

FILE

PUCO EXHIBIT FILING

9

Date of Hearing: 12/11/12

RECEIVED-DOCKETING DIV

Case No. 11-6085-EL-CSS

2012 DEC 27 PM 3:16

PUCO Case Caption: Columbus Brock vs. Ohio
Colson Co.

PUCO

List of exhibits being filed:

Complainant's Ex. 1

Exhibit I

This is to certify that the images appearing are an
accurate and complete reproduction of a case file
document delivered in the regular course of business.
Technician [Signature] Date Processed DEC 27 2012

Reporter's Signature: _____

Date Submitted: _____

BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO

- - -

In the Matter of: :
Columbus Brock, :
Complainant, :
vs. : Case No. 11-6085-EL-CSS
Ohio Edison Co., :
Respondent. :

- - -

PROCEEDINGS

before Mr. Scott Farkas and Mr. Bryce McKenney,
Attorney Examiners, at the Public Utilities
Commission of Ohio, 180 East Broad Street, Room 11-D,
Columbus, Ohio, called at 10 a.m. on Tuesday,
December 11, 2012.

- - -

ARMSTRONG & OKEY, INC.
222 East Town Street, Second Floor
Columbus, Ohio 43215-5201
(614) 224-9481 - (800) 223-9481
Fax - (614) 224-5724

- - -

History of Diabetes - IDDM
 GERD/IBS
 History of skipped heartbeat due to medication
 Tobacco Use
 Hyperlipidemia
 Depression

Patient has minor clinical predictors of increased perioperative cardiovascular risk.
 Patient is scheduled for a low/intermediate-risk procedure.

RECOMMENDATIONS:

1) PRE-OP ORDERS:

NPO After midnight
 PAS OCTOR
 IS Teaching OCTOR
 Ampicillin 2 grams IVPB OCTOR
 Gentamicin 100 mg (1.5 mg/kg max 120 mg) IVPB OCTOR
 PEPCID 20 mg PO @ TCI
 REGLAN 10 mg PO @ TCI
 Accucheck FBS upon arrival to TCI, page anesthesia with results
 Soft to liquid diet for breakfast and lunch, day before surgery
 Magnesium Citrate 20 ounces PO day before surgery
 IV of LR @ KVO

2) Optimization pending: PACE CLINIC and LABS

3) SURGICAL GUIDE BOOK STATUS: Patient has been given guide previously, but guide is at home.

4) PATIENT EDUCATION

THE FOLLOWING WAS EVALUATED

Motivation To Learn: Interested
 Family/Significant Other Support: Unable to assess - Family not present
 Cognitive Ability: Alert and oriented
 Patient Learns Best By:
 Individual Instruction
 Written Instruction - Hand-outs

The Following Influencing Factors Were Barriers To This Education Session:
 None

The Following Physical Limitations Were Barriers To This Education Session:
 None

Instruction Provided To: Patient
 Interpreter Present: Not Applicable
 Discipline: Physician Assistant
 Learning Topic: Procedure/Surgery:
 Patient Evaluation: Verbalizes understanding
 Follow Up Plan: Follow up as needed
 Supplemental Material Given:
 Written Material
 Instructed By Larry Decipeda (Pa-C) In Department Urology

Larry Decipeda, PA-C
 Pager 20442
 Office 49135

Electronically signed

 Laboratory and Testing:

\$ 216 444.3000

Larry

216 444-2583

Larry Decipeda

20442

49135

Halter Monitor

IMPRESSIONS AND FINDINGS:

Sinus rhythm with intermittent first degree AV block and episodes of second degree AV block type I, heart rate 45-102 bpm

Rare supraventricular ectopics in isolation, a nonconducted SVE and a couplet

Frequent multiform ventricular ectopics in isolation, fusion complexes, bigeminy, quadrigeminy, couplets and nonsustained runs of ventricular tachycardia 3-4 beats at 100-175 bpm

Diary returned; symptoms of "lots of dizziness," at 15:30; "dizziness, heavy pumping heart," at 16:00; are associated with ventricular ectopics in bigeminy; "lots of dizziness, palpitations," at 20:30 is associated with sinus rhythm

Angela Dawson HMT

Hookup Date: 20120423

Hookup Time: 100500

Recording Duration: 240000 *hours*

Minimum Heart Rate: 45 BPM

Minimum Heart Rate Date/Time: 20120424 075221

Maximum Heart Rate: 102 BPM

Maximum Heart Rate Date/Time: 20120423 112551

Average Heart Rate: 64 BPM

Longest RR: 2.272 sec

Longest RR DATE/TIME: 20120424 075221

QRS complexes: 100297

Intermittent AF heart

Ventricular Ectopics: 19911 *

Ventricular Isolated Beats: 19366

Ventricular Bigeminal Cycles: 15347

Ventricular Couplets: 137

Ventricular Runs: 90

Ventricular Beats in Runs: 271

Longest Ventricular Run, Beats: 4

Longest Ventricular Run Rate: 175 BPM

Longest Ventricular Run, Date/Time: 20120423 192932

Fastest Ventricular Run, Beats: 4

Fastest Ventricular Run Rate: 175 BPM

Fastest Ventricular Run, Date/Time: 20120423 192932

S/A S/A
V V

Supraventricular Ectopics: 33

Supraventricular Isolated Beats: 31

Supraventricular Couplets: 1

Supraventricular Runs: 0

Supraventricular Beats in Runs: 0

Longest Supraventricular Run Date/Time:

Fastest Supraventricular Run, Date/Time:

Maximum S-T Levels Channel 1: -12.800

Maximum S-T Levels Channel 1 Date/Time: 20120423 000000

Minimum S-T Levels Channel 1: -12.800

Minimum S-T Levels Channel 1 Date/Time: 20120423 000000

Maximum S-T Levels Channel 2: -12.800

Maximum S-T Levels Channel 2 Date/Time: 20120423 000000

Minimum S-T Levels Channel 2: -12.800

Minimum S-T Levels Channel 2 Date/Time: 20120423 000000

135 - 146 mmol/L		
Potassium		4.2
3.5 - 5.0 mmol/L		
Chloride		103
98 - 110 mmol/L		
CO2		28
23 - 32 mmol/L		
Anion Gap		9
0 - 15 mmol/L		
Calcium		9.9
8.5 - 10.5 mg/dL		
eGFR-African American	>60	>60
eGFR-All Other Races	58	60

Diagnostic exams:

- ECG (4/16/2012): SR with 1st degree AVB with frequent PVCs in a pattern of bigeminy, possible lateral infarct, HR 81

- ECHO (5/14/2012): The exercise stress echo was negative for ischemia at 85 % of MPHR (6.8 METS).

The left ventricle is normal in size. Left ventricular systolic function is normal. EF = 55 ± 5% (2D 4-ch.) The right ventricle is normal in size. Right ventricular systolic function is normal. There are no significant valvular abnormalities.

- HOLTER (4/23/2012): Sinus rhythm with intermittent first degree AV block and episodes of second degree AV block type I, heart rate 45-102 bpm, average 64. Rare (33) supraventricular ectopics in isolation, a nonconducted SVE and a couplet. Frequent (20000) multiform ventricular ectopics in isolation, fusion

complexes, bigeminy, quadrigeminy, couplets and nonsustained runs of ventricular tachycardia 3-4 beats at 100-175 bpm. Diary returned; symptoms of "lots of dizziness," at 15:30; "dizziness, heavy pumping heart," at 16:00; are associated with ventricular ectopics in bigeminy; "lots of dizziness, palpitations," at 20:30 is associated with sinus rhythm

ASSESSMENT/PLAN:

427.69 PVC's (premature ventricular contractions) (primary encounter diagnosis)

786.59 Chest discomfort

780.4 Dizziness

Plan:

- continue coreg 6.25mg BID; cannot increase at this time as average rate low normal/near bradycardic

- Per Dr. Cantillon, EP-- He is an appropriate candidate for EP study and catheter ablation of frequent monomorphic VPCs that are symptomatic and drug refractory.

- I spoke with Dr. Dhruv Patel, the patient's neurologist, who feels that there is no contraindication/unacceptable bleeding risk to use intravenous heparin titrated to an ACT ~400 seconds for procedure-related anticoagulation

CORTICOSTEROIDS (GLUCOCORTICOIDS)	11/27/2002	topical steroid for dermatitis	
SIMVASTATIN	04/26/2004	14 - Other: See Comments nausea, diarrhea/ ZOCOR APPROVED TO TAKE BY DR. PATEL	Side Effect/Intolerance
CIPRO (CIPROFLOXACIN)	04/12/2005	2 - Rash	
VALIUM (DIAZEPAM)	02/06/2006	2 - Rash 9 - Itching	
OTHER [NO LATEX ALLERGY Date Verified: 07/02/2012]	01/15/2007	Not Noted	

Reason for Visit

Follow Up

Visit Diagnoses and Assoc Orders

PVC's (premature ventricular contractions) [427.69] - Primary

Dizziness [780.4]

Visit Disposition

Disposition	Return For
Return in approximately 6 months.	follow up with MD

Follow-up and Disposition History Recorded**Outpatient Encounter Meds: End of Enc- 7/2/2012**

simvastatin (ZOCOR) 40 mg tablet	Take 1 tablet by mouth daily at bedtime.
escitalopram (LEXAPRO) 10 mg tablet	Take 1 tablet by mouth once daily.
Insulin Lisp and Lisp Prot, Hum, (HUMALOG PEN) 100 unit/mL (75-25) InPn	20 units in the morning and 10 units at dinner
fluticasone-salmeterol (ADVAIR DISKUS) 100-50 mcg/dose DsDv	Inhale 1 Puff as instructed twice daily. RINSE AND GARGLE MOUTH WITH WATER AFTER EACH USE.
fluticasone 50 mcg/actuation nasal spray	Use 2 Sprays in each nostril once daily.
albuterol HFA (PROVENTIL HFA) 90 mcg/actuation inhaler	Inhale 2 Puffs as instructed every 6 hours as needed.
carvedilol (COREG) 6.25 mg ORAL tablet	Take 1 tablet by mouth twice daily.
clotrimazole-betamethasone (LOTRISONE) TOPICAL cream	Apply 1 application to affected area. Twice daily
Number of times this order has been changed since signing: 1 <u>Order Audit Trail</u>	
hydrocortisone 2.5 % TOPICAL cream	Apply 1 application to affected area twice daily. SPARINGLY
Number of times this order has been changed since signing: 1 <u>Order Audit Trail</u>	
econazole 1 % TOPICAL cream	Use between toes sparingly 2x daily
Number of times this order has been changed since signing: 1 <u>Order Audit Trail</u>	
ketoconazole (NIZORAL) 2 % TOPICAL shampoo	Apply to affected area. SPARINGLY WHEN SHAMPOOING HAIR DAILY. USE DOUBLE APPLICATION.
Number of times this order has been changed since signing: 1 <u>Order Audit Trail</u>	
INSULIN SYRINGE-NEEDLE U-100	use as directed

Office Visit**Columbus Brock (MR# 16317098)****Contact Information**

Date & Time 7/2/2012 1:30 PM	Provider Theodore R Pacheco, MD	Department Card Fhc Lora	Encounter # 222073115	Center FHC Lora
---------------------------------	---------------------------------------	-----------------------------	--------------------------	--------------------

Patient Info

Patient Name Brock, Columbus (16317098)	Sex Male	DOB 09/23/1944
--	-------------	-------------------

Vitals - Last Recorded as of 7/2/2012 1:37 PM

BP 132/76	Pulse 62	Wt 90.538 kg (199 lb 9.6 oz)	SpO2 98%	BSA 2.17 m ²
--------------	-------------	---------------------------------	-------------	----------------------------

Progress Notes**Kelly D Bartley, CNP 7/2/2012 7:26 PM Pended****SUBJECTIVE:**

CC: cardiology follow up

HISTORY OF PRESENT ILLNESS (HPI)

Patient here today with a history of diabetes, hyperlipidemia, past tobacco abuse, and family history of HTN. No history of hypertension, CAD, MI, CVA, rheumatic heart disease, valvular disorder, or PAD. There have been no recent ER visits or hospitalizations. At the time of the last visit, he had complained of exertional dizziness and has trouble "thinking straight." Since the last visit, he underwent stress ECHO and holter monitor (detailed). He was symptomatic with dizziness that correlated with PVCs. He continues to have dizziness and the confused thinking; occurs daily and is very troublesome to him. No falls or syncope. He has been followed by Dr. Patel, neurology, in light of intra-cranial tumors. Denies palpitations, dyspnea with exertion, edema, diaphoresis, orthopnea, or PND. Negative for claudication. He has not smoked since 2004. He has not taken NTG.

REVIEW OF SYSTEMS

The patient has no other complaints at this time.

Current outpatient prescriptions ordered prior to encounter:

clotrimazole-betamethasone (LOTRISONE) TOPICAL cream	Apply 1 application to affected area. Twice daily
hydrocortisone 2.5 % TOPICAL cream	Apply 1 application to affected area twice daily. SPARINGLY
econazole 1 % TOPICAL cream	Use between toes sparingly 2x daily
fluticasone-salmeterol (ADVAIR DISKUS) 100-50 mcg/dose INHALATION DsDv	Inhale 1 Puff as instructed twice daily. RINSE AND GARGLE MOUTH WITH WATER AFTER EACH USE.
fluticasone 50 mcg/Actuation NASAL nasal spray	Use 2 Sprays in each nostril once daily.
albuterol HFA (PROVENTIL HFA) 90 mcg/Actuation INHALATION inhaler	Inhale 2 Puffs as instructed every 6 hours as needed.
ketoconazole (NIZORAL) 2 % TOPICAL shampoo	Apply to affected area. SPARINGLY WHEN SHAMPOOING HAIR DAILY. USE DOUBLE APPLICATION.
INSULIN SYRINGE-NEEDLE U-100	use as directed
HUMALOG MIX 75/25 PEN	20 units am. 10 units pm.

EXTENDED PAYMENT PLAN FOR RESIDENTIAL CUSTOMERS

Ohio Edison offers *Extended Payment Plans* to customers who need help paying their electric bills. To arrange for extended payments, or for more information about payment options, call toll-free:

1-800-686-3421

Monday-Friday
7:00 a.m.—9:00 p.m.

Extended Payment Plans include:

YEAR-ROUND PLAN

You can arrange to pay the current bill plus 1/6 of the past-due amount each month.

SUMMER PLAN

(April 16 through October 31)

If your household income is at or below 150% of the Federal poverty level, you can arrange to pay each month either the current bill or up to 15% of your monthly household income, whichever is greater. (See reverse for Income Guidelines.)

WINTER PLAN

(November 1 through April 15)

OPTION A. You can arrange to pay each month 1/3 of the total amount due.

OPTION B. If your household income is at or below 150% of the Federal poverty level, you can arrange to pay each month up to 15% of your monthly household income. (See reverse for Income Guidelines.)

ALL-STATE LEGAL®

EXHIBIT

I

INCOME GUIDELINES
(150% of Federal poverty level)

SIZE OF HOUSEHOLD	ELIGIBLE INCOME	
	Annual	Monthly
1 person	\$13,290	\$1,108
2 persons	\$17,910	\$1,493
3 persons	\$22,530	\$1,878
4 persons	\$27,150	\$2,263
5 persons	\$31,770	\$2,648
6 persons	\$36,390	\$3,033
7 persons	\$41,010	\$3,418
8 persons	\$45,630	\$3,803

For households with more than eight members, add \$4,620 to annual income or \$385.00 to monthly income for each additional person.

TO QUALIFY FOR A PLAN, based on your income being at or below 150% of the Federal poverty guidelines, you must:

1. Apply for all public energy assistance and weatherization programs for which you are eligible
2. Provide proof of your income
3. Allow Ohio Edison to receive information from any employer or agency that provides you with income or energy assistance.

Please note: A 1.5 percent interest charge will be assessed to all unpaid balances. This charge applies to balances on Deferred Payment Plans -- excluding Military, Percentage of Arrears (PAC) customers and those in the Percentage of Income Payment Plan (PIPP).

Ohio Edison
A FirstEnergy Company