

# **In The Matter Of:**

*Interview*

*Eleanor Milo, R.N.*

*October 27, 2020*



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

IN RE:

INTERVIEW UNDER OATH OF ELEANOR MILO, R.N.

DATE: OCTOBER 27, 2020  
TIME: 12:00 P.M.  
PLACE: ZOOM CONFERENCE

APPEARANCES:

STATE OF RHODE ISLAND, OFFICE OF THE ATTORNEY GENERAL  
BY: MARIA LENZ, ASSISTANT ATTORNEY GENERAL  
BY: JESSICA RIDER, HEALTH CARE ADVOCATE SPECIAL  
ASSISTANT ATTORNEY GENERAL

RHODE ISLAND DEPARTMENT OF HEALTH  
BY: MAUREEN GLYNN, ESQ., EXPERT IN HEALTH CARE  
REGULATION

ADLER, POLLOCK & SHEEHAN, P.C.  
BY: PATRICIA ROCHA, ESQ.  
BY: LESLIE PARKER, ESQ.  
ON BEHALF OF THE TRANSACTING PARTIES AND INTERVIEWEE

1 ALSO PRESENT:

2  
3 STATE OF RHODE ISLAND OFFICE OF THE ATTORNEY GENERAL

4 Jennifer Gallop, Esq., Krokidas & Bluestein

5 James Carris, CPA

6  
7 RHODE ISLAND DEPARTMENT OF HEALTH

8 Fernanda Lopes, MPH, Chief, Office of Health Systems  
Development

9 Michael Dexter, Chief, Center for Health Systems  
Policy and Regulations

10 Jacqueline Kelley, Esq., Legal Consultant

11 Karl Rebay, Expert, Moss Adams, LLP

12 Georgia Green, Expert, Moss Adams, LLP  
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## I N D E X

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(Exhibits furnished with transcript.)

## STIPULATIONS

It is hereby stipulated and agreed by all counsel present under the RI Executive Order No. 2020-09, Article No. 11, regarding (COVID-19) that this web-based remote proceeding is being conducted by parties in separate locations.

The oath shall be administered upon the witness providing a valid form of identification.

This proceeding will not be recorded by video or audio means without prior consent of all parties.

Exhibits may be presented and marked by counsel and provided to all parties prior to or at the time of questioning regarding the exhibit.

All parties shall bear their own costs for this proceeding unless otherwise agreed upon.

1 (INTERVIEW UNDER OATH COMMENCED AT 12:04 P.M.)

2 THE REPORTER: Is there any  
3 disagreement from counsel regarding the  
4 stipulations?

5 MS. ROCHA: No.

6 ELEANOR MILO, R.N., first having been  
7 satisfactorily identified and duly sworn by the  
8 Commissioner, was examined and testified as  
9 follows:

10 MS. LENZ: Good afternoon, Ms. Milo.

11 MS. MILO: Good afternoon.

12 MS. LENZ: My name is Maria Lenz.  
13 I'm an assistant attorney general here at the  
14 AG's office. With me today is Jessica Rider,  
15 special assistant attorney general and our  
16 office's health care advocate. On the AG's  
17 side, we also have our two experts, Jennifer  
18 Gallop and James Carris.

19 For the Department of Health, we have  
20 Maureen Glynn, who is the expert in health care  
21 regulation. We have Jacqueline Kelley, who is  
22 DOH's legal counsel. We have Fernanda Lopes,  
23 who is the chief of Office of Health Systems  
24 Development. We have Michael Dexter, who is the  
25 chief of the Center for Health Systems Policies

1 and Regulations. We also have with us the  
2 Department of Health's expert, Karl Rebay, from  
3 Moss Adams, as well as Georgia Green from Moss  
4 Adams.

5 And I will let your counsel introduce  
6 themselves.

7 MS. ROCHA: Patricia Rocha  
8 representing the transacting parties and  
9 Ms. Milo.

10 MS. PARKER: And Leslie Parker,  
11 representing the transacting parties and  
12 Ms. Milo.

13 MS. LENZ: Thank you.

14 Ms. Milo, this interview is an  
15 interview under oath transcribed by a  
16 stenographer and being conducted pursuant to the  
17 Hospital Conversions Act, Rhode Island General  
18 Laws 23-17.14-14 (a).

19 Now, pursuant to Section B of that  
20 same statute, you received a notice to attend  
21 this interview under oath. The stenographer has  
22 received a copy of that notice.

23 Could we please mark that as  
24 **Exhibit A** and please show the witness?

25 Ms. Milo, are you familiar with the

1 document on the screen?

2 MS. MILO: Yes.

3 MS. LENZ: How are you familiar with  
4 it?

5 MS. MILO: I received it in the mail.

6 MS. LENZ: Okay. And what is that  
7 document?

8 MS. MILO: Just a notice for me to  
9 attend today's hearing.

10 MS. LENZ: Thank you.

11 May we mark -- I move to enter this  
12 as Exhibit A, if there are no objections.

13 MS. ROCHA: No objection.

14 THE REPORTER: Are you all set with  
15 the --

16 MS. LENZ: Yes.

17 Exhibit A, Interview notice, was  
18 marked for identification.

19 MS. LENZ: Ms. Milo, have you ever  
20 been deposed or taken -- given statements or  
21 interviews under oath?

22 MS. MILO: Yes.

23 MS. LENZ: So you are familiar with  
24 the process?

25 MS. MILO: Yes.



1 MS. LENZ: If you could just bear  
2 with me, I'm just going to lay some ground work  
3 and instructions for today's interview under  
4 oath.

5 Anything you don't understand, please  
6 ask me, and I will clarify.

7 MS. MILO: Okay.

8 MS. LENZ: So today you are here as  
9 interviewee because there is a pending hospital  
10 conversions application involving Prospect  
11 CharterCARE. That transaction involves a buyout  
12 of a private equity investor, Leonard Green, by  
13 two more minority shareholders, Sam Lee and  
14 David Topper.

15 The proposed transaction is the --  
16 the proposed transaction allows David Topper and  
17 Sam Lee to own and create new entities that own  
18 Prospect CharterCARE. So Prospect CharterCARE  
19 would be solely under the ownership of Sam Lee  
20 and David Topper.

21 Are you familiar at all with that  
22 pending application?

23 MS. MILO: Yes.

24 MS. LENZ: Okay. How are you  
25 familiar with that?

1 MS. MILO: Generally, that it's  
2 occurring and that the application has been  
3 submitted for that change in control and  
4 ownership.

5 MS. LENZ: Okay. So today's  
6 interview is going to focus on your knowledge  
7 about that application and particular  
8 transaction. The interview is also going to  
9 focus on the quality of care given to the  
10 patients at Roger Williams Medical Center.

11 Maureen Glynn will be asking you  
12 questions on behalf of DOH, the Department of  
13 Health, and I will be asking you questions on  
14 behalf of the attorney general. And Ms. Glynn  
15 will be asking you questions first.

16 Pat, as part of this proceeding, we  
17 would like the agreement that there will be no  
18 audio recording of this interview under oath by  
19 the transacting parties you represent or the  
20 interviewee, and if such unauthorized audio  
21 recording occurs, such unauthorized audio will  
22 not be used for any public purpose.

23 Do you agree?

24 MS. ROCHA: Yes. And I assume that  
25 applies to everyone on this call --

1 MS. LENZ: Yes, it does.

2 MS. ROCHA: -- except for the  
3 stenographer.

4 MS. LENZ: Yes, of course. We all  
5 agree.

6 And Pat, in that same vein, can we  
7 all agree that the transacting parties that you  
8 represent, including the interviewee and  
9 everyone on this call, will not record the Zoom  
10 video session, and that such unauthorized video,  
11 if recorded, will not be used for any public  
12 purpose? Can we all agree?

13 MS. ROCHA: Yes, we agree.

14 MS. LENZ: Now, these Zoom video  
15 proceedings present some new obstacles that  
16 normal in-person interviews under oath do not  
17 present. Each side will have the opportunity to  
18 use breakout rooms at certain points throughout  
19 the interview under oath.

20 If there is a technical glitch and  
21 one side or person ends up in a breakout room  
22 where the other side is sharing privileged  
23 attorney-client information or work product, I  
24 ask that we all agree to immediately notify the  
25 stenographer to adjourn the breakout room until

1 the technology is worked out.

2 Agreed?

3 MS. ROCHA: Yes, agreed.

4 MS. LENZ: Thank you.

5 Now, Ms. Milo, you did say that you  
6 have been deposed and/or taken an interview  
7 under oath or given a statement under  
8 oath; correct?

9 MS. MILO: Correct.

10 MS. LENZ: Now, please remember you  
11 will be answering all questions under oath,  
12 which means all questions must be answered  
13 honestly under the penalty of perjury.

14 Do you understand?

15 MS. MILO: Yes.

16 MS. LENZ: If you do not understand a  
17 question, please ask me to rephrase. If you do  
18 not ask me to rephrase, I will assume you  
19 understand the question.

20 Do you understand?

21 MS. MILO: Yes.

22 MS. LENZ: When you answer, use your  
23 words. Please do not shake your head or nod.

24 If you do not remember an answer or  
25 don't know an answer, please say so.

1           If you do not know an answer to a  
2           question, but believe another individual at  
3           Roger Williams or Fatima or within Prospect  
4           would have the answer, please say so.

5           And finally, if one of your attorneys  
6           objects, you must answer the question anyway.  
7           The objections made by your attorney are to  
8           preserve the record for potential judicial  
9           review, if necessary, in the future.

10          Do you have any questions about the  
11          instructions I just gave?

12          MS. MILO: No.

13          MS. LENZ: Okay. Thank you.

14          And with that, I will turn it over to  
15          Maureen Glynn on behalf of the Department of  
16          Health.

17          EXAMINATION BY MS. GLYNN:

18          Q. Hi, Ms. Milo. Thank you very much for being  
19          with us today. We realize you have a busy  
20          schedule, and this is just another burden of  
21          what you need to do for your job.

22          Attorney Lenz from the AG's office  
23          went through the rules. I just want to clarify,  
24          I'm here to ask questions. I am an attorney,  
25          but I'm not the attorney for anybody involved in

1           this matter, whether it's the AG or whether it's  
2           the Department of Health or any other counsel.

3                     If while we're discussing what's  
4           going on today you have any questions, you need  
5           to talk to your attorney, just let us know. We  
6           can accommodate.

7                     As you heard, if you get technical  
8           glitches, you get disconnected, I suspect you  
9           have a system worked out with your attorney to  
10          be able to reach her by phone or text so that  
11          you'll know that we're still here and we're  
12          waiting for you to join back in.

13                    If I ask you a question you don't  
14          understand -- and I do have that lawyer in me --  
15          I'll rephrase it for you. I'll break it down.  
16          But, please, if you're not sure what I'm  
17          asking -- we have a lot of alphabets in here and  
18          a lot of acronyms -- just let me know.

19                    If you need a break, let me know.

20                    It's very important that you be able  
21          to answer these questions today truthfully,  
22          completely, and accurately. Under the Hospital  
23          Conversion Act, which is Rhode Island General  
24          Laws 23-17.14-14, the testimony you're giving  
25          today is subject to being truthful. If it's

1 false, it could be subject for prosecution for  
2 perjury.

3 Are you aware of anything that you  
4 may have that -- that may impair your ability to  
5 answer the questions truthfully, completely, and  
6 accurately today?

7 A. No.

8 Q. Okay. Have you digested any substance that  
9 could impact your ability to answer the  
10 questions today truthfully, completely, and  
11 accurately?

12 A. No.

13 Q. Great.

14 Please tell me your title with your  
15 employer.

16 A. I'm the chief nursing officer, vice  
17 president of patient care services at Roger  
18 Williams Medical Center.

19 Q. And what does that mean, to be vice president of  
20 patient care services?

21 A. So I'm responsible for operations, patient  
22 care and safety for the patients that receive  
23 care within Roger Williams.

24 Q. And how long have you worked at Roger Williams  
25 Medical Center?

1 A. I've been here for a year and a half.

2 Q. And what jobs have you held while you've been  
3 there?

4 A. Just the chief nursing officer and VP of  
5 patient care services.

6 Q. What did you do before you joined Roger Williams  
7 Medical Center?

8 A. I was the chief nursing officer and vice  
9 president of patient care services with Steward  
10 at a hospital in Massachusetts.

11 Q. What hospital?

12 A. Morton in Taunton, Massachusetts.

13 Q. And for how long did you do that position?

14 A. I was there for a couple years.

15 Q. Okay. What years?

16 A. So '17 to '19.

17 Q. 17 to 19 years?

18 A. No. The year 2017 to about 2019.

19 Q. What did you do before that?

20 A. Before that, I was a chief nursing officer,  
21 vice president of patient care services at York  
22 Hospital in York, Maine.

23 Q. And how long did you do that job?

24 A. 2000- -- end of 2014 to when I left to go  
25 to Massachusetts, 2017.



1 Q. Okay. And what did you do before 2014 in your  
2 professional career?

3 A. I was the senior director of patient care  
4 services for Manchester Medical Center,  
5 Dartmouth-Hitchcock in Keene, New Hampshire.

6 Q. And you were doing that when you left in 2014.

7 And how long were you engaged as a  
8 senior director of patient care at  
9 Dartmouth-Hitchcock?

10 A. I'll have to go back in the archives.

11 2012? 2012 is when I started there.

12 Q. Tell me about your responsibilities in your  
13 position at CharterCARE RWMC.

14 A. So as a chief nursing officer, I'm  
15 responsible for quality of care and standard of  
16 practice within nursing in the division that  
17 reports to me, so making sure that practice is  
18 in alignment within scope of practice, policies  
19 that guide our care; they're accurate, current,  
20 based on evidence. You know, ensuring that the  
21 care is quality through quality metrics  
22 standards of care.

23 Q. Now, what role do you have in developing  
24 policies for standard of care?

25 A. So I am responsible for policy development

1       for patient care services within my division and  
2       then have responsibility of the larger  
3       overarching policy committee that reviews other  
4       policies from other departments or disciplines  
5       for a multidisciplinary approach.

6     Q.   What do you mean when you say development in the  
7       division?   What role do you have in the  
8       development of these policies?

9     A.   Can you please restate?   Are you  
10       referencing within my division or the  
11       organization as a whole?

12    Q.   You stated you had a role in the development of  
13       policies in your division.

14    A.   Yes.

15    Q.   Please tell me about that.

16    A.   So I do -- I am responsible for the  
17       development of all nursing practice policies,  
18       all policies in reference to patient care, all  
19       policies in reference to radiological services,  
20       and responsibilities for any nursing actions or  
21       scope of practice or care that might intersect  
22       with another department; for example, like the  
23       pharmacy.   If they're talking about nursing  
24       practice and medication administration and a  
25       pharmacy policy, that gets nursing review as



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5 Q. Have you participated in any implementation of  
6 the 2014 approval decision with conditions by  
7 the Rhode Island Department of Health permitting  
8 the entry of Prospect into ownership of RWMC and  
9 Fatima unit?

10	A. In 2014, no, I do not.
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8 Q. Now, we went back in your work history to 2012.

9 Tell me about your education.

10 A. So I have a bachelor's in nursing; I have  
11 my master's, my MSN in nursing; and I have my  
12 doctorate degree in nursing practice for  
13 executive nursing leadership.

14 Q. Okay. Tell me about your bachelor's in nursing.

15 A. So I have my bachelor's of nursing. I  
16 obtained it in a nursing school in Texas at a  
17 four-year university.

18 Q. And the name of the school?

19 A. I attended University of Mary Hardin-Baylor  
20 in Baylor, Texas.

21 Q. And what years were those?

22 A. I graduated in 1999.

23 Q. And tell me about your master's in nursing.

24 A. So my master's in nursing is from Regis  
25 University out of Denver, Colorado, with an



1 emphasis on nursing leadership.

2 Q. And what year did you obtain that?

3 A. We're going way back in the archives.

4 2008, '9.

5 Q. And when did you receive your doctorate in  
6 nursing leadership?

7 A. That, I completed 2014.

8 Q. And from what institution did you receive that?

9 A. I received that from American Sentinel  
10 University out of Aurora, Colorado.

11 Q. American -- I couldn't hear --

12 A. American Sentinel University.

13 Q. Have you had any further education on or related  
14 to patient safety?

15 A. So all my degrees have a component of  
16 quality and patient safety in all of them. I  
17 have -- I have three nursing certifications.  
18 They all have components around patient safety  
19 in them. I'm a certified high-risk inpatient  
20 obstetric nurse. I'm certified as a nurse  
21 executive advanced and certified executive at  
22 nursing practice.

23 Q. Tell me about being certified as a nursing  
24 executive and advanced practice.

25 A. So that's through the ANCC. They have

1 specific criteria around our roles and practice  
2 in nursing executive roles and the components  
3 around that. It's patient safety,  
4 evidence-based practice, quality, nurse  
5 staffing, employee engagement. They all have,  
6 you know, fundamental principles around what we  
7 do as a nursing executive leader to foster those  
8 kinds of environments for nurses and patients.

9 Q. You used the initials ANCC. Can you tell us  
10 what that is?

11 A. It's the American Nursing Credentialing  
12 Center.

13 Q. Is it affiliated with any higher education  
14 recognized by any federal or state government?

15 A. They're associated with the American Nurses  
16 Association. They're, you know, accredited to  
17 be able to educate and provide certifications  
18 around those specific components outlined in  
19 their program. You have to sit for an exam as  
20 well to receive those certifications. You have  
21 to have so many hours working in the specific  
22 roles for those certifications to demonstrate  
23 the clinical practice of what you do every day.

24 Q. What do you mean "specific components"?

25 A. So whether it's -- for nursing executive,



[illegible]

[illegible]

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█ [REDACTED]  
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7 Q. Is there a need to recruit nursing staff for  
8 Roger Williams?

9 A. There's always a need to recruit nursing  
10 staff.

11 Q. Tell me about the need to recruit nursing staff.

12 A. There's natural turnover that happens  
13 within nursing in any organization, and Roger  
14 Williams is not immune to that fact either. You  
15 know, there's -- you know, a larger portion of  
16 the nursing workforce is approaching retirement,  
17 so there's going to be -- you know, there's  
18 always that need to be forward-thinking and  
19 trying to look ahead to recruit, and sometimes  
20 you -- you know, you have to be forward-thinking  
21 while working with the staff to make sure that  
22 what we're doing entices people and makes this  
23 environment where they want to be to work from  
24 shared leadership to recognition. Sometimes  
25 it's the shifts that people work. Sometimes

1       it's the days that people work, you know, so  
2       that we can be able to plan and accommodate.

3               In nursing -- now we have many more  
4       generations of nursing than in the past, and  
5       it's all very important with very different  
6       needs, and so trying to consider all of that to  
7       ensure that we have positions and jobs that fit,  
8       because, you know, there's personal life, and  
9       there's work life, and you've got to work to  
10      balance it to make it a great place for nurses  
11      to work.

12   Q.   And has -- what impact has the COVID pandemic  
13       had upon recruitment at RWMC?

14   A.   COVID's had an impact in general around  
15       recruitment. The -- what's been very helpful  
16       for Roger Williams is we -- you know, we  
17       have -- we have the supplies and equipment.  
18       That is always a question, you know, when  
19       they're coming in, is the ability of the  
20       organization to support them in the care of  
21       COVID patients.

22              Then there -- and there is the  
23       reality component of some folks who are really  
24       close to retirement where now is a good time for  
25       them to choose to retire. So we've, you know,

1       done work to recruit and fill those positions if  
2       people have chosen at this time to leave the  
3       profession.

4   Q.   Tell me about the efforts at RWMC to retain  
5       nursing staff.

6   A.   So we've done a lot of listening sessions  
7       with them. I've done listening sessions with  
8       them. I meet with new-hires as well to ask  
9       them, "What was it that attracted you to Roger  
10      Williams?" because if it's attracting them, we  
11      want to make sure that we are able to continue  
12      to replicate that. And then I meet and talk  
13      with people who are choosing to leave the  
14      organization as well, if they're going somewhere  
15      else, et cetera, to just kind of understand, you  
16      know, what the driving factor was to have them  
17      choose to leave the organization and go  
18      somewhere else.

19               And then from that information from  
20      them, you try to take and see, you know, of  
21      that, what could we change or what could we do  
22      differently to make, you know, the environment a  
23      little different or do maybe a little better job  
24      to retain the staff.

25   Q.   Tell me about your relations with any



organizations representing RWMC staff.

A. Can you rephrase? I'm not clear what you're asking.

Q. Sure.

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[REDACTED]

8 Q. Have you been involved with the compliance  
9 reports that were filed as part of the CEC  
10 application on behalf of RWMC?

11 A. I'm not aware of compliance reports.

12 Q. Are you aware of the change of effective control  
13 application's existence filed on behalf of the  
14 transacting parties?

15 A. I'm aware that it's been filed, yes.

16 Q. Have you seen it?

17 A. No, I have not.

18 Q. Did you provide any information that would be  
19 included in the CEC application?

20 A. No, I did not.

21 Q. So you don't have any role in the implementation  
22 of the compliance reports contained in the CEC  
23 application?

24 A. No.

25 Q. Have you ever worked at a Prospect facility,

1 Prospect medical facility?

2 A. Just Roger Williams.

3 Q. And who do you report to?

4 A. I report to Jeff Lieberman.

5 Q. And do you report to anybody in the regional  
6 network --

7 A. I --

8 Q. -- of Prospect?

9 A. I work with the Prospect chief nursing  
10 officer.

11 Q. And who is that?

12 A. Cathy Stevens.

13 Q. And tell me about your working with Cathy  
14 Stevens, the chief nursing officer for Prospect.

15 A. We -- I work with her on, like, nursing  
16 strategic initiatives within Prospect that the  
17 nursing division works on as an entirety through

█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]  
█ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9 Q. Now, you indicated you meet monthly. Tell me  
10 about these monthly meetings. Do they occur  
11 in --

12 A. So --

13 Q. -- in person --

14 A. Sorry. Go ahead.

15 Q. Do they occur in person, on the phone? Who  
16 attends?

17 A. Typically, they're in person, but with the  
18 COVID issue, it's been via phone for the last  
19 six months, and it is typically she and I.

20 Q. And do you have an agenda for the meeting?

21 A. Sometimes there's a typical agenda,  
22 checking in on projects that we're working on.  
23 And then anything that I need to speak with her  
24 about or support from, then, you know, those are  
25 things that we add to the agenda to discuss.

[illegible]

[illegible]

[illegible]

[illegible]



[illegible]

[illegible]

[illegible]

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[REDACTED]

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19 MS. GLYNN: I'm going to ask that the  
20 Tab 15 be brought up as an exhibit. I'm not  
21 sure how we do this.

22 THE REPORTER: I was only provided  
23 the notice, so I can't bring that up. I don't  
24 know if anybody else has it on their computer.

25 MS. KELLEY: Yes, I can do a screen

1 share.

2 THE REPORTER: Perfect.

3 MS. ROCHA: Jackie, while you're  
4 doing that, Maureen, may I ask a question?

5 You asked Ms. Milo if she had  
6 involvement with compliance reports and the CEC  
7 application. I just want clarification for the  
8 record.

9 Are you referring to the compliance  
10 reports in Appendix B?

11 MS. GLYNN: I don't know what you  
12 mean by Appendix B. If you can give me a page  
13 number, I might be able to find it.

14 MS. ROCHA: You know, the only  
15 compliance reports --

16 MS. GLYNN: There are several  
17 Appendix A and B. I don't know which one.

18 MS. ROCHA: Does someone -- I'm  
19 sorry. Who was speaking?

20 MS. GLYNN: It's Maureen. I lost  
21 you.

22 MS. ROCHA: Oh, sorry. The only  
23 compliance reports I'm familiar with in the CEC  
24 application are the Appendix B compliance  
25 reports. So I was just confirming if that's



1           what you were referencing.

2                       And maybe, Jackie, if you have the  
3           application, you can pull up Appendix B.

4                       MS. KELLEY: I just have Tab 15  
5           shared to a PDF to be able to do a shared  
6           screen.

7                       MS. ROCHA: Okay. Well, maybe before  
8           we end, maybe, Leslie, we can pull it and put it  
9           up.

10                      MS. KELLEY: Yeah, if you can send it  
11           to me as a PDF.

12                      MS. PARKER: I think it might be too  
13           large. I mean, I can share my screen when it's  
14           appropriate, but I don't know that -- I mean, I  
15           can give you the page number right now,  
16           actually, if that's helpful, Maureen. I have --  
17           it says "To be completed by the appropriate  
18           agency, Appendix B." It is page 24 of my PDF,  
19           but has a page 7 on the bottom. I think it's  
20           page 7 of the application. It lists all of the  
21           information regarding the other Prospect  
22           facilities. And the page before that, page 6,  
23           is the form for the compliance reports that are  
24           to be sent to the other agencies or the other  
25           states.

1 MS. GLYNN: Yes. That's the --

2 MS. PARKER: That's the only  
3 Appendix B I have.

4 MS. GLYNN: That's what I was  
5 referring to. I have different page numbers. I  
6 think it depends on what PDF program you may be  
7 using to open it. But that is what I was  
8 referring to. We can move on.

9 MS. ROCHA: Okay. Thank you. That  
10 clarifies the question.

11 MS. KELLEY: Maureen --

12 MS. GLYNN: Yes, Jackie.

13 MS. KELLEY: I have Tab 15, but you  
14 need to let me know when I need to scroll.

15 MS. GLYNN: Okay.

16 MS. KELLEY: And then I didn't know  
17 if you were going to begin to enter this exhibit  
18 or if you would like to or perhaps the parties  
19 would agree.

20 MS. GLYNN: Whatever the preference  
21 is.

22 MS. KELLEY: Pat, would you agree to  
23 this being an exhibit?

24 MS. ROCHA: I'm sorry about that. I  
25 was having a problem unmuting.

1 MS. KELLEY: I'm scrolling through it  
2 first so you see what it is.

3 MS. ROCHA: I mean, yeah, based upon  
4 your representation that this is a copy of the  
5 application that was submitted --

6 MS. KELLEY: Yes.

7 MS. ROCHA: -- I don't have an  
8 objection.

9 MS. KELLEY: We would ask that this  
10 be admitted as an exhibit. I believe we're on  
11 C. And then I will turn this over to Maureen  
12 for the questioning, but ask that Maureen tell  
13 me when to scroll up.

14 MS. GLYNN: Okay.

15 THE REPORTER: Is this Exhibit B or  
16 C? I thought the notice was Exhibit A.

17 MS. KELLEY: I believe this is C.  
18 Oh, no. The notice was A. So this would  
19 probably be B. Sorry.

20 THE REPORTER: Okay. Just making  
21 sure.

22 MS. KELLEY: Yep.

23 Exhibit B, Tab 15, was marked for  
24 identification.

25 MS. GLYNN: If you could scroll up to

1 the chart, that would be great.

2 MS. ROCHA: Can you make that bigger,  
3 Jackie?

4 MS. MILO: If you want me to see  
5 that, it's got to be bigger. I didn't bring a  
6 magnifying glass.

7 MS. GLYNN: We'll work on it. I'll  
8 take my special computer glasses off and see  
9 what I can see.

10 (Discussion off the record.)

11 MS. GLYNN: Okay. Can we go to the  
12 very bottom of the organizational chart?

13 MS. LOPES: This is the  
14 pretransaction structure.

15 MS. GLYNN: Yes.

16 MS. LOPES: Right here? Okay.

17 BY MS. GLYNN:

18 Q. Tell me about the chain of command, who you  
19 report to in the organization of Prospect  
20 CharterCARE RWC. It's the third box from the  
21 bottom.

22 A. I report to Jack Lieberman.

23 Q. How do you report to him?

24 A. I am a solid line direct report to Jeff.

25 Q. Would you -- I couldn't hear that. Could you

1           please repeat it?

2           A.     I'm a solid line. I report directly to  
3           Jeff Lieberman.

4   Q.   And how do you physically do that?

5           A.     He's the leader that I report to.

6   Q.   Do you do -- send him memos? Do you call him?  
7           text him? e-mail him?

8           A.     All of the above. We meet one-on-one about  
9           every two weeks, more often if necessary. He  
10          does my reviews.

11   Q.   Do you ever have meetings with Mr. Lieberman and  
12          any others rather than just one-to-one meetings?

13          A.     We meet as a senior leadership team to talk  
14          about hospital operations. We have meetings  
15          that are specific to, you know, projects that's  
16          being worked on.

17   Q.   What are those specific projects?

18          A.     There could be a multitude. It could be  
19          anything from growing a service line. It could  
20          be our response to COVID. It could be, you  
21          know, if there's changes in providers, types of  
22          surgeries you might, you know, be looking to do.  
23          You know, there's lots of meetings around how  
24          we're responding to COVID.

25   Q.   Tell me about the most recent specific meeting

1 with your supervisor and others. What was the  
2 topic? I'm sure there's a lot that come up, but  
3 you must have had a recent one.

■ ■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]

14 Q. And what is your role at the meeting?

15 A. My role at the meeting is to ensure that we  
16 have space, that we're able to take care of  
17 patients. You know, if any part of patient care  
18 space might need to be vacated for a period of  
19 time to allow for any construction projects, I  
20 would be involved in coordinating how that would  
21 happen with patients and staff.

22 Q. Would you also be involved in whether or not you  
23 would need recruitment and retention of staff  
24 with the expansion of space?

25 A. Yes. If we needed to add additional

1 employees for that space, then, yes, I would.

2 Q. What do you think has been the topic of the most  
3 important specific projects meeting you've had  
4 with Mr. Lieberman and others?

5 A. Recently it's been some other construction  
6 projects that are finishing up. In fact,  
7 there's been a lot of work around COVID.

8 Q. Tell me about your interaction with Prospect  
9 CharterCARE, LLC, doing business as Prospect  
10 CharterCARE Health Partners.

11 A. I work with Prospect in the arenas that we  
12 discussed, whether it's through Cathy Stevens,  
13 as the CNO, and working with their quality  
14 department, et cetera, or any of those aspects.  
15 I don't directly deal with Prospect every day.

16 Q. Do you receive any written directives, memos  
17 from Prospect on any basis, regular or special?

18 A. We receive our documents around quarter  
19 metrics. We, you know, receive our documents  
20 around volume or financial end-of-the-month  
21 reports, but, you know, that's about it.

22 Q. Okay. Tell me about your interaction with the  
23 CharterCARE community board.

24 A. None.

25 Q. None?

1           A.     None.

2                       MS. GLYNN:  I keep trying to slide it  
3           up myself.  Can we -- I guess we slide it down  
4           so we can move up.

5                       It's up just a little too high.

6                       Good.

7   Q.    Tell me about your involvement with the Prospect  
8           East Hospital Advisory Services.

9           A.     None.

10   Q.   Tell me about your involvement with the Prospect  
11          East Holdings, Inc.

12          A.     None.

13   Q.   Tell me about your involvement with the Prospect  
14          Medical Holdings, Inc.

15          A.     None.

16   Q.   Tell me about your involvement with the Ivy  
17          Intermediate Holdings, Inc.

18          A.     None.

19   Q.   Tell me about your involvement with Ivy -- Ivy  
20          Holdings, Inc.

21          A.     None.

22                       MS. GLYNN:  And the next line above.

23                       Thank you.

24   Q.   Tell me about your involvement with Green Equity  
25          Investors, V, LP.



1 A. None.

2 Q. Tell me about your involvement with Green Equity  
3 Investors Side V, LP.

4 A. None.

5 Q. Tell me about your involvement with Samuel Lee.

6 A. None.

7 Q. Tell me about your involvement with David Topper  
8 Family Trust.

9 A. None.

10 Q. Tell me about your involvement with any other  
11 shareholders.

12 A. None.

13 Q. Have you ever met Mr. Lee?

14 A. No, I have not.

15 Q. Have you ever met Mr. Topper?

16 A. No, I have not.

17 Q. Have you ever met anybody representing Green  
18 Equity Investors?

19 A. No, I have not.

20 Q. Have you ever received any materials written  
21 from Mr. Lee?

22 A. There's an employee newsletter from  
23 Prospect that he sends out, but that's it.

24 Q. Have you received any written documents,  
25 information from representatives from Green

1 Equity Investors?

2 A. No, I have not.

3 Q. Other than your salary compensation at RWMC, has  
4 anybody promised you anything for your testimony  
5 today?

6 A. No.

7 Q. Has anybody discussed with you your place in the  
8 event that there is approval of this  
9 application?

10 A. No.

11 Q. So if this application is approved at this time,  
12 you've had no discussions within CharterCARE or  
13 within Prospect what your role would be post  
14 transaction?

15 A. No.

16 Q. I couldn't hear you. Excuse me.

17 A. No. My role would stay the same.

18 Q. What is Prospect's --

19 MS. GLYNN: Oh, excuse me. We can  
20 take down Tab 15, please.

21 Q. What is Prospect's plans in Rhode Island if this  
22 transaction is approved or approved with  
23 conditions?

24 A. I do not know.

25 Q. What is your knowledge of the Steven Del Sesto

1 v. PNH case pending in court?

2 A. I am not aware of that.

3 Q. What is your knowledge of the Grishko versus  
4 Prospect CharterCARE SH- -- St. Joseph's Health  
5 Services of Rhode Island, LLC?

6 A. I'm not aware of that.

7 Q. What is your knowledge of the Brenting versus  
8 Prospect CharterCARE, SJHSRI, LLC?

9 A. I'm not aware of that.

10 Q. What is your knowledge of the Immunomedics, Inc.  
11 versus Board of Directors of Roger Williams  
12 Medical Center?

13 A. I am not aware of that.

14 Q. What is your knowledge of Conklin versus  
15 Prospect CharterCARE?

16 A. I am not aware of that.

17 Q. What is your knowledge of Genesis versus  
18 Prospect CharterCARE?

19 A. I am not aware of that.

20 Q. Is there any litigation pending involving RWMC  
21 concerning quality of care?

22 A. Not that I'm aware of.

23 Q. Are there any business -- are there any matters  
24 pending involving issues related to patient  
25 safety?

1 A. Nothing -- that's -- not that I'm aware of.

█ █ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10 MS. ROCHA: Maureen, we've been going  
11 for two hours now.

12 I just want to ask Ellie, if you need  
13 a break, let us know, because it has been two  
14 hours.

15 MS. MILO: Eventually, I'll --

16 MS. GLYNN: And the same for Casey  
17 too.

18 MS. LENZ: Pat, I was actually going  
19 to say we, if agreeable, should break at about  
20 2:10. Is that all right with everybody?

21 MS. ROCHA: Ellie, is that okay with  
22 you?

23 THE WITNESS: Yeah, that's fine.

24 MS. LENZ: Great. So we'll go for  
25 about five more minutes, and then we'll break

1 for about maybe 15, and then we'll return.

2 MS. ROCHA: That works.

3 MS. LENZ: Okay. Thank you.

4 MS. ROCHA: Sounds good.

5 MS. GLYNN: Casey, can you read back  
6 so we can get into Ellie's answer?

7 THE REPORTER: Do you want me to read  
8 the entire answer?

9 MS. GLYNN: Would that help you,  
10 Ellie, so you can pick up where you left off?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15 Q. Is this a written plan to help reduce and  
16 contain costs?

17 A. I have not seen a written plan.

18 Q. Is there a written plan concerning whether or  
19 not there is a process for coordinating  
20 purchasing with other Prospect entities?

21 A. I am not aware that there's a written plan.

22 Q. What is RWMC's plan to improve the efficiency  
23 with which health care services are delivered to  
24 the citizens of Rhode Island?

25 A. I'm -- there's projects that we work on for

1 efficiency, whether it's, you know, patient flow  
2 and time that a patient spends in an emergency  
3 department before they go up to their inpatient  
4 bed. You know, there's, you know, things that  
5 we work on in that venue. There's things that  
6 we may be working on from -- whether it's  
7 utilizing a specific telehealth or a specific  
8 process. You know, we look at those things. I  
9 am not privy to a larger written plan  
10 specifically.

11 Q. Who would be privy to such a plan?

12 A. I'm not sure. I don't know that such a  
13 plan exists.

14 Q. What is the status of the January 2, 2020, CMS  
15 survey with one condition level finding a  
16 concern?

17 A. I would need more detail.

18 Q. Okay. Are you aware of the CMS survey from  
19 January 2020?

20 A. At Roger Williams?

21 Q. Yes, at Roger Williams.

22 A. I would need more detail what it was around  
23 specifically.

24 Q. Are you awaiting any determinations by CMS as a  
25 result of surveys?



1           A.     No, not that I'm aware of.

2                   MS. LENZ:   I just want to bring to  
3           everyone's attention that it is currently 2:10.  
4           Is everyone agreeable to break and come back in  
5           about 15, 20 minutes?

6                   MS. GLYNN:   Fine with me.

7                   MS. MILO:   Fine with me.   Yep.

8                   MS. ROCHA:   That's fine.

9                   Now, I actually have, for the  
10          Department of Health folks, a 3:00 IIDR meeting  
11          with Dr. McDonald, so I'm going to sign off at  
12          3:00.   Leslie will be on.   I know Ellie hopes  
13          you're done by 4:00.   If not, I'll come back on  
14          at 4:00.

15                  MS. LENZ:   Okay.   Thank you.

16                  MS. GLYNN:   I'm here all day.

17                  MS. ROCHA:   All right.   So we're  
18          coming back in 15 minutes?

19                  MS. LENZ:   Yes.

20                  (Recess called at 2:11 p.m.   The  
21          proceeding reconvened at 2:36 p.m.)

22                  MS. LENZ:   Just for the record, I  
23          want to note that it appears Georgia Green has  
24          signed off, and Jackie Kelley is currently not  
25          partic- -- oh, she's right there.   Okay.   Hi,

Jackie. Never mind.

BY MS. GLYNN:

Q. Tell me about how COVID has impacted -- oh, sorry. I'm back.

Tell me about how COVID has impacted  
RWMC.

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



[illegible]



1           A.     So we -- our pharmacy project that finished  
2           up, we're getting ready to finish up the second  
3           part of the emergency -- emergency room.

4           There's HVAC changes and installation that has  
5           happened and occurred.

6       Q.     Okay. Tell me about the pharmacy capital  
7           improvements.

8           A.     I'm not over the pharmacy. I couldn't give  
9           you the specific details to that project. I  
10          know they did a lot of work around their clean  
11          room and compounding, et cetera, to be compliant  
12          with the USP regulations. That's the extent of  
13          what I know in relation to that project.

14    Q.     Tell me about the second part of the ED capital  
15          improvements.

16          A.     So that's just safe space to help support  
17          behavioral health patients that present to the  
18          emergency department. It keeps them in a  
19          safer -- safer space for them so they're not in  
20          the middle of the emergency department in an  
21          environment that's a little bit riskier for  
22          them.

23    Q.     Tell me about the HVAC ventilation capital  
24          investments.

25          A.     There's -- there's a couple of HVAC

1 improvements that have been happening and  
2 occurring to support some of the units in the  
3 hospital. That's the extent of my knowledge.

4 Q. Who would know about the capital investments?

5 A. It would be specific to the individual,  
6 Dave Neely, who helps plan some of that. Some  
7 of it would be, you know, dependent upon the  
8 department or the division that's working on  
9 whatever those changes or investments might be.

10 Q. Would your supervisors know?

11 A. Jeff Lieberman would know.

12 Q. As a chief nursing officer, what have you done  
13 to assure that there's measurable improvements  
14 to reduce medical errors?

15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]  
25 [REDACTED]

[illegible]

[illegible]

[illegible]

1	A	[REDACTED]	
		[REDACTED]	
		[REDACTED]	[REDACTED]
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
2	B	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	[REDACTED]
		[REDACTED]	
3	C	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
4	D	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
5	E	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
6	F	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
7	G	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
8	H	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
9	I	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
		[REDACTED]	
10	J	[REDACTED]	
		[REDACTED]	
		[REDACTED]	
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[illegible]

[illegible]

[illegible]

[illegible]



[illegible]

[REDACTED]

7 MS. GLYNN: At this point, I'm ready  
8 to turn it over so the attorney general will be  
9 able to continue with their questions. Of  
10 course, you know, Rhode Island Department of  
11 Health does reserve the right to call the  
12 witness back. We will be making a request for  
13 some further information in writing.

14 Maria?

15 MS. LENZ: Thank you, Maureen.

16 EXAMINATION BY MS. LENZ:

17 Q. Good afternoon, Ms. Milo.

18 A. Hello.

19 Q. Hi.

20 MS. LENZ: Before we begin, Leslie,  
21 can we just agree that you will wait until the  
22 end of our questioning to ask any clarifying  
23 questions, as you did yesterday?

24 MS. PARKER: Yeah. That's fine with  
25 me.

1 MS. LENZ: Thank you.

2 Q. And just to clarify, I'll be referring to RWMC  
3 as Roger Williams throughout my line of  
4 questioning, but it does -- you know, it is  
5 interchangeable with RWMC.

6 Is that understood?

7 A. Yes.

8 Q. Thank you.

9 Ms. Milo, you have said that you have  
10 been either deposed or given interviews or  
11 statements under oath in the past; is that  
12 correct?

13 A. Yes.

14 Q. Can you describe those instances of giving such  
15 depositions or interviews and statements under  
16 oath?

17 A. Yes. So prior to nursing leadership role,  
18 I was a bedside nurse in high-risk labor and  
19 delivery. So some of those instances have not  
20 the most positive outcomes, so it was not  
21 uncommon in the few instances in my career as a  
22 bedside nurse to be deposed about those care and  
23 actions that were delivered to the patient  
24 during those times as well.

25 And then as a nursing leader,

1           there -- you know, working in some of the union  
2           environments, I had to do arbitrations and some  
3           of those kinds of things to be then deposed. So  
4           that's been the extent of my experience.

5       Q.   Were any of those instances while you were at  
6           Roger Williams?

7       A.   No.

8       Q.   About how many lawsuits, arbitrations, or other  
9           like instances were you deposed?

10      A.   Probably a handful. Six, seven.

11      Q.   When was the last time?

12      A.   It was around 2011, 2012.

13      Q.   Have you ever been a plaintiff in a lawsuit?

14      A.   No, I have not.

15      Q.   Have you ever been a defendant in a lawsuit?

16      A.   No.

17      Q.   No, you have never been a defendant in a  
18           lawsuit?

19      A.   No.

20      Q.   Did you prepare for this interview under oath?

21      A.   Sorry. My computer timed out. Could you  
22           repeat?

23      Q.   Certainly.

24                       Did you prepare for this interview  
25           under oath?

1 A. No.

2 Q. No.

3 You did not discuss this interview  
4 under oath with anyone?

5 A. I -- I prepared with my lawyers.

6 Q. Did you discuss this interview with anyone else?

7 A. No.

8 Q. What types of materials did you review to  
9 prepare for this interview under oath?

10 A. I didn't look at any -- any materials  
11 specifically for this.

12 Q. Did you look at any materials in general?

13 A. I looked at, you know, any quality things,  
14 you know, any recent cases around serious safety  
15 events that we might have had to discuss or talk  
16 about. I reviewed, you know, those documents  
17 before this.

18 Q. I do want to go back a little bit, because you  
19 have several nursing credentials and  
20 certifications.

21 Are all of your certifications  
22 current?

23 A. Yes, they are.

24 Q. Is your license current?

25 A. Yes, it is.

1 Q. Do you, as a registered nurse, have to complete  
2 yearly or quarterly continuing education  
3 credits?

4 A. Yes, I do.

5 Q. What types of continuing education do you have  
6 to take?

7 A. So I have to take education -- continuing  
8 education provided -- for patient care provided  
9 for my license, and I have to take continuing  
10 education courses for my certifications as well.

11 Q. Are those on a yearly basis?

12 A. They're -- have to be completed in the time  
13 frame prior to the expiration of the  
14 certification or whatever it is applying to.

15 Q. When does your certification expire?

16 A. They -- one expires every three years, and  
17 one expires every five years.

18 Q. And where are you in each of those expiration  
19 periods?

20 A. About halfway through for each of those.

21 Q. And how do you get your continuing education?

22 A. I do them through nursing education  
23 sessions that are offered through our nursing  
24 professional and practice team within Prospect,  
25 continuing education classes that are provided

1           there. And I also utilize the American Nursing  
2           Credentialing Center, who provides a lot of  
3           continuing education programs through there. I  
4           utilize those as well. And the American Nurses  
5           Association, I utilize programs of continuing  
6           education through them as well.

7   Q.   Ms. Milo, you are the chief nursing officer;  
8       correct?

9   A.   Correct.

10  Q.   Is there a chief medical officer at Roger  
11       Williams?

12  A.   No, there is not.

13  Q.   Why is that?

14  A.   I do not know.

15  Q.   Do you know whether that's the case for all  
16       Prospect-owned hospitals?

17  A.   I don't believe so, but I do not have full  
18       knowledge of all the other organizations to be  
19       certain of that.

20  Q.   Is there a chief or a chairman or a head of  
21       medicine at Roger Williams?

22  A.   Yes, there is.

23  Q.   What is that person's name and title?

24  A.   So the chief of medicine is Dr. Vincent  
25       Armenio.

1 Q. Do you interface with him a lot?

2 A. Yes, very frequently. We work together  
3 collaboratively on many -- you know, many  
4 projects for the organization, you know, that  
5 involve patient care and patient safety. So we  
6 work very closely together even if it's, you  
7 know, policy-driven or practice-driven. So we  
8 often meet and talk about even just current  
9 trends or issues that are coming up. So we work  
10 very closely together.

11 Q. How often do you communicate with him?

12 A. A couple times a week.

13 Q. Can you give some examples of the types of  
14 projects you collaborated on?

15 A. Sure.

16 So we did a lot of work with  
17 multidisciplinary rounds that he and I worked on  
18 together. We worked on some work with the  
19 classification of patients for criteria on the  
20 inpatient units, whether it's ICU or step-down  
21 or med-surg, you know, kind of what types of  
22 patients would go to those units. So we did  
23 work around those aspects.

24 We've been working on nursing-driven  
25 protocols that he and I worked together on, you



1 know, that has to go through the physicians. So  
2 we've done work around that as well.

3 Q. Are there any other employees at Roger Williams  
4 that hold the title of chief of a certain area?

5 A. So we have -- we have a chief -- you know,  
6 we have a chief for our, you know, intensive  
7 care unit for critical care. We have, you  
8 know -- same per- -- you know, for the emergency  
9 department. And then we have for the  
10 hospitalists. So I -- you know, they all report  
11 up through and work with Dr. Armenio when they  
12 fall under the Department of Medicine, and  
13 then -- so I often work with Dr. Armenio.

14 But sometimes I'll work at the local  
15 department level, you know, with that physician  
16 leader as well, if it's something just specific  
17 to the department. Like emergency department  
18 doing work with patient flow, et cetera, I would  
19 work very closely with that ED leader because  
20 it's very focused with the emergency department.

21 Q. What is the name of the ED leader?

22 A. Daren Girard.

23 Q. Could you also give me the names of the other  
24 chiefs of the specialty areas that you  
25 mentioned?

1           A.     So Dr. Meharg is our lead for critical  
2           care, and Dr. Abanzilo is our lead for our  
3           hospitalists.

4       Q.     Are there any other chiefs that you haven't  
5           named?

6           A.     We have a chief of surgery, which is  
7           Dr. Espat.

8       Q.     Is there anyone else?

9           A.     Not that I can think of.

10      Q.     Now, Ms. Milo, why did you elect to come to  
11           Roger Williams?

12           A.     I -- I chose to come to Roger Williams as  
13           the next journey in my career to just be able to  
14           work with the leadership under Jeff and to be  
15           able to, you know, work with the medical staff  
16           here in a teaching facility, to be able to be  
17           involved in that aspect of patient care.

18      Q.     What specifically attracted you to Roger  
19           Williams?

20           A.     The people at Roger Williams, when I came  
21           to meet and talk with people, the mission of  
22           what they were working on intrigued me. The  
23           teaching component and the research component  
24           was intriguing to me for, you know, the impacts  
25           and future impacts for patient care.

1 Q. Now, Ms. Milo, you had given your employment  
2 history since 2012 to Ms. Glynn.

3 Could you just tell us where you were  
4 prior to 2012 when you were at  
5 Dartmouth-Hitchcock so we can just have a  
6 complete 10-year employment history?

7 A. Sure.

8 Before that, I was at Rutland  
9 Regional Medical Center in Rutland, Vermont.

10 Q. How long were you there for?

11 A. I was there two years, from about 2010.  
12 And I was their -- the director for their  
13 women's service line.

14 Q. So in 10 years, you have been at -- including  
15 Roger Williams -- five different hospitals; is  
16 that correct?

17 A. Pretty close. Yeah.

18 Q. What are some of the key differences between  
19 those hospitals that you worked at and Roger  
20 Williams?

21 A. Really not much difference. You know, some  
22 of the programs or the patients they care for,  
23 their communities were a little different, and,  
24 you know, not every single one those were for  
25 profit. Some of those were nonprofit

1 organizations. So that was -- that was, you  
2 know, one of the bigger differences, per se.  
3 And, you know, some just leadership structures  
4 were a little different in some of those  
5 organizations, so...

6 Q. What is the difference in your experience  
7 between working at a nonprofit hospital versus a  
8 for-profit hospital?

9 A. There is no difference that I have found.  
10 The ultimate goal is patient care and safety.  
11 And besides the tax status, for the most part,  
12 you know, the mission is always taking good care  
13 of patients. So from an operational and nursing  
14 perspective, there's not been notable difference  
15 between the two.

16 Q. Is there a structural difference?

17 A. Every organization can have a little bit of  
18 a different structural change, but for the most  
19 part, not too terribly different.

20 Q. You worked for a Steward hospital; correct?

21 A. Yes, prior to coming here.

22 Q. Okay. So are you -- are you aware that that is  
23 a private equity hospital -- owned hospital?

24 A. Yes.

25 Q. Okay. What was your experience when you worked



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13	Sorry.
----	--------

14 Q. Do you work with anyone else that you are  
15 related to?

16	A. No, I do not.
----	------------------

17 Q. Are you related to anyone who works for  
18 Prospect?

19	A. No, I am not.
----	------------------

20 Q. Are you related to any shareholders of Prospect?

21	A. No, I am not.
----	------------------

22 Q. Have you ever been disciplined by the nursing  
23 board?

24	A. No, I have not.
----	--------------------

25 Q. Have you ever been disciplined by clinical

1 staff?

2 A. No, I have not.

3 Q. Have you been disciplined by any employer?

4 A. No, I have not.

5 Q. I'm going to turn now to your relationship with  
6 Prospect as your employer.

7 You have mentioned that there are  
8 senior leadership meetings.

9 Can you explain who are at those  
10 meetings?

11 A. Yes.

12 So it's local senior leadership, so  
13 myself as the CNO, the COO, the CNO from Our  
14 Lady of Fatima, the CEO, our CFO, our VP of  
15 finance, VP of quality, VP of behavioral health,  
16 VP of marketing, VP of operations, VP of our  
17 CCMA, the physician practices.

18 Q. How often do you meet?

19 A. We meet about every week, every two weeks.

20 Q. Has that been standard throughout both pre and  
21 during COVID or --

22 A. Sorry. My computer keeps timing out.  
23 Apologies.

24 Q. No. That's okay. I'll repeat the question.

25 Are those weekly or biweekly meetings

the same now as they were pre-COVID?

A. Yes. The only difference is they're via phone instead of in person.

Q. And what types of issues do you cover during those meetings?

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[illegible]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13                   With respect to the attorney  
14                   general's decision, have you been involved while  
15                   you have been at Roger Williams with  
16                   implementing any conditions related to the  
17                   attorney general's 2014 decision?

18                   A.     Not that I'm aware of.

19                   Q.     Who would be aware of implementations of those  
20                   conditions at the local level?

21                   A.     I would assume that would be Jeff  
22                   Lieberman.

23                   Q.     Now, Ms. Milo, you are aware of the current  
24                   proposed transaction -- correct? -- of the  
25                   buyout of Leonard Green by Sam Lee and David

1 Topper?

2 A. Yes.

3 Q. How did you come to know about that proposed  
4 transaction?

5 A. I just know that they submitted for the  
6 change of control for Dave Topper and Sam Lee to  
7 take over the majority of the ownership in  
8 Prospect.

9 Q. How did you come to know that?

10 A. It was -- Jeff discussed that with his  
11 team, that it was occurring.

12 Q. When did he discuss that with the team?

13 A. A specific date, I do not know.

14 Q. Can you tell me a year?

15 A. It's probably been, like, within six, nine  
16 months, maybe.

17 Q. Do you know whether he discussed it with his  
18 team before or after the filing of the change of  
19 effective control application?

20 A. After, I believe.

21 Q. Did he discuss it before or after the filing of  
22 the HCA application with the attorney general's  
23 office?

24 A. I wouldn't -- I do not know.

25 Q. Are you aware of any issues or disputes between



[illegible]

[illegible]

[illegible]





1           within its system throughout the United States;  
2           correct?

3           A.     Correct.

4   Q.   How does Prospect demonstrate that Roger  
5       Williams is a valued asset?

6           A.    It -- I think they demonstrate that it's a  
7       valued asset with their commitment to the things  
8       that we're working on; their commitment to  
9       support us in our operations and any growth  
10      opportunities we might have; their commitment if  
11      we need, you know, emergency capital or the  
12      capital that we need just in general. You know,  
13      they're committed to supporting the  
14      infrastructure, supporting the staff,  
15      supporting, you know, equipment, supplies. You  
16      know, if there's problems or issues, you know,  
17      we can reach out to the individual at Prospect  
18      who would be able to help us or guide us, so,  
19      you know, they're supportive in that way.

20   Q.   In your experience, has there ever been any  
21       issue with getting supplies from Prospect?

22           A.    No, there has not.

23   Q.   Is there any sense from you that Roger Williams  
24       is treated differently than Fatima?

25           A.    No, there is not.



[illegible]



[illegible]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10 Q. You have been employed at Roger Williams for a  
11 year and a half; correct?

12 A. Yes.

13 Q. In that time, has any representative from  
14 Leonard Green visited Roger Williams?

15 A. Not that I'm aware of.

16 Q. Are you aware of any representative from Leonard  
17 Green visiting the hospital within the last  
18 three to five years?

19 A. Not that I'm aware of.

20 Q. Who would know that?

21 A. Maybe leadership that was here three to  
22 five years ago. I'm not sure. A lot of us are  
23 new, so -- you know, so within a year and a half  
24 or, you know, two years, so many of us weren't  
25 even here three years ago. So we'd probably



1           have to go to like mid-level leaders that  
2           have -- I guess, that have been here for longer  
3           than we have, so...

4   Q.   In the leadership team, who has been here the  
5           longest?

6   A.   So I think probably in the finance. So  
7           Dave Ragosta, the CFO, has been here a while.  
8           Dan Ison, VP of finance operations, has been  
9           here for a while. Otis Brown in marketing has  
10          been here for a while.

11   Q.   When you say "a while," can you -- can you put a  
12          time frame to that?

13   A.   Greater than five years.

14   Q.   In the year and a half that you've been  
15          employed, has Sam Lee visited Roger Williams?

16   A.   I think he's come, that I'm aware of, maybe  
17          once a little bit -- probably like before COVID.  
18          And then when COVID happened, you know, there's  
19          been, I'm sure, a lot of video stuff, but not a  
20          lot of, you know, folks on-site due to COVID.

21   Q.   Do you know when he visited Roger Williams?

22   A.   No, I do not.

23   Q.   Were you part of that meeting?

24   A.   No, I was not.

25   Q.   Why not?

1           A.    I think he was just meeting maybe with Jeff  
2           and some providers and such, so I was not part  
3           of that meeting.

4   Q.    Do you know whether Sam Lee has visited Roger  
5           Williams in the last three to five years?

6           A.    No, I do not.

7   Q.    Who would know that?

8           A.    It would probably be those same folks with  
9           the longevity going back.  They would probably  
10          know better.  So the Dave and Dan and Otis, you  
11          know, that have been here for a longer period of  
12          time.

13   Q.    Within the last year and a half since your  
14          employment, has David Topper visited Roger  
15          Williams?

16          A.    No, not that I'm aware of.

17   Q.    Would it be the same group of people who would  
18          know whether he visited within the last three to  
19          five years?

20          A.    Yes, it would be the same group.

21   Q.    Okay.  Within the last year and a half since  
22          you've been employed, have any other executives  
23          from Prospect Medical Holdings visited Roger  
24          Williams?

25          A.    So Cathy Stevens has visited.  She was

1 initially the East Coast Division of Prospect  
2 CNO, and more recently now is the corporate CNO.  
3 She would come and meet with myself and Lynn,  
4 and then the two of us, also with her -- you  
5 know, monthly on a regular basis she would come.  
6 I know that -- I know Bruce Grimshaw has come to  
7 visit. I know that Kate Kinslow has come to  
8 visit.

9 Q. And what are each of those titles, Bruce and  
10 Cathy?

11 A. So Bruce is the COO for hospitals. Kate  
12 Kinslow is the president for the East Division.  
13 Kim Lumia, you've probably heard her name as  
14 well. She is now the COO for the East Division.  
15 She comes in and visits as well. On  
16 occasions -- Phil Einstein is the chief patient  
17 experience officer. You know, he's come to  
18 visit from Prospect.

19 Q. How often --

20 A. We -- I'm sorry.

21 Q. No, no. I'm sorry. Continue.

22 A. So, you know, Cathy [sic] Nefores, who --  
23 you know, VP of quality from corporate, has come  
24 to visit as well. And then we've had a small  
25 Prospect team that came to help us with an

1 initial survey preparation for a Joint  
2 Commission, which is many of the people I  
3 already gave you as part of that team, you know,  
4 has come to visit.

5 Q. How often does a Prospect Medical Holding  
6 representative come to visit?

7 A. Between all of those people, there's  
8 usually one or two of them here a month --

9 Q. How often --

10 A. -- especially -- Cathy comes -- Cathy comes  
11 every month, you know, so -- you know, for me,  
12 she comes every month now. It's via a  
13 conference call due to COVID. So, for me, I see  
14 Cathy very frequently. And then I'll see Kim  
15 Lumia frequently, too, so...

16 Q. When you say "Cathy," you're referring to Cathy  
17 Stevens; correct?

18 A. Cathy Stevens, yes.

19 Q. On those monthly calls, is that a one-on-one  
20 with you, or are those other CNOs from other  
21 hospitals on those calls?

22 A. So she and I do a one-on-one every month,  
23 but we also have monthly calls that are all of  
24 the -- initially, it was the CNOs in the East  
25 Division, and now that we have the -- you know,

1 Cathy Stevens is in the corporate role, we now  
2 have the East Coast and the West Coast all in  
3 those meetings, and we meet about once a month.

4 Q. Have you ever communicated with a representative  
5 from Leonard Green?

6 A. No, I have not.

7 Q. Have you ever communicated with Sam Lee?

8 A. No, I have not.

9 Q. Have you ever communicated with David Topper?

10 A. No, I have not.

11 Q. Other than the executives from Prospect Medical  
12 Holdings that you just described, are there any  
13 other employees from Prospect that you  
14 communicate with?

15 A. Not typically. I mean, sometimes I may  
16 have conversations with, like, Tarek, for  
17 example, who would be the corporate level for  
18 materials management. There's my local material  
19 management director and myself working with the  
20 vendor to secure a piece of equipment. You  
21 know, kind of those kinds of instances, but  
22 that's it.

23 Q. How often do you communicate with the Fatima's  
24 CNO, Ms. Lynn Leahey?

25 A. We communicate very often.



1 A. Correct.

2 Q. Are you aware of the impact of that venture?

3 A. No, I'm not, really.

4 Q. Do you know whether Roger Williams is in a  
5 better financial position now than prior to that  
6 joint venture?

7 A. From what I've, you know, heard or seen in  
8 some of the improvements that have happened over  
9 the years from an infrastructure perspective, I  
10 would say yes.

11 Q. Can you describe what you have seen that leads  
12 you to say yes?

13 A. I think they -- you know, they've -- they  
14 have supported infrastructure changes, just the  
15 building between, you know, the lobby, expanding  
16 the emergency department, the inpatient floors,  
17 you know, with doing a lot of cleanup in the  
18 environment and the building infrastructure  
19 itself, lots of equipment that's been newer and  
20 brought into the building, increasing technology  
21 that's been brought into the building, you know,  
22 that are all within -- you know, although --  
23 some people would say, like, maybe, you know,  
24 five or six years is old, but not in the health  
25 care world. Some of that equipment can last a

1 really long time. So you can see the newness  
2 and the -- you know, with a lot of the equipment  
3 and such that's in the organization.

4 Q. What -- can you give me an example of one of  
5 the -- you know, newer equipment?

6 A. Sure.

7 So we -- they have new beds, new  
8 patient hospital beds. You know, they have new  
9 echo machines. They have new vein finders and  
10 new bladder scanners. The actual physical plant  
11 environment, a lot of that is new and been  
12 upgraded. The emergency department is all new  
13 and amazing and very current to current practice  
14 for emergency medicine. The spaces in which  
15 patients receive care or need to wait for  
16 things, you know, have all been updated to be  
17 current, to be safe, to provide space for them.

18 So you can tell the difference where  
19 they invested the money into that -- the patient  
20 care areas and those things, and not necessarily  
21 like Ellie's office. Like, you can tell the  
22 difference where the dollars were invested, and  
23 it was in those important areas and not in the  
24 areas where there wasn't really a lot of impact  
25 for patient or families or where care is



1 delivered.

2 Q. When you say "new," what is the time frame for  
3 new?

4 A. I would say new is probably within the last  
5 five to six years.

6 Q. Has there been any new equipment since you've  
7 been employed within the last year and a half?

8 A. Yes, there is. We just rolled out 255  
9 brand-new smart pumps, IV pumps for patients,  
10 all brand-new. We rolled out, what we call, a  
11 Masimo Monitoring Infrastructure SafetyNet. So  
12 it monitors patients pulse ox and heart rate, et  
13 cetera, on our surgical floors, and it can be  
14 monitored centrally at the nurses station. Both  
15 of those are rolled out.

16 We rolled out rapid infusers for our  
17 blood infusions. We rolled out significant,  
18 what we call, Mindray telemetry monitoring in  
19 a -- in a unit. We rolled a bunch of those out.  
20 We did a lot of rolling out and upgrading  
21 telemetry on some of the inpatient floors  
22 additionally to that already, where some of that  
23 was, you know, a little older. We rolled all of  
24 that out as well.

25 You know, we have added, you know,

1 even more specialty beds for patients in the  
2 organization. They rolled out -- they received  
3 many vital sign machines, many bladder scanners.  
4 We rolled out a lot more new scanners --  
5 computers that we call "work station on wheels"  
6 for nursing to be able to scan their medications  
7 and documentation and being able to make sure  
8 everyone has all of those pieces.

9 And they rolled out more, as well,  
10 when COVID came so that we could have one  
11 dedicated to those COVID patients to support not  
12 spreading of any potential infections, you know,  
13 amongst other patients or staff by having those  
14 in the rooms with them, the COVID patients, and  
15 needing to come out of the rooms. So they, you  
16 know, provided a lot of infrastructure around  
17 that as well.

18 Q. Do you know whether Roger Williams has better  
19 staffing now than they did prior to the 2014  
20 joint venture?

21 A. No, I do not.

22 Q. Do you know whether Roger Williams has better  
23 access to cash than it did prior to the joint  
24 venture?

25 A. No, I do not.

1 Q. Who would have firsthand knowledge as to whether  
2 Roger Williams is better situated today with  
3 respect to its financial position than it was  
4 prior to the joint venture?

5 A. Dave Ragosta would probably have, you know,  
6 that financial historical information.

7 Q. Who would have firsthand knowledge about whether  
8 staffing is better now or prior to the joint  
9 venture?

10 A. That would -- we would -- maybe -- I mean,  
11 finance might or maybe human resources, if their  
12 ratios were different in 20- -- 2014 than they  
13 are today.

14 Q. Who is the head of HR at Roger Williams?

15 A. Sandra Nastari.

16 Q. Who would have firsthand knowledge about whether  
17 Roger Williams has better access to cash now  
18 than it did prior to the joint venture?

19 A. Dave Ragosta would.

20 Q. Are you familiar at all with an article that has  
21 recently been published in ProPublica?

22 A. I've heard of it. Yes.

23 Q. Okay. Have you read it?

24 A. No, I have not.

25 MS. LENZ: I would like to mark the

1 article for identification as Exhibit C. And if  
2 we could pull that up for the witness, that  
3 would be great.

4 Leslie and Pat, can we agree to enter  
5 it in?

6 MS. ROCHA: I have no objection that  
7 you're asking to mark it as a document that  
8 you're examining the witness with. I mean, as I  
9 said yesterday, for what it's worth, it's a  
10 hearsay statement, but I have no objection to  
11 you marking it for purposes of your examination.

12 MS. LENZ: Okay.

13 BY MS. LENZ:

14 Q. Ms. Milo, can you see the document on the  
15 screen?

16 A. Yes, I can.

17 Q. What is this document?

18 A. I'm assuming it's the article from  
19 ProPublica discussing Prospect's management and  
20 finances, I would assume.

21 MS. LENZ: Pat, are you comfortable  
22 with us entering this as an Exhibit C?

23 MS. ROCHA: Again, I don't have an  
24 objection to it being marked as an exhibit to  
25 your examination of the witness. We're not in a

1 deposition context. We're not before a judge.  
2 It's a hearsay statement. I believe it contains  
3 many inaccuracies. But for purposes of the  
4 examination, I have no objection.

5 MS. LENZ: Okay. Thank you.

6 **Exhibit C**, ProPublica article, was  
7 marked for identification.

8 BY MS. LENZ:

9 Q. So, Ms. Milo, this is an article, and it is an  
10 article that was written, and it describes, you  
11 know, certain allegations about Prospect based  
12 on apparent interviews with former and current  
13 Prospect employees.

14 So I would just like to go through  
15 and just pinpoint some of the issues and ask you  
16 if, in your experience, what is being said is  
17 accurate.

18 Do you understand?

19 A. Yes.

20 Q. Okay.

21 MS. LENZ: Casey, would you mind  
22 scrolling to page 8 of the document, please?

23 If you could scroll down a little  
24 bit.

25 Right there.

1 Q. Ms. Milo, do you see the paragraph that begins  
2 "Meanwhile"?

3 A. Yes.

4 Q. Okay. I'm going to read that first line.

5 "Meanwhile, the COE whittled costs to  
6 the bone by finding cheap sources for medical  
7 supplies through 'realtime' monitoring of  
8 hospital staffing and slow-walking every vendor  
9 payment."

10 Did I read that correctly as written?

11 A. That's what it says. Yes.

12 Q. In your experience, has Prospect provided Roger  
13 Williams with cheap medical supplies?

14 A. No, they have not.

15 Q. Does Prospect monitor its hospital staff?

16 A. Could you rephrase or clarify what you mean  
17 by that?

18 Q. Sure.

19 Does Prospect do any sort of  
20 cost-saving measures with respect to staffing?  
21 I'll rephrase.

22 Have there been any staffing cuts  
23 since you've been there by corporate?

24 A. No, there has not. Not for my division and  
25 that I'm aware of. No.

1 Q. Okay. Are you aware of any in the hospital?

2 A. No, I'm not aware of any others in the  
3 hospital.

4 Q. Are you aware of Prospect being slow to make a  
5 vendor payment with respect to supplies for  
6 Roger Williams?

7 A. No, I am not.

8 MS. LENZ: Casey, could you please  
9 scroll to page 12?

10 Okay.

11 Q. Again, another paragraph that begins with  
12 "Meanwhile." Do you see that on your screen,  
13 "Meanwhile, Prospect"?

14 A. Yes, I do.

15 Q. Okay. I'm just going to read this.

16 "Meanwhile, Prospect sought to cut  
17 costs by reducing the workforce, trimming  
18 benefits, and tightly monitoring each hospital's  
19 patient count throughout the day from its LA  
20 headquarters, sending nurses and aides home  
21 whenever possible in mid-shift."

22 Did I read that correctly as written?

23 A. Yes.

24 Q. Since you've been employed, has corporate sent  
25 nurses and aides home during mid-shift?

1 A. No, they have not.

2 Q. Has corporate directed you or any of the local  
3 executive team to send nurses and aides home  
4 whenever possible during mid-shift?

5 A. No, they have not.

6 Q. Are you aware of this practice amongst any other  
7 Prospect hospitals?

8 A. No, I am not.

9 MS. LENZ: Casey, if you could just  
10 scroll down to the end of page 12, beginning of  
11 page 13.

12 Okay. Great.

13 Q. I'm just going to read this last paragraph.

14 "Leonard Green was now ready to fully  
15 cash in and exit its investment. In  
16 October 2015, the firm hired Morgan Stanley to  
17 find a new private equity buyer for Prospect.  
18 The company's 92-page 'confidential information  
19 memorandum' prepared for prospective acquirers  
20 and obtained by ProPublica promoted the  
21 company's 'cost-effective care' model, including  
22 daily 'flex' management of hospital staffing,  
23 use of low-cost sources for medical supplies,  
24 and a focus on high-profit programs for treating  
25 the seriously mentally ill."



1 Did I read that correctly as written?

2 A. Yes.

3 Q. In your experience, are you aware of this  
4 cost-effective care model?

5 A. No, I am not.

6 Q. Is there a focus on high-profit programs for  
7 treating the seriously mentally ill?

8 A. Not that I'm aware of, no.

9 MS. LENZ: Could we please scroll to  
10 page 14?

11 Q. Again, a third paragraph that begins  
12 "Meanwhile."

13 Do you see that, Ms. Milo?

14 A. Yes, I do.

15 Q. Okay. I'm just going to read this.

16 "Meanwhile, three lawsuits have  
17 charges Prospect with different allegations of  
18 billing fraud at its flagship hospital in Culver  
19 City. According to a pending suit filed by  
20 Charles Harper, a 28-year employee who served as  
21 director of cardiopulmonary therapy, the  
22 hospital fraudulently billed Medicare for  
23 individual respiratory therapy while  
24 requiring" -- "regularly requiring its staff to  
25 treat two patients at the same time, a practice

1 known as 'stacking.' "

2 Did I read that correctly as written?

3 A. Yes.

4 Q. Are you aware of any fraudulent billing with  
5 respect to Medicare at Roger Williams?

6 A. No, I am not.

7 Q. Are you aware of any fraudulent billing of  
8 Medicare at any other Prospect hospital?

9 A. No, I am not.

10 Q. Are you familiar with this practice known as  
11 stacking?

12 A. No, I am not.

13 Q. Okay. So you don't know what stacking is?

14 A. I understand what it is, yes.

15 Q. Is stacking a practice at Roger Williams?

16 A. No, it is not.

17 Q. Has corporate ever directed the executives at  
18 Roger Williams to perform stacking?

19 A. No, they have not.

20 Q. Are you aware of Prospect directing any other of  
21 its hospitals to stack its employees?

22 A. No, I am not.

23 MS. LENZ: Thank you. I am all set  
24 with this exhibit.

25 THE REPORTER: Maria, whenever is a

1 good time for a break. I don't want to  
2 interrupt, but...

3 MS. LENZ: Sure. Do we want to  
4 take -- how much do you need? How long do you  
5 need?

6 THE REPORTER: 10 minutes?

7 MS. LENZ: 10 minutes. We'll take a  
8 10-minute break and we will come back and we  
9 will try to finish this up as efficiently and  
10 effectively as possible.

11 (Recess called at 4:23 p.m. The  
12 deposition reconvened at 4:38 p.m.)

13 BY MS. LENZ:

14 Q. Ms. Milo, have there been any discussions among  
15 local hospital management about Roger Williams  
16 closing?

17 Ms. Milo, can you hear me?

18 MS. ROCHA: Ellie, can you hear?

19 MS. MILO: Nope. I lost you. I  
20 got -- the first lady was on my screen. I  
21 didn't hear anything you said, so apologies.

22 MS. LENZ: Can you hear me now?

23 MS. MILO: I can hear you now. Now  
24 you're back on the screen. It was the other  
25 lady. Sorry.

1 MS. LENZ: Okay. No. No problem.

2 BY MS. LENZ:

3 Q. I asked whether there have been any discussions  
4 among local hospital management about Roger  
5 Williams closing.

6 A. No, there has not.

7 Q. Do know whether there have been any discussions  
8 at the corporate Prospect level about Roger  
9 Williams closing?

10 A. No, I have not.

11 Q. Do you know if there have been any discussions  
12 by and amongst Leonard Green, Sam Lee, David  
13 Topper, and Prospect about Roger Williams  
14 closing?

15 A. No, not that I'm aware of.

16 Q. What about bankruptcy or mastership?

17 A. No.

18 Q. So, to your knowledge, there has been no talk at  
19 any level of management, either at the local or  
20 corporate level, about Roger Williams closing or  
21 going into bankruptcy or management -- excuse  
22 me -- mastership?

23 A. That is correct.

24 Q. As an employee, are you concerned that Roger  
25 Williams may close?

1 A. No, I am not.

2 Q. Why are you confident in that answer -- or  
3 excuse me.

4 Are you confident in that answer?

5 A. Yes, I am.

6 Q. Why are you confident in that answer?

7 A. I think because there is -- there is  
8 commitment from Prospect to support the  
9 hospitals, including Roger Williams, and I --  
10 and Roger Williams is doing well. From their  
11 patient volume, they're doing well in managing  
12 their budgets and their volume. They're  
13 responding well to COVID, et cetera. So, to me,  
14 there's no indications that would identify that  
15 Roger Williams is in any financial trouble.

16 Q. Is Roger Williams posting financial gain?

17 A. Not consistently, no, but not losses in a  
18 way that I would feel uncomfortable that they  
19 were going to have to close and not survive.

20 Q. You speak of Prospect's commitment.

21 Can you explain why you think  
22 Prospect --

23 A. Yep. So they're committed to, you know --  
24 they're committed to my ability to hire staff.  
25 They're committed to my ability to get supplies

1 and equipment that I need. They're committed to  
2 supporting the organization with, you know,  
3 large capital commitments. They -- you know,  
4 they have not ever said that they can't support  
5 any important initiatives to patient care or  
6 patient safety. They've not had any  
7 conversations about, you know, that we're going  
8 to close service lines; we're laying off a bunch  
9 of staff. They have not done any of those  
10 actions that would indicate to me that there's  
11 trouble or an issue or that Prospect is no  
12 longer supporting Roger Williams.

13 Q. What has been Prospect's largest capital  
14 commitment to Roger Williams to date?

15 A. To date, the ED capital project is a pretty  
16 large commitment, as well as the pharmacy was a  
17 pretty large commitment. And in May, going into  
18 the commitment of the capital project of the  
19 operating room is a very large commitment.

20 Q. Earlier, when Mrs. Glynn was questioning you,  
21 you stated that you had had no interaction with  
22 the CharterCARE community board; is that  
23 correct?

24 A. I have had interactions with, what we call,  
25 the advisory board.

1 Q. What is the advisory board?

2 A. So the -- it's the Roger Williams advisory  
3 board that has identified membership. Some of  
4 those individuals are from the community. It is  
5 not the hospital board, per se. It's separate.

6 Q. It's a separate board -- I'm sorry. Is it a  
7 separate board?

8 A. So you have the CharterCARE board.

9 Q. Yep.

10 A. And then you have the advisory board. So I  
11 am going to assume by "community board," then  
12 you must mean the advisory board that we have.

13 Q. I apologize. I mean the CharterCARE board of  
14 directors as well.

15 A. Yeah.

16 Q. So, yeah. Go ahead.

17 A. I do not participate in that.

18 Q. Okay. Have you ever gone before the CharterCARE  
19 board of directors?

20 A. Once.

21 Q. And when was that?

22 A. When I was hired and I was introduced to  
23 the board. That was it.

24 Q. Okay. So you have not been there since? You  
25 have not --

1 A. No.

2 Q. Okay. Can you compare Roger Williams' biggest  
3 needs with those of Fatima's?

4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]

17 Q. That was actually a great segue to our  
18 second-to-last section about quality in general.

19 So what are the types of service  
20 areas at Roger Williams?

21 A. So we have surgical services. We have  
22 oncological services. We have general surgery  
23 services, critical care. We have our bone  
24 marrow transplant program. We have surgical  
25 oncology inpatient medical floor, emergency



1 medicine. We do the gamut of diagnostic  
2 imaging: MRI, CAT scan, X-rays, you know,  
3 echos. We do, of course, all phlebotomy  
4 services at Roger Williams, so...

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]









1 I would have to -- I don't know.

2 Q. Who would know?

3 A. Jeff would know. Dave Ragosta would know.

4 Q. Do you know how many physicians work, on  
5 average, per day?

6 A. An average per day? I mean, I would just  
7 know from the inpatient setting. I wouldn't  
8 know any employed physicians, like in practices,  
9 or anything of that nature.

10 So there's -- you know, there's a  
11 handful every day of physician providers that  
12 are on the inpatient units a day providing care,  
13 not counting the surgeons that are going into --  
14 you know, into the operating room or any  
15 providers that are in office practices. You  
16 know, I wouldn't know that. And that would  
17 exclude any of the residents that are in the  
18 building.

19 Q. And do you know how many physicians are for  
20 inpatient?

21 A. So we usually have someone in the ICU. We  
22 have the hospitalists that are here, you know.  
23 But we also have the surgeons that will come in  
24 and round and see their patients. So it could  
25 vary every day depending on the census and the

1 patients that are in the building. You know, we  
2 have a psychiatrist for some of our behavioral  
3 health units. We have a provider that takes  
4 care of our detox unit. So it can vary every  
5 day depending on the volume and the patients in  
6 the building.

7 Q. Are you familiar at all with Roger Williams'  
8 physician recruitment process?

9 A. No, I am not.

10 Q. Who would be familiar with that?

11 A. That would be -- Jeff would be familiar  
12 with that physician recruitment process.

13 Q. Do you have any information about physician  
14 retention?

15 A. No, I do not.

16 Q. Do you know how many physicians have privileges  
17 to come and -- to work at Roger Williams?

18 A. The total number, no, I do not.

19 Q. Do you -- do you have, you know, a good  
20 estimate, a good faith estimate?

21 A. No, I would not have a good faith estimate.  
22 I know if I need to identify the physician, if  
23 they do have privileges and what they have  
24 privileges for -- I do know the process to  
25 ensure that when the physicians are in the

1 building, they are allowed to be here performing  
2 the services that they are.

3 Q. Earlier in your statement, you said that there  
4 are several other employees with the title as  
5 chief; correct?

6 A. Yes.

7 Q. Are those chiefs paid by Roger Williams, or do  
8 they have privileges to come in?

9 A. Some of them are paid, and then some of  
10 them come in. They're really the chairs/chiefs  
11 of those departments, you know. So you have  
12 chairman of medicine, chairman of surgery,  
13 chairman of critical care. I don't know their  
14 specific contracts. I don't see their specific  
15 contracts. But when you are holding that  
16 responsibility of that post, there is usually  
17 financial components tied to that. That would  
18 not be abnormal.

19 Q. Who would know that information?

20 A. Jeff would likely know what those physician  
21 contracts look like and, you know, what stipends  
22 that they might have in those contracts for  
23 those chief/chairs -- you know, department  
24 chairs that -- he would know that.

25 Q. Do you know whether the chief of medicine that





[illegible]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

7 A. Again, we'd have to get human resources to  
8 give the final number of how many CNAs are  
9 employed in Roger Williams in total.

10 Q. Do you have a good faith estimate?

11 A. No, because, again, they're not just in  
12 inpatient for the hospital. They do work for  
13 the departments.

14 Q. Are there CNAs specifically assigned for  
15 inpatient?

16 A. Yes, there is.

17 Q. Do you know how many CNAs are employed for  
18 inpatient?

19 A. In totality, I do not know the number  
20 that's hired, no.

21 Q. What is your interaction with the CNAs?

22 A. You know, I do rounding with them, forms  
23 with them, the same as I do with the registered  
24 nurses, the same interactions and involvement.

25 Q. Is that the -- is that the same interactions for



[illegible]

[illegible]

[illegible]



[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

■ [REDACTED]  
■ [REDACTED]

3 Q. Ms. Milo, I'm going to ask you a series of  
4 questions that are going to sound the same, but  
5 they're going to be slightly different, so if  
6 you need me to repeat them, please let me know.

7 I just want to ask about your  
8 knowledge about whether there are any  
9 investigations or lawsuits against certain  
10 parties.

11 Do you understand?

12 A. Yes.

13 Q. Okay. Are you aware of any investigations,  
14 lawsuits, and/or regulatory action taken against  
15 Roger Williams alleging deficient or patient  
16 care within the last year and a half since  
17 you've been there?

18 A. No.

19 Q. Are you familiar with any of those actions taken  
20 within the last five years?

21 A. No.

22 Q. Are you aware of any investigations, lawsuits,  
23 and/or regulatory action taken against Prospect  
24 alleging deficient or negligent patient care  
25 within the last year and a half?





A horizontal bar chart titled "Percentage of respondents who believe that the U.S. should take action to address climate change". The chart displays data for two main categories: "All respondents" and "U.S. adults", each further divided into "Men" and "Women". The x-axis represents the percentage, ranging from 0 to 100. The y-axis lists the demographic groups. The bars are color-coded: blue for "All respondents", orange for "U.S. adults", green for "Men", and red for "Women".

Category	Gender	Percentage
All respondents	Men	78%
	Women	82%
U.S. adults	Men	75%
	Women	80%

22 Q. Are you aware of any complaints filed by Roger  
23 Williams' employees and/or the six or seven  
24 union members against Roger Williams for  
25 deficient working conditions?

1 A. No, not that I'm aware of.

2 Q. Are you aware of any complaints filed by Roger  
3 Williams' employees and/or the six or seven  
4 union members against Prospect for deficient  
5 working conditions?

6 A. Not that I'm aware of.

7 Q. So there's been no complaints of that nature  
8 within the last year and a half?

9 A. Not that I'm aware of.

10 Q. How about within the last five years?

11 A. Not that I'm aware of.

12 Q. Are you aware of any complaints filed by Roger  
13 Williams' employees and/or six or seven union  
14 members against Roger Williams for a hostile  
15 working environment?

16 A. No, not that I'm aware of.

17 Q. Are you aware of any of those complaints within  
18 the last five years?

19 A. No, not that I'm aware of.

20 Q. Are you aware of any complaints filed by Roger  
21 Williams' employees and/or the six or seven  
22 union members against Prospect for hostile  
23 working environment within the last year and a  
24 half?

25 A. Not that I'm aware of.

1 Q. How about within the last five years?

2 A. Not that I'm aware of.

3 Q. Are you aware of any complaints filed by Roger  
4 Williams' employees and/or the six or seven  
5 union members against Roger Williams alleging  
6 negligent and/or deficient patient care?

7 A. Not that I'm aware of.

8 Q. Are you aware of that within the last five  
9 years?

10 A. Not that I'm aware of.

11 Q. Are you aware of any complaints filed by Roger  
12 Williams' employees and/or the six or seven  
13 union members against Prospect alleging  
14 negligent and/or deficient patient care within  
15 the last year and a half?

16 A. Not that I'm aware of.

17 Q. How about within the last five years?

18 A. Not that I'm aware of.

19 Q. Are you aware of any investigations, lawsuits,  
20 or regulatory action against Roger Williams  
21 regarding nonpatient care matters within the  
22 last year and a half?

23 A. Not that I'm aware of.

24 Q. Are you aware of any investigations, lawsuits,  
25 and/or regulatory action against Prospect

1 related to nonpatient care matters within the  
2 last year and a half?

3 A. Not that I'm aware of.

4 Q. Who would be aware of any such actions as just  
5 specified within my last series of questions  
6 within the last five years?

7 A. I -- I would assume folks that have been  
8 here during that period of time. Jeff might be  
9 aware. You know, the VP of quality might be  
10 aware of some of those items.

11 Q. I'm now going to turn to the last section, and  
12 we're going to focus on COVID.

13 How involved was Prospect in the  
14 hospital's day-to-day response of COVID?

15 A. They were very involved.

16 Q. Can you explain how?

17 A. Yes.

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

1           A.    I think the biggest concern, I think, is  
2           the -- is staffing just in general. You know,  
3           it's -- it took a lot for people to do that  
4           stuff every day and take care of these -- you  
5           know, these patients every day. A lot of times  
6           these staff were the family members because  
7           people couldn't come in to see them. They were  
8           very sick.

9                        I think it takes, what we call, you  
10          know, compassionate fatigue or caregiver fatigue  
11          to a whole level that we haven't ever  
12          experienced before in health care and nursing.  
13          And that's what I worry about. I think it's  
14          going to take some creativity to continue to  
15          support those frontline people that are doing  
16          that work every day, to continue and to manage  
17          to work through it, because it's hard to come in  
18          day after day and do that. There's a lot of  
19          emotions attached to that as well, so, you know,  
20          it's tough.

21                      And so my concern is, you know,  
22          nurses choosing to retire and leave earlier than  
23          they planned to, nurses deciding to take a break  
24          from the profession because of the toll that it  
25          takes on them personally or emotionally, you

1 know, and the concern and the ability about all  
2 of us leaders to have ways in which -- to  
3 support them in ways that's different than we  
4 have ever done before.

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

[illegible]

[illegible]



[illegible]

4 Can you please name the COO?

5 A. Donna Rubinate.

6 Q. Earlier -- earlier in your statement under oath,  
7 you said that there was, in your experience, no  
8 difference between working for a for-profit  
9 versus a nonprofit hospital; is that correct?

10 A. Yes, it is.

11 Q. There is no difference in your experience or  
12 opinion for working for a nonprofit versus a  
13 for-profit hospital?

14 A. Correct.

15 Q. Finally, with respect to the benefits at Roger  
16 Williams, your health insurance, you said that  
17 the employees pay for health insurance.

18 What is the health insurance carrier  
19 for Roger Williams?

20 A. Blue Cross Blue Shield of California.

21 Q. Does Prospect contribute anything to the premium  
22 payment?

23 A. Yes. They pay a large portion of that, and  
24 then the employee pays the -- the expected  
25 employee contribution of that. Yes. Very

1           typical of other places.

2       Q.   And, finally, is there anything I should know  
3           about Roger Williams or Prospect that I have not  
4           asked you today?

5       A.   I don't believe so.

6       Q.   Okay. Would you like to make any final  
7           comments?

8       A.   I mean, I've been here for a year and a  
9           half. I've been very supported by the  
10          organization, by the leadership, very supported  
11          by Prospect. I have not encountered issues of  
12          things that I've needed for patient care,  
13          whether it's supplies, equipment, people,  
14          guidance. I have never had a request of that  
15          nature that was ever not heard by leadership,  
16          not heard by Prospect, not discussed and not  
17          given, you know, a local resolution or Prospect  
18          helping to give a resolution to the issues. So  
19          I have -- you know, I have nothing but a  
20          positive experience working here at Roger  
21          Williams.

22                   MS. LENZ: Ms. Milo, thank you very  
23                   much for your time today.

24                   MS. MILO: Yes. Thank you.

25                   MS. LENZ: On behalf of both

1 agencies, we appreciate it.

2 Pat and Leslie, we are now going to  
3 end the deposition today, but we are going to  
4 suspend the deposition -- excuse me -- not  
5 deposition -- strike that -- interview under  
6 oath. We're going to suspend the interview  
7 under oath in the event that we're going to have  
8 to bring the interviewee back.

9 Oh, Pat, we can't hear you.

10 MS. PARKER: Pat, you have to turn it  
11 off mute on your phone.

12 MS. ROCHA: Can you hear me now?

13 MS. PARKER: Yes.

14 MS. ROCHA: Sorry. My earpiece died,  
15 so then I called in.

16 No. My only comment, I would hope --  
17 we've been here since noontime, so I would hope  
18 that you're not going to need to bring Ellie  
19 Milo back. She was very cooperative. You  
20 covered a ton of material. So hopefully this  
21 will be the end of the statement under oath.

22 MS. LENZ: Thank you. This is  
23 suspended and concluded for the day.

24 THE REPORTER: Thank you.

25 And just to wrap everything up,

1 Ms. Rocha, Ms. Kelley, and Ms. Lenz, will you be  
2 getting electronic copies only for this  
3 transcript?

4 MS. LENZ: Yes.

5 MS. KELLEY: Yes.

6 MS. ROCHA: That's fine.

7 THE REPORTER: And do you need this  
8 expedited as well for Monday, November 2nd?

9 MS. LENZ: Yes, please.

10 MS. KELLEY: Yes.

11 MS. ROCHA: Yes.

12 (Time noted at 6:03 p.m.)  
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## C E R T I F I C A T E

I, CASEY A. BERNACCHIO, Shorthand Reporter and Commissioner, hereby certify that the foregoing is a true, accurate, and complete transcription of my stenographic notes taken at the time of the aforementioned interview.

This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of November, 2020.



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CASEY A. BERNACCHIO  
SHORTHAND REPORTER

MY COMMISSION EXPIRES:  
DECEMBER 31, 2023