffs' First Amended Complaint as follows:

ANSWER

Defendant responds to the allegations in the specifically numbered paragraphs of Plaintiffs' Complaint as follows:

1-5. Answering Paragraphs 1 through 5, Defendant lacks sufficient information and knowledge to form a belief as to the truth of the allegations contained in these paragraphs, and they are therefore denied for a lack of information and belief.

6. Answering Paragraph 6, the allegations contained in Paragraph 6 of the Plaintiffs' First Amended Complaint set forth conclusions of law to which no response is required. To the extent a response is required, Defendant does not challenge the appropriateness of the venue. All

remaining and inconsistent allegations contained in Paragraph 6 of the Plaintiffs' First Amended Complaint are denied.

7-9. Answering Paragraphs 7-9, it is admitted that this defendant is incorporated outside of South Carolina but provides health care in Berkeley, Dorchester and Charleston Counties where medical services are provided by employees and by physicians and other providers with privileges to practice at its facilities. Except as admitted, denied.

10. Answering Paragraph 10, denied.

11. Answering Paragraph 11, admitted.

12. Answering Paragraph 12, the allegations of this Paragraph appear directed to another Defendant, therefore no response is required from Defendant except that ACS . To the extent a response is required, denied.

13. Answering Paragraph 13, it is admitted that Dr. Thompson provided care to Mr. Anderson. As to the remaining allegations, this defendant lacks sufficient information and knowledge to form a belief as to the truth of the allegations contained in these paragraphs, and they are therefore denied for a lack of information and belief.

14. Answering Paragraph 14, denied.

15-16. Answering Paragraphs 15-16, it is admitted that Dr. Thompson provided care in the ED at the medical center on the date alleged. As to the remaining allegations, this defendant lacks sufficient information and knowledge to form a belief as to the truth of the allegations contained in these paragraphs, and they are therefore denied for a lack of information and belief.

17. Answering Paragraph 17, Defendant refers to all applicable filings of the South Carolina Secretary of State and the South Carolina Labor, Licensing, and Review Board for a complete and accurate description of what is contained therein.

18. Answering Paragraph 18, Defendant refers to all applicable filings of the South Carolina Secretary of State and the South Carolina Labor, Licensing, and Review Board for a complete and accurate description of what is contained therein.

19. Answering Paragraph 19, Defendant denies the allegations contained in Paragraph 19 of the Plaintiffs' First Amended Complaint.

20. Answering Paragraph 20, Defendant denies the allegations contained in Paragraph 20 of the Plaintiffs' First Amended Complaint.

21-26. Answering Paragraphs 21-26, the allegations set forth conclusions of law to which no response is required. Further responding, Defendant denies any allegations in these Paragraphs that allege or intend to allege any deviation of the standard of care or liability as to this Defendant. Further responding, Defendant would affirmatively assert that the care and treatment provided to Decedent by the parties was at all times in compliance with the governing standard of care, all appropriate examination, treatment, and testing were done, and no actions or inactions of the Defendants proximately led to the Plaintiffs' damages. Any and all remaining and/or inconsistent allegations in Paragraphs 21-26 of Plaintiffs' First Amended Complaint are denied.

27-29. Answering Paragraphs 27-29, it is denied that all defendants had the ability to order all the tests described but it is admitted that certain tests could be administered if indicated and ordered by a physician or PA. Except as admitted, denied.

30-32. Answering Paragraphs 30-32, the allegations contained in Paragraph 30 set forth conclusions of law to which no response is required. Further responding, Defendant denies any allegations in these Paragraphs that allege or intend to allege any deviation for the standard of care or liability as to the Defendant. Further responding, Defendant would affirmatively assert that the care and treatment provided to Decedent by the Defendants was at all times in compliance with

the governing standard of care, all appropriate examination, treatment, and testing were done, and no actions or inactions of the Defendants proximately led to the Plaintiffs' damages. Any and all remaining and/or inconsistent allegations in these Paragraphs are denied.

33. Answering Paragraph 33, the allegations contained in Paragraph 33 of the Plaintiff's Complaint set forth conclusions of law to which no response is required. To the extent a response is required, these Defendants do not challenge the appropriateness of the venue. All remaining and inconsistent allegations contained in Paragraph 33 of the Plaintiffs' First Amended Complaint are denied.

AS TO THE FACTUAL ALLEGATIONS

34. Answering Paragraph 34, Defendant restates and realleges all previous paragraphs as if fully set forth herein verbatim.

35-49. Answering Paragraphs 35-49, Defendant is informed and believes the allegations contained in these Paragraphs of Plaintiffs' First Amended Complaint refer to events detailed in medical records. Those medical records are in writing and speak for themselves with respect to their content. Further reference is made to specific anticipated deposition testimony of witnesses involved for a complete description of their involvement, the timing thereof, and an appropriate interpretation of the medical records. To the extent the allegations contained in Paragraph 35 are consistent with the written documents and said anticipated deposition testimony of witnesses, the same are admitted; otherwise, the allegations contained in these Paragraphs are denied. Except as admitted, denied.

50. Answering Paragraph 50, Defendant is informed and believes the allegations contained in Paragraph 50 of the Plaintiffs' First Amended Complaint refer to events detailed in medical records. Those medical records are in writing and speak for themselves with respect to their

content. Further reference is made to specific anticipated deposition testimony of witnesses involved for a complete description of their involvement, the timing thereof, and an appropriate interpretation of the medical records. To the extent the allegations contained in Paragraph 50 are consistent with the written documents and said anticipated deposition testimony of witnesses, the same are admitted; otherwise, the allegations contained in Paragraph 50 are denied. Except as admitted, denied.

51-57. Answering Paragraphs 51-57, this Defendant lacks sufficient information and knowledge to form a belief as to the truth of the allegations contained in these paragraphs, and they are therefore denied for a lack of information and belief.

58. The allegations contained in Paragraph 58 of the Plaintiffs' First Amended Complaint are procedural in nature and require no response. Defendant explicitly denies the allegations contained in the affidavit filed by Plaintiffs' expert Fred Mushkat, M.D. Upon information and belief, Defendant admits a Notice of Intent was filed April 12, 2019, with a First Amended Notice of Intent filed on January 16, 2020 and a second Amended Notice of Intent filed on January 23, 2020, and admit pre-suit mediation was held on April 9, 2020 which resulted in an impasse. Any and all remaining and/or inconsistent allegations in Paragraph 58 of the Plaintiffs' First Amended Complaint are denied, such being all remaining allegations of the Plaintiffs' Factual Allegations.

**AS TO THE FIRST CAUSE OF ACTION AS TO ALL DEFENDANTS (Negligence
– Medical Malpractice)**

59. Answering Paragraph 59, Defendant restates and realleges all previous paragraphs as if fully set forth herein verbatim.

60. Answering Paragraph 60, Defendant denies the allegations contained in Paragraphs 60, including subparts (a) through (i), such being all remaining allegations contained within the Plaintiffs' First Cause of Action.

61. Answering Paragraph 61, Defendant denies the allegations contained in Paragraphs 61, including subparts (a) through (m), such being all remaining allegations contained within the Plaintiffs' First Cause of Action.

62. Answering Paragraph 62, Defendant denies the allegations contained in Paragraphs 62 and the WHEREFORE clause and Prayer for Relief of the Plaintiffs' First Amended Complaint, such being all remaining allegations contained within the Plaintiffs' First Cause of Action.

**AS TO THE SECOND CAUSE OF ACTION AS TO ALL DEFENDANTS (42
U.S.C. § 200d; 45 C.F.R., Part 80)**

63. Answering Paragraph 63, Defendant restates and realleges all previous paragraphs as if fully set forth herein verbatim.

64. Answering Paragraph 64, Defendant denies the allegations contained in Paragraphs 64, such being all remaining allegations contained within the Plaintiffs' Second Cause of Action.

65. Answering Paragraph 65, Defendant denies the allegations contained in Paragraphs 65, such being all remaining allegations contained within the Plaintiffs' Second Cause of Action.

66. Answering Paragraph 66, Defendant denies the allegations contained in Paragraphs 66, such being all remaining allegations contained within the Plaintiffs' Second Cause of Action.

67. Answering Paragraph 67, Defendant denies the allegations contained in Paragraphs 67 and the WHEREFORE clause and Prayer for Relief of the Plaintiffs' First Amended Complaint, such being all remaining allegations contained within the Plaintiffs' Second Cause of Action.

**AS TO THE THIRD CAUSE OF ACTION AS TO ALL DEFENDANTS (Wrongful
Death)**

68. Answering Paragraph 68, Defendant restates and realleges all previous paragraphs as if fully set forth herein verbatim.

69. Answering Paragraph 69, Defendant denies the allegations contained in Paragraphs 69, including subparts (a) through (i), such being all remaining allegations contained within the Plaintiffs' Third Cause of Action.

70. Answering Paragraph 70, Defendant denies the allegations contained in Paragraphs 70, including subparts (a) through (m), such being all remaining allegations contained within the Plaintiffs' Third Cause of Action.

71. Answering Paragraph 71, Defendant denies the allegations contained in Paragraphs 71 and the WHEREFORE clause and Prayer for Relief of the Plaintiffs' First Amended Complaint, such being all remaining allegations contained within the Plaintiffs' Third Cause of Action.

AS TO THE FOURTH CAUSE OF ACTION AS TO ALL DEFENDANTS (Survival)

72. Answering Paragraph 72, Defendant restates and realleges all previous paragraphs as if fully set forth herein verbatim.

73. Answering Paragraph 73, Defendant denies the allegations contained in Paragraph 73, including subparts (a) through (i), such being all remaining allegations contained within Plaintiffs' Fourth Cause of Action and the Plaintiffs' First Amended Complaint.

74. Answering Paragraph 74, Defendant denies the allegations contained in Paragraph 74, including subparts (a) through (m), such being all remaining allegations contained within Plaintiffs' Fourth Cause of Action and the Plaintiffs' First Amended Complaint.

75. Answering Paragraph 75, Defendant denies the allegations contained in Paragraph 75 and the WHEREFORE clause and Prayer for Relief of the Plaintiffs' First Amended Complaint, such being all remaining allegations contained within Plaintiffs' Fourth Cause of Action and the Plaintiffs' First Amended Complaint.

EACH AND EVERY ALLEGATION OF PLAINTIFFS' FIRST AMENDED COMPLAINT, INCLUDING THE ALLEGATIONS IN PLAINTIFFS' PRAYER FOR RELIEF, NOT HEREIN EXPLICITLY ADMITTED IS DENIED.

ADDITIONAL DEFENSES

As additional defenses, Defendant pleads as follows:

FIRST DEFENSE

Defendant did not violate or breach the applicable duty of care or any other alleged, but denied, duty in connection with the care and treatment rendered to Ms. Anderson. The care and treatment provided to Ms. Anderson at Trident Medical Center, LLC d/b/a Moncks Corner Medical Center was at all times in accordance with all applicable laws and regulations and all applicable standards of care.

SECOND DEFENSE

Plaintiffs' alleged damages and injuries were not proximately caused by any acts or omissions of Trident Medical Center, LLC d/b/a Moncks Corner Medical Center.

THIRD DEFENSE

In the event it is determined that the damages alleged in the Plaintiffs' First Amended Complaint, if any, were proximately caused by acts and/or omissions of the Defendant, which is specifically denied, Defendant alleges as an affirmative defense any and all independent, superseding, or intervening acts of negligence, if any, that are currently applicable or may be learned from discovery or proven at trial as a bar to any recovery by the Plaintiffs from Defendant. Defendant reserves the right to conduct discovery on this defense and evaluate it further before the trial of this action.

FOURTH DEFENSE

Defendant is a healthcare provider and healthcare institution as defined by S.C. Code §15-32-210, and is therefore afforded the legal protections allowed by law in medical malpractice actions including but not limited to the statutory limits on recovery set forth in the Noneconomic Damages Awards Act of 2005, S. C. Code §§15-32-200, et seq. Defendant pleads and asserts these protections as a defense or limit on recovery to Plaintiffs' claims herein.

FIFTH DEFENSE

Defendant pleads as a defense to all claims herein the protections, rights, and limitations of recovery set forth in S.C. Code §15-38-15 and 15-38-20 et seq., applicable to joint and several liability and contribution.

SIXTH DEFENSE

In the event Plaintiffs receive or have received any settlements or other compensation or recovery for the claims, injuries, and damages alleged in the Plaintiffs' First Amended Complaint, Defendant is entitled to and hereby requests a set-off in the amount of said settlements and recovery to the extent allowed by law in the event that a judgment is entered in this action against Defendant.

SEVENTH DEFENSE

Defendant pleads all applicable statutes of limitation and statutes of repose as an affirmative defense to all applicable claims herein, if any.

EIGHTH DEFENSE

To the extent evidence is developed during discovery that Ms. Anderson's condition constituted a genuine emergency situation during any relevant time period, Plaintiffs are not entitled to a recovery herein, pursuant to S.C. Code §15-32-230, absent evidence of gross negligence, which does not exist.

NINTH DEFENSE

As a defense to Plaintiffs' claim for punitive damages, Defendant asserts that the allegations and evidence in this case do not rise to the level of aggravated conduct required to state and establish such a claim. In the alternative and in further response to Plaintiffs' claim for punitive damages, Defendant pleads and invokes the protections (including limits of recovery) afforded by S.C. Code §15-32-520 et seq. and §15-32-530 et seq. which are applicable to claims for punitive and exemplary damages including, but not limited to, the bifurcation of punitive damages claims. Defendant also asserts, as a defense to Plaintiffs' punitive damages claim, that an award of punitive damages as requested by Plaintiffs herein would violate Defendant's constitutional rights under the Constitutions of the United States and South Carolina.

SUPPLEMENTAL DEFENSES

Defendant reserves the right to amend its Answer to assert additional and supplemental defenses in the event additional defenses are determined to exist through discovery in this action. Additionally, Defendant incorporates any additional defenses raised by any other defendant.

WHEREFORE, having fully responded to the allegations of Plaintiffs' First Amended Complaint and having asserted the above-noted defenses herein, Defendant Trident Medical Center, LLC d/b/a Moncks Corner Medical Center, requests and prays the Court as follows:

1. That Plaintiffs have and recover nothing from Defendant in this action;
3. That Defendant recover its costs in this action, said costs to include reasonable attorney's fees and expenses as allowed by law;
4. For such other and further relief as the Court deems just and proper; and
5. For a trial by jury on all issues so triable herein.

This the 28th day of January, 2021.

BATTEN LEE PLLC

BY: s/David H. Batten
David H. Batten (S.C. State Bar No.: 74531)
Randolph L. Lee (S.C. State Bar No.: 74532)
*Attorneys for Trident Medical Center, LLC d/b/a Moncks
Corner Medical Center*
4141 Parklake Avenue, Suite 350
Raleigh, North Carolina 27612
Phone: (919) 439-2221
Fax: (919) 780-5382
E-mail: rlee@battenlee.com
E-mail: dbatten@battenlee.com

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

COURT OF COMMON PLEAS
2020-CP-08-01232

Mia Anderson

)

) TRANSCRIPT OF RECORD

-vs-

)

) September 11, 2023-Vol 1 of 5

ACS Primary Care

)

) Moncks Corner, South Carolina

B E F O R E:

The Honorable Thomas Hughston, Judge

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

Frederick John Jekel, Esquire
Lynn Seithel, Esquire
Attorneys for the Plaintiff

Elizabeth Ballentine Mason, Esquire
Chilton Grace Simmons, Esquire
Attorneys for the Defendant

Reported By:

Yvestre Torres, OCR
Circuit Court Reporter for the
Ninth Judicial Circuit

1 bring it to my attention again, okay?

2 MR. JEKEL: Very well.

3 THE COURT: Okay. All right. All right.

4 MS. MASON: Your Honor ---

5 THE COURT: What else?

6 MS. MASON: I'm sorry. Just on that issue,
7 if it is going to come up, can we discuss it with Your
8 Honor outside of the presence of the jury before ---

9 THE COURT: Sure, absolutely, absolutely.
10 I'm depending on both sides to help me keep everything
11 under control and not do something in front of the jury
12 that there may be a question involved about it, okay?

13 MS. MASON: Thank you.

14 THE COURT: Bring it to my attention.
15 Appreciate it. I told these law clerks and everything
16 that this case was going to be easy to try because I had
17 such good lawyers on both sides. It helps out a lot,
18 you know, and I still think that. All right.
19 I appreciate that. All right. Bring the jury in
20 whoever has got charge of the jury.

21 (The jury entered the courtroom at 2:09 p.m.)

22 THE COURT: Make sure you've got your right
23 pad. All right. We do have all the jury with us,
24 and the parties are present, along with their attorneys.
25 All right. Everybody be seated. Be seated.

1 I apologize for keeping you back there in the jury room.
2 I didn't anticipate some other work that I had to do
3 with the lawyers before I could bring you out here
4 and get started with the trial.

5 I should have told you this, but just forgot
6 about it, didn't think about it, you know. I used
7 to pick out and decide who would be what's called the
8 foreperson of the jury, but I've decided in recent years
9 to let you decide who you want to be the foreperson
10 of the jury. So, the next time y'all have some spare
11 time while you're back there in the jury room, it may
12 be not until tomorrow, you know, when you come back
13 or whatever. But before you come back out here, if
14 you can, take some time and talk it over and decide
15 who you want to be the foreperson for the jury.

16 The foreperson's vote counts no more than
17 anybody else's vote in deciding the case, but the
18 foreperson presides over the jury's deliberations when
19 you're considering your verdict. And if there's ever
20 any need for you as a jury to communicate with me about
21 any matter during the course of the trial, the
22 foreperson is your spokesperson here in court for that
23 purpose. So that's what the foreperson does.

24 His or her vote counts no more than anybody
25 else's vote in deciding the case, but it is the

1 foreperson's duty and responsibility to preside over
2 the deliberations, get it started, keep it on track,
3 help get to the place where you can reach a verdict.
4 And then also, as I've said, if there's ever any need
5 that you have to let me know about something, to ask
6 me about something, to bring something to my attention,
7 the jury -- your foreperson is your spokesperson in
8 court for that purpose, so remember that. All right.

9 Now, we'll have the opening statements from
10 the -- opening statement from the Plaintiff's attorney.
11 Go right ahead.

12 THE CLERK: Judge ---

13 THE COURT: Oh, swear the jury. Excuse me.
14 Thank you for bringing that to my attention. Please
15 raise -- stand up please and raise your right hand
16 to be sworn. Thank you.

17 (Whereupon, the jury panel was duly sworn.)

18 THE CLERK: Thank you. Please be seated.

19 THE COURT: Well, I forgot to tell the clerk
20 this ahead of time. Actually, the case that we're here
21 about is not quite the case that she read out the names
22 of and everything. Oftentimes, when lawyers bring
23 cases, they include a lot of stuff in the case to start
24 with that eventually gets weeded out before we get to
25 this part of the trial and all.

Naomi Tennpenny Direct Examination by Ms. Seithel

1 in 2000. I've lived in Berkeley County for quite some
2 time before I moved over to Dorchester County, where
3 I am currently working for Judge Nancy McLin.

4 THE COURT: I'm sorry. You're working
5 where?

6 THE WITNESS: I work with Judge Nancy McLin.

7 THE COURT: Keep kind of -- I'm a little
8 hard of hearing.

9 THE WITNESS: Okay.

10 THE COURT: So you've got to keep your voice
11 up.

12 THE WITNESS: Okay.

13 THE COURT: Make sure that everybody can
14 hear you.

15 THE WITNESS: Yes, sir.

16 THE COURT: So you work where now?

17 THE WITNESS: I work with Judge Nancy McLin.

18 THE COURT: All right.

19 THE WITNESS: I've been doing that for about
20 several years.

21 BY MS. SEITHEL:

22 Q. Did you have to take off from work this afternoon
23 in order to be here?

24 A. Yes, ma'am.

25 Q. Okay. How did you come to meet Jessie Anderson?

1 A. Through mutual friends, through Hassan's
2 children's mother, Shakora [ph.] Robinson. I met her
3 in the neighborhood that we lived in, in Moncks Corner.

4 Q. And can you tell the jury who Hassan -- how
5 Hassan and Shakora introduced you to Ms. Anderson?

6 A. Through a family gathering. Our children are
7 related, so children being around each other at a family
8 gathering.

9 Q. When you refer to Hassan Dwight, is he a young
10 man that spent time living in the Anderson household
11 when he was a teenager and in his 20s?

12 A. Yes, ma'am.

13 Q. And, if I understand you correctly, his
14 girlfriend, Shakora, and yourself were friends?

15 A. Yes, ma'am.

16 Q. And she introduced you to Ms. Anderson and the
17 Plaintiff, Mia Anderson?

18 A. Yes, ma'am.

19 Q. Who was Jessie Anderson to you?

20 A. She was a mama. She was somebody that, you know,
21 you met, and you just automatically loved. She was
22 someone that I considered to be my additional mom.

23 Q. How often did you see Jessie Anderson? Was it
24 once a week, more than that?

25 A. It was about once a week; she would call.

1 Q. Okay. And did she report pain to you while she
2 was ---

3 MS. SIMMONS: Objection, Your Honor,
4 hearsay.

5 THE COURT: I appreciate that, but I'm going
6 to allow that. Go ahead.

7 THE WITNESS: Answer?

8 MS. SEITHEL: Yeah.

9 THE WITNESS: Yes, ma'am, she did.

10 BY MS. SEITHEL:

11 Q. Now how long -- after you returned from
12 Walgreen's to Ms. Anderson's, did you -- is the next
13 time you left, the last time you saw her?

14 A. That was the last time I saw her alive, yes.

15 Q. Okay. And where did you go after you left
16 Ms. Anderson's house that day?

17 A. Back home to Summerville.

18 Q. And did you speak with her again that day?

19 A. Yes, ma'am.

20 Q. Okay. When did you speak with Jessie Anderson
21 again on April 12th?

22 A. It was in the evening time when Mia called her.

23 THE COURT: I'm sorry?

24 THE WITNESS: It was in the evening time
25 when Mia called her.

1 THE COURT: When who called?

2 THE WITNESS: Mia.

3 THE COURT: Mia.

4 BY MS. SEITHEL:

5 Q. And were you present for that conversation?
6 Was that, like, a speakerphone call between you and
7 Ms. Anderson -- and the two Ms. Andersons, Mia Anderson
8 and Jessie Anderson?

9 A. Yes, we were on speakerphone.

10 Q. And maybe just to clear up a little confusion,
11 were yourself and Mia Anderson roommates for a period
12 of time?

13 A. Yes, ma'am.

14 Q. Okay. So when you were on the phone with Jessie
15 Anderson that evening, do you know approximately what
16 time that was?

17 A. It was after eight o'clock.

18 THE COURT: What?

19 THE WITNESS: It was after eight o'clock.

20 BY MS. SEITHEL:

21 Q. And how do you know it was after eight o'clock?

22 A. It was dark outside.

23 Q. Okay. Fair enough, fair enough. And did --
24 after you had that conversation with Mia and Jessie
25 Anderson, did you have an impression as to whether the

1 medication was working, and Jessie Anderson was feeling
2 better?

3 A. She said that she felt the same, her legs were
4 still hurting her.

5 Q. When you visited with Ms. Anderson -- with Jessie
6 Anderson at her residence on the afternoon of April
7 12th, was there anyone else there while you were at her
8 house?

9 A. No, ma'am.

10 Q. Okay. And at some point, did you talk with her
11 about her visit to Moncks Corner Medical Center?

12 A. Yes, ma'am.

13 Q. Okay. After your conversation with her about
14 her visit to Moncks Corner Medical Center, can you tell
15 the jury a little bit about the impression that you were
16 left with?

17 A. That she was just to go home and rest, that
18 it was just leg pain.

19 Q. What kind of person was Jessie Anderson?

20 A. She was the neighborhood mom. She was bubbly.
21 She was the person that anybody can go to. She didn't
22 care who you are, she would feed you. She didn't care
23 who you are. She's the neighborhood mom. There was
24 nothing that you couldn't go to her and talk about.
25 Her door was always open to anybody. She didn't care

1 if she knew you or not, she would welcome you with open
2 arms to come on in.

3 Q. Now, on the next day, on April 13th, 2016,
4 can you walk us through the events of that morning?

5 A. I was at work, and I got called in the office
6 for a phone call that someone was calling me, it was
7 an emergency, and I answered. It was Mia's employer
8 letting me know that I needed to come get Mia, that
9 she was hysterical, that something was going on with
10 her mother, and that they did not want her to drive.

11 Q. And so what did you do next?

12 A. I proceeded to leave work, and I picked her up,
13 and I took her to the hospital.

14 Q. Which hospital did you take her to?

15 A. To the hospital in Moncks Corner.

16 Q. Okay. And about what time was that?

17 A. It was early. It was early; it was before 12.

18 Q. Okay. And how do you know that it was before 12
19 that day?

20 A. Because I worked in the school system, so we were
21 serving, and we had yet to start. It was our daily
22 routine, so.

23 Q. Okay. So it was before the lunch shift?

24 A. Yes, ma'am.

25 Q. Okay. And when you and Mia Anderson got there,

1 THE COURT: Well, go ahead and ask the
2 question. Let's see if we've got any problems there.
3 Go ahead.

4 MS. SEITHEL: Okay. Certainly.

5 BY MS. SEITHEL:

6 Q. So did anyone come out --

7 THE COURT: I'll tell you -- where is the
8 clerk or whoever? Tell the jury to go to the jury room,
9 because we're probably going to be longer than a couple
10 of minutes. Tell them we're going to be a few minutes.
11 Okay. Go ahead.

12 BY MS. SEITHEL:

13 Q. Did anyone come out and talk with you and
14 Ms. Anderson while y'all were at the hospital?

15 A. Yes, ma'am.

16 Q. Okay. And who was that?

17 A. I don't recall their names.

18 Q. Okay.

19 A. I don't recall.

20 Q. Do you recall who they were?

21 A. The coroner, and the gentleman that was in the
22 room. We were in a room, and the doctor ---

23 THE COURT: The coroner and somebody else?

24 THE WITNESS: The doctor.

25 THE COURT: And the doctor?

1 THE WITNESS: Yes, sir.

2 THE COURT: Okay. Dr. Thompson or somebody
3 else, or do you know?

4 THE WITNESS: I don't remember. He looks
5 awfully different.

6 THE COURT: But you think it was a doctor?

7 THE WITNESS: Yes, sir.

8 MS. SEITHEL: Was it the doctor that tried
9 to save Ms. Anderson's life on April 13th, 2016?

10 MS. SIMMONS: Objection, leading. I don't
11 know. I just put an objection on the record when the
12 jury is not here. But, I guess, I couldn't help myself.

13 THE COURT: It's all right. Her testimony
14 is the coroner and a doctor, but we don't know who the
15 doctor was exactly. Anyway, go ahead.

16 BY MS. SEITHEL:

17 Q. Was it your understanding that the doctor that
18 had -- that came out to speak with you and Mr. and Ms.
19 Anderson -- the doctor that came out with the coroner
20 to speak with you and Mr. and Ms. Anderson at Roper
21 Berkeley, that that was the doctor who had tried to save
22 Jessie Anderson's life that day?

23 A. Yes, ma'am.

24 Q. Okay. And what did the coroner and the doctor
25 say to you -- what did they tell you?

1 A. They were speaking to Mia, and they said a word
2 that I cannot pronounce, the pulmonary ---

3 THE COURT: Wait a minute. They were
4 talking to Mia?

5 THE WITNESS: Well, we're in a room
6 together, and they were speaking ---

7 THE COURT: Okay. You were present?

8 THE WITNESS: Yes, sir.

9 THE COURT: Okay. They were talking to Mia,
10 you were present, heard what they said. Tell us what
11 they said.

12 THE WITNESS: Mia asked what was wrong,
13 you know, what happened, and they said that it was
14 a pulmonary -- I cannot pronounce the word.

15 THE COURT: When you say, they said,
16 pulmonary embolism?

17 THE WITNESS: He did, yes, sir, the coroner.

18 THE COURT: The coroner said that. Okay.

19 BY MS. SEITHEL:

20 Q. And did the doctor participate in this
21 conversation as well?

22 A. Yes, ma'am.

23 Q. Okay. And ---

24 THE COURT: What do you mean by that? When
25 she said, did the doctor participate, how did the doctor

1 participate?

2 THE WITNESS: He repeated what the coroner
3 said to Mia.

4 THE COURT: He repeated that?

5 THE WITNESS: Yes, because Mia asked what
6 was that, because she wasn't aware of what that was,
7 none of us had. And he said that it was considered --
8 it was a blood clot.

9 BY MS. SEITHEL:

10 Q. In that same discussion that the coroner and
11 this doctor were having with Ms. Anderson while you
12 and Mr. Anderson were in the same room, was there any
13 discussion about an autopsy?

14 A. There was.

15 Q. Can you tell us what that was?

16 A. If she needed to have an autopsy. Mia asked
17 if she needed to have an autopsy. And when he told her
18 what was wrong, there was no more discussion about it.

19 Q. Did they ever say that they didn't need to have
20 an autopsy, because they knew why Ms. Anderson had died
21 that day?

22 A. Yes, ma'am, that's when they explained -- when
23 Mia asked to explain what was the pulmonary, you know,
24 when they explained -- you know, they dumbed it down.
25 They explained it to where we could understand the

1 notes as I was listening to you, you know. It's --
2 he repeated it or something like that, you know. Are
3 you talking about the same person -- one person who used
4 that term said it again, or the other person said it?
5 Again, I'm just a little confused as to what was said
6 by these two people, one of whom was the coroner,
7 and the other was a doctor, you know, or you think
8 it was a doctor, what each person said.

9 THE WITNESS: When Mia asked what happened,
10 the discussion came up, the coroner said that it was --
11 I can't pronounce it, pulmonary ---

12 THE COURT: Pulmonary embolism. The coroner
13 said that?

14 THE WITNESS: Correct, yes.

15 THE COURT: And how about the other person?

16 THE WITNESS: Once explained, Mia said,
17 well, what is that? He went -- the other person went
18 to explain what it was.

19 THE COURT: And what did he say?

20 THE WITNESS: That it was a blood clot.

21 THE COURT: And then there was some --
22 further went on, there was some -- was there some
23 mention that Mia -- who brought up the issue of the
24 autopsy?

25 THE WITNESS: I don't recall.

1 THE COURT: But somebody said something
2 about it?

3 THE WITNESS: Yes.

4 THE COURT: What can you recall about that?

5 THE WITNESS: If an autopsy was needed --
6 if she wanted an autopsy.

7 THE COURT: Somebody asked her that?

8 THE WITNESS: Yes, if she wanted an autopsy.

9 THE COURT: She said that?

10 THE WITNESS: Yes, sir.

11 THE COURT: And what was said and done after
12 that?

13 THE WITNESS: That she had died from a
14 pulmonary, that there really wasn't much of an autopsy
15 needed because ---

16 THE COURT: Who said that?

17 THE WITNESS: I can't recall; one of the
18 gentlemen said it.

19 THE COURT: All right. I've taken a
20 position in regard to all this. What do you have to say
21 about that as far as why you think this is admissible?

22 MS. SEITHEL: So it's a conversation that
23 she was a party to, that she heard firsthand, that
24 it goes to the series of events on the 13th as to
25 communications with, not only the coroner, but the

1 emergency room physician who tried to save Jessie
2 Anderson on the 13th. And it goes directly to why an
3 autopsy wasn't done on Jessie Anderson on April 13th,
4 2016.

5 THE COURT: What do you have to say as to
6 why this should not be admitted?

7 MS. SIMMONS: Your Honor, we're not
8 contending that there's anything bad or problematic
9 that the family chose not to get an autopsy. That is
10 completely within their discretion. What we are arguing
11 is that the coroner's statement violates Rule 702,
12 the statement on the cause of death, because he is
13 a layperson. A, he's not in the courtroom, so it's
14 hearsay, and B ---

15 THE COURT: Well, it is. There's
16 no question about that. It's hearsay, you know.
17 It's an out-of-court statement that you want to bring
18 in to prove the truth of the matter asserted on the
19 out-of-court statement and all that. I don't think
20 this is admissible at this point in time. It may be
21 that it can come in later, you know, somehow or another,
22 as the case develops further down the line.

23 But I sustain the objection to her testimony
24 at this point in time to what the coroner and what this
25 doctor said at that point -- under the circumstances

1 that she has described so far. I sustain the objection
2 to that testimony at this point in time.

3 MS. SIMMONS: Thank you, Your Honor.

4 THE COURT: Bring the jury back in.

5 (The jury entered the courtroom at 3:26 p.m.)

6 THE COURT: All right. We have all the
7 jurors back with us, and the parties are present, along
8 with their attorneys. I'm not entirely familiar with
9 exactly where the jury room is and all that stuff, and
10 I said go out there and wait in the hall. I understand
11 later, I found out that the jury room is just right
12 there real close by, so you can go to the jury room real
13 quick.

14 And it took me a little longer to understand
15 what we were dealing with here and all and make my
16 decision about what we can do and what we can't do
17 at this point in time. Took me a little longer than
18 I thought, but we will proceed now with further
19 examination of this witness, if you have any further
20 things -- any other questions you want to ask her.

21 MS. SEITHEL: Sure.

22 BY MS. SEITHEL:

23 Q. So, I just want to go back with you on June
24 [sic.] 12th, 2016, when you were at Jessie Anderson's
25 home. At any time, did she relay to you the reasons

1 Q. And when did -- when did that passing out occur?

2 A. I want to say it was about two weeks prior to her
3 going to the hospital.

4 Q. Okay. And is there any other information that
5 you have about that event?

6 A. No, ma'am, just we knew that she passed out
7 at work.

8 Q. Was it your impression that Ms. Anderson had
9 relayed the information about the ---

10 MS. SIMMONS: Objection, Your Honor,
11 leading.

12 THE COURT: Ask another -- no. I sustain
13 the objection. Any other questions?

14 BY MS. SEITHEL:

15 Q. Can you tell the jury a little bit about your
16 favorite memory of Jessie Anderson?

17 A. Sitting outside for Mia's birthday. Mia was
18 her baby girl. She was the light of everything, despite
19 all the things that they've been through. Just sitting
20 out there, just reminiscing about memories, us sitting
21 there, enjoying each other's company, and her cooking.
22 That was probably our last memory that was really good,
23 that we were outside having a good time with Mia for her
24 birthday.

25 MS. SEITHEL: Thank you so much for your

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

COURT OF COMMON PLEAS
2020-CP-08-01232

Mia Anderson

)

) TRANSCRIPT OF RECORD

-vs-

)

) September 12, 2023-Vol 2 of 5

ACS Primary Care

)

) Moncks Corner, South Carolina

B E F O R E:

The Honorable Thomas Hughston, Judge

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

Frederick John Jekel, Esquire
Lynn Seithel, Esquire
Attorneys for the Plaintiff

Elizabeth Ballentine Mason, Esquire
Chilton Grace Simmons, Esquire
Attorneys for the Defendant

Reported By:

Yvestre Torres, OCR
Circuit Court Reporter for the
Ninth Judicial Circuit

INDEX

<u>WITNESS</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
----------------	---------------	--------------	-----------------	----------------

Mr. Michael Sweatman

Ms. Seithel 102

Dr. Richard Thompson

Mr. Jekel 115

Ms. Simmons 213

Mr. Jekel 229

Dr. Fred Mushkat

Mr. Jekel 238

Ms. Simmons 299

Mr. Jekel 308

1 that knowledge.

2 So, I think the statute -- I mean, the
3 professional rule involving recusal says that if I make
4 known of the situation, and if neither side objects
5 to my continuing to preside over the trial of the case,
6 that I could continue to do so. So that's what the
7 background is, and I just want to confirm on the record
8 that the Plaintiff's attorney, with that knowledge,
9 agreed for me to go ahead and preside over the trial.
10 Is that correct?

11 MS. SEITHEL: That's correct, Your Honor.

12 THE COURT: All right. Defendant's
13 attorney?

14 MS. MASON: Yes, sir.

15 THE COURT: All right. Okay. I just want
16 to make sure that -- and I don't think it's absolutely
17 necessary, but I wanted to put that on the record.
18 All right. Anything else?

19 MR. JEKEL: Yes, Your Honor. I did want
20 to go back to talk just a minute about the issue with
21 the coroner's report.

22 THE COURT: All right.

23 MR. JEKEL: And I think Your Honor
24 understands -- you have a good basis of the issues here.
25 I submit to you, Your Honor, that the coroner's report

1 is admissible, not only under 803(8) as non-hearsay of
2 a public record and report. But it is also admissible
3 under 804(b)(3) as a statement against interest.
4 That is a statement against interest of the Defendant,
5 Dr. Thompson.

6 When the coroner notes that I spoke with
7 the ER doc at MCMC, the one who treated her the night
8 before, and we all agree she died from a pulmonary
9 embolism, no autopsy needed, that's an admission against
10 interest by a party-opponent. I would ---

11 THE COURT: Well, there's two things --
12 they're two different things. Now as far as the
13 coroner's report itself is concerned, you know,
14 if you've got the witness on the stand, the coroner
15 on the stand who's going to testify about what he heard
16 the doctor -- the Defendant doctor say, that's another
17 thing, you know. So we're talking about two different
18 things. When we're talking about the report, or what
19 the coroner says he heard the Defendant doctor say
20 as an admission against interest, that's different.

21 So the report itself -- my feeling is right
22 now, the report itself is not admissible. At this
23 point, I'll sustain the objection to the report itself.
24 What he's heard said -- if he can testify as to what
25 he heard the doctor say, that's something else.

1 return to your place in the courtroom, or you're free
2 to go if they don't need you anymore.

3 MR. JEKEL: Your Honor, at this time,
4 the Plaintiffs call Dr. Richard Thompson to the stand.

5 THE CLERK: Please raise your right hand,
6 place your left hand on the Bible.

7 DR. RICHARD THOMPSON was called as a
8 witness, being duly sworn, was examined and testified
9 as follows:

10 THE CLERK: Please be seated. State your
11 full name, and spell your last name for the record.

12 THE WITNESS: My name is Richard Miles
13 Thompson, and it's spelled T-H-O-M-P-S-O-N.

14 DIRECT EXAMINATION

15 BY MR. JEKEL:

16 Q. Good morning, Dr. Thompson. Good morning,
17 ladies and gentlemen. This is a very big room.

18 A. Yes.

19 Q. So, I am going to ask you to try and speak into
20 the microphone just so I can make sure that the jury
21 can hear you.

22 A. I will do my best.

23 Q. You are no longer working in emergency medicine,
24 are you?

25 A. That's right.

1 THE WITNESS: And so ---

2 THE COURT: I'll overlook that. Go ahead.

3 THE WITNESS: I want to -- there's no
4 evidence that she had a DVT. Her symptoms were not at
5 all consistent with a DVT, and she had a clear history,
6 which she told me about, of having this type of pain.
7 She's been to her primary care doctor 13 times with this
8 type of pain. She had been on two different pain
9 medicines for this type of pain, and there's no evidence
10 that she had a DVT.

11 BY MR. JEKEL:

12 Q. And those 13 visits to the primary care, not once
13 did she go to the ER? She never had been to the ER ---

14 A. She had been to the ER before, yes.

15 Q. She had been to the ER before, but it wasn't
16 for back pain or leg pain, was it?

17 A. Correct, not in our system.

18 Q. All right. She would go to her primary care
19 physician for the back pain that she was suffering, yes?

20 A. In the past, she had been to her primary care
21 doctor.

22 Q. All right. Now let's be clear about this.
23 You didn't have those primary care records and those
24 13 complaints of back pain when she came to see you
25 on April 12th, 2016, did you?

1 Dr. Thompson back on ---

2 THE COURT: Yeah, come on back up. Come
3 on back up.

4 MS. SIMMONS: Thank you so much.

5 THE COURT: Go ahead. It'll save a few
6 seconds that way. Come on back up.

7 (The jury entered the courtroom at 2:25 p.m.)

8 THE COURT: All right. We have all the jury
9 with us, the parties are present, along with their
10 attorneys. All right. Dr. Thompson is on the stand,
11 is still under oath. And, Ms. Simmons, would you like
12 to examine the witness?

13 MS. SIMMONS: Yes, Your Honor. May it
14 please the Court.

15 CROSS-EXAMINATION

16 BY MS. SIMMONS:

17 Q. Good afternoon, Dr. Thompson.

18 A. Good afternoon.

19 Q. You were asked some questions earlier on if
20 Ms. Anderson had syncope or dizziness the day that
21 you saw her. Would you please answer under oath if
22 Ms. Anderson had syncope or dizziness on the day that
23 you saw her?

24 A. She reported that she did not, and I feel very
25 confident that she did not.

1 Q. And how do you know?

2 A. Because I asked her.

3 Q. And how do you know that you asked her?

4 A. Because I did a review of systems. I remember
5 going through it. It's something that I would do with
6 every single patient.

7 Q. Is the review of systems documented in the
8 medical records?

9 A. It is.

10 Q. Okay. Could we please bring that up, please?
11 Looking at the Bates stamp number MC06-12, and if we
12 could scroll in -- well, you can turn around. You can
13 just turn around and look at it, and if you would zoom
14 in. What does that say, Doctor?

15 A. All systems reviewed are negative, except as
16 marked.

17 Q. Okay. The new page, on MC06-13, is that part
18 of the review of systems that follows onto the second
19 page?

20 A. It absolutely is, yes.

21 Q. Okay. And if you could speak up.

22 THE COURT: Keep your voice up.

23 THE WITNESS: Sorry. Yes, it is. Sorry.

24 BY MS. SIMMONS:

25 Q. And what does that note state?

1 A. It states that she denied focal weakness,
2 headache, lightheadedness, and numbness.

3 Q. All right. Doctor, it doesn't specifically say
4 denied syncope. Why is that?

5 A. So as we're charting, we are basically
6 documenting what seems pertinent at the time. And so
7 when we mark all reviewed and negative, it means that we
8 went through everything, we're just documenting specific
9 things that seem pertinent as we talk to the person.

10 Q. Would a discussion of whether she was
11 lightheaded, would that include things like dizziness
12 or syncope as well?

13 A. Absolutely.

14 MR. JEKEL: Objection, leading.

15 THE COURT: I'll allow it. Go ahead.

16 THE WITNESS: Yeah, so when you ask about
17 the review of systems, you ask it the same way every
18 time. And so you -- for me, I start at the head
19 and go down. And so I would ask, are you lightheaded,
20 have you had dizziness, have you passed out? Those
21 would be standard questions to ask.

22 BY MS. SIMMONS:

23 Q. Okay. And do you feel confident or not that
24 you asked Ms. Anderson that day?

25 A. Yes, I'm confident.

1 Q. Is it documented in the medical records as well?

2 A. Yes.

3 Q. Thank you. Briefly, what -- in your experience,
4 are patients with a DVT, what do they commonly -- what
5 side effects do they have, or symptoms do they have?

6 A. So, I have certainly seen many patients who had
7 a DVT and the ---

8 THE COURT: What are you saying? DVT,
9 is that what you're saying?

10 THE WITNESS: Yes. Yes, sir. I'll try
11 to speak up. And so the symptoms that patients have
12 when they have a DVT are they have swelling, they have
13 pain, they have redness and heat, and it's typically
14 tender to the touch. And the reason for that is just
15 like I said earlier, the artery is taking blood into
16 your leg, the vein is taking blood out of your leg.

17 If you have a blockage in the vein, that
18 blood cannot escape, and so it is pooling into your
19 leg and causing swelling, and you get the pain because
20 it's swollen, it's tender, and so that is overwhelmingly
21 what patients will present with. And those are very,
22 very sensitive symptoms. Patients that have a DVT have
23 those symptoms.

24 You know, the other thing that's notable
25 about a DVT is that the vast, vast majority of them are

1 only on one side of the body. So that's not to say that
2 it can't happen on both sides, but the best evidence
3 that we have suggests that about 95 percent of patients
4 have it only on one side.

5 We also know nothing is ever 100 percent,
6 but patients who are bedbound, paralyzed in a
7 wheelchair, are the ones that are at high risk for
8 bilateral DVT because they cannot move their legs,
9 and their legs essentially just kind of sit there.

10 Q. Okay. So we've heard a lot about bilateral
11 versus unilateral. If you would please explain the
12 difference in relation to also Ms. Anderson's complaint
13 of bilateral leg pain?

14 A. So unilateral is a fancy way of saying it's only
15 on one side or the other, so it's on your right side
16 or your left side. Bilateral means that it's affecting
17 both legs, and Ms. Anderson presented with both legs
18 affected equally.

19 Q. And what is relevant about that when you're
20 thinking about whether she might have a clot?

21 A. Yeah, so, you know, just like I've said, the big
22 picture is that I do not think that it is any way
23 possible or reasonable to think that somebody can have
24 a bilateral clot throughout their pelvis and legs and
25 not have swelling from that.

1 So the big veins that we have are the femoral
2 vein, the iliac vein, the inferior vena cava, and they
3 connect right through the area where she is having pain.
4 If she had clotted those areas, essentially clotted off
5 the veins from half of her body, I don't think it's
6 in any way possible that she would have no swelling.

7 Q. If Ms. Anderson left your emergency department
8 and died of a clot the next day, do you believe she
9 would have had symptoms when you saw her?

10 A. Absolutely.

11 Q. And what would those symptoms have likely been,
12 in your opinion?

13 A. So if she had a clot in that area, she would have
14 had massive swelling. It would not have been subtle.
15 If the blood cannot escape from either of her legs,
16 she would have had very, very big swelling, it would
17 have been very tender, it would have been very painful.
18 And we know from the literature that you simply don't
19 have a clot like that and not have swelling.

20 Q. Did Ms. Anderson have swelling?

21 A. She had absolutely no swelling.

22 Q. Did you document that in the medical records?

23 A. I did.

24 Q. Thank you. Let's talk briefly about her
25 discharge. Were you the physician that discharged her

1 from the emergency department that day, April 12th?

2 A. Yes, I was.

3 Q. And did you discharge her as stable?

4 A. Absolutely.

5 Q. Sitting here today, do you still believe she was
6 stable at discharge?

7 A. Yes.

8 Q. But, Doctor, she died the following day. Can
9 you explain to me why you think she was stable the day
10 before?

11 A. Right. So, you know, the hard thing is that
12 there is just no crystal ball.

13 THE COURT: I'm sorry?

14 THE WITNESS: I said the hard thing is that
15 there is no crystal ball. And I could not, in any way,
16 have predicted that this was going to happen to her.
17 At the time that she was discharged, I had a long
18 conversation with her about what I thought was going
19 on, how we were going to manage it, what her next steps
20 were in terms of followup. She was totally on board
21 with that during my conversation.

22 Both myself and the nurse documented that
23 she was stable. She had vital signs at the time that
24 she left that were completely fine. There was nothing
25 at all abnormal about them. And, unfortunately, there

1 was just no way to predict that this would happen.

2 Q. Doctor, I believe you might have testified
3 earlier that she had some tachycardia that day.
4 Would you explain what that is?

5 A. Yeah, so tachycardia basically is a fast
6 heartbeat. And most of the time in medicine,
7 we consider a heart rate over 100 to be tachycardic,
8 and then a heart rate less than 100 is considered
9 normal. And so when Ms. Anderson came in, her heart
10 rate was, I believe, 112, which is mildly elevated.

11 There are many, many, many reasons that people
12 can have elevated heart rates. We commonly see elevated
13 heart rates in the ER because people are stressed,
14 they're nervous, they're going through a lot as they're
15 triaged, they're also walking in from their car, and
16 essentially exercising to some degree.

17 What's notable about that though is that she
18 had no symptoms that would go along with it to suggest
19 anything dangerous. So she wasn't having shortness
20 of breath, she wasn't having chest pain, her oxygen
21 level was 100 percent. There was absolutely nothing
22 there that was dangerous.

23 And so when somebody has an asymptomatic
24 complaint like that, which means they're not having
25 symptoms with it, it's very reasonable in an ER setting

1 to recheck it, and see if it is a persistent problem,
2 or if it's something that's transient and goes away.
3 And so we checked her heart rate again, and it had
4 normalized, and she continued to have no symptoms
5 related to it.

6 Q. Doctor, when you see a patient with pain in both
7 legs who has an elevated heart rate, do you believe
8 it should be a red flag that that patient has a fatal
9 clot?

10 A. No. So you have to look at the whole
11 constellation of symptoms, and really the symptoms will
12 kind of determine what the workup should be, and what
13 is appropriate in that setting. But, you know, that --
14 all of us will have heart rates like that throughout
15 the course of the day, throughout the course of the
16 week.

17 What we really need to see, we need to see some
18 symptoms associated with that. So if she had chest
19 pain, if she had shortness of breath, if she had some
20 symptom with it, then that would certainly be something
21 that would have been worked up.

22 Q. Thank you, Doctor.

23 MS. SIMMONS: May I approach?

24 THE COURT: Yes.

25 MS. SIMMONS: Your Honor, thank you.

1 I'm looking for the audit trail that's been marked
2 as an exhibit.

3 MR. JEKEL: Twenty-three.

4 MS. SIMMONS: Okay.

5 BY MS. SIMMONS:

6 Q. Dr. Thompson, looking at Exhibits 23 and 24,
7 this audit trail that you were asked questions earlier
8 today. Sir, let's talk about the audit trail for
9 a minute.

10 A. Okay.

11 Q. Is it part of your job to look at audit trails?

12 A. It is not. I have never seen an audit trail
13 before.

14 Q. When was the first time you've ever seen an audit
15 trail?

16 A. It was this one. I think there was an e-mail
17 that had it on it, but I didn't really look at it.

18 Q. Is it in connection with you being sued in this
19 lawsuit?

20 A. Correct.

21 Q. That's the first time you -- is that the first
22 time you've ever seen an audit trail?

23 A. Absolutely.

24 Q. Okay. Is it part of your job to look at the
25 audit trail when you're treating patient?

1 A. No.

2 Q. Is it part of your job to ever look at an audit
3 trail, as a physician?

4 A. I can't think of a situation where I would ever
5 have any indication to look at one.

6 Q. Thank you. You were asked some questions about
7 going into Ms. Anderson's medical chart after that day
8 that you saw her, and I believe it was on two occasions.
9 It was the day that she, unfortunately, passed away,
10 and then another day in August of 2019. Why did you
11 go into her chart on those days?

12 A. You know, when I found out that she died, I was
13 in disbelief, I was shocked, and it was incredibly hard.
14 I didn't understand why it had happened. Like I said,
15 I didn't sleep for, like, three days, and that's not
16 an exaggeration. I did not sleep, and I had an
17 overwhelming desire to try to understand why did this
18 happen to somebody who did not have symptoms that would
19 suggest that. So, I was looking to try to make sense
20 of it.

21 Q. Thank you, Doctor.

22 A. And I think you talked about August of 2019,
23 it's because they filed a lawsuit.

24 Q. Because you were sued. Did you want to go to
25 the records to see what you were being sued about?

1 A. Yes.

2 Q. And did you do that?

3 A. I did. I looked, and basically saw that they
4 were -- what they sent me a lawsuit for.

5 Q. Okay. A couple of background questions that
6 I -- I was so ready after lunch, I kind of skipped
7 over some background questions that I was supposed
8 to ask you, in my own mind anyway. Doctor, just tell
9 us briefly about your education, starting with college.

10 A. So, I have a Bachelor's degree in Religion from
11 Princeton University. And then I went ---

12 Q. I'm going to move this up and turn it.

13 A. And then I went to med school at the University
14 of North Carolina Chapel Hill, and then I did my
15 emergency medicine residency at Indiana University
16 in Indianapolis, and then I did a palliative fellowship
17 in 2011 at MUSC.

18 Q. Are you board certified?

19 A. Yes.

20 Q. What does that mean?

21 A. So board certified -- board certification is
22 basically the highest certification that you can get
23 that you are trained to perform a medical specialty.
24 And so, I am board certified in emergency medicine
25 and also board certified in palliative medicine.

1 And, basically, what that means is that I have to have
2 completed the requisite training, which in emergency
3 medicine is three years and in palliative care is one
4 year, and then they make you go through tests.

5 So for emergency medicine, I had to sit for,
6 I think it was an eight-hour written test. And then
7 I had to do an oral test, which was in Chicago, and they
8 basically kind of ask you questions and put you through
9 scenarios, kind of grill you in order to pass, and
10 I passed all that. And then, you also have certain
11 requirements that you have to keep up, so I recertify
12 for emergency medicine and have to take tests.

13 Q. And talk to me about doing the palliative care
14 residency in the recent past. Why did you go that
15 route?

16 A. Yeah. So my love of medicine came from hospice
17 volunteering, and so for many years I was a hospice
18 volunteer and would go visit people in their house
19 and try to provide some companionship for them as they
20 were dying. And that was always something that I wanted
21 to do, and so this has been such a wonderful switch
22 for me.

23 And what I do right now is I take care
24 of patients who have serious illnesses, so the most
25 common thing that I take care of is cancer. And my job

1 is basically to be their support person, and I focus
2 on trying to control their symptoms. So if they have
3 pain, I give them pain medicine and talk them through
4 what they're experiencing. We talk about, you know,
5 what their cancer is doing, how they're progressing,
6 and I do that at the VA now. And it's the best job
7 I ever had, and I love every aspect of it.

8 Q. Tell us briefly about your family.

9 A. So, I have a wife named Trin [ph.], and we just
10 had a baby in August, which has been -- I'm kind
11 of older, and I didn't know if we were going to have
12 a baby, and so it's been just a wonderful time.
13 It's also profoundly exhausting. My girl doesn't like
14 to sleep at night, and so it's -- I need a nap.

15 Q. She likes to day sleep?

16 A. Yes.

17 Q. Doctor ---

18 THE COURT: Let me ask you something.
19 What do they call you now at the VA? You may have said
20 something about that earlier, but what is your title,
21 or whatever, with the VA now?

22 THE WITNESS: I work in the department
23 of geriatrics, and my primary focus is palliative care,
24 so I would be considered a palliative care physician.

25 MS. SIMMONS: Thank you so much.

1 BY MS. SIMMONS:

2 Q. And on that note, do you also hold any teaching
3 positions now or in the recent past?

4 A. Yes. So my -- I work full time with the VA,
5 and then my other position is I'm an affiliate assistant
6 professor at MUSC. And, basically, what that means
7 is that I don't get paid anything, but I get to teach
8 residents, and so I spend a fair amount of time,
9 especially with the family medicine residents. I gave
10 them a lecture a few weeks ago on how do you control
11 pain in cancer patients? We also do the communication
12 clinic, and then I -- we have about one resident with
13 us at any given time.

14 Q. Are you helping train young doctors?

15 A. Yes. So we have kind of a continuous supply
16 of family medicine residents that come through with
17 us, and we try to teach them how do you manage pain
18 medicine, how do you talk to people about cancer
19 and other diseases?

20 Q. Dr. Thompson, are you nervous?

21 A. Yes, this has been one of the most stressful
22 things I've ever been through.

23 Q. I keep asking you to speak up.

24 A. Yes.

25 Q. And ---

1 A. I'm very soft spoken. I'm sorry.

2 Q. That's okay. Why are you nervous sitting here
3 today in this courtroom?

4 A. Because this is all so unfamiliar to me. I'm not
5 used to testifying. I don't understand a lot of the
6 stuff that happens and the question that are asked.
7 You know, I'm a doctor, I take care of patients, and all
8 of this lawyer stuff, it's a lot to take in.

9 Q. April 12th, 2016, was your treatment -- in your
10 opinion, your treatment, your care and treatment of
11 Ms. Anderson, was it reasonable and appropriate?

12 A. Yes, absolutely. And, like I said, I hate
13 that she died, but I can only follow the symptoms that
14 I'm presented with. And, you know, it was very clear
15 then and very clear now that her symptoms were not
16 a DVT, that she had a long history of chronic pain just
17 like this. There was absolutely nothing about her
18 presentation that said this is a DVT.

19 You know, when we look at -- like I said, when
20 we look at the clinical prediction rules, she did not
21 have a single one of the things that we would look for.
22 And so I think it's incredibly unfortunate what
23 happened, but I think that everything I did was in line
24 with what she was presenting to me and completely
25 appropriate.

1 Q. You were asked questions earlier, Doctor, if you
2 performed the D-dimer test or an ultrasound on this
3 patient?

4 A. I did not.

5 Q. And what's the reason for that?

6 A. Because she did not have symptoms of a DVT,
7 and she did not have a DVT. If she would have had,
8 I absolutely would have done that. I've done that many
9 times. But when you look at how she presented, what her
10 lack of risk factors were, how we would have quantified
11 her risk, there was absolutely no indication to do
12 either one of those tests. And she did not have a DVT.

13 Q. Do you hold your opinions to a reasonable degree
14 of medical certainty, most probably?

15 A. Absolutely.

16 Q. Those are all my questions. Thank you.

17 THE COURT: Anything on redirect?

18 MR. JEKEL: Briefly, Your Honor.

19 THE COURT: All right.

20 REDIRECT EXAMINATION

21 BY MR. JEKEL:

22 Q. Doctor, I just have -- you said nothing is 100
23 percent. You said she didn't have a DVT. The only real
24 way to know that is for an ultrasound, right? I mean,
25 if you're going to sit here and say she never had a DVT,

1 you would need an ultrasound to say that, right,
2 conclusively?

3 A. No. So the clinical evaluation is the first step
4 in determining what kind of workup someone needs.

5 Q. Well, I'm -- just. You told this ---

6 MS. SIMMONS: Objection, Your Honor. May
7 he finish his answer?

8 THE COURT: Ask another question. Ask
9 another question.

10 BY MR. JEKEL:

11 Q. You told the jury she didn't have a DVT, yet
12 you never did an ultrasound that would have told you
13 if there was one or not, right?

14 A. Her symptoms were not consistent with a DVT.

15 Q. Fair enough. All right. I want to go back
16 to the audit trail. I just -- I wanted -- all right.
17 This is Exhibit 23 again, the audit trail. And I just
18 again -- and this is you on the 30th. Now you see --
19 I want to -- you see right above you, 11/19/2016,
20 at 14:46, there's somebody that went in, and they viewed
21 visit history. Now we saw that in the screenshot.
22 Do you believe that's the same thing that whoever was
23 in the chart was looking at?

24 A. I'm confused by the question. What are you
25 asking?

1 Q. Well, the visit history that we saw in the
2 screenshot, Exhibit 18, is that -- that visit history,
3 would that indicate that they were viewing her visit
4 history? I mean, doesn't that indicate that whoever
5 that person was on 11/19/2016, they were looking at her
6 2014 records?

7 A. Yeah, I'll take your word for it. I know that
8 there was also a letter sent in 2016 saying that you
9 were going to sue me, so I can't speak to why somebody
10 is looking at it.

11 Q. No, I just -- I'm not asking about the dates
12 for the lawsuit. I'm asking if that visit history would
13 indicate that somebody was looking at her 2014 records?

14 A. I don't know what they were looking at. I don't
15 see 2014 there. You're saying the visit in 2014?

16 Q. They were at least looking at her visit history,
17 yes?

18 A. Because I saw her in 2016. You're saying 2014?

19 Q. Yes. But we talked about the 2014 records.
20 You never looked at her 2014 visit records, did you?

21 A. I don't know that I agree with that. I ---

22 Q. All right. So ---

23 A. I looked through the PCI.

24 Q. Well, let's ---

25 A. I can't tell you what I looked at.

1 Q. Can you go through here and find on 4/12 where
2 you looked at her visit history? Is it anywhere in
3 there? I've gone through it.

4 A. I said I don't know how to read this. I can see
5 that I was in PCI, which is how I would look through her
6 records, but I had no idea what that means, or what
7 I'm looking at.

8 Q. Do you know who Karen Kriza [ph.] is?

9 A. Yes, I do.

10 Q. Who is Karen Kriza?

11 A. She's a doctor at Trident.

12 Q. Is she a risk manager?

13 A. No.

14 Q. She was in this chart too, wasn't she? Let me
15 ask you this. Did you go over this chart with the
16 medical directors?

17 MS. SIMMONS: Objection, Your Honor, beyond
18 the scope of redirect.

19 THE COURT: I'll allow it.

20 THE WITNESS: Yes, I would have notified
21 the medical directors, and then that is what I did.

22 BY MR. JEKEL:

23 Q. No, I asked if you would have reviewed Jessie
24 Anderson's chart with the medical directors?

25 A. I don't believe I ever did.

1 Q. Okay. Very good. Thank you. I wanted to ask
2 about the discharge instructions. Do you remember
3 what your discharge instructions were to Jessie Anderson
4 on April 12th?

5 A. I believe I picked the leg pain symptom.

6 Q. You picked the -- is that the same way you picked
7 the leg pain symptom to generate the differential
8 diagnosis?

9 A. No.

10 Q. Okay. That's a different box that you hit?

11 A. Correct.

12 Q. All right. So you just -- you pull down a menu,
13 and you look at discharge instructions, and it said leg
14 pain, and you selected that, and that's what generated
15 these?

16 A. Right. So the way it works is that there are --
17 it's a very old computer system.

18 Q. Okay.

19 A. And there are a set number of generic discharge
20 instructions that you can pick from, that everyone could
21 pick from.

22 Q. Gotcha.

23 A. And so you basically have the option to pick one
24 of those.

25 Q. Okay. And you felt it was musculoskeletal,

1 right?

2 A. Correct.

3 Q. What is thrombophlebitis?

4 A. It's a superficial inflammatory condition of the
5 superficial ---

6 THE COURT: Keep your voice up, please.

7 THE WITNESS: It's a superficial
8 inflammatory condition of the superficial vessels.

9 BY MR. JEKEL:

10 Q. With these discharge instructions, what did you
11 think was going on with Miss Jessie?

12 A. So the way that I would discharge a patient --
13 I would acknowledge that the discharge system was a very
14 poor system. I didn't have any control over that.
15 I couldn't even edit the discharge paperwork. So,
16 I would have detailed conversations with the patients
17 about what I thought was going on, and what I wanted
18 them to do in terms of followup and ongoing evaluation,
19 but I didn't have any way to edit the discharge
20 instructions.

21 Q. What was the plan? What was the treatment plan?

22 A. So she was referred for outpatient followup.

23 Q. Where did you refer her?

24 A. I referred her to her primary care doctor
25 and also a neurosurgeon, because she had been having

1 a long history, 13 visits of chronic back and leg pain.
2 Her symptoms were perfectly appropriate to refer
3 to a neurosurgeon.

4 Q. You know, I've gone and looked through those
5 records, and you know how you mentioned the syncope
6 was pulled down and that just auto generated. Do you
7 think some of those notes in the primary care records
8 where you're talking about 13 incidents of back pain,
9 do you think some of those were pulled down menus just
10 regenerating itself?

11 A. No, I don't. If you read those notes, it's very
12 clear that there's a lot of different plans and
13 different things that she did.

14 Q. It's all right. We'll do it later. But you
15 will admit that most of her complaints were back pain,
16 not leg pain?

17 A. I don't agree with that; I think that there were
18 both.

19 Q. Those were older. Now you said there was no
20 evidence in any record that Miss Jessie was ever
21 concerned about a DVT, that there was ever any health
22 provider concern of a DVT; is that right? Was there
23 ever -- now you talked about the back pain. Did some
24 of her doctors think she had a DVT and requested her
25 to get an ultrasound?

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

COURT OF COMMON PLEAS
2020-CP-08-01232

Mia Anderson

)

) TRANSCRIPT OF RECORD

-vs-

)

) September 13, 2023-Vol 3 of 5

ACS Primary Care

)

) Moncks Corner, South Carolina

B E F O R E:

The Honorable Thomas Hughston, Judge

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

Frederick John Jekel, Esquire
Lynn Seithel, Esquire
Attorneys for the Plaintiff

Elizabeth Ballentine Mason, Esquire
Chilton Grace Simmons, Esquire
Attorneys for the Defendant

Reported By:

Yvestre Torres, OCR
Circuit Court Reporter for the
Ninth Judicial Circuit

INDEX

<u>WITNESS</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
Ms. Mia Anderson				
Ms. Seithel	321			
Dr. Michael Streiff				
Ms. Seithel	384			
Ms. Mason		447		
Ms. Seithel			456	
Ms. Leah Dupree				
The Court	440	(Nonjury)		
Ms. Kelly Jones				
Ms. Seithel	462			
Ms. Simmons		498		
Ms. Seithel			503	
Mr. Robert Anderson				
Ms. Seithel	505			

1 for our testimony.

2 THE COURT: And we're going to have some
3 motions, of course, and everything, we've got to have
4 that and everything, and some questions probably as far
5 as the testimony and witnesses and so forth that I'll
6 have to decide. But we ought to be able to finish the
7 testimony and everything by Thursday, end of Thursday,
8 and then have closing and argument and so forth,
9 deliberations on Friday. That's what I thought,
10 but I just wanted to make sure I was kind of assessing
11 it right, okay?

12 MS. SIMMONS: Your Honor, may I take up one
13 thing before the jury comes in?

14 THE COURT: Yeah, sure.

15 MS. SIMMONS: I didn't have a moment to talk
16 with Ms. Seithel about this yet, but we're quite
17 agreeable. I'm anticipating with Ms. Mia Anderson that
18 it might come up about the coroner's report, because
19 Ms. Anderson spoke with the coroner. So we just want
20 to make sure that Ms. Anderson understands not to say
21 the word coroner, autopsy, or death certificate.

22 THE COURT: Well, I don't know that it's
23 quite that restricted and everything, but certainly,
24 you know, don't -- she should be aware that she
25 shouldn't talk about what the coroner told her,

1 or anything like that, why there was an autopsy or no
2 autopsy, or anything like that.

3 MR. JEKEL: Your Honor, that was the Fields
4 case that I brought to your attention, and it says,
5 a statement used for the purpose of showing that
6 a person heard and acted upon that statement is not
7 hearsay. That is the Fields v. Regional Medical Center
8 case. And under that case, it's not hearsay, and she
9 would -- Mia Anderson would be allowed to talk about
10 what the coroner told her, because it's a statement
11 that she heard, and she acted upon it in not seeking
12 an autopsy.

13 THE COURT: I appreciate it. Before
14 you go into that then, before you go into that with
15 any witnesses, I want to hear the whole thing and make
16 a decision about that.

17 MR. JEKEL: Okay.

18 THE COURT: So, I'm asking you to cooperate
19 in regard to before you go into that and everything
20 with any witness, you let me know that you have a matter
21 you want to take up nonjury or whatever, you know.

22 MR. JEKEL: Yes.

23 THE COURT: And I'll hear you completely
24 and make a decision about it.

25 MS. SIMMONS: Yes, Your Honor. I just

Mia Anderson Direct Examination by Ms. Seithel

1 A. Yes, ma'am.

2 Q. Okay. And what date was this death certificate
3 filed?

4 A. The date says April 18th, 2016.

5 Q. 2016?

6 A. Yes, ma'am.

7 Q. Okay. And it was issued on April 19th, 2016?

8 A. Yes, ma'am.

9 Q. Okay. And you recognize this as the death
10 certificate of your mother, correct?

11 A. Yes, ma'am.

12 Q. Okay. And Coroner Salisbury was not the
13 attending physician for your mother, correct?

14 A. No, ma'am.

15 Q. Dr. Anders was the attending physician for your
16 mother?

17 A. Yes, ma'am.

18 Q. All right. And then under -- if I could get
19 you to look at sort of the middle section of this death
20 certificate. We have at the bottom of the middle
21 section, it states cause of death, part one, correct?

22 A. Yes, ma'am.

23 Q. And below that, there's the -- there's
24 information that has been blacked out, correct?

25 A. Yes, ma'am.

1 Q. But to the right-hand side, just across from
2 the presumed date of death, which says April 13th, 2016,
3 do you see that?

4 A. Yes, ma'am.

5 Q. To the right of that, it says manner of death?

6 A. Yes, ma'am.

7 Q. It says natural, correct?

8 A. Yes, ma'am.

9 Q. Now you spoke with both Coroner Salisbury
10 and Dr. Anders on April 13th, 2016, correct?

11 A. Yes, ma'am.

12 Q. And if I understood your testimony, did you ask
13 Dr. Anders and Dr. Salisbury -- excuse me, Dr. Anders
14 and Coroner Salisbury to do anything as it related
15 to your mother?

16 A. I don't know the answer to that.

17 Q. What was one of the first things that you asked
18 Dr. Anders that you can have for your mother ---

19 MS. SIMMONS: Objection, Your Honor.
20 Haven't we tread this ground?

21 THE COURT: You want to be heard in regard
22 to that?

23 MS. SEITHEL: What's the objection?

24 MS. SIMMONS: We've already tread this
25 ground.

1 THE COURT: Did you ask Dr. Anderson [sic.]
2 or whatever, you want to be heard?

3 MS. SEITHEL: I'm asking what Ms. Anderson
4 requested from Dr. Anders when she first saw him.

5 THE COURT: But as far as what Dr. Anders --
6 what the response was from Dr. Anders is not admissible.

7 MS. SEITHEL: Wasn't asking her that.

8 THE COURT: I'm sorry?

9 MS. SEITHEL: I wasn't asking her that.

10 THE COURT: Go ahead.

11 BY MS. SEITHEL:

12 Q. Ms. Anderson.

13 A. Yes, ma'am.

14 Q. Do you recall what ---

15 THE COURT: Did you ask him anything?

16 THE WITNESS: Yes, sir, I did.

17 THE COURT: All right. Next question.

18 MS. SEITHEL: What did you ask him for?

19 THE COURT: No, no, not what did you ask
20 him.

21 MS. SEITHEL: I said what did you ask him
22 for.

23 THE COURT: No, no.

24 BY MS. SEITHEL:

25 Q. Did you ask Dr. Anders for an autopsy on your

1 mother?

2 MS. SIMMONS: Objection, Your Honor.

3 THE COURT: I sustain the objection to that.

4 BY MS. SEITHEL:

5 Q. Did you ask Coroner Salisbury for an autopsy
6 on your mother?

7 MS. SIMMONS: Objection, Your Honor.

8 THE COURT: I sustained the objection
9 to that.

10 BY MS. SEITHEL:

11 Q. Ms. Anderson, as a result of conversations that
12 you had with Coroner Salisbury and Dr. Anders, did
13 you decide not to have an autopsy done on your mother?

14 THE COURT: I'll allow that.

15 THE WITNESS: Yes.

16 MS. SEITHEL: Fair to say, they talked you
17 out of an autopsy?

18 MS. SIMMONS: Objection, hearsay.

19 THE COURT: Ask another question.

20 BY MS. SEITHEL:

21 Q. Is there anything that you would like to let
22 the jury know about what you would like to say to
23 Dr. Thompson?

24 MS. SIMMONS: Objection, improper.

25 THE COURT: Remember what I've told you,

1 you know, about what you can talk about or whatever.

2 Do you have any response you want to say to that?

3 THE WITNESS: Yes, sir.

4 BY MS. SEITHEL:

5 Q. Tell the jury, please.

6 A. I'm sorry, y'all. I lost my mother at a very
7 young age. She's been with me through two of my losses.
8 And I had to bury my mother, and I didn't get to grieve
9 for my son. I was 28 years old. Burying and preparing
10 for my mother was the third hardest thing I had to do.

11 THE COURT: Any other questions?

12 BY MS. SEITHEL:

13 Q. Are you finished, Ms. Anderson?

14 A. I have a little boy who is six years old now,
15 who my mother would get to love and enjoy, and she
16 can't. He's never going to know my mother; he's never
17 going to know what it's like to be loved by her, the
18 way that she loved me and others. He just had a baby,
19 and his mom got to enjoy his baby. My mom is not going
20 to. That's it.

21 THE COURT: Thank you.

22 MS. SEITHEL: Thank you.

23 THE COURT: All right. Any
24 cross-examination?

25 MS. SIMMONS: No, sir. We have no questions

1 for Ms. Anderson.

2 THE COURT: All right. Thank you very much.
3 You can return to your place in the courtroom. All
4 right. We'll take a short break at this time, members
5 of the jury panel. We haven't had much of a break out
6 here. Y'all have had a little break while we were
7 working out here and everything, but we haven't had
8 that. We've been working pretty much just continuously,
9 so we're going to take a short five or ten-minute
10 recess. Be back with you just as soon as we can.
11 Remember, don't discuss the case while you're taking
12 these breaks. It's only when you're deliberating that
13 you're really supposed to discuss the case, so bear that
14 in mind. Thank you very much.

15 (The jury exited the courtroom at 11:36 a.m.)

16 THE COURT: All right. The jury is out,
17 and the door is closed. Anything else?

18 MS. SIMMONS: No, sir.

19 THE COURT: Okay.

20 MS. SEITHEL: Thank you. Thank you for
21 a little break too.

22 THE COURT: Thank you for your cooperation.

23 (Recess taken.)

24 (Back on the record.)

25 THE COURT: Thank you. Please be seated.

1 MS. SEITHEL: Ready. Sorry about that.

2 THE COURT: All right. Who's your next
3 witness?

4 MS. SEITHEL: Dr. Streiff.

5 THE COURT: All right. Come on up. Bring
6 the jury. It'll save us a few seconds, come on up right
7 over here.

8 DR. STREIFF: Okay.

9 (The jury entered the courtroom at 11:56 a.m.)

10 THE COURT: All right. We have the jury
11 back with us, and the parties are present, along with
12 their attorneys. All right. This is your next witness.
13 Swear the witness.

14 THE CLERK: Please raise your right hand,
15 place your left hand on the Bible.

16 DR. MICHAEL STREIFF was called as a witness,
17 being duly sworn, was examined and testified as follows:

18 THE COURT: Please be seated. State your
19 full name, and spell your last name for the record.

20 THE WITNESS: So, I'm Michael Streiff.

21 THE COURT: Michael?

22 THE WITNESS: And it's last name spelled
23 S-T-R-E-I-F-F.

24 THE COURT: E-I-F-F?

25 THE WITNESS: F-F, yeah.

1 THE COURT: Thank you.

2 THE WITNESS: Like Florida.

3 DIRECT EXAMINATION

4 BY MS. SEITHEL:

5 Q. Good day, Dr. Streiff.

6 A. Good to see you.

7 Q. Could you please introduce yourself to the jury?

8 A. Sure. So, I'm Mike Streiff. I'm a blood doctor,
9 hematologist, in Baltimore. I work at Johns Hopkins,
10 and my focus and my practice is in blood medicine.
11 So blood clots, bleeding problems, and low blood counts
12 are primarily what I do, so anemias. Leukemia, when
13 I see that, I refer that to a leukemia specialist,
14 but any benign blood problems is what I do, and I've
15 been doing that since 1997.

16 Q. Dr. Streiff, I'm going to hand you what we've
17 marked as Exhibit No. 19.

18 A. Yes, ma'am.

19 Q. Do you recognize this document?

20 A. Yes, yes. This is the curriculum vitae that
21 Hopkins has us maintain.

22 Q. And is this your current CV?

23 A. Yeah, looks like it's from May, so that looks
24 pretty accurate.

25 Q. And does this document accurately reflect your

1 ER visit and examination on April 12th, 2016.

2 A. Right. So, I was saying that after taking
3 a history and doing a physical exam, that he --
4 Dr. Anderson [sic.] seems to have, you know, focused
5 on possibility of peripheral arterial disease and did
6 ankle brachial indecencies and tried to explore --
7 you know, looked at that angle, but there are a lot
8 of other things that cause leg pain, and I didn't think
9 any of those were explored at all.

10 And so I think that -- you know, when you see
11 a differential that large, there's lots of things
12 you can do to try to checkbox, let's eliminate suspects
13 from the disease process that brought the patient into
14 the hospital, or brought them to the ER.

15 And I think that it's kind of incumbent on you
16 to do those things, not just label it as bilateral leg
17 pain as your diagnosis and send them home. That's not
18 a diagnosis; it's a symptom.

19 Q. And when you have a differential diagnosis that's
20 that long, some of the disease states you can eliminate
21 by just viewing the patient, right, her leg is not
22 broken?

23 A. Exactly. On a lot of them, you can do it by just
24 doing a physical exam. You can, you know, eliminate
25 a lot of them. You can explore the peripheral arterial

1 are, a smaller clot could do it.

2 But I think it can't be a microscopic clot,
3 but a macroscopic clot, you know, it could cause leg
4 symptoms, cause leg pain, and cause a significant
5 pulmonary embolism. So it's hard to say that there's,
6 like, a critical size. But the critical size will vary
7 depending on different patients, but they're all going
8 to be something you could see. They're going to be,
9 you know, the size of a quarter or larger.

10 A lot of times, clots are not just a little
11 ball somewhere, like, you know, the diagram we showed.
12 They can string out along the vein for a long --
13 like a snake, you know, hugging the vein. And then
14 if all that breaks free -- so they wouldn't cause much
15 occlusion at all. They're partially occlusive the whole
16 distance. But if that whole clot breaks free, then that
17 would cause a massive embolic load to the lung and could
18 kill somebody. So that is clearly -- you know, there's
19 a lot of clot there, but you're not seeing the symptoms
20 from it until it embolizes.

21 Q. Do -- thank you. Do you know what happened
22 to Jessie Anderson after she left Dr. Thompson?

23 A. So, I mean, I think that she -- I think she left
24 Dr. Thompson with a -- I think she had bilateral deep
25 vein thrombosis because she had symptoms in both legs,

1 for lunch, and you can get cross-examination. I thought
2 we could get through with you and get you back to
3 Baltimore.

4 THE WITNESS: Okay.

5 THE COURT: But you'll stay and have some
6 lunch this afternoon. So, members of the jury panel,
7 we'll break now and come back after lunch. It's 1:15
8 or so, so I would say it's going to be 2:30. Be back
9 in the jury room by 2:30. Have a nice lunch, be back
10 at 2:30.

11 (The jury exited the courtroom at 1:15 p.m.)

12 THE COURT: All right. The door -- the jury
13 is out, and the door is closed. We're going to wait
14 a few minutes and let the jury clear the courthouse.

15 (Recess taken.)

16 (Back on the record.)

17 THE COURT: Please be seated. One thing
18 about this job, you think you've heard and experienced
19 everything, but then something new comes along just
20 about every few days, every once in a while anyway.
21 So, I was informed, after I got back from my little
22 lunch break and everything, by the clerk of court
23 that some of the people associated with the case,
24 the bailiffs or whatever back here exactly, I'm not sure
25 what role they actually have and all.

1 But anyway, after I made comments to the
2 jury, I guess, awhile ago or sometime today, you know,
3 about, you know, for them not to discuss the case,
4 even amongst themselves, you know, there was some
5 negative reaction from some of the jurors, rather
6 inappropriate language and so forth, contrary
7 to my instructions, you know. And that concerns
8 me to a certain extent, you know, and I wanted to make
9 you aware of that. And I'll be glad to -- I think maybe
10 I ought to bring the clerk and let her testify as to
11 what she heard and what's been told to her about that
12 and see what we think we might want to do about it.

13 But, apparently, the jury doesn't like the
14 fact that I told them not to discuss the case, even
15 amongst themselves, you know. I should have told them
16 that at the very start of the case, but I told them,
17 of course, not to discuss it with anybody, you know,
18 at home or anything like that. But I should have
19 included that instruction earlier, but I know I didn't
20 at some point in time tell them not even amongst
21 themselves.

22 Of course, the reason for that is they
23 haven't heard everything, and they shouldn't be trying
24 to make a decision based on part of the testimony
25 or evidence. Of course, they ought to consider it,

1 take it in and listen to it, retain and everything,
2 evaluate and everything. But as far as making any
3 decisions are concerned, that's for them to do at the
4 conclusion of the case when they've heard from
5 everybody.

6 So, I think the thing to do at this point
7 is to at least have the clerk come in and put on the
8 record what's been reported to her, you know. We'll see
9 where we go after that. So, if you would, ask the clerk
10 to come in, please. All right. Swear her, please.

11 THE CLERK: Please raise your right hand,
12 place your left hand on the Bible.

13 MS. LEAH GUERRY DUPREE was called as a
14 witness, being duly sworn, was examined and testified
15 as follows:

16 THE COURT: You don't get a chance to do
17 that very often, do you?

18 THE WITNESS: No, Your Honor, I don't.

19 THE CLERK: Please be seated. State your
20 name -- full name and spell your last name for the
21 record, please.

22 THE WITNESS: Leah Guerry Dupree,
23 D-U-P-R-E-E.

24 THE COURT: All right, Ms. Dupree, tell us
25 who you are and what you do and everything.

1 THE WITNESS: Berkeley County clerk of
2 court.

3 THE COURT: All right: And tell us what's
4 been reported to you by people that are associated with
5 the court operation.

6 THE WITNESS: Your Honor, at the lunch
7 break, my courtroom manager came to me, and she reported
8 to me something she thought I needed to be aware of,
9 that the officer in the courtroom overheard.

10 THE COURT: And tell us what that was.

11 THE WITNESS: That when you dismissed
12 them for a break, the forelady stood up. You admonished
13 them to not discuss the case, she stood up and said ---

14 THE COURT: She said something about the
15 "F" word?

16 THE WITNESS: She said, "F you" in the
17 courtroom. The officer overheard her, and they went in
18 the jury room and someone -- one of the jurors in the
19 jury room was heard, "I'll discuss this case, if I want
20 to. What is he going to do to me, throw me in jail?"
21 And I felt that it was important, I needed to bring
22 it to your attention.

23 THE COURT: I appreciate you doing that.
24 It was -- it was appropriate for you to bring that
25 to my attention, you know. So anything else you want

1 to tell us about what was told to you about this
2 subject?

3 MS. SEITHEL: Your Honor ---

4 THE WITNESS: No, sir. I just asked her
5 to identify the officer in case you needed to question
6 the officer, which officer heard it. It was Michael
7 Divatista [ph.] of the Berkeley County Sheriff's Office.

8 THE COURT: All right. Okay. Any questions
9 any of y'all want to ask her?

10 MS. SEITHEL: I didn't hear the whole
11 statement from the juror that said, "I'll discuss
12 the case, if I want to." I didn't hear the -- I didn't
13 understand.

14 THE WITNESS: After the jury exited the
15 courtroom, the jurors were in the jury room. You can
16 overhear them discussing that -- she said that someone
17 -- one of the jurors said that statement, "I will
18 discuss this case, if I want to. What is he going
19 to do to me, throw me in jail?"

20 MS. SIMMONS: May I ask a question?

21 THE COURT: Sure.

22 MS. SIMMONS: Was that the same juror that
23 you said was the forelady?

24 THE WITNESS: We do not know; it was behind
25 a closed door.

1 MS. SIMMONS: I see. So the forelady was
2 the one that said the "F you?"

3 THE WITNESS: Yes.

4 MS. SIMMONS: Towards the -- our honorable
5 judge?

6 THE WITNESS: Yes.

7 MS. SIMMONS: And then a woman in the room,
8 who we don't know, said, "I'll discuss it, if I want
9 to."

10 THE WITNESS: It was not relayed whether it
11 was male or female. It was a juror could be overheard
12 making that statement.

13 MS. SIMMONS: Thank you so much.

14 THE WITNESS: Yes, ma'am.

15 THE COURT: All right. Well, I'm going
16 to -- at this point, what I intent to do is I'm going
17 to bring the jury in, I'm going to admonish them again
18 about not discussing the case, even amongst themselves,
19 in as strong a language that I can, you know, and see
20 where we go from there.

21 MR. JEKEL: Your Honor.

22 THE COURT: Yes.

23 MR. JEKEL: If they have begun deliberating
24 or discussing the case, I think that's completely
25 inappropriate. Either way, they might be in our favor;

1 they might be in their favor. But I don't think you
2 can go on with the jury, if they've already started
3 deliberating.

4 THE COURT: Well, I appreciate that, but
5 I'm going to admonish them and hopefully remove that
6 from any further anticipation in the case. I'm going
7 to do the best I can to keep this trial going.

8 MS. SEITHEL: Your Honor, I'm wondering
9 if there's anything that you can do to try to fair it
10 out who the other juror was, or if it was the forelady.
11 I mean, I think it's completely inappropriate for
12 anyone on that jury to use "F you," especially towards
13 Your Honor.

14 MS. MASON: We would agree.

15 MS. SEITHEL: You and I have not been
16 on the same page, and I never once ---

17 THE COURT: I don't want to say anything
18 about that, but anyway I appreciate that, you know.
19 But I'm going to bring the jury out here, and I'm going
20 to see if we can go on, you know. You can renew your
21 motions; you can make more motions, if you want to,
22 you know, later on in the case, you know, but I'm going
23 to see if I can keep it going at this point.

24 THE WITNESS: May I step down, Your Honor?

25 THE COURT: Do you want to say something

1 else? Do you want to step down?

2 THE WITNESS: Step down.

3 THE COURT: Yeah, sure, sure. Thank you.

4 THE WITNESS: Thank you.

5 THE COURT: Thank you for doing that.

6 I appreciate it. All right. Bring the jury back in.

7 (The jury entered the courtroom at 2:36 p.m.)

8 THE COURT: All right. We have all the
9 jury with us, the parties are present, along with their
10 attorneys. Before we hear any further testimony and
11 evidence presented to you in this case, something that's
12 come to my attention over the lunch break that I want
13 to talk with you about, discuss with you, and tell you
14 a little bit about.

15 At the very beginning of this case, before
16 you went home after hearing some of the testimony
17 and the evidence, I told you that you could not discuss
18 the case with family, friends, or anyone else, you know.
19 They're not the 12 people to decide this case; you are.
20 I should have also included with my instructions
21 to you at that point in time, the further instruction
22 that you're not to discuss this case, even amongst
23 yourselves, until you've heard all the evidence,
24 seen everything presented, heard the lawyers with
25 their opening statements, their arguments to you,

1 and my instructions to you on the law.

2 When we get to that part of the trial,
3 that's when you can discuss the case, that's when
4 you could talk about it, evaluate the evidence, compare
5 what you heard, look at your notes, talk with the other
6 jurors in the case. That's when you'll discuss it;
7 that's when you'll make your decision in this case.

8 For you to decide it, for you to discuss
9 it, and try to make a decision about anything, until
10 you've heard it all, would be unfair to one or both
11 sides in this case. And it would really be a violation
12 of your oath as jurors in this case. You took the oath
13 to decide this case based only on the evidence presented
14 to you from the witness stand and my instructions
15 to you on the law. So it's only when you get to that
16 part of the trial where you are to deliberate after
17 hearing and seeing everything presented, that's when
18 you are to discuss it, that's when you are to talk about
19 it with the other jurors, that's when you are to make
20 your decision.

21 So it was reported to me after I got back
22 from lunch that some of the people involved in this --
23 in bringing you in and out in the courtroom and so
24 forth, perhaps, overheard some negative comments
25 about nobody is going to tell me what to do about this,

1 or I'm going to talk about it, if I want to, or things
2 like that. That's a violation of your oath, and I can
3 deal with you in a very harsh fashion, if you don't
4 do what you said you would do when you took that oath.

5 So, I'm just putting you on notice that
6 you're not to discuss this case, even amongst
7 yourselves, until you have all the evidence, until
8 you've seen everything. That's when you are to discuss
9 it, in the privacy of the jury room and not before.
10 I want to make sure you understand that. All right.
11 We'll go on with the rest of the trial. Doc, I believe
12 you were on the stand, come on back up. All right.
13 Finish the direct -- cross.

14 MS. MASON: Thank you, Your Honor.
15 May it please the Court.

16 CROSS-EXAMINATION

17 BY MS. MASON:

18 Q. Good afternoon, Dr. Streiff. It's Streiff,
19 correct?

20 A. Streiff, yeah. Thank you.

21 Q. Okay. You are a hematologist; is that right?

22 A. Yes, ma'am.

23 Q. Okay. You're not an emergency medicine
24 physician?

25 A. No, I'm not in emergency medicine.

1 Q. Okay. You've never been a practicing ER
2 physician; is that right?

3 A. No, not since -- I mean, I did emergency medicine
4 as a rotation as a resident, but I have never practiced
5 emergency medicine since completing my residency.

6 Q. Okay. And you're not board certified in
7 emergency medicine, are you?

8 A. No.

9 Q. Okay. You're only board certified in hematology?

10 A. Yeah, I used to be board certified in internal
11 medicine and oncology, and I've since not repeated those
12 boards.

13 Q. Okay.

14 A. The only ones I carry now are hematology.

15 Q. And of your practice, you spend about one-sixth
16 of your time working in a hospital versus outpatient
17 clinic; is that right?

18 A. Yeah, about that much time is when I'm on the
19 inpatient service; the rest of the time, I'm in the
20 outpatient clinic.

21 Q. Okay. And you've been paid \$800 an hour to
22 review this case?

23 A. Yes.

24 Q. Okay. You referred to the Master's study, that
25 is a study of people that were referred -- who already

1 MS. SEITHEL: Just a couple of things,
2 Your Honor.

3 REDIRECT EXAMINATION

4 BY MS. SEITHEL:

5 Q. Dr. Streiff, I know you haven't worked in the ER
6 since you were right out of medical school. But do you
7 -- have you taught emergency medical students about
8 DVTs and PEs and hematology in the course of your years?

9 A. Yeah. So, I have lectured to the ER staff about
10 DVT and pulmonary embolism. I also help them -- we have
11 a -- as part of our Epic program, we have an add-on
12 program on top of that called AgileMD that I helped
13 design with the ED physicians as to how you evaluate
14 someone with chest pain, how you would evaluate someone
15 with leg pain, you know, common symptoms for deep vein
16 thrombosis and pulmonary embolism. And it basically
17 is an algorithm that tells you if you have this,
18 then you should order these tests to further evaluate.
19 So, I help them with that. So it's kind of a designed,
20 you know, approach to a patient with those complaints.

21 And I also in my clinic -- as I said, I see
22 people that come to see me for a white blood cell
23 problem that have leg pain or have swelling, and had
24 something completely different, a blood disease,
25 you know. And yet to further evaluate them, sometimes

1 it's DVT, sometimes it's myositis or a hematoma,
2 you know, bleeding in their leg, lots of other things
3 that can cause pain and swelling in the leg, besides
4 a DVT. DVT is a common disease.

5 Q. And we don't know if Jessie Anderson had any
6 blood problems on April 12th, 2016, because no blood
7 work was done, correct?

8 A. Right, yeah. And many people, as we've discussed
9 before, that have a DVT or a pulmonary embolism
10 diagnosed, 40 percent of them are unprovoked, so they
11 don't have a risk factor, an identifiable risk factor
12 for it, but yet develop the disease.

13 Q. And we don't know if Jessie Anderson had any
14 pulmonary emboli. We don't know for certain if she
15 had a pulmonary emboli on April 12th, 2016, because
16 a CT scan wasn't done that day, correct?

17 A. Right. I mean, I don't think without any lab
18 testing or imaging, you really can't feel certain about
19 that diagnosis. I think the next day when sudden death
20 occurs, and you had leg pain the day before, that story
21 is very concerning for a fatal pulmonary embolism.

22 Q. And I know it's not the test of choice, but there
23 wasn't even a chest X-ray that was done on April 12th,
24 2016, correct?

25 A. Correct.

1 Q. And then, of course, we would know for certain
2 if we had an autopsy, correct?

3 A. Yes.

4 Q. Thank you. That's all I have. Thank you.

5 THE COURT: Thank you very much. We can
6 excuse you now. Thank you for coming. You're free
7 to go.

8 THE WITNESS: Thank you very much.

9 THE COURT: Call your next witness.

10 MS. SEITHEL: Your Honor, we have a small
11 issue that we would like to address with you ---

12 THE COURT: I'm sorry. I couldn't
13 understand you. I didn't understand it; there was
14 a noise.

15 MS. SEITHEL: I hate to ask again, but if
16 we could excuse the jury for a few minutes, Ms. Simmons
17 and I would like to ---

18 THE COURT: All right. Member of the jury
19 panel, you need to go to the jury room for a few
20 minutes, please. I'll send for you just as soon as
21 I can.

22 (The jury exited the courtroom at 2:53 p.m.)

23 THE COURT: All right. The jury is out,
24 and the door is closed. Who wants to go first?

25 MS. SEITHEL: Well, I think we're sort of

1 collectively in agreement on this. But we all watched
2 pretty intently the jurors while you were giving your
3 instructions, and as Dr. Streiff -- as you called
4 him up, the foreperson gave a big roll of her eyes
5 at, I'm not sure if it was you, Dr. Streiff, myself,
6 or Ms. Simmons. But -- and then also as Ms. Ballentine
7 proceeded with her questioning, and I did with mine --
8 honestly, I don't think she wants to be here at all,
9 Your Honor, because she shot the same daggers at both
10 of us.

11 MS. MASON: Yes.

12 MS. SEITHEL: And it's very -- I think
13 it taints the entire jury; I think that it taints
14 the entire process. It's very -- I mean ---

15 MS. MASON: It's very disruptive.

16 MS. SEITHEL: Very disruptive, not just to
17 the jury, but also to the witnesses and to the lawyers.

18 MS. MASON: I mean, it's distracting.

19 MS. SEITHEL: Yes, agreed.

20 MS. SIMMONS: Your Honor, also we have
21 two alternates who appear to be listening attentively
22 and certainly capable. So, I am in agreement to release
23 the forelady, if the Court -- if Your Honor agrees.

24 THE COURT: So, as I understand -- what
25 you're telling me is both of y'all want me to remove

1 the foreperson from the jury?

2 MS. SEITHEL: Or check in with her, because
3 something is different today with her than yesterday
4 and the day before.

5 THE COURT: Well, I would say what
6 I observed with her was she was one of the ones,
7 to my observation, that I thought was paying particular
8 attention during the presentation of the testimony and
9 the evidence and was very attentive in what was going
10 on, and was taking notes. She tried to ask a question
11 at one point, and then when I asked her about it later
12 on, she said her question had been answered, you know,
13 and so I was very encouraged by my observations of her
14 up to now.

15 MS. SEITHEL: I think we all were.

16 THE COURT: Yeah, but -- and I didn't pay
17 particular attention -- I try to not pay particular
18 attention to her once she got out here since, you know,
19 she was the one that kind of -- maybe I should have,
20 you know. But I kind of was trying to avoid making
21 her feel like she was under the microscope, so to speak,
22 you know.

23 MS. SEITHEL: Maybe that's why she was
24 the way she was. Maybe she felt that way, but ---

25 MS. SIMMONS: I just think if we know she's

1 the one that had the expletives directed towards you,
2 and just watching her now, as a mother of four, she
3 looked like she was having an internal temper tantrum.
4 I've seen those before. I feel very concerned whether
5 she could really listen to the evidence if she is ---

6 THE COURT: I appreciate that, and I'm going
7 to keep that in mind, you know, and I'm not making
8 a final decision about it at this point, but I'm not
9 going to take her off right now and everything.
10 I'm going to again at the end of -- later on, again
11 admonish the jury about what they are to do and not do
12 and so forth and everything, you know. And I certainly
13 will take that into consideration before we submit the
14 case to the jury after closing and everything, and will
15 make a final decision about that then. But right now,
16 I'm not going to take her off right now.

17 MS. SEITHEL: Yes, sir. Thank you.

18 MS. SIMMONS: Thank you, Your Honor.

19 MS. SEITHEL: We just wanted to bring
20 that to your attention.

21 THE COURT: Okay. Appreciate that.
22 All right.

23 MS. SEITHEL: Maybe two minutes.

24 THE COURT: Sure, sure.

25 MS. SEITHEL: I don't want to keep them --

1 I don't want to annoy them any more than they're annoyed
2 already.

3 (Pause.)

4 MS. SEITHEL: We're good, Your Honor.

5 THE COURT: All right. Bring the jury in.

6 (The jury entered the courtroom at 3:05 p.m.)

7 THE COURT: The jury is with us, and the
8 parties are present, along with their attorneys.
9 We'll continue now with the trial. We have been working
10 in your absence, and so we'll continue now. Call your
11 next witness.

12 MS. SEITHEL: Plaintiff calls Nurse Kelly
13 Jones.

14 THE CLERK: Raise your right hand, place
15 your left hand on the Bible.

16 MS. KELLY JONES was called as a witness,
17 being duly sworn, was examined and testified as follows:

18 THE CLERK: Please be seated. State your
19 name for the record, and spell your last name.

20 THE WITNESS: My name is Kelly Jones,
21 J-O-N-E-S.

22 DIRECT EXAMINATION

23 BY MS. SEITHEL:

24 Q. Nurse Jones, could you tell the jury a little
25 bit about yourself, where you live, where you grew up,

1 Q. All right. Thank you. And going to the triage
2 record, we're going to look at those for just a moment.
3 Thank you. The triage records are in evidence, and
4 I'm going to point you to actually the 2014 charts.
5 I'm going to get there in a moment, but where is the
6 2014 chart? All right. You know, we're going to pull
7 it up on the overhead, and that way we can all see it,
8 and then we'll zoom in.

9 So, Ms. Jones, if you could just turn around.
10 There you go. I'm going to represent to you that --
11 well, this is in evidence. It's a page from the triage
12 record in 2014, so two years before you saw the patient,
13 yes, ma'am?

14 A. Yes.

15 Q. Okay. And if you look at that top line, it says
16 in the past few days, have you been having, and then
17 you look at the next line. Would you read that, please?
18 First of all, let me ask you this, Ms. Jones. Is it
19 fair to say that when you're at work, when you were
20 at Moncks Corner Medical Center looking at the computer
21 screen, is it very different than looking at the paper
22 printout?

23 A. Yes.

24 Q. Okay. Thank you. So let's go to this 2014
25 record. The Bates stamp is MC05-18. And if you look

1 Q. Scroll down, look at the risk factors. And under
2 the comment section, is hypoglycemia in all caps again?

3 A. Yes.

4 Q. Is that identical, that past medical history
5 in 2016, to the past medical history in 2014?

6 A. Yes.

7 Q. Thank you. Having reviewed your record
8 in preparation today, is there anything in the triage
9 record in 2016 to indicate that Ms. Anderson had
10 dizziness, lightheadedness, or syncope the day that
11 you saw her?

12 A. No.

13 Q. Is there anything to indicate that she said she
14 had been having dizziness, lightheadedness, or syncope
15 in the very recent past, such as, the last few days
16 or week?

17 A. No.

18 Q. Thank you. I have no further questions.

19 THE COURT: Anything else?

20 MS. SEITHEL: Just one followup, if I may.

21 REDIRECT EXAMINATION

22 BY MS. SEITHEL:

23 Q. If we go back to this page that Ms. Simmons just
24 went over with you, falls under the heading of 4/12/16,
25 at 9:36 a.m. Do you see that?

1 to go with -- and how many y'all got?

2 MS. SIMMONS: Your Honor, Dr. Thompson
3 already testified, so we have three experts, and that's
4 it.

5 THE COURT: Oh, you do?

6 MS. SIMMONS: Yes, sir.

7 THE COURT: Okay.

8 MS. SIMMONS: Two on standard of care.
9 We'll have different questions for them for the most
10 part ---

11 THE COURT: Okay. All right. I just was
12 surprised that -- in three of them, but that's fine.
13 That's fine. We'll take them all.

14 MR. JEKEL: We have a motion ---

15 THE COURT: We've got plenty of time,
16 we've got plenty of time.

17 MR. JEKEL: We have a motion on ---

18 THE COURT: I know, I know, I know.
19 We're going to see how that goes.

20 (End of Transcript of Record.)

21

22

23

24

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STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

COURT OF COMMON PLEAS
2020-CP-08-01232

Mia Anderson

)

) TRANSCRIPT OF RECORD

-vs-

)

) September 14, 2023-Vol 4 of 5

ACS Primary Care

)

) Moncks Corner, South Carolina

B E F O R E:

The Honorable Thomas Hughston, Judge

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

Frederick John Jekel, Esquire
Lynn Seithel, Esquire
Attorneys for the Plaintiff

Elizabeth Ballentine Mason, Esquire
Chilton Grace Simmons, Esquire
Attorneys for the Defendant

Reported By:

Yvestre Torres, OCR
Circuit Court Reporter for the
Ninth Judicial Circuit

INDEX

<u>WITNESS</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
William Salisbury (Nonjury)				
Ms. Seithel	529			
Ms. Simmons		538		
Ms. Seithel			541	
Ms. Simmons				547
Dr. Richard Thompson (Nonjury)				
The Court	550			
William Salisbury				
Ms. Seithel	561			
Ms. Simmons		575		
Dr. Jon Carter				
Ms. Mason	577			
Mr. Jekel		589		
Ms. Mason			612	
Mr. Jekel				615

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX

<u>WITNESS</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
----------------	---------------	--------------	-----------------	----------------

Dr. Allison McCrae

Ms. Simmons	616			
--------------------	------------	--	--	--

Ms. Seithel		633		
--------------------	--	------------	--	--

Ms. Simmons			656	
--------------------	--	--	------------	--

Dr. Lancer Scott

Ms. Mason	661			
------------------	------------	--	--	--

Mr. Jekel		682		
------------------	--	------------	--	--

Ms. Mason			706	
------------------	--	--	------------	--

1 THE COURT: Yes, that's what I'm saying,
2 unless they want you to stay. Check with the
3 Plaintiff's lawyers before you leave.

4 MS. SEITHEL: The Plaintiff rests.
5 Thank you, Your Honor.

6 THE COURT: All right. Thank you very much.
7 You're free to go. That finishes everything from
8 the Plaintiff. Now we switch to the other side.
9 You're ready to go with a witness?

10 MS. SIMMONS: Yes, sir, we just have
11 a motion to make at Your Honor's leisure.

12 THE COURT: Let's mark it heard, and we'll
13 proceed. Call your next witness.

14 MS. SIMMONS: Okay. Your Honor, we call
15 Dr. Jon Carter to the stand.

16 THE CLERK: Raise your right hand, place
17 your left hand on the Bible.

18 DR. JON CARTER was called as a witness,
19 being duly sworn, was examined and testified as follows:

20 THE CLERK: Please be seated. State your
21 full name and spell your last name for the record.

22 THE WITNESS: Jon Christopher Carter,
23 C-A-R-T-E-R.

24 DIRECT EXAMINATION

25 BY MS. MASON:

1 physician, have you had an occasion to treat patients
2 that come into the ED with leg pain?

3 A. Yes.

4 Q. Is that a common complaint?

5 A. Common.

6 Q. How many patients have you treated with leg pain?

7 A. Hundreds.

8 Q. Have you had the occasion to diagnose patients
9 with DVT in your practice as an emergency medicine
10 physician?

11 A. Yes, I have.

12 Q. What about PE?

13 A. Yes.

14 MS. MASON: Your Honor, at this time,
15 we would offer Dr. Carter as an expert in the field
16 of emergency medicine.

17 THE COURT: Any questions you want to ask
18 him about his qualifications?

19 MR. JEKEL: No, Your Honor.

20 THE COURT: All right. Go right ahead.

21 MR. JEKEL: No objection.

22 MS. MASON: Thank you.

23 BY MS. MASON:

24 Q. Dr. Carter, have you had the opportunity to
25 review the medical records related to Ms. Anderson?

1 A. Yes, I have.

2 Q. And have you had the opportunity to review
3 the depositions in this case?

4 A. Yes.

5 Q. Based on your review of this case, have you
6 formed an opinion as to whether or not Dr. Thompson
7 complied with the standard of care in his treatment
8 of Ms. Anderson?

9 A. Yes, I have.

10 Q. What is that opinion?

11 A. My opinion is that he did comply with
12 the standard of care, he did an appropriate history
13 and physical examination on the patient, and there
14 was not evidence of a clot at the time that he saw her.

15 Q. Does every patient that comes into the emergency
16 department with leg pain require some sort of diagnostic
17 testing?

18 A. Absolutely not.

19 Q. How important is the history and physical
20 of a patient when they come into the ED?

21 A. It's number one. It's the first thing you got
22 to do, and it's where you get most of your information.

23 Q. And how do you do that? Can you explain that
24 a little bit to the jury?

25 A. Well, you would see the patient come up

1 jury with us now, and the parties are present, along
2 with their attorneys. Do you have another witness?

3 MS. MASON: Yes, sir, we do. We have
4 one more witness. Your Honor, the defense would call
5 Dr. Lance Scott.

6 THE CLERK: Please raise your right hand,
7 place your left hand on the Bible.

8 DR. LANCER SCOTT was called as a witness,
9 being duly sworn, was examined and testified as follows:

10 THE CLERK: Please be seated. State your
11 full name, and spell your last name for the record,
12 please.

13 THE WITNESS: Lancer Alan Scott, S-C-O-T-T.

14 DIRECT EXAMINATION

15 BY MS. MASON:

16 Q. Good afternoon, Dr. Scott. Where do you live?

17 A. I live in Mount Pleasant.

18 Q. And where do you work?

19 A. I work at -- really two places. I work at the
20 VA. I'm the chief in emergency medicine at the VA
21 in Charleston, and I've been -- I also work at MUSC.
22 I've been on faculty at MUSC for -- approaching 17
23 years.

24 Q. Incidentally, Dr. Thompson told us he now works
25 at the VA. Do you know Dr. Thompson?

1 A. I don't, but I probably should. I just met him;
2 I probably will meet him soon down the line.

3 Q. Can you tell us a little bit about your
4 educational background training?

5 A. Sure. I'm assuming you're talking just about
6 medicine. I went to the University ---

7 THE COURT: Let's start with where you went
8 to undergraduate school. I'm always interested in that.

9 THE WITNESS: Okay, yes, sir. So, I have
10 my own issues with -- being a football fan, I went
11 to the University of Notre Dame, and so that means you
12 need, like, a psychologist at times. And I spent some
13 time in Washington, D.C., and then I decided I wanted
14 to go to medical school. I chased a girl in medical
15 school to North Carolina; I went to Chapel Hill for
16 medical school. My residency was in emergency medicine.

17 I went to East Carolina, also known as
18 the other Greenville. And my first job out of residency
19 was the Medical University, and I've been there ever
20 since. In 2014, I went to the VA. They needed someone
21 to turn the VA into, for lack of a better term, a real
22 ER, and I thought it was going to be part time,
23 but quickly consumed my life, and I've been full time
24 at the VA since roughly 2016, part time at MUSC.

25 BY MS. MASON:

1 Q. And what do you do at the VA?

2 A. So, I'm chief there, which means that I put
3 out a lot of fires every day. It's only 23 beds,
4 so I see a lot of patients, even though I'm not --
5 so, I do work as just a single doc sometimes; that's
6 about once per week. But other times, I'm just kind
7 of hanging out, helping with patient care, particularly
8 resuscitation, that type of thing. I'm also the site
9 director for all the residents that come and train
10 at the VA, all the trainees actually. We have nurses,
11 nurse practitioners, PA students, residents, emergency
12 medicine residents in particular, that's a big focus.

13 Q. Slow down just a touch.

14 A. Yes, ma'am.

15 Q. What about -- what do you do at MUSC?

16 A. MUSC -- you know, COVID kind of changed
17 everything. I did spend some time clinically at MUSC.
18 When COVID happened, we all kind of hunkered down
19 in our silos. And right now, I'm just pretty much
20 teaching over there, and teaching over there is really,
21 I'll go in and go see a patient with some residents
22 and teach them some things bedside, not didactic
23 teaching where you're -- you know, with a PowerPoint,
24 that type of thing.

25 Q. Do you do a little teaching in relation to DVT

1 and PE?

2 A. Just bedside. You know, we get a patient,
3 and that patient might have a chief complaint of like,
4 for example, chest pain. So we go through, you know,
5 in our head what could possibly be causing this chest
6 pain, and we'll discuss PE in that setting.

7 Q. How many -- how frequently do you assess patients
8 for leg pain?

9 A. Almost every day. So musculoskeletal pain is
10 roughly -- I mean, it's probably the second referred
11 most common complaint in the ED. There's 150,000,000
12 visits of emergency visits in America, so that's
13 millions of musculoskeletal pain and lower extremity
14 pain. In particular, back pain and lower extremity pain
15 associated with that is pretty darn common.

16 Q. Have you assessed and diagnosed patients for --
17 with DVT?

18 A. Yes, ma'am.

19 Q. What about PE?

20 A. Yes, ma'am.

21 MS. MASON: Your Honor, may I approach?

22 THE COURT: Go ahead.

23 BY MS. MASON:

24 Q. Dr. Scott, can you tell us what that is?

25 A. This looks to be like my CV.

1 Q. Okay. Does that appear to be a true and accurate
2 copy of that?

3 A. It does. There might be some very minor changes
4 recently, but nothing of significance.

5 Q. Okay.

6 MS. MASON: Your Honor, at this time,
7 the defense would move this into evidence, Exhibit 3.

8 MR. JEKEL: No objection, Your Honor.

9 THE COURT: Thank you.

10 (Defense's Exhibit No. 3 was entered into evidence.)

11 BY MS. MASON:

12 Q. Okay. Dr. Scott, have you had the opportunity
13 to review the medical records of Ms. Anderson in this
14 case?

15 A. Yes, ma'am.

16 Q. And what about your deposition testimony?

17 A. Yes, I reviewed the deposition.

18 Q. Based on your review of all the materials
19 in this case, have you formed an opinion as to whether
20 or not Dr. Thompson complied with the standard of care?

21 A. I have.

22 Q. What is the standard of care?

23 A. So the standard of care is what a reasonable
24 physician would do in light of similar circumstances.
25 In this case, what would an ER doctor do if they got

1 the same patient, and what decisions would they make?

2 Q. Okay. How common is DVT?

3 A. Not very common. DVT is -- it's probably better
4 to explain by picture.

5 Q. Sure, yeah.

6 MS. MASON: Your Honor, may the witness step
7 down?

8 THE COURT: Sure.

9 MR. JEKEL: Can I see?

10 MS. MASON: Oh, this is right now ---

11 MR. JEKEL: Oh, it's just a -- all right.
12 I'm sorry. I thought there was something under that.

13 MS. MASON: I would have shown it to you.
14 Okay.

15 THE WITNESS: Oh, wow.

16 MS. MASON: Yeah, this might be interesting.

17 THE WITNESS: Okay. I might have to kneel
18 down.

19 MS. MASON: I apologize.

20 THE WITNESS: It's fine. I'm good with
21 kneeling, if I have to. So the question is -- wow,
22 this is like the first day of medical school. So --
23 and actually ---

24 MR. JEKEL: What was the question?

25 MS. MASON: How common is DVT?

1 MR. JEKEL: All right.

2 THE COURT: Move it back this way a little
3 bit, so you don't block any of the jurors.

4 THE WITNESS: Yes, sir. Am I blocking
5 anyone?

6 MS. MASON: Okay.

7 THE WITNESS: Okay. I'll move side to side
8 so that everyone could see. This is literally the first
9 day of medical school. So how common is a disease?
10 Your first class will be epidemiology. And so the
11 question was how common is VTE, venous thromboembolism?
12 That's what we'll start with.

13 BY MS. MASON:

14 Q. And I think I said DVT. So what is VTE ---

15 A. Sure. Well, there's -- VTE is defined --
16 is the umbrella term that defines really two things.
17 One is PE, pulmonary embolism; that's a clot in the
18 lung. And the other is DVT, deep venous thrombosis;
19 those are clots in either your arms or your legs, okay?
20 So we'll just put those up here, DVT and PE. Okay.

21 So what's the -- the question the scientists
22 ask is what's the incidence of venous thromboembolism?
23 And we know it's about one to two for 1,000 patients,
24 okay? And for the purposes of being more accurate,
25 we're just going to call it 1.4 for 1,000 patients.

1 I apologize for my handwriting. It's small too,
2 so let me know if you don't understand what I'm writing.

3 Q. Well, you are a doctor.

4 A. My handwriting is terrible. So when scientists
5 talk to each other, we talk in not just 1,000 patients,
6 we talk in 100,000 patients, that's like a marker,
7 it's like a currency. So when we talk to each other,
8 we talk in, what is the incidence of 100,000 in the
9 population? So you have to multiply both sides by 100.
10 Looks like things are fading here, so I'll try to get
11 through it. That's 140 per 100,000. I'm going to go
12 ahead -- having some issues here. Let's see if this
13 is better, 140 per 100,000. Okay, everybody with me
14 so far? All right.

15 But how do you picture 140 per 100,000? By
16 the way, that's all venous thromboembolism. You have
17 to break it down between DVT and PE. So let's draw
18 a line. Everybody with me so far? On this line,
19 it's zero patients have the disease, and this line
20 over here is 5,000 per 100K. Okay. So what is that
21 incidence? I'll give you an example. That is --
22 I'll go back to black. That is coronary artery disease.
23 You guys have probably heard of that before.

24 And then right around here, would be 4,000
25 per 100K; that's arrhythmia. Arrhythmia is basically

1 a heartbeat that's irregular, many different version
2 of them. One of them that Ms. Anderson had was
3 intraventricular conduction delay.

4 Q. What is that?

5 A. So good question. Intraventricular conduction
6 delay is a term -- there's kind of a -- there's
7 electricity that shoots from the top of the heart to the
8 bottom of the heart. In between the top of the heart
9 and the bottom of the heart is the intraventricular
10 portion of that highway, and that delay would be that
11 the electricity is not going as fast as it needs to be.
12 And you could pick it up on EKG, and one of her EKGs
13 suggested that.

14 It's also a risk factor for sudden cardiac
15 death, which we might get to in this conversation.
16 But we're over here, and that's zero. So the question
17 -- I'll get there. The question was, what is the
18 incidence of DVT? Well, the incidence of DVT --
19 of VTE is 140. So where's 140? I'm going to draw
20 it for you right here; that's 140. This is 5,000,
21 this is zero, so 140 is going to be right there,
22 but you can't see that, so let's expand it out.

23 I'm going to expand this line out so you can
24 see it again. This line is 140 over here and zero over
25 here. So where is DVT? DVT is about 80. Where is PE?

1 PE, pulmonary embolism, is about 60 per 100,000, okay?
2 So -- and this is important, so it might come up later.

3 Where is the incidence of bilateral DVT in this
4 construct? It is very much so imbedded almost to zero.
5 It is -- even if you take -- if you take a population
6 incidence, it's usually about one percent. You take
7 an inpatient version, like, look at the hospital where
8 patients are sicker, there's a study that's been talked
9 about where it's as high as five to six percent.
10 Let's go ahead and take that percentage. That would
11 be right here, four or five, we'll just call it four,
12 out of 100,000 patients.

13 So just in terms of, like, big picture, DVT
14 is not common. PE is definitely rare. The scientists
15 of the world have agreed that anything below 60 on
16 this chart is an exceedingly rare disease. Bilateral
17 PE is so far down here that when you look at what's
18 referenced, it's literally a convenient number,
19 four in 4,000. So 4,000 -- of a patient who has
20 no edema, no redness, and no pain to palpation,
21 they're literally 1,000 times more likely to die
22 from an arrhythmia than from a bilateral DVT.
23 So, I will stop there.

24 Oh, one more thing. Sorry. This is just for
25 reference. This guy right here, 0.1 per 100K, that's

1 the incidence of being struck by lighting.

2 Q. Thank you, Dr. Scott. Does a patient coming
3 to the emergency department with leg pain always require
4 some sort of diagnostic testing?

5 A. Definitely not. So -- the answer is no. I mean,
6 it's one of the most common complaints that we have.
7 Musculoskeletal pain is about 25 percent of our
8 population, leg pain is probably half of that, like,
9 150,000,000 patients, we're talking -- you know, it's
10 a good portion of our day that we're going to see
11 patients with lower extremity pain.

12 Q. How important is the history and physical when
13 you see a patient?

14 A. It's crucial. It's what we -- you know, we teach
15 the residents that the history and physical is important
16 to risk stratify patients for a medical emergency.

17 Q. And what do you mean by risk stratify?

18 A. So risk stratification is the process we go
19 through in emergency medicine. You know, we're not
20 interns. I don't show up on Monday with, like, a coffee
21 and a list and have four days with a patient list
22 of, like -- a standard patient list of 25, let's say,
23 on your census. And you've got four or five days
24 to work on a patient to try to arrive at a diagnosis.

25 I have an ER that can be empty at times,

1 and seconds later, I have a house fire, and I have
2 20 patients in the ED, you know, seven of them need
3 to be intubated. So what we're trying to do in
4 emergency medicine is take a patient that doesn't have
5 an appointment, is undifferentiated, that I've never
6 met, and we're trying to identify reasonably whether
7 there's an emergency.

8 So that process is not ruling out any disease;
9 it's not arriving at a definitive diagnosis.
10 It's you risk stratifying a patient for a medical
11 emergency, and that risk never gets ---

12 Q. Thank you. Did you review the history and
13 physical done by Dr. Thompson of Ms. Anderson in April
14 of 2016?

15 A. Yes, ma'am.

16 Q. And what was your opinion of that history
17 and physical?

18 A. It was adequate, and it indicated that there
19 was no evidence of a deep venous thrombosis or a PE.

20 Q. What is the basis for that opinion?

21 A. Well, the basis is that as a practicing ER
22 doctor, and I'm approaching -- speaking of 100,000
23 patients, I'm approaching my own 100,000 patients
24 in my career, and teaching residents and understanding
25 the literature and understanding epidemiology and

1 incidence of this disease, that I don't think I -- first
2 of all, I know how patients present with a DVT.
3 They present with a blockage in their leg, in the venous
4 system, that makes the leg swollen, red, hot, and angry.
5 And that is the presentation of a DVT.

6 Q. What is the likelihood of a patient having a clot
7 big enough to cause bilateral leg pain without any other
8 symptoms?

9 A. I'm sorry, could you repeat?

10 Q. Sure. What is the likelihood of a patient having
11 a clot big enough to cause bilateral leg pain without
12 having any other symptoms?

13 A. I mean, I think I need to go back to the board
14 to describe that.

15 Q. Sure.

16 MS. MASON: Your Honor, may ---

17 THE COURT: Go ahead.

18 THE WITNESS: The answer is zero. Things
19 are fading.

20 BY MS. MASON:

21 Q. Those are supposed to be new markers.

22 A. All right. So day two of medical school.
23 Day two of medical school, human anatomy. We already
24 determined that the incidence of a bilateral DVT is four
25 out of every 100,000 patients, exquisitely rare.

1 But your question was, what would be the likelihood
2 of having a bilateral DVT that would cause no symptoms?

3 Q. Of a clot big enough to cause bilateral leg pain
4 without any other symptom.

5 A. Oh, yeah, okay. So let's look at human anatomy.
6 I'm sorry. This is not a very good human. All right,
7 everybody with me so far? Chest, abdomen, pelvis, okay?
8 Now, we know the heart is in the chest, so we'll draw
9 it. And just for the purposes of understanding arteries
10 versus veins, we'll draw a big red. Big red is the
11 aorta that comes out of the heart, and we'll just put
12 it over here.

13 This is the superhighway, right? High pressure,
14 it's the L.A. Freeway, it's the I-5, if you've been
15 to southern California or northern area, of blood.
16 And these cars are going a million miles an hour. But
17 we're talking about the venous system, and the venous
18 system is a slow country road coming back to the heart.
19 I'm going to draw it, okay? It's going this way,
20 obviously. Slow country road this way. Everybody
21 with me? All right.

22 So the question was, what is the likelihood
23 of something this rare, of bilateral DVT, resulting
24 in no symptoms or minimal symptoms?

25 Q. Or a clot big enough to cause bilateral leg pain

1 and no other symptoms.

2 A. Right. Okay. So big enough to cause bilateral
3 leg pain, no other symptoms. The answer is zero.
4 If this -- these cars, all of these cars, that have
5 to get out of the artery system have to get back into
6 the venous system, right? All of these cars have
7 to empty into the heart, and the heart has to get
8 it from the right side of the heart and push it
9 to the lung so that blue blood can turn into red blood.

10 So the concept that somehow there would
11 be a bilateral DVT that would not result in profound
12 symptoms, profound being if there is a blockage in the
13 lanes of this slow-as-you-go country road, you are going
14 to get profound edema.

15 Q. What's edema?

16 A. Swelling. Imagine if Highway 52, which is four
17 lanes for, like, 30 miles, that one of the lanes
18 going out -- one of the lanes went down, it's going
19 to be a massive backup in the other direction, okay?
20 And then imagine -- it's not only that, there's going
21 to be massive edema in the legs bilaterally.
22 But it's not just on the -- imagine what's happening
23 at the heart. If the heart is not getting all those
24 cars that are on the superhighway coming out -- if
25 the heart is not getting filled on that right side ---

1 MR. JEKEL: Your Honor, at this point,
2 I'm going to object. I thought this was a question
3 and answer.

4 THE COURT: Ask another question.

5 MS. MASON: Yes, sir.

6 BY MS. MASON:

7 Q. Why -- all right. On the blue there, why would
8 you expect that to cause swelling if there was a clot
9 big enough for pain?

10 A. Right. Because if a clot -- any breakdown in
11 this slow country road is going to cause a significant
12 backup of blood.

13 Q. Okay. Thank you. You can take your seat.

14 A. Thank you.

15 Q. Are there patients that have DVTs, that don't
16 have swelling?

17 MR. JEKEL: Your Honor, is there going
18 to be a qualification of this witness at some point?

19 MS. MASON: Oh, I thought -- I apologize,
20 Your Honor. I thought -- Your Honor, I apologize.

21 MR. JEKEL: That's okay. I just thought
22 we were following the rules.

23 MS. MASON: I thought we had done that,
24 Your Honor. We would move Dr. Scott as an expert
25 in the field of emergency medicine. That is on me.

1 THE COURT: Any questions you want to ask
2 him about his qualification?

3 MR. JEKEL: No, Your Honor. I just wanted
4 to make sure what he's being qualified ---

5 THE COURT: All right.

6 MR. JEKEL: What he's being offered for.
7 No objection.

8 THE COURT: Thank you. Thank you.

9 MS. MASON: Okay. I apologize about that.

10 BY MS. MASON:

11 Q. Can patients have DVTs and no swelling?

12 A. They can. But if -- these are very small DVTs,
13 like, in the distal ankle or calf, and they have
14 no consequence at all, and it can be asymptomatic.
15 No -- people won't even know that they have them,
16 and it's not an impact on their health.

17 Q. Okay. Did the standard of care require
18 Dr. Thompson to order a D-dimer or an ultrasound
19 for Ms. Anderson on April the 12th of 2016?

20 A. Of course not.

21 Q. Why not?

22 A. Because there's no signs and symptoms consistent
23 with the DVT, right? When you get a patient with
24 undifferentiated lower extremity pain who is well
25 appearing and has a normal set of vitals, had one

1 episode of tachycardia that quickly remedied itself
2 at the beginning of the visit, who has an exam,
3 and the absence of no swelling, no redness, no pain
4 to palpation, you start thinking, okay, well, this
5 is consistent with musculoskeletal pain, right?

6 And so this -- again, eight out of ten -- eight
7 to nine out of ten patients in the ED go home. Half
8 of those patients receive no workup at all, and that's
9 totally okay, because that's the practice of emergency
10 medicine.

11 Q. No workup, meaning, no diagnostic testing?

12 A. No labs, no radiology.

13 Q. But, obviously, the workup does include a history
14 and physical?

15 A. Yes, ma'am, which goes to your original question,
16 which is how important is the history and physical?
17 And it is, it is crucial in order to risk stratify
18 a patient.

19 Q. Are there times when the patient comes into the
20 ED, and you're unable to determine the cause of their
21 complaint, such as pain?

22 A. Like every hour. I just worked yesterday.
23 I think we diagnosed a potential sepsis in a patient
24 that might have been -- and that was a potential
25 diagnosis. You know, we arrived at the diagnosis

1 of lower extremity pain very commonly in patients
2 with lower extremity pain.

3 Q. Is that a reasonable thing to do?

4 A. It has to be, because we don't take appointments.
5 We see all patients, right, and so it has to be, yes,
6 ma'am.

7 Q. So was there any testing required for
8 Ms. Anderson by Dr. Thompson?

9 A. No, ma'am.

10 Q. Okay. Does that mean that Dr. Thompson dismissed
11 Ms. Anderson?

12 A. No, not at all. There's no evidence of that;
13 there's evidence to the contrary.

14 Q. Do you believe that Dr. Thompson should have done
15 anything differently for this patient?

16 A. No.

17 Q. Do you need to look at the venous system of every
18 patient that comes in with leg pain?

19 A. And by look, you mean, use an ultrasound?

20 Q. Yes.

21 A. Of course not.

22 Q. Why not?

23 A. Again, let's take a step back. The vast majority
24 of patients do not have a clot in their leg, and to have
25 a clot in both legs is rare. So when we try to risk

1 stratify a patient for a medical emergency we look
2 at the patient in front of us. Is the patient sitting?
3 Is there -- if we're contemplating a deep venous
4 thrombosis in the lower extremities, where is the
5 swelling? Where is the edema? Where is the redness?
6 Where is pain to palpation?

7 If it's not there, then things are more likely
8 to be musculoskeletal in nature. What does that mean?
9 It could be a nerve. There is phenomenon of referred
10 pain from the back. There's been discussion about
11 whether this could be myositis; that's just inflamed
12 muscles. That's definitely a reason for potential sore
13 legs.

14 So, yes, of course, we do not order all these
15 specified tests on patients with -- who are well
16 appearing, who have no signs and symptoms of a disease
17 process, then we move forward.

18 Q. In your opinion, to a reasonable degree of
19 medical certainty, did Ms. Anderson have a DVT on April
20 12th of 2016?

21 A. No way.

22 Q. Did she have a PE?

23 A. No way at all.

24 Q. Why not?

25 A. For the reasons I've already stated. If you're

1 working up a patient, and they don't present with any
2 signs and symptoms consistent with a DVT, and they have
3 bilateral leg pain or achiness, when you understand
4 the epidemiology and how rare bilateral DVT would be,
5 and then if it were there, it would definitely be
6 symptomatic, going back to this analogy of the slow
7 country road.

8 And then to take a further leap of faith that
9 somehow a PE would be present, based on this exquisitely
10 rare presentation, it's just not consistent with risk
11 stratification. We are identifying things that would
12 have higher likelihood that would trigger a test,
13 for example, an ultrasound.

14 Q. Did the standard of care require Dr. Thompson
15 to order blood work?

16 A. No, ma'am.

17 Q. In your opinion, did any of Dr. Thompson's care
18 and treatment of Ms. Anderson on April the 12th cause
19 or contribute to her death?

20 A. I'm sorry. I missed the question.

21 Q. Do you need more water?

22 A. No, I'm good.

23 Q. Did any of Dr. Thompson's care and treatment
24 of Ms. Anderson on April the 12th cause or contribute
25 to her death?

1 A. No, ma'am.

2 Q. Have all of your opinions here today been to
3 a reasonable degree of medical certainty, most probably?

4 A. Yes.

5 Q. Thank you. Please answer any questions
6 from opposing counsel.

7 A. Thank you.

8 CROSS-EXAMINATION

9 BY MR. JEKEL:

10 Q. All right, Doctor. I've got to start with Gator
11 Bowl, because I'm a Game Cock. Did you see last year's
12 Game Bowl?

13 A. Yes, sir.

14 Q. I was going to say that was a pretty good game,
15 right?

16 A. Yes, sir, that was the only moment I didn't need
17 a psychologist to watch.

18 Q. All right. Well, at least we agree on that.
19 Doctor, you would agree with me that not all leg pain
20 is musculoskeletal, right?

21 A. That's true.

22 Q. Okay. Okay. And all things being equal, more
23 information is better than less, yes?

24 A. Are we talking about a medical patient?

25 Q. Yeah.

1 relaxers, who leaves the emergency room with the leg
2 pain and weakness still there, who dies 24 hours after
3 leaving the ER. Also want you to assume an autopsy
4 is performed revealing a pulmonary embolism.

5 Given those assumptions, do you have -- do you
6 think the ER physician in that scenario met the standard
7 of care?

8 A. Yes, 100 percent.

9 Q. But in that scenario, he missed the pulmonary
10 embolism.

11 A. Well, a misdiagnosis, if that were true,
12 is not necessarily a violation of the standard of care.
13 Again, we risk stratify patients for a medical
14 emergency.

15 Q. Okay.

16 A. Yes, sir.

17 Q. Thank you, Doctor.

18 A. Thank you. Thank you, sir.

19 THE COURT: Anything on redirect?

20 MS. MASON: Just two or three.

21 REDIRECT EXAMINATION

22 BY MS. MASON:

23 Q. Doctor, can you consider diagnoses -- you said
24 they fall on and off your list, I think -- is that what
25 you said? Can they fall on and off your list through

1 the history and physical?

2 A. Absolutely. And that's what ---

3 Q. Without diagnostic testing?

4 A. Right. Let's be clear on what we're talking
5 about, falling on and off their list. It's that risk
6 stratification, we're measuring the likelihood of
7 a disease state. And so it -- just because it falls
8 off the list doesn't mean it's zero risk. It just
9 means that it's exceedingly low. But it can come back
10 on, to answer your question.

11 Q. Okay. Was there any testing indicated from
12 the history and physical done for Ms. Anderson on April
13 the 12th?

14 A. No, and that's where we get most of our risk
15 stratification, in that moment when we're examining
16 the patient and asking them questions.

17 Q. Did anything asked of you on cross-examination
18 change your opinions here today?

19 A. No, ma'am, just reinforced them.

20 Q. All right. Did Dr. Thompson uphold the standard
21 of care in treating Ms. Anderson?

22 A. Of course, he did.

23 Q. Did he cause or contribute to her death?

24 A. Of course, he did not.

25 Q. Are all your opinions here to a reasonable degree

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

COURT OF COMMON PLEAS
2020-CP-08-01232

Mia Anderson

)

) TRANSCRIPT OF RECORD

-vs-

)

) September 15, 2023-Vol 5 of 5

ACS Primary Care

)

) Moncks Corner, South Carolina

B E F O R E:

The Honorable Thomas Hughston, Judge

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

Frederick John Jekel, Esquire
Lynn Seithel, Esquire
Attorneys for the Plaintiff

Elizabeth Ballentine Mason, Esquire
Chilton Grace Simmons, Esquire
Attorneys for the Defendant

Reported By:

Yvestre Torres, OCR
Circuit Court Reporter for the
Ninth Judicial Circuit

INDEX

<u>CLOSING STATEMENTS</u>	<u>PAGE</u>
Ms. Seithel	726
Ms. Mason	761
Ms. Seithel	778

1 or whatever.

2 MS. SEITHEL: I'm going to try not to.

3 THE COURT: Okay, okay.

4 MS. SIMMONS: Your Honor, if I may, just
5 to address something on the record and request from you,
6 we would like to renew our earlier motion in the trial
7 to remove the forelady from the jury.

8 THE COURT: Okay. I appreciate that.
9 And I thought about that and everything, but she
10 has really paid attention, at least in my observation,
11 you know. She's really been focused on what's going
12 on here in court, taken notes, and so forth and so on.
13 And with my instructions to them otherwise, I think
14 she's still a good member of the jury, a fair and
15 impartial member of the jury. And I appreciate your
16 position, but I'm going to leave her on.

17 MS. SIMMONS: And I understand. Just
18 for the record, we have such attentive, two perfectly
19 capable alternates. With that earlier misconduct
20 by her, we were hoping at this later date, you might,
21 perhaps, consider removing her and replacing her with
22 one of the alternates.

23 THE COURT: I appreciate that, but I'm not
24 going to do that.

25 MS. SIMMONS: Yes, sir. Thank you.

1 if you want to, we'll take it out for you or whatever.
2 After you finish your lunch, that's when you'll start
3 your deliberations. So, we'll have the physical
4 evidence for you, we'll get it back there for you,
5 along with this verdict form.

6 And after you finish your lunch, then you'll
7 start your deliberations and let us know. Knock on the
8 door and tell the bailiff, or whoever that is outside
9 of the door, tell us when you've reached a verdict,
10 and we'll bring you back out and let you announce your
11 verdict here in court. So have a nice lunch, and then
12 deliberate, and give us your verdict.

13 (The jury exited the courtroom at 12:51 p.m.)

14 THE COURT: All right. Any exceptions
15 to the charge from the Plaintiff?

16 MR. JEKEL: No, Your Honor.

17 THE COURT: Good. From the Defendant?

18 MS. SIMMONS: Your Honor, we still want
19 that charge on sympathy.

20 THE COURT: Okay. Well, I think I covered
21 it. Okay.

22 MR. JEKEL: I think so too.

23 MS. SIMMONS: Okay. Thank you, Your Honor.

24 THE COURT: I appreciate it. All right.

25 So get the physical evidence, y'all go over the physical

1 evidence to make sure nobody is sending any love notes
2 in or anything. Take all of the physical evidence.

3 (Pause.)

4 MR. JEKEL: We have confirmed the evidence,
5 Your Honor.

6 THE COURT: Okay.

7 (Alternates were excused.)

8 (Evidence taken to the jury at 1:16 p.m.)

9 (Recess taken.)

10 (Back on the record.)

11 THE COURT: Word is, we've got a verdict,
12 so get everybody in here.

13 (Pause.)

14 THE COURT: Bring the jury in.

15 (The jury entered the courtroom at 2:02 p.m.)

16 THE COURT: If you would, give the verdict
17 to the clerk there, if you would, please, ma'am.

18 All right. We have the jury with us, and the parties
19 are present, along with their attorneys. The jury
20 has returned a verdict. We find for the Defendants,
21 signed by the foreperson of the jury. Anything prior
22 to the discharge of the jury from the Plaintiff?

23 MS. SEITHEL: If Your Honor would poll
24 the jury, please.

25 THE COURT: All right. Members of the jury

1 THE COURT: Okay. All right. I didn't know
2 how that worked and everything. Thank you very much.
3 By the way, you're free to discuss the case, you know.
4 Any notes you may have made, tear them up, take them
5 with you, whatever you want to do with those, they're
6 yours, those are your notes only. So you can tear
7 them out of the notepad, leave the notepads with us,
8 you know, so we can use them again or whatever.
9 But tear them up, take them with you, whatever you want
10 to do.

11 If you want to discuss the case, if anybody
12 contacts you about the case, wants to ask you some
13 questions about it, you're free to discuss it now.
14 But if you don't want to discuss it, if anybody harasses
15 you, bothers you, anything like that, you get in touch
16 with the clerk or the sheriff or whatever, and let them
17 know, and I'll take care of them after that.

18 So with that, again, thank you very much
19 for your service. You're free to go.

20 THE JUROR: Thank you.

21 (The jury exited the courtroom at 2:08 p.m.)

22 THE COURT: All right. Again, thank you
23 very much. You're free to go. Enjoyed being with you.

24 MS. SEITHEL: Your Honor.

25 THE COURT: Yes.

1 MS. SEITHEL: Can we have ten days ---

2 THE COURT: Sure, ten days for any posttrial
3 motions.

4 MS. SEITHEL: Thank you.

5 THE COURT: Ten days for any posttrial
6 motions.

7 MS. SIMMONS: Thank you, sir.

8 MS. SEITHEL: Thank you so much.

9 MR. JEKEL: Thank you.

10 (End of Transcript of Record.)

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Patient: JESSIE BELL ANDERSON Medical Record Number: D000266588
Facility: TRIDENT MEDICAL CENTER Phone Number: 877-403-8825
Address: 9330 MEDICAL PLAZA DRIVE City/State: CHARLESTON, SOUTH CAROLINA Zip: 29406

CERTIFICATION OF MEDICAL RECORDS

To the best of my knowledge, the copied documents, records and other items enclosed are true and correct copies of all original records identified and described in the subpoena duces tecum, patient authorization, or court order made by or at the direction of the custodian of records. The original records were prepared in the ordinary course of the facility's regularly conducted business at or near the time of the act, condition, or event by persons with knowledge of the facts recorded, and the records have been maintained in the ordinary course of the facility's regularly conducted business according to all confidentiality and security requirements of law. This certification is given by the custodian of records instead of the custodian's personal appearance.

We are not aware of any omissions; however, due to the timing of this request it is possible that a portion of the medical record may be incomplete and/or preliminary at this time.

The recipient of these records agrees to maintain their confidentiality and permit further disclosure only as authorized by law.

Select Only One:

- ☐ The complete records consisting of _____ pages.
☐ The complete records for the time period beginning _____ and ending _____ consists of _____ pages.
☒ The copied records consist of 91 pages. They are incomplete in the following: Sending all available information.

CERTIFICATION OF NO RECORDS

- ☐ A thorough search of requested information carried out under my direction and control revealed that this facility does not have the records described in the patient authorization or the subpoena duces tecum.

DECLARATION OF CUSTODIAN OF RECORDS

I, FELECIA WRIGHT, am the duly authorized Custodian of Records of the above named facility. I am familiar with the mode of preparation of, and have the authority to certify, the facility record. I declare under penalty of perjury under the laws of the State of SOUTH CAROLINA, County of CHARLESTON that the foregoing is true and correct.

Signature _____
6-20-16

Date _____

Subscribed and sworn to me, a notary public in and for said county, this 20 Day of 6 2016.

Notary Public _____

My commission expires: April 17 2018

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TRIDENT REGIONAL MEDICAL CENTER

ANDERSON JESSIE
09/05/1961

Conditions of Admission and Consent for Outpatient Care

In this document, "Patient" means the person receiving treatment. "Patient Representative" means any person acting on behalf of the Patient and signing as the Patient's representative. Use of the word "I," "you," "your" or "me" may in context include both the Patient and the Patient Representative. With respect to financial obligations "I" or "me" may also, depending on the context, mean financial guarantor "Guarantor".

"Provider" means the hospital and may include healthcare professionals on the hospital's staff and/or hospital-based physicians, which include but are not limited to: Emergency Department Physicians, Pathologists, Radiologists, Anesthesiologists, Hospitalists, certain other licensed independent practitioners and any authorized agents, contractors, affiliates, successors or assignees acting on their behalf.

Legal Relationship between Hospital and Physicians. Most or all of the physicians performing services in the hospital are independent and are not hospital agents or employees. Independent physicians are responsible for their own actions and the hospital shall not be liable for the acts or omissions of any such independent physicians.

1. **Consent to Treatment.** I consent to the procedures which may be performed during this hospitalization or during an outpatient episode of care, including, but not limited to, emergency treatment or services, and which may include laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered as ordered by the Provider. I consent to allowing students as part of their training in health care education to participate in the delivery of my medical care and treatment or be observers while I receive medical care and treatment at the Hospital, and that these students will be supervised by instructors and/or hospital staff. I further consent to the hospital conducting blood-borne infectious disease testing, including but not limited to, testing for hepatitis, Acquired Immune Deficiency Syndrome ("AIDS"), and Human Immunodeficiency Virus ("HIV"), if a physician orders such tests or if ordered by protocol. I understand that the potential side effects and complications of this testing are generally minor and are comparable to the routine collection of blood specimens, including discomfort from the needle stick and/or slight burning, bleeding or soreness at the puncture site. The results of this test will become part of my confidential medical record.
2. **Consent to Photographs, Videotapes and Audio Recordings.** I consent to photographs, videotapes, digital or audio recordings, and/or images of me being recorded for security purposes and/or the hospital's quality improvement and/or risk management activities. I understand that the facility retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used outside of the facility without a specific written authorization from me or my legal representative unless otherwise required by law.
3. **Financial Agreement.** In consideration of the services to be rendered to Patient, Patient or Guarantor individually promises to pay the Patient's account at the rates stated in the hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this agreement to pay the Patient's account. Some special items will be priced separately if there is no price listed on the Charge Master. An estimate

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REG of the anticipated charges for services to be provided to the Patient is available upon request from the hospital. Estimates may vary significantly from the final charges based on a variety of factors, including, but not limited to, the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

Professional services rendered by independent contractors are not part of the hospital bill. These services will be billed to the Patient separately. I understand that physicians or other health care professionals may be called upon to provide care or services to me or on my behalf, but that I may not actually see, or be examined by, all physicians or health care professionals participating in my care; for example, I may not see physicians providing radiology, pathology, EKG interpretation and anesthesiology services. I understand that, in most instances, there will be a separate charge for professional services rendered by physicians to me or on my behalf, and that I will receive a bill for these professional services that is separate from the bill for hospital services.

The hospital will provide a medical screening examination as required to all Patients who are seeking medical services to determine if there is an emergency medical condition without regard to the Patient's ability to pay. If there is an emergency medical condition, the hospital will provide stabilizing treatment within its capacity. However, Patient and Guarantor understand that if Patient does not qualify under the hospital's charity care policy or other applicable policy, Patient or Guarantor is not relieved of his/her obligation to pay for these services.

If supplies and services are provided to Patient who has coverage through a governmental program or through certain private health insurance plans, the hospital may accept a discounted payment for those supplies and services. In this event any payment required from the Patient or Guarantor will be determined by the terms of the governmental program or private health insurance plan. If the Patient is uninsured and not covered by a governmental program, the Patient may be eligible to have his or her account discounted or forgiven under the hospital's uninsured discount or charity care programs in effect at the time of treatment. I understand that I may request information about these programs from the hospital.

I also understand that, as a courtesy to me, the hospital may bill an insurance company offering coverage, but may not be obligated to do so. Regardless, I agree that, except where prohibited by law, the financial responsibility for the services rendered belongs to me, the Patient or Guarantor. I agree to pay for services that are not covered and covered charges not paid in full by insurance coverage including, but not limited to, coinsurance, deductibles, non-covered benefits due to policy limits or policy exclusions, or failure to comply with insurance plan requirements.

4. **Third Party Collection.** I acknowledge that the Providers may utilize the services of a third party Business Associate or affiliated entity as an extended business office ("EBO Servicer") for medical account billing and servicing. During the time that the medical account is being serviced by the EBO Servicer, the account shall not be considered delinquent, past due or in default, and shall not be reported to a credit bureau or subject to collection legal proceedings. When the EBO Servicer's efforts to obtain payment have been exhausted due to a number of factors (for e.g., Patient or Guarantor's failure to pay or make a payment arrangement after insurance adjustments and payments have been credited, and/or the insurer's denial of claim(s) or benefits is received), the EBO Servicer will send a final notice letter which will include the date that the medical account may be returned from the EBO Servicer to the Provider.

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Upon return to the Provider by the EBO Servicer, the Provider may place the account back with the EBO Servicer, or, at the option of the Provider, may determine the account to be delinquent, past due and in default. Once the medical account is determined to be delinquent it may be subject to late fees, interest as stated, referral to a collection agency for collection as a delinquent account, credit bureau reporting and enforcement by legal proceedings.

I also agree that if the Provider initiates collection efforts to recover amounts owed by me or my Guarantor, then, in addition to amounts incurred for the services rendered, Patient or Guarantor will pay, to the extent permitted by law: (a) any and all costs incurred by the Provider in pursuing collection, including, but not limited to, reasonable attorneys' fees, and (b) any court costs or other costs of litigation incurred by the Provider.

5. **Assignment of Benefits.** Patient assigns all of his/her rights and benefits under existing policies of insurance providing coverage and payment for any and all expenses incurred as a result of services and treatment rendered by the Provider and authorizes direct payment to the Provider of any insurance benefits otherwise payable to or on behalf of Patient for the hospitalization or for outpatient services, including emergency services, if rendered. Patient understands that any payment received from these policies and/or plans will be applied to the amount that Patient or Guarantor has agreed to pay for services rendered during this admission and, that Provider will not retain benefits in excess of the amount owed to the Provider for the care and treatment rendered during the admission.

I understand that any health insurance policies under which I am covered may be in addition to other coverage or benefits or recovery to which I may be entitled, and that Provider, by initially accepting health insurance coverage, does not waive its rights to collect or accept, as payment in full, any payment made under different coverage or benefits or any other sources of payment that may or will cover expenses incurred for services and treatment.

I hereby irrevocably appoint the Provider as my authorized representative to pursue any claims, penalties, and administrative and/or legal remedies on my behalf for collection against any responsible payer, employer-sponsored medical benefit plans, third party liability carrier or, any other responsible third party ("Responsible Party") for any and all benefits due me for the payment of charges associated with my treatment. This assignment shall not be construed as an obligation of the Providers to pursue any such right of recovery. I acknowledge and understand that I maintain my right of recovery against my insurer or health benefit plan and the foregoing assignment does not divest me of such right.

I agree to take all actions necessary to assist the Provider in collecting payment from any such Responsible Party should the Provider(s) elect to collect such payment, including allowing the Provider(s) to bring suit against the Responsible Party in my name. If I receive payment directly from any source for the medical charges associated with my treatment acknowledge that it is my duty and responsibility to immediately pay any such payments to the Provider(s).

6. **Medicare Patient Certification and Assignment of Benefit.** I certify that any information I provide in applying for payment under Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act is correct. I request payment of authorized benefits to be made on my behalf to the hospital or hospital-based physician by the Medicare or Medicaid program.

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REG. **Private Room.** I understand and agree that I am (or Guarantor is) responsible for any additional charges associated with the request and/or use of a private room.

8. **Outpatient Medicare Patients.** Medicare does not cover prescription drugs with only a few exceptions. According to Medicare regulations, I acknowledge that I am responsible for any drugs furnished to me while an outpatient that meet Medicare's definition of a prescription drug. These drugs are also referred to as self-administered drugs, as they are usually self-administered but they may be administered to me by hospital personnel. Medicare requires hospitals to bill Medicare Patients or other third party payers for these drugs. Medicare Part D beneficiaries may submit a paper claim to the Medicare Part D Plan for possible reimbursement of these drugs in accordance with Medicare Drug Plan enrollment materials.
9. **Communications About My Healthcare.** I authorize my healthcare information to be disclosed for purposes of communicating results, findings, and care decisions to my family members and others I designate to be responsible for my care. I will provide those individuals with a password or other verification means specified by the hospital. I agree I may be contacted by the Provider or an agent of the Provider or an independent physician's office for the purposes of scheduling necessary follow-up visits recommended by the treating physician.
10. **Consent to Telephone Calls for Financial Communications.** I agree that, in order for you, or your EBO Servicers and collection agents, to service my account or to collect any amounts I may owe, I expressly agree and consent that you or your EBO Servicer and collection agents may contact me by telephone at any telephone number I have provided or you or your EBO Servicer and collection agents have obtained or, at any number forwarded or transferred from that number, regarding the hospitalization, the services rendered, or my related financial obligations. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.
11. **Consent to Email or Text Usage for Discharge Instructions and Other Healthcare Communications.** If at any time I provide an email or text address at which I may be contacted, I consent to receiving discharge instructions and other healthcare communications at that email or text address from the Providers. These discharge instructions may include, but not be limited to: post-operative instructions, physician follow-up instructions, dietary information, and prescription information. The other healthcare communications may include, but are not limited to communications to family or designated representatives regarding my treatment or condition, or reminder messages to me regarding appointments for medical care.
12. **Release of Information.** I hereby permit Providers to release healthcare information for purposes of treatment, payment or healthcare operations. Healthcare information regarding a prior admission(s) at other HCA affiliated facilities may be made available to subsequent HCA-affiliated admitting facilities to coordinate Patient care or for case management purposes. Healthcare information may be released to any person or entity liable for payment on the Patient's behalf in order to verify coverage or payment questions, or for any other purpose related to benefit payment. Healthcare information may also be released to my employer's designee when the services delivered are related to a claim under worker's compensation. If I am covered by Medicare or Medicaid, I authorize the release of healthcare information to the Social Security Administration or its intermediaries or carriers for payment of a Medicare claim or to the appropriate state agency for payment of a Medicaid claim. This information may include, without limitation, history and physical, emergency records, laboratory reports, operative reports, physician

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REG progress notes, nurse's notes, consultations, psychological and/or psychiatric reports, drug and alcohol treatment and discharge summary. Federal and state laws may permit this facility to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share my health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of my health records; decreasing the time needed to access my information; aggregating and comparing my information for quality improvement purposes; and such other purposes as may be permitted by law. I understand that this facility may be a member of one or more such organizations. This consent specifically includes information concerning psychological conditions, psychiatric conditions, intellectual disability conditions, genetic information, chemical dependency conditions and/or infectious diseases including, but not limited to, blood borne diseases, such as HIV and AIDS.

13. Other Acknowledgements.

Personal Valuables. I understand that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss of or damage to any money, jewelry, documents, furs, fur coats and fur garments, or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for the loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The liability of the hospital for loss of any personal property that is deposited with the hospital for safekeeping is limited to the greater of five hundred dollars (\$500.00) or the maximum required by law, unless a written receipt for a greater amount has been obtained from the hospital by the Patient. The hospital is not responsible for the loss or damage of cell phones, glasses or dentures or personal valuables unless they are placed in the hospital safe in accordance with the terms as stated above.

Weapons/Explosives/Drugs. I understand and agree that if the hospital at any time believes there may be a weapon, explosive device, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the hospital may search my room and my belongings located anywhere on hospital property, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

Patient Visitation Rights. I understand that I have the right to receive the visitors whom I or my Patient Representative designates, without regard to my relationship to these visitors. I also have the right to withdraw or deny such consent at any time. I will not be denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity and gender expression, and sexual orientation or disability. All visitors I designate will enjoy full and equal visitation privileges that are no more restrictive than those that my immediate family members would enjoy. Further, I understand that the hospital may need to place clinically necessary or reasonable restrictions or limitations on my visitors to protect my health and safety in addition to the health and safety of other Patients. The hospital will clearly explain the reason for any restrictions or limitations if imposed. If I believe that my visitation rights have been violated, I or my representative has the right to utilize the hospital's complaint resolution system.

Additional Provision for Admission of Minors/ Incapacitated Patient. I, the undersigned, acknowledge and verify that I am the legal guardian or custodian of the minor/incapacitated patient.

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REG **Patient Self Determination Act.**

I have been furnished information regarding Advance Directives (such as durable power of attorney for healthcare and living wills). Please initial or place a mark next to one of the following applicable statements:

☒ I executed an Advance Directive and have been requested to supply a copy to the hospital	☐ I have not executed an Advance Directive, wish to execute one and have received information on how to execute an Advance Directive	☐ I have not executed an Advance Directive and do not wish to execute one at this time
--	---	---

15. **Notice of Privacy Practices.** I acknowledge that I have received the hospital's Notice of Privacy Practices, which describes the ways in which the hospital may use and disclose my healthcare information for its treatment, payment, healthcare operations and other prescribed and permitted uses and disclosures. I understand that this information may be disclosed electronically by the Provider and/or the Provider's business associates. I understand that I may contact the hospital Privacy Officer designated on the notice if I have a question or complaint.

Acknowledge: Jessie B. A. (Initial)

16. **Consent to Authorize Use of Email and Text for Patient Billing and Financial Obligations.** By my consent below, I authorize the use of any email address or cellular telephone number I provide for receiving information relating to my financial obligations, including, but not limited to, payment reminders, delinquent notifications, instructions and links to hospital Patient billing information.

Acknowledge: _____ (Initial) I consent to use of email for Patient billings and financial obligation purposes.

Acknowledge: _____ (Initial) I consent to use of text for Patient billings and financial obligation purposes.

17. **Acknowledgement:** I have been given the opportunity to read and ask questions about the information contained in this form, specifically including but not limited to the financial obligation's provisions and assignment of benefit provisions, and I acknowledge that I either have no questions or that my questions have been answered to my satisfaction and that I have signed this document freely and without inducement other than the rendition of services by the Providers.

Acknowledge: J. B. A. (Initial)

18. **Acknowledgement of Notice of Patient Rights and Responsibilities.** I have been furnished with a Statement of Patient Rights and Responsibilities ensuring that I am treated with respect and dignity and without discrimination or distinction based on age, gender, disability, race, color, ancestry, citizenship,

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REG religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law.

Acknowledge: J. BA (Initial)

Date: <u>4/12/16</u> Time: <u>9:33</u>	I, the undersigned, as the Patient or Patient Representative, or, for a minor/incapacitated Patient, as the legal guardian, hereby certify I have read, and fully and completely understand this Conditions of Admission and Authorization for Medical treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, voluntarily and agree to be bound by its terms. I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services. If insurance coverage is insufficient, denied altogether, or otherwise unavailable, the undersigned agrees to pay all charges not paid by the insurer.
Patient/Patient Representative Signature: <u>Jessie B. Anderson</u> If you are not the Patient, please identify your Relationship to the Patient. (Circle or mark relationship(s) from list below): Spouse Parent Legal Guardian Neighbor/Friend Sibling Healthcare Power of Attorney Guarantor Other (please specify):	Witness Signature and Title: X <u>[Signature]</u> Additional Witness Signature and Title: (required for Patients unable to sign without a representative or Patients who refuse to sign) X _____ HCA Corporate Standard COA-COS 03.17.2015

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ANDERSON
09/05/1961

JESSIE

Trident Health System Better For You™

I have received Trident Health System's Lewis Blackman Patient Safety Act Information Sheet, which includes patients' rights as defined in the Lewis Blackman Patient Safety Act of 2005.

Jessie B. Anderson
Patient/Representative

If Representative, relationship to patient

4-12-16
Date

[Signature]
THS Witness

4-12-16
Date
9:58
Time

TRIDENT HEALTH SYSTEM
Lewis Blackman Patient Safety
Confirmation Form



TREAT
3400103081 (Rev 03/11)

PATIENT IDENTIFICATION

Page: 1 of 1

RUN DATE: 04/16/16
RUN TIME: 0316
RUN USER: BPP.FRED

Trident Health System ABS *LIVE*
CODING SUMMARY

PAGE 1

NAME: ANDERSON, JESSIE BELL
ADM DATE: 04/12/16 0929
ATTEND PHYS: Thompson, Richard M MD
DIS DT/TM: 04/12/16 1056
DIS DISP: ROUTINE HOME/SELF CARE
LOS: 1
PT CLASS: ER.ALL

ACCT#: D00051464927
FORM:
UNIT#: D000266588
SEX: F
AGE: 54
DOB: 03/05/61
FIN CLASS: 99
ABS STATUS: FINAL

DIAGNOSES

POA INDICATOR CODESET

REASON FOR VISIT DX
M79.652
M79.651

PAIN IN LEFT THIGH
PAIN IN RIGHT THIGH

ICD10
ICD10

PRIMARY CODESET

PRINC DX M79.605
OTHER DX M79.604
P17.200

PAIN IN LEFT LEG
PAIN IN RIGHT LEG
NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED

ICD10
ICD10
ICD10

OTHER CODESET

PRINC DX
OTHER DX

PROCEDURE

PRIMARY CODESET

DATE PROC CODE & NAME
OTHER CODESET

SURGEON

ANESTHESIOLOGIST

PRIMARY CODESET

DRG I-10

OTHER CODESET

DRG I-9

STATUS	\$REIMB	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
					33	99

DRG STATUS DATE:
CODER: 1FSDJU7698

ABS STATUS DATE: 04/15/16
ABSTRACTOR: 1FSDJU7698

This form will be maintained as a permanent part of the medical record

Trident Health Systems - Moncks Corner
9330 Medical Plaza Drive, Charleston, South Carolina 29406 (843)797-7000

ACCOUNT#: D00051464927 ADM DATE: 04/12/16 UNIT RCRD #: D000266588 ARRIVAL: WI
ROOM/BED: ADM TIME: 0929 MARKET URN: D393395 CONF: VIP:
PT. TYPE: REG ER ADMIT PRI/SRC: EM / PR LOCATION(S): D.MED FC: 99

NAME: ANDERSON, JESSIE BELL

STREET: 218 VALDOSTA LANE

STREET:

C/S/ZP: MONCK'S CORNER, SC 29461

PHONE#: (843)312-7612 CNTY/RES: 008

PHONE2: (999)999-9999

EMAIL:

SSN: 000-00-0000

ROBERSON, SHAQUIORA

204 SEMIMOLE DRIVE

SUMMERVILLE, SC 29483

(843)694-2866 RELTN: CHILD - NO FINC RESP

WORK PH: (999)999-9999

BARONY HOUSE

RAILROAD ST

MONCK'S CORNER, SC 29461

(843)761-7600 OCC: WORKER

BARONY HOUSE

RAILROAD ST

MONCK'S CORNER, SC 29461

(843)761-7600

OTHER NAME:

DOB: 09/05/1961 SS#: XXX-XX-5893

AGE: 54

RACE: BLACK/AFRI

SEX: F

MAR STATUS: D

REL: NONE

LANG: ENGLISH

PEPPER, DEBRA

128 THEMENS RD

MONCK'S CORNER, SC 29461

(843)899-3112 RELTN: SISTER

WORK PH: (999)999-9999

ANDERSON, JESSIE B

218 VALDOSTA LANE

MONCK'S CORNER, SC 29461

(843)312-7612 RELTN: SELF

OCCURRENCE CODES: CONDITION CODES

11 04/12/16

PRIMARY: MCAID13 - 06935

600 MEDICAID SC PENDING

PO BOX 1458

SECONDARY: CHAX050 - 09950

600 CHARITY PENDING

TERTIARY: UNINSURED - 09940

600 UNINSURED DISCOUNT PLAN

COLUMBIA, SC 29202-1458

POLICY #: 251315893

COVERAGE #:

INS PHONE #: (888)549-0820

GRP #:

AUTH #:

AUTH DT: VER DT:

SUB: ANDERSON, JESSIE BELL

RELAT: SA DOB: 09/05/1961

POLICY #: 251315893

COVERAGE #:

INS PHONE #: (678)421-7000

GRP #:

AUTH #:

AUTH DT: VER DT:

SUB: ANDERSON, JESSIE B

RELAT: SA DOB: 09/05/1961

POLICY #: 251315893

COVERAGE #:

INS PHONE #:

GRP #:

AUTH #:

AUTH DT: VER DT:

SUB: ANDERSON, JESSIE B

RELAT: SA DOB: 09/05/1961

ADM:

HCS:

ATT:

HCS:

ER: REGONLY Reg, Only, 1985

REASON FOR VISIT/CHIEF COMPL: leg pain and weakness

PCP: NO PCP

HCS: 7943

REF: SELF

HCS: 9715

No Primary or Family Physician

.

SELF REFERRED

.

COMMENTS: SEE NOTES

PRT BY: R.TR.DTK ON: 04/12/16 0953



ADVANCE DIRECTIVE: No: Info Offered/Accepted

DISCH DATE: TIME: DISPO:



Patient: ANDERSON, JESSIE BELL MRN: D000266588 Encounter: D00051464927

Page 10 of 28

TRIDENT HEALTH SYSTEMS (COCTR)
EMERGENCY PROVIDER REPORT
REPORT#: 0412-0273 REPORT STATUS: Signed
DATE: 04/12/16 TIME: 0943

PATIENT: ANDERSON, JESSIE BELL
ACCOUNT#: D00051464927
AGE: 54 SEX: F
Family Physician
SERVICE DT: 04/12/16
MD

UNIT #: D000266588
ROOM/BED:
PCP PHYS: No Primary or
AUTHOR: Thompson, Richard M

* ALL edits or amendments must be made on the electronic/computer document *

HPI-Extremity Prob Lower

General

Confirmed Patient Yes

Initial Greet Date/Time 04/12/16 0937

Presentation

Chief Complaint Thigh problem R, Thigh problem L, Leg problem R, Leg problem L

Symptom Duration Lasting weeks (2)

Progression since Onset Unchanged

Caused by No trauma by history

Location Thigh R, Thigh L, Leg R, Leg L

Severity: Current Mild

Exacerbated by Nothing

Relieved by Nothing

Free Text HPI Notes

Free Text HPI Notes

54 yo reports she has sore legs for about 2 weeks. She reports it is sore on her thighs and legs. She denies any numbness. She denies any incontinence.

Review of Systems

ROS Statements

All systems rev & neg except as marked.

Focused Review of Systems

Constitutional

Denies: Chills, Fever.

Musculoskeletal

Denies: Extremity pain, Extremity swelling.

Skin

Patient: ANDERSON, JESSIE BELL
Unit#: D000266588
Date: 04/12/16
Acct#: D00051464927

Denies: Rash, Redness.

Neurologic

Denies: Focal weakness, Headache, Lightheaded, Numbness.

Past Medical History - Adult

Stated Complaint leg pain and weakness

Allergies

Coded Allergies:

No Known Drug Allergies (06/26/14)

Home Medications

Discontinued Reported Medications

SERTRALINE (ZOLOFT) 50 MG PO DAILY

[BLOOD PRESSURE]

NITROFURANTOIN MACROCRYSTAL (MACRODANTIN) 100 MG PO BID

MELOXICAM (MOBIC) 15 MG PO DAILY

PRAVASTATIN (PRAVACHOL) 40 MG PO DAILY

Reviewed Nursing Notes Reviewed available notes

Pt reports no significant: Past medical history

Past Surgical History:

Reports Hysterectomy

Patient History

FATHER

Family History: Diabetes

MOTHER

Family History: Stroke

Smoking status for patients 13 years old or older: Current every day smoker

Ambulatory Status Independent

Physical Exam

Initial Vital Signs

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	100	04/12 0929
B/P	140/93	04/12 0929
Temp	36.4	04/12 0929

Patient: ANDERSON, JESSIE BELL
 Unit#: D000266588
 Date: 04/12/16
 Acct#: D00051464927

Pulse	112	04/12 0929
Resp	16	04/12 0929

Last Documented:

	Result	Date Time
Pulse	94	04/12 1043
B/P	159/88	04/12 1017
Pulse Ox	100	04/12 0929
Temp	36.4	04/12 0929
Resp	16	04/12 0929

All vital signs available at the time of this entry have been reviewed.

Focused PE

General/Const

General/Const Awake, Alert, No acute distress, Well appearing, Well developed, Well hydrated, Well nourished, Cooperative

Resp/Chest

Respiratory/Chest Atraumatic, Breath sounds NL, Breath sounds = bilat, No respiratory distress, No rales, No rhonchi, No wheezing, No retractions

Cardiovascular

Cardiovascular Heart rate NL, Regular rhythm, Heart sounds NL, No gallop, No murmurs, No rubs

Lower Extremities**

Lower Ext/Pelvis/MS Atraumatic, Inspection NL, Full range of motion, No swelling, Non-tender, pulses present, one leg sbp 180s 150s other

Ankle/Foot **

Ankle/Foot Atraumatic, Inspection NL, Full range of motion, No swelling, No erythema, Non-tender

Skin

Skin Atraumatic, Color NL, No rash, Warm, Dry, Intact

Neurologic

Neurologic Oriented X3, Speech NL, No motor deficits, No sensory deficits

Re-Evaluation & MDM

Free Text MDM Notes

Free Text MDM Notes

54 yo reprotis bl sore legs, neuro is normal, steady gait, no swelling, normal pulses ABI > 1 (SBP 183 and 150s in each leg), neuro normal on exam, discussed rare conditions including

Patient: ANDERSON, JESSIE BELL
Unit#: D000266588
Date: 04/12/16
Acct#: D00051464927

spinal stenosis, myositis, advised close fu, symptmaitc mgt, encouraged close fu, return if worse or any concerns, patient agrees with plan

Differential Diagnosis

Differential Diagnosis Abrasion, Abscess, Achilles tendon rupture, Ankle dislocation, Arterial occlus/ischemia, Baker's cyst, Calcaneal fracture, Cellulitis, Compartment syndrome, Contusion, Femur fracture, Fibular fracture, Fracture, Greater trochant fracture, Guillain-Barre syndrome, Hematoma, Hip dislocation ant, Hip dislocation post, Hip effusion, Hip fracture, Intertrochanteric fractur, Knee disloc ant, Knee disloc post, Knee effusion, Knee fracture, Knee ligament injury, Laceration, Lesser trochant fracture, Metatarsal fracture, Muscle spasm, Nail bed laceration, Neurovascular injury, Open fracture, Paronychia, Patellar dislocation, Patellar tendon rupture, Pelvic fracture, Phalanx distal fracture, Phalanx middle fracture, Phalanx proximal fracture, Plantar fasciitis, Plantar warts, Plantaris rupture, Proximal tibia fracture, Puncture wound, Splinter, Sprain, Strain, Subungual hematoma, Superficial thrombophleb, Tibia distal fracture, Tibial shaft fracture, Torus fracture, Tripod fracture, Venous thromboembolism

Patient Discharge & Departure

Vital Signs/Condition

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	100	04/12 0929
B/P	140/93	04/12 0929
Temp	36.4	04/12 0929
Pulse	112	04/12 0929
Resp	16	04/12 0929

Last Documented:

	Result	Date Time
Pulse	94	04/12 1043
B/P	159/88	04/12 1017
Pulse Ox	100	04/12 0929
Temp	36.4	04/12 0929
Resp	16	04/12 0929

All vital signs available at the time of this entry have been reviewed.

Clinical Impression

Patient: ANDERSON, JESSIE BELL
Unit#: D000266588
Date: 04/12/16
Acct#: D00051464927

Clinical Impression

Primary Impression: Bilateral leg pain

Disposition Decision

Discharge

)(Discharged to Home Yes
)(Time 1046
)(Date 04/12/16

Discharge/Care Plan

Counseled Regarding Diagnosis, Prescriptions, Need for follow-up, When to return to ED

Electronically Signed by Thompson, Richard M MD on 04/12/16 at 1047

RPT #: 0412-0273
END OF REPORT

Page 5 of 5

Acct. No: D00051454927
Unit. No: D000266588

Fever greater than 100.4° F

Sore Throat? N
 Night sweats? N
 Unexplained weight loss? N
 Fatigue? N
 Body Aches? N

Nasal Congestion (not related to allergies or sinus infections)? N
Pt reports prior history of TB or positive TB skin test? N
Close contact with a person who has TB? N
Close contact with any person having an Influenza-like Illness? N
Travel outside the US in the past 3 weeks? N

STAY

Contagious Respiratory Infection Point of Entry Screen- **NEGATIVE**
 Temperature: 97.6
 Temp source: Oral
 Pulse: 112

Respirations: 10
Resp source: Observed
Blood Pressure: 140/93

Arrived By: WI
Onset of Symptoms Date: 03/29/16

See next page
Subjective Assessment:

Objective Assessment:
PT ARRIVES VIA WC

Cardiovascular MDP? Yes
Respiratory MDP? Yes

See next page
OR/GRN History (if noted below)

Chief Complaint: Lower
Priority: ESI 3/URGENT
Extremity Pain/Injury

Can insert nano
...SP Enabled

Case no.	Age	Sex	Is Patient Present? Y/N	Ref. page
1	10	M	Y	10
2	10	M	Y	10
3	10	M	Y	10
4	10	M	Y	10
5	10	M	Y	10
6	10	M	Y	10
7	10	M	Y	10
8	10	M	Y	10
9	10	M	Y	10
10	10	M	Y	10
11	10	M	Y	10
12	10	M	Y	10
13	10	M	Y	10
14	10	M	Y	10
15	10	M	Y	10
16	10	M	Y	10
17	10	M	Y	10
18	10	M	Y	10
19	10	M	Y	10
20	10	M	Y	10
21	10	M	Y	10
22	10	M	Y	10
23	10	M	Y	10
24	10	M	Y	10
25	10	M	Y	10
26	10	M	Y	10
27	10	M	Y	10
28	10	M	Y	10
29	10	M	Y	10
30	10	M	Y	10
31	10	M	Y	10
32	10	M	Y	10
33	10	M	Y	10
34	10	M	Y	10
35	10	M	Y	10
36	10	M	Y	10
37	10	M	Y	10
38	10	M	Y	10
39	10	M	Y	10
40	10	M	Y	10
41	10	M	Y	10
42	10	M	Y	10
43	10	M	Y	10
44	10	M	Y	10
45	10	M	Y	10
46	10	M	Y	10
47	10	M	Y	10
48	10	M	Y	10
49	10	M	Y	10
50	10	M	Y	10
51	10	M	Y	10
52	10	M	Y	10
53	10	M	Y	10
54	10	M	Y	10
55	10	M	Y	10
56	10	M	Y	10
57	10	M	Y	10
58	10	M	Y	10
59	10	M	Y	10
60	10	M	Y	10
61	10	M	Y	10
62	10	M	Y	10
63	10	M	Y	10
64	10	M	Y	10
65	10	M	Y	10
66	10	M	Y	10
67	10	M	Y	10
68	10	M	Y	10
69	10	M	Y	10
70	10	M	Y	10
71	10	M	Y	10
72	10	M	Y	10
73	10	M	Y	10
74	10	M	Y	10
75	10	M	Y	10
76	10	M	Y	10
77	10	M	Y	10
78	10	M	Y	10
79	10	M	Y	10
80	10	M	Y	10
81	10	M	Y	10
82	10	M	Y	10
83	10	M	Y	10
84	10	M	Y	10
85	10	M	Y	10
86	10	M	Y	10
87	10	M	Y	10
88	10	M	Y	10
89	10	M	Y	10
90	10	M	Y	10
91	10	M	Y	10
92	10	M	Y	1

	Resided in or traveled to an African country; None	Had contact with anyone who has been to a West African country; No
No.	0	0

Rever greater than 100.4 F or 38.0 C N

Trident Health System EHR - LIVE™ EMERGENCY PATIENT RECORD		PAGE 2
RUN DATE: 04/14/16 RUN TIME: 0316 RUN USER: HPF.FEED		
Patient: ANDERSON, JESSIE BELL EMR Provider: Thompson, Richard K MD, Zuckerman		
04/12/16 0932	Pain Assessment/Reassessment	JONES, KELLY S, RN
Acceptable pain level: 0 Assessment type: Ongoing Monitoring Pain scales: Numeric Intensity: 5 See next page Pain location: Leg Sites: Bilateral Characteristics: Ache, Pressure See next page Last page		
04/12/16 0933	Medication History	JONES, KELLY S, RN
Takes Daily Medications, Vitamins, Herbal or OTC Medications N Attention Required: N		
04/12/16 0936	Detailed Assessment	JONES, KELLY S, RN
Suicide screening: No Evidence of physical and/or psychological abuse: No Do you currently think your safety is being threatened by anyone you know: No See next page Previous Medical History: Yes Surgical History: HYSTERECTOMY Medications and Treatments Prior to Arrival: Other Other treatments: NUTRIN 600MG 0930 See next page Nutritional Assessment MDP? Yes Functional Assessment MDP? Yes Living arrangements: Lives with others See next page Tobacco history: Yes Alcohol history: Yes Drug use history: No See next page Are there cultural, religious, language, developmental or behavioral factors to consider in planning care: No Any barriers to learning identified: No Readiness to learn: Cooperative Preferred method of learning: Discussion See next page OMBIN History: (if noted below) Do you feel a sense of hopelessness or helplessness that affects the care See next page See next page Body Mass Index (BMI): 26.6 High See next page See next page ED plan of care Chief Complaint: Lower Extremity Pain/Injury Expected outcome of chief complaint: Stabilized/Maintained Last page See next page In the past few days have you been having I want to ask you if your child attempted suicide See next page In the past week have you been having		
04/12/16 0937	Extremity Assessment	JONES, KELLY S, RN
Mechanism of Injury: No Trauma Presenting Signs & Symptoms: Extremity Discomfort, Difficulty Walking Onset of Symptoms Date: 03/29/16 Symptoms Constant or Intermittent: Intermittent Onset of Current Episode: 2-4 Weeks Ago See next page See next page See next page See next page See next page Last page		
04/12/16 0938	Family Health History	JONES, KELLY S, RN
04/12/16 0938 Physical Findings Neurological Assessment MDP: Yes Musculoskeletal Assessment MDP: No Documented via Chief Complaint: Yes Eye Assessment MDP: Yes Gastrointestinal Assessment MDP: Yes ENT Assessment MDP: Yes Genitourinary Assessment MDP: Yes Respiratory Assessment MDP: Yes Integumentary Assessment MDP: Yes Cardiovascular Assessment MDP: Yes Psychosocial Assessment MDP: Yes Circulatory Assessment MDP: Yes See next page Last page See next page See next page See next page ***** EYE ***** ***** NOSE ***** ***** THROAT ***** See next page		

Trident Health System EDN **LIVE** EMERGENCY PATIENT RECORD		PAGE 3
RN DATE: 04/14/16 RN TIME: 0316 RN USER: HPF.JED Patient: ANDERSON, JESSIE BELL DOB: 04/14/16 MRN: D000266588 Encounter: D00051464927 Unit: 0000000000 See next page See next page 04/12/16 0938 Severe Sepsis Screening Temperature: No WBC/Bands: No No Result Heart rate: Yes No Result Respirations: No If yes to 2 or more of above, proceed to next section: 1 == INFECTION == See next page == NEW ORGAN DYSFUNCTION within past 48 hours == Last page 04/12/16 1056 Extremity Assessment Patient Condition Assessment: No Change Ongoing Signs & Symptoms: Extremity Discomfort See next page See next page See next page See next page See next page Last page	JONES, KELLY S, RN JONES, KELLY S, RN JONES, KELLY S, RN	Elapsed Time from Disposition to Depart: 0:10 Patient Left Discharge Information provided: Instructions/Prescription Discharge Instructions given to and verbalized understanding by: PI Patient discharged from ED by Provider and not seen by RN: No Patient Discharged: To: Home With: Companion Mode: Ambulatory Via: Private Vehicle Driver: Companion See next page See next page See next page Last page ** FLACC Pain Assessment - Less than Age 3 or Sleeping ** Score of 4 or More, Consider Intervention See next page ** Neonatal / Infant Pain Scale (NIPS) **
04/12/16 1057 Disposition - DC, TX, ADM, LPT Patient Disposition: Discharge Disposition Category: Discharged Flowchart: No Pain scale: Numeric Intensity: 5 Question below will only be answered if patient is LWSE: ED plan of care Chief Complaint: Lower Extremity Pain/Injury Expected outcome of chief complaint: Stabilized/Maintained Actual outcome of chief complaint: Stabilized/Maintained See next page Primary ED Nurse: DNR, KSJ For lookup by name, enter N/Name then press <Lookup> Arrival Date: 04/12/16 Arrival Time: 0929 ESP? N Triage Date: 04/12/16 Triage Time: 0929 Placed in Bed Date: 04/12/16 Placed in Bed Time: 0929 M/D/O/P/NP Initiates Contact/Greets Patient Date: 04/12/16 M/D/O/P/NP Initiates Contact/Greets Patient Time: 0937 M/D/O/P/NP Makes Decision to Disposition Date: 04/12/16 M/D/O/P/NP Makes Decision to Disposition Time: 1046 Date Patient Physically Leaves ED: 04/12/16 Time Patient Physically Leaves ED: 1056	JONES, KELLY S, RN JONES, KELLY S, RN JONES, KELLY S, RN	04/12/16 0938 Dashboard Data Primary ED Nurse: DNR, KSJ For lookup by name, enter N/Name then press <Lookup> Arrival Date: 04/12/16 Arrival Time: 0929 ESP? N Placed in Bed Date: 04/12/16 Triage Level: ESI3/Urgent Placed in Bed Time: 0929 M/D/O/P/NP Initiates Contact/Greets Patient Date: 04/12/16 M/D/O/P/NP Initiates Contact/Greets Patient Time: 0937 04/12/16 1016 Detailed Flowchart Blood Pressure: 182/86 BP source: Non-invasive monitor APR H (mmHg): 118 BP location: Left leg See next page Body Mass Index (BMI): 26.6 : High See next page Orthostatic Vital Signs: (if noted below) Glasgow Coma Scale: Last page 04/12/16 1017 Detailed Flowchart Blood Pressure: 159/88 APR H (mmHg): 111 BP location: Right leg See next page Body Mass Index (BMI): 26.6 : High See next page Orthostatic Vital Signs: (if noted below)

RUN DATE: 04/14/16 RUN TIME: 0316 RUN USER: MPT.FEED		Trident Health System EDN ***LIVE*** EMERGENCY PATIENT RECORD		PAGE 4	
Patient: ANDERSON, JESSIE BELL EDN Provider: Thompson, Richard V. MD, Zuckerman Glasgow Coma Scale: Last page		Date: 04/12/16 Time: 1043 Detailed Flowchart		Date: 04/12/16 Time: 1043 Detailed Flowchart	
Pulse: 94 Pulse source: Noninvasive See next page Body Mass Index (BMI): 26.5 : High See next page Orthostatic Vital Signs: (If noted below) Glasgow Coma Scale: Last page		JONES, KELLY S, RN		- No paralysis - Steady gait - Ambulates independently - No respiratory distress - No cough - No O2 or assistive devices - No nasal flaring or pursed lip breathing - Respirations even & unlabored - Skin pink & warm to touch - No edema noted - Oral mucosa pink and moist - Skin color appropriate to ethnic color - Denies sensory complaints - No edema noted	
04/12/16 1056 Teaching Education Learner: Patient Readiness to Learn: Cooperative Barriers to Learning: None Patient Rating of Current Knowledge Level: Good Teaching method: Verbal, Printed See next page Patient/Family education subject items: Medications, ED after care/follow up Learner(s) verbalized understanding and/or return demonstration of items: Yes Pt/Family encouraged verbalize anxieties and reassurance given: Yes Pt/Family/Significant other informed of condition and treatment plans: Yes Pt/Family/Significant other encouraged give input and participate in tx: Yes Last page		JONES, KELLY S, RN		- Nasal - Breathes freely through both nares - Throat - No hoarseness or stated soreness, no cough - No stated calf tenderness - No history of pacemaker or implanted defibrillator - Denies current cardiac complaint - Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin - Moves all extremities - Ambulates independently	
Primary Impression: Bilateral leg pain Disposition: ROUTINE HOME/SELF CARE Comments: Condition: STABLE Referrals: Pt Instructions: Departure Forms:		These are the definitions of Within Defined Parameters for the Nutritional and Functional Screenings: NUTRITIONAL - No swallowing/chewing impairments - No nausea and/or vomiting and/or diarrhea for 3 or more days - No reported unintentional weight loss > 10 lbs in last 3 months - No reported decrease in intake > 50% of usual in last two weeks FUNCTIONAL - No unexplained alteration in movement/mobility in last four weeks - No recent limitation performance of ADLs - No recent alteration in ADLs that require assistance		- No paralytic - Steady gait - Ambulates independently - No respiratory distress - No cough - No O2 or assistive devices - No nasal flaring or pursed lip breathing - Respirations even & unlabored - Skin pink & warm to touch - No edema noted - Oral mucosa pink and moist - Skin color appropriate to ethnic color - Denies sensory complaints - No edema noted - Denies GI complaints - Denies GU complaints - With regards to cultural influences: mood/affect is appropriate - Patient demonstrates effective coping skills/patterns for situation	
These are the definitions of Within Defined Parameters by Body System NEUROLOGICAL - Alert & Oriented x 4 - Pupils equal - Speech clear and appropriate for age - Moves all extremities EENT - Eyes - Clear, no tearing or redness - Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage		These are the definitions of Within Defined Parameters by Body System EENT - Eyes - Clear, no tearing or redness - Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage		This is the definition for the evidence of Physical and/or Psychological Abuse question: ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO: PT DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Rx. of abuse/neglect, withdrawal/fearful behavior, unexplained or suspicious bruises/abrasions, Patient/Caregiver story changes, Defensive about injuries, Undernourished despite good appetite, Recurrent/Suspicious injuries, Fear of return to previous arrangements, Inquiries do not match event history. *** PATIENT SAFETY PARAMETERS *** ** Allergy and Patient Identification Bands in Place and Validated ** If in a Bed, Side Rails Up and Bed in Low Position With Wheels Locked ** If in a Wheelchair, Wheels Locked ** Call Light Function Explained and Within Reach ** Standard Precautions Observed	

PART A - PATIENT INFORMATION - PLEASE COMPLETE PART A AND PART B			
I came to the Emergency Department today because: _____			
Last Name: _____ First Name: _____ Middle Initial: _____			
Address: _____ (Number/Street) (City) (State) (Zip Code)			
Phone: (____) _____ Soc Sec Number: _____-____-____ Date of Birth: ____/____/____			
Family Physician: _____ Are you pregnant? ☐ Yes ☐ No			
Last menstrual period: ____/____/____ Have you had a baby within the past six weeks? ☐ Yes ☐ No			
Form completed by: ☐ Self ☐ Other: _____ Relationship: _____			
PART B - CURRENT SYMPTOMS			
Please check any of the following symptoms you currently have:			
☐ Persistent cough greater than 3 weeks ☐ Sore Throat ☐ Fever greater than 100.4°F ☐ Body aches ☐ Night Sweats ☐ Cough (not related to allergies or COPD) ☐ Cough with blood production ☐ Rash ☐ Fatigue ☐ Nasal congestion (not related to allergies or sinus infections) ☐ History of TB or Positive TB Skin Test ☐ Close contact with person who has influenza-like illness ☐ Close contact with person who has TB ☐ Unexplained weight loss			
PART C - TRIAGE INFORMATION (For Facility Use Only)			
1st Call for Triage at ____:____ AM PM 2nd Call for Triage at ____:____ AM PM 3rd Call for Triage at ____:____ AM PM 4th Call for Triage at ____:____ AM PM			
Triage Nurse Notes: _____			
PART D - RAPID (INITIAL) TRIAGE (For Facility Use Only)			
Time: _____ First Point of Contact Screening Positive: ☐ Y ☐ N Patient requested to mask? ☐ Y ☐ N			
AIRWAY: ☐ Patent ☐ Impaired BREATHING - Respiratory Distress: ☐ None ☐ Mild ☐ Moderate ☐ Severe			
CIRCULATION: ☐ Warm/Dry/Normal Color ☐ Pale ☐ Diaphoretic			
Pulse Rate: ☐ WNL ☐ Rapid Capillary Refill: ☐ < 2 seconds ☐ 2 seconds			
DEFORMITY/DISABILITY - Loss of Consciousness: ☐ Yes ☐ No ☐ No Neuro Deficits ☐ Neuro Changes			
Extremity: Neurovascular Integrity Intact: ☐ Yes ☐ No ☐ N/A			
CHIEF COMPLAINT: _____			
TRIAGE ACUITY: 1 Resuscitation 2 Emergent 3 Urgent 4 Semi Urgent 5 Non Urgent			
DISPOSITION: ☐ Immediate Bed ☐ Stable - To Waiting Area after Instructions			
Comments: _____			
Triage Nurse Signature: _____			

TRIDENT HEALTH SYSTEM
Sign-In Sheet for
Emergency Services



"EDRS"
3400103003 (Rev 05/13)

ANDERSON, JESSIE BELL 09/05/61 54/F
MR: D000266588
ACCT: D00051464927 UEN: D393395
Händler Center DOS: 04/12/16

56-86 57177 Pgs 2/10/16

Page: 1 of 2

Patient: ANDERSON, JESSIE BELL MRN: D000266588 Encounter: D00051464927

Page 20 of 28

☐ **WAIVER OF RIGHT TO MEDICAL SCREENING EXAMINATION**

SECTION 1: This section is only applicable for those individuals who leave prior to Triage (LPT) or who leave prior to Medical Screening Examination (LPMSE). Check either LPT or LPMSE to indicate the individual's status at the time the individual leaves the ED.

☐ Patient LPT

☐ Patient LPMSE

I, _____, came to the Emergency Department (ED) at (Facility Name to be inserted here) asking for examination and treatment for a medical problem, but I have now decided against being examined or treated and waive my right to receive a medical screening examination.

I understand that if I am pregnant, the waiver of my right to a medical screening examination and any necessary stabilizing treatment applies to both me and my unborn child.

I understand that a medical screening examination would benefit me and let me know whether or not I have an emergency medical condition and that a determination as to the seriousness of any medical problem I may be experiencing cannot be made if I do not have a medical screening examination.

I understand that if I have an emergency medical condition and do not receive a medical screening examination, my health, or the health of my unborn child, may get worse which could cause serious harm to my body, organs or even result in my death.

I know that I have a right to receive a medical screening examination to determine if I have an emergency medical condition and necessary stabilizing treatment regardless of my ability to pay for it.

I also understand that I may come back to the hospital at any time if I change my mind.

If this form was provided to me by a non-clinical staff member I acknowledge that I was provided the opportunity to discuss the risks and benefits related to my decision with a clinical staff member.

Finally, I am aware of the possible risks of waiving my right to a medical screening and any necessary stabilizing treatment. I accept these risks, accept the responsibility of my decision and release the hospital, its personnel, physicians and others who would participate in my care, from any responsibility whatsoever should I experience a bad outcome related to these risks.

SIGNATURE OF INDIVIDUAL Waiving a medical screening examination and treatment:

Individual _____

Date _____

Time AM / PM

Witness _____

Date _____

Time AM / PM

CLINICAL SIGNATURES:

Health Care Personnel or Registration Personnel _____

Date _____

Time AM / PM

Physician (if applicable) _____

Date _____

Time AM / PM

CERTIFICATION OF INTERPRETATION:

I certify that I have read the foregoing to the signor hereof in the _____ language.

Interpreter _____

Date _____

Time AM / PM

Anderson

Page: 2 of 2

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: ANDERSON, JESSIE BELL ROOM #:
UNIT #: D000266588 Acc #: D00051464927
ADM Date: 04/12/16
D/C Date: 04/12/16
Dictated By:
Report Name: PATIENT DISCHARGE INSTRUCTIONS Loc: D.MED

ScriptRx Emergency Room Visit Report
Moncks Corner Medical Center
401 N. Live Oak Drive, Hwy 17-A, Moncks Corner, SC 29461 (843) 761-8742
04/12/2016 1100

Patient: ANDERSON, JESSIE
Attending Provider: THORIL
Discharging Provider: Richard Thompson
MRN: D000266588
Acct: D00051464927
Age: 54

-----DISCHARGE INSTRUCTIONS-----

LEG PAIN

LEG PAIN

Injuries are always the first suspect when leg pain arises. Something like a broken bone is usually suspect, because it's caused by a sudden trauma like a fall, and the same applies for a muscle tear or strain; however, an overuse injury comes on gradually. This category includes the malady every athlete knows all too well? shin splints. Shin splints have many causes, including hard running surfaces, inadequate footwear, not warming up, or overzealous exercise.

The legs are also hot spots for various types of painful diseases of the veins or arteries. Thrombophlebitis? an inflammation and clotting of the veins? creates a feeling of heaviness, along with a throbbing or burning sensation below the skin. In addition, insufficient blood flow from atherosclerosis (hardening of the arteries) can lead to what doctors call intermittent claudication. A person who has this condition experiences a dull cramping sensation that comes on with exercise (when the muscles require more oxygen-rich blood) and goes away with rest. It's also possible for leg pains to originate somewhere other than in the leg, particularly in the spine. Sciatica is a common type of referred pain. The sciatic nerve runs from the spine down the leg. Just sitting on a hard stool or wearing a tight work belt can pinch the nerve upstairs and produce a stabbing pain farther down the leg. Also, the leg itself can experience constrictions of nerves that produce burning, tingling, numbness, or weakness. This kind of pain often shows up in people who sit, squat, stand, or kneel for long periods. Finally, the cause of pain can be in the bone itself.

Patient Name: ANDERSON, JESSIE BELL

Account #: D00051464927

Follow These Instructions Carefully:

1. Try to identify what makes your pain worse and what may make it better. Pay particular attention to the kinds of activities that affect the intensity or duration of your pain. If constant or repetitive leg motion is part of your job, consider taking frequent rest breaks.
2. Wrap ice cubes in a towel and apply them to the painful area for 15 minutes at a time, whenever you need relief. Just make sure the pain is from an injury, because ice can aggravate the pain associated with vascular disease.
3. An elastic bandage will relieve pain and swelling from a quad or hamstring pull. (The quadriceps and hamstrings are muscles at the front and back of the thighs.)
4. Elevating an injured leg drains the fluids that cause painful swelling. It can also provide fast relief for the dull, aching heaviness of thrombophlebitis.
5. A warm (not hot) heating pad, blanket, or other warming device provides fast, soothing relief for thrombophlebitis. Don't use heat the first three days following an injury; it could make swelling worse.
6. Take an over-the-counter pain reliever as needed, and follow the package directions.
7. If you smoke, try to quit.
8. Stop eating fatty, cholesterol-laden foods and try to lose weight. A regular exercise program, especially a walking program, will re-establish quality blood flow throughout the leg.
9. If you try all these approaches and the pain is still there, call your doctor.

Follow up with your doctor as directed if you are not improving within 2 to 3 days.

Return to this facility immediately or contact your doctor if:

- The pain lasts more than three days.
- You also experience numbness, coldness, or weakness in your legs.
- Pain occurs in both the upper and lower leg.
- You notice bluish skin coloration, ulceration, or tender lumps below the skin.
- You sustain an injury that produces swelling or discoloration, or you suspect bone damage from the injury.
- You have an overuse injury that does not improve after three weeks.
- Your condition worsens in any other way.

PRESCRIPTION MEDICATIONS:

Flexeril 10 Milligram # 15 Tablets 1 TABLET EVERY 8 HOURS AS NEEDED FOR MUSCLE SPASMS/PAIN (0 Refills). Printed
.Thank You # 1 DOES NOT APPLY (0 Refills). Printed
Tylenol 325 Milligram # 60 Package 2 TABLETS EVERY 4 TO 6 HOURS PRN PAIN (0 Refills). Printed

FOLLOW-UP:

Physician: D'Agostino, Sabino

Patient Name: ANDERSON, JESSIE BELL

Account #: D00051464927

Follow-up When: in 2 days
Follow-up Diagnosis: Refer to Discharge Instruction List
Specialty: Neurosurgery
Address: 9313 Medical Plaza Drive Charleston SC 29406
Phone: (843) 553-7615
Follow-up Notes:

Physician: Primary Care Physician,
Follow-up When: in 2 days
Follow-up Diagnosis: Refer to Discharge Instruction List
Specialty: Primary Care/Family Practice
Address: NOT AVAILABLE
Phone:
Follow-up Notes: As discussed there are more rare conditions like spinal stenosis or myositis that you should follow-up with a specialist about.

Patient Name: ANDERSON, JESSIE BELL

Account #: D00051464927

I understand that the emergency care I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician(s) as indicated for continued and complete medical diagnosis, care, and treatment. EKGs, X-rays, and lab studies may be reviewed by appropriate specialists and I will be notified if any significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the follow-up physician(s) listed above.

GENERAL WARNINGS: The exam and treatment that you received today has been provided on an emergency basis only. Return or contact your physician immediately if your condition worsens or changes unexpectedly, if new symptoms appear, if not improving as expected, or if other problems arise.

Consult-A-Nurse at 843-847-FIND (3463)

Consult-A-Nurse is a free service from our HCA Hospitals designed to provide you with physician referrals and health information. Our nurses and referral specialists can help you:

- Find a doctor and make an appointment
- Answer healthcare questions
- Register for classes and events
- You can contact our nurses 24 hours a day by phone at 843-847-3463.

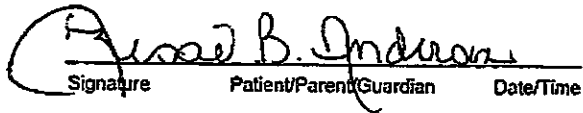
Medical Records: If you need a copy of your records or test results
Trident Medical Center or Moncks Corner - 843-847-4145 (option 1)
Summerville Medical Center - 843-832-5030 (option 1)

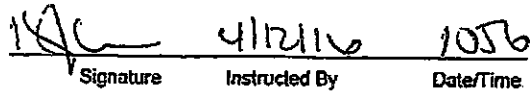
Crisis Phone Numbers for Patients/Family Members:

If you or your family experiences an emotional or behavioral health crisis, the following numbers are staffed 24 hours a day to provide support.
Mobile Crisis Line: 1-843-414-2350
Palmetto Lowcountry Behavioral Health: 1-877-947-3223 or 1-843-747-5830

THANK YOU FOR CHOOSING TRIDENT HEALTH SYSTEM!

I have read and understand the above, received a copy of applicable instruction sheets, and will arrange for follow-up care.


Signature Patient/Parent/Guardian Date/Time


Signature Instructed By Date/Time

PINS

ANDERSON, JESSIE BELL
MRN: D000266588

09/05/61 54/F
ACCT: D00051464927
MR: D000266588


Moncks Corner
DOB: 04/12/16



Moncks Corner Medical Center
401 N. Live Oak Drive, Hwy 17-A
Moncks Corner, SC 29461
(843) 761-8742

Discharge Summary (Chart Copy)

Date: 04/12/2016
Time: 10:45 a.m.

Treating Provider:	Richard Thompson, MD	Phone:		Fax:	
Provider Signature:	<Electronically signed by Richard Thompson, MD.>				
Patient Name:	JESSIE ANDERSON	MR#:	D000266588	Account:	D00051464927
Patient Address:	218 VALDOSTA LANE MONCK'S CORNER, SC 29461		Phone:	(843)312-7612	

Your Discharge Instructions:

LEG PAIN

Your Medication Education:

Acetaminophen
Cyclobenzaprine

Your Prescriptions:

Flexeril 10 Milligram # 15 Tablets
1 TABLET EVERY 8 HOURS
AS NEEDED FOR MUSCLE
SPASMS/PAIN (0
Refills).Printed.
Thank You # 1
DOES NOT APPLY (0
Refills).Printed.
Tylenol 325 Milligram # 60
Package

You should follow up with the following physician in 2 days:

Physician Name: Primary Care Physician

Specialty: Primary Care/Family

Address:

Phone:

Follow-up Notes: On 04/12/2016 this patient was treated at Moncks Corner Medical Center for Refer to Discharge Instruction List.

Additional Notes: As discussed there are more rare conditions like spinal stenosis or myositis that you should follow-up with a specialist about.

ANDERSON, JESSIE BELL
DOB: 09/05/61 54/F
MRN: D000266588
ACCOUNT: D00051464927
MONCK'S CORNER
DOB: 04/12/16

If you have been referred to a specialist in Cardiology, Gastrointestina I Gastroenterology, General Surgery, Gynecology, Obstetrics, Orthopedics, Pediatrics, or Urology, you will be contacted by ER Follow up Appointment Services within 24 hours to schedule your appointment. I f you would like to schedule an appointment and have not received a call, please call us at 843-619-4000

PINS



Moncks Corner Medical Center
401 N. Live Oak Drive, Hwy 17-A
Moncks Corner, SC 29461
(843) 761-8742

Discharge Summary (Chart Copy)

Date: 04/12/2016
Time: 10:45 a.m.

Treating Provider:	Richard Thompson, MD	Phone:		Fax:	
Patient Name:	JESSIE ANDERSON	MR#:	D000266588	Account:	D00051464927
Patient Address:	218 VALDOSTA LANE MONCK'S CORNER, SC 29461	Phone:	(843)312-7612		

Additional Discharge Instructions:

Additional Medical Education:

Additional Prescriptions:

2 TABLETS EVERY 4 TO 6
HOURS PRN PAIN (0
Refills).Printed.

I understand that the emergency care I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician(s) as indicated for continued and complete medical diagnosis, care, and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the follow-up physician indicated above.

I have read and understand the above, received a copy of applicable instruction sheets, and will arrange for follow-up care.

Signature	Patient/Parent/Guardian	Date/Time	Signature	Instructed By	Date/Time
-----------	-------------------------	-----------	-----------	---------------	-----------



* P I N S *

ANDERSON, JESSIE BELL
MR: D000266588
DOB: 03/23/95
Moncks Corner
09/05/61 54/F
ACCT: D00051464927
MR: D000266588
DOS: 04/12/16

Page 2 of 3



Moncks Corner Medical Center
401 N. Live Oak Drive, Hwy 17-A
Moncks Corner, SC 29461
(843) 761-8742

Discharge Summary (Chart Copy)

Date: 04/12/2016
Time: 10:45 a.m.

Treating Provider:	Richard Thompson, MD	Phone:		Fax:	
Patient Name:	JESSIE ANDERSON	MR#:	D000266588	Account:	D00051464927
Patient Address:	218 VALDOSTA LANE MONCK'S CORNER, SC 29461	Phone:	(843)312-7612		

You should follow up with the following physician in 2 days:

Physician Name:	Sabino D'Agostino, DO	Specialty:	Neurosurgery
Address:	9313 Medical Plaza Drive Suite 305 Charleston, SC 29406	Phone:	(843) 553-7615

Follow-up Notes: On 04/12/2016 this patient was treated at Moncks Corner Medical Center for Refer to Discharge Instruction List.

Physician Name:		Specialty:	
Address:		Phone:	

Follow-up Notes:

I understand that the emergency care I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician(s) as indicated for continued and complete medical diagnosis, care, and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the follow-up physician(s) listed above.

I have read and understand the above, received a copy of applicable instruction sheets, and will arrange for follow-up care.

Signature	Patient/Parent/Guardian	Date/Time	Signature	Instructed By	Date/Time
-----------	-------------------------	-----------	-----------	---------------	-----------



* P I N S *

ANDERSON, JESSIE BELL
MR
DOB: 09/05/61 54/F
MRN: D000266588
ACCOUNT: D00051464927
MRN: D000266588

Page 3 of 3



Moncks Corner

DOB: 04/12/16

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

ELECTRONICALLY FILED - 2023 Sep 26 12:51 PM - BERKELEY - COMMON PLEAS - CASE#2020CP0801232

DEATH CERTIFICATION

STATE FILE NUMBER : 139-16-014435

DECEDENT'S NAME: *JESSIE HEYWARD ANDERSON*

AKA's: NA

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED] 1961

TYPE OF PLACE OF DEATH: HOSPITAL- EMERGENCY ROOM/OUTPATIENT

NAME AND ADDRESS OF PLACE OF DEATH: ROPER HOSPITAL ER- BERKELEY, MONCK'S CORNER, SC 29461

PLACE OF DISPOSITION: OLD NAZERETH CEMETERY

DISPOSITION LOCATION: PINOPOLIS, SOUTH CAROLINA

METHOD OF DISPOSITION: BURIAL

DECEDENT'S RESIDENCE: [REDACTED] MONCK'S CORNER, BERKELEY COUNTY, SC, 29461

PLACE OF BIRTH: SOUTH CAROLINA

SEX: FEMALE

SOCIAL SECURITY NUMBER: [REDACTED]

AGE: 54 YEARS

COUNTY OF DEATH: BERKELEY

MONCK'S CORNER, SC 29461

MARITAL STATUS: DIVORCED (AND NOT REMARRIED)

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: WILLIAM HEYWARD

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: HARRIETT BETTY BLANDING

INFORMANT'S NAME: MIA C ANDERSON

RELATIONSHIP: DAUGHTER

MAILING ADDRESS: [REDACTED] SUMMERVILLE, SC, 29483

FUNERAL HOME: SCOTT'S MORTUARY, 1366 HWY 52, MONCK'S CORNER, SC, 29461

FUNERAL DIRECTOR: MILTON E. SCOTT

EMBALMER'S NAME: ARTHUR D CALDWELL

LICENSE NUMBER: 1860

LICENSE NUMBER: 1788

ACTUAL OR PRESUMED DATE OF DEATH: APRIL 13, 2016

MANNER OF DEATH: NATURAL

ACTUAL OR PRESUMED TIME OF DEATH: 1124

CAUSE OF DEATH - PART I

CARDIAC ARREST DUE TO PROBABLE PULMONARY EMBOLISM

OTHER SIGNIFICANT CONDITIONS - PART II:
NA

CORONER CONTACTED? YES

AUTOPSY PERFORMED? NO

AUTOPSY AVAILABLE? NA

DATE OF INJURY: NA

TIME OF INJURY: NA

INJURY AT WORK? NA

PLACE OF INJURY: NA

LOCATION OF INJURY: NA

HOW THE INJURY OCCURRED?

NA

CERTIFIER NAME AND TITLE: CORONER WILLIAM B. SALISBURY

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 300 B CALIFORNIA AVE, MONCK'S CORNER, SC, 29461

DATE FILED: APRIL 18, 2016

DATE OF ISSUANCE: APRIL 19, 2016

SPECIAL INSTRUCTIONS:

NA

SC05090031

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine E. Heigel
Catherine E. Heigel
Director and State Registrar

Shae R. Sutton
Shae R. Sutton
Assistant State Registrar

This is watermarked paper. Do not accept without noting watermark. Hold to light to verify watermark.

2019-NI-08-00005 On Date: 07/31/2015

PRIVILEGE AND CONFIDENTIAL

PLF.EST.ANDERSON.JESSIE.000019

ROA 191





OFFICE OF
BERKELEY COUNTY CORONER
WILLIAM B. SALISBURY, CORONER
BERKELEY COUNTY COURT HOUSE
300-B CALIFORNIA AVENUE
MONCK'S CORNER, SOUTH CAROLINA 29461

July 22, 2015

Lynn Seithel
Seithel Law, LLC
P.O. Box 1929
Johns Island, SC 29457

Re: Jessie Heyward Anderson
DOD: 04-13-2016

Dear Ms. Seithel:

Please find enclosed, a copy of the Coroner's Report in the case of Jessie Heyward Anderson.

There was no autopsy or toxicology testing ordered in this case.

There is a charge of twenty (\$20.00) dollars for the report. You may make your check payable to the Berkeley County Coroner. Payment is required within ten days.

If you should have further questions regarding this case matter, please do not hesitate to contact our office.

Sincerely yours,


William B. Salisbury
Berkeley County Coroner

WBS:cl

Enclosure

BERKELEY SC Coroner's Office

WILLIAM B. SALISBURY
300B CALIFORNIA AVENUE

(843) 719-4566 william.salisbury@berkeleycountysc.gov

MONCKS CORNER, SC 29461

CORONER'S DEATH INVESTIGATION REPORT

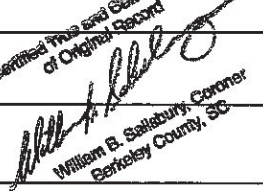
Date of Death:	4/13/2016 11:24:00 AM
Morgue Conveyance	
Burial Removal Transit Permit #:	190060 Roper/Berk.
Cremation Permit #:	
Investigation	
Investigator:	Salisbury
Date Notified and Time Received:	4/13/2016 11:45:01 AM
Day:	Wednesday
Coroner Arrival Time:	4/13/2016 11:55:01 AM
Agency Reported To:	Central
Person Reporting death:	Robert Anderson
Demographics - Basic	
Case Number:	16-281
Case Type:	Coroner Case
Case Status:	Closed
Other Agency #:	
Body Bag #:	
Decedent Name:	Jessie Anderson
Race:	Black
Sex:	Female
Date of Birth:	1961
Age:	486 Years 54
Social Security #:	000 00 5893

Corrected This and Forward Copy
of Original Report
[Signature]
William B. Salisbury, Coroner
Berkeley County, SC

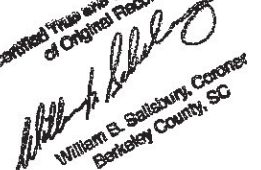
Drivers License:	
Address:	
City:	
State:	
Zip Code:	
Marital Status:	Divorced
Employer:	Barony House
Identified By:	Son
How Identified:	Family
Next of Kin	
Next of Kin:	Robert Anderson
Relationship:	Son
Address:	218 Valdosta Lane
City:	Moncks Corner
State:	South Carolina
Zip Code:	29461
Phone Number:	(843) [REDACTED]-7612
Email Address:	
Notified:	~~NO~~ YES
Demographics - Professional	
Family Doctor	
Doctor Name:	Adebola Rojumbokan
Address:	
City:	
State:	SC
Zip Code:	
Phone Number:	(0)0-0

*Notarized True and Correct Copy
of Original Record*
[Signature]
William B. Salisbury, Clerk
Berkeley County, SC

Medical History:	
Certifying?	
Hospice	
Hospice:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	()-
Hospice Date of Admission:	Unknown
Hospice Admission Diagnosis:	
Funeral Home	
Funeral:	Scott's Mortuary, Inc
Phone Number:	(843)761-6444
Fax Number:	(0)0-0
Email Address:	
Address:	1366 Hwy 52
City:	Moncks Corner
State:	SC
Zip Code:	29461
Cause/Manner	
Location of Death:	Roper Berkeley ER
Pronouncement of Death- Date/Time:	4/13/2016 11:45:00 AM
Manner of Death:	Natural
Cause Of Death:	cardiac arrest due to Pulmonary Embolism
Occurrence	

*Certified True and Correct Copy
of Original Record*

William B. Salisbury, Coroner
Berkeley County, SC

Injury - Date/Time:	
Address:	
City:	
State:	
Zip Code:	
Last Seen Alive by Whom:	Son
Autopsy	
Autopsy Ordered?	
Autopsy Type:	Choose
Autopsy Performed At:	
Pathologist:	
Autopsy #:	
Decedent Ready for Release:	
Decedent Location:	
Narrative	
Case Narrative:	This officer was call to Roper Berkeley ER to a death of a 54 year old identified as Jessie Anderson. Ms. Anderson lived with her son who stated she had complaint of leg pains and was seen at MCMC the day before. Her son spoke with her today and he called EMS. EMS arrived she was in full arrest and they transported to Roper Berkeley and was pronounced dead on arrival. I spoke with ER Dr., MCMC ER (who saw her the day before) and EMS and we all agree she died of a PE. No autopsy was ordered.

*Certified True and Correct Copy
of Original Record*

 William B. Salisbury, Coroner
 Berkeley County, SC

BERKELEY COUNTY CORNER
WILLIAM B. SALISBURY

PLAINTIFF EXH. 4

16-281

TELEPHONE (843) 719-4566

L
EFFECTS: None Returned Locker

SSN: 5893

Attending Physician: DR ROBERT ANDERS

Name of Deceased: JESSIE B ANDERSON Race: B Sex: F DOB: [REDACTED] 61 (54)

Address: 218 VALDOSTA HWY City: MOCKS CORNER State: SC Zip: 29906

Date of Incident: 4-13-16 Date of Death: 4-13-16

Time of Incident: 10:11 AM Time of Death: 11:24 AM

Location of Incident: Home Location of Death: ROPER BERKELEY

Type of Death: NATURAL Cause of Death: PROBABLE PE CARDIAC ARREST due TO

Autopsy: Y ☒ Drug or Alcohol Related: Drug Alcohol Medical Examiner: _____

Pronounced by: ER DR ANDERS At: 11:24 AM

Investigating Police Agency: _____ Officer(s): _____

Hospice: _____ Nurse: _____ Telephone #: _____

Transporting Carrier: FUN Length of Illness: SEC.

Funeral Home: SCOTTS Address: _____

Next of Kin: ROBERT ANDERSON Relationship: SON

Address: SAME City: _____ State: _____ Zip: _____

Telephone (W): _____ (H): 843- [REDACTED] 7612

Witness: _____ Witness: _____

Address: _____ Address: _____

Time Call Received: 11:45 AM Time Arrived: 11:55 AM

Time Completed: _____ Miles Traveled: _____

Comments: _____

Certified True and Correct Copy
of Original Record
William B. Salisbury, Coroner
Berkeley County, SC



Lynn Seithel <lynn@seithellaw.com>

Received Notice: Your filing, Re: Anderson.Jessie - (220) Medical Malpractice - Motion/New Trial, was received

1 message

efiledonotreply@sccourts.org <efiledonotreply@sccourts.org>

Mon, Sep 25, 2023 at 7:55 PM

To: lynn@seithellaw.com

Cc: tami@seithellaw.com

To: Lynn Seithel lynn@seithellaw.com
From: efiledonotreply@sccourts.org
Date: 2023-09-25 19:54:00.7
Subject: Your electronic filing, Re: Anderson.Jessie - (220) Medical Malpractice - Motion/New Trial, was received by CIRCUIT COURT.

Case Number: 2020CP0801232

Case Type: (220) Medical Malpractice

Document Type: Motion/New Trial

Document Type: Memo/Memo in Support

Document Type: Exhibit/Filing of Exhibits

Document Type: Exhibit/Filing of Exhibits

~~~ CONFIDENTIALITY NOTICE ~~~ This message is intended only for the addressee and may contain information that is confidential. If you are not the intended recipient, do not read, copy, retain, or disseminate this message or any attachment. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments.



Lynn Seithel &lt;lynn@seithellaw.com&gt;

**Courtesy NEF RE: 2020CP0801232**

1 message

efiledonotreply@sccourts.org &lt;efiledonotreply@sccourts.org&gt;

Mon, Sep 25, 2023 at 7:55 PM

To: lynn@seithellaw.com

Cc: tami@seithellaw.com

**\*\*\*\*\* IMPORTANT NOTICE - READ THIS INFORMATION \*\*\*\*\***  
**NOTICE OF ELECTRONIC FILING [NEF]**

A filing has been submitted to the court RE: 2020CP0801232

|                                  |                                                                                                          |
|----------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Official File Stamp:</b>      | 09-25-2023 07:54:00 PM                                                                                   |
| <b>Court:</b>                    | CIRCUIT COURT<br>Common Pleas<br>Berkeley                                                                |
| <b>Case Caption:</b>             | Mia Anderson, Individually , plaintiff, et al VS Trident Medical Center, Llc ,<br>defendant, et al       |
| <b>Document(s) Submitted:</b>    | Motion/New Trial<br>Memo/Memo in Support<br>- Exhibit/Filing of Exhibits<br>- Exhibit/Filing of Exhibits |
| <b>Filed by or on behalf of:</b> | Lynn Seithel                                                                                             |

This notice was automatically generated by the Court's auto-notification system.

**The following people were served electronically:**

Jack G Gresh  
Frederick John Jekel for Mia Anderson, Individually et al  
David H. Batten for Moncks Corner Medical Center, Trident Medical Center, Llc  
Chilton Grace Simmons for Acs Primary Care Physicians-Southeast P.C., Richard  
Miles Thompson, Md  
Lynn Seithel for Mia Anderson, Individually et al  
Elizabeth Ballentine Mason for Acs Primary Care Physicians-Southeast P.C.,  
Richard Miles Thompson, Md

**The following people have not been served electronically by the Court. Therefore, they must be served by traditional means:**

Jane Doe 1-5  
John Doe 1-5

~~~ CONFIDENTIALITY NOTICE ~~~ This message is intended only for the addressee and may contain information that is confidential. If you are not the intended recipient, do not read, copy, retain, or disseminate this message or any attachment. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments.



Lynn Seithel <lynn@seithellaw.com>

Retraction: Courtesy NEF RE: 2020CP0801232

1 message

efiledonotreply@sccourts.org <efiledonotreply@sccourts.org>

Tue, Sep 26, 2023 at 9:16 AM

To: lynn@seithellaw.com

Cc: tami@seithellaw.com

The Notice below is RESCINDED
The filing was not filed.

******* IMPORTANT NOTICE - READ THIS INFORMATION *******
NOTICE OF ELECTRONIC FILING [NEF]

A filing has been submitted to the court RE: 2020CP0801232

| | |
|----------------------------------|--|
| Official File Stamp: | 09-25-2023 07:54:00 PM |
| Court: | CIRCUIT COURT
Common Pleas
Berkeley |
| Case Caption: | Mia Anderson, Individually , plaintiff, et al VS Trident Medical Center, Llc , defendant, et al |
| Document(s) Submitted: | Motion/New Trial
Memo/Memo in Support
- Exhibit/Filing of Exhibits
- Exhibit/Filing of Exhibits |
| Filed by or on behalf of: | Lynn Seithel |

This notice was automatically generated by the Court's auto-notification system.

The following people were served electronically:

Jack G Gresh
 Frederick John Jekel for Mia Anderson, Individually et al
 David H. Batten for Moncks Corner Medical Center, Trident Medical Center, Llc
 Chilton Grace Simmons for Acs Primary Care Physicians-Southeast P.C., Richard Miles Thompson, Md
 Lynn Seithel for Mia Anderson, Individually et al
 Elizabeth Ballentine Mason for Acs Primary Care Physicians-Southeast P.C., Richard Miles Thompson, Md

The following people have not been served electronically by the Court. Therefore, they must be served by traditional means:

Jane Doe 1-5
 John Doe 1-5

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ELECTRONICALLY FILED - 2023 Sep 26 12:51 PM - BERKELEY - COMMON PLEAS - CASE#2020CP0801232



Lynn Seithel &lt;lynn@seithellaw.com&gt;

**Rejection Notice: Your filing, Re: Anderson.Jessie - (220) Medical Malpractice - Motion/New Trial, was rejected**

1 message

**efiledonotreply@sccourts.org** <efiledonotreply@sccourts.org>

Tue, Sep 26, 2023 at 9:16 AM

To: lynn@seithellaw.com

Cc: tami@seithellaw.com

**To:** Lynn Seithel [lynn@seithellaw.com](mailto:lynn@seithellaw.com)  
**From:** [efiledonotreply@sccourts.org](mailto:efiledonotreply@sccourts.org)  
**Date:** 2023-09-25 19:54:00.7  
**Subject:** Your electronic filing, Re: Anderson.Jessie - (220) Medical Malpractice - Motion/New Trial, was rejected by CIRCUIT COURT.

Case Number: 2020CP0801232  
Case Type: (220) Medical Malpractice  
Document Type: Motion/New Trial  
Document Type: Memo/Memo in Support  
Document Type: Exhibit/Filing of Exhibits  
Document Type: Exhibit/Filing of Exhibits

Reason(s) rejected: Dear Filer, Please redact personal information on Exhibit. Thank you,

~~~ CONFIDENTIALITY NOTICE ~~~ This message is intended only for the addressee and may contain information that is confidential. If you are not the intended recipient, do not read, copy, retain, or disseminate this message or any attachment. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments.

ELECTRONICALLY FILED - 2023 Sep 26 12:51 PM - BERKELEY - COMMON PLEAS - CASE#2020CP0801232

| | | |
|---|---|-----------------------------------|
| STATE OF SOUTH CAROLINA |) | IN THE COURT OF COMMON PLEAS |
| |) | FOR THE NINTH JUDICIAL CIRCUIT |
| COUNTY OF BERKELEY |) | CIVIL ACTION NO: 2020-CP-08-01232 |
| |) | |
| MIA ANDERSON, on behalf of the Estate |) | |
| of Jessie Heyward Anderson a/k/a Jessie |) | |
| Bell Anderson, |) | |
| |) | |
| Plaintiff, |) | |
| |) | MOTION FOR NEW TRIAL |
| |) | |
| vs |) | |
| |) | |
| Richard Miles Thompson, M.D. and |) | |
| ACS Primary Care Physicians– Southeast |) | |
| P.C. |) | |
| |) | |
| Defendants. |) | |
| |) | |

TO: CHILTON SIMMONS, ESQUIRE AND ELIZABETH BALLENTINE ESQUIRE,
ATTORNEYS FOR RICHARD MILES THOMPSON, M.D. AND ACS PRIMARY CARE
PHYSICIANS-SOUTHEAST P.C.

YOU WILL HEREBY TAKE NOTICE, the Plaintiff, by and through her undersigned attorneys, will and hereby does move before the Court for a new trial in this action pursuant to South Carolina Rules of Civil Procedure, Rule 59. This motion is based upon the following grounds:

- a.) The Court erred in excluding the Coroner's Investigative Report on the ground that it was hearsay and it was not;
- b.) The Court erred in failing in excluding the Death Certificate of Jessie Heyward Anderson on the ground that it was hearsay and it was not;
- c.) The Court erred in denying Plaintiff's motion for a mistrial when it was clear the jury had been engaged in deliberations prior to the close of the evidence;

- d.) The Court erred in allowing the foreperson to remain on the jury when that Juror used the words “F*** You” prior to a sidebar conference when the jury was excused;
- e.) The Court erred in failing to take Judicial Notice of S.C. Ann. §17-5-530 which requires the Coroner’s investigation and report and autopsy.
- f.) The verdict rendered for the Defendant was contrary to the fair preponderance of the evidence;
- g.) The verdict was contrary to the law applicable to the case;
- h.) The failure to charge the jury at the beginning of the trial to not to deliberate prior to the conclusion of the case;

Respectfully Submitted,

SEITHEL LAW, LLC

By: s/ Lynn Seithel
Lynn Seithel, SC Bar No.: 69728
Post Office Box 1929
Charleston, SC 29457
843-557-1699
lynn@seithellaw.com

And

LEVENTIS & RANSOM

Robert B. Ransom, SC Bar No.: 11901
Frederick J. Jekel, SC Bar No.: 66491
P.O. Box 11067
Columbia, SC 29211
(803) 765-2383

Attorneys for Plaintiff

September 25, 2023
Charleston, SC

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Oct 31 2023

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Thomas L. Hughston, Jr., Circuit Court Judge

Case No. 2020-CP-08-01232

The Estate of Jessie Anderson, ... Appellant,

v.

Richard Miles Thompson, M.D., and
ACS Primary Care Physicians – Southeast, P.C. Respondents.

NOTICE OF APPEAL

Appellant Mia Anderson, Personal Representative of the Estate of Jessie Anderson, appeals from a jury verdict entered in favor of Respondents Richard Miles Thompson, M.D. and ACS Primary Care Physicians – Southeast, P.C. on September 15, 2023. Pursuant to Rules 50 and 59, SCRCF, Appellant filed post-trial motions on September 25, 2023, which the Honorable Thomas L. Hughston, Jr. denied in a Form 4 order on October 2, 2023. This appeal covers the jury verdict and the order referenced above.

Respectfully submitted,

SEITHEL LAW, LLC

By: s/ Lynn Seithel

Lynn Seithel, SC Bar No.: 69728

Post Office Box 1929

Charleston, SC 29457

843-557-1699

lynn@seithellaw.com

LEVENTIS & RANSOM

Frederick J. Jekel, SC Bar No.: 66491

P.O. Box 110671

Columbia, SC 29211

(803) 765-2383

Attorneys for Appellant

Other attorneys of record:

Chilton Simmons

Elizabeth Ballentine Mason

Robert Wood

Rogers Townsend, LLC

205 King Street

Charleston, South Carolina 29401

Chilton.Simmons@rogerstownsend.com

Elizabeth.Mason@rogerstownsend.com

Robert.Wood@rogerstownsend.com

Attorneys for Respondent

October 31, 2023

Charleston, SC

RECEIVED

Oct 31 2023

SC Court of Appeals

CERTIFICATE OF SERVICE

I affirm that on October 31, 2023, I served counsel of record electronically, pursuant to Rule 262(c)(3), SCACR and Section (d)(1) of the South Carolina Supreme Court's August 25, 2021, order (Order No. 2021-08-25-02).

s/Lynn Seithel