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FILED
SAN MATEO COUNTY

JUL - 7 2017

Clerk of the Superior Court
By *Debra Krumm*
DEPUTY CLERK

6 Attorneys for Defendant
STANFORD HEALTH CARE

8 SUPERIOR COURT OF CALIFORNIA
9 COUNTY OF SAN MATEO

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Gordon & Rees LLP
275 Battery Street, Suite 2000
San Francisco, CA 94111

11 ROBERT DOE,
12 Plaintiff,
13 vs.
14 STANFORD HEALTH CARE; ROBERT
LASTINGER; and DOES 1 THROUGH
15 25, INCLUSIVE,
16 Defendants.

) CASE NO. 16CIV01627
)
) **DECLARATION OF**
) **DON WILLENBURG IN**
) **SUPPORT OF DEFENDANT**
) **STANFORD HEALTH CARE'S**
) **MOTION FOR SUMMARY**
) **ADJUDICATION**

- Accompanying Papers:
1. Notice of Motion and Motion
2. Memorandum
3. Request for Judicial Notice
4. Separate Statement of Undisputed
Material Facts
5. Declaration of John Krumm
6. Declaration of Suzanne Harris

18 16 - CIV - 01627
DEC
19 Declaration
594447
20 

) Date: September 20, 2017
) Time: 9:00 a.m.
) Dept: Law and Motion

) Action Filed: September 28, 2017

2017 JUL - 7 P 4 121

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Gordon & Rees LLP
275 Battery Street, Suite 2000
San Francisco, CA 94111

1 I, Don Willenburg, declare as follows:

2 1. I am an attorney at law, a member in good standing of the State Bar of
3 California and duly admitted to practice before this and other courts. I am partner with
4 Gordon & Rees LLP, counsel of record for defendant Stanford Health Care in this matter
5 and one of the attorneys chiefly responsible for this representation. In that capacity I have
6 personal knowledge of filings and other matters contained or described in this
7 declaration. I make this declaration in support of Stanford Health Care's motion for
8 summary adjudication.

9 2. Attached hereto as exhibit A are true and correct copies of excerpts from
10 the deposition transcript of Cecilia Camenga taken on December 2, 2016.

11 3. Attached hereto as exhibit B are true and correct copies of excerpts from
12 the deposition transcript plaintiff Robert Doe taken on June 2, 2017.

13 4. Attached as exhibit C are true and correct copies of exhibits 3-5 to the
14 Camenga deposition referenced in the statement of undisputed material facts.

15 I declare under penalty of perjury under the laws of the state of California that the
16 foregoing is true and correct.

17 Executed this 7th day of July 2017, at Oakland, California.
18

19
20 

21 _____
22 Don Willenburg
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EXHIBIT A

31417506v.1

A

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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO

---:---

ROBERT DOE,) CASE NO. 16-CIV-01627
)
Plaintiff,)
)
vs.)
)
STANFORD HEALTH CARE; ROBERT)
LASTINGER; and DOES 1 THROUGH)
25, INCLUSIVE,)
)
Defendants.)
)

VIDEOTAPED DEPOSITION OF CECILIA CAMENGA, R.N.

Taken on behalf of the Plaintiff Robert Doe, at the office of
Certified Legal Video Services, 1111 Bishop Street, Suite
500, Honolulu, Hawaii, commencing at 8:46 a.m., on Friday,
December 2, 2016, pursuant to Notice.

BEFORE:

Amy Muroshige, CSR 166
State of Hawaii

1 A I don't understand the question.

2 Q Sure. You indicated that at or around the time you
3 were hired, you received an employee handbook, correct?

4 A Yes.

5 Q Did you ever receive, subsequent to that occasion, any
6 revised handbook or amended handbook or --

7 A No amended handbook. They did reiterate after the
8 arrest of Lastinger the fact that -- they brought the whole
9 department in for meeting about, you know, the importance of
10 if you see something, you need to report it.

11 Q Let's talk --

12 A And they let us know what numbers and stuff to report
13 to, which I didn't know.

14 Q Okay. You may have kind of partially answered my next
15 question, your clairvoyance is coming out, but before
16 Lastinger's arrest, do you recall receiving specific
17 training or instruction regarding the necessity to report if
18 you see somebody engage -- a coworker engaging in
19 inappropriate behavior like Lastinger did?

20 A Yes, it was in -- yearly we had the computer things
21 and our Healthstream and it was in our Healthstream.

22 Q So in the yearly instruction, you received a
23 self-study on the Healthstream --

24 A Self-study, yes.

25 Q There was information regarding the necessity of

1 reporting if you see something inappropriate, is that true?

2 A Yes.

3 Q At any point in time prior to Lastinger's arrest, did
4 you receive any training or instruction from Stanford
5 regarding your duties as a mandatory reporter?

6 A Yes.

7 Q Do you know what the term mandatory reporter means?

8 A Yes.

9 Q What does it mean to you?

10 A It means that I'm required by law to report any --
11 anything that I see.

12 Q And do you know -- obviously nurses were mandatory
13 reporters, correct?

14 A Yes.

15 Q Were anesthesia techs mandatory reporters --

16 A Yes.

17 Q -- if you know?

18 And when you say that you had a duty to report
19 anything that you saw, do you mean any type of
20 inappropriate --

21 A Yes.

22 Q -- activity?

23 A Correct.

24 Q What training or instruction did you receive prior to
25 Lastinger's arrest regarding whether or not to report

1 something if you were unsure whether the conduct was
2 inappropriate?

3 A I believe that was in our Healthstream also yearly.

4 Q And what did that -- what type of training did you
5 receive via Healthstream -- the Healthstream training yearly
6 that dealt with that particular issue?

7 A I believe it tells you that you are -- if you are
8 unsure, to report to your immediate supervisor.

9 Q And that training was provided in the yearly
10 Healthstream modules?

11 A Correct.

12 Q Is that what it's called, a module?

13 A Yes.

14 Q At the time that you were hired, did you receive any
15 type of document indicating or advising you that you were a
16 mandatory reporter that you had to sign?

17 A I don't remember.

18 Q Do you recall receiving any such document at any time
19 while you worked at Stanford?

20 A I don't remember.

21 Q Prior to Lastinger's arrest, do you recall receiving
22 any type of training or instruction from Stanford regarding
23 to whom you should report if you believed that a coworker
24 was engaging in inappropriate conduct?

25 A We were supposed to report to our supervisor.

1 MR. MATIASIC: Yeah, it sounds good. We'll go for a
2 couple of minutes and then we'll --

3 Q Other than the intranet, did you receive any type of
4 training prior to Lastinger engaging in inappropriate
5 touching of a patient relative to your duties as a mandatory
6 reporter from any other source?

7 MS. CABRERA: Vague and ambiguous as to time. Even
8 predating Stanford?

9 Q (By Mr. Matiasic) You can go ahead and answer the
10 question.

11 A I don't -- so predating Stanford, too?

12 Q No, well, and --

13 A Just joining Stanford?

14 Q Yeah, just -- my question -- in terms of how this
15 process works, people may interject from time to time.
16 Unless your attorney instructs you not to answer a question,
17 then you go ahead and answer the question that I posed,
18 okay?

19 So I'll rephrase -- or restate it for you. My
20 question is other than the intranet Healthstream modules
21 that you may have gone over with Stanford, did you receive
22 any type of training or instruction regarding your duties as
23 a mandatory reporter from any other source prior to
24 witnessing Lastinger engaging in inappropriate touching of a
25 patient?

1 MS. CABRERA: It's vague and ambiguous as to time.

2 THE WITNESS: I don't remember.

3 Q (By Mr. Matiasic) And do you have -- prior to
4 Lastinger engaging in that inappropriate touching, did you
5 have an understanding of the timing associated with your
6 duties as a mandatory reporter? For example, how soon after
7 witnessing something you had to report it?

8 A Yes.

9 Q And what was your understanding in that respect?

10 A As soon as you can, meaning immediately.

11 Q And prior to witnessing Lastinger engaging in that
12 inappropriate touching, did you have an understanding as to
13 whom you should report in conjunction with the duties as a
14 mandatory reporter?

15 A Yes.

16 Q And what was your understanding?

17 A My understanding was you were to speak to your
18 supervisor.

19 Q Exclusively?

20 A You're supposed to follow the chain of command.

21 MR. MATIASIC: Okay, why don't we take a break.

22 (Recess from 10:04 a.m. to 10:15 a.m.)

23 Q (By Mr. Matiasic) Okay, Miss Camenga, you understand
24 you're still under oath?

25 A Yes.

1 A The exact date?

2 Q If you remember it.

3 A I don't remember the exact date.

4 Q Okay. If I gave you --

5 A It was in 2015 in March and I don't remember if it was
6 a Monday or a Tuesday. I was doing an ACL with Dr. McAdams
7 and, to be honest, I don't remember if it was a Monday or
8 Tuesday, but it was a Monday or Tuesday.

9 Q Okay. And you spoke with the police in this matter,
10 correct?

11 A Correct.

12 Q If I represent to you that you communicated to the
13 police that it was about -- on or about Tuesday,
14 March 31st --

15 A Yes, okay.

16 Q -- 2015, does that refresh your recollection?

17 A Yes.

18 Q Initially you may have told the police Monday,
19 March 30th, and then at a certain point, you indicated that
20 you were mistaken and that you believed it was Tuesday,
21 March 31st. Does that ring a bell?

22 A Sounds good, yeah.

23 Q Okay. So using this date of March 31st, 2015, that's
24 the occasion that you saw Lastinger engage in the
25 inappropriate touching, correct?

1 A Correct.

2 Q And that's when you had an opportunity -- or had
3 occasion to discharge your duties as a mandatory reporter?

4 A Yes.

5 Q And so this conversation that you had with Cindy Yee
6 occurred approximately one week before March 31st?

7 A Yes.

8 Q And how did the topic come up?

9 ME. DYAS: Vague as to what topic and when and with
10 who.

11 Q (By Mr. Matiasic) Sure, let me try to rephrase it.
12 You had this conversation with Cindy Yee regarding the fact
13 that she was uncomfortable going to the supervisor about what
14 she saw Lastinger do. How did that conversation start?

15 A I was scrubbed in and I was setting up for a
16 procedure. Cindy was helping opening up stuff for the case.
17 She was -- became emotional, she looked distraught and I
18 asked her what was wrong and she said that she had witnessed
19 something and she didn't know what to do and I probed her in
20 regards to -- I asked, you know, well, what -- who and what
21 did you see and she had told me that she had witnessed Rob
22 touching a patient inappropriately and, of course, it was
23 very shocking for me and it was obviously very disconcerting
24 for her.

25 She was very emotional, she said she wanted to -- she

1 one leg, I was holding the other leg, Ricardo was on the
2 left side, Rob was on the right side and then the
3 anesthesiologist was at the head for moving the patient over
4 to the other bed.

5 Q Do you recall the name of the anesthesiologist?

6 A I don't recall. This was an anesthesiologist who
7 rarely came to our facility. It was a woman, but I don't
8 remember her name.

9 Q Do you recall that the ortho on this particular
10 surgery was Dr. McAdams?

11 A Yes.

12 Q Is that Timothy McAdams?

13 A Yes.

14 Q And then there was a Dr. Packer?

15 A Ah, yeah.

16 Q Is that the anesthesiologist?

17 A No.

18 Q Okay. Who was Dr. Packer?

19 A Dr. Packer was the fellow.

20 Q And were --

21 A I can't remember.

22 Q Okay. So, go ahead, you were describing when Rob
23 came.

24 A What I saw, so what happened was -- this was a large
25 patient so that's why Ishy was with one leg and I was with

1 another, just kind of holding both legs for this person, so
2 what happened is normally the anesthesiologist -- you know,
3 we wait for the anesthesiologist to tell us when it's ready
4 or when the patient is ready to be moved over 'cause this is
5 a critical time 'cause you don't want to go into like
6 laryngeal spasm or bronchospasm or anything, so they're
7 concentrating on the patient's airway and making sure
8 they're starting to breathe before moving over.

9 So while waiting, we kind of just stand there and
10 usually we're looking at -- for the anesthesiologist to give
11 us the okay, but because I'm more focused on Rob now, I do
12 notice his hands and what he does is -- we have draw sheets
13 to help move patients over. So what he did was fold the
14 sheet over on top of the patient and laid his hand over
15 where the genitals would be and sort of did like a -- like a
16 motion to kind of, you know, touch it or kind of grind it,
17 it was slight, but inappropriate, and I was like, holy shit,
18 this is what he's been doing? And I was shocked and I was
19 like, oh, my god, that's it, I can't believe he did it in
20 front of me and in front of everybody, how fricking blatant
21 and what an asshole, and I was in complete shock, but then
22 what happened is we turned the patient, the board goes under
23 and then as we moved the patient, you know, he pushes,
24 Ricardo will pull and the patient goes over, but what I
25 noticed was his hand very quickly and very slyly went under

1 the blankets and -- at the genital region and kind of did a
2 swish and then back up and that I -- excuse me.

3 When people had described like what they had saw, they
4 had more described the other things so I wasn't expecting
5 that other part and that like blew my mind and I was like
6 enraged and I was like in disbelief that this had happened
7 in front of me and like I knew like I had to -- I had -- no
8 if's, and's or but's, this fucker is going down because
9 that's not right and so --

10 And I looked at Ishy and we kind of made eye contact
11 and I -- like I knew that she saw it, too, and I was like,
12 holy crap, but then like things still have to go on, right,
13 so like the patient is still -- you know, I made sure the
14 patient is covered, I still have to like, you know, finish
15 my charting and we got to clean up for the next case, but
16 like, holy fuck, what just happened, and so we're cleaning
17 up and I'm like, holy crap, I can't believe this.

18 So Ricardo happened to be there, Ricardo is somebody
19 that I trust and I told Ricardo, I said you -- watch him.
20 You know, I told him what I just saw and I said just please
21 keep an eye on, I'm going to report this, but, you know,
22 keep an eye because it's fricking not cool, and so as soon
23 as I could, I saw John in the break room when, you know,
24 when I was able to get out and I said I need -- I need to
25 talk to George, you need to -- you know, call him right now

1 and tell him that I need to talk to him because I saw and
2 Ishy was right there, she witnessed it, too, and I --
3 something needs to be done.

4 Q Okay. Let me ask you a couple followup questions, and
5 I appreciate the difficulty of talking about this so thanks
6 for bearing with us here. So if I understand your testimony
7 correctly, there basically were two acts, if you will, that
8 you saw Lastinger engage in that were inappropriate with
9 this patient?

10 A Correct.

11 Q And one was what happened when you were -- when the
12 draw sheet was being moved and he put his hand underneath --

13 A He didn't put his hand underneath with the draw sheet.
14 Laying it on top, he was on top of it.

15 Q I apologize, so the first instance was when he was
16 moving his hand in a circular fashion on the patient's
17 genitalia on top of the draw sheet?

18 A Yeah.

19 Q Okay. And I believe you may have described this
20 before as kind of like moving around a stick shift?

21 A Yeah, (demonstrating) it was kind of -- yeah.

22 Q Is that what you remember telling the police?

23 A Uh-huh.

24 Q Is that a yes?

25 A Yes.

1 Q Okay.

2 A Sorry.

3 Q And then the second instance you saw is when the
4 patient was being moved and he put his hands --

5 A Yes.

6 Q -- underneath the sheet?

7 A Underneath, yeah.

8 Q And touching the genitals?

9 A Yes.

10 Q And I believe you told the police that you were
11 certain that his hand was making contact with the genitalia,
12 is that correct?

13 A Yes.

14 Q And can you tell me all the different people who were
15 in the room when Rob engaged in those two acts of
16 inappropriate touching of the patient?

17 A Well, there was the anesthesiologist, there was Rob,
18 Ricardo, Ishy, me. Dr. McAdams had left and was going to
19 the next room to start his next case. The other doctor was
20 on the phone like, you know, recording the case. People
21 come in to clean the room, but I don't remember who 'cause I
22 was kind of blown, but I know there was other people that
23 came in to help clean up 'cause it's, you know, it's kind
24 like a pick crew once the patient is done, we all come in
25 and (making sounds) clean and get ready for the next one

1 so --

2 Q Sure.

3 A -- there's more people, but I can't recall who.

4 Q Okay.

5 A But they were in the outskirts cleaning and stuff.

6 Q And was Dr. Packer present at the time he engaged --

7 A Yeah, he was on the phone.

8 Q Okay. Your clairvoyance keeps coming out because my
9 next question is do you know whether anyone else observed
10 what you saw in terms of Rob engaging in these two acts of
11 inappropriate touching of the patient?

12 MS. CABRERA: It calls for speculation.

13 THE WITNESS: I don't believe so, because there -- I
14 mean their minds would have been blown, they would have -- I
15 don't believe so, besides Ishy and I.

16 Q (By Mr. Matiasic) Okay. Is it fair to say that you
17 don't know one way or another --

18 A Correct.

19 Q -- whether anybody else actually observed it?

20 A Correct.

21 Q You're just testifying that way because you believe if
22 somebody else would have observed it, they would have had a
23 similar reaction to you did?

24 A Yeah.

25 Q Okay. But you and Irish Reyes made eye contact so

1 ME. DYAS: Thank you.

2 MS. CABRERA: It calls for speculation.

3 THE WITNESS: Yeah, I don't know.

4 Q (By Mr. Matiasic) Okay. Do you recall ever asking
5 Irish Reyes to follow Rob when he went to the next OR to
6 insure he didn't touch another patient?

7 A Yes.

8 Q And when did you give that instruction to Irish?

9 A After this case, after my case that I witnessed.

10 Q So what I'm wondering is did you give this instruction
11 to Ricardo and Irish at the same time or separately or --

12 A I don't recall. Maybe -- probably separately.

13 Q And do you remember specifically what you told each of
14 them?

15 A No.

16 Q Can you just describe the general gist of what you
17 told them? I know you already described it --

18 A Without expletives?

19 Q Whatever you recall saying is fine.

20 A Just to keep an eye on him, try and, you know, protect
21 them.

22 Q And did Irish agree to do that?

23 A Yes.

24 Q And did Ricardo agree to do that?

25 A He didn't -- I don't think he knew exactly what I was

1 talking about because I don't think he had the reference of,
2 you know, what? 'Cause even -- in thinking back to what
3 Cindy had told me, it -- it didn't really make sense so I
4 don't think that he understood so, you know, I told him to
5 just keep an eye on, so I don't think he would, you know,
6 know how to protect anybody 'cause he didn't know.

7 Q At some point in time, did you learn that Rob had
8 inappropriately touched another patient that same day?

9 A Yes.

10 Q And when did you learn that?

11 A After the case was done next door.

12 Q Okay, so after you were done with the --

13 A With my -- my case was done and then the -- there was
14 an ACL done next door and after that case was done.

15 Q Okay. And so after you were done with the patient
16 whom you saw Rob inappropriately touch, you then
17 subsequently learned that he went next door to the next OR
18 and inappropriately touched another patient?

19 A Yes.

20 Q And you learned about that inappropriate touching
21 following the completion of your duties with the first
22 patient, correct?

23 A Yes.

24 Q And are you aware of the identity of the second victim
25 that day?

1 A Yes.

2 Q And was that patient a minor?

3 A Yes.

4 Q Was he sixteen at the time?

5 A Yes.

6 Q Do you know the name of that patient?

7 MS. CABRERA: It's the same objection as before.

8 THE WITNESS: It's all in there. Here (indicating).

9 Q (By Mr. Matiasic) Well, I'm just asking you from --

10 A Yes, I know his name.

11 Q Okay. Does his -- and how do you know his name?

12 A He was supposed to be in my room, but they switched

13 orders because the case next door went earlier or something

14 or finished earlier so they decided to pull him from my room

15 and he went into the next room instead, so they flip-flopped

16 cases, so I knew his 'cause I sort of got everything ready

17 for his case.

18 Q Did you have occasion to interview him for his --

19 A No, I did not.

20 Q This minor, the second victim on March 31st, 2016,

21 does the first letter of his first name begin with the

22 letter E?

23 A No. Of maybe not.

24 Q What's your basis for believing that? Is that because

25 you're looking down --

1 A Yeah.

2 Q -- at the pleading?

3 A Maybe I forgot.

4 Q So, just for the record, we've pre-marked as Exhibit 1
5 to your deposition Plaintiff Robert Doe's notice of taking
6 deposition with request for production of documents. Is
7 that what you're referring to --

8 A Yes.

9 Q -- when you -- okay. So --

10 A Maybe I don't know his name.

11 Q Yeah. Robert Doe is a fictitious name --

12 A Copy that.

13 Q -- all the way around.

14 A Okay.

15 Q So I used two fictitious names, not just for the first
16 and last.

17 A Okay.

18 Q Outside of any pleading in this case, do you have a
19 recollection of the person's first name?

20 A Then, no.

21 Q Okay. At any point in time, did you learn the nature
22 of the inappropriate touching that Rob engaged in with the
23 second patient on March 31st, 2016?

24 A I didn't ask specifically details so, no.

25 Q And how did you learn that a second patient had been

1 touched on that day?

2 A Ishy told me.

3 Q What did she tell you?

4 A That he did the same thing.

5 Q Did she provide any additional details regarding what
6 that meant?

7 A No.

8 Q What did you say in response?

9 A That motherfucker.

10 Q Did -- at that point in time, had you already spoken
11 with John?

12 A I believe so.

13 Q And do you know whether Irish had communicated what
14 she had observed Rob do to the second patient to anyone else
15 prior to discussing it with you?

16 MS. CABRERA: It calls for speculation.

17 THE WITNESS: I don't know.

18 Q (By Mr. Matiasic) You indicated that you didn't tell
19 anybody else about what had occurred on March 31st other than
20 John Crumm until Thursday, a couple days later, correct?

21 A Yes.

22 Q And that would have been around April 2nd?

23 A Sure.

24 Q And that's perfectly okay, if the date doesn't ring
25 any bell, that's all right, too.

1 A It does not.

2 Q But you remember that you observed the conduct on a
3 Tuesday and then this conversation that you had with Todd
4 where you next disclosed was --

5 A Was on Thursday.

6 Q -- was on Thursday. Were you off work on Wednesday?
7 If you know?

8 A No, I was working.

9 Q You were working. So on Wednesday you didn't have a
10 conversation with anybody about what you had observed the
11 day before, correct?

12 A Correct.

13 Q And as of March 31st and April 1st, who was your
14 immediate supervisor?

15 A Wait, excuse me, what date was that?

16 Q The day that you saw Rob engage in inappropriate
17 touching and the following day, who was your immediate
18 supervisor?

19 A I don't remember who the charge nurse was at the time.
20 Jill would have been my supervisor then, but she was on
21 vacation, so I didn't have like an assistant manager.
22 Manager, our manager had just got moved to a different
23 facility so there was like an acting sort of manager, which
24 was Theresa, who was our -- who'd only been there like a
25 week who was like supposed to be our education coordinator,

1 and the assistant manager for pre-pac was somebody who'd
2 only been there for not very long either, so people that
3 weren't there for very long so I don't know them.

4 Q Okay. So you said Theresa Renico, that's R-e --

5 A That's her, yeah, that's her last name.

6 Q R-e-n-i-c-o?

7 A I don't know.

8 Q Okay. That was the acting manager during that week?

9 A Correct.

10 Q Was Jill Luckhurst gone that entire week, if you know?

11 A Yes, she was on vacation.

12 Q And this relatively new assistant manager in the
13 pre-pac unit, do you know the name of that person?

14 A Christie.

15 Q Do you know her last name?

16 A No.

17 Q Do you know whether anybody at any time reported Rob's
18 inappropriate behavior to Christie?

19 ME. DYAS: Calls for speculation.

20 THE WITNESS: Yeah, I don't know.

21 Q (By Mr. Matiasic) Do you know whether anybody at any
22 time reported Rob's inappropriate behavior to Theresa Renico?

23 A I don't know.

24 ME. DYAS: Same objection.

25 Q (By Mr. Matiasic) Any particular reason why you didn't

1 report what you had seen the day before the next day when you
2 came to work on Wednesday, April 1st?

3 A 'Cause I decided I was going to tell George, who was
4 like a director who could get shit done.

5 Q And you had an understanding that George wasn't going
6 to be in the facility until --

7 A Friday.

8 Q -- Friday, okay.

9 But then on Thursday, you were at the control desk
10 with Cindy, is that correct?

11 A Uh-huh.

12 Q Is that yes?

13 A Yes.

14 Q And what is the control desk?

15 The control desk is where the charge nurse is, it's
16 kind of like our control hub for everything. Our charge
17 nurse is usually there, we have our monitors with cameras in
18 all the rooms so they can, you know, oversee everything, we
19 have our big screens up that have all the cases up so they
20 can keep track of everything and if any, you know -- the
21 hub.

22 Q Okay. And Todd Valentine was the charge nurse that
23 day?

24 A Correct.

25 Q And he was at the control desk?

1 A Correct.

2 Q Do you recall the charge nurse on duty at the time you
3 saw Rob engage in inappropriate touching?

4 A I don't remember.

5 Q What about the next day on Wednesday?

6 A I don't remember.

7 Q And do you recall how the conversation with Todd
8 started?

9 A I don't remember.

10 Q And you believe that Cindy was the first one to tell
11 Todd about what she saw, correct?

12 A I believe so.

13 Q And do you recall whether she gave him the specifics
14 of what she had --

15 MS. CABRERA: It calls for speculation.

16 THE WITNESS: I don't remember.

17 Q (By Mr. Matiasic) And at some point, did you give the
18 specifics of what you had witnessed to Todd?

19 A To Todd? No.

20 Q What do you recall --

21 A I don't remember.

22 Q What do you recall telling Todd in that conversation?

23 A That I saw him touching somebody.

24 Q And did you provide any additional details at that
25 time?

1 (Recess from 11:24 a.m. to 11:29 a.m.)

2 Q (By Mr. Matiasic) Okay, Miss Camenga, thanks for your
3 patience with us. I may or may not, during the course of a
4 couple questions, have said March of 2016. All this conduct
5 that we're talking about related to Lastinger which you
6 observed, that all occurred in March of 2015, is that true?

7 A Correct.

8 Q In March of 2016 you were in Hawaii?

9 A Yeah.

10 Q Okay. After communicating what you did to Todd
11 Valentine, what is the next time that you spoke with anybody
12 about what you observed Rob doing with respect to
13 inappropriately touching patients?

14 A I was escorted to a Building C and I reported to
15 George, Kim and there might have been other people, but I
16 don't remember. Kim Ko.

17 Q And she worked -- she was an employee, a labor
18 relations specialist at Stanford?

19 A To my knowledge, yes.

20 Q And George, you're speaking of George Baez?

21 A Correct.

22 Q And were you escorted there pursuant to being called
23 down to the control desk 'cause you referenced earlier?

24 A Yeah, I went to the control desk and I think I was
25 escorted, I don't know, I was confused, to Building C, and I

1 don't remember what floor, to a conference room.

2 Q And anyone else present other than George Baez and Kim
3 Ko?

4 A I believe so, but I don't remember. I only remember
5 Kim Ko and George.

6 Q And what, if anything, did you communicate to George
7 and Kim at that time?

8 A I told them what I witnessed.

9 Q And was there anything different than what you already
10 told us here today?

11 A No, but then I also told him that there were other
12 witnesses that I believe would be willing to come forward.

13 Q And what other witnesses did you identify to George
14 and Kim?

15 A Cindy, Irish, Ricardo, Dan and Roj. Rojmar.

16 Q And that's Rojmar Fernandez?

17 A Correct.

18 Q R-o-j-m-a-r?

19 A Correct.

20 Q Do you know whether your conversation with George and
21 Kim was recorded in any way?

22 A I don't remember.

23 Q Did they ask you whether you had seen any type of
24 inappropriate conduct on Lastinger's part prior to what you
25 witnessed a couple days before?

1 A I don't remember if they asked that.

2 Q Okay. Prior to witnessing what you did with Rob on
3 March 31st, the two instances of inappropriate touching with
4 that patient, do you recall any other conduct that you
5 witnessed prior to that day that, in hindsight, now seems
6 inappropriate?

7 ME. DYAS: Asked and answered.

8 THE WITNESS: As far as he was a bully and very
9 aggressive, he argued, very quick to argue with nurses, even
10 with doctors, but not perverted-wise, just asshole-wise.

11 Q (By Mr. Matiasic) Okay. And describe for me, prior to
12 you witnessing -- prior to the occasion where you witnessed
13 Rob engage in inappropriate touching of a patient, the type
14 of instances where you believed you saw Rob engage in
15 bullying type of activity.

16 A Wait, say that again?

17 Q Sure, it was a very long-winded question. Basically
18 prior to observing him inappropriately touch that patient on
19 March 31st, describe for me the instances that come to mind
20 when you're thinking of the fact that Rob was a bully prior
21 to that day.

22 A I can only speak for myself. There is like a hip
23 positioner that's supposed to be positioned a certain way
24 and they set it up wrong and I told them that he set it up
25 wrong and he would argue and I was like just set it up this

1 you a document. It's been marked Exhibit 2. At the top of
2 the document, it says New Employee and Transfer Checklist --

3 A Uh-huh.

4 Q -- Stanford Hospital/Clinic and LPCH. Does your
5 signature appear on the bottom of this document?

6 A Yes.

7 Q Do you recall this document?

8 A No.

9 Q I think you testified previously that you attended an
10 orientation at Stanford?

11 A Yes.

12 Q And do you recall if you -- go ahead and take a look
13 at this. These were the various topics and issues that were
14 covered with you at the time of your orientation?

15 A Yes.

16 Q And do you recall if you placed the check marks on
17 this form?

18 A I don't recall, but I don't argue it.

19 Q And I believe you testified that you were hired in
20 2010. Were you actually hired in 2011?

21 A Oh, there you go. Yes.

22 Q Did you attend the orientation before you actually
23 started performing duties as a staff nurse at Stanford?

24 A Wait, can you say that again?

25 Q Sure. Did your orientation occur before you actually

1 started performing duties?

2 A Yes.

3 Q Okay.

4 (Exhibit No. 3 was marked for identification.)

5 Q (By Ms. Cabrera) The court reporter has just handed
6 you a documented that's been marked Exhibit 3. It's titled
7 Abuse Reporting Requirements for Health Practitioners Under
8 California Law, it's an acknowledgement form. Does your
9 signature appear on this document?

10 A Yes.

11 Q And is that your handwriting and --

12 A Yes.

13 Q -- your date?

14 And if you see the second paragraph, it says "I will
15 consult the relevant Stanford Hospital and Clinics and/or
16 LPCH policies as they apply to each code section and will
17 follow the procedures indicated therein for all instances
18 where I am required to report abuse." Did you actually look
19 up those policies or in any way inform yourself of what
20 those policies stated?

21 A No.

22 Q Do you recall if those policies were provided to you?

23 A I don't remember if they were actually provided for
24 me, but I would be able to look it up because they had told
25 us where to look it up.

1 Q Okay.

2 A Where all of them are.

3 Q Okay. Including the policies that would fall under
4 this acknowledgement form?

5 A Exactly.

6 (Exhibit No. 4 was marked for identification.)

7 Q (By Ms. Cabrera) The court reporter has just handed
8 you a document, it's been marked Exhibit 4. It states at the
9 top Student and Group Transcript Report. You can see on the
10 right-hand side, it says Healthstream.

11 A Uh-huh.

12 Q Have you ever seen this document before?

13 A No.

14 Q Okay. I believe you testified before that you took
15 some training through Healthstream?

16 A Correct, every year.

17 Q Okay. 'Cause I understand that one of the training
18 modules you took every year was about abuse. Does sound
19 right to you?

20 A Yes.

21 (Exhibit No. 5 was marked for identification.)

22 Q (By Ms. Cabrera) The court reporter has just handed
23 you a document that's been marked Exhibit 5. It states Abuse
24 Module. If you could just take a look through the document
25 and let me know if you recall this module as the one that you

1 Q When the meeting happened that was after
2 Mr. Lastinger's arrest where you say that Stanford
3 reiterated to the whole department the importance of
4 reporting, who actually gave that presentation?

5 A It was somebody from HR, but I don't recall who.

6 Q And when you say the whole department, does that
7 include management?

8 A Yes, management was there.

9 Q When you went to nursing school, were you informed of
10 what your duties were as a mandatory reporter?

11 A Yes.

12 Q And, in fact, understanding those duties is a
13 requirement of obtaining your license as a nurse in
14 California, correct?

15 A Yes.

16 Q And at your prior jobs, were you informed of your
17 duties in relation to mandatory reporting?

18 A Yes.

19 Q I believe that you testified that during -- actually
20 let me start with an open question. At the time that Cindy
21 Yee told you what she had witnessed in relation to
22 Mr. Lastinger's conduct, was Jill Luckhurst out of the
23 office?

24 MR. MATIASIC: May call for speculation.

25 THE WITNESS: I don't recall. I know around that time

C E R T I F I C A T E

STATE OF HAWAII)
) SS:
CITY AND COUNTY OF HONOLULU)

I, Amy Muroshige, Certified Shorthand Reporter, do hereby certify:

That on Friday, December 2, 2016, at 8:46 a.m. appeared before me CECILIA CAMENGA, R.N., the witness whose deposition is contained herein; that prior to being examined, he was by me duly sworn;

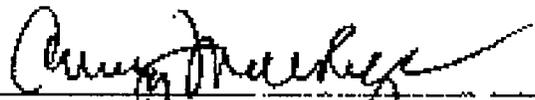
That the deposition was taken down by me in machine shorthand and was thereafter reduced to typewriting; that the foregoing represents, to the best of my ability, a true and correct transcript of the proceedings had in the foregoing matter.

That pursuant to Rule 30(e) of the Hawaii Rules of Civil Procedure, a request for an opportunity to review and make changes to this transcript:

X Was made by the deponent or a party (and/or their attorney) prior to the completion of the deposition.
Was not made by the deponent or a party (and/or their attorney) prior to the completion of the deposition.

I further certify that I am not counsel for any of the parties hereto, nor in any way interested in the outcome of the cause named in the caption.

Dated this 12th day of December 2016, in Honolulu, Hawaii.



Amy Muroshige, CSR No. 166

EXHIBIT B

31417506v.1

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SAN MATEO

ROBERT DOE,)
)
 Plaintiff,)
)
 vs.) No. 16CIV01627
)
 STANFORD HEALTH CARE; ROBERT)
 LASTINGER; and DOES 1 THROUGH)
 25, INCLUSIVE,)
)
 Defendants.)
 _____)

VIDEOTAPED DEPOSITION OF ROBERT DOE

Friday, June 2, 2017

VIGNATI REPORTING
1537 Fourth Street, Suite 215
San Rafael, California 94901
(415) 456-4640
FAX (415) 456-3107
e-mail: avignati@sbcglobal.net

REPORTED BY: ANNE M. VIGNATI, CSR NO. 4781

1 A. Right.

2 Q. Where were you when you were awake and
3 oriented?

4 A. I was in a hospital room.

02:37 5 Q. Like a recovery room or something like that?

6 A. Right.

7 Q. This was outpatient surgery so that you didn't
8 spend the night; right?

9 A. Right.

02:37 10 Q. And did Doctor McAdams tell you -- come in and
11 talk to you about the surgery at some point?

12 A. I don't remember.

13 Q. Okay. Did the surgery work?

14 A. Yes.

02:37 15 Q. How's the knee?

16 A. Good.

17 Q. And have you up to today seen a picture of
18 Lastinger?

19 A. Yes.

02:38 20 Q. Okay. And how did you see that?

21 MR. MATIASIC: Other than anything that may
22 have been shared with you by an attorney. But if you
23 saw it through another source, you can tell him.

24 THE WITNESS: On the news. His picture was on
02:38 25 the news.

1 BY MR. LUCEY:

2 Q. Okay. And having seen his face, do you have a
3 recollection of seeing him any time that day on the
4 31st?

02:38 5 A. No.

6 Q. Okay. So do you from your own memory have a
7 knowledge of whether he was even there or not?

8 A. No.

9 Q. Okay. Do you remember any nurses or doctors
02:38 10 that stand out in your mind? Probably let's just leave
11 out the surgeon himself.

12 A. Right. I thought I did in the beginning, but I
13 don't know. I don't remember.

14 Q. Could you identify by name any of the nurses or
02:39 15 other technicians that were in your room before or after
16 the surgery?

17 A. No.

18 Q. How about just by sight what they look like?

19 A. No.

02:39 20 Q. Anybody that you became particularly friendly
21 with who said something that stuck out in your mind,
22 anything like that?

23 A. No.

24 Q. Do you know whether an anesthesiologist was the
02:39 25 one who administered the drug that put you out before

1 I, ANNE M. VIGNATI, a Certified Shorthand
2 Reporter duly licensed by the State of California, do
3 hereby certify:

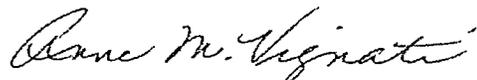
4 That ROBERT DOE, the witness in the foregoing
5 deposition, was by me duly sworn to testify the truth,
6 the whole truth, and nothing but the truth, in the
7 within-entitled cause;

8 That said deposition was reported at the time and
9 place therein stated by me, and thereafter transcribed
10 under my direction;

11 That when so transcribed, the witness was
12 afforded the opportunity to read, correct and sign the
13 deposition.

14 I further certify that I am not interested in the
15 outcome of said action, nor connected with, nor related
16 to, any of the parties in said action or to their
17 respective Counsel.

18 IN WITNESS WHEREOF, I have hereunto set my hand
19 this 13th day of June, 2017.

20
21 

22 ANNE M. VIGNATI, CSR NO. 4781
23
24
25

EXHIBIT C

33033098v.1

C

ABUSE REPORTING REQUIREMENTS FOR
HEALTH PRACTITIONERS UNDER CALIFORNIA LAW

ACKNOWLEDGEMENT FORM

I understand the reporting requirements under California Penal Code sections 11160, 11161, 11166 and Welfare and Institutions Code sections 15610 and 15630 apply to me as a health practitioner as defined in each code section. I have read the foregoing.

I will consult the relevant Stanford Hospital & Clinics and/or Lucile Packard Children's Hospital policies as they apply to each code section and will follow the procedures indicated therein for all instances where I am required to report abuse.

Employee's Signature

Print Employee's Name

Date



Student and Group Transcript Report

Report Generated: Nov 30, 2016, 1:41 pm ET



SHC Staff
Camenga, Cecilia C
USER ID: 041435
Transcript Range: Complete History
Report Generated: Nov 30, 2016, 1:41 pm ET

Job Title: 400018 - CLINICAL NURSE II

Hire/ReHire Date: Jun 13, 2011

Job Category: RN

Department: 74302 - OP CTR OUTPATIENT SURGERY CTR

COMPLETIONS

Total Completions: 158 | Estimated Time: 92:15

NAME	ESTIMATED TIME*	SCORE	COMPLETION DATE	COMPLETION TIME
Precision Xceed Pro Meter	1:00	100	11/11/2015	4:18 PM EST
Stanford Health Care- Welcoming the LGBT Community	0:30	0	10/29/2015	6:03 PM EST
Protecting Patient Privacy...one patient at a time	1:00	100	10/14/2015	5:26 PM EST
C-I-CARE Overview	0:35	0	10/14/2015	5:16 PM EST
Stanford Medical - Moderate Sedation (PA)	0:00	93	09/29/2015	10:33 AM EST
SHC Epic General Training Course	2:00	0	08/24/2015	11:00 AM EST
Capnography: A Standard of Care for Procedural Sedation Monitoring	1:07	100	07/13/2015	5:14 PM EST
SHC ICD-10 General Overview	0:15	0	06/25/2015	4:28 PM EST
SHC Annual Employee Training Curriculum (Clinical)	0:00	0	06/09/2015	11:34 AM EST
Stanford Medical - Safety Training (Clinical)	1:05	95	06/09/2015	11:34 AM EST
Stanford Medical - Code of Conduct	1:55	100	06/09/2015	11:10 AM EST
Stanford Medical - Emergency Codes	0:20	0	06/09/2015	10:38 AM EST
Stanford Medical - Prevention of Flu	0:50	80	05/26/2015	12:55 PM EST
Stanford Medical - Cultural Diversity	0:20	0	05/20/2015	11:24 AM EST



SHC Prevention of Respiratory Diseases	0:30	0	05/18/2015	5:16 PM EST
SHC Prevention of Hospital Acquired Infections - Clinical	0:40	0	05/18/2015	5:15 PM EST
SHC Quality Improvement and Patient Safety	0:30	0	05/18/2015	5:03 PM EST
Stanford Medical - Stroke RN Version	1:00	100	05/18/2015	5:01 PM EST
Stanford Medical - Organ Donation PA	0:00	100	05/18/2015	4:47 PM EST
Stanford Medical Abuse Module for RNs	0:55	90	05/18/2015	4:27 PM EST
Updated Controlled Substances	0:45	100	05/18/2015	4:20 PM EST
Protecting Patient Privacy...one patient at a time	1:00	100	05/18/2015	3:57 PM EST
SHC Perioperative Services "Surgical Counts" Policy & Procedure dated 04/2015	1:10	100	05/04/2015	5:34 PM EST
C-I-CARE Overview	0:35	0	02/18/2015	5:05 PM EST
SHC FY2015 Nursing Professional Profile Portfolio for RN Users	0:00	0	02/18/2015	4:52 PM EST
Administrator Academy - Portfolio for Users	0:15	0	02/18/2015	4:52 PM EST
SHC Nursing Professional Profile Portfolio Starting Guide	0:05	0	02/18/2015	4:21 PM EST
SHC Epic 930 Ambulatory Electronic Specimen Collection (5 min)	0:05	0	02/06/2015	5:21 PM EST
SHC Epic 971 PPID Specimen Collection (10 min)	0:10	0	01/28/2015	4:44 PM EST
Stanford Health Care ESS for eConnect Users	0:13	0	01/28/2015	4:31 PM EST
Capnography: A Standard of Care for Procedural Sedation Monitoring	1:07	83	10/10/2014	1:20 PM EST
SHC Attestation to Rules on Use of PHI on Personal Systems	0:10	0	08/20/2014	5:39 PM EST

Stanford Hospital Wayfinding	0:25	0	07/22/2014	2:33 PM EST
SHC Annual Employee Training Curriculum (Clinical)	0:00	0	06/03/2014	11:37 AM EST
Stanford Medical - Code of Conduct	1:55	100	06/03/2014	11:37 AM EST
Stanford Medical - Safety Training (Clinical)	1:05	100	06/03/2014	11:11 AM EST
Stanford Medical - Prevention of Flu	0:50	90	06/03/2014	10:43 AM EST
Stanford Medical - Emergency Codes	0:20	0	06/03/2014	10:14 AM EST
Stanford Medical - Cultural Diversity	0:20	0	06/03/2014	9:51 AM EST
SHC Prevention of Respiratory Diseases	0:30	0	05/28/2014	5:50 PM EST
SHC Prevention of Hospital Acquired Infections - Clinical	0:40	0	05/28/2014	5:32 PM EST
SHC Quality Improvement & Patient Safety	0:30	0	05/28/2014	5:19 PM EST
Stanford Medical - Stroke RN Version	1:00	92	05/28/2014	5:02 PM EST
Stanford Medical - Organ Donation PA	0:00	80	05/28/2014	4:46 PM EST
Stanford Medical Abuse Module for RNs	0:55	90	05/28/2014	4:39 PM EST
Updated Controlled Substances	0:45	100	05/28/2014	4:25 PM EST
Updated Controlled Substances - FAILED	0:25	93	05/27/2014	8:12 PM EST
Protecting Patient Privacy...one patient at a time	1:00	100	05/15/2014	2:39 PM EST
C-I-CARE Overview	0:35	0	05/15/2014	2:09 PM EST
SHC BD Nexiva Diffusics Closed IV Catheter System	0:05	0	05/15/2014	1:39 PM EST
Iwork4SHC Non-Exempt Employee CBT v01	0:45	93	12/13/2013	5:50 PM EST
Stanford Medical- Globally Harmonized System update for Hazard Communication	0:30	0	11/08/2013	3:55 PM EST

<input checked="" type="checkbox"/> C-I-CARE Overview	0:35	0	07/31/2013	3:33 PM EST
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<input checked="" type="checkbox"/> Protecting Patient Privacy...one patient at a time	1:00	100	07/26/2013	5:52 PM EST
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<input checked="" type="checkbox"/> Perioperative & Interventional Region 2012-13 Malignant Hyperthermia Competency	1:00	0	06/10/2013	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED
DATE RANGE 6/3-6/10/13	

<input checked="" type="checkbox"/> Hand Hygiene	0:37	0	06/03/2013	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

<input checked="" type="checkbox"/> OSC Joint Commissions Preparation	1:00	0	05/20/2013	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

<input checked="" type="checkbox"/> Care of a patient having Rotator Cuff Surgery - Care of a patient having Rotator Cuff Surgery	1:00	0	04/22/2013	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

<input checked="" type="checkbox"/> Iwork4SHC Employee NonExempt CBT - Time and Attendance	1:00	96	04/09/2013	4:07 PM EST
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<input checked="" type="checkbox"/> Stanford Medical Moderate Sedation Identification	0:40	100	04/08/2013	4:30 PM EST
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<input checked="" type="checkbox"/> Stanford Medical Abuse Module for RNs	0:55	90	04/08/2013	3:59 PM EST
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<input checked="" type="checkbox"/> OSC 3 -25-13 BIOMET PRP INJECTION, DEVICE AND KIT	1:00	0	03/25/2013	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

OSC 3-25-13 ICONIX IMPLANT DEVICE 1:00 0 03/25/2013 12:00 AM EST

LEARNING EVENT COMMENTS ADMINISTRATOR_ENTERED

OSC OR RECALL PROCESS/NOTICE OF PRODUCT OF CONCERN POLICY - OSC OR RECALL PROCESS/NOTICE OF PRODUCT OF CONCERN POLICY 1:00 0 03/25/2013 12:00 AM EST

LEARNING EVENT COMMENTS ADMINISTRATOR_ENTERED

OSC DOMESTIC VIOLENCE INSERVICE - OSC DOMESTIC VIOLENCE INSERVICE 1:00 0 03/18/2013 12:00 AM EST

LEARNING EVENT COMMENTS ADMINISTRATOR_ENTERED

OSC DOMESTIC VIOLENCE INSERVICE - OSC DOMESTIC VIOLENCE INSERVICE 1:00 0 03/18/2013 12:00 AM EST

LEARNING EVENT COMMENTS ADMINISTRATOR_ENTERED

OSC Neptune Review - OSC Neptune Review 0:45 0 03/15/2013 12:00 AM EST

LEARNING EVENT COMMENTS ADMINISTRATOR_ENTERED

Stanford Medical - Organ Donation PA 0:00 100 11/13/2012 11:11 AM EST

Stanford Medical - Medical Waste Cytotoxin Safety 0:00 100 11/07/2012 4:37 PM EST

Stanford Medical - Falls 0:00 100 11/06/2012 1:18 PM EST

Stanford Medical - Advanced Directives 0:00 100 11/06/2012 12:39 PM EST

Stanford Medical - Adolescents	0:00	90	11/05/2012	1:25 PM EST
Stanford Medical - Stroke RN Version	1:00	92	11/05/2012	11:36 AM EST
SHC Annual Employee Training Curriculum (Clinical)	0:00	0	11/01/2012	5:41 PM EST
Stanford Medical - Code of Conduct	1:55	95	11/01/2012	5:41 PM EST
Iwork4SHC Employee Time and Attendance (Non-Exempt)	1:00	0	10/24/2012	7:00 PM EST
Stanford Medical - HIPAA IT Security	0:00	100	10/16/2012	4:36 PM EST
Stanford Medical - HIPAA Annual Updates	0:50	93	10/15/2012	5:47 PM EST
Stanford Medical - Cultural Diversity	0:05	100	10/15/2012	5:30 PM EST
Stanford Medical - Respiratory Precautions	0:40	80	10/15/2012	5:24 PM EST
Updated Controlled Substances	0:45	100	10/15/2012	5:09 PM EST
Stanford Medical - Prevention of Flu (required training)	1:15	90	10/15/2012	4:12 PM EST
Stanford Medical - Rapid Regulatory Training (Clinical)	1:05	90	10/15/2012	4:07 PM EST
Stanford Medical - Emergency Codes	0:15	90	10/15/2012	3:58 PM EST
C-I-CARE Overview	0:35	0	10/15/2012	3:55 PM EST
MD Orders Huddle #2	0:05	0	09/21/2012	12:00 AM EST
LEARNING EVENT COMMENTS			ADMINISTRATOR_ENTERED	
Pyxis Discrepancy Huddle #2	0:05	0	09/21/2012	12:00 AM EST
LEARNING EVENT COMMENTS			ADMINISTRATOR_ENTERED	
Patient Rights (PA)	0:15	93	09/20/2012	8:16 PM EST

SHC Prevention of Hospital Acquired Infections- Clinical	0:55	83	09/20/2012	8:00 PM EST
SHC Quality Management & Patient Safety	0:40	80	09/20/2012	7:50 PM EST
Developmentally Appropriate Care of the Pediatric Patient (PA)	1:12	90	09/20/2012	7:29 PM EST
Developmentally Appropriate Care of the Adult Patient (PA)	1:06	93	09/20/2012	6:59 PM EST
Interdisciplinary Care Plan Huddle #2 Tip Sheet	0:10	0	09/03/2012	12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

SMS Medication Education	0:10	0	08/29/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

Interdisciplinary Care Plan Huddle #1 - Interdisciplinary Care Plan Huddle #1	0:05	0	08/21/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

OSC Mock Code - OSC Mock Code	1:00	0	08/17/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

OSC Shared Governance/Magnet Update	1:00	0	08/17/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

Fentanyl Patch Inservice 2012 - Fentanyl Patch Inservice 2012	0:30	0	08/11/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED
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📎 OSC Boarding Pass Checklist/Magnet Update 1:00 0 08/06/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 OSC Endoscopy Review - OSC Endoscopy Review 1:00 0 08/06/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 Shoulder Surgery - Shoulder Surgery by Dr. John Costouras 1:00 0 08/06/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 MD Orders Huddle #1 0:10 0 08/04/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 Blood Huddle #2 0:10 0 08/03/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 Patient Weight Huddle 0:05 0 08/03/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 Pyxis Discrepancy Huddle #1 0:10 0 07/30/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

📎 Updated Controlled Substances 0:45 100 06/28/2012 5:54 PM EST

☞ Updated Controlled Substances - FAILED	0:25	93	06/28/2012	5:52 PM EST
☞ Stanford Medical Abuse Module for RNs	0:55	100	06/28/2012	5:39 PM EST
☞ Stanford Medical - Respiratory Precautions	0:40	100	06/28/2012	5:30 PM EST
☞ Stanford Medical - Rapid Regulatory Training (Clinical)	1:05	90	06/28/2012	5:15 PM EST
☞ Stanford Medical - Prevention of Flu (required training)	1:15	80	06/28/2012	5:06 PM EST
☞ Stanford Medical - Organ Donation PA	0:00	80	06/28/2012	4:57 PM EST
☞ Stanford Medical - HIPAA IT Security	0:00	90	06/28/2012	4:51 PM EST
☞ Stanford Medical - HIPAA Annual Updates	0:50	80	06/28/2012	4:47 PM EST
☞ Stanford Medical - Code of Conduct	1:55	90	06/26/2012	5:34 PM EST
☞ Stanford Medical - Stroke RN Version	0:50	91	06/20/2012	5:39 PM EST
☞ SHC Quality Management & Patient Safety	0:15	90	06/19/2012	5:36 PM EST
☞ SHC Prevention of Hospital Acquired Infections- Clinical	0:55	83	06/19/2012	5:31 PM EST
☞ Patient Rights (PA)	0:15	93	06/19/2012	4:30 PM EST
☞ ACLS Recertification - SHCE ACLS-R-Sk	0:00	0	05/31/2012	12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

☞ Basic Life Support (BLS) HCP Recertification - SHCE BLS-HCP-R-Sk	0:00	0	05/25/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

☞ Blood Product Administration Change Summary 2012	0:30	0	05/18/2012	12:00 AM EST
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LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

Blood Huddle #1 0:10 0 01/31/2012 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

OSC Educational Update 2:00 0 09/19/2011 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

Introduction to C-I-CARE
for SHC Staff 1:00 0 07/08/2011 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

Introduction to C-I-CARE
for SHC Staff 1:00 0 06/17/2011 12:00 AM EST

LEARNING EVENT COMMENTS	ADMINISTRATOR_ENTERED

Stanford Medical - Rapid
Regulatory Training (Clinical) 1:05 80 06/14/2011 6:04 PM EST

Updated Controlled
Substances 0:45 100 06/14/2011 5:54 PM EST

Stanford Medical Pressure
Ulcer Prevention, Assessment
and Management 0:50 100 06/14/2011 5:51 PM EST

Stanford Medical Pain
Management (O) 0:10 90 06/14/2011 5:37 PM EST

Stanford Medical Moderate
Sedation Identification 0:40 83 06/14/2011 5:32 PM EST

Stanford Medical Abuse
Module for RNs 0:55 90 06/14/2011 5:29 PM EST

Stanford Medical -
Respiratory Precautions 0:50 90 06/14/2011 5:25 PM EST

Stanford Medical -
Prevention of Flu (required
training) 1:15 100 06/14/2011 5:17 PM EST

# Stanford Medical - Organ Donation PA	0:00	100	06/14/2011	5:14 PM EST
# Stanford Medical - Mission Statement	0:00	90	06/14/2011	4:55 PM EST
# Stanford Medical - Medical Waste Cytotoxin Safety	0:00	100	06/14/2011	4:52 PM EST
# Stanford Medical - HIPAA Minimum Necessary	0:00	92	06/14/2011	4:48 PM EST
# Stanford Medical - HIPAA IT Security	0:00	100	06/14/2011	4:08 PM EST
# Stanford Medical - HIPAA Communications with Family Friends	0:00	0	06/14/2011	3:47 PM EST
# Stanford Medical - HIPAA Authorizations for Use and Disclosure	0:00	0	06/14/2011	3:37 PM EST
# Stanford Medical - HIPAA Amendments and Addendums	0:00	100	06/14/2011	3:36 PM EST
# Stanford Medical - HIPAA Accounting of Disclosures	0:00	0	06/14/2011	3:36 PM EST
# Stanford Medical - HIPAA Access to PHI	0:00	100	06/14/2011	3:35 PM EST
# Stanford Medical - Falls	0:00	90	06/14/2011	2:48 PM EST
# Stanford Medical - End of Life Care	0:15	100	06/14/2011	2:24 PM EST
# Stanford Medical - Emergency Codes	0:15	90	06/14/2011	2:20 PM EST
# Stanford Medical - Cultural Diversity	0:05	100	06/14/2011	2:17 PM EST
# Stanford Medical - Controlled Substance	0:00	100	06/14/2011	2:13 PM EST
# Stanford Medical - Code of Conduct	0:00	90	06/14/2011	1:48 PM EST
# Stanford Medical - Advanced Directives	0:00	90	06/14/2011	1:42 PM EST
# Stanford Medical - Adolescents	0:00	100	06/14/2011	1:23 PM EST
# Stanford Medical - Stroke RN Version	0:15	91	06/14/2011	12:47 PM EST
# SHC Quality Management & Patient Safety	0:15	90	06/14/2011	12:41 PM EST

 SHC Prevention of Hospital Acquired Infections- Clinical	0:55	83	06/14/2011	12:35 PM EST
 Patient Rights (PA)	0:15	100	06/14/2011	12:22 PM EST
 Developmentally Appropriate Care of the Pediatric Patient (PA)	1:12	100	06/14/2011	12:07 PM EST
 Developmentally Appropriate Care of the Adult Patient (PA)	1:06	86	06/14/2011	10:52 AM EST

*Estimated Times are stated in hours:minutes format.

LEGEND  = Course  = Curriculum



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Build: 13.01.28.895.347 | AO: 198

Abuse Module

HealthStream Course Delivery - Internet Explorer - optimized for Bing and MSN

http://www.healthstream.com/hlc/Common/course/coursemodule/Ewc/Ewcplayer.aspx?courselocation=http%3a%2f%2fauthordev.i



STANFORD
HOSPITAL & CLINICS
Stanford University Medical Center

Abuse Module

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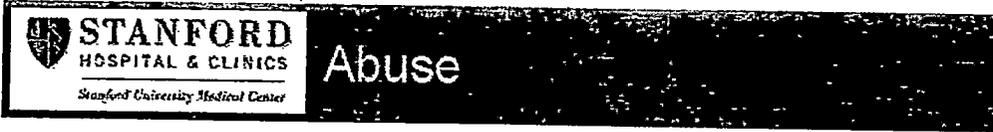
Previous | **Play** | Next

Page 1 of 23

Exit Lesson

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5
12/2/16
Cecilia Camanga

PHENIX 800-631-6368



Course Objectives

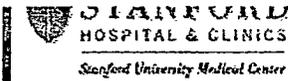
At the end of this course the learner should be able to:

- Identify the types of abuse
- Recognize signs and symptoms of abuse
- Describe how to respond to an abused patient
- Identify when to report abuse
- Recognize who to contact for assistance
- Identify resources available



Remember

- The "Check Your Knowledge" questions are NOT scored; go ahead and guess.
 - The Post Test is scored and a final grade given.
- 90% or greater** is needed to pass the *Abuse* Module.



Abuse

Abuse in the USA



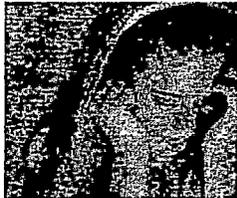
Abuse in the United States

- At least 1 in 5 women will suffer physical/sexual abuse by a family member or partner
- The leading cause of death in pregnancy is homicide
- 20% of female and 10% of male children are sexually abused
- Seeing abuse in the home causes health and school problems in children
- A high percentage of children who are abused become abusers themselves
- Little is known about abused men
- 90% of elder abusers are family members
- Dependent adults have a high rate of sexual abuse by caregivers



Abuse

Abuse and Neglect



In many cases abuse is an *increasing* cycle of harm.

Abuse can be:

- emotional
- physical
- sexual
- economic

Neglect is the failure to care for another or oneself properly.

Abuse and neglect can be found in all socioeconomic (*wealth*) groups, including nurses, doctors, and other hospital workers.



Abuse

Abuse and Neglect

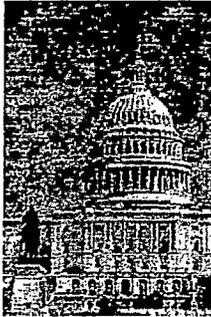


Abuse and neglect can cause:

- Physical injuries
- Emotional harm such as:
 - depression
 - anxiety
 - post traumatic stress disorder
- Medical symptoms to get worse due to neglect, or the stress from abuse



Legal Issues



Because abuse is so widespread, California state law and the Joint Commission require that hospitals and clinics:

- screen for domestic abuse on a routine basis
- report in certain circumstances
- educate staff
- provide patient referral materials

There are legal penalties for failure to report abuse and neglect.



Reporting Abuse



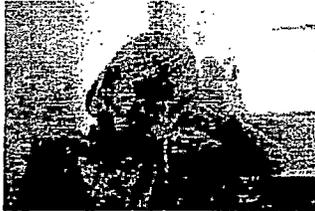
Who reports?

- Certain healthcare workers are "mandated" (required) reporters
- Each category of abuse has a different list of mandated reporters (*see websites at end*)
- However, any medical center staff member, paid or volunteer, can contact Social Work to discuss a suspicious situation, and can report



Abuse

Types of Abuse



There are different types of abuse.

Child abuse

- harm to someone under age 18

Domestic abuse

- harm by a spouse or significant other

Elder abuse

- harm to someone age 65 or older

Dependent adult abuse

- harm to someone between ages 18 and 64 who is not able to care for themselves due to limited physical or mental abilities



Abuse

Physical Abuse



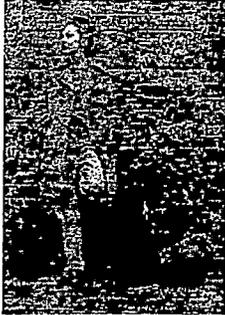
Possible signs of physical abuse:

- Bruises, welts, cuts, scrapes
- Burns
- Fractures
- Head/face injuries
- Blunt injuries to chest, back or abdomen
- Injuries don't fit history, history keeps changing, delay in seeking care



Abuse

Sexual Abuse



Possible signs of sexual abuse

- Difficulty walking or sitting
- Torn, stained, bloody underclothing
- Pain or itching in the genital area
- Bruises or bleeding in external genitalia, vagina or anal areas

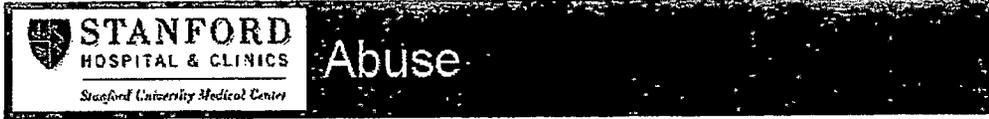


Neglect



Possible signs of neglect include:

- Lack of needed care for medical problems or injuries
- Poor hygiene
- Dressed inappropriately for weather
- Non-medical failure to thrive
- Over or under dosing medication
- Malnutrition or dehydration
- Pressure ulcers



Child Abuse



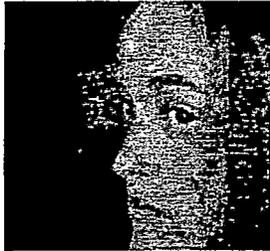
Behaviors that may show signs of child abuse

- Poor school work
- Withdrawal
- Regression or bed wetting
- Fearful of adults
- Nightmares
- Anger, acting out
- Sexually suggestive behavior



Abuse

Adult Abuse



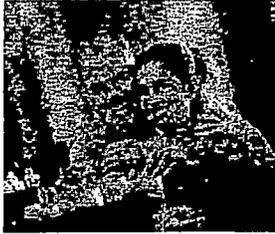
Possible behaviors of an adult who has been abused:

- "Hiding" bruises with heavy makeup, sunglasses, long sleeves
- Fearful
- Lack of eye contact
- Withdrawal to touch
- Startles (*is surprised*) easily
- Very anxious or "zoned out" during exams or procedures (the person may be having flashbacks of physical or sexual abuse)



Abuse

Abuser



Abuser is *the person who is doing the abuse.*

An abuser may act in the following way:

- Refuse to leave patient's side
- Act overly concerned
- Answer questions for the patient
- Seem hostile, demanding, controlling

With the abuser around the patient may:

- Seem reluctant to speak or disagree
- Seem physically afraid



Abuse

Check Your Knowledge



You are taking an ED patient, who fell off of a ladder, to MRI.

Her husband is walking next to the gurney, holding her hand, very concerned.

You leave them for a minute, and as you return you hear the husband say *"If you say a word about what happened, you know what you'll get."*

You should:

- tell the ED charge nurse who can contact the patient's physician and Social Worker
- call the police
- speak to the husband

Abuse: Check Your Knowledge - Internet Explorer optimized for Bing and MSN

http://authordev.healthstream.com/content/Stanford_Medical/Abuse_Non_RN/CYK_five_a.htm

Stanford University Medical Center

Check Your Knowledge

You are taking an ED patient, who fell off of a ladder, to MRI.

Her husband is walking next to the gurney, holding her hand, very concerned.



You leave them for a minute, and as you return you hear the husband say *"If you say a word about what happened, you know what you'll get."*

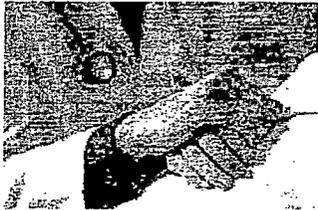
You should:

- tell the ED charge nurse who can contact the patient's physician and Social Worker
- call the police
- speak to the husband

Correct, let the charge nurse know and he/she will contact Social Work about the patient and the potential abuse.

[Close window](#)

Patient Reports Abuse



What if a patient tells you they have been abused?

It takes courage for a patient to tell about abuse, since most abused patients are too afraid or ashamed.

Respond in a nonjudgmental and supportive manner— avoid blame.

Examples of things you can say include:

- *No one deserves to be treated this way*
- *It is not your fault*
- *It is against the law*
- *I believe you*
- *I am sorry you have been hurt*

Contact your supervisor- who can call Social Work.

Social Work can assist with evaluation, placement, well-being and safety assessment, and coordinate follow up.



Report



If you are a mandated (required) reporter for a specific type of abuse, by law you must report:

- **Physical violence-** Any injury from a knife, gun, or deadly weapon
- **Domestic abuse-** visible physical injury that you reasonably suspect, even if patient denies abuse
- **Child, elder or dependent adult abuse-** if you see, hear about, or reasonably suspect harm or neglect, even if the patient denies and there are no visible injuries



Check Your Knowledge

When should healthcare workers report elder abuse?



- when they know for sure from lab tests
- only if the patient tells about abuse
- if there is a reasonable suspicion
- only if injuries are present

Abuse: Check Your Knowledge - Internet Explorer optimized for Bing and MSN

http://authordev.healthstream.com/content/Stanford-Medical/Abuse-Non-RN/CYK_one_c.htm



Abuse

Check Your Knowledge

When should healthcare workers report elder abuse?



- when they know for sure from lab tests
- only if the patient tells about abuse
- if there is a reasonable suspicion

Correct. All you need is *reasonable suspicion* to report elder abuse.

- only if injuries are present

[Close window](#)



Reporting Sexual Assault

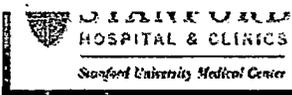


What about reporting sexual assault?

- If a patient tells you or you suspect that a patient has been sexually assaulted, notify the patient's nurse or the clinic manager right away
- The nurse or manager will contact the police

The Police will come and take the patient for a detailed forensic exam and counseling by county SART.

SART (Sexual Assault Response Team) for Santa Clara County is located at *Valley Medical Center*.



Abuse

Resources for Dealing with Abuse



SHC resources

For urgent problems or questions contact:

- Social Work 723-5091
- Risk Management 723-6824

To learn more or need legal details/state reporting forms:

- <http://domesticabuse.stanford.edu>
- <http://elderabuse.stanford.edu>
- <http://childabuse.stanford.edu>

Domestic abuse referral and resource sheets are available in 7 languages from Social Work.

SUMC Family Abuse Prevention Council (FAPC) includes members from SHC, LPCH and SOM to address the issue of abuse.

To join FAPC, contact: domesticabuse@med.stanford.edu



Abuse

Time for Review



Let's Review

- Abuse and neglect are common in our society, and negatively affect the health and well being of our patients
- The healthcare setting may be the only time an abused person can tell someone privately and safely about the abuse
- It is our job to be aware of signs and symptoms of abuse – abuse is a medical problem
- California state law and the Joint Commission **require** reporting of harm to children, partners, elders and dependent adults

http://www.healthcare.com/ITC/Common/Course/Co... Assessment

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- This examination contains **10 question(s)**.
- You must answer **90%** correctly or **9** out of **10** question(s) in order to pass this examination.
- Use Next/Previous rather than the scroll bar.
- Do **NOT** click the X on the upper right-hand corner of the window.
- Please answer all questions below, then click the SUBMIT button at the bottom of the page to have your examination scored.
- This assessment is not timed.

Question 1 of 10

Which of the following *resource are available* to you if you have a question, concern or suspicion that a patient has been abused?

Answers

- a. Information websites
- b. Domestic abuse referral and resource sheets
- c. Social Work consults
- d. Family Abuse Prevention Council (FAPC)
- e. All of the above

[Next](#)

Question 2 of 10

If someone tells you they have been abused, you should:

Answers

- a. Talk about ways to prevent abuse.
- b. Say that *no one deserves to be treated this way*.
- c. Ask for more information about how the patient makes her abuser angry.
- d. Ask who you can talk to back up her story.

[Previous](#) [Next](#)

Question 3 of 10

As long as children are *not* abused themselves, just seeing abuse in the home *doesn't* harm them.

Answers

- True
- False

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Question 4 of 10
An abuser might:

Answers

- a. Seem very concerned about patient
- b. Become angry at staff
- c. Answer questions for the patient
- d. All of the above
- e. B and C

[Previous](#) [Next](#)

Question 5 of 10
Only healthcare workers who are "mandated" can report abuse.

Answers

- True
- False

[Previous](#) [Next](#)

Question 6 of 10
Abuse is not very common, but we screen for it anyway because it is a legal requirement.

Answers

- True
- False

[Previous](#) [Next](#)

Question 7 of 10
Neglect is failure to care for:

Answers

- a. Others
- b. Oneself
- c. A and B

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Question 8 of 10
Abuse/Neglect can cause anxiety and other health problems.

Answers

True

False

Previous Next

Question 9 of 10
Which of the following are possible signs or symptoms of abuse or neglect?

Answers

a. Bruises

b. Injuries that don't fit history

c. Becoming very anxious during exams or procedures

d. Dressed inappropriately for weather

e. All of the above

f. A, B and C

Previous Next

Question 10 of 10
Most abused patients will tell about abuse the first time they are asked.

Answers

True

False

Previous

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