

In the Matter Of:
The Long-Term Care Public Inquiry

DAY 21 / VOL 21
July 19, 2018

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77 King Street West, Suite 2020
Toronto, ON M5K 1A2
1.888.525.6666 | 416.413.7755

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THE LONG-TERM CARE HOMES PUBLIC INQUIRY

PUBLIC HEARINGS

--- This is Day 21/Volume 21 of the Public Hearings in the above Inquiry proceedings taken at the Elgin County Courthouse, Court Room 201, 4 Wellington Street, St. Thomas, Ontario, on the 19th day of July, 2018, commencing at 9:30 a.m.

BEFORE: The Honourable Justice Eileen E. Gillese, Commissioner

REPORTED BY: Helen Martineau, CSR
& Carissa Stabbler, RPR, CSR

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Rebecca Jones, Esq., Commission Counsel
& Laura Robinson, Esq.,

Jane Meadus, Esq., Ontario Association
& Suzan E. Fraser, Esq., of Residents'
Councils

David M. Golden, Esq., Caessant Care
Nursing and
Retirement Homes
Limited, Caessant
Care - Woodstock

Megan Schwartzentruher, Esq. College of Nurses

Paul H. Scott, Esq., Jon Matheson, Pat
Houde, Beverly
Bertram

Rita Bambers, Esq., Her Majesty the
& Meagan Williams, Esq., Queen in Right of
Ontario

16:02:08

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A P P E A R A N C E S (CONT'D):

Alex Van Kralingen, Esq., Arpad Jr. Horvath,
Laura Jackson, Don
Martin, Andrea
Silcox, Adam
Silcox-Vanwyk
Shannon Lee
Emmerton, Jeffrey
Millard, Judy
Millard, Sandra Lee
Millard, Stanley
Henry Millard, Susie
Horvath

Nicole Butt, Esq., Ontario Nurses
Association

Chris Hubbard, Esq. Dr. Urbantke

Dr. Fred Mather OLTCC

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I N D E X

WITNESS: ELIZABETH URBANTKE

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NUMBER/DESCRIPTION	PAGE/LINE NO.
111: Curriculum Vitae of Elizabeth Urbantke.	4809:2
112: Handwritten notes dated January 24th, Document 69423, page 3.	4852:3
113: Coroners Investigation Statement completed by Dr. Urbantke, dated July 21, 2013.	4875:8
114: Form 3, Coroners Investigation Statement by Dr. Urbantke, Document 71441.	4896:14

09:36:01 1 -- Proceedings commenced at 9:33 a.m. --
09:36:03 2 MS. ROBINSON: Good morning,
09:36:03 3 Commissioner.
09:36:04 4 THE COMMISSIONER: Good morning.
09:36:06 5 MS. ROBINSON: We're going to
09:36:07 6 begin this morning by calling
09:36:08 7 our next witness, Dr. Elizabeth
09:36:15 8 Urbantke.
09:36:15 9 THE COMMISSIONER: Thank you
09:36:16 10 very much.
09:37:17 11 MS. ROBINSON: Commissioner,
09:37:18 12 we'll be referring to the same
09:37:19 13 document brief that we were
09:37:21 14 referring to yesterday. If you
09:37:23 15 have that in front of you.
09:37:24 16 THE COMMISSIONER: I do.
09:37:25 17 Thank you.
09:37:25 18 ELIZABETH URBANTKE: SWORN.
09:37:25 19 EXAMINATION-IN-CHIEF BY
09:37:25 20 MS. ROBINSON:
09:37:26 21 Q. And, Dr. Urbantke, there's a
09:37:29 22 similar brief in front of you.
09:37:29 23 A. Yes.
09:37:29 24 Q. Dr. Urbantke, good morning.
09:37:29 25 A. Good morning.
09:37:29 26 Q. I'd like to begin by
09:37:31 27 understanding more about your background and
09:37:34 28 education leading to your appointment as an
09:37:37 29 investigating coroner in the province of
09:37:40 30 Ontario.
09:37:40 31 A. Okay.
09:37:40 32 Q. I'd like to start by

09:37:42 1 reviewing your CV.

09:37:46 2 MS. ROBINSON: Ms. Clewley, if

09:37:47 3 you could please pull up

09:37:49 4 Document 72835. And that's at

09:37:52 5 Tab 2 of the document brief.

09:37:52 6 BY MS. ROBINSON:

09:38:00 7 Q. So, Dr. Urbantke, I

09:38:01 8 understand that you're a physician licenced to

09:38:02 9 practice medicine in Ontario?

09:38:03 10 A. Correct.

09:38:04 11 Q. And based on your CV, I

09:38:05 12 understand that you graduated from medical

09:38:07 13 school in 1995?

09:38:07 14 A. Yes.

09:38:08 15 Q. Which medical school did you

09:38:10 16 attend?

09:38:10 17 A. University of Toronto.

09:38:11 18 Q. And that you subsequently

09:38:13 19 obtained residency training?

09:38:15 20 A. Yes.

09:38:15 21 Q. In what specialties?

09:38:16 22 A. Family practice and an extra

09:38:19 23 year in emergency medicine.

09:38:21 24 Q. When did you complete your

09:38:22 25 residency training?

09:38:23 26 A. 1998.

09:38:24 27 Q. And after that, in 1998, I

09:38:26 28 understand that you began practicing as an

09:38:30 29 emergency department physician?

09:38:31 30 A. Correct.

09:38:31 31 Q. And that was at the Woodstock

09:38:34 32 Hospital?

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A. Yes.

Q. And have you continued to work as an emergency room physician since that time?

A. Yes.

Q. Have you worked in any other hospitals other than the Woodstock Hospital?

A. Briefly at Stratford General.

Q. But the majority of your practice for that period of time has been at the Woodstock Hospital?

A. Correct.

Q. And based on your CV, I understand that that includes a period of time as the chief of emergency medicine?

A. Yes.

Q. And that was from 2012 to 2016?

A. Correct.

Q. And what was your role as the chief of the emergency medicine department?

A. It's administrative role. Scheduling was primarily a big part of it. I oversaw learners coming into the emergency department and also attending meetings and a liaison with the nurse manager of the emergency department and other areas in the hospital.

Q. And if you could turn to page 3 of your CV, please, under "Affiliations and Memberships." I see that you are an executive member of the Ontario Coroners Association?

A. Correct.

09:39:45 1 Q. What is your role as an
09:39:46 2 executive member of that organization?

09:39:47 3 A. My primary role in the past
09:39:51 4 few years has been assisting with the --
09:39:56 5 there's an annual spring conference,
09:39:59 6 educational conference for coroners that the
09:40:01 7 Ontario Coroners Association, or OCA, puts on.
09:40:06 8 And I've assisted in helping develop and run
09:40:09 9 that program.

09:40:10 10 Q. And backing up one step, what
09:40:12 11 is the Ontario Coroners Association?

09:40:14 12 A. It's a voluntary organization
09:40:17 13 of coroners, so a coroner does not have to be a
09:40:21 14 member of the Ontario Coroners Association.

09:40:23 15 Q. Does the organization have a
09:40:25 16 particular mandate or purpose?

09:40:27 17 A. I think it's varied over the
09:40:29 18 years. The past few years that I've been
09:40:32 19 involved has mostly been that educational
09:40:35 20 component. There is some dialogue with the
09:40:39 21 Office of the Chief Coroner to bring forth
09:40:42 22 coroners' views and if there is concerns.

09:40:49 23 MS. ROBINSON: Commissioner, I
09:40:50 24 propose that we mark
09:40:52 25 Dr. Urbantke's CV as the next
09:40:53 26 exhibit in this proceeding.

09:40:55 27 THE COMMISSIONER: All right.
09:40:55 28 Thank you. Madam Clerk, that's
09:40:58 29 exhibit --

09:41:01 30 THE REGISTRAR: 111.

09:41:03 31 THE COMMISSIONER: Exhibit 111
09:41:05 32 then, and that is the CV of

09:41:08 1 Elizabeth Urbantke.
09:41:07 2 EXHIBIT NO. 111: Curriculum
09:41:07 3 Vitae of Elizabeth Urbantke.
09:41:07 4 BY MS. ROBINSON:
09:41:15 5 Q. Dr. Urbantke, I understand
09:41:17 6 that in 2004, you began working as an
09:41:20 7 investigating coroner?
09:41:20 8 A. Correct.
09:41:21 9 Q. And your appointment as an
09:41:24 10 investigating coroner continues to present?
09:41:25 11 A. Yes.
09:41:26 12 Q. What region have you worked
09:41:29 13 in as a coroner?
09:41:30 14 A. It would be the west region.
09:41:36 15 Presently, I'm in the London office, so when I
09:41:39 16 started, my regional supervising coroner was
09:41:41 17 out of a Guelph office.
09:41:45 18 Q. Have you worked
09:41:46 19 geographically in the same area throughout your
09:41:46 20 time as a coroner?
09:41:47 21 A. Yes. Oxford County.
09:41:50 22 Q. What prompted you to become a
09:41:52 23 coroner?
09:41:52 24 A. Through my interactions with
09:41:55 25 coroners during -- if I had to call them as an
09:41:58 26 emergency physician and speaking to them about
09:42:01 27 their roles. And then there was a notice
09:42:07 28 posted in the doctors' lounge at the hospital
09:42:11 29 that -- asking for applications, "Are you
09:42:15 30 interested?" So I applied.
09:42:18 31 Q. Why have you continued to
09:42:20 32 work as a coroner since 2004?

09:42:21 1 A. I think it plays an important
09:42:27 2 role. So sort of in the short-term, it can
09:42:37 3 help give families closure and understanding,
09:42:41 4 but also the overall public -- like, a public
09:42:45 5 health safety role also.

09:42:50 6 The coroner's motto is we speak
09:42:52 7 for the dead to protect the living, so it's
09:42:55 8 that how do we prevent bad things happening.

09:43:03 9 Q. We've heard already in the
09:43:05 10 inquiry about the new coroners course at the
09:43:07 11 outset of your appointment as a coroner?

09:43:09 12 A. Okay.

09:43:10 13 Q. Did you attend the new
09:43:11 14 coroners course?

09:43:12 15 A. Yes, I did.

09:43:13 16 Q. Do you recall for how many
09:43:14 17 days the course lasted?

09:43:16 18 A. I don't -- I know I went to
09:43:19 19 Toronto for -- I'm going to say three to five
09:43:24 20 days. Beyond that, I can't tell you the exact
09:43:27 21 number of days.

09:43:28 22 Q. We've also heard that after
09:43:29 23 the new coroners course, a coroner is required
09:43:32 24 is undergo a period of mentorship?

09:43:36 25 A. Correct.

09:43:37 26 Q. Can you describe what that
09:43:39 27 mentorship process entailed for you?

09:43:42 28 A. Every time I had a call, I
09:43:43 29 would call the regional supervising coroner and
09:43:47 30 review the call, the death and my investigation
09:43:49 31 with her at that time.

09:43:50 32 Q. And do you recall for how

09:43:51 1 long that period of mentorship lasted?

09:43:55 2 A. Not exactly. It was
09:43:58 3 definitely months, but I can't recall.

09:44:02 4 Q. And with the new coroners
09:44:04 5 course and the period of mentorship, was there
09:44:10 6 any other training that you received before
09:44:12 7 commencing work as a coroner?

09:44:12 8 A. Not that I recall.

09:44:13 9 Q. And did you feel that the
09:44:15 10 course and that mentorship period appropriately
09:44:19 11 prepared you to start working as a coroner?

09:44:20 12 A. I think in combination, that
09:44:22 13 mentorship was -- it helped solidify what we
09:44:26 14 learned in the course.

09:44:27 15 Q. And since that initial
09:44:30 16 training period, have you engaged in ongoing
09:44:35 17 training or continuing medical education in
09:44:38 18 respect of death investigations, in particular?

09:44:39 19 A. I regularly attend -- the
09:44:43 20 Office of the Chief Coroner puts on annual
09:44:48 21 conferences in November or in the fall. I
09:44:53 22 regularly attend those unless I have a
09:44:56 23 conflict.

09:44:56 24 And then as I mentioned, the
09:44:58 25 Ontario Coroners Association does an annual
09:45:03 26 spring conference, and I would regularly attend
09:45:06 27 those, once again, unless there was a conflict
09:45:09 28 for some reason. And as I said, I've been
09:45:11 29 actually involved in developing the educational
09:45:15 30 programs for a few years.

09:45:16 31 And then there's been odd -- I'm
09:45:20 32 going to say one -- like, conferences here and

09:45:22 1 there that I've attended.

09:45:25 2 And I did do an online course --
09:45:31 3 I believe it was out of the University of North
09:45:34 4 Dakota. I'm not even sure how it came to my
09:45:38 5 attention -- on death investigation. So I
09:45:39 6 thought it would be a good review. It was sort
09:45:41 7 of, like, the basics, but I did do that.

09:45:44 8 Q. We've also heard about
09:45:44 9 certain resources that the Office of the Chief
09:45:51 10 Coroner provides to investigating coroners such
09:45:52 11 as the coroners investigation manual and
09:45:55 12 memoranda that are circulated on different
09:45:58 13 topics related to death investigations?

09:46:00 14 A. Yes.

09:46:00 15 Q. We've heard that those are
09:46:02 16 presently received electronically; is that
09:46:04 17 correct?

09:46:04 18 A. Yes.

09:46:05 19 Q. When they're received, what
09:46:07 20 is your practice in terms of reviewing them?

09:46:09 21 A. My practice would be to read
09:46:12 22 them. And I will admit, I'm still a paper sort
09:46:17 23 of person, so I do tend to print them out to
09:46:20 24 have as a hard copy reference and then would
09:46:24 25 save them for future reference, electronically
09:46:30 26 save them as future. So I often have a hard
09:46:32 27 copy and save the electronic version.

09:46:33 28 Q. And you said for future
09:46:35 29 reference. Are those materials that you will
09:46:36 30 refer to in the course of your coroner
09:46:38 31 practice?

09:46:38 32 A. If I need to, yes.

09:46:39 1 Q. And what would be an example
09:46:42 2 of when you needed to?

09:46:43 3 A. I can't think of a specific
09:46:47 4 instance, but if I'm unsure of something, I
09:46:50 5 need to refresh my memory, I would go back to
09:46:53 6 it.

09:46:55 7 Q. And presently, as an
09:46:57 8 experienced investigating coroner, do you have
09:46:59 9 any ongoing mentorship with your regional
09:47:03 10 supervising coroner?

09:47:04 11 A. Not in the sense I have to
09:47:05 12 call in every time like I did when I was first
09:47:09 13 a coroner, but there was always a regional
09:47:13 14 supervising coroner on call. It might not
09:47:16 15 necessarily be my -- the one from my region,
09:47:18 16 but there's always someone available. So if I
09:47:22 17 have questions, I would call.

09:47:23 18 Q. We've already heard in the
09:47:29 19 inquiry about the process for a coroner being
09:47:31 20 contacted about a death in the province. I
09:47:35 21 want to understand for you. On average, how
09:47:38 22 many calls a month are you receiving from
09:47:41 23 provincial dispatch reporting a death?

09:47:43 24 A. It can actually vary quite a
09:47:50 25 bit. I know in the past, I averaged about 50
09:47:55 26 cases, like, for investigation cases a year,
09:48:02 27 but beyond that, I know -- I know I can go for
09:48:05 28 a week to two weeks without a call, and then I
09:48:08 29 can be called several days in a row. It --
09:48:10 30 I've been called couple times in a -- a day, so
09:48:13 31 it's hard to say.

09:48:14 32 Q. So you distinguish there

09:48:19 1 between being contacted --

09:48:19 2 A. Yeah.

09:48:20 3 Q. -- and accepting a case for

09:48:23 4 investigation?

09:48:23 5 A. Yes.

09:48:24 6 Q. So is it the case that there

09:48:26 7 are times when you're contacted about a case

09:48:28 8 that you will immediately decline?

09:48:31 9 A. I'm not -- well, I won't

09:48:36 10 decline to dispatch. I -- there's always an

09:48:40 11 initial, I guess you call, investigation that I

09:48:43 12 would contact the person calling dispatch.

09:48:45 13 Q. And I mean before that. For

09:48:48 14 instance, are there instances where you're not

09:48:50 15 available even to do that initial --

09:48:52 16 A. Yes.

09:48:52 17 Q. -- decision making?

09:48:54 18 A. Yeah, so if I get called and

09:48:57 19 I'm, say, right at the first part of my

09:49:00 20 emergency shift, I'm not able to leave my

09:49:03 21 shift, or I'm home in the middle of the night

09:49:04 22 with my kids and I'm not able to leave, I may

09:49:07 23 say I'm not available at that point in time.

09:49:09 24 Q. Are you able to speak to any

09:49:13 25 sense of the number of calls you receive from

09:49:15 26 dispatch versus the number of cases that you

09:49:17 27 accept to consider as a coroners case?

09:49:20 28 A. No, I can't.

09:49:21 29 Q. So I'm going to ask you a few

09:49:27 30 questions now to understand the process that

09:49:28 31 you go through in deciding whether or not you

09:49:32 32 should accept a case and commence a death

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investigation in respect of that death.

THE COMMISSIONER: Just before you do that, Ms. Robinson, were you not going to help us get a sense of how many cases she might have dealt with over her career so far?

MS. ROBINSON: I had understood Dr. Urbantke's evidence to be about 50 cases a year.

BY MS. ROBINSON:

Q. Is that accurate, Dr. Urbantke?

A. That's what I was told in the past. I will say it's probably declined, but I can't give you a good number in the past years with my extra roles in administration, things like that. So being less available to do cases.

THE COMMISSIONER: Thank you. I just wasn't sure if that was for a period of time or that's basically since you became a coroner that you would say on average, about 50 cases a year that you dealt with.

THE WITNESS: That would -- I would submit, like, a full investigation.

THE COMMISSIONER: Okay. So there's a difference so. Those are the cases you've

09:50:31 1 investigated as opposed to ones
09:50:32 2 that you -- this is what I need
09:50:34 3 some help with. It's not clear
09:50:35 4 to me, and I'd appreciate it if
09:50:37 5 you could just give me a sense.

09:50:39 6 How many does she look at and
09:50:41 7 how many does she do an
09:50:42 8 investigation and so on; right?

09:50:46 9 MS. ROBINSON: Okay.

09:50:46 10 THE COMMISSIONER: Okay.

09:50:47 11 BY MS. ROBINSON:

09:50:47 12 Q. So are you able,
09:50:48 13 Dr. Urbantke, to give an estimate of the number
09:50:51 14 of calls you receive from provincial dispatch
09:50:54 15 in a month?

09:50:54 16 A. I can't give an accurate
09:50:57 17 estimate. Like I said, it can be quite
09:51:00 18 variable.

09:51:00 19 Q. And the next question, are
09:51:02 20 you able to give an estimate of how many cases
09:51:04 21 you accept to investigate in a month?

09:51:11 22 A. So if I accept to
09:51:12 23 investigate, that means I'm doing the full
09:51:15 24 investigation. That's -- as I said in the
09:51:16 25 past, it's been -- I've been told I do about an
09:51:20 26 average of 50, but I -- my perception is in the
09:51:23 27 past few years, it's probably less than that
09:51:25 28 because of my other roles I've taken on. I'm
09:51:29 29 less available to do those full investigations.

09:51:31 30 Q. And you said 50 in a year --

09:51:34 31 A. Yes.

09:51:34 32 Q. -- if I understand your

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evidence?

THE COMMISSIONER: But those are death investigations.

THE WITNESS: The full death investigation.

THE COMMISSIONER: The full death investigation. So I guess I was trying to get a sense of -- obviously not every case that she accepts goes to a full death investigation, so I was trying to get a sense of how many she might do in a year, consider -- like, take the call from central dispatch, but make the determination that a death investigation was not warranted. There was no Section 10 criteria, for example.

BY MS. ROBINSON:

Q. Dr. Urbantke, I understand your evidence that you can't estimate the number of calls you receive from provincial dispatch in a month. Can you estimate the number of calls you receive from provincial dispatch in a year?

A. No. No, I can't. I think I understand -- you want to know how many cases I decline; is that --

THE COMMISSIONER: Right.

THE WITNESS: I can't -- I can't -- I can't tell you for

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certain.

THE COMMISSIONER: Okay. So no sort of sense of how many you might decline as opposed to how many you might proceed with?

THE WITNESS: I would say it can be variable from -- depending on the types of calls, so...

THE COMMISSIONER: That's helpful. Thank you.

BY MS. JONES:

Q. Turning, then, to when you received a call from dispatch. And you've determined that you're in a position to make that assessment as to whether it's a coroners case: You're not on call; you're not home alone with your kids.

At a high level, can you describe your decision-making process for evaluating if a case is properly a coroners case?

A. So I would receive the information from coroners dispatch, and then I would contact whoever called in to coroners dispatch for further information.

Q. Breaking that down, what information do you receive from coroners dispatch in the normal course?

A. In general, receive the name of the deceased, although some circumstances they may not have it. I will -- a brief hospital summary, history of the death or

09:53:50 1 circumstances if they have it, and a contact
09:53:53 2 person, whoever called it in.

09:53:56 3 Q. And do you record that
09:53:58 4 information that you receive from dispatch in
09:54:00 5 any manner?

09:54:01 6 A. Yes.

09:54:01 7 Q. How do you record it?

09:54:03 8 A. Pen and paper.

09:54:05 9 Q. And is that information
09:54:07 10 retained in some respect?

09:54:08 11 A. Yes.

09:54:09 12 Q. And how do you retain that
09:54:11 13 information?

09:54:11 14 A. I have my files. I retain --
09:54:15 15 I retain those notes.

09:54:17 16 Q. And at that stage, when
09:54:20 17 you've received the demographic information and
09:54:23 18 the contact name from provincial dispatch,
09:54:25 19 would you ever make a decision then whether or
09:54:28 20 not a case is properly a coroners case?

09:54:30 21 A. No.

09:54:31 22 Q. So what do you do next then?

09:54:34 23 A. I would contact the contact
09:54:36 24 person.

09:54:36 25 Q. And why do you do that?

09:54:38 26 A. To get more information and
09:54:39 27 better understand the circumstances of the
09:54:42 28 death.

09:54:42 29 Q. And if you're contacted about
09:54:44 30 a death in a long-term care home, is that
09:54:47 31 process any different?

09:54:48 32 A. No.

09:54:49 1 Q. And my understanding is that
09:54:54 2 there's certain types of cases that are much
09:54:58 3 more likely to require a coroners
09:55:01 4 investigation. And in that, I'm referring to
09:55:05 5 homicides or suicides, cases of that nature.

09:55:08 6 A. Yes, they require.

09:55:10 7 Q. It is required in those
09:55:11 8 instances?

09:55:11 9 A. Homicide, suicide, accident.

09:55:14 10 Q. My understanding is that
09:55:15 11 there's another category of cases, which is
09:55:18 12 called in the coroners materials, the apparent
09:55:22 13 natural death?

09:55:23 14 A. Yes.

09:55:24 15 Q. And in those cases, you have
09:55:25 16 to exercise your judgment as to whether or not
09:55:28 17 a coroners investigation should be commenced?

09:55:33 18 A. Yes.

09:55:34 19 Q. So could you help us
09:55:37 20 understand, how do you determine whether or not
09:55:40 21 an apparent natural death should be accepted as
09:55:43 22 a coroners case?

09:55:44 23 A. Well, there's a few things
09:55:47 24 that -- like, if it's a child under CA -- like,
09:55:52 25 there's a few other very -- some specific
09:55:54 26 things like a child under CAS care, a group
09:55:59 27 home, a death in a group home, mental health
09:56:03 28 institutions, facilities, things like that.

09:56:11 29 So those are part of the
09:56:12 30 criteria. If there's any concerns of care from
09:56:14 31 either the family or the caregivers. And then
09:56:23 32 it would be whether -- whether the death was

09:56:28 1 reasonably foreseeable or no.

09:56:33 2 Q. So those categories you just
09:56:35 3 described, I'm understanding you say those are
09:56:39 4 instances where you would commence --

09:56:39 5 A. Yes.

09:56:40 6 Q. -- a death investigation?

09:56:41 7 A. Yeah.

09:56:41 8 Q. But if those circumstances
09:56:42 9 aren't present, based on the information you've
09:56:45 10 received, and a death is reported to you which
09:56:47 11 may be apparently natural, can you describe how
09:56:51 12 you determine whether or not a coroners
09:56:53 13 investigation is commenced?

09:56:54 14 A. A lot of it's information
09:56:59 15 gathering. And then, like I say, based on --
09:57:04 16 based on the circumstances, a person's, like,
09:57:08 17 past medical history, medications, the
09:57:11 18 circumstances right around the time of death,
09:57:15 19 then if there's a -- if it was reasonably
09:57:20 20 foreseeable and that I could determine, you
09:57:26 21 know, a cause of death on the balance of
09:57:28 22 probabilities, then -- and then I may not
09:57:31 23 investigate. Once again, it's hard to say a
09:57:36 24 hard and fast because every death is different.

09:57:38 25 Q. And I appreciate that. So
09:57:40 26 perhaps you could assist us with an example.
09:57:43 27 Is there a circumstance you could describe
09:57:45 28 where an apparently natural death would not
09:57:48 29 require, in your view, a coroners investigation
09:57:50 30 as opposed to another where it would?

09:57:53 31 A. So I guess -- so if there --
09:57:58 32 so if there's a 50-year-old gentleman who just

09:58:05 1 suddenly collapsed, I would -- especially if
09:58:08 2 there's no -- he was a reported healthy
09:58:12 3 gentleman, had no medications, nothing like
09:58:14 4 that, I would investigate that.

09:58:17 5 However, for that same
09:58:19 6 50-year-old gentleman had a history of lifelong
09:58:23 7 smoking, blood pressure, diabetes, has had two
09:58:27 8 heart -- prior heart attacks already and, on
09:58:29 9 that day, was reported to have some chest pain
09:58:33 10 and shortness of breath, I may decline that
09:58:36 11 case unless there's other extenuating
09:58:41 12 circumstances, because you can -- he has a
09:58:45 13 history of heart disease. He's had that chest
09:58:48 14 pain leading up to his collapse.

09:58:50 15 So even though they both
09:58:52 16 collapsed and was sudden, you could, on the
09:58:55 17 balance of probabilities, say that second
09:58:58 18 gentleman's death was reasonably foreseeable
09:59:02 19 given his past medical history and the
09:59:04 20 circumstances at that time.

09:59:05 21 Q. And you use the word
09:59:08 22 "sudden." We've actually heard a number of
09:59:10 23 people provide evidence thus far about the
09:59:13 24 notion of a death being sudden and unexpected.

09:59:13 25 A. Mm-hm.

09:59:16 26 Q. I understand that's a basis
09:59:18 27 upon which a coroners investigation may be
09:59:20 28 commenced?

09:59:21 29 A. Yes.

09:59:21 30 Q. And can you explain what to
09:59:24 31 you, as an investigating coroner, the term
09:59:25 32 "sudden and unexpected" means?

09:59:27 1 A. Basically that -- sudden sort
09:59:32 2 of refers to the timing to me, and then that
09:59:36 3 unexpected, it goes back to that example I just
09:59:40 4 gave. Is it reasonably foreseeable from the
09:59:45 5 person's medical history and the circumstances
09:59:48 6 that the death would occur.

09:59:50 7 Q. In your view, does that term,
09:59:54 8 "sudden and unexpected," have meaning in the
09:59:57 9 context of a long-term care home resident?

10:00:00 10 A. Yes.

10:00:06 11 MS. ROBINSON: If you could
10:00:07 12 please, Ms. Clewley, turn up
10:00:11 13 Document 72836. And that's at
10:00:17 14 Tab 23 of the document brief.

10:00:17 15 BY MS. ROBINSON:

10:00:28 16 Q. Dr. Urbantke, is this a
10:00:30 17 document that you recognize?

10:00:31 18 A. Yes.

10:00:32 19 Q. It's the Case Selection Data
10:00:35 20 Form, which, again, we've heard about already
10:00:37 21 in the inquiry. Can you explain if this is a
10:00:40 22 form that you utilize in your practice?

10:00:45 23 A. I have used it, yes.

10:00:46 24 Q. You have used it. Is it one
10:00:47 25 that you use presently?

10:00:48 26 A. Occasionally.

10:00:49 27 Q. And can you describe how it's
10:00:51 28 used in your practice?

10:00:52 29 A. I would fill it out if I've
10:00:54 30 declined a death, to fax in to the -- or email
10:00:59 31 in to the regional coroners office.

10:01:01 32 Q. And is that something that

10:01:03 1 you continue to do?

10:01:03 2 A. At this point in time, not on
10:01:06 3 a consistent basis. At one point, I did.

10:01:11 4 Q. And why was there a change in
10:01:14 5 your practice?

10:01:14 6 A. My understanding was this
10:01:15 7 would help track numbers of declined cases, and
10:01:19 8 then when provincial dispatch came in, they had
10:01:23 9 the record of what -- who was declined in
10:01:27 10 numbers. So I haven't been as consistent at
10:01:31 11 this point.

10:01:31 12 Q. Did you find this to be a
10:01:35 13 helpful form to utilize when you were assessing
10:01:39 14 whether or not to accept a case for a death
10:01:42 15 investigation?

10:01:42 16 A. I wouldn't -- I wouldn't
10:01:46 17 necessarily use it in my -- like, a
10:01:49 18 decision-making tool. I would basically go
10:01:54 19 through the steps. But would I have it in
10:01:56 20 front of me? No, not necessarily.

10:01:58 21 Q. So you would make that
10:02:00 22 decision, and then when you came to the
10:02:01 23 decision that it was not a coroners case,
10:02:03 24 that's when you would turn and complete the
10:02:06 25 form; is that accurate?

10:02:07 26 A. Yes.

10:02:07 27 Q. And just to confirm, you
10:02:11 28 described the information you'd have in front
10:02:13 29 of you when making an assessment of a case.
10:02:17 30 You described calling the contact person to get
10:02:19 31 more information from them?

10:02:20 32 A. Yes.

1 Q. Were there any other sources
2 of information that you would have in assessing
3 whether or not a case was properly a coroners
4 investigation?

5 A. I could -- so I could speak
6 to other people and sort of -- for example, if
7 a death occurred at home, usually it's a police
8 officer that would call me.

9 I would ask to speak to the
10 family on the phone. I could call family
11 doctors. I could call other caregivers, and I
12 could look at medical records.

13 Q. And in your practice, do you
14 take any or some of those steps?

15 A. It varies what steps I do,
16 but yes.

17 Q. We've heard of an
18 Institutional Patient Death Record which is
19 submitted in the context of a death in a
20 long-term care home.

21 A. Yes.

22 Q. Are you familiar with that
23 document?

24 A. Yes.

25 Q. Would you have that document
26 available to you when making an assessment as
27 to whether or not to accept a case for death
28 investigation?

29 A. No.

30 Q. So if, based on the
31 information you've been provided, you determine
32 that a case is not going to proceed for a death

1 investigation, what do you do?

2 A. I usually would talk to the
3 person I'm speaking to about my reasoning, said
4 that the document that they call me, and I've
5 spoken to them, and then I would call dispatch
6 and say I've declined the case.

7 Q. And when you tell dispatch
8 that you've declined the case, what do you tell
9 them?

10 A. I tell them I've declined. I
11 may tell them the cause of death, but
12 generally, that's -- it's just basic
13 information.

14 Q. Will you provide dispatch
15 your rationale for why you declined a case?

16 A. No.

17 Q. Will you report the fact that
18 you declined a case to anyone other than
19 dispatch?

20 A. If I fill out the Case
21 Selection Form, it would go to the regional
22 supervising coroner.

23 Q. Can you estimate at present
24 how regularly you are completing the Case
25 Selection Data Form and submitting it to your
26 regional supervising coroner?

27 A. It will probably be at
28 present infrequently, because as I mentioned,
29 I -- my understanding was to track numbers,
30 so...

31 Q. If you've made that decision
32 to decline a case --

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A. Yes.

Q. -- what documentation, if any, do you maintain about that decision?

A. I have my, like, handwritten notes that I would be making as I'm speaking with people, and then I retain those notes.

Q. And how do you retain them?

A. I keep them in my coroners files.

Q. For how long do you retain them?

A. I have all of them back to when I began being a coroner.

Q. And one more question about the Case Selection Data Form. You indicated you're submitting it infrequently at this stage?

A. Mm-hm.

Q. Have you ever received a call from the London office asking you to submit Case Selection Data Forms?

A. Not that I recall.

Q. I'm going to turn now to ask you about the opposite, when you've accepted a case for death investigation. I'm going to ask you to walk us through your process in the context of a death in a long-term care home.

A. Okay.

Q. But before I do, can you identify when the last time it was that you completed a death investigation in a long-term care home?

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A. I can't recall.

Q. Do you have a sense of if that was months or years ago?

A. I'm going to say months to a year at least.

Q. And we've heard evidence that in 2013, the Office of the Chief Coroner changed its policy and no longer required mandatory investigations of every tenth death in a long-term care home.

A. Okay.

Q. That was called the threshold death investigation?

A. Yes.

Q. In your view, as a local coroner, did you see value in conducting threshold death investigations prior to 2013?

A. It was variable. Sometimes I did identify missed coroners cases. Sometimes I didn't, so...

Q. And do you recall if you had any views in 2013 when that policy change came into place about the change?

A. I don't recall.

Q. So you're not presently conducting threshold death investigations?

A. No.

Q. But when you were, would that death investigation in the context of a threshold case vary in any way from any other death investigation conducted in a long-term care home?

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A. No.

Q. Your process for investigation was the same?

A. Yes.

Q. So in that sense, then, I would appreciate if you could walk us through your process for a death investigation in a long-term care home.

A. So I would usually speak to someone over the phone, gather information at that time, would attend the long-term care facility. Usually they've told me what care station to go to, and I'd seek out hopefully the person that talked to me at that point in time or a staff member that could assist me.

Q. And just pausing there, when you've accepted a case and before you attended the home, do you report to anyone that you've accepted the case for death investigation?

A. No.

Q. Okay. Is there any requirement for how timely your attendance at the long-term care home is?

A. I would say it's as soon as possible, but not a hard-and-fast rule that I'm aware of.

Q. And then you indicate you would attend at the home. Can you explain what your next investigative steps would be?

A. As I said, usually I would try to find the area of the home where the deceased is. In general, I would say I go

10:08:49 1 examine the -- I go immediately to the room and
10:08:50 2 examine the body usually because there's a
10:08:53 3 staff person who is there to lead me to the
10:08:57 4 room and then assist me if I need help rolling
10:09:02 5 and examining the -- moving the deceased, to
10:09:07 6 help me do that.

10:09:11 7 And then after they -- if --
10:09:11 8 sometimes family will be there. If family are
10:09:14 9 in the room, I often -- I will invite them to
10:09:19 10 stay. I will explain what my role is and what
10:09:22 11 I'm about to do. I will invite them to stay
10:09:27 12 but leave the choice to them. Some people are
10:09:32 13 comfortable; some aren't.

10:09:34 14 And then after my examination, I
10:09:35 15 usually will go back to the care station or the
10:09:38 16 nursing station to examine the medical records.

10:09:40 17 Q. And stopping there, could you
10:09:42 18 explain what sort of examination you're doing
10:09:46 19 in that context?

10:09:47 20 A. So just walking into the room
10:09:53 21 or the area where the -- generally in the
10:09:57 22 long-term care facilities, they'd be in a room.
10:10:00 23 Just a general sense of the room. And then
10:10:05 24 once again, a general sense of the body, how
10:10:08 25 the body -- where the body is, how the body is
10:10:11 26 positioned, and basically a head-to-toe
10:10:13 27 examination.

10:10:13 28 Q. And you indicated once you
10:10:18 29 complete that examination, you proceed to the
10:10:22 30 nursing station?

10:10:23 31 A. In general.

10:10:23 32 Q. And you review the medical

1 records at that time?

2 A. Yes.

3 Q. What types of medical records
4 are you reviewing?

5 A. In general, it's -- they have
6 a chart. Originally, it was all paper. Last
7 time I went in it was a bit -- some are more
8 mixed now between electronic records and paper
9 charts.

10 So I would review both --
11 both -- so basically I would go through the
12 chart and looking at different information.

13 Q. Are there particular records
14 that you would always review in the context of
15 a death investigation?

16 A. You remain an --

17 Q. Medical chart.

18 A. For the specific person?

19 Q. Yes.

20 A. Usually there's, like, a --
21 I'm going to call it a demographic sheet, so
22 it -- most of them have a picture of the
23 deceased, the name, you know, family contact or
24 power of attorney information, when they were
25 admitted to the long-term care facility, a list
26 of their sort of past diagnoses.

27 So I would usually start with
28 there just to sort of get an overview. And
29 then I would start going through the charts,
30 medical -- like, medication, what medications
31 they were on, history and physicals or any
32 doctors' notes and then also the nursing

10:11:51 1 Progress Notes. Yeah, basically I flip through
10:11:59 2 the chart.

10:12:00 3 Q. And how far back in the time
10:12:03 4 do you go in your review in terms of the
10:12:05 5 medical records?

10:12:05 6 A. I would say it depends on the
10:12:07 7 circumstances.

10:12:09 8 Q. And what informs that
10:12:12 9 decision?

10:12:12 10 A. Whether -- so whether it was
10:12:16 11 an acute event that happened, and then -- it's
10:12:21 12 really hard to say because it sort of depends,
10:12:25 13 but it usually -- I would go back to at least
10:12:27 14 that event and then a bit farther. And I can't
10:12:30 15 tell you 100 percent how far.

10:12:32 16 Q. Beyond the either paper or
10:12:36 17 electronic or both chart that you're reviewing,
10:12:39 18 are there any other records at a long-term care
10:12:42 19 home that you would review?

10:12:43 20 A. There's what I would call the
10:12:46 21 death registry. I would review that.

10:12:49 22 Q. I'll ask you a few questions
10:12:50 23 about that in a moment.

10:12:53 24 A. Okay.

10:12:54 25 Q. Besides the death registry,
10:12:58 26 any other types of records or documents you
10:12:59 27 would typically review?

10:12:59 28 A. Not 100 percent of the time.
10:13:02 29 Depending on the circumstances. Incident
10:13:04 30 reports, things like that.

10:13:05 31 Q. And an Incident Report, in
10:13:07 32 what circumstance would you likely review that?

10:13:09 1 A. Maybe a fall.

10:13:10 2 Q. If there was an Incident

10:13:12 3 Report related to that fall?

10:13:13 4 A. Yes.

10:13:13 5 Q. In the course of your

10:13:16 6 investigation, are you making any notes or

10:13:19 7 documentation?

10:13:20 8 A. Yes. I make handwritten

10:13:22 9 notes as I go along.

10:13:23 10 Q. Is there a particular

10:13:25 11 document or form that you use?

10:13:27 12 A. In general, there's -- there

10:13:30 13 is a form called a Coroners Investigation

10:13:34 14 Worksheet. In general, I'll use those,

10:13:37 15 although every now and then, I forget to

10:13:39 16 photocopy and replenish my stack. So if I've

10:13:43 17 run out, I'll use any piece of paper.

10:13:46 18 Q. And if you could turn to

10:13:48 19 Tab 6 of your document brief, and that's

10:13:51 20 Document 72832. Is this the Coroners

10:14:08 21 Investigation Worksheet you were referencing?

10:14:09 22 A. Yes.

10:14:09 23 Q. Do you recall how you came

10:14:11 24 into possession of this document?

10:14:12 25 A. I've used -- I must have got

10:14:17 26 it from my original course or from -- I've used

10:14:22 27 it as long as I can remember.

10:14:24 28 Q. And at what point in time

10:14:26 29 during your investigation are you documenting

10:14:28 30 on the Coroners Investigation Worksheet or the

10:14:30 31 piece of paper as you described?

10:14:32 32 A. Like, as I'm going through

10:14:36 1 medical records, I'll be writing, like,
10:14:39 2 concurrently.

10:14:40 3 Q. Is the Institutional Patient
10:14:42 4 Death Record a document that you would review?

10:14:43 5 A. It's often sort of stacked up
10:14:50 6 on the chart with all the papers related to the
10:14:53 7 deceased, so it's often there that I would look
10:14:56 8 at it.

10:14:56 9 Q. So you've described examining
10:14:58 10 the body and reviewing records. Is there
10:15:01 11 anyone that you would speak to at this stage of
10:15:04 12 your investigation?

10:15:04 13 A. In -- I've often spoken to
10:15:10 14 someone at the -- like, a staff member because
10:15:14 15 they've led me to the room, so I would be
10:15:17 16 speaking to them about the deceased as we're
10:15:19 17 walking to the room and asking them questions.

10:15:21 18 And then if family are present
10:15:24 19 there at the time, I would -- I would talk to
10:15:27 20 them. And then I -- if the family weren't, it
10:15:33 21 is my practice to call them. It might not
10:15:36 22 be -- if it's 4 o'clock in the morning, I might
10:15:39 23 not call them at that instant, but generally
10:15:42 24 within the day.

10:15:43 25 Q. And you said it's your
10:15:45 26 practice to contact the family?

10:15:47 27 A. Yeah.

10:15:48 28 Q. Why is that?

10:15:49 29 A. Because they're the family.
10:15:50 30 They're the next of kin, so to see if they have
10:15:55 31 any concerns or anything.

10:15:56 32 Q. How do you identify which

1 family member to speak to?

2 A. Usually in the -- in
3 long-term care facilities, as I said, there's
4 that demographic sheet that will list -- often
5 there's two or three, I think, like, power of
6 attorney or first contact, second contact,
7 things like that.

8 Q. Do you have a general
9 practice in terms of what you say or ask of a
10 family member in this context?

11 A. I would express my
12 condolences and basically ask maybe some
13 general questions and then ask them if there
14 was any concerns.

15 Q. What do you do if you can't
16 reach a family member?

17 A. I would try again if I --
18 probably -- I can't say if I -- I can't say how
19 many times I try, if I'm totally unsuccessful,
20 but I generally try my best.

21 Q. And we've heard evidence
22 about the coroners office having certain
23 booklets or pamphlets that are available to
24 family members.

25 A. Yes.

26 Q. Are you familiar with those
27 documents?

28 A. Yes.

29 Q. Do you utilize them in your
30 practice?

31 A. Yes.

32 Q. And would you provide your

1 contact information to a family member?

2 A. Yes. So if -- if they were
3 physically present -- I have a card. I would
4 provide that and generally the booklet. I
5 often staple them together because cards are
6 easily lost. And then if they're -- if I
7 contact them by telephone, I would give them my
8 name and number.

9 Q. Is it the case that you will,
10 on occasion, speak to a family member after
11 that first day at the long-term care home?

12 A. Yeah. I -- so you mean that
13 I can't get ahold of them or -- I'm not sure.

14 Q. So in the context where
15 you've met them and you've provided your
16 contact information to them, do you find that
17 family members will reach out and contact you
18 in the future?

19 A. I'll say it's infrequently.
20 I do say my -- I usually say I know it's --
21 because it's a confusing and very busy time, I
22 usually leave it open that if you have any
23 concerns or even in a couple of weeks you have
24 a question that I can try to answer, feel free.
25 I can't say I get many calls.

26 Q. If you do receive a call of
27 that nature, what is your practice in terms of
28 documentation?

29 A. I would document it usually
30 on the Coroners Worksheet, like, my -- that's
31 my sort of living document, I guess that would
32 be called. So if I filled that up or on the

10:18:54 1 back or an extra sheet, which I staple
10:18:57 2 together.

10:18:57 3 Q. In terms of other persons you
10:18:57 4 may speak to in the course of your
10:19:00 5 investigation, you described the individual at
10:19:03 6 the care home who would take you to the room?

10:19:04 7 A. Mm-hm.

10:19:04 8 Q. Do you have a practice in
10:19:06 9 terms of speaking with any other health
10:19:07 10 practitioners, in particular?

10:19:08 11 A. I may speak to the family
10:19:13 12 physician or the physician in charge of their
10:19:16 13 care. I can't say it's 100 percent of the
10:19:19 14 time.

10:19:19 15 Q. And why would you make that
10:19:21 16 inquiry?

10:19:21 17 A. If I need extra information.

10:19:22 18 Q. And I understand that there
10:19:28 19 are certain circumstances in which an autopsy
10:19:31 20 is required to be ordered?

10:19:34 21 A. Yes.

10:19:34 22 Q. Can you give me examples of
10:19:37 23 when that would be the case?

10:19:38 24 A. Like, a homicide or an
10:19:40 25 accident.

10:19:41 26 Q. In the context of an
10:19:45 27 apparently natural death, when you're
10:19:48 28 conducting an investigation, how do you make a
10:19:50 29 determination about whether or not an autopsy
10:19:53 30 should be ordered?

10:19:53 31 A. It's -- I -- I guess if I can
10:20:05 32 reason -- if I'm -- on the balance of

1 probabilities that if I feel that I can
2 determine the cause of death based on the
3 information that I have, I wouldn't order an
4 autopsy, but if I'm unsure, then I would order
5 an autopsy.

6 Q. And you've used that
7 expression, "balance of probabilities," a few
8 times.

9 A. Yeah.

10 Q. What does that standard or
11 test mean to you?

12 A. It'd be like a scale. And so
13 if you're tipping one way and it's most likely
14 that, then that would be the balance of
15 probabilities.

16 Q. Can you describe your process
17 for determining cause of death? How do you
18 come to that conclusion?

19 A. That's based on all the
20 information I've gathered from the
21 investigation, from records, from
22 conversations, from the physical exam, and
23 then, if necessary, the autopsy.

24 Q. In your experience as an
25 investigating coroner, how often are autopsies
26 ordered in the context of a death investigation
27 in a long-term care home?

28 A. Infrequently.

29 Q. Do you have a sense of why
30 that's the case?

31 A. I would say that they have --
32 usually there's a well-documented history, and

10:21:34 1 you -- because of that history and -- you know,
10:21:37 2 once again, it depends on the circumstances,
10:21:39 3 but there's a lot of information usually that
10:21:42 4 you can put together to make that determination
10:21:45 5 of cause of death.

10:21:46 6 Q. Do you recall in your
10:21:48 7 practice ever ordering an autopsy for a death
10:21:57 8 investigation in a long-term care home?

10:21:59 9 A. I can't recall one way or the
10:22:00 10 other.

10:22:00 11 Q. You referenced the fact that
10:22:02 12 in a death investigation in a long-term care
10:22:04 13 home, you would consult the home's death
10:22:06 14 registry?

10:22:06 15 A. Yes.

10:22:06 16 Q. Do you do that in all
10:22:08 17 investigations?

10:22:09 18 A. Yes.

10:22:09 19 Q. And can you describe your
10:22:11 20 process for what you do in order to review the
10:22:15 21 death registry?

10:22:16 22 A. I would look at the registry,
10:22:22 23 look at completeness, review -- basically go
10:22:26 24 through the different columns which are
10:22:28 25 different categories, like, name -- not
10:22:30 26 necessarily names, but ages, whether they were
10:22:35 27 transferred to an acute care hospital and the
10:22:38 28 causes of death, and then if the -- a coroner
10:22:45 29 has reviewed something or not.

10:22:46 30 Q. What are you looking for when
10:22:49 31 you're undertaking that review?

10:22:50 32 A. As I said, partially

10:22:52 1 completeness. If there's been deaths that
10:22:54 2 should have been reported to a coroner like
10:22:59 3 a -- if the cause of death is a fractured hip
10:23:02 4 or a -- like, a brain bleed, that would
10:23:06 5 indicate most likely it was due to a fall. So
10:23:10 6 it would be an accidental death.

10:23:12 7 And it's not ticked off that a
10:23:14 8 coroner was notified, then -- and that would be
10:23:17 9 something to identify. And then looking to see
10:23:19 10 if there's, I'm going to call it, patterns or
10:23:23 11 anything out of the ordinary.

10:23:26 12 Q. In that example you described
10:23:30 13 where you see a case that you think should have
10:23:33 14 been a coroners case -- or a coroner should
10:23:35 15 have been notified, rather, what do you do in
10:23:42 16 that circumstance?

10:23:44 17 A. I would call -- usually call
10:23:46 18 provincial dispatch at this stage to say, you
10:23:49 19 know, I've identified, and probably email the
10:23:53 20 regional coroner's office.

10:23:56 21 Q. And why would you be
10:23:59 22 contacting dispatch or the regional's office?

10:24:02 23 A. So they have the record of
10:24:03 24 the investigation, that there needs to be an
10:24:07 25 investigation.

10:24:08 26 Q. Are you in a position, then,
10:24:10 27 to commence that investigation, or would
10:24:12 28 another coroner need to become involved?

10:24:15 29 A. In general, it's been myself
10:24:16 30 that's investigated those ones.

10:24:18 31 Q. And what would that
10:24:20 32 investigation consist of?

10:24:22 1 A. Well, usually the body is not
10:24:25 2 there anymore, so it's mostly a chart review.

10:24:28 3 Q. You indicated that one of the
10:24:31 4 things you're looking for is patterns?

10:24:33 5 A. Mm-hm.

10:24:34 6 Q. In that review, are you
10:24:40 7 looking for an increased rate of death?

10:24:44 8 A. It could be, but, once again,
10:24:47 9 it's very -- just, like, it's very variable how
10:24:50 10 many calls I get and not an increased rate --
10:24:54 11 it depends.

10:24:54 12 Q. That's what I'm trying to
10:24:56 13 understand. When you say you're looking for
10:24:57 14 patterns -- did you use the word "clusters"?
10:25:00 15 Am I recalling correctly? You're looking for
10:25:03 16 patterns?

10:25:03 17 A. Yeah.

10:25:04 18 Q. How do you determine that?

10:25:05 19 A. Once again, it's just looking
10:25:09 20 through time -- timing -- mostly the timing and
10:25:14 21 is there any, like, groupings or something like
10:25:17 22 that.

10:25:17 23 Q. So setting aside the
10:25:20 24 instances where you may have found a case that
10:25:22 25 you think should have been a coroners case and
10:25:25 26 you take additional steps, in a more typical
10:25:30 27 review, if I can call it that, is your review
10:25:32 28 limited to simply looking at that document, the
10:25:35 29 death registry?

10:25:36 30 A. No. I can ask for charts
10:25:38 31 from that, like, of the previous deceased.

10:25:41 32 Q. Is that your practice, to

10:25:44 1 review the charts of the prior deceased?

10:25:46 2 A. Not consistent. Like, if
10:25:51 3 there's something that I'm not sure of, then I
10:25:52 4 may ask for it. I wouldn't ask for, like,
10:25:56 5 all -- say if it was a threshold case, I
10:25:58 6 wouldn't ask for all ten charts, no.

10:26:00 7 Q. Are you aware, is that an
10:26:03 8 expectation that a coroner would be looking at
10:26:05 9 the medical charts during the death -- review
10:26:07 10 of the death registry?

10:26:08 11 A. I'm not aware.

10:26:09 12 Q. And I believe you indicated
10:26:16 13 just then that in a threshold case, you'd be
10:26:20 14 looking back at the prior nine deaths; is that
10:26:23 15 correct?

10:26:23 16 A. Yes.

10:26:23 17 Q. Now that threshold deaths
10:26:30 18 aren't being investigated -- and it could be
10:26:30 19 longer than every tenth death that a coroner is
10:26:33 20 in a long-term care home doing a death
10:26:34 21 investigation -- how far back would you look in
10:26:39 22 the death registry if you're undertaking that
10:26:41 23 review?

10:26:41 24 A. I would probably go back to
10:26:43 25 the last time there was a coroner noting.

10:26:45 26 Q. When you're undertaking that
10:26:53 27 review of the death registry, do you have a
10:26:58 28 belief as to whether or not that review would
10:27:01 29 be helpful in detecting harm of a resident by a
10:27:08 30 caregiver?

10:27:08 31 A. It's hard to say. It would
10:27:20 32 be difficult.

1 Q. And I would like you to turn
2 to Tab 19, please, and to the final page at
3 that tab, which is Document 71977.

4 Just to give an example of where
5 it appears that you undertook this threshold --
6 in the context of a threshold death
7 investigation, a review of the death registry.

8 And for that, I'm referencing
9 number 10 on the left side, patient MP. And I
10 see your name is written at the far right-hand
11 side of the document. What does that tell you?

12 A. That I was in to review that
13 death.

14 Q. And based on the practice
15 that you've described, do you believe or do you
16 know if you would have reviewed the ten prior
17 deaths in the registry?

18 A. That would be my practice.

19 Q. So you would have reviewed,
20 then, you believe, the death -- the ninth
21 death, Helen Young?

22 A. I would have saw it. It was
23 right above the one I investigated.

24 Q. And what does the document
25 reveal about her age?

26 A. She's 90 years old.

27 Q. And her cause of death
28 included on the document?

29 A. Old age, debility, atrial
30 fibrillation.

31 Q. And based on that information
32 contained -- firstly, do you have any

10:28:44 1 recollection of conducting this particular
10:28:47 2 threshold death investigation?

10:28:48 3 A. No.

10:28:49 4 Q. Based on the information
10:28:50 5 that's contained in the registry, do you
10:28:52 6 believe that you would have taken any further
10:28:54 7 steps as you've described potentially reviewing
10:28:57 8 the medical records?

10:28:57 9 A. I can't recall.

10:28:58 10 Q. Do you believe that you would
10:29:00 11 have based on the age, date of death, and cause
10:29:05 12 of death listed?

10:29:06 13 A. Most likely not, but I'm
10:29:10 14 not -- I can't recall.

10:29:11 15 Q. And if you note at the top of
10:29:13 16 the page, there's the information, average
10:29:16 17 number of deaths per month, average number of
10:29:19 18 transfers per month, and it's not completed.

10:29:22 19 Is that something that you
10:29:23 20 review in part of your review of the death
10:29:25 21 registry?

10:29:25 22 A. No. I don't think I've ever
10:29:29 23 seen that completed in any long-term facility.

10:29:32 24 Q. Other than the process you've
10:29:39 25 described, are there any other steps that you
10:29:41 26 would take in a typical death investigation in
10:29:43 27 a long-term care home?

10:29:44 28 A. Not in a typical one that I
10:29:51 29 can think of at this point.

10:29:52 30 Q. And then I understand that an
10:29:54 31 investigation is completed by the completion of
10:29:57 32 a Form 3, a Coroners Investigation Statement?

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A. Correct.

Q. And when is that document completed?

A. When I have all the final -- you can submit a preliminary and then a final. So, like, you can -- so the final one, it depends because the final wouldn't go in until -- like, if I did order a postmortem examination, I wouldn't submit a final until I had the result -- all the results back. But you can submit preliminary -- a preliminary report prior to that.

Q. And what is your practice in terms of -- relative to when you start the death investigation, when do you, yourself, complete the documentation of a Form 3?

A. Generally, I would input it within a week to two weeks.

Q. In the ordinary course, if you conduct a death investigation, would you, as the coroner, complete the Medical Certificate of Death?

A. In the ordinary course.

Q. Would you necessarily complete the Medical Certificate of Death?

A. Sometimes another physician or a nurse practitioner has completed it. If I don't agree with it, I will complete a new one, but if I agree with it, I would probably just leave the original.

Q. I'd appreciate if you would help us to understand your mind-set as an

1 investigating coroner doing a death
2 investigation in a long-term care home.

3 Now, before Ms. Wettlaufer's
4 offences became known, when you were conducting
5 a death investigation in that context, were you
6 considering the possibility of harm or
7 intentional harm by a caregiver against a
8 resident?

9 A. You always have to keep an
10 open mind. I would -- when I'm thinking of
11 intentional harm prior to this, I would be
12 thinking more, like, along the -- like,
13 physical harm and neglect.

14 Q. And I understand your job as
15 an investigating coroner is to determine both
16 the cause of death and the manner of death?

17 A. Yes.

18 Q. And that there are five
19 possible manners of death that can be assigned
20 to a case?

21 A. Correct.

22 Q. What are those five manners
23 of death?

24 A. Natural, accident, suicide,
25 homicide, and undetermined.

26 Q. And prior to Ms. Wettlaufer's
27 offences becoming known, when you were
28 conducting a death investigation in a long-term
29 care home, would you be considering any or all
30 of those potential manners of death?

31 A. Yeah, any and all.

32 Q. I'm going to turn now to ask

10:33:02 1 you some questions about a death investigation
10:33:03 2 that you, yourself, conducted. You were the
10:33:07 3 coroner who conducted the death investigation
10:33:10 4 pertaining to Mr. Wayne Hedges; is that
10:33:14 5 correct?

10:33:14 6 A. I don't have any
10:33:15 7 recollection, but the records indicate.

10:33:17 8 Q. So do you have any
10:33:18 9 recollection at all of conducting that death
10:33:24 10 investigation?

10:33:25 11 A. No. It's just based on the
10:33:26 12 records.

10:33:26 13 Q. But I understand that you
10:33:28 14 have presently reviewed the records?

10:33:30 15 A. Correct.

10:33:30 16 Q. And you're able to give
10:33:31 17 evidence based on your review of the records
10:33:33 18 and your general practice?

10:33:34 19 A. Yes.

10:33:35 20 Q. If you could turn to Tab 14
10:33:38 21 of your document brief, please, and that's
10:33:42 22 Document 64920, page 6. And what is this
10:34:01 23 document?

10:34:01 24 A. It's a warrant to take
10:34:03 25 possession of the body.

10:34:04 26 Q. And it looks like that's your
10:34:10 27 signature under the --

10:34:10 28 A. Yes.

10:34:10 29 Q. -- coroner line?
10:34:12 30 When would you have completed
10:34:15 31 this document?

10:34:16 32 A. At the beginning of my

1 investigation.

2 Q. And once completed, what do
3 you do with this document?

4 A. I retain it with the file,
5 and then once we submit our Form 3, a list --
6 we would -- there's a list of them print out,
7 and then I would fax the list and the Form 3s
8 into the regional supervising office or email
9 them. I don't know.

10 Q. And what's your understanding
11 of the purpose of this document?

12 A. It gives me the authority to
13 do the investigation.

14 Q. If you could turn next to
15 Tab 15, please. That's Document 64920, page 5.

16 A. Yeah.

17 Q. We'll just wait for the
18 document on the screen.

19 A. Oh, sorry.

20 Q. Do you recognize this
21 document?

22 A. I've -- yeah, I've seen it.

23 Q. The Case Notification Form?

24 A. Yes.

25 Q. And do you use this Case
26 Notification Form in your practice?

27 A. No.

28 Q. Did you ever use it as part
29 of your practice?

30 A. Not that I recall.

31 Q. And do you have any knowledge
32 of who, in fact, completed this form?

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A. I don't know.

Q. Would this be contained in your records pertaining to Mr. Hedges' death investigation?

A. It wasn't.

Q. So because you don't have a recollection of this death investigation, I'm going to take you to the Caressant Care Progress Notes to understand the information they can provide us.

A. Okay.

Q. That's Tab 18 of the document brief behind Tab A, and that's page -- pardon me, Document 783, page 1.

A. 7803?

Q. Yes. Thank you. If you could scroll, please, to the entry on January 24th, 2009, at 1:30. It's on page 1. Yes. Thank you. There.

So, Dr. Urbantke, if you could look at that entry at 1:30 on January 24th. At the very end, it indicates: [AS READ]

"Respiration and pulse ceased at 01:05 hours. Call placed to coroners answering service as this is a threshold case as well as the third death within 24 hours. Awaiting a return call at this time."

And then the entry above at 1:56 in the morning indicates: [AS READ]

"Call received from

10:37:17 1 Dr. Urbantke, coroner on call."

10:37:19 2 And to confirm, would you have seen this
10:37:22 3 document in your ordinary course?

10:37:23 4 A. No.

10:37:24 5 Q. And the note indicates that
10:37:28 6 you stated you will not be able to be in to
10:37:32 7 pronounce the death until morning at the
10:37:34 8 earliest but likely not until early afternoon.

10:37:34 9 [AS READ]

10:37:38 10 "She states she will require
10:37:40 11 Wayne's chart and the death
10:37:40 12 register. She requested I call
10:37:41 13 the physician on call and have
10:37:41 14 them pronounce the death
10:37:43 15 instead. Dr. Miettinen informed
10:37:43 16 and will be in in the morning.
10:37:46 17 Wayne's mother informed."

10:37:46 18 Do you know who Dr. Miettinen is?

10:37:46 19 A. He's a family doctor in
10:37:55 20 Woodstock.

10:37:55 21 Q. And do you have any
10:37:55 22 information to contradict or additional
10:37:57 23 information in respect of this note at 1:56 in
10:37:59 24 the morning?

10:37:59 25 A. I don't.

10:38:01 26 Q. And just further with the
10:38:05 27 timeline, there's an entry at 8:15: [AS READ]

10:38:08 28 "Dr. Miettinen in and
10:38:10 29 pronounced."

10:38:12 30 Just at the top of the page there. And if you
10:38:12 31 would scroll up slightly, please, Ms. Clewley.

10:38:12 32 [AS READ]

10:38:17 1 "At 9:20, body released to the
10:38:20 2 funeral home."

10:38:23 3 Again, do you have any additional or other
10:38:25 4 information to contradict the information
10:38:26 5 contained in the Progress Note?

10:38:28 6 A. No.

10:38:29 7 Q. And you've described your
10:38:31 8 process, your general process for conducting a
10:38:34 9 death investigation in a long-term care home.
10:38:36 10 Do you have any information or belief to
10:38:38 11 suggest that this process was any different in
10:38:43 12 the context of the death investigation
10:38:44 13 pertaining to Mr. Hedges?

10:38:45 14 A. No.

10:38:45 15 Q. So I'll ask you, then, to
10:38:51 16 turn next to Tab 16 of the document brief,
10:38:56 17 which is Document 69423, page 3. And can you
10:39:14 18 identify this document, please?

10:39:15 19 A. That's my handwritten note.

10:39:17 20 Q. Your handwritten note?

10:39:19 21 A. For my investigation for
10:39:21 22 Wayne Hedges.

10:39:23 23 MS. ROBINSON: And,
10:39:23 24 Commissioner, this is not yet in
10:39:26 25 evidence, so I propose that it
10:39:28 26 be marked as the next exhibit,
10:39:30 27 please.

10:39:30 28 THE COMMISSIONER: Thank you.
10:39:32 29 Madam Clerk, exhibit --

10:39:35 30 THE REGISTRAR: Exhibit 112.

10:39:37 31 THE COMMISSIONER: Exhibit 112
10:39:38 32 then, handwritten notes. Top,

10:39:40 1 it says January 24th.
10:39:42 2 Document Number 69423, page 3.
10:39:38 3 EXHIBIT NO. 112: Handwritten
10:39:40 4 notes dated January 24th,
10:39:42 5 Document 69423, page 3.

10:39:48 6 BY MS. ROBINSON:

10:39:48 7 Q. And I don't intend to take
10:39:50 8 you through each step of this investigation,
10:39:51 9 but at a high level, I note on the left-hand
10:39:54 10 side, PMH. What does that stand for?

10:39:57 11 A. Past medical history.

10:39:58 12 Q. And where would you have
10:39:59 13 obtained that information from?

10:40:00 14 A. From the medical records.

10:40:03 15 Q. And if you wouldn't mind
10:40:05 16 scrolling down, please. We see meds?

10:40:06 17 A. Yeah.

10:40:07 18 Q. A little further, please.

10:40:07 19 Thank you.

10:40:07 20 Where would you have obtained
10:40:09 21 that information from?

10:40:09 22 A. From the medical record.

10:40:17 23 Usually they have what's called a MAR,
10:40:19 24 Medication Administration Record, so...

10:40:21 25 Q. And the additional
10:40:23 26 information contained in this handwritten note,
10:40:26 27 do you know where you would have obtained that
10:40:28 28 information from?

10:40:28 29 A. I would obtain it at the
10:40:32 30 long-term care facility from the medical
10:40:34 31 records. And I see a note about skin ulcers
10:40:40 32 buttocks, so I assume that's from my physical

10:40:43 1 examination.

10:40:43 2 Q. Are you aware of any
10:40:45 3 reference on this document to contacting any
10:40:50 4 particular health practitioners or any other
10:40:52 5 individuals?

10:40:52 6 A. No specific references.

10:40:56 7 Q. Is it possible that was part
10:40:57 8 of your investigation?

10:40:58 9 A. Yes.

10:40:58 10 Q. And when would you have
10:41:03 11 completed this document?

10:41:05 12 A. As I said, I complete it
10:41:08 13 concur -- like, while I'm doing the
10:41:09 14 investigation.

10:41:09 15 Q. And then if you would turn,
10:41:13 16 please, to the next tab, 17, which is page 1 of
10:41:17 17 the same document, Ms. Clewley. And at the
10:41:21 18 bottom of the page, please, under the
10:41:26 19 narrative. If you could actually -- between
10:41:28 20 the two pages is what I'm looking for. If you
10:41:31 21 could go lower, please.

10:41:34 22 Your narrative statement
10:41:37 23 indicates that you concluded that the cause of
10:41:40 24 death was cerebrovascular accident?

10:41:46 25 A. Yes.

10:41:46 26 Q. Can you explain how you would
10:41:48 27 have made that determination?

10:41:49 28 A. Well, once again, going back
10:41:51 29 through the past medical history and then
10:41:53 30 looking at the circumstances of the death,
10:41:58 31 it -- just referring to the record, it -- I
10:42:02 32 noted that it was -- he had a decreased level

1 of consciousness, not able to swallow, and
2 unilateral or one-sided drooling, which I felt
3 would be -- so if someone came to the emergency
4 department with those symptoms, I would think
5 it would be a stroke or a cerebrovascular
6 accident.

7 Q. You indicated there reference
8 to your emergency medicine practice?

9 A. Mm-hm.

10 Q. Is that a way that you think
11 about death investigations, comparable to your
12 other medical practice?

13 A. It's -- we -- just like we --
14 if you -- we take a history when you come into
15 the emergency department. That would be the
16 same as going through the past medical history,
17 speaking to others.

18 And then my physical exam is a
19 physical exam. And then testing if we need to,
20 which would basically be the autopsy in a death
21 investigation.

22 Q. So can you help us understand
23 why your determination was in this case, that
24 the cause of death was cerebrovascular
25 accident?

26 A. Well, as I said, he had a
27 previous history of stroke. And especially
28 with that one-sided drooling, to me, that
29 indicated that he's had another stroke.

30 Q. Just if you could go up on
31 page 1, please. Thank you. Just there. The
32 medical cause of death is listed as

1 cerebrovascular accident?

2 A. Yeah.

3 Q. And then there's a
4 contributing factor listed as diabetes?

5 A. Mm-hm.

6 Q. Why would you have listed
7 that as a contributing factor?

8 A. Because it's a risk factor
9 for, like, hardening of or narrowing of the
10 arteries.

11 Q. And then if we go back to
12 where we just were, the next line in the
13 narrative is: [AS READ]

14 "Family had no concerns."

15 Where would you have obtained that information
16 from?

17 A. I would have spoke to the
18 family.

19 Q. Would you have considered
20 ordering a postmortem examination or an autopsy
21 in this case?

22 A. No.

23 Q. And why not?

24 A. Once again, on the balance of
25 probabilities, especially with that unilateral
26 drooling -- so if it had been more just global,
27 it would be a bit more nonspecific, but
28 especially with that one-sided drooling, I felt
29 it was a stroke.

30 Q. And just for the
31 nonphysicians in the room, is a stroke a
32 cerebrovascular accident?

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A. Yeah.
Q. There were two points of clarification I hoped you could assist us with in respect of the death investigation you conducted pertaining to Mr. Hedges, and the first arises from the Caressant Progress Note.

It indicated you that you, at 1:56 in the morning, reported that you would not be able to attend until early afternoon, maybe the morning.

Do you presently have any information about what time you arrived at Caressant Care that date?

A. No.

Q. And we saw from the Progress Note that the body -- Mr. Hedges' body was released to the funeral home at 9:20 in the morning of January 24th.

Is it possible that Mr. Hedges' body was released to the funeral home before your arrival at Caressant Care?

A. I can't recall.

Q. Is it possible to complete a death investigation without viewing and examining a body?

A. In general, no.

Q. Today, do you believe that in this instance, you would have seen Mr. Hedges' body as part of your death investigation?

A. I believe I did. It's my general practice, but also -- sorry, I forget what tab my handwritten --

1 Q. Your handwritten notes are
2 the prior at Tab 16.

3 A. 16. I did make note of skin
4 ulcers buttocks, and that's a physical finding,
5 so I presume I saw them.

6 Q. And the second question I had
7 just as a point of clarification pertained to
8 the Medical Certificate of Death. And that's
9 not in the brief before you, but I handed up to
10 Madam Clerk copies of that document, which is
11 7608. And this is already in evidence in one
12 of the Overview Reports. Document 7608.

13 And if you could scroll down to
14 the bottom, please. Did you complete the
15 Medical Certificate of Death pertaining to
16 Mr. Hedges?

17 A. No. Dr. Miettinen did.

18 Q. And why was that the case?
19 Do you know?

20 A. I'm not sure why he did it.
21 Like I said, sometimes physicians or a nurse
22 practitioner will do it even though it's a
23 coroners case. As I said, if I agree with it,
24 I tend not to change it or redo my own. If I
25 disagree, I will -- would redo it.

26 Q. Do you believe that -- well,
27 firstly, would you have reviewed this form in
28 the course of your death investigation?

29 A. I would assume it's -- well,
30 I saw it because I didn't tear it up or revise
31 it, and I must have agreed with it. Usually
32 it's -- like, usually there's a stack of papers

10:47:48 1 with the chart, so I presume it was in there.

10:47:51 2 Q. And just so that it's clear
10:47:52 3 to me, if you don't agree with the cause of
10:47:55 4 death included on a Form 16 or a Medical
10:47:58 5 Certificate of Death, what is your practice?

10:47:59 6 A. I would fill out a new one.

10:48:03 7 Q. And the final area I'd like
10:48:15 8 to ask you a few questions about pertains to
10:48:15 9 Ms. Maureen Pickering. And the records
10:48:18 10 indicate that you had involvement in her care
10:48:20 11 as an emergency room physician.

10:48:22 12 Do you have any recollection of
10:48:23 13 your involvement in Ms. Pickering's care?

10:48:25 14 A. No.

10:48:25 15 Q. But I understand that you've
10:48:28 16 had an opportunity to review those records, and
10:48:30 17 you can provide evidence based on the contents
10:48:32 18 of those records; is that fair?

10:48:35 19 A. Yes.

10:48:35 20 Q. So from my review of the
10:48:38 21 records, your first involvement in her care was
10:48:42 22 her attendance at the emergency department of
10:48:45 23 the Woodstock Hospital on March 23rd.

10:48:51 24 Do you have any information to
10:48:52 25 suggest that you had any prior involvement in
10:48:56 26 her care?

10:48:56 27 A. Not that I recall.

10:49:01 28 Q. So I'll ask you, then, to
10:49:04 29 turn to Tab 27 of the document brief. That's
10:49:08 30 page -- or pardon me, Document 65223, page 85.

10:49:25 31 Dr. Urbantke, based on your
10:49:27 32 review of this document, can you tell us when

10:49:29 1 you believe Ms. Pickering would have arrived at
10:49:32 2 the Woodstock Hospital on March 23rd?

10:49:33 3 A. Around 11:46 in the morning.

10:49:35 4 Q. Is that based on the top
10:49:38 5 right-hand corner?

10:49:39 6 A. Yes.

10:49:43 7 Q. And relying on this document,
10:49:45 8 what history was provided to you as the
10:49:46 9 emergency room physician about Ms. Pickering
10:49:48 10 and her condition?

10:49:48 11 A. That she was a 78-year-old
10:49:54 12 woman from a nursing home. Do not resuscitate.
10:49:58 13 Found by nursing home staff unresponsive at
10:50:03 14 10:50 hours. Glucose was 0.4. Given D50W, so
10:50:10 15 1 amp -- that's basically sugar -- by EMS. The
10:50:15 16 sugar was then 4.6. Given second amp in 8.
10:50:23 17 So --

10:50:25 18 Q. When you say "the sugar was
10:50:29 19 4.6," what does that mean?

10:50:32 20 A. The sugar -- they must have
10:50:33 21 rechecked the sugar. And so it's risen with
10:50:36 22 the -- with the ambulance giving sugar.

10:50:39 23 Q. When you say "the sugar,"
10:50:41 24 what do you mean?

10:50:42 25 A. The blood sugar, sorry, the
10:50:43 26 patient's blood sugar. So originally, the
10:50:45 27 patient's blood sugar was 0.4. D50W is like
10:50:53 28 sugar water for -- that -- to inject into an
10:50:55 29 intravenous to bring up the blood sugar.

10:50:59 30 So an amp -- a dose of the D50W
10:51:09 31 was given by EMS, so by the ambulance service,
10:51:14 32 and the blood sugar rose to 4.6.

1 Q. And based on this record and
2 your general practice, can you tell us what
3 your involvement in Ms. Pickering's care would
4 have been on that day?

5 A. So based on this record,
6 she -- I see that she went into -- it says TR2
7 and room number, and that would be the trauma
8 room or resuscitation room. So that, to me,
9 indicates that she was quite sick or critical,
10 so it would be immediate attendance to the
11 bedside.

12 Q. And based on the record or
13 your general practice, can you confirm what
14 treatment you provided to Ms. Pickering on that
15 day?

16 A. In general, as I said, it
17 would be immediate attendance at the bedside,
18 information gathering, physical examination.
19 Generally, simultaneously, nurses would be
20 starting intravenouses if they -- I would
21 presume one was started by the ambulance since
22 they administered a dose of glucose, perhaps
23 the second one.

24 And then laboratory
25 investigations. And then looking at the
26 record, she had a CAT scan of the head.

27 Q. And I'll ask you -- if you
28 could slide down just slightly, please. I note
29 on the right-hand side of the page 17:00?

30 A. Yes.

31 Q. Can you confirm what that
32 entry states and pertains to?

1 A. That's an entry I made that I
2 discussed with the -- a nurse at the home, that
3 they're aware of -- status is comfort
4 medications, that they hold PO meds, so hold
5 oral medications.

6 I've written lorazepam 1
7 milligram, subq 6H PRN, so she could have the
8 medication lorazepam and 1 milligram with an
9 injection under the skin -- just under the skin
10 every six hours, if needed.

11 And another medication,
12 hydromorphone, 1 milligram subcutaneously.
13 It's a bit cut off, but I think Q1H PRN, so
14 every hour if needed. And then DNR, do not
15 resuscitate.

16 Q. And why were those orders
17 given?

18 A. She remained unresponsive and
19 was in poor condition, so it was -- she -- we
20 turned to comfort measures or a palliative care
21 approach.

22 Q. And at the bottom of the page
23 under "Final Diagnosis on Discharge," what is
24 the entry?

25 A. Severe hypoglycemia.

26 Q. Was that your diagnosis?

27 A. That is my -- so I had a
28 resident working with me that day. That would
29 be their handwriting. But I've signed the
30 chart, so I agreed with the diagnosis.

31 Q. Why was that the diagnosis?

32 A. Because she had a very low

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blood sugar of 0.4.

Q. You describe that as very low?

A. Yes.

Q. What would a normal blood sugar be in a nondiabetic patient?

A. About 4 to 6.

Q. If you could turn to Tab 28 of your document brief, please, Document 65222 and the third page of that document. And if I could take you to the note on March 23rd at 17:11.

A. Okay.

Q. It states: [AS READ]
"Call received from Dr. Urbantke from Woodstock Hospital at 17:00."
Do you have any recollection of this discussion?

A. No. I presume it happened because I wrote 17:00 on my emergency.

Q. Okay. And why would you have contacted Caressant Care about Ms. Pickering?

A. I contacted them because we couldn't explain the low blood sugar, and that if she passed away, could a coroner be called.

Q. And I'll ask you to turn to the second page in the document to an entry at the bottom of the page, 17:21. There's another note that says: [AS READ]
"Dr. Urbantke mentioned that Maureen's blood sugar was

10:56:13 1 extremely low when she arrived
10:56:15 2 at the hospital, and the cause
10:56:16 3 is unknown. She stated that if
10:56:19 4 Maureen passes, it might be a
10:56:21 5 good idea to call the coroner on
10:56:23 6 this one."

10:56:23 7 So firstly, do you know if this was a separate
10:56:25 8 discussion or if they're one or two
10:56:29 9 conversations because there are two Progress
10:56:31 10 Notes?

10:56:31 11 A. I don't recall one way or the
10:56:34 12 other. I presume only one, but I'm not sure.

10:56:37 13 Q. And you don't recall?

10:56:39 14 A. Sorry?

10:56:40 15 Q. You said you don't recall?

10:56:41 16 A. I don't recall.

10:56:43 17 Q. Before I move on, I did just
10:56:48 18 want to confirm one point from the prior note
10:56:51 19 at the 17:11.

10:56:52 20 A. Okay.

10:56:52 21 Q. If you could turn back to
10:56:56 22 page 3, please. It indicates that -- the note
10:57:03 23 suggests that you reported: [AS READ]

10:57:05 24 "Maureen continues to be
10:57:07 25 unresponsive, and tests shows
10:57:10 26 the possibility of a 'midbrain
10:57:11 27 stroke.'"

10:57:12 28 What was that information based upon?

10:57:14 29 A. The CAT scan. If -- sorry.
10:57:21 30 Flipping back to my emergency record, there's a
10:57:25 31 note. It says: [AS READ]

10:57:29 32 "CT negative, CTA --"

10:57:32 1 Which is a -- so she had a regular CAT scan,
10:57:36 2 and then she had a CTA, a CAT scan angiography,
10:57:41 3 so they put dye through the vessels for a
10:57:47 4 different view. And it says: [AS READ]
10:57:52 5 "? infarct upon. Discussed with
10:57:55 6 power of attorney."
10:57:56 7 So that would be the possible mid vein (sic)
10:58:01 8 stroke.

10:58:01 9 Q. And then turning back to the
10:58:04 10 Progress Note at 17:21, please, on page 2,
10:58:11 11 there is a part in quotations there: [AS READ]
10:58:14 12 "Might be a good idea to call
10:58:16 13 the coroner on this one."
10:58:17 14 Is that something that you believe you would
10:58:20 15 have reported to a long-term care home?

10:58:22 16 A. I believe that was my
10:58:26 17 intention for the call, is to ask them to call
10:58:30 18 a coroner.

10:58:30 19 Q. And why would you have said
10:58:32 20 that?

10:58:33 21 A. Because she had the low blood
10:58:39 22 sugar that was unexplained.

10:58:40 23 Q. At that time, do you know
10:58:44 24 if -- or do you believe that you would have
10:58:45 25 been thinking about the possibility of
10:58:48 26 intentional harm?

10:58:49 27 A. I believe I was thinking more
10:58:52 28 along the line of a medication error.

10:58:55 29 Q. And do you have any other
10:58:57 30 information about these discussions with
10:59:00 31 Caressant Care?

10:59:00 32 A. No.

1 Q. And the final document I'll
2 ask you to turn to is the Affidavit of
3 Ms. Noelle Kelly, which was entered as
4 Exhibit 97 yesterday -- or, pardon me, on
5 Monday. If you could provide a copy to the
6 witness, please. And that's document AFF00018.
7 And the second page of the document, please.

8 For your benefit, Dr. Urbantke,
9 Ms. Kelly is an individual working at Ontario
10 dispatch -- the central dispatch, rather, and
11 she swore this Affidavit to help us understand
12 the I/CAD document recording her interactions
13 on the date of March 28th.

14 And if you note at paragraph
15 5(c), Ms. Kelly has provided evidence that at
16 8:37 on the morning of March 28th, she called
17 you to assign you the case as an investigating
18 coroner. Do you have any recollection about
19 being contacted by Ms. Kelly?

20 A. No.

21 Q. Do you have any recollection
22 of being contacted by central dispatch about
23 Ms. Maureen Pickering?

24 A. No.

25 Q. And the note indicates that
26 Ms. Kelly spoke to you and that you said the
27 blood sugar was less than 1 and unexplained,
28 that you can't take the case because you saw
29 her in the ER but will speak to the coroner to
30 give more background information. Urbantke has
31 declined the job. Why would you have declined
32 this case?

1 A. Because I actively treated
2 her recently, so I -- it's a -- to me, it would
3 be a conflict of interest, so that's why I
4 declined.

5 Q. And just as a point of
6 clarification again, the note at the quotation
7 indicates: [AS READ]

8 "Hospital two days ago."
9 You've reviewed the records and seen that
10 Ms. Pickering was in hospital on March 23rd?

11 A. Yes.

12 Q. And this call took place on
13 March 28th?

14 A. Yes.

15 Q. So will you agree with me
16 that Ms. Pickering was in hospital five days
17 prior, not two days prior?

18 A. Doing the math, yes.

19 Q. Okay. And the note indicates
20 that you had stated: [AS READ]

21 "Will speak to the coroner to
22 give more background
23 information."

24 Do you believe that's something you would have
25 said to provincial dispatch?

26 A. Yes.

27 Q. Do you have any knowledge or
28 information about whether you had any
29 subsequent discussions with provincial dispatch
30 about Ms. Pickering?

31 A. Not that I recall.

32 Q. Do you know or do you

1 remember if you spoke to the investigating
2 coroner about Ms. Pickering?

3 A. Not that I recall.

4 Q. Do you recall speaking to
5 Dr. George about Ms. Pickering at the time of
6 her death?

7 A. I don't recall.

8 Q. Do you believe presently it's
9 possible or not possible that you had any such
10 conversations?

11 A. I don't recall one way or the
12 other.

13 Q. There was just one point of
14 clarification I did want to make, Dr. Urbantke,
15 based on the testimony that you provided.

16 I'd asked you if there were
17 certain types of cases wherein an autopsy was
18 required. Do you remember me asking you that
19 question?

20 A. Yes.

21 Q. And if I and Ms. Jones have
22 our notes correctly, I believe you indicate in
23 your response certain types of cases would
24 include a homicide or an accident?

25 A. I did say that, and I will
26 say thinking back on my answer, I can't say 100
27 percent of the cases an accident. I was -- I
28 will admit, I was probably thinking car
29 accident in that.

30 But if a person has fallen and
31 has had a fractured hip and they have a
32 well-documented history, it's going to be an

11:03:13 1 accident. Manner of death will be accident,
11:03:15 2 but I will not necessarily write -- do an
11:03:18 3 autopsy in that case.

11:03:19 4 Q. Okay.

11:03:22 5 MS. ROBINSON: Thank you. Those
11:03:23 6 are my questions for you at this
11:03:24 7 stage. And Ms. Bambers on
11:03:27 8 behalf of the Province will have
11:03:29 9 some additional questions for
11:03:32 10 you.

11:03:32 11 EXAMINATION-IN-CHIEF BY

11:03:32 12 MS. BAMBERS:

11:03:47 13 Q. Good morning, Dr. Urbantke.

11:03:50 14 I have a few questions for you. I know that
11:03:57 15 you said that the number of calls you get is so
11:04:00 16 variable that it was difficult -- or you were
11:04:04 17 unable to estimate the number of cases where
11:04:08 18 you get the call from central dispatch, and
11:04:12 19 then you have to make an assessment of whether
11:04:15 20 to investigate, but you don't investigate.

11:04:17 21 So that number you were not able
11:04:19 22 to estimate; correct?

11:04:20 23 A. Correct.

11:04:21 24 Q. But leaving aside a specific
11:04:27 25 number -- I mean, this happens more than
11:04:31 26 occasionally. It must be a regular thing in
11:04:33 27 your practice?

11:04:37 28 A. I would say more than
11:04:39 29 occasionally. It's -- I can't --

11:04:43 30 Q. I mean, you would have had at
11:04:46 31 least ten situations where you've had to assess
11:04:49 32 and not investigate it?

11:04:50 1 A. Yes.

11:04:51 2 Q. In your entire career or --

11:04:55 3 A. Yeah, probably within a year

11:05:00 4 even or it -- once again, it's variable, so

11:05:03 5 it's hard to put a hard-and-fast number, but

11:05:03 6 certainly I've done it before, yes.

11:05:05 7 Q. You've done it many times

11:05:05 8 probably --

11:05:05 9 A. Yes.

11:05:08 10 Q. -- to get to the 50 that you

11:05:10 11 do investigate? Is that going too far?

11:05:13 12 A. "Many" is sort of --

11:05:14 13 Q. More than occasional?

11:05:15 14 A. More than occasional for

11:05:17 15 sure.

11:05:18 16 Q. Okay. And when you do that

11:05:24 17 head-to-toe examination of a body when you are

11:05:28 18 investigating a death, I just wanted to clarify

11:05:30 19 that you're not taking any samples of body

11:05:33 20 fluids or anything like that?

11:05:34 21 A. No.

11:05:35 22 Q. Or tissues?

11:05:36 23 A. No.

11:05:36 24 Q. That's not included?

11:05:37 25 A. No. It's a physical exam.

11:05:41 26 Q. All right. And you indicated

11:05:48 27 that if you are unable to determine the cause

11:05:52 28 of death on the balance of probabilities, that

11:05:56 29 you would order an autopsy?

11:06:00 30 A. Yes.

11:06:00 31 Q. And I just wanted to clarify.

11:06:03 32 Do you always go ahead with that, or would you

11:06:08 1 consult with the pathologist as to what an
11:06:14 2 autopsy could reveal before you order an
11:06:17 3 autopsy?

11:06:17 4 A. I -- it's my practice to call
11:06:19 5 the pathologist and discuss the case with the
11:06:22 6 pathologist.

11:06:23 7 Q. Right. And that may
11:06:26 8 influence whether you decide to order the
11:06:29 9 autopsy?

11:06:29 10 A. I would say in general, I've
11:06:38 11 probably decided to order the autopsy, and it's
11:06:41 12 more information exchange, and then if -- to
11:06:44 13 help them understand the investigation better,
11:06:48 14 we do do a warrant, but -- and that allows them
11:06:52 15 to ask questions, and then if they need more
11:06:54 16 information that I don't have at the time, I
11:06:55 17 can try to get it for them.

11:06:56 18 Q. Are there cases where you may
11:07:00 19 call the pathologist just to get advice before
11:07:03 20 you decide to order an autopsy?

11:07:05 21 A. Yes. The other person that I
11:07:10 22 could call for advice would be the regional
11:07:12 23 supervising coroner on call. I would probably
11:07:16 24 start with them.

11:07:16 25 Q. And my friend had asked you
11:07:31 26 about when you're doing a threshold death
11:07:33 27 investigation, investigating the tenth death,
11:07:41 28 whether it was an expectation that you look
11:07:44 29 back at those previous nine charts, and your
11:07:47 30 answer was that you were not aware.

11:07:49 31 And I just wanted to clarify
11:07:54 32 what you meant by that, that you're -- are you

1 saying that you're not expected to look at
2 those charts of those previous nine deaths?

3 A. I'm not aware of a
4 hard-and-fast rule that you have to pull each
5 individual chart.

6 Q. All right. And Ms. Robinson
7 had showed you the Caressant Care death
8 registry where you were investigating the tenth
9 death. Maybe we could bring up that death
10 registry. It's Document 71977.

11 So you were investigating the
12 tenth death on July 21st, 2013, and you believe
13 you would have reviewed the death registry
14 where Helen Young's name appeared on it.

15 And you indicated that you
16 couldn't say at this time whether you would
17 have pulled those charts; correct?

18 A. I can't say one way or the
19 other.

20 Q. I wanted to take you to
21 Document 71443. So this is a Coroner
22 Investigation Statement that appears you
23 completed and that you completed it on July 21,
24 2013.

25 So this would be the death
26 investigation -- the threshold death
27 investigation that you were doing where you
28 would have looked back at Helen Young?

29 A. I would presume so.

30 Q. All right. And if we could
31 go to the end of the form, in the last
32 paragraph, it says: [AS READ]

11:10:32 1 "The death register was
11:10:36 2 reviewed, and although there
11:10:37 3 were a few pieces of missing
11:10:38 4 data, no issues were identified.
11:10:41 5 The staff was made aware of the
11:10:45 6 register deficiencies."

11:10:46 7 Does that assist you to recall what you would
11:10:49 8 have done on this threshold death investigation
11:10:53 9 and to what extent you would have looked back
11:10:56 10 at the other cases?

11:10:57 11 A. I can't speak to this
11:10:59 12 specific one, but in general, if there's
11:11:01 13 missing data, like, the cause of death isn't
11:11:04 14 written in or the date of death, I make the
11:11:08 15 staff aware and ask them that it needs to be
11:11:11 16 filled in and then have it usually faxed to me
11:11:14 17 so that I can review when it's complete.

11:11:19 18 Q. All right. But I'm
11:11:21 19 suggesting -- or I'm asking you that if you had
11:11:24 20 done something more with those other deaths,
11:11:28 21 would you have documented it in some way?
11:11:29 22 Like, would you have noted something unusual
11:11:30 23 about the prior deaths here beyond what you
11:11:33 24 wrote here?

11:11:33 25 A. If there's something unusual,
11:11:36 26 I would presume I would have noted it.

11:11:38 27 Q. All right. Regarding your
11:11:46 28 death investigation of Wayne Hedges, you have
11:11:54 29 no information as to -- I take it you have no
11:11:58 30 information as to when his body went to the
11:12:01 31 funeral home beyond anything stated in the
11:12:06 32 notes?

1 A. Just what the record -- that
2 record that was up.

3 Q. All right. And are there
4 times when you've examined the body elsewhere,
5 like, in a funeral home?

6 A. I have, in the past, examined
7 a body at the -- at a funeral home, yes.

8 Q. And on those occasions with
9 the Medical Certificate of Death, if you've
10 disagreed with the cause of death and you have
11 to create a new one, do you discuss it with the
12 doctor who had done the original one?

13 A. In general. Can I say it's
14 100 percent of the time? No. It depends on
15 being able to contact him. But, yes, in
16 general.

17 MS. BAMBERS: Thank you.

18 THE COMMISSIONER: Thank you,
19 Ms. Bambers.

20 MS. ROBINSON: Commissioner, I'd
21 propose that perhaps we take the
22 morning recess now before the
23 cross-examination of
24 Dr. Urbantke begins.

25 THE COMMISSIONER: Yes.

26 Thank you very much. Who's up
27 after the break?

28 MS. ROBINSON: Mr. Van Kralingen
29 will begin.

30 THE COMMISSIONER: Thank you.

31 Is there a document brief as
32 usual?

11:13:21 1 MR. VAN KRALINGEN: Yes.
11:13:21 2 THE COMMISSIONER: May I have it
11:13:23 3 over the break, please?
11:13:25 4 MR. VAN KRALINGEN: Sure. I can
11:13:26 5 tell you that there's only a
11:13:27 6 small number of documents I'm
11:13:28 7 going to refer to, so I would
11:13:30 8 suggest starting at Document
11:13:31 9 Number 4.
11:13:31 10 THE COMMISSIONER: Thank you.
11:13:57 11 THE REGISTRAR: This Public
11:14:07 12 Inquiry is on recess for 15
11:14:12 13 minutes.
11:14:13 14 -- RECESSED AT 11:14 A.M. --
11:31:46 15 -- RESUMED AT 11:31 A.M. --
11:31:47 16 MS. BAMBERS: Commissioner, I
11:31:48 17 did complete my examination, but
11:31:51 18 I did neglect to mark one
11:31:55 19 document as an exhibit, and that
11:31:56 20 was the last document referred
11:31:57 21 to, Document 71443, which was
11:32:03 22 the Coroners Investigation
11:32:06 23 Statement completed by
11:32:07 24 Dr. Urbantke on July 21st, 2013.
11:32:12 25 If I could have that marked as
11:32:14 26 an exhibit.
11:32:14 27 THE COMMISSIONER: Right. It
11:32:15 28 hasn't been entered as an
11:32:17 29 exhibit then otherwise.
11:32:19 30 Thank you very much.
11:32:20 31 So, Madam Clerk, where are we
11:32:22 32 at on exhibits?

11:32:24 1 THE REGISTRAR: That would be
11:32:25 2 113.
11:32:25 3 THE COMMISSIONER: Exhibit 113
11:32:27 4 then, the Coroners Investigation
11:32:28 5 Statement, Form 3, dated 2013.
11:32:37 6 Thank you.
11:32:39 7 MS. BAMBERS: Thank you.
11:32:39 8 EXHIBIT NO. 113: Coroners
11:32:06 9 Investigation Statement
11:32:06 10 completed by Dr. Urbantke, dated
11:32:10 11 July 21, 2013.
11:32:42 12 THE COMMISSIONER:
11:32:42 13 Mr. Van Kralingen?
11:32:47 14 MR. VAN KRALINGEN: Good
11:32:48 15 morning, Commissioner.
11:32:47 16 THE COMMISSIONER: Good morning.
11:32:47 17 CROSS-EXAMINATION BY
11:32:47 18 MR. VAN KRALINGEN:
11:32:47 19 Q. Good morning, Dr. Urbantke.
11:32:47 20 We met briefly earlier this morning. My name
11:32:51 21 is Alex Van Kralingen. I'm one of the lawyers
11:32:52 22 representing one of the victims groups here.
11:32:56 23 And you have a copy of the
11:32:59 24 document I provided? Great.
11:33:00 25 Before we get into the
11:33:01 26 documents, I was a little unclear this morning
11:33:04 27 in terms of how you would characterize how much
11:33:07 28 coroners work you do as part of your practice.
11:33:09 29 Could you estimate the
11:33:10 30 percentage of time you spend on coroners
11:33:13 31 activities in your practice?
11:33:13 32 A. On an investiga -- I'm also

1 an inquest coroner, so -- but on
2 investigations, probably less than 10 percent.

3 Q. Fair enough. If you go to
4 Tab 4 of the documents you have in front of
5 you. That is Document 65222.

6 MR. VAN KRALINGEN: I've just
7 provided, Commissioner, only two
8 pages of Ms. Pickering's
9 Progress Notes.

10 THE COMMISSIONER: Thank you.

11 BY MR. VAN KRALINGEN:

12 Q. On the second page, at the
13 bottom, you've already reviewed this entry with
14 Ms. Robinson this morning. It's the entry
15 where you say:

16 "If Maureen passes, it 'might be
17 a good idea to call the coroner
18 on this one.'"

19 And I recognize that that's Ms. Wettlaufer
20 capturing what she believes you said on a phone
21 call. And I know this is not your note.

22 My question to you is this:

23 Assuming that you had made that statement, in
24 your career, have you ever previously suggested
25 to another health care provider that it might
26 be a good idea to call the coroner in
27 connection with a pending death?

28 A. I can't say one way or the
29 other. It may be in the circumstances like
30 that fall -- the fall -- the fall example I
31 gave you, but I would say it's probably
32 unlikely -- unusual. It'd be infrequent.

1 Q. You're suggesting it's a rare
2 occurrence?

3 A. Yes.

4 Q. All right. And assuming that
5 you made that statement, I assume that the
6 concern was motivated because Ms. Pickering's
7 severe hypoglycemia was unexplained; is that
8 fair to say?

9 A. From the notes, yes, I would.

10 Q. Okay. And from the notes, I
11 assume that you were -- you would assume that
12 there would have been no good reason to explain
13 the severe hypoglycemia. Would you agree with
14 that?

15 A. I didn't have one at the
16 time.

17 Q. Fair enough. At that
18 point -- and we discussed this this morning --
19 Ms. Pickering goes back to Caressant Care
20 Woodstock in a palliative state. Do you
21 remember talking about that this morning?

22 A. Yes.

23 Q. Given what you've seen in
24 Ms. Pickering's records, if you had made a
25 comment that it might be a good idea to call
26 the coroner, to your mind, would that advice
27 have changed whether Ms. Pickering died one day
28 later or three days later or five days later?

29 A. No.

30 Q. Thank you. Can you go to the
31 next tab in the document, Tab 5. And this is
32 Document 65223. It's the copy of the emergency

11:36:03 1 record that you discussed earlier this morning
11:36:04 2 with Ms. Robinson. And if you could go to page
11:36:09 3 85, please. Thank you.

11:36:14 4 Before we look at this record,
11:36:16 5 I'm wondering, in the course of your education
11:36:19 6 and ongoing training as a coroner, if you've
11:36:24 7 ever talked about the idea of an insulin
11:36:27 8 injection possibly leading to death?

11:36:29 9 A. Yes.

11:36:35 10 Q. Right. And I want to be
11:36:36 11 clear. I'm not speaking about necessarily a
11:36:39 12 nefarious act, or it could be a medication
11:36:42 13 error, for example.

11:36:43 14 A. Correct.

11:36:43 15 Q. Just so I'm clear, in the
11:36:45 16 course of your continuing education, you've
11:36:49 17 expressly discussed that?

11:36:50 18 A. I remember a case being
11:36:51 19 presented during one of the conferences. I
11:36:54 20 can't recall which one.

11:36:55 21 Q. Fair enough. And I'm not
11:36:57 22 asking for which conference. I'm wondering if
11:37:00 23 you could provide as much detail as possible
11:37:02 24 about the case that was presented.

11:37:03 25 A. I remember it was an acute
11:37:09 26 care hospital, and it was described that a
11:37:14 27 patient received an injection -- well, in --
11:37:19 28 that's what they figured happened, is that the
11:37:22 29 patient -- wrong patient received an injection
11:37:25 30 of insulin and caused, like, low blood sugar,
11:37:32 31 but --

11:37:34 32 Q. Which ultimately led to their

11:37:36 1 death?

11:37:36 2 A. Yes.

11:37:36 3 Q. Okay. Do you believe it's
11:37:40 4 possible that you had engaged in that education
11:37:42 5 or heard about this case before you dealt with
11:37:47 6 Ms. Pickering in 2014?

11:37:51 7 A. I believe so.

11:37:52 8 Q. Do you think it's possible
11:37:56 9 that your memory of that case might have
11:37:59 10 triggered a comment to Ms. Wettlaufer that it
11:38:03 11 might be a good idea to call a coroner on this
11:38:06 12 one?

11:38:06 13 A. I don't recall specifics, but
11:38:10 14 I believe so.

11:38:11 15 Q. If Ms. Pickering died shortly
11:38:14 16 after you had provided this note to
11:38:20 17 Ms. Wettlaufer that it might be a good idea to
11:38:22 18 call the coroner on this one, is it fair to say
11:38:24 19 that either way, you thought it would be
11:38:26 20 important to get to the bottom of why
11:38:27 21 Ms. Pickering had this severe hypoglycemia?

11:38:30 22 A. Yes.

11:39:03 23 MR. VAN KRALINGEN: Thank you
11:39:03 24 for your time today. Those are
11:39:05 25 all of my questions.

11:39:13 26 THE WITNESS: Thank you.

11:39:13 27 THE COMMISSIONER: Thank you,
11:39:17 28 Mr. Van Kralingen.

29 MS. ROBINSON: Mr. Scott on
30 behalf of other of the family
31 groups.

32 THE COMMISSIONER: Thank you.

1 MR. SCOTT: Good morning,
2 Commissioner.

11:32:47 3 THE COMMISSIONER: Good morning,
11:32:47 4 Mr. Scott.

11:32:47 5 CROSS-EXAMINATION BY MR. SCOTT:

11:32:47 6 Q. Good morning, Dr. Urbantke.

11:39:21 7 I'm Paul Scott. I represent one of the other
11:39:23 8 family groups here.

11:39:23 9 A. Okay.

11:39:24 10 Q. I just have a few questions
11:39:26 11 for you. I'd just like to pick up on where my
11:39:28 12 friend left off with you on Maureen Pickering's
11:39:32 13 case.

11:39:34 14 When you discharged her back to
11:39:37 15 Caressant Care after treating her in the
11:39:46 16 emergency room, you'd stabilized her blood
11:39:50 17 sugar at that point; correct?

11:39:52 18 At that point, you weren't
11:39:53 19 thinking anybody was trying to kill her;
11:39:53 20 correct?

11:39:56 21 A. Sorry, can you -- I just --

11:39:58 22 Q. At that point, you hadn't
11:39:59 23 thought to yourself somebody is trying to kill
11:40:02 24 this woman with insulin; correct?

11:40:02 25 A. Not that I recall.

11:40:02 26 Q. You would recall that if
11:40:02 27 you'd thought it, don't you think?

11:40:05 28 A. I would think so.

11:40:05 29 Q. I would think so too.

11:40:07 30 So when you sent her back to the
11:40:08 31 nursing home, were you thinking to yourself
11:40:11 32 then somebody has made a medication error here,

11:40:14 1 and that's probably why this lady has such a
11:40:16 2 low blood sugar?

11:40:18 3 A. That would be, I think, my
11:40:19 4 thought process at the time.

11:40:20 5 Q. Sure. And when you sent her
11:40:22 6 back, did you send back a note to say, "You
11:40:25 7 should do a little investigation. There may
11:40:28 8 have been a medication error"?

11:40:29 9 A. I think that was the intent
11:40:33 10 on my phone call. I can't recall exactly what
11:40:36 11 was discussed.

11:40:36 12 Q. Your phone call to whom?

11:40:39 13 A. The nursing home.

11:40:39 14 Q. So when you discharged
11:40:44 15 Ms. Pickering back to Caressant Care that day,
11:40:46 16 do you recall calling the nursing home before
11:40:49 17 she went back to say, "There may have been a
11:40:52 18 medication error"?

11:40:52 19 A. I don't have any -- I -- just
11:40:55 20 from the notes that I made that I called it --
11:41:00 21 I discussed with the nurse at 17:00 and then
11:41:03 22 the notes from the nursing home that I
11:41:05 23 discussed.

11:41:07 24 Q. Which leads me to my next
11:41:09 25 question which is is there a system whereby you
11:41:12 26 would make a note and send it back with the
11:41:15 27 ambulance crew to the nursing home?

11:41:18 28 A. My -- the -- I will admit,
11:41:23 29 the nurses in the emergency department usually
11:41:27 30 package up notes and things, but my
11:41:29 31 understanding is a copy of my face sheet, so
11:41:32 32 that emergency record, would go -- be

1 photocopied and sent back.

2 Q. Okay. I just want to
3 again -- maybe I'm just not understanding this
4 process very well. I'm going to call it a
5 threshold, a different threshold than the ten
6 cases.

7 When you get a call from
8 dispatch in Toronto about a coroners case,
9 somebody has died --

10 A. Okay.

11 Q. -- I'm going to call this
12 point a threshold. This is when you have to
13 decide do I investigate this case or do I not
14 investigate this case; correct? You have to
15 make that decision?

16 A. I wouldn't make it just -- if
17 I'm not available, I would tell dispatch I'm
18 not available, but I wouldn't make it just in
19 discussing with --

20 Q. No, fair enough. So let's
21 say you're available --

22 A. Yeah.

23 Q. -- and you say, "Yes, okay, I
24 can take this case."

25 A. Okay.

26 Q. And then you take certain
27 steps to decide whether to proceed with an
28 investigation or not; correct?

29 A. Correct.

30 Q. And you've gone through what
31 some of those steps are for us. And one of the
32 things I wanted to ask you about is the medical

11:42:46 1 records.

11:42:47 2 What medical records can you or
11:42:50 3 do you access before you decide whether to make
11:42:54 4 an investigation or not?

11:42:55 5 A. It would depend. I could
11:43:08 6 access --

11:43:09 7 Q. Would it assist if I say
11:43:11 8 we're only dealing with a long-term care home
11:43:14 9 case?

11:43:14 10 A. Unless I went into the
11:43:17 11 long-term care facility, I wouldn't have access
11:43:20 12 to -- direct access to their records.

11:43:22 13 Q. Okay. So you don't have any
11:43:23 14 medical documents to review in order to decide
11:43:25 15 whether you're going to investigate or not?

11:43:26 16 A. Not in front of me.

11:43:28 17 Q. Okay. So for my
11:43:31 18 clarification, what do you use?

11:43:33 19 A. It's the discussions with
11:43:37 20 other -- with the individual on the phone or if
11:43:40 21 I speak to other people, depending on the
11:43:44 22 investigation.

11:43:44 23 Q. Again, I want to stop you.
11:43:46 24 If we're just in the long-term care home --

11:43:46 25 A. Yes.

11:43:49 26 Q. -- you would speak to the
11:43:51 27 person that called dispatch; am I correct?

11:43:54 28 A. Yes.

11:43:55 29 Q. And who else would you speak
11:43:56 30 to in the home before you decide whether you're
11:43:58 31 going to investigate or not?

11:44:00 32 A. Potentially the family, but

11:44:01 1 those would be the two big people in the home.
11:44:03 2 Q. Fair enough. And anything
11:44:05 3 else?
11:44:06 4 A. It depends on the case. I
11:44:10 5 could speak -- call the family doctor also.
11:44:13 6 Q. And in your experience, do
11:44:16 7 you usually call the family doctor for a
11:44:18 8 long-term care home case?
11:44:19 9 A. I wouldn't say "usually."
11:44:23 10 Q. Frequently?
11:44:24 11 A. Occasionally.
11:44:34 12 MR. SCOTT: Thank you. Those
11:44:35 13 are my questions.
11:44:35 14 THE COMMISSIONER: Thank you,
11:44:36 15 Mr. Scott.
11:44:42 16 MS. ROBINSON: Ms. Meadus is up
11:44:43 17 next.
11:44:43 18 THE COMMISSIONER: Thank you.
11:44:43 19 CROSS-EXAMINATION BY MS. MEADUS:
11:44:56 20 Q. Good morning.
11:32:47 21 A. Good morning.
11:32:47 22 Q. My name is Jane Meadus, and
11:44:57 23 I'm here on behalf of the Ontario Association
11:45:01 24 of Residents' Councils. And I don't know if --
11:45:02 25 are you familiar with this organization?
11:45:03 26 A. Not entirely.
11:45:04 27 Q. Okay. So as you may be
11:45:07 28 aware, every long-term care home has a
11:45:10 29 Residents' Council within it, and this is the
11:45:12 30 umbrella organization representing those
11:45:15 31 organizations.
11:45:16 32 So we represent basically the

11:45:18 1 78,000 or so residents of long-term care in
11:45:21 2 Ontario through that organization.
11:45:23 3 A. Okay.
11:45:23 4 Q. Okay. So you are aware that
11:45:28 5 there's Residents' Councils in homes; is that
11:45:30 6 correct?
11:45:30 7 A. I've heard the -- I don't
11:45:32 8 deal with them a lot other than because I'm an
11:45:34 9 emergency physician, but it's familiar.
11:45:37 10 Q. So you don't provide any
11:45:38 11 direct services in long-term care homes?
11:45:42 12 You're not a family physician who provides
11:45:45 13 direct services in homes; is that correct?
11:45:47 14 A. That's correct.
11:45:47 15 Q. So is your attendance in
11:45:49 16 those homes specifically as a coroner?
11:45:50 17 A. Yes.
11:45:51 18 Q. Okay. Now, are you aware of
11:45:53 19 the mandatory reporting obligations under the
11:45:55 20 Long-Term Care Homes Act to report to the
11:45:58 21 Ministry of Health things like abuse or neglect
11:46:02 22 in a long-term care home?
11:46:04 23 A. I can't say I would -- I
11:46:07 24 can't say I know the specific regulation or --
11:46:10 25 Q. Okay. Have you ever reported
11:46:11 26 a case to the Ministry of Health that you've
11:46:14 27 come across?
11:46:15 28 A. For abuse or neglect?
11:46:18 29 Q. Yes.
11:46:19 30 A. Not that I recall. I've
11:46:22 31 spoken to inspectors.
11:46:25 32 Q. And what would be the contact

1 speaking with an inspector?

2 A. I can't recall. And I don't
3 know if it was related to this facility or not.

4 Q. Okay. So I'd like to bring
5 up exhibit 0007803, which is Mr. Hedges', I
6 hope.

7 So you've talked today about
8 what your usual practice is; correct? And you
9 don't have a recollection other than what
10 you've seen in the documentation; is that
11 correct?

12 A. Correct.

13 Q. Okay. So I'd like to bring
14 down a little bit farther. And just stop
15 there, please. So it says at 1:56 a.m.:

16 [AS READ]

17 "Call received from Dr. Urbantke

18 --"

19 I guess that's supposed to be you. [AS READ]

20 "-- coroner on call. She stated
21 she would not be able to be in
22 to pronounce the death until
23 morning at the earliest, but
24 likely not until early
25 afternoon. She states she will
26 require Wayne's chart and the
27 death register. She requested I
28 call the physician on call and
29 have them pronounce the death
30 instead. Dr. Miettinen informed
31 and will be in in the morning.
32 Wayne's mother informed."

11:47:49 1 Okay. So do you recollect that phone call?
11:47:51 2 A. No.
11:47:51 3 Q. And you would have reviewed
11:47:53 4 the chart; is that correct?
11:47:54 5 A. In preparation for --
11:47:56 6 Q. When you were doing the
11:47:58 7 investigation itself.
11:48:00 8 A. Yes.
11:48:00 9 Q. And so would this note likely
11:48:02 10 have been in that chart if you didn't come in
11:48:05 11 right at that time?
11:48:05 12 A. I would presume so.
11:48:07 13 Q. Okay. So you didn't disagree
11:48:09 14 with anything that you saw in the chart; is
11:48:12 15 that correct?
11:48:12 16 A. No.
11:48:12 17 Q. So we know that you were
11:48:14 18 called at 1:56. Dr. Miettinen pronounced death
11:48:22 19 at 8:05. Do you have any recollection at all
11:48:26 20 whether you came in the morning or that
11:48:27 21 afternoon?
11:48:28 22 A. No.
11:48:28 23 Q. Okay. Can I have exhibit
11:48:32 24 69423, please. Sorry, document number. Yes, I
11:48:44 25 found I had done that yesterday. I wrote
11:48:46 26 exhibit instead of document. Can you just go
11:48:48 27 down that page a little bit? Okay.
11:48:51 28 And so, first of all, we do know
11:48:53 29 this is a threshold death, correct, that you
11:48:55 30 were in for this? It's just up a little bit
11:48:57 31 farther. Is that correct?
11:49:02 32 So this is the reason you were

11:49:03 1 being called. It says under "involvements":
11:49:03 2 [AS READ]
11:49:06 3 "Long-term care facility
11:49:07 4 threshold."
11:49:08 5 A. It was a threshold death.
11:49:10 6 Q. Okay. And can you go down a
11:49:11 7 little bit farther, please. Yeah, to the next
11:49:16 8 page.
11:49:17 9 And right at the end of that
11:49:19 10 first line, it says: [AS READ]
11:49:20 11 "Family had no concerns."
11:49:22 12 And do you have any specific recollection of
11:49:24 13 speaking to them?
11:49:25 14 A. Not one way or the other.
11:49:28 15 Q. Okay. Thank you. And can
11:49:30 16 you go down to the written notes, which
11:49:32 17 I believe are on page 3.
11:49:33 18 Now, these are your notes that
11:49:34 19 you took contemporaneously; is that correct?
11:49:36 20 A. Yes.
11:49:36 21 Q. So is there any documentation
11:49:43 22 on that that you spoke with the family?
11:49:45 23 A. What tab? Sorry, I just
11:49:45 24 can't see the whole document at once.
11:49:48 25 Q. Tab 16. Sorry, we don't have
11:49:50 26 access to those numbers.
11:50:05 27 A. I don't see any note.
11:50:08 28 Q. Okay. The other question
11:50:10 29 that was asked -- another question that was
11:50:13 30 asked this morning had to do with when the body
11:50:15 31 was released; is that correct? That you were
11:50:17 32 asked, I believe, if it was released to the

1 funeral home, if you had seen the body before
2 it was released to the funeral home. Do you
3 remember that question this morning?

4 A. Yes.

5 Q. Okay. And in my review of
6 the witness statement that you had before --

7 MS. JONES: Sorry, Commissioner,
8 under the rules of the Public
9 Inquiry, the witness statements
10 aren't to be used for
11 cross-examination, so I just ask
12 my friend to remember that.

13 MS. MEADUS: Okay. Thank you.

14 BY MS. MEADUS:

15 Q. Okay. So I have looked for a
16 document that indicated -- and I understand --
17 are you not supposed to sign a document to
18 release the body? Would that be normally what
19 is done?

20 A. To the funeral home?

21 Q. Yes. If you're
22 investigating, do you have to release the body
23 to go to the funeral home?

24 A. Like, sign an actual
25 document?

26 Q. Yes.

27 A. Not necessarily.

28 Q. Not necessarily. Okay. So
29 how does the body get released then?

30 A. I would say they can -- they
31 would be -- you know, the body can be released
32 to the funeral home. It would be directed.

1 Q. If it's a coroners case,
2 should they be releasing the body before you
3 arrive?

4 A. No.

5 Q. Okay. But we don't know when
6 the body was released in this -- whether you
7 saw it before it was released in this case?

8 A. I don't know.

9 Q. You can't say. Okay. Thank
10 you.

11 I'd like to talk to you a little
12 bit about Maureen Pickering. So at the time
13 you did -- we've just heard that you expressed
14 concern about the hypoglycemia; is that
15 correct? And that was why you had indicated
16 that you thought it might be a coroners case?

17 A. Yes.

18 Q. Okay. Now, one of the things
19 that you indicated this morning -- and maybe
20 you can just help me understand what the
21 process -- she was brought to the hospital by
22 ambulance; is that correct?

23 A. Yes.

24 Q. Okay. And you stated this
25 morning that she received, I believe, an ampule
26 of the D50W in the ambulance; is that correct?

27 A. Can I have the --

28 Q. Oh, sorry. That would be
29 Tab 27.

30 A. From the notes.

31 Q. 65223. I apologize. Page
32 85.

11:52:57 1 A. Do you want me to wait or --
11:53:00 2 Q. Yes, please.
11:53:01 3 A. Okay. Sorry, can you repeat
11:53:17 4 the question again?
11:53:18 5 Q. I was just trying to
11:53:19 6 understand -- I understand there were 2 amps of
11:53:22 7 the D50W given.
11:53:24 8 A. Yes.
11:53:24 9 Q. My understanding from your
11:53:25 10 testimony this morning was that one was given
11:53:30 11 by the ambulance personnel. And I didn't
11:53:33 12 understand that myself before, so I'm just
11:53:35 13 wondering if you can just explain. Is that
11:53:37 14 what had happened according to your notes?
11:53:39 15 A. According to these notes,
11:53:41 16 it's -- so you'll see -- I guess it's the third
11:53:46 17 line down in the big block. The first line
11:53:51 18 says 78. So it says 10:50 hours. Just above
11:53:54 19 it, glucose 0.4 given D50W 1 amp by EMS. EMS,
11:54:04 20 the paramedics or --
11:54:04 21 Q. And so it says that the
11:54:05 22 glucose was 0.4. So would they have done some
11:54:10 23 type of test in the ambulance?
11:54:12 24 A. I would assume, since they
11:54:14 25 had a reading, they did a glucometer reading.
11:54:18 26 Q. Okay. What's a glucometer
11:54:17 27 reading?
11:54:18 28 A. The finger prick. You'll see
11:54:22 29 diabetics use a finger prick to take a little
11:54:26 30 piece of blood.
11:54:26 31 Q. And being an emergency room
11:54:29 32 physician, I'm assuming that you deal with the

11:54:32 1 ambulance staff all the time; is that correct?

11:54:34 2 A. Yeah.

11:54:34 3 Q. And do you supervise those
11:54:36 4 staff as well?

11:54:36 5 A. Do you mean, like, do I
11:54:38 6 provide them over --

11:54:40 7 Q. No, no, with -- my
11:54:41 8 understanding is that ambulance services, they
11:54:44 9 have to have, like, a hub there where there's a
11:54:47 10 physician that gives them some type of
11:54:51 11 directions.

11:54:51 12 A. No. I believe for our
11:54:52 13 county, it's out of London, but I -- I'm not
11:54:56 14 sure.

11:54:56 15 Q. You're not sure. Okay.
11:54:58 16 Do you have any knowledge as to
11:54:59 17 whether taking a glucose reading would be
11:55:03 18 something that ambulance professionals would do
11:55:06 19 to every patient, or would this be something
11:55:09 20 that they would do only in particular
11:55:11 21 instances?

11:55:12 22 A. I don't know their specific
11:55:14 23 protocols.

11:55:14 24 Q. Okay. Is it something you
11:55:15 25 see very often on an emergency chart?

11:55:18 26 A. It's not infrequent.

11:55:20 27 Q. Not infrequent?

11:55:21 28 A. It depends on the
11:55:22 29 circumstances.

11:55:23 30 Q. Okay. Circumstances. So
11:55:24 31 would you agree with me that something
11:55:26 32 triggered them to believe there might be a

11:55:29 1 problem with the insulin; that's why they
11:55:32 2 had --

11:55:33 3 MS. ROBINSON: I'm just going to
11:55:34 4 rise. I don't know that that's
11:55:36 5 something that Dr. Urbantke can
11:55:38 6 speak to.

11:55:39 7 MS. MEADUS: Okay. Thank you.
11:55:39 8 I'll move on. Thank you.

11:55:41 9 BY MS. MEADUS:

11:55:41 10 Q. So you had indicated you were
11:55:44 11 concerned about the hypoglycemia. And we
11:55:46 12 expect to hear from Dr. Pollanen later, and
11:55:51 13 he's the chief forensic pathologist for
11:55:58 14 Ontario.

11:55:58 15 And we're expecting him to talk
11:55:59 16 about the issue that in mild hypoglycemia,
11:55:59 17 symptoms are confusion, pallor, diaphoresis,
11:56:08 18 shakiness, irritability, anxiety, tachycardia,
11:56:08 19 dizziness, headaches, weakness, and a reduced
11:56:10 20 level of consciousness, but in severe
11:56:12 21 hypoglycemia, there can be irreversible brain
11:56:16 22 damage with coma and death, which is called
11:56:20 23 hypoglycemic encephalopathy.

11:56:20 24 And persons with hypoglycemic
11:56:22 25 encephalopathy may appear to have had a stroke
11:56:24 26 both in terms of clinical presentation and
11:56:26 27 imaging.

11:56:27 28 So is this the type of thing
11:56:28 29 that you were thinking about when you were
11:56:30 30 referring that back to the coroner; this is the
11:56:35 31 kind of finding that you might expect?

11:56:40 32 A. I'm not -- I'm not sure

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what --

Q. I guess what I'm just trying to get at is, you know, would you have -- you had something -- you had a CT scan that indicated potential -- some kind of brain pons -- infarct or pons; correct?

A. That's what it says, yeah.

Q. But is it also possible that that could be mimicked by some type of hypoglycemic issue? Were you aware of that?

A. Well, I wrote "severe hypoglycemia" as my diagnosis.

Q. All right. Okay. Thank you. Okay. I'd like to turn your attention to another Form 3. And it's 71441. This is not in evidence. I will provide that to you.

Okay. So this is a document, and it appears to be dated in the bottom corner November the 28th, 2011. Do you see that?

A. I see that.

Q. Okay.

MS. BAMBERS: That's not the date.

MS. MEADUS: Pardon?

MS. BAMBERS: That's the date it was QA, so...

MS. MEADUS: I'm not sure what QA means, so...

MS. BAMBERS: Well, I guess approved.

MS. MEADUS: Approved. Okay.

MS. BAMBERS: Not the date of

1 the --
2 MS. MEADUS: Not the date of the
3 document.

11:58:13 4 BY MS. MEADUS:

11:58:13 5 Q. And it appears to be -- it's
11:58:14 6 got a statement date at the top of 2011. And
11:58:18 7 the only -- I don't think it really matters
11:58:20 8 that we know the exact date for this. I think
11:58:22 9 it's just important we know that it was in
11:58:24 10 2011.

11:58:24 11 So this would be a document
11:58:25 12 that -- it would be in 2011; is that correct?

11:58:27 13 A. It appears so.

11:58:29 14 Q. Okay. And that you were the
11:58:31 15 coroner on this?

11:58:32 16 A. Yes.

11:58:33 17 Q. Okay. And you can look down,
11:58:36 18 and you can see under "Involvements," it says:

11:58:36 19 [AS READ]

11:58:41 20 "Long-term care facility
11:58:42 21 threshold."

11:58:42 22 So this would have been a threshold death; is
11:58:45 23 that correct?

11:58:45 24 A. Correct.

11:58:46 25 Q. Okay. So my understanding is
11:58:47 26 is that you would have been looking at this
11:58:49 27 specific death, and then you have the narrative
11:58:50 28 there. And you went through your process.

11:58:53 29 And at the bottom of the page,
11:58:54 30 it says you had -- no concerns in regards to
11:58:57 31 care were expressed; is that correct?

11:59:02 32 A. I wrote that at the --

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Q. You wrote that?

A. The last line says that,
yeah.

MS. MEADUS: Sorry, can we have
this marked as an exhibit?

THE COMMISSIONER: Yes, we can.
Is that Exhibit 114?

THE REGISTRAR: That's right.

THE COMMISSIONER: All right,
Exhibit 114, and it is Document
Number 71441, and it is a Form
3, Coroners Investigation
Statement by Dr. Urbantke.

EXHIBIT NO. 114: Form 3,
Coroners Investigation Statement
by Dr. Urbantke, Document 71441.

BY MS. MEADUS:

Q. And so when you flip over to
page 2, at that time, you reviewed the death
register, and you had some issues with the
death register.

And I just wanted to just
confirm that you would have written this in
this document; is that correct?

A. Yeah.

Q. And you found that there was
a problem with incompletely filled out number
of causes of death; is that correct?

A. That's what's written.

Q. Okay. And it says the staff
would have been directed to have this completed
and provide a copy for review when done.

12:00:04 1 So you would have requested --
12:00:07 2 this seems to indicate you would have requested
12:00:09 3 them to complete the document properly and then
12:00:11 4 return it to you so that you could review it
12:00:13 5 again; is that correct?

12:00:13 6 A. Correct.

12:00:14 7 Q. Okay. And then you indicate
12:00:15 8 that you, in fact, in this case, did find an
12:00:19 9 accidental death due to a subdural hematoma
12:00:24 10 from a fall. It was identified for which a
12:00:26 11 coroner was not called; is that correct?

12:00:27 12 A. Correct.

12:00:27 13 Q. Okay. And then an
12:00:28 14 investigation into this case was initiated; is
12:00:31 15 that correct?

12:00:33 16 So this was a case where the
12:00:35 17 threshold death -- you did go in, and you, in
12:00:38 18 fact, did find an issue and did start another
12:00:40 19 coroners investigation; is that correct?

12:00:41 20 A. It appears so.

12:00:43 21 Q. Appears so. And whether you
12:00:44 22 did that or another coroner did that --

12:00:47 23 A. I'm not sure.

12:00:48 24 Q. You're not sure. Okay.

12:00:49 25 Thank you.

12:00:50 26 And I just have one final
12:00:54 27 question with respect to Ms. Pickering. You
12:01:00 28 had notes. You indicate you take a lot of
12:01:03 29 notes. Would you have taken notes of any call
12:01:05 30 from Dr. George if he had called you to discuss
12:01:08 31 this matter?

12:01:08 32 A. What notes do you --

12:01:14 1 Q. You had indicated that you
12:01:17 2 would be pleased to speak to the coroner who
12:01:20 3 was called on the case of Ms. Pickering?

12:01:23 4 A. Yes.

12:01:23 5 Q. Would you keep notes of that
12:01:25 6 conversation?

12:01:25 7 A. Not that because I -- it was
12:01:28 8 like an -- I'm not available because of the
12:01:30 9 conflict of interest, so I wouldn't keep notes
12:01:33 10 of that.

12:01:33 11 Q. But if Dr. George who was
12:01:36 12 assigned to the case had called you to discuss
12:01:38 13 the matter of your seeing Ms. Pickering in the
12:01:40 14 emergency room and the issue around her
12:01:42 15 hypoglycemia, would you have kept notes
12:01:44 16 somewhere of that conversation?

12:01:46 17 A. Not necessarily.

12:01:48 18 Q. Not necessarily. Okay.

12:01:50 19 MS. MEADUS: Thank you. Those
12:01:50 20 are my questions.

12:01:50 21 THE COMMISSIONER: Thank you,
12:01:52 22 Ms. Meadus.

12:02:07 23 MS. ROBINSON: I see there's no
12:02:07 24 further cross-examination, so
12:02:08 25 Ms. Bambers on behalf of the
12:02:11 26 Province in reexamination.

12:02:13 27 THE COMMISSIONER: Thank you
12:02:13 28 very much.

12:02:13 29 RE-EXAMINATION BY MS. BAMBERS:

12:02:18 30 Q. Dr. Urbantke, you were asked
12:02:25 31 about whether you ever had occasion to report a
12:02:31 32 case of abuse or neglect to the Ministry of

12:02:36 1 Health, and I don't think a foundational
12:02:41 2 question was asked.

12:02:42 3 Do you ever recall investigating
12:02:46 4 a case that involved abuse or neglect of a
12:02:50 5 patient that you can recall or a resident that
12:02:53 6 you can recall?

12:02:54 7 A. Not that I recall.

12:02:57 8 MS. BAMBERS: Thank you.

12:02:59 9 THE COMMISSIONER: Thank you.

12:03:06 10 MS. ROBINSON: And I just have
12:03:06 11 one topic I'd like to review
12:03:09 12 with you, Dr. Urbantke, in
12:03:10 13 reexamination.

12:03:10 14 RE-EXAMINATION BY MS. ROBINSON:

12:03:12 15 Q. You'll recall Mr. Scott, on
12:03:16 16 behalf of one of the family groups, was asking
12:03:18 17 you questions about what he called "the
12:03:21 18 threshold decision making" when you receive a
12:03:22 19 call from dispatch, and you're making a
12:03:24 20 determination about whether or not to commence
12:03:27 21 a death investigation. Do you recall Mr. Scott
12:03:30 22 asking you questions of that nature?

12:03:31 23 A. Yes.

12:03:32 24 Q. And he was asking you a
12:03:33 25 particular line of questioning about in the
12:03:35 26 context of a death in a long-term care home,
12:03:39 27 what documents you would have in front of you
12:03:41 28 when evaluating whether or not to take that
12:03:47 29 case as a coroners case. Do you remember those
12:03:47 30 questions?

12:03:49 31 A. Yes.

12:03:49 32 Q. And he had asked you whether

12:03:52 1 you would have access to the long-term care
12:03:58 2 home records when making that decision. Do you
12:03:59 3 recall that question?

12:03:59 4 A. Yes.

12:03:59 5 Q. And I just want to confirm
12:04:01 6 for the purposes of the record what, if any,
12:04:04 7 medical records you will have in front of you
12:04:06 8 or have access to when you're making that
12:04:08 9 determination.

12:04:10 10 A. Potentially, I could have
12:04:14 11 hospital records or access to hospital records.

12:04:17 12 Q. Are there any other types of
12:04:19 13 medical records you may have available to you
12:04:20 14 when you're making that determination?

12:04:22 15 A. Unless I'm going into a
12:04:27 16 place, no.

12:04:29 17 MS. ROBINSON: Thank you,
12:04:29 18 Dr. Urbantke. Those are my
12:04:31 19 questions for you.

12:04:32 20 MS. FRASER: It would be
12:04:33 21 helpful, Madam Commissioner --
12:04:34 22 and I don't know if my voice is
12:04:37 23 being picked up because I know
12:04:39 24 we need to speak from -- okay.

12:04:40 25 It would be helpful, Madam
12:04:41 26 Commissioner, to know in terms
12:04:44 27 of that access -- the question
12:04:45 28 is access, and I think it's
12:04:47 29 important that we understand
12:04:49 30 authority in the context of
12:04:51 31 access and what Dr. Urbantke's
12:04:55 32 understanding of that might be.

12:04:57 1 So that's why I rise.

12:04:58 2 THE COMMISSIONER: I understand

12:05:05 3 where that question is coming

12:05:07 4 from certainly, Ms. Fraser.

12:05:09 5 What's your position on that?

12:05:12 6 MS. ROBINSON: I'm content to

12:05:13 7 ask the question if you believe,

12:05:17 8 Madam Commissioner, that it

12:05:18 9 would be of assistance to you.

12:05:20 10 THE COMMISSIONER: I think you

12:05:21 11 should talk to Ms. Fraser for a

12:05:23 12 moment and make sure that you

12:05:23 13 understand what her concern is

12:05:25 14 so that you phrase the questions

12:05:26 15 in a way that meets it.

12:05:29 16 MS. FRASER: Thank you.

12:05:40 17 MR. SCOTT: Commissioner, would

12:05:41 18 it be appropriate if I spoke

12:05:43 19 with counsel as well? My

12:05:46 20 recollection is I think I did

12:05:48 21 ask that question.

12:05:49 22 THE COMMISSIONER: I will hear

12:05:51 23 you on this. I don't want to

12:05:53 24 disrupt that. Let them have

12:05:55 25 that conversation, and then

12:05:57 26 we'll have a discussion

12:05:57 27 ourselves about what we need to

12:05:59 28 do to deal with this properly.

12:05:59 29 MR. SCOTT: Thank you.

12:06:20 30 THE COMMISSIONER: Before you

12:06:21 31 put your questions, can you

12:06:22 32 please tell me what manner of

12:06:24 1 questions you're going to put
12:06:26 2 and why, because Mr. Scott has
12:06:29 3 some concern about it.
12:06:31 4 So just hear the general
12:06:33 5 tenor of what it is that you're
12:06:34 6 going to clarify with this
12:06:36 7 witness.
12:06:37 8 MS. ROBINSON: Certainly. And I
12:06:38 9 didn't hear Mr. Scott's concern.
12:06:39 10 THE COMMISSIONER: No, that's
12:06:39 11 right, and I didn't either. He
12:06:41 12 just told me the nature of it,
12:06:42 13 and I put it on hold until you
12:06:44 14 had your conversation.
12:06:44 15 So if you can just tell us
12:06:47 16 the area that you're going to
12:06:49 17 explore with Dr. Urbantke, I
12:06:50 18 would appreciate that.
12:06:50 19 MS. ROBINSON: As I understand,
12:06:52 20 Ms. Fraser would like -- and
12:06:55 21 I think it's appropriate for me
12:06:56 22 to ask one additional question
12:07:00 23 in respect of Dr. Urbantke's
12:07:01 24 understanding of her authority
12:07:01 25 to access hospital medical
12:07:03 26 records when making that
12:07:05 27 determination about whether or
12:07:08 28 not to accept a case as a death
12:07:10 29 investigation.
12:07:10 30 THE COMMISSIONER: All right.
12:07:13 31 Mr. Scott?
12:07:15 32 MR. SCOTT: I believe that I had

1 asked Dr. Urbantke about what
2 medical records she can -- or
3 does access before she makes a
4 decision.

5 I don't believe she gave the
6 answer that she accesses any
7 medical records from the
8 hospital. That's my
9 recollection of her evidence.

10 THE COMMISSIONER: I'll tell you
11 what we'll do. I think we
12 should clarify this aspect of
13 her testimony, and if necessary,
14 if you feel you've been
15 prejudiced or whatever, then
16 we'll sort that out.

17 I think part of the problem
18 here is that terminology is
19 being used in an inconsistent
20 fashion.

21 So are we all agreed that
22 right now, we're discussing the
23 documents that Dr. Urbantke
24 would consider at the point in
25 which she's deciding whether or
26 not a death investigation should
27 be undertaken?

28 So it's not during the death
29 investigation. She's accepted a
30 call from central dispatch.
31 She's agreed that she will
32 accept the case.

12:08:30 1 She's now considering whether
12:08:31 2 or not to exercise her
12:08:32 3 discretion and -- or her power
12:08:36 4 to determine whether to conduct
12:08:37 5 a death investigation.

12:08:39 6 Are we all on the same page?
12:08:42 7 MS. ROBINSON: That's the page
12:08:43 8 I'm on, Commissioner.

12:08:44 9 MR. SCOTT: That's the page I'm
12:08:45 10 on as well, Commissioner.

12:08:47 11 MS. FRASER: Me as well.

12:08:48 12 Thank you.

12:08:48 13 THE COMMISSIONER: Okay. And
12:08:49 14 now we're talking specifically
12:08:50 15 about a case that she's been
12:08:53 16 contacted, and the death has
12:08:54 17 occurred in a long-term care
12:08:57 18 home of a resident; correct?

12:09:01 19 All right. And the question
12:09:02 20 is what documents she
12:09:04 21 understands she has the
12:09:06 22 authority to look at as well as
12:09:08 23 what documents she would, in her
12:09:12 24 general practice, look at;
12:09:14 25 correct?

12:09:15 26 MS. ROBINSON: I think we'd only
12:09:16 27 ask the latter question, and
12:09:18 28 Ms. Fraser is requesting the
12:09:19 29 former question be put to the
12:09:22 30 witness.

12:09:22 31 THE COMMISSIONER: What her
12:09:22 32 understanding is of her legal

12:09:24 1 right as to what documents she
12:09:26 2 could see.
12:09:27 3 MS. FRASER: Precisely.
12:09:28 4 Thank you, Madam Commissioner.
12:09:30 5 THE COMMISSIONER: All right.
12:09:30 6 And, Mr. Scott, you're okay with
12:09:32 7 this so far?
12:09:35 8 MR. SCOTT: Yes.
12:09:35 9 THE COMMISSIONER: All right.
12:09:36 10 And so please do it that way.
12:09:38 11 Do it that carefully. Set it
12:09:40 12 exactly the way -- well, I'll
12:09:42 13 set it, and then you ask the
12:09:44 14 question. Save us all some time
12:09:47 15 here.
12:09:47 16 THE WITNESS: I'm getting
12:09:48 17 confused too.
12:09:49 18 THE COMMISSIONER: So dispatch
12:09:50 19 has called you and asked you,
12:09:53 20 "Would you accept this as a
12:09:54 21 case?" And you've said, "Yes, I
12:09:56 22 will."
12:09:56 23 THE WITNESS: Okay.
12:09:56 24 THE COMMISSIONER: And you
12:09:56 25 understand that the death is of
12:09:57 26 a resident in a long-term care
12:10:02 27 facility. And the question
12:10:03 28 is -- there's two parts to the
12:10:05 29 question, and you'll hear
12:10:07 30 counsel -- she'll put it, but
12:10:09 31 one thing is, "Well, would it
12:10:10 32 have been your practice to look

1 at what medical documentation?"

2 And I would appreciate if you
3 would be careful about in the
4 home, not in the home.

5 THE WITNESS: Okay.

6 THE COMMISSIONER: And then also
7 what do you believe your legal
8 authority is, which documents
9 you believe -- not my question.

10 I'm setting the stage. The
11 counsel is going to set it up.

12 What you believe you have the
13 legal authority to look at at
14 that point before the death
15 investigation is undertaken.

16 You're only making a
17 determination whether or not to
18 set it up.

19 THE WITNESS: Okay.

20 THE COMMISSIONER: Did I set the
21 stage for everybody fairly?

22 Good. Okay. Go ahead.

23 MS. ROBINSON: I may ask one
24 additional question. I think
25 it's a factual one, which may
26 assist in understanding the
27 answer.

28 THE COMMISSIONER: Anything you
29 want, but those are the specific
30 areas that everybody wants to
31 have clear in their mind.

32 FURTHER RE-EXAMINATION BY

1 MS. ROBINSON:

2 Q. So as the Commissioner has
3 indicated, I'm going to be asking you questions
4 in the context of when you received a call from
5 dispatch, you're available to consider the
6 case, and you're undertaking that process of
7 whether or not a case should be accepted as a
8 coroners investigation.

9 A. Okay.

10 Q. My first question is as a
11 practical matter, what records would you
12 theoretically have access to when you're making
13 that assessment in a long-term care home
14 context?

15 A. So I would have -- so no
16 access to the records at any long-term care
17 facility that I've covered in the past. I
18 would theoretically have access to hospital
19 records.

20 Q. And why is that?

21 A. Because I work at the local
22 hospital, and many of them are electronic now,
23 and there's ability, if I'm in the hospital,
24 access to them or, if I'm at home, remotely
25 access them.

26 Q. Then in the context of a
27 death that's reported to you in a long-term
28 care home, what records would you theoretically
29 access when making that determination as to
30 whether or not to accept a case for death
31 investigation?

32 A. I could theoretically

1 potentially access the hospital records.

2 MS. ROBINSON: And if that is
3 clear for the Commissioner, I'll
4 move on to the second part of
5 the question, unless there are
6 any follow-up about the access
7 to records.

8 THE COMMISSIONER: Are you okay,
9 Mr. Scott? You look very
10 uncomfortable.

11 MR. SCOTT: Well, just that it's
12 theoretical. I'd like to know
13 if the witness accesses the
14 hospital records.

15 MS. ROBINSON: Certainly.

16 THE COMMISSIONER: All right.

17 BY MS. ROBINSON:

18 Q. And, Dr. Urbantke, in your
19 practice, if you are considering whether or not
20 to investigate a death in a long-term care
21 home, is it your practice to access any records
22 when you're making that decision?

23 A. I can't say it's 100 percent.
24 I would expect that I have accessed them in the
25 past, but I can't say one way or the other for
26 sure.

27 MR. SCOTT: That's fine.

28 BY MS. ROBINSON:

29 Q. And, Dr. Urbantke, do you
30 have an understanding or what is your
31 understanding of your legal authority to access
32 medical records when you're in that

12:13:32 1 decision-making stage?

12:13:33 2 A. I have a better understanding
12:13:38 3 now because of this process. I access them to
12:13:46 4 help me make a good decision, but it's -- I
12:13:50 5 have a better understanding that it probably --
12:13:52 6 I don't have the complete authority to access
12:13:56 7 them. That's my understanding now through
12:13:59 8 this -- going through this process.

12:14:06 9 MR. GOLDEN: Well, Commissioner,
12:14:06 10 now I have a confusion because
12:14:08 11 the witness was asked twice in
12:14:10 12 this area, and twice she said --
12:14:12 13 she said that she didn't have
12:14:16 14 access to the facility records
12:14:18 15 unless she went to the facility.
12:14:19 16 And so that aspect is now
12:14:21 17 confused.

12:14:22 18 So I think in fairness, we
12:14:24 19 need to know whether prior to
12:14:27 20 being educated on -- in relation
12:14:30 21 to giving evidence today, the
12:14:31 22 witness appears to have
12:14:33 23 suggested that she would have
12:14:35 24 access to the records if she
12:14:37 25 chose to go to the long-term
12:14:39 26 care facility. I think we need
12:14:40 27 to make sure that we're clear on
12:14:43 28 that.

12:14:45 29 MS. ROBINSON: I can attempt to
12:14:47 30 clarify that.

12:14:47 31 THE COMMISSIONER: All right.

12:14:48 32 MS. MEADUS: I hate to stand;

12:14:50 1 however, and I believe there was
12:14:51 2 testimony this morning when she
12:14:53 3 went through some of the death
12:14:54 4 records, she was looking at the
12:14:55 5 older death records, I believe
12:14:56 6 she indicated that she would
12:14:58 7 look at the charts as well, and
12:14:59 8 those would be ones that would
12:15:01 9 be not under investigation at
12:15:03 10 the time. So perhaps we can
12:15:04 11 clarify that.

12:15:05 12 THE COMMISSIONER: Sorry, that
12:15:06 13 was in respect of a threshold
12:15:09 14 case, though; right? So she'd
12:15:10 15 accepted it.

12:15:11 16 MS. MEADUS: My understanding
12:15:12 17 was that she indicated that she
12:15:13 18 looked at the threshold deaths,
12:15:15 19 but if there were the previous
12:15:17 20 nine deaths, she might look at
12:15:19 21 the charts in those ones.

12:15:21 22 THE COMMISSIONER: Right, but
12:15:22 23 she's accepted for -- it's a
12:15:23 24 threshold case, so she's already
12:15:27 25 investigating. It's not a
12:15:28 26 decision whether --

12:15:28 27 MS. MEADUS: Threshold case, but
12:15:28 28 not the other nine deaths.

12:15:30 29 THE COMMISSIONER: Okay. I
12:15:31 30 understand exactly the same way.
12:15:33 31 I don't think there's a
12:15:33 32 confusion.

12:15:34 1 If she accepted to serve as
12:15:38 2 the local coroner on a threshold
12:15:40 3 case as -- so she's now
12:15:43 4 undertaking a death
12:15:44 5 investigation because it's a
12:15:45 6 threshold case, at that point,
12:15:47 7 she would look at the death
12:15:49 8 registry, and she would look at
12:15:52 9 the -- in general, her practice
12:15:53 10 was to look at the prior nine
12:15:55 11 cases and medical records on it.
12:15:58 12 Is that your question, that that
12:16:00 13 was --

12:16:02 14 MS. MEADUS: Well, my question
12:16:02 15 is -- my understanding is when
12:16:04 16 she goes to look at the
12:16:06 17 threshold death case, she's
12:16:09 18 taking the threshold death case
12:16:10 19 on, so that one she has access
12:16:12 20 to.

12:16:12 21 The question is is she also
12:16:13 22 looking at the others? My
12:16:13 23 understanding is she's -- in
12:16:14 24 threshold death cases, she looks
12:16:16 25 at the register.

12:16:16 26 THE COMMISSIONER: Right.

12:16:17 27 MS. MEADUS: And it's not clear
12:16:19 28 that -- about what her authority
12:16:21 29 to access the other medical
12:16:22 30 records is.

12:16:24 31 THE COMMISSIONER: I thought
12:16:24 32 your testimony was that you

12:16:26 1 didn't. You took a threshold
12:16:29 2 case when that was in -- the
12:16:34 3 practice that the tenth case, so
12:16:36 4 it was a threshold case, so you
12:16:40 5 knew you had to undertake a
12:16:41 6 death investigation.

12:16:41 7 Because it was a threshold,
12:16:42 8 you would go in. You would look
12:16:44 9 at the death registry. You
12:16:45 10 would look at the information on
12:16:46 11 it.

12:16:47 12 I did not hear you say -- but
12:16:50 13 I may be wrong. I did not hear
12:16:51 14 you say that you looked at the
12:16:53 15 underlying medical records for
12:16:54 16 those prior nine deaths.

12:16:56 17 THE WITNESS: I would say in
12:17:02 18 general, I don't. I don't
12:17:05 19 recall my specific answer this
12:17:06 20 morning.

12:17:09 21 I guess my understanding is
12:17:10 22 since I'm investigating as a
12:17:15 23 threshold death, those prior
12:17:17 24 nine sort of would fall under,
12:17:19 25 and if I had more questions and
12:17:21 26 wanted to go to the medical
12:17:22 27 records, that it would sort of
12:17:24 28 fall under the threshold -- the
12:17:25 29 umbrella of a threshold case.

12:17:29 30 THE COMMISSIONER: All right.
12:17:29 31 So there's sort of a
12:17:30 32 combination, but I'm going to

12:17:32 1 tell you what I hear you say.
12:17:32 2 THE WITNESS: Okay.
12:17:33 3 THE COMMISSIONER: Of course,
12:17:34 4 it's difficult because time has
12:17:35 5 passed, but at the time that you
12:17:37 6 would have been investigating
12:17:40 7 threshold deaths, you would have
12:17:41 8 started by looking at the death
12:17:44 9 registry for the prior people?
12:17:46 10 THE WITNESS: Yeah.
12:17:46 11 THE COMMISSIONER: And you
12:17:47 12 understood your authority and
12:17:48 13 you may have engaged that,
12:17:51 14 exercised it if you felt
12:17:56 15 necessary when you looked at the
12:17:58 16 prior nine deaths; is that
12:17:59 17 correct?
12:17:59 18 THE WITNESS: To look at those
12:18:00 19 medical records if I felt
12:18:02 20 necessary.
12:18:02 21 THE COMMISSIONER: Right. Okay.
12:18:03 22 So let me start with you,
12:18:04 23 Ms. Meadus. Any problems?
12:18:06 24 MS. MEADUS: No, that's fine.
12:18:08 25 THE COMMISSIONER: All right.
12:18:08 26 And if I have done anything to
12:18:09 27 upset you, you can clarify it in
12:18:13 28 reexamination.
12:18:15 29 We're not in a court even
12:18:17 30 though we're in a courtroom. We
12:18:18 31 just want to make sure we all
12:18:22 32 understand correctly.

12:18:23 1 So unless there's any
12:18:23 2 problems with that, I think we
12:18:25 3 can lay that piece to bed. And
12:18:25 4 now what's left?
12:18:28 5 MS. ROBINSON: I understand
12:18:28 6 Mr. Golden had a question that
12:18:32 7 he wanted clarified, and I think
12:18:34 8 I could do that in a quick
12:18:36 9 manner.
12:18:37 10 THE COMMISSIONER: All right.
12:18:38 11 Go ahead.
12:18:39 12 BY MS. ROBINSON:
12:18:39 13 Q. I understand Mr. Golden had a
12:18:40 14 question about whether you would be accessing
12:18:45 15 the long-term care facility's records, again,
12:18:45 16 in this context of making a decision whether or
12:18:48 17 not to accept a case.
12:18:48 18 And my question for you is would
12:18:51 19 you ever attend at a long-term care residence
12:18:57 20 before you had made a decision about whether or
12:18:59 21 not to accept a case for death investigation?
12:19:00 22 A. Usually, if I'm attending,
12:19:03 23 I've decided to take it on as a case.
12:19:06 24 Q. Okay.
12:19:10 25 MS. ROBINSON: I have no further
12:19:11 26 questions in reexam.
12:19:15 27 MS. FRASER: Thank you. And I'm
12:19:16 28 sorry I rose, Madam
12:19:18 29 Commissioner, but we lose the
12:19:19 30 opportunity once the witness is
12:19:21 31 gone.
12:19:21 32 THE COMMISSIONER: There's no

12:19:26 1 apologies at all. Everybody is
12:19:26 2 best served by us all having a
12:19:26 3 shared and proper understanding.

12:19:29 4 All right. So are we
12:19:30 5 finished, then, all the
12:19:32 6 questioning with this?

12:19:34 7 MS. ROBINSON: That's correct.

12:19:34 8 THE COMMISSIONER: Thank you
12:19:35 9 very much, Dr. Urbantke.

12:19:36 10 THE WITNESS: Thank you.

12:19:36 11 THE COMMISSIONER: And we
12:19:37 12 appreciate you coming.

12:19:52 13 MS. JONES: Commissioner,
12:19:53 14 Dr. Urbantke was our final
12:19:55 15 witness for today. We will have
12:19:58 16 our next witness, Dr. Pollanen,
12:20:00 17 available on Monday morning.

12:20:01 18 THE COMMISSIONER: All right.
12:20:03 19 Thank you so much. Well, record
12:20:06 20 this is for us as a group.
12:20:08 21 Thank you very much for all your
12:20:10 22 hard work and for all the
12:20:12 23 cooperation as always. I will
12:20:14 24 see everyone on Monday.

12:20:17 25 Oh, thankfully, the CSO will
12:20:19 26 get after me if I don't do this.
12:20:22 27 They're going to clean the room,
12:20:24 28 so we have to take everything
12:20:26 29 out. Thank you.

12:20:27 30 THE REGISTRAR: This Public
12:20:28 31 Inquiry is adjourned until
12:20:30 32 Monday at 9:30 a.m.

12:20:32

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-- PROCEEDINGS ADJOURNED AT 12:20 P.M. --

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REPORTER'S CERTIFICATE

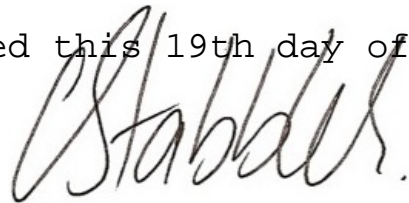
I, CARISSA STABBLER, Court Reporter,
certify;

That the foregoing proceedings were
taken before me at the time and place therein
set forth, at which time the witness was put
under oath by me;

That the testimony of the witness and
all objections made at the time of the
examination were recorded stenographically by
me and were thereafter transcribed;

That the foregoing is a true and
correct transcript of my shorthand notes so
taken.

Dated this 19th day of July 2018.



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