

**BEFORE THE PUBLIC UTILITIES COMMISSION OF OHIO**

FEDERAL INSURANCE COMPANY,  
as subrogee of Genesis Healthcare System,

Complainant,

v.

OHIO POWER COMPANY d/b/a  
AMERICAN ELECTRIC POWER  
COMPANY, INC.

Respondent.

CASE NO.: 12-1750-EL-CSS

**DIRECT TESTIMONY OF DEBORAH A. TRIMBLE ON BEHALF OF  
COMPLAINANT FEDERAL INSURANCE COMPANY AS SUBROGEE OF GENESIS  
HEALTHCARE SYSTEM**

1 Q.: Please state your full name, job title, and business address.

2 A.: Deborah A. Trimble, Risk Management Consultant, Genesis HealthCare  
3 System, 800 Forest Avenue, Zanesville, OH 43701

4 Q.: Please state your job duties and responsibilities.

5 A.: I work with our insurance carriers in relation to both potential and actual  
6 losses, including losses or claims involving malpractice, property, D&O,  
7 excess, and worker compensation. I maintain our occurrence reporting  
8 process and claims management reporting system, and I also work with  
9 hospital legal counsel on actual or potential claims, and I handle day-to-  
10 day oversight of the captive insurance company for hospital employed  
11 physicians and some independent physicians.

12 Q.: What is the purpose of your testimony?

13 A.: I am providing testimony in order to assist our insurance company in  
14 pursuit of its subrogation claim against Ohio Power Company in this  
15 proceeding. Specifically, I am providing testimony in order to state my  
16 knowledge of the incident which damaged the medical and surgical  
17 supplies at the Genesis Healthcare Bethesda facility.

18 Q.: Please describe the events concerning the shutdown of the HVAC system  
19 at the Genesis Healthcare System on the date of the incident.

1 A.: Plant Operations was notified of a problem with the temperature in the  
2 area of the medical and surgical supply rooms of the Bethesda Hospital  
3 campus by surgery staff. Plant Operations responded and found that the  
4 HVAC chiller unit was down due to an overvoltage fault. Upon  
5 investigation, it was found that there had been a failure at the Ohio Power  
6 Company/AEP utility substation on Linden Avenue that controls the  
7 output voltage to the circuits. All surgeries were diverted and/or cancelled  
8 until the problem was corrected by Ohio Power Company/AEP. At the  
9 time the temperature issue was noted, condensation due to the rise in  
10 humidity also was covering the walls of the supply rooms along with the  
11 supplies and equipment. I was notified of the possibility of damaged  
12 supplies and I went to assess the damaged supplies.

13 Q.: Please describe the location of the supply room with the medical and  
14 surgical supplies that were damaged as a result of the power surge and the  
15 shutdown of the HVAC system chiller unit.

16 A.: The surgical supply rooms are located in the core central sterile area of the  
17 surgery suites, and at rooms 1036 and 1037 on the 1<sup>st</sup> Floor North at the  
18 Bethesda campus. A smaller number of supplies were also located in  
19 cabinets in the individual surgical suites.

20 Q.: Please describe your role in responding to the discovery of the damage to  
21 the sterile medical and surgical supplies.

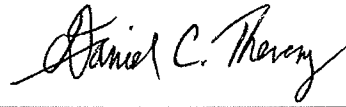
1 A.: I notified our insurance carrier of the potential claim for damages. I  
2 coordinated with our surgery staff in the collecting and inventorying of all  
3 potentially damaged supplies. I also assisted with collection of information  
4 from vendors to see if our vendors would guarantee the sterility of any of  
5 our medial or surgical supplies.

6 Q.: Please describe what role you had in determining the amount of the claim  
7 for the damage to the medical and surgical supplies.

8 A.: In addition to coordinating the inventorying of the supplies, I also  
9 developed a spreadsheet with names of suppliers, the count, and the costs.  
10 The costs were obtained from the Purchasing Department. This  
11 spreadsheet was provided to Byron Smith, the insurance claims adjuster  
12 for Federal Insurance Company, our insurance company in this matter. I  
13 also coordinated with our surgery staff in contacting vendors to check  
14 sterility of items under which were subject to humid conditions.

Dated: June 17, 2013

Respectfully Submitted,

A handwritten signature in black ink, reading "Daniel C. Theveny". The signature is fluid and cursive, with the first name "Daniel" being more prominent than the last name "Theveny".

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**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this Designation of Complainant Testimony was served electronically upon the following parties identified below on this 17th day of June, 2013:

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Summary: Testimony DIRECT TESTIMONY OF DEBORAH A. TRIMBLE ON BEHALF OF COMPLAINANT electronically filed by Daniel C Theveny on behalf of Federal Insurance Company, as Subrogee of Genesis Healthcare System