

ESTTA Tracking number: **ESTTA690394**

Filing date: **08/19/2015**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91206212
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Attachments	Carol Schultz Transcript and Exhibits (Signed).pdf(642135 bytes)

1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
2 BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

3
4 In the matter of application Serial Nos.:

5 85/499,349 for the mark CHLORADERM

6 85/499,345 for the mark CHLORABSORB

7 85/499,337 for the mark CHLORABOND

8 85/499,332 for the mark CHLORADRAPE

9 Filed on December 19, 2011

10 Published in the Official Gazette on May 29, 2012

11 _____
12 CAREFUSION 2200, INC.,

13 Opposer,

14 v. Combined Opposition Proceeding

15 No.: 91-206,212

16 ENTROTECH LIFE SCIENCES,

17 INC.,

18 Applicant.
19 _____

20
21 DEPOSITION OF CAROL SCHULTZ

22 CHICAGO, ILLINOIS

23 JUNE 23, 2015
24
25

1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
2 BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

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4 CAREFUSION 2200, INC.,

5 Opposer,

6 v.

 Combined Opposition Proceeding

7 No.: 91-206,212

8 ENTROTECH LIFE SCIENCES,

9 INC.,

10 Applicant.

11
12 The deposition of CAROL SCHULTZ, called for
13 examination, taken before TRUDY G. GORDON, a
14 Certified Shorthand Reporter of the State of
15 Illinois, County of Cook, taken at Three First
16 National Plaza, 70 West Madison Street, Suite 3500,
17 Chicago, Illinois, on the 23rd day of June A.D. 2015,
18 at 3:20 p.m.

1 PRESENT:

2
3 DREITLER TRUE
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5 Columbus, Ohio 43206
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7 BY: MR. JOSEPH R. DREITLER
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9 -and-

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12 appeared on behalf of the Opposer;

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18 BY: MS. ERIN M. HICKEY
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20 appeared on behalf of the Applicant.

21
22
23
24 ALSO PRESENT: MR. DAVID J. KLANN
25 Assistant General Counsel - CareFusion

REPORTED BY: TRUDY G. GORDON, C.S.R.
CERTIFICATE NO. 084-004077

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1 (WHEREUPON, THE WITNESS WAS DULY
2 SWORN.)

3 MS. HICKEY: Just before the testimony begins,
4 as I was just explaining to your counsel, I just want
5 to preserve a couple of objections to the receipt of
6 your testimony in evidence, just so I have it
7 preserved. And I know we can all argue about this
8 later under substantive objections. But I just want
9 to have them preserved for our purposes.

10 So we are going to be objecting to the
11 testimony of this witness in its entirety on several
12 grounds. One is unfair surprise that she was never
13 once disclosed during discovery or pre-trial
14 disclosures. Next, I think this is falling under
15 improper rebuttal testimony. I think the topic that
16 she has been disclosed for -- The topic that she has
17 under her disclosures is the recognition of the
18 ChloroPrep brand by medical professionals. I think
19 this is a topic that is certainly something that was
20 anticipated and should have been presented as part of
21 their case and chief, and I think this witness is
22 being presented as a substitute for Dr. Foor who's
23 not allowed into evidence. And in addition to that,
24 to extent you're going to be offering her testimony
25 in as an expert, that is obviously objectionable as

1 she was never disclosed as an expert. And to the
2 extent she offers lay opinion testimony, I believe
3 it's also objectionable given the likely specialized
4 knowledge she'll be testifying to.

5 So subject to those objections, go ahead.

6 CAROL SCHULTZ,
7 called as a witness herein, having been first duly
8 sworn, was examined and testified as follows:

9 DIRECT EXAMINATION

10 BY MS. TRUE:

11 Q. Good afternoon, Ms. Schultz. I'm Mary
12 True. We've met briefly. I represent CareFusion
13 Corporation in this -- It's a trademark matter before
14 the Trademark Trial and Appeal Board.

15 For the purposes of this testimony, you
16 understand that -- that you -- that my firm is
17 representing you, correct?

18 A. Um-hum. Yes.

19 Q. And we have asked you to -- here to
20 provide some testimony regarding knowledge -- your
21 knowledge of the ChlorPrep product. And we will
22 just --

23 What's our next exhibit?

24 MS. REPORTER: 80.

25

1 (WHEREUPON, EXHIBIT NO. 80 WAS
2 MARKED AS REQUESTED.)

3 BY MS. TRUE:

4 Q. All right. The court reporter has handed
5 you what has been marked as Exhibit 80.

6 I ask if you recognize that document?

7 A. Yes.

8 Q. And what is that?

9 A. This is my resume.

10 Q. And Ms. Schultz, what is your occupation?

11 A. I am the current Regional Quality Director
12 at Saint Joseph and Saint Francis Hospital here in
13 Chicago and Evanston.

14 Q. And what does your job entail?

15 A. I am over all the quality activities
16 related to those two hospitals and over infection
17 control, and currently I am serving as the infection
18 control practitioner at Saint Joseph Hospital.

19 Q. Tell me what is an infection control
20 practitioner?

21 A. They are the individual who monitors
22 infections within the organization, not only in the
23 hospital but in the ambulatory setting. They set the
24 policy and procedures for infection control. They
25 provide data to various departments, including

1 surgery, OB, medicine. We also are the ones that
2 provide information to the Board of Health and other
3 regulatory agencies, like the National Healthcare
4 Safety Network, which is the CDS and what you report
5 your surgical site and other infections to. I should
6 also say that we educate the staff on infection
7 control practices within the organization.

8 Q. Does your -- Would it be a department?
9 Would you call it that or --

10 A. It's usually -- In a smaller facility like
11 ours, we call it a department. But it's usually just
12 you and the infection control committee chairman. So
13 there's two.

14 Q. And who is the infection control committee
15 chairman?

16 A. It's Dr. Mitchell Weinstein.

17 Q. And is he a medical doctor?

18 A. Yes, board specialized in infectious
19 disease.

20 Q. Does your committee have a role in
21 selecting products, infection control prevention
22 products for the hospital system?

23 A. For the hospital and for the system we
24 have a role in that we recommend to the hospital and
25 to the departments as well as to the system.

1 Q. How is a new product introduced into a
2 hospital system?

3 A. Currently a new product has to go through
4 a value added team where a cost benefit analysis is
5 done. We are a 12-hospital system, so there's a
6 number of hospitals within the organization, and they
7 have representative from every hospital in the value
8 added team. Purchasing is on that team as well as
9 other departments. So, for example, if it's a
10 product that's used for cleaning, environmental
11 cleaning, environmental service represents on that
12 committee too.

13 Q. Have you had occasion to recommend
14 products for skin prep and surgery?

15 A. Throughout the years, yes.

16 Q. How many years are we talking about?

17 A. Well, we've been using the same skin prep
18 for a number of years. But probably about ten years
19 ago we looked at all the skin preps that were being
20 used within the hospital and evaluated them.

21 Q. And where would that occur on your CV
22 here? What --

23 A. Oh, I'm sorry. I'm looking over your
24 shoulder like I don't have it. So it occurs
25 throughout the infection control part of my job.

1 When I was infection control practitioner, we looked
2 at a number of different kinds of skin preps because
3 we had a high prevalence of surgical site infections
4 that we were trying to identify how to reduce, and we
5 looked at the skin preps that we were using and what
6 was available in the market at that time.

7 Q. And what type are we talking about?

8 A. From '93 to 2003. But it also came up
9 when I was covering in infection control in 2005 to
10 2008 on and off. Infection control practitioners are
11 particularly hard to fine.

12 Q. You mentioned that you were evaluating
13 products.

14 Are you familiar with ChloroPrep?

15 A. Yes.

16 Q. What is ChloroPrep?

17 A. ChloroPrep is a skin prep that's CHG and
18 alcohol based that has a high efficacy of killing
19 bacteria.

20 Q. When did you first become aware of
21 ChloroPrep?

22 A. 2003.

23 Q. And how did you learn about ChloroPrep?

24 A. Well, my friends from the OR went to the
25 AORN meeting and came back and said --

1 Q. And just what is AORN?

2 A. AORN is the Association for Operating Room
3 Nurses. They have an annual meeting where they
4 provide education. But it's also a time for
5 different vendors and different manufacturers to
6 display new products and old products. They came
7 back because they were quite interested in this skin
8 care product because at that point in time in our
9 particular institution we did not have -- we had
10 everything. We did not have a clear process for what
11 skin preps were preferred and what we would just let
12 in our institution. So we wanted to narrow the
13 number down. So when they came back, we started
14 looking at the product, and I contacted the
15 manufacturer at that time of ChloroPrep.

16 Q. What sorts of -- Did your colleagues that
17 had gone to the AORN convention, did they come back
18 with literature or what did they have?

19 A. They came back with the brochure on
20 ChloroPrep and told me to call the rep to get the
21 studies. So normally people ask the infection
22 control practitioner to get the studies and evaluate
23 the studies in the Infection Control Committee with
24 the infectious disease M.D. and that's what I did. I
25 called up our rep, and he brought the studies in.

1 Q. And do you -- Do you recall who
2 manufactured ChloroPrep at that time?

3 A. Nope.

4 Q. Do you still work with the same ChloroPrep
5 rep?

6 A. Yep. Yes, I do. I'm sorry.

7 Q. Has ChloroPrep been manufactured by a
8 number of different companies during the time that
9 you have been aware of it?

10 A. Yes.

11 Q. Could you name off those companies?

12 A. I know CareFusion did it now and it's
13 Medline or Med-something in the past. Not Medline,
14 but Med-something.

15 Q. But it's always been ChloroPrep?

16 A. Yes.

17 Q. And is that how you recognized the product
18 is by the ChloroPrep name?

19 A. Yes.

20 Q. When you talk about the studies, what do
21 you mean by the studies?

22 A. Well, most products in infection control
23 have to have some kind of scientific studies usually
24 that demonstrate the efficacy of the product, and we
25 like to look at that to really see what the science

1 of the product is as well as what the experience with
2 the product has been. So I know on most of the
3 literature you'll get from reps they'll have either
4 the references to the studies or they'll provide you
5 the studies where the product has been tested either
6 blindly or in an open study.

7 Q. And you say that your colleagues came back
8 from the AORN Convention and they had some of these
9 studies with them?

10 A. No. They told me I could call the rep and
11 get the study.

12 Q. And did you do that?

13 A. Yes.

14 Q. And what did the studies show?

15 A. Well, they showed that on persistence of
16 bacterial kill that was longer than Betadine which
17 was the product that we were using. They also showed
18 that there was a fast drying time which was not
19 necessarily what we were using at the time because we
20 were using straight Betadine, and Betadine takes a
21 long time to dry.

22 Q. And why does that make a difference in the
23 surgical procedure?

24 A. Because for surgeons, time is money, and
25 surgeons want to get moving. They don't want to wait

1 an inordinate amount of time for a skin prep to dry.
2 And Betadine could take up to five minutes to dry.

3 Q. I'm going to show you some exhibits that
4 have already been produced.

5 MS. HICKEY: Just for the record, I'll maintain
6 my objection to improper rebuttal testimony.

7 MR. DREITLER: You opened the door when you put
8 Exhibit 52 right in front of your witness and asked
9 him to talk about ChloroPrep allergies. We're asking
10 this witness to rebut what was testified to.

11 MS. HICKEY: This is by far completely improper
12 rebuttal testimony.

13 MR. DREITLER: Fine.

14 MS. HICKEY: And for the sake of not repeating
15 myself every five seconds during this testimony,
16 again, just preserving that, I will be maintaining it
17 in the brief as well.

18 MR. DREITLER: That's fine.

19 MS. HICKEY: Okay. Your position is fine too.

20 MR. DREITLER: That's fine.

21 BY MS. TRUE:

22 Q. I'm handing you what has been already
23 marked as Opposer Exhibit 27, and ask you to look
24 through those.

25 Are you -- Have you -- Are you familiar

1 with what these documents are?

2 A. Um-hum.

3 Q. Have you seen these sort of documents
4 before?

5 A. I'm sorry. Yes. Not um-hum.

6 I have seen this because this is what we
7 put up in teaching our staff on how to activate the
8 applicator.

9 Q. And are these materials that were provided
10 to you by your ChloraPrep rep?

11 A. Um-hum. Yes. Sorry.

12 Q. And at the time that ChloraPrep was
13 introduced, were you aware that any other skin prep
14 materials were used in the OR that had Chlorhexidine
15 in them?

16 A. No.

17 Q. And was that -- At that time was that --
18 was Chlorhexidine readily accepted by the medical
19 community as something that was superior to Betadine?

20 A. I was --

21 MS. HICKEY: Objection, leading.

22 MS. TRUE: Go ahead.

23 BY THE WITNESS:

24 A. I would say that it was not necessarily
25 well advertised or well researched at that point in

1 time. There was research out there, but it had not
2 been shown for surgical sight prep at that point
3 until ChloroPrep came out that people started
4 recognizing that there was an opportunity to use a
5 CHG product.

6 BY MS. TRUE:

7 Q. And was the -- Was the material that you
8 received from your ChloroPrep rep, was that helpful
9 to you in learning about the product?

10 A. Yes, because I think anytime that you can
11 present the scientific literature behind a product to
12 a group of physicians and other healthcare workers as
13 to why this product is more efficacious than what
14 you're currently using is very helpful.

15 Q. Let me show you Opposer's Exhibit 26, and
16 ask you if you're familiar with that document?

17 A. Yes.

18 Q. And what is this?

19 A. This was a quick synopsis of some studies
20 that had been done that we used to show our surgeons
21 as we try to develop a process to reduce surgical
22 site infections, which included the proper skin prep,
23 proper antibiotic use, decreasing the in and out of
24 people going into the OR, and looking at
25 postoperative care.

1 Q. When you say we, who are you referring to?

2 A. It was a team that we put together to look
3 at surgical site infections in our organization that
4 included the ID doc. At that time it was
5 Dr. Denbesten, it was myself, it was the surgical
6 department director, the educator, and the chairman
7 of the Department of Surgery.

8 Q. And you say that this group of people
9 would provide this type of literature to the
10 physicians.

11 Why did they need to provide this to the
12 physicians?

13 A. Because we had a number of elder -- I
14 shouldn't say elderly. That's not very nice. Of
15 physicians that had been in practice for a long time
16 who were not necessarily keeping up with some of the
17 new advances, especially it related to surgical site
18 infection prevention.

19 Q. What was your experience as to how readily
20 or not physicians decided that they liked ChloroPrep?

21 A. Initially our intent was to reduce the
22 number of skin preps down to two and to use ones that
23 had a faster dryer time -- drying time. So that
24 eliminated a number of different skin preps. So when
25 we looked at the two that were left, we tried to

1 dissuade people from the Betadine because we knew
2 that in a longer surgery and postoperatively CHG had
3 a longer efficacy to prevent in the re-growth of
4 bacteria.

5 Q. And the Chlorhexidine is what is contained
6 in ChloraPrep?

7 A. Um-hum.

8 Q. And what is the antimicrobial element in
9 Betadine?

10 A. Well, Betadine has alcohol and it's an
11 Iodophor and it just takes a longer time to dry as
12 well as it has a shorter persistence. So immediately
13 after the skin prep you start to see surgical -- not
14 surgical -- bacterial growth.

15 Q. Are there any other surgical skin prep
16 products that are used in surgery in addition -- in
17 your hospital in addition to ChloraPrep?

18 A. DuraPrep.

19 Q. And what is DuraPrep?

20 A. DuraPrep is Betadine and alcohol.

21 Q. And are there -- What determines, in
22 your -- if you know, whether somebody uses Betadine
23 or -- I'm sorry -- DuraPrep or ChloraPrep?

24 A. If somebody has a known allergy to CHG,
25 then we use DuraPrep.

1 Q. Is ChloraPrep preferred in your hospital?

2 A. It is on most of the physician preference
3 cards. There is one physician preference that -- a
4 cardiac surgeon who prefers DuraPrep.

5 Q. Are you a member of -- Let's go back to
6 your CV real quickly.

7 A. Um-hum.

8 Q. Are you a member of any professional
9 organizations?

10 A. I am a member of the Association of
11 Professionals in Infection Control.

12 Q. And what sort of association is that?

13 A. It's an association of infection control
14 practitioners and other professionals in the study of
15 infection control.

16 Q. Is that a national organization?

17 A. Yes. And it's international now. I'm
18 very proud of that.

19 Q. How long have you been a member of this
20 organization?

21 A. Since 1993.

22 Q. And as part of being involved in this
23 organization, do you speak with other infection
24 control professionals about the types of products
25 they use?

1 A. I have -- We have a local chapter of APIC
2 here in Chicago which has about 200 members. We get
3 together at least four times a year to do education
4 and networking. We also have an annual October
5 meeting. And I attend -- I've attended all but, I
6 think, four APIC national meetings. Because of Joint
7 Commission accreditation I missed four.

8 Q. At your national meetings, are those --
9 Would you call those trade shows?

10 A. There is an education part of the meeting,
11 and then there is vendor trades there for three of
12 the days. Well, I should say now we're down to three
13 days. We used to be four.

14 Q. And have you seen ChloroPrep being
15 demonstrated at these conventions?

16 A. Yes.

17 Q. Have you learned about ChloroPrep from
18 attending these conventions?

19 A. Yes.

20 Q. What sorts of things have you learned
21 about it?

22 A. Well, when the color changed because that
23 was a big complaint. That was one of the things that
24 I learned, that they were -- that ChloroPrep was
25 moving to change the color so that it would be more

1 evident for people to see. I learned that they were
2 now looking at how it could be used. First it was
3 just a surgical site, and then they started to look
4 at other areas where procedures were done, and they
5 adjusted the applicators to meet that need for
6 interventional radiology, interventional cardiology.

7 Q. You mentioned the color.

8 What did you mean about that?

9 A. Well, the color started off blue. But
10 when it was on darker skinned people it was hard to
11 tell that the patient had been prepped. When they
12 went to the orange color, it was much easier to see.

13 Q. Has -- In your experience with ChloroPrep,
14 how long has it been orange?

15 A. The years blend together. I'm terrible.
16 But I would say at least the last five years.

17 Q. And again you say that -- What is your
18 understanding or why do you think it's orange?

19 A. I just think that it's easier for the
20 clinician to see that you have prepped the skin
21 because of color. You can see the color. Because if
22 it's clear, people going in and out may not -- not
23 know, and so you prep it again.

24 Q. Who preps generally? Who does skin prep
25 for surgery?

1 A. In some cases it's the residents that do
2 the skin prep. Sometimes it's the circulator. And
3 sometimes the surgeon.

4 Q. What's a circulator?

5 A. The circulator is the nurse that is not
6 scrubbed to hand the instrumentation, but the person
7 that's in the room to provide any other supplies that
8 are needed. She's not necessarily wearing sterile
9 gloves or has been scrubbed in.

10 Q. Do medical practitioners, in your
11 experience, do they recognize the name ChloraPrep?

12 MS. HICKEY: Objection.

13 BY THE WITNESS:

14 A. The nursing staff definitely does. At our
15 institution some physicians do. Some physicians just
16 ask for the skin prep.

17 BY MS. TRUE:

18 Q. Have you ever heard somebody ask for
19 Chlorhexidine?

20 A. No.

21 Q. Have you ever heard a physician ask for
22 CHG?

23 A. No.

24 Q. Do you hear -- Do you hear physicians ask
25 for ChloraPrep ever?

1 A. Yes. But that's when they're being
2 offered a different one sometimes. If I'm offering
3 the DuraPrep or the clear one, they'll say the
4 ChloroPrep.

5 Q. What do you mean the clear one?

6 A. Well, the clear packaging. The DuraPrep
7 has got a little more -- It's all white.

8 Q. So -- If presented with two, the
9 Physicians know the difference between the DuraPrep
10 and the ChloroPrep?

11 A. Yes.

12 Q. And when you hear of a Chlorhexidine
13 surgical product, what do you think of?

14 A. A Chlorhexidine surgical product?

15 Q. Skin prep.

16 A. Skin prep. I think ChloroPrep. I don't
17 know of any others out there.

18 Q. Let me show you what's been marked as
19 Exhibit 52. You see that there?

20 Are you familiar with the site Allnurses?

21 A. No.

22 Q. Are you familiar with nurses blogs?

23 A. Yes.

24 Q. What in your experience is the purpose of
25 a nurse blog?

1 A. Usually it's when you put a question out
2 there and you're looking for someone with a similar
3 experience or an answer to that question.

4 Q. And have you ever used nurses blog?

5 A. I have used the MCHC infection control
6 blog which is listserv.

7 Q. And if you want to take a minute and just
8 sort of glance or read through the -- that particular
9 blog. If you could just direct your attention to a
10 particular entry that's at the top of the third page
11 where it says, We were in the process of switching
12 over to ChloroPrep and the docs didn't like it. It
13 seemed to irritate the skin if it all wasn't removed
14 vs. DuraPrep mainly irritating tender areas. Another
15 problem that we encountered is that in long
16 procedures such as multi-level spine cases; the Ioban
17 quits sticking to ChloroPrepped areas before the end
18 of the case.

19 Do you see that?

20 A. Um-hum.

21 Q. Have you ever heard anybody talking about
22 issues of lack of adhesion with ChloroPrep in a --

23 A. No, I've not heard a complaint.

24 Q. Are you aware of allergic reactions to
25 ChloroPrep?

1 A. I am not aware of any allergic reactions
2 to ChloroPrep. I know that patients do have allergic
3 reactions to CHG. So I would suspect that anybody
4 that had an allergic reaction to CHG would have an
5 allergic reaction to ChloroPrep.

6 Q. Is it accurate that it's -- People have a
7 lot of different allergies.

8 A. Um-hum.

9 Q. And if you found a completely -- a
10 completely hypoallergenic product, do you think
11 anything like that actually would exist and be
12 effective as a skin prep?

13 A. I have not seen that yet.

14 Q. So allergies are not unusual?

15 A. No, they are not.

16 Q. And in your experience is the rate of
17 allergic reactions to ChloroPrep troubling?

18 A. No.

19 Q. You said people have -- sometimes have
20 allergies to the Ioban?

21 A. Not to Ioban. For -- To CHG. So if you
22 have an allergic -- an allergy to any CHG product, we
23 would not use the CHG product on you.

24 Q. And what I'm going to read to you from the
25 testimony of Mr. McGuire who is a witness in this

1 case. At page 249 of his testimony. He had been
2 read this particular entry that we were talking about
3 on Exhibit 52, and he said, "it's also another weak
4 link in the ChloroPrep, because the ChloroPrep takes
5 forever to dry on the patient."

6 "And in the OR everybody seems to be in a
7 big fat hurry. So, you know, I had to school John
8 Foor on when to put the Drape on the pig because he
9 was putting it on the pig before the pig was dry.
10 And if you put it on the pig before the pig is dry,
11 you're trapping alcohol now with an occlusive film,
12 which, A, could hurt adhesion."

13 Do you have any reaction to that? I mean,
14 do you agree with his statement that there's a weak
15 link in ChloroPrep because it takes forever to dry on
16 the patient?

17 A. I don't think that it takes forever to dry
18 on the patient. I think that ChloroPrep dries pretty
19 fast. I would think within a minute you got almost
20 completely dry as opposed to other products that take
21 a longer time, like Betadine.

22 Q. And have you received literature from
23 ChloroPrep about proper use of ChloroPrep in the
24 operating room?

25 A. Yes.

1 Q. Okay. And does -- Allowing the ChloroPrep
2 to dry, is that included in the literature?

3 A. Yes, because in the literature currently
4 there is a lot of reports of surgical fire, so you
5 are obligated to wait for any skin prep that has
6 alcohol to dry completely before you move on.

7 Q. So it's the alcohol that is the hazard in
8 that case?

9 A. Yes.

10 Q. And going back to the testimony of
11 Mr. McGuire. I'll just read you some more of it
12 starting on page 293 and just ask for your reaction.
13 And this is the question.

14 "Was it your understanding at that time
15 that ChloroPrep was a brand that was recognized by
16 professionals in the surgical arena?" The answer,
17 "CHG is recognized by surgical professionals."

18 Question: "Yeah, but you're saying that
19 you don't think the ChloroPrep brand -- that
20 ChloroPrep is a brand name that's recognized.

21 Is that your understanding?"

22 Answer: "Correct."

23 "Even though you had never heard of it
24 prior to 2008?"

25 Answer: "Correct."

1 Is that your -- Do you agree with those
2 statements that --

3 A. No. I think that the staff in the
4 operating room knows ChloraPrep. The staff in the
5 cath lab knows ChloraPrep. Even our nurses that are
6 putting in IVs at the bedside know that it's
7 ChloraPrep.

8 Q. And as -- In 2008 do you think that there
9 was brand recognition for ChloraPrep as a product?

10 A. Yes.

11 Q. How about in 2010, do you think that there
12 was brand recognition of ChloraPrep as a product?

13 A. Yes.

14 Q. Do you think the brand recognition in 2010
15 was greater than it was in 2008?

16 MS. HICKEY: Objection.

17 BY THE WITNESS:

18 A. I think it's probably as much, if not
19 more, because there was a greater amount of areas in
20 our organization that was using ChloraPrep.

21 MS. HICKEY: Are you using her as an expert or
22 lay opinion testimony or what?

23 MS. TRUE: I'm just asking her as a fact witness
24 what -- I mean, she has --

25 MS. HICKEY: She has specialized knowledge. So

1 I'm maintaining that objection that I made early on
2 to the --

3 MS. TRUE: She's a fact witness.

4 MR. DREITLER: She's a fact witness. She's not
5 an expert. She's a fact witness.

6 MS. HICKEY: I understand she's a lay witness.
7 But the rules -- that fact that she has specialized
8 knowledge makes it inapplicable. So once again --
9 We'll be arguing about it later, but --

10 MR. DREITLER: We've got testimony from, I
11 guess, he's an expert saying that there was no brand
12 recognition. We asked this fact witness --

13 MS. HICKEY: I'm entitled to make objections.
14 We can argue about it later. You're argumentative,
15 really.

16 BY MS. TRUE:

17 Q. Is ChloroPrep available in Walgreens?

18 A. Not that I know of.

19 Q. Where is ChloroPrep used?

20 A. ChloroPrep is used in the hospital and our
21 clinics.

22 Q. So it's something that medical
23 professionals are familiar with?

24 A. Yes.

25 Q. Do you think it would be something that

1 somebody walking down the street would be familiar
2 with?

3 A. I would doubt it.

4 Q. So when I'm asking you about your opinion
5 of ChloraPrep, it's because you're a medical
6 professional you've heard of ChloraPrep?

7 A. Yes.

8 MS. HICKEY: Objection.

9 BY MS. TRUE:

10 Q. If you saw other products in the surgical
11 setting, say something like a -- something called
12 ChloraShield or ChloraDrape or ChloraBond in a
13 surgical setting, what would your first thought be?

14 A. Cool, ChloraPrep branched out.

15 Q. Why would you say that?

16 A. Because it's Chlora.

17 Q. Does that automatically in your mind mean
18 ChloraPrep?

19 A. Um-hum.

20 Q. Have you heard of a product called
21 Chlorascrub?

22 A. Yes.

23 Q. What do you know about Chlorascrub?

24 A. It's made by PDI.

25 Q. Was that on the market at the same the

1 ChloroPrep was?

2 MS. HICKEY: Objection. Again, this is entirely
3 improper rebuttal testimony.

4 MS. TRUE: Okay.

5 BY THE WITNESS:

6 A. I don't know when it was on the market. I
7 do know that the PDI rep had shown me Chlorascrub
8 when he came to show me the PDI Sani-Cloth Wipe.

9 BY MS. TRUE:

10 Q. What was your first reaction when you saw
11 the Chlorascrub?

12 A. When did ChloroPrep get PDI?

13 Q. And you thought that ChloroPrep had
14 acquired PDI?

15 A. Um-hum.

16 MS. HICKEY: Move to strike all this.

17 BY MS. TRUE:

18 Q. Are you familiar with the term
19 noncytotoxic?

20 A. Yes.

21 Q. What does that mean to you?

22 A. That it won't impair the cell walls or the
23 cells -- the healthy cells.

24 Q. Is -- If a product that is an
25 antimicrobial product is advertised as noncytotoxic,

1 is that a positive thing in your mind?

2 A. Yes.

3 MS. HICKEY: Again, objection.

4 MS. TRUE: That's all I have.

5 MS. HICKEY: Just give me a few minutes.

6 MS. TRUE: Well, since you moved to strike it
7 all, why do you need to cross-examine?

8 MS. HICKEY: I'm sorry, guys. I'm just trying
9 to do my job.

10 (WHEREUPON, WE WERE OFF THE
11 RECORD.)

12 MS. HICKEY: Good afternoon, Ms. Schultz. I
13 just have a few follow-up questions for you.

14 THE WITNESS: Sure.

15 MS. HICKEY: I won't keep you here too long.

16 CROSS-EXAMINATION

17 BY MS. HICKEY:

18 Q. I take it you're familiar with CareFusion
19 Corporation?

20 A. Yes.

21 Q. And how are you familiar?

22 A. Mostly because when -- And this is -- This
23 has nothing to do with ChloroPrep product. But
24 CareFusion owns MedMined, and MedMined is a infection
25 control database that takes lab data and gives us

1 information from infection control. So I've been
2 working with CareFusion for a while through that
3 piece.

4 Q. About how long have you been working with
5 CareFusion?

6 A. We got a Blue Cross/Blue Shield grant to
7 purchase MedMined about four years ago. So I
8 wouldn't say we're working, but I know the database
9 from CareFusion.

10 Q. I'm just -- So I apologize for the way
11 this is organized. It's basically just three
12 separate documents, but it got stapled together. So
13 I'm just going to -- They're all public Internet
14 documents. If you could just turn to this last page.

15 Is that -- If you can just take a look at
16 that document and let me know if that's what you were
17 referring to?

18 A. Yes.

19 Q. So again -- So what -- How closely do you
20 work with -- Who do you work with from CareFusion, if
21 anyone, in relation to this project?

22 A. To this project, it is with -- Well,
23 Med -- Let me start -- In the beginning MedMined was
24 a separately owned company started in Birmingham,
25 Alabama, by two physicians that were -- one physician

1 and one Ph.D. that were completing their Ph.D. thesis
2 on a way -- a predictive way of doing surveillance
3 using computer systems. It was very costly and not
4 many hospitals that were community based had it.
5 Blue Cross/Blue Shield approached different hospital
6 systems in the opportunity -- giving them the
7 opportunity to see what that database and that kind
8 of resource could -- how that could help us decrease
9 our overall infection rate. And then Blue Cross
10 helped supplement that because they were concerned
11 about the rising infections nationally that were
12 being seen. So at first we had a education piece.
13 And most of what I have seen from CareFusion alone in
14 relation to MedMined has been with the education, and
15 that person is Autumn Langford.

16 Q. Do you work with anyone else in the
17 Chicago area of CareFusion?

18 A. No. On this particular project?

19 Q. Or any other.

20 A. Not on a project. But as a vendor rep I
21 do see the CareFusion vendor rep for ChloroPrep. But
22 it's a separate person. I don't see all the
23 different products that CareFusion has.

24 Q. What do you mean vendor? What do you mean
25 your --

1 A. So somebody represents ChloraPrep. So I
2 have seen Jason Roche, but --

3 Q. Just coming to your hospital or --

4 A. Yeah.

5 Q. Okay. Have you heard of the name Jan
6 Creidenberg?

7 A. Sorry?

8 Q. Have you ever heard of the name Jan
9 Creidenberg?

10 A. No.

11 Q. Jennifer Raeder-Devens?

12 A. No.

13 Q. But you've had a working relationship with
14 CareFusion since at least 2010 separate and apart
15 from your testimony here today?

16 A. In respect to this? Yes.

17 MR. DREITLER: This meaning what?

18 THE WITNESS: This CareFusion -- CareFusion and
19 Blue Cross/Blue Shield created a initiative that was
20 offered to hospitals to obtain MedMined, which is a
21 product that CareFusion acquired from these two
22 physicians in Birmingham, Alabama.

23 MS. TRUE: Are you marking this as an exhibit?

24 MS. HICKEY: What's that?

25 MS. TRUE: Are you marking this as an exhibit?

1 MS. HICKEY: Yes. I apologize.

2 Yeah, let the record reflect the witness
3 is handing the court reporter what's being marked as
4 Applicant's Exhibit 69 which contains three separate
5 documents.

6 BY MS. HICKEY:

7 Q. So can I ask you -- I mean, do you have
8 any other -- Do you work with CareFusion Corporation
9 in any other capacity?

10 A. No.

11 Q. Can you look at the first -- Let me -- You
12 are a member of APIC, I believe.

13 A. Yes.

14 Q. Could you look at that first -- I'm sorry.
15 What are your responsibilities -- What is your role
16 with APIC currently?

17 A. Currently I'm the director of education.

18 Q. And is that limited to the Chicago area
19 right now?

20 A. Yes.

21 Q. Are you familiar with any strategic
22 partners that APIC has?

23 A. Yes.

24 Q. Can you take a look at that first page of
25 that document that's marked as Applicant's Exhibit

1 69.

2 A. Um-hum. I'm sorry. Yes.

3 Q. Can you tell me -- Can you just take a
4 look at this and let me know if you're familiar with
5 this or have you seen this before?

6 A. Yes, I have seen it before.

7 Q. And what is this document?

8 A. This is the strategic partnership that
9 APIC established in order to help APIC reach out and
10 educate practitioners. So part of what this group
11 is -- intent is really to help move the science of
12 infection control as well as provide educational
13 opportunities for our members.

14 Q. Is CareFusion listed as a strategic
15 partner?

16 A. Yes, it is.

17 Q. And are they, in fact, a strategic
18 partner, to your knowledge?

19 A. Yes, as far as I know.

20 Q. Is Becton Dickinson listed here as well as
21 a strategic partner?

22 A. No. Wait. I'm sorry. Yes, they are.

23 Q. And to your knowledge, are they, in fact,
24 a strategic partner of APIC?

25 A. As far as I know.

1 Q. And in your role as working with the
2 Chicago chapter of APIC, do you work with CareFusion
3 at all in that capacity?

4 A. As a strategic --

5 Q. Yes.

6 A. -- partner, yes.

7 Q. Could you elaborate?

8 A. We have a October meeting where we invite
9 vendors to be a part of that meeting in order to show
10 our members new products or existing products and any
11 new uses.

12 Q. Could you take a look at the second
13 document that's in the middle of these two, also part
14 of Applicant's Exhibit 69.

15 Could you just take a look at this and let
16 me know if you're -- if you've ever seen this before?

17 A. I have not seen the 2015 Strategic Partner
18 Program, but I have seen similar literature come out
19 of APIC.

20 Q. And this would be the same kind of
21 Strategic Partner Program that you just mentioned
22 CareFusion is a partner with; is that right?

23 A. Um-hum.

24 Q. If you just look at page 2 of that
25 document. Under Strategic Partner Program Benefits

1 and Value.

2 What benefits does a strategic partner get
3 for being a strategic partner with APIC, if you know?

4 A. They get to have access to our membership
5 in a variety of ways. As far as in the -- at the
6 conference you get literature in your packets. You
7 get the opportunity to meet one on one with them.
8 They usually are very visible. Their logos are up
9 throughout the trade show part of it, the vendor
10 fair. Usually you see them marked as a partner with
11 APIC in the AJIC, which is the American Journal of
12 Infection Control. So they're normally listing that
13 as part of their advertisement.

14 Q. And if you recall, how long have -- how
15 long has CareFusion been a strategic partner of APIC,
16 if you know?

17 A. I would not know. But it's been a long
18 time.

19 Q. APIC and you have an established
20 relationship with CareFusion?

21 A. Yes.

22 Q. Are you getting paid for your testimony
23 here today?

24 A. Yes.

25 Q. By CareFusion?

1 A. No.

2 Q. Are you familiar with advisory boards that
3 doctors perhaps sit on to promote products in the
4 infection control business?

5 A. I am -- I am aware that there are advisory
6 boards that physicians do sit on, yes.

7 Q. Do nurses ever sit on them?

8 A. Yes, they do if they have done a lot of
9 research. So somebody like Elaine Larson who is a
10 very well-known Ph.D. nurse has sat on a number of
11 advisory boards in relationship to hand hygiene and
12 other products related to hand hygiene.

13 Q. Have you ever sat on an advisory board?

14 A. No, I have not.

15 Q. Have you ever gotten paid to promote a
16 CareFusion product?

17 A. No.

18 Q. Do you practice just -- Do you currently
19 practice as an actual nurse, or are you more the
20 director of the infection control unit?

21 A. Are you asking me if I do bedside nursing?

22 Q. Yeah. Sorry. You're more articulate than
23 I am right now.

24 A. No, I do not practice bedside nursing at
25 this point in time.

1 Q. Have you written articles on infection
2 control?

3 A. Yes.

4 Q. Do you consider yourself an expert in the
5 field?

6 A. No.

7 Q. Why not?

8 A. I think that if you say you're an expert
9 in infection control, there's still so much to learn.
10 I don't think we ever stop learning.

11 Q. Would you agree that you have some
12 specialized knowledge in this field?

13 A. I have knowledge of the field.

14 Q. You don't think it's specialized?

15 A. Well, it depends on how you would identify
16 specialized.

17 Q. How would you identify it?

18 A. Well, I would say that I know rules and
19 regs of infection control very well. I know the
20 products that we use at my institution really well.
21 I'm not necessarily the person that knows everything
22 that's out in the market. It's just too huge.

23 Q. I believe you testified -- And by all
24 means correct me if I don't have this right -- that
25 in your experience nurses at hospitals, or most of

1 them, prefer ChloroPrep versus other competitor
2 products that are on the market.

3 Is that fair? Is that right?

4 A. I would say that's pretty fair.

5 Q. Are there other skin prep products that
6 contain Chlorhexidine gluconate on the market
7 currently?

8 A. Not that I know of. But I know that there
9 have been physicians at my organization that have
10 used a straight CHG product.

11 Q. What do you mean by straight CHG?

12 A. So using a, what you would term as like a
13 Hibiclens, which is -- can be used as a skin prep,
14 that there have been people that have preferred just
15 using that.

16 Q. Is that not a hand cleanser?

17 A. There's a hand cleanser, but it has
18 been --

19 Q. A dual role?

20 A. Yes.

21 Q. How often is that done?

22 A. Not very often anymore. He's on the
23 retirement end.

24 Q. Why do you think most of the nurses
25 prefer -- Well, let me strike that. Well, no.

1 Why do you think most of the nurses at
2 these hospitals that you're aware of prefer
3 ChloroPrep?

4 A. Because I think it's -- The applicators
5 are easy even though Betadine has done a lot to
6 change the applicators. It dries quickly. It's
7 clear for the people that are at the bedside for
8 putting in IVs or lines. It's easy to use in
9 surgery. It's easy to use in --

10 Q. Is it more effective -- Sorry. Go ahead.

11 A. Because it's a quicker dry, the turnover
12 in those procedural areas is faster.

13 Q. What contributes to it having a quicker
14 dry?

15 A. The alcohol in the product.

16 Q. So the CHG is just not --

17 A. So CHG is going to take a longer time to
18 dry. Just like if you use straight Betadine, it will
19 take a longer time to dry. But with the alcohol it
20 really is more efficacious in the drying technique.
21 But it also -- My understanding of the product is it
22 does assist in that persistent kill at the level of
23 the skin. And the nicer thing about ChloroPrep as
24 opposed to Betadine is Betadine tends to pool where
25 ChloroPrep tends to stay and dry.

1 Q. And Betadine doesn't have CHG, does it?

2 A. No, it's an Iodophor.

3 Q. So --

4 A. It's a shorter -- It's shorter efficacy in
5 kill time. It doesn't have a long kill time.

6 Q. So let me just ask you.

7 If there was another product to come on
8 the market that would incorporate Chlorhexidine
9 either as a freebase which -- Well, let me strike
10 that.

11 CHG or Chlorhexidine alone, the molecule,
12 would that be seen as like a competitor to
13 ChloroPrep?

14 A. Potentially. It depends on what the
15 studies say that it does. Because I think you have
16 to be driven by the science before you make a change
17 in the product.

18 Q. So -- I mean, what I'm hearing is the
19 reason -- And correct me if I'm wrong, clearly --
20 that the reason ChloroPrep is used by these majority
21 of nurses that you're aware of is because it has CHG,
22 not the molecule that Betadine has?

23 A. Correct.

24 MS. TRUE: I think you're mischaracterizing
25 testimony.

1 MS. HICKEY: I'm not trying to.

2 BY THE WITNESS:

3 A. So CHG has a better kill rate than
4 Betadine in that it lasts longer than Betadine. So
5 nursing -- And the other thing about it is that in
6 the alcohol it's a better product because with CHG
7 and alcohol it adheres to the skin. This is my
8 understanding. It will last longer on the skin.
9 Betadine, it has a shorter -- it's shorter acting.
10 So if we're looking for something that's going to
11 have a persistent kill, which at this point in time
12 with our -- the kind of acuity you're seeing in
13 hospitals and the kind of things that are driving
14 patients into hospitals, you want the longer kill.

15 BY MS. HICKEY:

16 Q. Sure.

17 So the greater efficacy of the product,
18 the more popular it would be?

19 A. Um-hum.

20 MS. HICKEY: I'm done.

21 MS. TRUE: I have a couple other questions.

22 REDIRECT EXAMINATION

23 BY MS. TRUE:

24 Q. If you could just look quickly at --

25 Let's take a break.

1 (WHEREUPON, WE WERE OFF THE
2 RECORD.)

3 MS. TRUE: Just a quick question.

4 BY MS. TRUE:

5 Q. Talking about the strategic partners and
6 talking about how CareFusion was a strategic partner
7 of APIC.

8 3M is a strategic partner of APIC, isn't
9 it?

10 A. Yes.

11 Q. Is your relationship or APIC's
12 relationship with any of the strategic partners any
13 different than any others?

14 A. No.

15 Q. In fact --

16 A. Not that I know of.

17 Q. And on the disclaimer here it says the
18 APIC Strategic Partner Program does not constitute an
19 APIC endorsement of any Strategic Partner company or
20 its product and services.

21 Are you familiar with that?

22 A. Yes.

23 Q. So 3M has a manufacturer's product for use
24 in the OR, correct?

25 A. Yes, they do.

1 Q. And what is that?

2 A. DuraPrep.

3 Q. And what is -- Is DuraPrep competitive
4 with ChloraPrep?

5 A. Yes.

6 Q. And if a product came out called DuraDrape
7 or DuraShield or DuraBond, would you think that that
8 was a 3M product?

9 MS. HICKEY: Objection.

10 BY THE WITNESS:

11 A. Yes, I would.

12 BY MS. TRUE:

13 Q. Why?

14 A. Because it's -- It says Dura.

15 Q. And that to you in your mind is associated
16 with a 3M product?

17 A. Um-hum.

18 MS. HICKEY: Objection again.

19 BY MS. TRUE:

20 Q. Would you think that it was an Iodine
21 Betadine-based product?

22 A. Yes.

23 MS. TRUE: That's all.

24 MS. HICKEY: I don't have anything.

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(WHEREUPON, THE DEPOSITION WAS
CONCLUDED AT 4:34 P.M.)

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CERTIFICATE
OF
CERTIFIED SHORTHAND REPORTER

I, Trudy G. Gordon, a Certified Shorthand Reporter of the State of Illinois, CSR License No.084-004077, do hereby certify:

That previous to the commencement of the examination of the aforesaid witness, the witness was duly sworn to testify the whole truth concerning the matters herein;

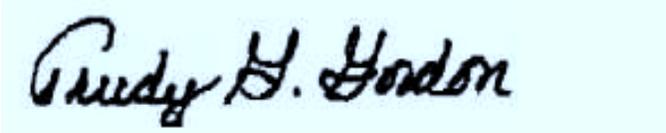
That the foregoing deposition transcript was stenographically reported by me and was thereafter reduced to typewriting under my personal direction and constitutes a true and accurate record of the testimony given and the proceedings had at the aforesaid deposition;

That the said deposition was taken before me at the time and place specified;

That I am not a relative or employee or attorney or counsel for any of the parties herein; nor a relative or employee of such attorney or counsel for any of the parties hereto, nor am I interested directly or indirectly in the outcome of this action.

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IN WITNESS WHEREOF, I do hereunto set my
hand at Chicago, Illinois, this 7th day of July,
2015.

A handwritten signature in black ink on a light blue rectangular background. The signature reads "Trudy G. Gordon" in a cursive script.

TRUDY G. GORDON, CSR

CSR. License No. 084-004077

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July 7th, 2015

To: JOSEPH R. DREITLER

Case Name: Carefusion 2200, Inc. v. Entrotech Life Sciences, Inc.

Veritext Reference Number: 2085189

Witness: Carol Schultz Deposition Date: 6/23/2015

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature at the bottom of the sheet notarized and forward errata sheet back to us at the address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,

Production Department

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DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT NO: 2085189
CASE NAME: Carefusion 2200 v. Entrotech Life Sciences
DATE OF DEPOSITION: 6/23/2015
WITNESS' NAME: Carol Schultz

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date Carol Schultz

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20_____.

Notary Public

Commission Expiration Date

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DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT NO: 2085189
CASE NAME: Carefusion 2200 v. Entrotech Life Sciences
DATE OF DEPOSITION: 6/23/2015
WITNESS' NAME: Carol Schultz

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

8/16/2015 Carol Schultz
Date Carol Schultz

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

- They have read the transcript;
- They have listed all of their corrections in the appended Errata Sheet;
- They signed the foregoing Sworn Statement; and
- Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 2085189

PAGE/LINE(S) /	CHANGE	/REASON
8 4	CDS ^{TO} CDC	INCORRECT LISTING
13 15	ON TO A	GRAMMAR
16 2	SIGHT TO SITE	INCORRECT SPELLING
18 10	REMOVE HAS ALCOHOL AND A PROBENCT	MISSED A WORD FOR
27 11	REMOVE IS	GRAMMAR

8/16/2015

Date

Carol Schultz

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

DAY OF _____, 20____.

Notary Public

Commission Expiration Date

&	3:20 2:18	act 52:14 53:20	allowed 5:23
& 3:10	3m 46:8,23 47:8,16	acting 45:9	allowing 27:1
0	4	action 49:25	ambulatory 7:23
084-004077 3:25 50:9	43206 3:4 44114 51:2	activate 15:7	american 39:11
1	45 4:6 4:34 48:2	activities 7:15	amount 14:1 28:19
1100 51:1	5	actual 40:19	analysis 9:4
12 9:5	52 14:8 23:19 26:3	acuity 45:12	annual 11:3 20:4
12390 3:10	6	added 9:4,8	answer 24:3 27:16 27:22,25
1820 51:1	6 4:4	addition 5:23 18:16 18:17	antibiotic 16:23
19 1:9 3:3	6/23/2015 51:8 52:3	address 51:16	anticipated 5:20
1993 19:21	53:3	adheres 45:7	antimicrobial 18:8 31:25
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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate.

The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2014. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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APIC

Spreading knowledge Preventing infection

Association for Professionals in Infection Control and Epidemiology

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Partners

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- [Building Bridges](#)
- [Strategic Partners](#)
- [Sponsorship/Support APIC](#)
- [Patron Program Benefits](#)

Strategic Partners

▲▲▲ 3



APIC Strategic Partnership is a formal, ongoing relationship between APIC and healthcare companies united in the common goal of reducing the risk of infection

Our partners play an important role in supporting many of the programs and services that make APIC membership so valuable.

[Click here to view the Strategic Partner Program 2015.](#)

[Click the company logos below to learn more about our Strategic Partners](#)

Sponsors & Exhibitors
 Discover APIC Opportunities.
 View our:
[Brochure](#)
[Presentation](#)

Important Disclaimer: The APIC Strategic Partner program does not constitute an APIC endorsement of any Strategic Partner company or its products and services. APIC Strategic Partners are required to adhere to the APIC Corporate Guidelines.



APIC's Strategic Partner Program 2015

Invitation to Join

Help shape the future of infection prevention

Continue your Commitment to Infection Prevention,
Infection Preventionists, and APIC.

Being a part of the Strategic Partner Program allows
your company to stand out as a corporate leader in
support of infection prevention and control.

As a thought leader, leverage key relationships with
colleagues in the profession, industry, and field at large.



Strategic Partner Program's Transformational Value

...helping to bring about: strategic change, value-based innovation, forward-oriented movement, and long-range perspective through...

- Enhanced image of company among professionals, field, industry, and marketplace
- Visibility as a good "corporate citizen" and thought leader positioned to influence change
- Ability to have impactful participation in the leading scientific conference and trade show through sponsoring various signature events at APIC's Annual Conference
- Recognition gained on national and international stage through acknowledgement in multiple APIC communications and website
- Opportunity to bring forward research and innovations

Strategic Partner Program Benefits and Value

Allocate \$10,000 of your program dues to activities of your choosing from option provided

ACKNOWLEDGEMENT & VISIBILITY

"Proud Partner" logo provided by APIC:

post the logo on your website and include it in company publications, like the Annual Report, to indicate your long-term commitment to infection prevention.

Acknowledgement on APIC.org: Through the year, APIC acknowledges this valuable partnership via a dedicated page on its website. Along with its logo, this page will contain a

"Voice of Support" message from each Strategic Partner on its company's commitment to infection prevention, advancing the field and supporting APIC through the Strategic Partner Program.

Full-Page Ads: In one issue per year of each of its leading and widely-disseminated publications, American Journal of Infection Control and Prevention Strategist, APIC will dedicate a full page in appreciation of and showcasing its strategic partners.

STRATEGIC PARTNER STATUS AT APIC ANNUAL CONFERENCE

Exhibit Space: Special access: priority booth selection provided a year in advance; discount on exhibit hall space; SP decals in exhibit hall

Registration: 4 complimentary full registrations

Recognition: Acknowledgement in marketing and onsite materials; venue for showcasing innovations

PRIME POSITIONING IN THE PROFESSION

APIC Membership: 10 free associate memberships / year to APIC. You may add an unlimited amount of associate members at the special dues rate of \$150 / year.

APIC Career Center: Access to the best talent in the field through the use of twelve (12) free 30-day job listings on APIC's Online Career Center.

Exposure to New CICs: The Competency Advancement Award Program, which supports

individuals preparing for the Certification in Infection Control (CIC®) exam, is fully sponsored by the Strategic Partners. Scholarship recipients, as well as APIC membership at large, are fully informed of this support that helps to keep a versatile future pipeline of certified professionals in infection control. Strategic Partners will be invited to the CIC reception at the Annual Conference to be acknowledged and recognized for their support

LEADING WITH LEADERSHIP DIALOGUE

Industry Leadership Forum: hosted biannually and facilitated by the APIC CEO and key board members, who report on demographics, public policy, regulatory landscape, unmet needs, emerging opportunities, etc. in infection prevention. Your participation in this forum allows you to demonstrate your leadership in the area and interact with industry colleagues for ongoing dialogue that helps inform the overall field.

Opinion-Leader Calls: hosted 3 times/year by APIC as opportunity to interact with key opinion leaders in infection control and epidemiology

Government Affairs Calls: hosted biannually by APIC's Government & Regulatory Affairs

Department to alert you to the latest Public Policy news and let you know when critical action is needed on a federal policy issues.

NEW Consultative Web-based Calls: twice a year, a panel of up to 3 members of the APIC board will make itself available in a consultative role to strategic partners seeking expert overall feedback on ongoing to innovation and research projects.

NEW APIC visits with Strategic Partners: depending on need and logistics, option available to include a representative from the APIC board on visit by APIC to a strategic partner

Strategic Partner Program Added Value

- Live Focus Groups
- Online Surveys for Market Research
- Online Satellite Educational Sessions
- Online Gallery Display

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Please join APIC in
acknowledging the
2014 Strategic Partner

[http://www.apic.org/Partners/
Strategic-Partners](http://www.apic.org/Partners/Strategic-Partners)



APIC

Association for Professionals in
Infection Control and Epidemiology

About APIC

APIC's mission is to create a safer world through prevention of infection. The association's 15,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization

Follow APIC on Twitter:
<http://twitter.com/apic>

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CareFusion and Blue Cross and Blue Shield of Illinois Create Illinois Hospital Quality Initiative to Help Eliminate Health Care-Associated Infections

Sep 15, 2010

SAN DIEGO, Sept. 15 /PRNewswire/ -- CareFusion and Blue Cross and Blue Shield of Illinois today announced that 23 hospitals have formed the Illinois Hospital Quality Initiative (IHQI), a partnership created to improve clinical outcomes and cut health care costs by reducing health care associated infections and medication errors. CareFusion (NYSE: CFN) is a global medical device company that specializes in patient safety technologies.

Each year, nearly one in 20 patients acquires an infection in U.S. hospitals and almost 100,000 people die as a result. Successful infections cost U.S. hospitals some \$3.5 billion annually, according to the Centers for Disease Control (CDC). The CDC estimates that up to \$31.5 billion of costs could be prevented through the deployment of specific prevention methods and technology.

In addition to the Illinois effort, Blue Cross and Blue Shield and its client hospitals partner with MedMined™ services of CareFusion in six other statewide hospital quality initiatives – Alabama, California, New Jersey, New York, Pennsylvania and Texas – that encompass more than 150 hospitals. Some statewide partnerships have realized up to a 19 percent reduction in health care-associated infections, leading to millions of health care dollars saved and thousands of lives protected.

"The IHQI partnership addresses both the human and economic impact of health care-associated infections and enhances our commitment as a community hospital to provide a safe environment for our patients," said Sister Donna Marie, C.R., executive vice president and CEO of Resurrection Medical Center in Chicago. "In today's environment, the prevention and management of infection is one of the most important factors we deal with in order to provide a safe healing environment for patients. MedMined services enable us to transition from traditional targeted surveillance to house-wide, electronic surveillance and to rapidly identify any emergence of trends and enables us to have a proactive approach to infection prevention."

"Our partnership with Blue Cross and Blue Shield continues to expand, helping hospitals protect literally thousands of patients from the devastating effects of health care-associated infections and potential medication errors," said David Schlotterbeck, chairman and CEO of CareFusion. "Through this new partnership, Illinois-based hospitals will now work together to find and deploy the most effective methods to prevent infections. Beyond the vital effort to enhance patient safety, the hospitals also should benefit from a reduction in operating costs and improved data reporting to meet regulatory requirements."

These initiatives use MedMined services' infection surveillance technology from CareFusion to monitor the entire hospital and alert clinicians to any emerging issues to target improvement efforts before infections occur. Using data mining tools similar to those used by credit card companies to monitor unauthorized purchases, the patented technology automatically identifies patterns indicative of specific and correctable quality breakdowns to prevent and treat infections.

Nationally, more than 300 hospitals depend on MedMined services to help them detect, monitor, prevent and measure infection outcomes, making it the market leader in such surveillance technology. On average, hospitals using MedMined services data mining technology have cut infection rates by about 13 percent during the first year of the technology's deployment.

About Blue Cross and Blue Shield of Illinois

With more than 7 million members, Blue Cross and Blue Shield (www.dcbshl.com) is the largest and most experienced health insurance company in Illinois. Started in 1936, Blue Cross and Blue Shield of Illinois are committed to promoting the health and wellness of its members and its communities through accessible, cost-effective, quality health care. Blue Cross and Blue Shield of Illinois is a division of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company. HCSC is an independent licensee of the Blue Cross and Blue Shield Association.

About CareFusion Corporation

CareFusion (NYSE: CFN) is a global corporation serving the health care industry with products and services that help hospitals measurably improve patient care. The company develops market-leading technologies including Alaris® IV pumps, Pyxis® automated dispensing and patient identification systems, Allude™, AVEA® and LTV® series of ventilators and respiratory products, Chloraprep® skin prep products, MedMined™ services for infection surveillance, V. Mueller® and Snowden-Pencer® surgical instruments and NeuroCare diagnostic products. CareFusion employs more than 15,000 people across its global operations. More information may be found at www.carefusion.com

SOURCE CareFusion



Carol Schultz

PROFESSIONAL OBJECTIVE

To contribute my quality, regulatory, staff management and clinical experience to a progressive, growth-oriented organization with a strong commitment to quality and service.

PROFESSIONAL EXPERIENCE

PRESENCEHEALTH (SAINT JOSEPH AND SAINT FRANCIS HOSPITALS)
2900 N. LAKE SHORE DRIVE CHICAGO, ILLINOIS 60657

REGIONAL QUALITY DIRECTOR 2014 - PRESENT

Professional Accomplishments:

- Ensures hospital wide compliance with regulatory agency requirements and implementation of the quality, patient safety, infection control and hospital environmental safety programs.
- Worked with Medical Staff leadership and the Core Measure Improvement Teams to identify opportunities for improvement by instituting standard order sets and processes. Achieved 99% compliance for most Core Measures at both hospitals.
- Worked with hospital departments to identify, trend and monitor quality indicators.
- Developed an on-going safety programs to address the National Hospital Safety goal for reduction of nosocomial surgical site infection, reduction of ventilator associated pneumonia, blood stream infections and falls. Achieved 0 Ventilator Events for four quarters.
- Developed education on performance improvement tools and application for managers and staff
- Chaired the hospital Regulation Readiness/Accreditation Preparedness meeting monthly.
- Provides education for staff and physicians on new or revised accreditation standards.
- Acts as the contact person for accreditation agencies and formulates the response to survey issues or deficiencies.
- Develops and presents the hospital quality report card to the hospital Board
- Works with the hospital departments to review all potential sentinel events.
- Reports all potential and sentinel events to the hospital board
- Works with the Presence Health System Infection Control Practitioners to develop and implement infection control quality indicators and policies
- Manages a department of 10 staff and a department budget of over a million dollars.



PRESENCEHEALTH (SAINT JOSEPH HOSPITAL)
2900 N. LAKE SHORE DRIVE CHICAGO, ILLINOIS 60657

DIRECTOR QUALITY OUTCOMES 2013 - 2014

RESURRECTION HEALTHCARE (SAINT JOSEPH HOSPITAL)
2900 N. LAKE SHORE DRIVE CHICAGO, ILLINOIS 60657

DIRECTOR OF QUALITY OUTCOMES 2004 – TO 2013

Professional Accomplishments:

- Ensures hospital wide compliance with regulatory agency requirements and implementation of the quality, patient safety, infection control and hospital environmental safety programs. Successful Joint Commission Hospital Survey in 2013.
- Worked with Medical Staff leadership and the Core Measure Improvement Teams to identify opportunities for improvement by instituting standard order sets and processes. Achieved 99% compliance for most Core Measures.
- Worked with hospital departments to identify, trend and monitor quality indicators.
- Developed an on-going safety programs to address the National Hospital Safety goal for reduction of nosocomial surgical site infection, reduction of ventilator associated pneumonia, blood stream infections and falls. Achieved 0 Ventilator Events for four quarters.
- Developed education on performance improvement tools and applications for managers and staff
- Chaired the hospital Regulation Readiness/Accreditation Preparedness meeting monthly.
- Provides education for staff and physicians on new or revised accreditation standards.
- Acts as the contact person for accreditation agencies and formulates the response to survey issues or deficiencies.
- Develops and presents the hospital quality report card to the hospital Board
- Works with the hospital departments to review all potential sentinel events.
- Reports all potential and sentinel events to the hospital board
- Works with the Resurrection Health Care System Infection Control Practitioners to develop and implement infection control quality indicators and policies
- Provides on going coverage Infection Control activities
- Mentored new Infection Control Practitioners
- Works with the Case Managers to review utilization and discharge policies and practices to ensure an appropriate use of resources and to address the hospital length of stay
- Active member of the Utilization Committee
- Chaired the nursing quality assessment and improvement committee
Manages a department of 25 staff and the department budget of over a million dollars

Professional Accomplishments:

- Report to the Director of Quality Outcomes Management and to the Department of Medicine Infectious Disease Section Chief, to ensure hospital wide compliance, quality and implementation of the infection control program.
- Integrated three hospital Infection Control Programs, in order to create a consistent program for Catholic Health Partner Hospitals.
- Reduced overall hospital acquired infections by 5%.
- Developed a comprehensive Infection Control Program for Saint Joseph Hospital physician network offices.
- Developed informational material on isolation for physicians, patients and staff.
- Assisted the Director of Hospital Quality Outcomes with the preparation of departments and staff for regulatory visits and surveys. Presented education in-services on the JCAHO Standards, conducted environmental rounds and staff interviews in preparation for the survey process.
- An active member of hospital committees, including Pharmacy and Therapeutics, Safety, Critical Care, Emergency Management and the Surgery Committees.
- Developed a hospital and system strategy to meet the OSHA mandate for safety engineering controls to prevent needlestick exposures. Assisted departments in evaluating potential safety products.
- Responsible for implementing, monitoring and managing the hospital's Infection Control Program.
- Conduct hospital wide surveillance including the collection and analysis of data for the Infection Control Committee.
- Prepare quarterly infection control data for the hospital indicator project and board reports.
- Monitor and ensure staff compliance with Infection Control Policies and Procedures.
- Develop and present Infection Control in-services and orientation.
- Assist in the preparation of staff for external agency surveys.

SAINT JOSEPH HOSPITAL

2900 N. LAKE SHORE DRIVE

CHICAGO, ILLINOIS 60657

Nurse Manager 1984 - 1993

Professional Accomplishments:

- Developed a surgical telemetry unit including policies and procedures.
- Created surgical clinical pathways on top DRG's.
- Participated in the hospital's work redesign project.
- Responsible for managing a 45 bed Surgical Unit.
- Managed and directed a staff of 60 people including hiring and evaluating.
- Responsible for the unit budget of up to \$1,000,000.
- Developed a unit specific staff orientation and educational plan.
- Chaired the Nursing Policy and Procedure Committee.
- Chaired the Annual Nursing Scholarship Committee.
- Developed a Quality Improvement Program for the unit.
- Prepared staff and unit for JCAHO surveys.

EDUCATION

COLLEGE OF SAINT TERESA, WINONA, MINN
Bachelor of Science - Nursing 1979

LICENSED AS A REGISTERED NURSE IN ILLINOIS
CERTIFIED IN INFECTION CONTROL
CERTIFIED PROFESSIONAL IN PATIENT SAFETY
CERTIFIED PROFESSIONAL IN HEALTHCARE QUALITY

ORGANIZATIONS

- Member of APIC (Association for Professionals in Infection Control and Epidemiology).
- President of the Chicago APIC Chapter 2001, 2004 and 2012
- Treasurer of the Chicago Chapter 1997 - 1999.

PUBLICATIONS

- "A Nosocomial Outbreak of Multi-Drug Resistant Tuberculosis," Annals of Internal Medicine Vol.127; No. 1. 1 July 1997, Thomas A. Kenyon, MD; Renee Ridzon, MD; Roberta Luskin-Hawk, MD; Carol Schultz, RN; et.al.

PRESENTATIONS

- "Guidelines for Infection Control in Skilled Nursing and Long Term Care Facilities"; Metropolitan Chicago Healthcare Council, May 18, 2001.
- "A Nosocomial Outbreak of Multi-Drug Resistant Tuberculosis"; Association for Practitioners in Infection Control (APIC) May 12, 1998.
- "Infection Control in Schools"; Westside Catholic School's Group; September 26, 1996.
- "When OSHA Calls - Complying with TB Prevention"; Daughters of Charity National Health Systems Loss Prevention Program; August 25, 1995.

REFERENCES

- Professional References will be furnished upon request.