

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

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DAY 26 / VOL 26  
July 27, 2018

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THE LONG-TERM CARE HOMES PUBLIC INQUIRY

PUBLIC HEARINGS

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--- This is Day 26/Volume 26 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 27th day of July, 2018, commencing at 9:30 a.m.

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BEFORE: The Honourable Justice Eileen E. Gillese, Commissioner

REPORTED BY: Deana Santedicola, CSR, CRR, RPR  
& Olivia Arnaud, CSR

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A P P E A R A N C E S:

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

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

Mark Sandler, Esq.,                      College of Nurses  
& Megan Schwartzenruber,  
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Paul H. Scott, Esq.,                      Jon Matheson,  
Pat Houde,  
Beverly Bertram

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

Nicole Butt, Esq.,                      Ontario Nurses  
& Kate Hughes, Esq.,                      Association

Jane Meadus, Esq.,                      Advocacy Centre  
for the Elderly

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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

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08:59:50 1 -- Upon commencing at 9:30 a.m.

09:31:11 2

09:31:11 3 THE COMMISSIONER: Good morning,

09:31:12 4 Ms. Jones.

09:31:13 5 MS. JONES: Good morning,

09:31:13 6 Commissioner. I would like to

09:31:14 7 call Karen Yee, please.

09:31:16 8 THE COMMISSIONER: Thank you.

09:31:17 9 Ms. Yee.

09:31:22 10 KAREN YEE: AFFIRMED.

09:31:38 11 EXAMINATION IN-CHIEF BY MS.

09:31:38 12 JONES:

09:32:05 13 Q. Good morning, Ms. Yee.

09:32:07 14 A. Good morning.

09:32:07 15 Q. Ms. Yee, I understand that

09:32:09 16 you are a Registered Nurse and a lawyer;

09:32:11 17 correct?

09:32:12 18 A. Correct.

09:32:12 19 Q. And that you worked at the

09:32:14 20 College of Nurses of Ontario between 2006 and

09:32:17 21 2015?

09:32:20 22 A. 2015.

09:32:22 23 Q. '15, that's right, 2006 to

09:32:27 24 2015, and when did you become a Registered

09:32:31 25 Nurse?

09:32:31 26 A. In 2001.

09:32:32 27 Q. Okay, and I understand you

09:32:33 28 also have your Masters in Nursing; is that

09:32:36 29 correct?

09:32:36 30 A. That's right, I obtained that

09:32:37 31 in 2004.

09:32:37 32 THE REPORTER: Ms. Jones, if you

09:32:37 1 could just request the witness  
09:32:37 2 speaker closer to the  
09:32:37 3 microphone, please?  
09:32:39 4 BY MS. JONES:  
09:32:39 5 Q. Ms. Yee, if you can just  
09:32:45 6 speak a little louder? You are a bit soft  
09:32:48 7 spoken. And if you, yeah, direct your voice a  
09:32:51 8 bit towards the mic, that will help the  
09:32:54 9 transcription.  
09:32:54 10 A. Okay, sorry.  
09:32:54 11 Q. I understand that you also  
09:32:55 12 practiced as a nurse; is that right?  
09:32:57 13 A. That's correct.  
09:32:58 14 Q. Okay, and over what period of  
09:32:59 15 time did you practice as a nurse?  
09:33:01 16 A. From 2001 to 2007.  
09:33:02 17 Q. And can you tell us about  
09:33:05 18 your practice as a nurse? Where did you work?  
09:33:07 19 A. Oh, I worked in mental  
09:33:09 20 health.  
09:33:09 21 Q. In mental health?  
09:33:11 22 A. Yes.  
09:33:11 23 Q. Okay, and where? In what --  
09:33:14 24 A. Oh, sorry, at Centre For  
09:33:15 25 Addiction and Mental Health from 2001 to 2002  
09:33:19 26 full time, and then from 2002 to 2007 I worked  
09:33:22 27 there casual part time. But I moved on full  
09:33:24 28 time to St. Michael's Hospital in the  
09:33:28 29 Psychiatric Emergency Services.  
09:33:30 30 Q. Okay. And now in terms of  
09:33:33 31 your work at the College of Nurses, I  
09:33:36 32 understand that when you started in 2006, you



09:33:39 1 worked as an investigator in the Professional  
09:33:42 2 Conduct Department; is that right?

09:33:44 3 A. Yes.

09:33:44 4 Q. And that you started out  
09:33:46 5 working as an investigator of complaints?

09:33:49 6 A. Correct.

09:33:49 7 Q. And that around 2008, you  
09:33:56 8 transitioned and started working as an  
09:33:59 9 investigator of reports?

09:34:00 10 A. Correct.

09:34:01 11 Q. Okay. And when you were  
09:34:04 12 working as an investigator of reports, am I  
09:34:08 13 correct that you were investigating reports  
09:34:10 14 after a decision had been made to start a  
09:34:13 15 section 75 investigation?

09:34:15 16 A. Yes.

09:34:15 17 Q. Okay, so you weren't involved  
09:34:18 18 in deciding whether or not there would be a  
09:34:19 19 section 75 investigation. You were taking  
09:34:23 20 investigations that had already been launched  
09:34:25 21 and investigating those?

09:34:26 22 A. Yes, once an investigator has  
09:34:29 23 been appointed, yes.

09:34:30 24 Q. Okay. And then finally, in  
09:34:34 25 terms of your final role at the College, I  
09:34:37 26 understand that in around 2014, January 2014,  
09:34:42 27 you moved into the Intake Investigator role; is  
09:34:45 28 that right?

09:34:45 29 A. That's correct.

09:34:46 30 Q. And that you held that - and  
09:34:49 31 we'll be talking a lot about that role today -  
09:34:53 32 you held that position until September 2014

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1 when you left the College?  
2 A. Until 2014, yes, but I didn't  
3 leave the College then. I moved on to another  
4 role at the College.  
5 Q. When --  
6 A. In 2014, I worked then as a  
7 Registration Coordinator at the College.  
8 Q. In September 2014?  
9 A. Yes.  
10 Q. Okay. And what are you doing  
11 now?  
12 A. Oh, I work as counsel for the  
13 Ministry of the Attorney General, and I have  
14 been seconded to the Ministry of Education and  
15 Ministry of Training, Colleges and  
16 Universities.  
17 Q. Now, when you started at the  
18 College in 2006 as an investigator, did you  
19 receive training about how to conduct  
20 investigations?  
21 A. Yes.  
22 Q. And did that include training  
23 on the legislative scheme that we have been  
24 hearing about this week, the RHPA?  
25 A. Yes.  
26 Q. And did it include training  
27 on the College's role and the College's  
28 mandate?  
29 A. Correct, yes.  
30 Q. And was there any period of  
31 mentorship or job shadowing when you started in  
32 2006?

09:35:57 1 A. In 2006, I received extensive  
09:36:00 2 training on the College's role, the role of the  
09:36:05 3 investigator, and the software that the College  
09:36:11 4 uses, like the internal database. And we were  
09:36:15 5 assigned a coordinator where we met with  
09:36:20 6 frequently as we started off on our  
09:36:22 7 investigations.

09:36:22 8 Q. Is the coordinator a more  
09:36:25 9 senior person?

09:36:26 10 A. Yes.

09:36:26 11 Q. Okay, and are they in a  
09:36:27 12 management role to the investigators?

09:36:29 13 A. They would overlook our  
09:36:32 14 investigations, yes.

09:36:33 15 Q. So I am going to ask you to  
09:36:37 16 assist us with the steps that you would take in  
09:36:40 17 conducting investigations, and these would be  
09:36:43 18 section 75 investigations; correct?

09:36:45 19 A. Yes.

09:36:46 20 Q. Okay. So I am not going to  
09:36:48 21 focus as much on the complaints investigations,  
09:36:50 22 but more the investigations that you would do  
09:36:53 23 when you moved on to the reports investigation  
09:36:55 24 role in 2008?

09:36:57 25 A. Okay.

09:36:57 26 Q. Okay? And I understand from  
09:37:02 27 the evidence that we have had so far that  
09:37:05 28 reports investigations would often involve  
09:37:08 29 investigations triggered by reports from  
09:37:11 30 employers?

09:37:12 31 A. Yes.

09:37:12 32 Q. Okay, and those could be

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mandatory reports or voluntary reports;  
correct?  
A. Yes.  
Q. And I want to walk through  
with you this morning the steps that you would  
take in a formal section 75 investigation when  
one had been commenced, so that we get a  
picture of what that process looks like when  
the College does start an investigation.  
A. Okay.  
Q. So first, Ms. Yee, when you  
were doing an investigation under section 75,  
once that process had started, would you ask  
for records?  
A. Yes, so we initially would  
identify the issues based on the incidents  
reported in their Employer Report Form and that  
would be the basis of our investigation.  
And so we would then obtain  
relevant records and documentation for the  
issues that we identified, and that would  
include requesting documents from the  
facilities or any other agencies that is  
relevant.  
And we would interview relevant  
witnesses for each incident.  
Q. Okay, so let me ask you a few  
questions about that. In terms of obtaining  
records from the facility or the employer,  
would that include medical records?  
A. Yes.  
Q. And would it include Incident

09:38:39 1 Reports, for example?  
09:38:39 2 A. Yes, any relevant  
09:38:43 3 documentation, we would provide a very broad  
09:38:49 4 request for incidents -- for documentation  
09:38:51 5 relevant to the incidents that we identified in  
09:38:55 6 the report.

09:38:55 7 Q. And would it include the  
09:38:58 8 nurse's employment file or personnel file?

09:39:00 9 A. So it would be -- I am not  
09:39:08 10 sure if that information would come from the  
09:39:11 11 personnel file. Like when you say "personnel",  
09:39:13 12 sorry, I am thinking about like a human  
09:39:15 13 resources component, so I'm hesitant to say  
09:39:17 14 yes, because we don't look at the human  
09:39:20 15 resources aspect of employment, of a nurse  
09:39:22 16 being employed.

09:39:23 17 But it wouldn't limit any place  
09:39:28 18 where the employer would believe that there is  
09:39:33 19 relevant documentation pertaining in each file  
09:39:36 20 that is relevant to our investigation.

09:39:38 21 Q. Okay, so and just to make  
09:39:39 22 sure I understand that, would you -- I  
09:39:41 23 understand from that that you wouldn't say I  
09:39:43 24 want this nurse's entire personnel file?

09:39:46 25 A. No, no.

09:39:46 26 Q. Okay.

09:39:47 27 A. It -- our investigation, our  
09:39:50 28 request would be based on the issues that we  
09:39:53 29 identified based on the incidents in the  
09:39:57 30 Employer Report Form.

09:39:57 31 Q. Okay. And if the long-term  
09:40:01 32 care home, for example, or the hospital or

09:40:03 1 whatever the employer was, if they didn't  
09:40:06 2 provide the records to you when you asked, did  
09:40:09 3 you have the power to compel them?

09:40:10 4 A. Yes.

09:40:11 5 Q. Okay. And then you mentioned  
09:40:14 6 that you would conduct interviews?

09:40:16 7 A. Correct.

09:40:17 8 Q. Can you explain who you would  
09:40:19 9 interview in a typical investigation? And just  
09:40:22 10 use an example of if there was an incident in a  
09:40:24 11 long-term care home where an investigation had  
09:40:27 12 been commenced by the College, who would you  
09:40:28 13 interview?

09:40:29 14 A. We would interview the  
09:40:33 15 supervisor, the direct supervisor of the  
09:40:36 16 member, the member's colleagues, residents,  
09:40:43 17 whoever we believed to have a role in the  
09:40:45 18 incident.

09:40:46 19 Q. Okay, and so you would  
09:40:53 20 collect records in the way you have described.  
09:40:55 21 You would interview witnesses or individuals in  
09:40:57 22 the way that you described. And then what  
09:41:00 23 would be the next step?

09:41:01 24 A. Then we would, once we gather  
09:41:04 25 all the relevant information, we would  
09:41:08 26 synthesize it and analyze it and to prepare a  
09:41:10 27 report for the ICRC.

09:41:11 28 Q. Okay, and then the ICRC would  
09:41:15 29 consider the report and make a decision?

09:41:16 30 A. Yes.

09:41:17 31 Q. Okay, and so would it always  
09:41:19 32 be a written decision?

09:41:21 1 A. Yes, it is all -- it is a  
09:41:22 2 paper review, so yes.  
09:41:25 3 Q. A paper review that results  
09:41:27 4 in a decision?  
09:41:28 5 A. Correct.  
09:41:28 6 Q. Okay.  
09:41:28 7 A. Yes, sorry.  
09:41:29 8 Q. And the decision by the ICRC,  
09:41:32 9 am I correct that it could range from no  
09:41:35 10 further action?  
09:41:36 11 A. Yes.  
09:41:36 12 Q. All the way to a referral to  
09:41:38 13 the Discipline Committee?  
09:41:39 14 A. Yes.  
09:41:39 15 Q. Okay, or I guess referral to  
09:41:41 16 incapacity as well?  
09:41:42 17 A. Correct, yes.  
09:41:42 18 Q. Okay, so that is very helpful  
09:41:46 19 in terms of the investigator role, and I'm  
09:41:48 20 going to ask you now some questions about the  
09:41:51 21 Intake Investigator role which I understand you  
09:41:53 22 started in early 2014?  
09:41:58 23 A. Yes, January 2014.  
09:41:59 24 Q. January 2014, okay.  
09:42:03 25 Is the Intake Investigator role  
09:42:07 26 typically staffed by people who have been  
09:42:12 27 investigators before?  
09:42:13 28 A. Yes.  
09:42:13 29 Q. Okay, why is that?  
09:42:16 30 A. I would assume that it is  
09:42:18 31 because we have experience investigating  
09:42:22 32 incidents that have been reported or already --

09:42:26 1 like we have past investigation experience.

09:42:31 2 Q. Okay, and why do you think

09:42:32 3 that is important? For doing the Intake

09:42:37 4 Investigator role, is that important to have

09:42:38 5 past investigation experience, do you think?

09:42:40 6 A. Yes.

09:42:40 7 Q. And why?

09:42:43 8 A. An investigator, you see the

09:42:48 9 types of incidents that do go -- do meet the

09:42:52 10 threshold for an investigation, and so you gain

09:42:57 11 a sense of what is investigated, what is not,

09:43:01 12 and how to -- what is the best way to handle or

09:43:08 13 respond to incidents.

09:43:10 14 Q. All right, thank you. And

09:43:12 15 then in terms of the Intake Investigator role,

09:43:16 16 am I correct that it involves making inquiries

09:43:22 17 and assessing risk to give a recommendation to

09:43:24 18 the Executive Director?

09:43:26 19 A. Yes.

09:43:27 20 Q. Okay, is that a fair

09:43:29 21 description? Or how would you describe it?

09:43:31 22 A. So we would assess the report

09:43:34 23 and the incidents in the report, determine the

09:43:37 24 issues that arise from the report, whether it

09:43:40 25 is nursing practice or conduct or it is related

09:43:41 26 to health of a nurse, and like you said, we

09:43:46 27 would assess the level of risk to the public

09:43:48 28 and make a recommendation to the Executive

09:43:52 29 Director in how to best address the risk.

09:43:54 30 Q. And what were the -- give me

09:44:00 31 some examples of the types of things you could

09:44:02 32 recommend to the Executive Director?



09:44:03 1 A. Okay, we'll start with the  
09:44:06 2 least is the bank without notice, bank with  
09:44:11 3 notice, a meet with, with the Director of  
09:44:16 4 Professional Conduct, meet with the Executive  
09:44:19 5 Director, or a recommendation to investigate.

09:44:21 6 Q. Now, before starting this  
09:44:25 7 role in January 2014, did you receive further  
09:44:30 8 training?

09:44:31 9 A. Sorry, did I receive training  
09:44:36 10 for this intake role?

09:44:37 11 Q. That's right.

09:44:38 12 A. Yes, yes.

09:44:39 13 Q. Okay, and so can you tell me  
09:44:41 14 about the training that you received for intake  
09:44:42 15 investigation?

09:44:43 16 A. So I recall that my training  
09:44:44 17 was about two to three weeks in length. It  
09:44:47 18 involved educating me on the role of the Intake  
09:44:53 19 Investigator. And I would review slide decks.  
09:44:57 20 I would be given the guideline for how -- what  
09:45:01 21 the intake process what -- detailing what the  
09:45:05 22 intake process is like, and I would be  
09:45:07 23 shadowing an Intake Investigator.

09:45:12 24 Q. And so when you say  
09:45:13 25 "shadowing an Intake Investigator", what did  
09:45:14 26 that involve? Were you making your own  
09:45:17 27 independent decisions at that time or were  
09:45:19 28 you --

09:45:19 29 A. No.

09:45:19 30 Q. -- interacting with someone  
09:45:20 31 else?

09:45:20 32 A. Yeah, no, I was sitting

09:45:22 1 literally next to an Intake Investigator and  
09:45:24 2 listening to see how the Intake Investigator  
09:45:29 3 spoke to the employer and the questions that  
09:45:32 4 the Intake Investigator asked the employer, and  
09:45:36 5 I could gain a sense of how the conversation  
09:45:38 6 and what information we needed to elicit from  
09:45:41 7 the employer.

09:45:41 8 Q. And while you were doing this  
09:45:45 9 Intake Investigator role, were you doing an  
09:45:50 10 assessment of complaints or only reports?

09:45:52 11 A. Only reports.

09:45:53 12 Q. Okay. And is that because  
09:45:55 13 complaints were always investigated by the  
09:46:02 14 College under the legislation?

09:46:03 15 A. Yes.

09:46:03 16 Q. Okay. And so am I correct  
09:46:08 17 that if a patient made a complaint about the  
09:46:13 18 care that they had received, that would  
09:46:15 19 automatically go through an investigation  
09:46:17 20 process by the College?

09:46:19 21 A. I believe that at the time,  
09:46:23 22 it would be for -- go through the complaint  
09:46:28 23 process, but I believe there was a program at  
09:46:30 24 the time of dispute resolution where the  
09:46:32 25 College would try to see if it could be  
09:46:33 26 resolved between the member and the complainant  
09:46:36 27 and if the matter was appropriate for dispute  
09:46:39 28 resolution. And if it did not succeed or it  
09:46:43 29 was not appropriate, then it would be  
09:46:45 30 investigated as a complaint.

09:46:46 31 Q. Okay, thank you, and then --  
09:46:51 32 but then the intake investigation role involved

09:46:55 1 when there was an issue raised actually  
09:46:57 2 assessing whether or not to go through that  
09:46:59 3 investigation process when it came in as a  
09:47:01 4 report?

09:47:01 5 A. Sorry?

09:47:03 6 Q. That was a bad question. I  
09:47:05 7 apologize.

09:47:05 8 So let's take an example just to  
09:47:07 9 make sure everyone understands this distinction  
09:47:09 10 between complaints and reports, because it is  
09:47:11 11 not defined in the legislation.

09:47:13 12 So if you take an example of a  
09:47:15 13 patient who makes a complaint about care they  
09:47:19 14 received in let's say the long-term care home.

09:47:22 15 A. Yes.

09:47:22 16 Q. Okay, that complaint will be  
09:47:25 17 investigated unless it goes through alternative  
09:47:29 18 dispute resolution; is that fair?

09:47:30 19 A. Correct, yes.

09:47:31 20 Q. Okay, whereas if let's say an  
09:47:33 21 employer or a colleague makes a report about  
09:47:37 22 care that is provided in a long-term care  
09:47:39 23 home --

09:47:40 24 A. Uhm-hmm.

09:47:40 25 Q. -- that will go through the  
09:47:42 26 intake investigation process?

09:47:43 27 A. Yes.

09:47:43 28 Q. Okay, thank you. Okay, and  
09:47:47 29 we heard evidence yesterday about the College's  
09:47:50 30 Risk Assessment Tool?

09:47:52 31 A. Oh, yes.

09:47:53 32 Q. Okay. And is it fair that

09:47:56 1 the Risk Assessment Tool is a set of factors  
09:48:00 2 that Intake Investigators use or consider in  
09:48:03 3 assessing risk?  
09:48:04 4 A. Yes.  
09:48:04 5 Q. And were you trained on using  
09:48:09 6 the Risk Assessment Tool when you started as an  
09:48:13 7 Intake Investigator?  
09:48:13 8 A. Yes, sorry, I forgot to  
09:48:13 9 mention that was a good portion of my training  
09:48:15 10 was on the WebART tool and learning how to  
09:48:22 11 assess risk.  
09:48:25 12 Q. And we heard over the last  
09:48:27 13 week that as of March 2014, Intake  
09:48:33 14 Investigators stopped inputting information  
09:48:36 15 into the computer version of the Risk  
09:48:39 16 Assessment Tool; is that correct?  
09:48:39 17 A. Yes.  
09:48:39 18 Q. And instead, they would do a  
09:48:42 19 risk assessment and reflect that information in  
09:48:45 20 a memo?  
09:48:45 21 A. Correct.  
09:48:46 22 Q. And if you can turn, Ms. Yee,  
09:48:53 23 do you have the document brief in front of you?  
09:48:55 24 It should be the white binder.  
09:48:58 25 A. There is something in front  
09:48:59 26 of me. Sorry, this one? Sorry.  
09:49:03 27 Q. And this is document 60159.  
09:49:09 28 A. Sorry, which tab would that  
09:49:10 29 be, do you know?  
09:49:11 30 Q. 48, please.  
09:49:12 31 A. 48, thank you.  
09:49:15 32 Q. Do you have that in front of

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you?

A. Yes.

Q. And this is a memo from the Intake Team of March 6, 2014; correct?

A. Yes.

Q. And so at that time you were a member of the Intake Team?

A. Yes.

Q. Okay, and this is a memo about this - and this is one of the issues that was discussed this week - a memo about this transition, or at least part of this memo deals with this transition from using the computer WebART tool to using the memo; is that fair?

A. Correct.

Q. And is it also fair that what was going on at the time was that there was an effort, if I'm looking at the second paragraph, an effort to eliminate older inquiries in the College's system? So you have to say "yes" or "no", sorry, Ms. Yee.

A. Sorry, yes.

Q. Okay, and that this was one of the steps that was taken towards that goal?

A. Correct.

Q. Okay. And did this change, in your experience as an Intake Investigator, did this change have any impact on how you assessed risk, either positive or negative?

A. No. It just changed the format on how we presented the information to the Executive Director.

09:50:44 1 Q. I am going to ask you, do you  
09:50:49 2 have Ms. Coghlan's affidavit, Ms. Yee? I think  
09:50:51 3 you do, on the top of the ledge there, the  
09:50:53 4 bound brief.

09:50:54 5 A. This one? Okay.

09:50:56 6 Q. If we can turn to tab "P",  
09:50:58 7 please.

09:50:59 8 THE COMMISSIONER: Madam Clerk,  
09:51:01 9 may I have her affidavit? I  
09:51:04 10 didn't bring it, because I  
09:51:06 11 didn't understand that I would  
09:51:06 12 need it today.

09:51:23 13 Thank you very much.

09:51:30 14 BY MS. JONES:

09:51:31 15 Q. This is a document we have  
09:51:31 16 also looked at. It is document 60138, and it  
09:51:35 17 is at tab "P". And, Ms. Yee, what is this memo  
09:51:52 18 and what role did it play in the intake  
09:51:54 19 investigation process?

09:51:55 20 A. Okay, so I recall this memo  
09:51:59 21 from when I was oriented to the Intake  
09:52:02 22 Investigator role and used this as a reference  
09:52:06 23 guide. And so it laid out the process for  
09:52:11 24 assessing a report.

09:52:12 25 Q. Okay, and was it the primary  
09:52:15 26 reference guide that Intake Investigators used  
09:52:17 27 at the College at the time?

09:52:18 28 A. Yes, as far as I could  
09:52:21 29 recall.

09:52:21 30 Q. And if we look in the first  
09:52:27 31 section under "The Purpose of the Intake  
09:52:30 32 Process", it states that:

09:52:35 1 "The goal of the intake process  
09:52:37 2 is to determine as best as we  
09:52:38 3 can, without an exhaustive  
09:52:40 4 investigation:"  
09:52:40 5 And then it lists three things:  
09:52:42 6 "1. What are the outstanding  
09:52:43 7 nursing issues?  
09:52:45 8 2. What is the risk to the  
09:52:47 9 public?  
09:52:47 10 3. [And] What response [...]   
09:52:50 11 would be [the] most appropriate  
09:52:52 12 [...]"  
09:52:52 13 Is that fair?  
09:52:53 14 A. Yes.  
09:52:53 15 Q. Okay. And then under the  
09:52:55 16 second heading, it says "General Steps in the  
09:52:57 17 Intake Process", and I am going to ask you  
09:52:58 18 questions about this based on your experience  
09:53:00 19 in the intake process.  
09:53:01 20 So the first step under 1 is to:  
09:53:05 21 "Review report - make notes as  
09:53:07 22 to what information appears to  
09:53:08 23 be missing, questions that you  
09:53:10 24 will want to ask [and] who to  
09:53:12 25 contact."  
09:53:12 26 So was it your practice to take  
09:53:14 27 that step?  
09:53:14 28 A. Yes.  
09:53:15 29 Q. Okay, and where would you  
09:53:16 30 take notes of missing information or who you  
09:53:19 31 wanted to contact?  
09:53:21 32 A. So what I would do, my

09:53:23 1 practice was to type out my questions and then  
09:53:30 2 what I would like to -- what information I  
09:53:31 3 would like to obtain further in the memo, in my  
09:53:38 4 draft memo to the Executive Director.

09:53:40 5 Q. Okay, so you would type it  
09:53:42 6 right into the draft memo?

09:53:43 7 A. Yes, but I -- like as those  
09:53:46 8 questions were answered, I would remove them  
09:53:48 9 and type in the information.

09:53:49 10 Q. And then the second step is  
09:53:55 11 to:

09:53:56 12 "Review FLO for understanding of  
09:53:58 13 member's history - are there  
09:54:00 14 former employers, any CNO  
09:54:02 15 history - if history, review  
09:54:04 16 files."

09:54:05 17 So my first question is what is  
09:54:07 18 "FLO"?

09:54:08 19 A. That is the internal database  
09:54:09 20 for the College.

09:54:10 21 Q. Okay, and what type of  
09:54:12 22 information would you get from FLO?

09:54:15 23 A. The member's current  
09:54:17 24 employers, previous employers, if any, any --  
09:54:22 25 the past history, if any, of the College, any  
09:54:27 26 past history that the member may have at the  
09:54:29 27 College.

09:54:29 28 Q. The third step is:

09:54:33 29 "Telephone call [...]"

09:54:38 30 Actually, I apologize, it also  
09:54:39 31 says "if history, review files"; do you see  
09:54:43 32 that at the bottom?



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A. Yes.

Q. Okay, and so in terms of your typical process, if the member had a history at the College, what review would you do of the old files?

A. Well, I would review the old file and to see it was relevant or had any recurring issues that are related to the issues that have been brought up in the current Employer Report Form.

Q. Okay, and would you always review the entire old file or portions of the old file?

A. I can't recall with specificity, but I would generally look for what the issues were, what issues were raised in the last -- in the prior history, in the complaint or report that the College received, and follow it generally through the outcome of that report and just to determine how it was handled back then.

Q. Okay, so that you could track how the College had handled a matter as it went through the --

A. Yes, like if it went to discipline or if it ended up with the SCERP or take no action, just the outcome of that complaint or report.

Q. Okay.

A. Or FTP.

Q. Okay. And then would you review, if there is a fitness to practise

09:56:04 1 decision or a complaints decision, would you  
09:56:07 2 review those decisions?

09:56:08 3 A. Yes, part of that would  
09:56:10 4 definitely be the decision coming from the  
09:56:11 5 committee.

09:56:12 6 Q. Now, the next thing, number  
09:56:20 7 3, is:

09:56:21 8 "Telephone call to reporter to  
09:56:25 9 [follow-up] on report."

09:56:29 10 So I have a couple of questions  
09:56:30 11 for you about this. When you would -- well,  
09:56:32 12 first, would you telephone call the reporter to  
09:56:35 13 follow up on the report?

09:56:36 14 A. Yes.

09:56:37 15 Q. Okay. And when you did that,  
09:56:38 16 would you arrange a time to speak in advance?  
09:56:41 17 Would you schedule a specific time and say the  
09:56:43 18 purpose, or would you call, just call the  
09:56:47 19 person?

09:56:47 20 A. Well, my initial would be  
09:56:50 21 to -- my initial call would be to call to  
09:56:53 22 contact the employer to say we received the  
09:56:54 23 information and I am calling about the  
09:56:55 24 information received and if it was a good time  
09:56:59 25 to speak with the employer about the  
09:57:00 26 information that we received; and if it wasn't,  
09:57:03 27 then we would set up a scheduled time for  
09:57:06 28 another time to discuss the Employer Report  
09:57:09 29 Form.

09:57:09 30 Q. Okay. And if you didn't  
09:57:12 31 reach the person you were calling and you left  
09:57:14 32 a message, what would -- what was your practice

09:57:18 1 in terms of the message? Would you identify  
09:57:21 2 where you were calling from or the purpose of  
09:57:23 3 your call?

09:57:23 4 A. So it would depend. If I  
09:57:28 5 reached the voicemail of the contact person, I  
09:57:32 6 would indicate that we received the information  
09:57:34 7 that they submitted and I am calling about the  
09:57:36 8 information.

09:57:37 9 But if it was someone else who  
09:57:40 10 picked up the phone, I wouldn't indicate why we  
09:57:44 11 were calling. I would just indicate if the  
09:57:45 12 person -- if the contact person could please  
09:57:49 13 call me back.

09:57:50 14 Q. Okay, and would you -- in  
09:57:50 15 that situation, would you indicate where you  
09:57:52 16 were calling from?

09:57:53 17 A. Yes. Oh, yes, yes, because I  
09:57:55 18 would provide the phone number to contact me.

09:57:57 19 Q. And then under 4 on this  
09:58:04 20 memo, Ms. Yee, it says:

09:58:05 21 "Interview reporter - start with  
09:58:07 22 individual named as contact on  
09:58:09 23 report. Occasionally the CNO of  
09:58:13 24 a facility will file the report  
09:58:15 25 but [you want] to speak [to the]  
09:58:19 26 nurse manager" -- or "a nurse  
09:58:21 27 manager."

09:58:21 28 A. Uhm-hmm.

09:58:21 29 Q. And so I guess first, most  
09:58:25 30 generally, what was the purpose of interviewing  
09:58:27 31 the reporter?

09:58:28 32 A. Well, to find out more

09:58:33 1 information about the member, about any  
09:58:37 2 concerns that were not expressed in the Report  
09:58:43 3 Form, to gain some context to the member, their  
09:58:46 4 concerns about the member's practice.

09:58:48 5 Q. And did you have a standard  
09:58:52 6 set of questions that you would ask?

09:58:55 7 A. Yes, generally, I would have  
09:58:57 8 followed the questions in this report intake  
09:59:02 9 process, and I would also refer to the  
09:59:06 10 questions or considerations that were in the  
09:59:09 11 WebART tool and would also call the reporter  
09:59:23 12 for any information that I would like to have  
09:59:26 13 further about the incidents in the Employer  
09:59:30 14 Report Form.

09:59:30 15 Q. Okay. And would you record  
09:59:34 16 the information that you were receiving?

09:59:36 17 A. Yes.

09:59:37 18 Q. Okay, and what was your  
09:59:39 19 practice in terms of doing that? We have an  
09:59:42 20 example of in this particular case your call  
09:59:45 21 with Ms. Crombez where you had handwritten  
09:59:47 22 notes and typed notes?

09:59:48 23 A. Yes.

09:59:49 24 Q. What was your practice in  
09:59:50 25 that regard?

09:59:51 26 A. So I would write as much as  
09:59:55 27 possible verbatim of the conversation I had  
09:59:58 28 with the employer, and then immediately after  
10:00:02 29 we end the call, I would type up my summary  
10:00:06 30 telephone call to give -- because I wouldn't be  
10:00:10 31 able to write everything down, but so I would  
10:00:14 32 have everything fresh in my mind, so I would

10:00:16 1 write up the interview summary immediately  
10:00:17 2 after to give it more context that I wouldn't  
10:00:22 3 be able to have captured during the time of the  
10:00:25 4 phone call.

10:00:25 5 Q. And then the final point  
10:00:27 6 here, Ms. Yee, is:

10:00:30 7 "Call any former or current  
10:00:32 8 employers who might have  
10:00:33 9 additional information [...]"

10:00:36 10 So can you explain what your  
10:00:38 11 practice was with respect to this step?

10:00:39 12 A. So I would look at FLO to see  
10:00:42 13 if the member had any other employers.

10:00:45 14 Q. Any other does that mean  
10:00:47 15 current employers?

10:00:48 16 A. Current employers and past  
10:00:50 17 employers.

10:00:50 18 Q. Okay.

10:00:51 19 A. To -- and I would call up the  
10:00:54 20 current employers as a general inquiry  
10:00:56 21 approach. And the past employers, if they had  
10:01:00 22 any, I would determine whether I would call  
10:01:02 23 them or not depending on the passage of time  
10:01:05 24 since the member last worked at that facility.

10:01:07 25 Q. Okay, and was there a  
10:01:09 26 particular number of months or years, or how  
10:01:11 27 did you make that assessment?

10:01:13 28 A. Well, generally, it would be  
10:01:15 29 about like a year or more, then like I would  
10:01:20 30 determine whether it would be -- they would  
10:01:22 31 hold relevant information or not, but it is not  
10:01:24 32 generally -- we weren't bound to a timeline.

1 Like if she previously, if a member previously  
2 worked at an employer five years ago, we  
3 generally would not like five years ago or --  
4 but I can't recall the actual criteria that we  
5 put on to when we contacted the previous  
6 employers.

7 Q. And then in terms of current  
8 employers, you testified you would do it as a  
9 general inquiry. What did that involve?

10 A. Well, the current -- the  
11 other employers would not know that we received  
12 information about the member and the content of  
13 it, so we would just call to inquire if there  
14 were any concerns with this member's practice  
15 or conduct, a very general question.

16 Q. Now, would you take any steps  
17 to determine if the subject of the report, who  
18 in many cases might have been terminated,  
19 right, which is the reason for the report, had  
20 gone on and is now working in a new position?

21 A. Uhm-hmm, oh, so I would  
22 usually then, if we don't have any other  
23 current employer or other employers on file for  
24 the member, I would ask the employer who I am  
25 speaking with to see if they know of whether  
26 that nurse was working elsewhere.

27 Q. And then was it your  
28 practice -- does that then count as a current  
29 employer to whom you would make a general  
30 inquiry?

31 A. Yes, then I would look up  
32 that employer and try and reach the most

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relevant person overseeing the member's  
practice there.

Q. Okay. And did you have the  
power to compel documents at the intake  
investigation phase?

A. No.

Q. Did you ever ask for them to  
be provided on a voluntary basis?

A. Yes, I do recall requesting  
information at times.

Q. Okay, and so when would you  
take that step?

A. When the -- most likely when  
the incidents were not too descriptive in the  
Employer Report Form or -- it would depend.  
And I can't recall, again, sorry, the criteria  
I would determine when to ask for further  
information. It would usually be based on  
speaking with the employer, after speaking with  
the employer.

Q. And did you have the power to  
compel documents at this phase?

A. No.

Q. And did you ever, in your  
experience, feel compelled -- restrained,  
rather, by the fact that you didn't have the  
power to compel documents at this phase?

A. No, never.

Q. Okay, now, if you turn over  
the page -- actually, if you turn to page 3 and  
under "Details of Incident(s)".

A. Okay.

1 Q. And it says here that:  
2 "Depending on the information  
3 contained in the report, you may  
4 need to obtain more details  
5 regarding the incidents [...]"  
6 And then it gives some further  
7 guidance in that way.

8 What was your practice in terms  
9 of obtaining details of incidents?

10 A. Well, I would, after  
11 reviewing the information provided in the  
12 Report Form, if I think any of the -- if I  
13 needed further information on an incident, I  
14 would include that in my conversation with the  
15 employer.

16 Q. Okay, and would that be  
17 something that you would plan in advance?

18 A. Yes.

19 Q. So when you were planning  
20 your questions in advance, you would determine  
21 whether you needed further information?

22 A. Yes, whether the incidents  
23 described in the Report Form was missing  
24 information that I needed.

25 Q. Okay, and now if you turn  
26 over the page to page 4, it says -- there is a  
27 list at the top, "Questions that you might  
28 ask", and are these the types of questions that  
29 it was your practice to ask?

30 A. This information would often  
31 be provided in an Employer Report Form, so that  
32 is what information we would look for, the



1 details of the incident, the consequences to  
2 the client/residents, the member's response,  
3 and it would indicate like who was involved in  
4 the incident.

5 Like so often, again, if this  
6 information wasn't provided in the Report Form,  
7 then I would include this in my questions to  
8 the employer.

9 Q. Okay. And there is one  
10 example at the first bullet which says:  
11 "Details of incident [...]"  
12 And then it says:  
13 "if say 'inappropriate comments'  
14 - what specifically was said?"  
15 Did you have a practice about  
16 seeking that sort of clarification?

17 A. Generally, I would, yes, I  
18 think so.

19 Q. And then right under that,  
20 there is it looks to be two sort of specific  
21 areas of guidance that are provided in this  
22 memo; one relates to medication issues, and one  
23 relates to capacity issues.

24 Were these common or uncommon  
25 issues to see as an Intake Investigator?

26 A. They were both common.

27 Q. And under the medication  
28 section, it looks to me like the first couple  
29 of points are about sort of standard medication  
30 questions, are there missed medications, was it  
31 a dose, was it an administration issue. And  
32 then there is a bunch of questions that seem

1 focussed on narcotics; is that fair?

2 A. Yes.

3 Q. And so why, to the best of  
4 your understanding when you were filling this  
5 role as Intake Investigator, why was it  
6 important to think about narcotics?

7 A. Narcotics would often -- not  
8 often, but would be an indication of a possible  
9 incapacity issue.

10 Q. Okay.

11 A. And so we were alert to  
12 whether narcotics were involved and just to  
13 explore, keep in mind to explore whether that  
14 would be an incapacity issue.

15 Q. And then there is the next  
16 section "If incapacity appears to have been in  
17 issue", and then there is a series of questions  
18 there?

19 A. Yes.

20 Q. Was it your practice to ask  
21 these types of questions and when?

22 A. So, yes, if incapacity  
23 appears to have been an issue, then I would  
24 open up to these questions.

25 Q. Okay, and so based on the  
26 intake process that we have described, those  
27 five steps that we looked at at the beginning  
28 of this memo -- is there anything else that I  
29 am missing, by the way, Ms. Yee, in terms of  
30 the intake investigation process other than  
31 what we have spoken about already?

32 A. Not that I could think of

1 right now.

2 Q. Okay. And then based on this  
3 process, would your next step be to perform a  
4 risk assessment?

5 A. Yes.

6 Q. And is it the case that we  
7 would find the analysis of your risk assessment  
8 at this point, after March 2014, in the memo  
9 that you would produce?

10 A. Yes.

11 Q. And when you were doing this  
12 risk assessment, was there an expectation by  
13 the College that you were considering the  
14 standards of practice and whether or not the  
15 standards had been breached?

16 A. Yes.

17 Q. And then were you provided  
18 with guidance about how to assess whether  
19 something was low risk, moderate risk, high  
20 risk?

21 A. Yes, in the sense that as  
22 part of my training as an Intake Investigator,  
23 I would be sitting in on the weekly intake  
24 meetings and I would gain a sense of what would  
25 be considered low risk, medium risk or high  
26 risk, but I also would have known already a  
27 good sense of that already, having worked as an  
28 investigator in leading up to this Intake  
29 Investigator role.

30 Q. And then I understand that  
31 once you arrived at your recommendation, there  
32 was a process called an intake review meeting?

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10:12:14 31  
10:12:17 32

A. Yes.

Q. Okay, and so who would attend that meeting and how did that go?

A. So it would be I believe two Intake Associates would attend, other intake Intake Investigators and myself who would be presenting some intake reports, some reports that were -- well, where my assessments had been completed.

Q. Okay, and so would you present each at the meeting?

A. Each report that we assessed, yes.

Q. Okay, and how did you present it? What information would you give the group?

A. Oh, I would -- we would generally read off the memo to the Executive Director.

Q. Sorry, was the Executive Director at the meeting?

A. No, no, no, like we would have prepared already the memo to the Executive Director, and that is what we would generally refer to and read off of when presenting our reports to the Intake Team.

Q. And would there then be a discussion or would people have questions?

A. Yes, so we would present it for the purpose of discussing whether our recommendation, the individual Intake Investigator, the recommendation, everyone gained or had a consensus on it and was in

10:12:20 1 agreement, or if not, what other options that  
10:12:24 2 could be best or better address the risk.

10:12:30 3 And just discuss if any further  
10:12:31 4 information would be required, and then that if  
10:12:34 5 anyone thought more information was required on  
10:12:36 6 a matter, then we would go back, the Intake  
10:12:40 7 Investigator assigned to that report would go  
10:12:41 8 back and obtain further information.

10:12:43 9 Q. Did you overall in performing  
10:12:47 10 your role feel that you had the resources, the  
10:12:52 11 time, et cetera, to do the intake investigation  
10:12:57 12 role?

10:12:57 13 A. Yes, yes.

10:12:58 14 Q. And then ultimately your memo  
10:13:00 15 would go to the Executive Director; correct?

10:13:02 16 A. Correct.

10:13:03 17 Q. And would you present it to  
10:13:04 18 the Executive Director?

10:13:05 19 A. No, she would be reviewing it  
10:13:07 20 in paper form. Like she would review the memo  
10:13:09 21 and all the -- if there was a prior issue,  
10:13:12 22 review the prior issue, see all the originals.

10:13:16 23 Q. Okay. Ms. Yee, I am going to  
10:13:21 24 ask you about the Caressant Care report.

10:13:22 25 A. Okay.

10:13:23 26 Q. So I understand that in 2014,  
10:13:27 27 you were the Intake Investigator that  
10:13:28 28 considered that report?

10:13:28 29 A. Correct.

10:13:29 30 Q. Do you have any memory of  
10:13:31 31 considering the report?

10:13:31 32 A. Not at all.

10:13:32 1 Q. Okay, so do you have any  
10:13:34 2 memory of your conversation with Ms. Crombez?  
10:13:36 3 A. Not at all.  
10:13:37 4 Q. So I am going to ask you some  
10:13:42 5 questions today based on the documents that we  
10:13:45 6 have of that process and based on your practice  
10:13:48 7 and experience in that role.  
10:13:49 8 A. Okay.  
10:13:50 9 Q. First, if you can turn in the  
10:13:56 10 document brief to tab 37, which is document  
10:14:06 11 36834, and we are looking at a Reports Intake  
10:14:29 12 Assessment Form; correct?  
10:14:30 13 A. Yes.  
10:14:30 14 Q. And it says on the top left  
10:14:36 15 "Date Received: May 1, 2014"; correct?  
10:14:39 16 A. Correct.  
10:14:40 17 Q. And then your name, I think  
10:14:42 18 that this must be you, Karen.  
10:14:42 19 A. Yes.  
10:14:44 20 Q. "Intake Investigator:  
10:14:48 21 Karen", "Date Allocated: July 23, 2014"?  
10:14:52 22 A. Correct.  
10:14:52 23 Q. Okay. So would you have seen  
10:14:53 24 this file before July 23rd, 2014?  
10:14:55 25 A. No.  
10:14:55 26 Q. And do you understand whether  
10:15:00 27 the College has a process in terms of looking  
10:15:03 28 at these files or considering these files in  
10:15:06 29 that period of time, so between the file  
10:15:09 30 arriving and the file being allocated?  
10:15:11 31 A. Yes, so from what I could  
10:15:16 32 recall, the process was the Intake Associate

10:15:21 1 would be -- we receive the report and the  
10:15:28 2 Intake Associate would review the report for  
10:15:32 3 the purpose of typing in the incidents reported  
10:15:35 4 in the Report Form. She would type it into the  
10:15:39 5 member's database, like the FLO, the member's  
10:15:42 6 file and FLO, and set out the incidents in the  
10:15:47 7 member's file.

10:15:50 8 And she would, based on her  
10:15:55 9 quick review of the incidents, she would  
10:15:57 10 indicate at the top right-hand corner what type  
10:16:01 11 of a report it would be. So this case, it was  
10:16:06 12 a termination. Other times that she would  
10:16:08 13 write incompetency or incapacity or abuse, what  
10:16:13 14 the nature of the report was.

10:16:17 15 Q. Okay, and --

10:16:19 16 A. And she would give it to the  
10:16:20 17 nurse, my Manager, Reports Manager. I  
10:16:23 18 understand it is an Intake Coordinator now, but  
10:16:26 19 when I was in that role, it was she gave the  
10:16:29 20 reports to the Manager. And I understand that  
10:16:32 21 the Manager would eyeball the report as well to  
10:16:36 22 see if she had agreed with the nature of the  
10:16:39 23 report.

10:16:39 24 Q. And in terms of the passage  
10:16:44 25 of time here between May 1st and July 23rd,  
10:16:51 26 just to the best of your recollection, is that  
10:16:55 27 typical, a longer than normal, a shorter than  
10:16:57 28 normal period of time between receipt of a  
10:16:59 29 report and allocation of a report?

10:17:01 30 A. I can't recall on like if  
10:17:06 31 this time frame was typical, but I could recall  
10:17:11 32 that if the matter was not urgent, it would not

1 be assigned immediately to an Intake  
2 Investigator.

3 Q. Ms. Yee, if you could turn to  
4 tab 35, and we see here at document 36848, we  
5 see the cover letter from Caressant Care that  
6 attached to the report; correct?

7 A. Correct.

8 Q. And would you have reviewed  
9 this cover letter?

10 A. Yes, yes.

11 Q. And then if you go now to  
12 behind your blue sheet there, document 36841,  
13 the Report Form from Caressant?

14 A. Yes.

15 Q. And would you have reviewed  
16 this document?

17 A. Yes.

18 Q. Now, I am going to ask you,  
19 Ms. Yee, to turn to page 4 of this report and  
20 to walk us through incident by incident what  
21 you believe, based on your experience and the  
22 document, you would have understood about these  
23 incidents and what considerations you would  
24 have brought to the exercise of considering  
25 these incidents, okay. Can you help us with  
26 that?

27 A. Sure, yes.

28 Q. Okay, so let's look first at  
29 the incident at March 20th, 2014.

30 A. Okay.

31 Q. And what would have been the  
32 significant aspects of this incident to you?



10:19:34 1 A. So this would be a medication  
10:19:40 2 error, and I would look at the type of  
10:19:44 3 medication error it was. And in this  
10:19:49 4 particular case, the nurse borrowed medication  
5 from another client to give to another one of  
6 her clients.

7 THE REPORTER: I'm sorry, Ms.  
8 Jones, I didn't hear the end of  
9 the witness's response.

10:19:58 10 BY MS. JONES:

10:19:58 11 Q. Could you just repeat that,  
10:20:00 12 that this nurse...

10:20:00 13 A. Oh, sorry, so this is a type  
10:20:01 14 of medication error. This is a medication  
10:20:03 15 error and the type of medication error is where  
10:20:08 16 the nurse borrowed medication from one resident  
10:20:12 17 in order to give it to another resident.

10:20:15 18 And the medication error also  
10:20:17 19 involved her administering the wrong medication  
10:20:20 20 to the resident.

10:20:22 21 Q. And is it fair that the  
10:20:26 22 taking of medication from one resident to give  
10:20:29 23 it to another resident is a breach of policy?

10:20:34 24 A. Correct, this is a medication  
10:20:36 25 error. This is a contravention of the  
10:20:39 26 medication standard. However, both aspects of  
10:20:43 27 this medication error is not uncommon in  
10:20:47 28 nursing practice.

10:20:52 29 Like so it is not an uncommon  
10:20:55 30 occurrence where a nurse would -- may borrow  
10:20:58 31 sometimes medication belonging to one resident  
10:21:00 32 in order to give it to another resident,

10:21:03 1 especially if the other resident requires that  
10:21:04 2 medication during a specific time period. They  
10:21:07 3 would make an assessment usually on whether is  
10:21:12 4 it that other resident required that medication  
10:21:15 5 during that time and would precede -- would  
10:21:19 6 supercede whether to wait for that medication  
10:21:22 7 or to borrow from another resident.

10:21:24 8 And so when that medication was  
10:21:25 9 refilled, they would just replace that  
10:21:27 10 medication that they borrowed.

10:21:29 11 Q. Is there risk involved in  
10:21:31 12 that --

10:21:32 13 A. Yes, so with medication  
10:21:33 14 errors, like there are always risks, like  
10:21:36 15 actual or potential. It is just the level of  
10:21:40 16 risk. The level of risk for that,  
10:21:45 17 understanding nursing practice myself and based  
10:21:47 18 on like the investigations I have done and the  
10:21:51 19 incidents I have reviewed in the past with  
10:21:52 20 reports, this is not -- this is not an uncommon  
10:21:55 21 occurrence.

10:21:56 22 Q. The taking of the medication  
10:21:59 23 from one resident and administering it to  
10:22:01 24 another resident?

10:22:02 25 A. Yes. Well, in this case, it  
10:22:06 26 was the nurse believed that it was the same  
10:22:08 27 medication, so I would look at it as two  
10:22:10 28 different aspects of the medication error.

10:22:13 29 So the first aspect would be  
10:22:14 30 that she borrowed medication not belonging to  
10:22:18 31 the resident, borrowed medication, that would  
10:22:21 32 be one aspect; and the second aspect was that

1 she administered the wrong medication.

2 Q. Right, okay, so that one  
3 aspect involved sort of a deliberate act of  
4 borrowing the wrong medication?

5 A. Yes, correct.

6 Q. Okay, and then the other  
7 aspect, would it have been your interpretation  
8 that was --

9 A. Yes, so based on the  
10 information here, she admitted to taking the  
11 other resident's insulin, so she was aware of  
12 what she was doing in borrowing the medication.  
13 And it seemed like she, from here, that the  
14 member was upset, so she showed remorse and  
15 when she heard about this and that she thought  
16 she loaded the cartridge with the same insulin.

17 So that appeared to me to be an  
18 honest medication error in that she  
19 administered the medication to the wrong  
20 patient.

21 Now, that as well is not -- is a  
22 common medication error that I would typically  
23 see in reports.

24 Q. And do you know whether you  
25 would have had any concern reviewing this about  
26 the fact that Ms. Wettlaufer appears not to  
27 have remembered something that a colleague told  
28 her?

29 A. So the nature of nursing  
30 practice is very busy, and when I assessed this  
31 incident, I assessed it in the context of a  
32 typical nursing practice situation where a good

10:24:01 1 portion of a nurse's time involves  
10:24:12 2 administrating medication and a lot of  
10:24:15 3 medication.

10:24:15 4 And so with the high frequency  
10:24:17 5 of medication that nurses administer, it is not  
10:24:20 6 uncommon for a nurse to make medication errors,  
10:24:25 7 and these are common medication errors that,  
10:24:31 8 based on my experience, are common.

10:24:33 9 And the portion I would have  
10:24:37 10 turned my mind to that the day nurse passed on  
10:24:41 11 to her the information about the other  
10:24:43 12 medication coming up, but from my experience,  
10:24:49 13 when an oncoming nurse starts her shift, his or  
10:24:55 14 her shift, in pass-on, in shift report, you  
10:24:59 15 receive a lot of information on your clients.  
10:25:03 16 And I understand here there were 32 clients  
10:25:06 17 assigned to the nurse, so there is a lot of  
10:25:11 18 information being passed on, a lot is happening  
10:25:14 19 at the start of a nurse's shift. So it is not  
10:25:18 20 uncommon for a nurse to not hear or to forget a  
10:25:25 21 piece of information that she received among  
10:25:28 22 all the information that she receives during  
10:25:31 23 pass-on, during shift report.

10:25:33 24 So that would not have been a  
10:25:35 25 significant -- I would not have given it  
10:25:37 26 significant weight to me in assessing this  
10:25:39 27 incident that she forgot that the day nurse  
10:25:44 28 gave her the information.

10:25:46 29 Q. Okay.

10:25:47 30 A. Just because given the  
10:25:48 31 context of nursing practice.

10:25:50 32 Q. Okay, thank you for that.

10:25:51 1 And --

10:25:53 2 A. And so I would have -- like  
10:25:55 3 back then, I would have assigned this as a low  
10:25:58 4 risk based on all of what I have said. And  
10:26:02 5 also because the nurse was upset, to me that  
10:26:06 6 indicates that she shows remorse for her  
10:26:08 7 actions, and that is something we do consider  
10:26:11 8 as well, a factor in assessing risk, because if  
10:26:15 9 a nurse shows remorse, then it leads to the  
10:26:18 10 nurse self-reflecting on his or her actions.

10:26:22 11 Q. Okay, thank you.

10:26:24 12 Can you turn now to the next  
10:26:27 13 incident which is January 28th, 2014.

10:26:39 14 A. So this would be to me a  
10:26:42 15 therapeutic nurse-client relationship standard  
10:26:46 16 contravention because she spoke to a resident  
10:26:48 17 in an inappropriate manner, and an  
10:26:51 18 inappropriate manner to me would be back at the  
10:26:54 19 bottom where she used a reality orientation  
10:26:59 20 instead of validation therapy that the home  
10:27:01 21 uses, and this left the resident upset.

10:27:05 22 And she failed to document the  
10:27:08 23 interventions that she said she tried to use,  
10:27:10 24 so that would be a documentation standard  
10:27:12 25 applied here. And this would also involve a  
10:27:15 26 medication error in that she gave medication  
10:27:20 27 early to the resident in order -- in an effort  
10:27:24 28 to calm the resident down.

10:27:28 29 And so I would see over in the  
10:27:30 30 member's response that she had used the reality  
10:27:34 31 orientation previously on other clients. That  
10:27:40 32 was her reason for using the reality

1 orientation on this resident.

2 And she gave consideration for  
3 why she administered the medication early,  
4 because she felt it was warranted in this  
5 situation.

6 Q. And, Ms. Yee, can you assist  
7 us, based on your experience and reviewing this  
8 now, how you believe you would have assessed  
9 risk in this scenario?

10 A. Yes, okay, so with the  
11 portion of the therapeutic nurse-client  
12 relationship where she scope inappropriately  
13 with the resident in that she used the wrong  
14 type of approach that the home uses, I would  
15 look at this on the level of seriousness; and  
16 this incident, although not good at all because  
17 she did end up upsetting a resident, but on  
18 level of seriousness of incidents, this would  
19 rank low.

20 And I would look at the  
21 medication being administered early, and  
22 although she administered the medication early  
23 and that was a medication error, I could see  
24 that she assessed the situation and made a  
25 decision to administer the medication early.  
26 And this medication was prescribed to the  
27 resident, so that wasn't an issue, that she was  
28 not administering medication that was not  
29 prescribed. And I could see that the  
30 medication that she administered would have the  
31 effect of calming a resident down, calming a  
32 person down.

10:29:18 1 So I would overall assess this  
10:29:23 2 as low risk.

10:29:24 3 Q. Thank you.

10:29:26 4 A. Because, sorry, because I  
10:29:28 5 would also note that although she failed to  
10:29:29 6 document, there was an indication that she  
10:29:33 7 tried to use interventions before administering  
10:29:36 8 the medication to calm the resident down.

10:29:38 9 Q. Thank you. And now over at  
10:29:42 10 the page, Ms. Yee, to the incident of January  
10:29:45 11 22nd, 2014.

10:29:49 12 A. Okay, so this I would believe  
10:30:09 13 that professional standards would apply here in  
10:30:12 14 that she did not follow the facility procedure  
10:30:16 15 in responding to a hypoglycaemic episode, and  
10:30:23 16 that she did incomplete and untimely charting,  
10:30:26 17 so that would be a documentation standard that  
10:30:28 18 applied here.

10:30:30 19 And I would look over and see  
10:30:32 20 that the resident was stable, and so I would  
10:30:37 21 consider that. And also I would consider the  
10:30:40 22 member's response where she thought she -- her  
10:30:47 23 actions were correct, and she gave context to  
10:30:49 24 her shift and where it was a busy night for  
10:30:53 25 her.

10:30:53 26 And I see also that she received  
10:30:55 27 counselling on this matter, so the hospital --  
10:30:57 28 sorry, the facility took action. And I would  
10:31:03 29 have thought at that time that was an  
10:31:06 30 appropriate action, given that the issue was  
10:31:08 31 that she didn't follow properly the facility  
10:31:11 32 procedure, so it would be best addressed at the

1 facility level with counselling.

2 And so I would have assessed  
3 this as low risk based on these factors.

4 Q. Okay, and if you move now to  
5 the incident of December 19th, 2013.

6 A. So this would be a medication  
7 error, and I would note that the family told  
8 her that she was doing it incorrectly and the  
9 nurse acknowledged it.

10 So it indicated that there was  
11 possible adverse conditions to the eyesight  
12 over time. However, it did not indicate here  
13 that there was any actual negative impact at  
14 that time on the resident.

15 And I would note over in the  
16 member's response that she gave context again  
17 to her shift at that time where it was a busy  
18 night and she was behind and that she  
19 acknowledged that she should not have done it.  
20 So she showed some acknowledgment in her error.

21 And I see that the facility  
22 again took action on her error, so it was  
23 addressed by the facility at that time.

24 And again, this is a medication  
25 error, and again, given the context I gave you  
26 earlier about what I know based on my past  
27 experience about nursing practice, this is not  
28 an uncommon medication error. It is not good,  
29 but it is not uncommon. And the fact that it  
30 was eye drops, on the level of seriousness, I  
31 would rank this as low, so I would give this a  
32 low-risk assessment.



1 Q. And then, Ms. Yee, over to  
2 the incident on November 25th, 2013.

3 A. Okay. So this would appear  
4 to me that professional standards would apply  
5 here. So, however, I would note that the issue  
6 here was that the nurse failed to do the dip  
7 test on the urine sample that was obtained from  
8 the resident, that was obtained with the help  
9 of the resident's wife, and that, to move over  
10 to the member's response, where she said,  
11 again, gave context to her shift where it was  
12 busy.

13 And then the next portion  
14 indicates to me that she did do an assessment  
15 of the resident where she said that the  
16 resident showed no signs of a UTI and it was a  
17 PSW who had the idea to obtain the urine  
18 sample.

19 So here I would look at that she  
20 did an assessment of the resident and also that  
21 it was a PSW and a nurse who had conflicting  
22 views on how to proceed with this resident.

23 Q. And in terms of the member's  
24 response, do you think you would have  
25 interpreted this response as showing insight?

26 A. Not necessarily showing  
27 insight, but it gives context. Okay, so she  
28 had a busy night, and she did do an assessment  
29 of the resident, so she had her own assessment  
30 done, in her view, but this was a conflict with  
31 her co-worker's view of the situation. And the  
32 co-worker being an unregulated health care

1 professional, it just gives context maybe -- it  
2 is not clear to me. It would not have been  
3 clear to me what the actual issue was, whether  
4 it was a conflict between the nurse and the PSW  
5 not agreeing on how to proceed, so I would have  
6 followed up on this matter, which I believe I  
7 did, but that is why it was not clear that  
8 how -- what contravention there would be here.

9 Q. Okay, and then if you look at  
10 the last box, can you help us with what you  
11 would have taken or any concerns you would have  
12 had with respect to the information in the last  
13 box?

14 A. So the:

15 "Letter to identify that her  
16 work performance was not  
17 adequate in this and other areas  
18 with warning that further  
19 incidents would lead to further  
20 discipline up to an[d] including  
21 termination."

22 Okay, so I take from that that  
23 the employer took action on this incident as  
24 well, and:

25 "Examples of work performance  
26 not to standard were not doing  
27 assessments, processing and  
28 following up on doctor's orders  
29 and other work as required of  
30 Registered Staff."

31 So I would assume that the other  
32 examples of work performance, what it refers to

1 would be -- it would be located in the  
2 previous -- in the other incidents that I at  
3 that time have yet to read, so it would be in  
4 the other incidents reported in the Employer  
5 Report Form, that that is what they would be  
6 referring to.

7 Q. Okay, and would that have  
8 been of concern to you, these comments about  
9 work performance not being up to standard?

10 A. Well, yes, I would take that,  
11 but I would view and assess the incidents that  
12 I have yet to assess to make my determination  
13 of what the actual nature of the issues were.

14 Q. And then, Ms. Yee, if you  
15 could move on to the incident at April 8th,  
16 2013.

17 A. Okay, so this would be a  
18 medication error wherein she forgot to give  
19 medication, four medications to a resident at  
20 two different times. And I would note that  
21 there was no effect on the resident and that  
22 she thought she had given them, but did not.

23 So that would -- this type of  
24 medication error is not uncommon among  
25 medication errors where a nurse in a busy  
26 practice would forget to administer medication  
27 to a resident or would have believed that they  
28 administered medication to a resident.

29 It doesn't strike me as an  
30 unusual occurrence. Like it is common as a  
31 medication error.

32 But what I would have noted is

10:38:12 1 that her insight or her willingness to learn,  
10:38:17 2 this comment here is that:

10:38:18 3 "Bethe said she did not require  
10:38:21 4 reinstruction on how to give  
10:38:22 5 medication properly."

10:38:24 6 That would have stood out for me  
10:38:25 7 at that time, and so that would have been  
10:38:27 8 something I would have followed up with, in  
10:38:30 9 speaking with the employer, which I believe I  
10:38:33 10 did in my notes, having reviewed my notes.

10:38:36 11 Q. When you spoke to Ms. Crombez  
10:38:37 12 later?

10:38:38 13 A. Yes.

10:38:38 14 Q. Okay, we'll get to that when  
10:38:41 15 you are talking about Ms. Crombez.

10:38:43 16 Okay, now, Ms. Yee, March 14th,  
10:38:48 17 2013, if you would, on page 10.

10:38:50 18 A. Okay.

10:38:50 19 THE COMMISSIONER: Sorry, were  
10:38:51 20 you not going to ask what her  
10:38:53 21 understanding of the seriousness  
10:38:55 22 was, given there was a five-day  
10:38:56 23 suspension for that?

10:38:58 24 BY MS. JONES:

10:38:58 25 Q. Yes, thank you.

10:38:59 26 A. So I do see that the employer  
10:39:01 27 took action on it, but again, I would assess  
10:39:04 28 this as low risk, because this is, again, based  
10:39:06 29 on what I know of nursing practice and my past  
10:39:12 30 experience assessing incidents in reports and  
10:39:14 31 understanding the nature of the nursing  
10:39:16 32 practice and how busy it is, in that it is --

10:39:24 1 in that medication errors do occur in a nurse's  
10:39:28 2 practice. Even very good nurses make  
10:39:33 3 medication errors, and so that is -- so it is  
10:39:36 4 not uncommon, and this is not an uncommon  
10:39:40 5 medication error to have occurred.

10:39:42 6 Q. Okay. And I think the  
10:39:45 7 Commissioner's question perhaps is whether you  
10:39:47 8 would have taken into account that the employer  
10:39:49 9 had imposed a five-day suspension in terms of  
10:39:52 10 assessing the seriousness of that?

10:39:54 11 A. So I would just -- I would  
10:39:57 12 have viewed it as that the employer took action  
10:40:00 13 on this. What the employer's action did on  
10:40:02 14 this or any of the incidents would not -- I  
10:40:07 15 would not put so much weight in it on my  
10:40:09 16 assessment because they are coming from an  
10:40:11 17 employer point of view and I am coming from a  
10:40:13 18 nursing standard and safety to practice point  
10:40:17 19 of view. So sometimes it is not -- it is just  
10:40:24 20 not from the same angle.

10:40:25 21 Q. Okay.

10:40:29 22 A. So I just would have taken  
10:40:30 23 note that the employer took action at that time  
10:40:32 24 on this incident.

10:40:33 25 Q. Thank you. Now if you could  
10:40:37 26 turn to page 10 and the incident at March 14th,  
10:40:42 27 2013, please.

10:40:43 28 A. Okay. So this is a  
10:40:48 29 medication error, and having -- I would have  
10:40:56 30 reviewed the member's past prior history on  
10:41:01 31 file by now and would have known that the  
10:41:04 32 member had a history of a health issue in the

10:41:08 1 past.

10:41:09 2 And so the issue of a narcotic  
10:41:12 3 given but not signed for would raise a red flag  
10:41:16 4 to me, and I would follow up on that issue with  
10:41:20 5 the employer to explore whether this could be  
10:41:26 6 an incapacity issue.

10:41:29 7 Q. Okay, and --

10:41:30 8 A. But moving on from like my  
10:41:33 9 red alert going on, I would see that the  
10:41:36 10 hospital did an investigation, and during the  
10:41:41 11 investigation, the facility's investigation,  
10:41:45 12 the member recalled giving a narcotic along  
10:41:47 13 with a Tylenol and she did not sign for it on  
10:41:53 14 the MAR, so this would be a medication issue.

10:41:57 15 And I would move over to the  
10:41:58 16 member's response where she realized what she  
10:42:00 17 did wrong in this medication error, so it shows  
10:42:03 18 acknowledgment and reflection, and that she  
10:42:06 19 realized three points where she went -- where  
10:42:09 20 she committed -- or where an error took place.

10:42:12 21 Q. And in a narcotic issue like  
10:42:14 22 this, is there a risk that what is happening is  
10:42:19 23 diversion of the narcotic?

10:42:21 24 A. Yes, for personal use, for  
10:42:26 25 the member's personal use. So it is just we  
10:42:31 26 are -- like we have been -- like I was trained  
10:42:33 27 to be alert to this type of issue. Whether the  
10:42:36 28 member has a -- we have a history of the member  
10:42:40 29 or not, just the issue that a narcotic has been  
10:42:44 30 missing would automatically raise flags for any  
10:42:47 31 Intake Investigator.

10:42:49 32 Q. And so do you think it raised

10:42:51 1 flags for you in performing this assessment?

10:42:54 2 A. Oh, yes, definitely,  
10:42:55 3 especially since I would have known by now that  
10:42:57 4 Ms. Wettlaufer has a -- had a prior history  
10:43:01 5 related to a health issue.

10:43:02 6 Q. And --

10:43:08 7 A. So here I would have seen  
10:43:10 8 that she received education on proper  
10:43:13 9 medication administration, and having read  
10:43:14 10 this, then I would have -- this would have  
10:43:16 11 given me context to the previous -- to the  
10:43:22 12 incident on the previous page, on April 8th,  
10:43:24 13 2013, where she said she did not require  
10:43:27 14 reinstruction on how to give medication, so  
10:43:29 15 that gave me a better understanding of why she  
10:43:31 16 says she did not require it at that time and it  
10:43:34 17 is because a few weeks prior to that she  
10:43:36 18 received education on education -- on  
10:43:42 19 medication administration.

10:43:43 20 But however, because it was  
10:43:45 21 her -- the member's insight into her errors is  
10:43:56 22 not -- was not -- would have not been clear to  
10:43:58 23 me, so it would have been something that I  
10:44:01 24 would follow up with in my conversation with  
10:44:02 25 the employer.

10:44:03 26 Q. And then if you turn to page  
10:44:14 27 11 and the incident at February 12th, 2013?

10:44:19 28 A. Okay, so this is a medication  
10:44:21 29 error, and there were no effects on the  
10:44:25 30 resident, so that is what I would have noted,  
10:44:29 31 and that the member had insight and  
10:44:34 32 acknowledged the seriousness of a potential

1 near miss of a medication error.

2 And again, I would have noted  
3 that the employer took action at that time as  
4 well in response to this medication error, and  
5 that she reviewed the process of medication  
6 administration.

7 Q. Okay.

8 A. So I would have noted in  
9 February and in March that she received  
10 medication administration education or a review  
11 of the process, I should say here, and so I  
12 would have assigned this as low risk.

13 Q. Okay, so can you help me with  
14 that, with why seeing that she had received a  
15 medication administration review in February  
16 and March, why that would have made you feel  
17 that it was low risk as opposed to higher risk  
18 that she was continuing to make medication  
19 errors?

20 A. So I would have reviewed this  
21 as different types of medication errors. So  
22 although medication, this is one big category  
23 for medication errors, there are different  
24 levels of seriousness of medication errors and  
25 different aspects in administering medication.

26 And so I would have viewed  
27 this -- and I would have reviewed that in the  
28 report, the incidents reported in the report so  
29 far, they were all -- all the medication errors  
30 were different. They were not of the same type  
31 of medication errors.

32 So yes, I'm gaining a sense that



1 medication administration is a very applicable  
2 standard that applies here throughout, the  
3 theme. However, I am still focussing on if it  
4 is not just her practice, whether it is a  
5 health-related matter.

6 Q. Sorry, can you explain that,  
7 Ms. Yee? I'm just not sure I understood the  
8 very end of that.

9 A. Sorry, it is just that often,  
10 if there are medication errors occurring in a  
11 member's practice, that we like to see the  
12 reason for it, if there is any underlying  
13 issue. And the fact that there is one incident  
14 so far that indicates that a narcotic is  
15 involved, then that could be an explanation for  
16 the medication errors.

17 But so my -- like my assessment  
18 would just be keeping alert to where things  
19 could lead in my assessment.

20 Q. I see, okay, thank you.

21 A. Yes.

22 Q. And then now, and we are  
23 almost done, Ms. Yee, over to September 3rd,  
24 2012.

25 A. Okay. So the first two would  
26 not be related to nursing, but the third one of  
27 "narcotics not properly counted with oncoming  
28 shift", that would be a medication standard  
29 applied here, but it is not clear, a  
30 straightforward medication error in the sense  
31 that it was -- appeared to be a procedure that  
32 the member failed to follow in relation to

10:48:12 1 counting narcotics as opposed to if it was a  
10:48:16 2 straightforward medication error that it would  
10:48:19 3 be indicated that a narcotic was -- went  
10:48:22 4 missing or was unaccounted for.

10:48:24 5 So to me, the medication  
10:48:27 6 standard would apply, but not a straightforward  
10:48:32 7 medication error.

10:48:32 8 Q. Okay, and what about the fact  
10:48:34 9 that this incident also involved narcotics?

10:48:38 10 A. Yes, so that is what I would  
10:48:40 11 have looked for to see if it indicated that  
10:48:44 12 whether a narcotic was missing, so that if this  
10:48:48 13 would be a second occasion where a narcotic was  
10:48:51 14 signed for but not accounted for.

10:48:53 15 But reading the information in  
10:48:55 16 the Employer Report Form, it indicates that she  
10:49:00 17 didn't count the narcotics with the oncoming  
10:49:03 18 shift and that she received a written warning,  
10:49:10 19 so again, she -- the employer responded to this  
10:49:13 20 incident error, medication policy error, and  
10:49:18 21 that she was asked to review the procedure for  
10:49:21 22 counting narcotics with the oncoming shift.

10:49:24 23 Q. Okay, and in terms of your  
10:49:25 24 assessment of risk --

10:49:26 25 A. So this would be a low risk  
10:49:31 26 because it would be based -- this highlights  
10:49:34 27 more the member not following hospital policy  
10:49:37 28 procedure, and the main thing I would have  
10:49:40 29 looked at for assessing low risk would be the  
10:49:43 30 narcotics were not counted in accordance with  
10:49:47 31 the facility's procedure.

10:49:49 32 Q. And now, Ms. Yee, August

1 29th, 2012.

2 A. Okay. So this would be a  
3 professional standard wherein it is alleged  
4 that the member did not assess a resident when  
5 required, and there was no adverse on the  
6 resident.

7 And I also would have noted that  
8 the member gave context to her shift, that she  
9 was not feeling well herself and that she took  
10 it upon her own initiative to review the module  
11 on professionalism from the CNO website. So  
12 she had insight and accountability into this  
13 incident, and so I would have assessed this as  
14 low risk.

15 Q. And if you go over the page  
16 then, page 14, it reads:

17 "There were other reports from  
18 staff that did not lead to  
19 discipline but were considered  
20 at [the] time of termination.  
21 These reports had to do with  
22 attendance, professional  
23 behaviour."

24 As an Intake Investigator, when  
25 you get a comment like that, how would you  
26 understand that and would you feel that you had  
27 sufficient information from this to assess what  
28 that meant?

29 A. Yes, because based on the  
30 incidents that were reported in the Report  
31 Form, incidents like not taking refrigerator  
32 temperatures, that I would have considered this

1 sentence to mean that the other reports were,  
2 in the employer's point of view, were not as  
3 serious as the incidents reported in the  
4 Employer Report Form and that the reports had  
5 to do with the member's attendance and  
6 professional behaviour.

7 So I would have looked at and  
8 followed up on what was meant by "professional  
9 behaviour", because I wanted to discern whether  
10 it was professional behaviour towards residents  
11 or to her colleagues, like not getting along  
12 with her colleagues.

13 And I believe I followed up on  
14 that in my notes, based on my notes.

15 Q. Now, if we stop just at this  
16 report, Ms. Yee, is it fair, when we look at  
17 this report as a whole, to note that in some  
18 cases it appears, just based on the report  
19 itself, that Ms. Wettlaufer was taking  
20 responsibility for her errors, but in other  
21 cases, it appears that she was not?

22 A. Correct.

23 Q. Okay.

24 A. So because of the -- it was  
25 not consistent, like her -- what was reported  
26 in the Incident Reports and in her response,  
27 her level of insight was not always consistent  
28 with each incident. I would have followed up  
29 with the employer to gain the employer's sense  
30 of what the member's insight and accountability  
31 would be or was like.

32 Q. Can you assist us with at the

10:53:19 1 time you reviewed this report, what would have  
10:53:23 2 been your overall impression as to the quality  
10:53:26 3 of care Ms. Wettlaufer was providing?

10:53:28 4 A. So it was not the greatest  
10:53:34 5 care. Her practice was not the greatest, but  
10:53:39 6 my view at that time would have been that she  
10:53:42 7 was still practising within the range of  
10:53:44 8 acceptable nursing practice, the low range, but  
10:53:48 9 still within the range that is acceptable. And  
10:53:53 10 that would have led me to my recommendation for  
10:53:56 11 bank with notice.

10:53:57 12 MS. JONES: Okay. Madam  
10:54:02 13 Commissioner, I'm about to move  
10:54:03 14 on to the interview with Ms.  
10:54:06 15 Crombez, so this may be a good  
10:54:07 16 time for the morning recess.

10:54:09 17 THE COMMISSIONER: All right.  
10:54:10 18 Just before we do that, can I  
10:54:11 19 get some sense of how much  
10:54:13 20 longer you expect to be in your  
10:54:14 21 examination of this witness?

10:54:16 22 MS. JONES: I would say less  
10:54:18 23 than half an hour, Commissioner.

10:54:20 24 THE COMMISSIONER: All right.  
10:54:22 25 And you have canvassed with the  
10:54:23 26 other participants how long they  
10:54:24 27 intend to be in cross?

10:54:27 28 MS. JONES: I think I have a  
10:54:28 29 decent sense of it, but I can do  
10:54:29 30 that as well over the break to  
10:54:31 31 make sure I have an updated  
10:54:33 32 sense since yesterday.

10:54:34 1 THE COMMISSIONER: That would be  
10:54:35 2 good. Thank you very much.  
10:54:36 3 Let's take the morning break.  
10:54:37 4 MS. JONES: Okay, thank you.  
10:54:37 5 -- RECESSED AT 10:54 A.M.  
11:10:10 6 -- RESUMED AT 11:10 A.M.  
11:10:10 7 THE COMMISSIONER: Madam Clerk,  
11:11:44 8 I'm just going to give you back  
11:11:46 9 your copy of the Anne Coghlan  
11:11:48 10 affidavit. Thank you. I  
11:11:51 11 brought mine. Thank you.  
11:11:52 12 Go ahead, Ms. Jones, if you're  
11:11:54 13 ready.  
11:11:54 14 BY MS. JONES:  
11:11:55 15 Q. Ms. Yee, if you could turn up  
11:11:58 16 at tab 39 Document 36847, please.  
11:12:27 17 And, Ms. Yee, we see here your  
11:12:32 18 memo of a telephone conversation with  
11:12:34 19 Ms. Crombez?  
11:12:34 20 A. Correct.  
11:12:35 21 Q. Okay. And I think you've  
11:12:36 22 confirmed already that you have no memory of  
11:12:38 23 this discussion; is that right?  
11:12:40 24 A. That's correct.  
11:12:41 25 Q. Okay. So with this  
11:12:42 26 discussion, as we did with the report, I'm  
11:12:44 27 going to ask you questions based on your  
11:12:48 28 practice --  
11:12:49 29 A. Okay.  
11:12:49 30 Q. -- in terms of what questions  
11:12:52 31 you believe you asked and what information you  
11:12:52 32 understood from Ms. Crombez.

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11:14:02 26  
11:14:05 27  
11:14:08 28  
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11:14:15 30  
11:14:18 31  
11:14:23 32

A. Okay.

Q. Okay? So first of all, based on your practice, would you have had a list, do you believe, of questions for Ms. Crombez?

A. Yes, I would have prepared on my draft memo questions I would have had for the employer.

Q. Okay. And looking at this memo now in front of you, can you assist us with what you believe you asked Ms. Crombez and what information you received?

A. Okay.

Q. And you can start at the beginning, Ms. Yee. We can break it up. It's a page and a half.

With the first few points, would this have been information elicited from particular questions from you?

A. Yes. So it looked like I would have confirmed her -- that she worked there since 2005. That would have been -- looked like that was a question that I asked, and that she work there on a full-time basis, and that the employer didn't know that she worked anywhere else at that time.

And it looked like I would have asked if the employer was aware of any stressors that were going on in the member's life, personal life that may have affected her practice. So this would have been in relation to my red flag alert about the narcotic incident that's reported in the employer report

1 form and also with her prior history that the  
2 College has on file related to her health  
3 issue.

4 And the employer stated that --  
5 or indicated that there was no underlying issue  
6 or concern with the member. The employer did  
7 indicate that at one time -- that the member  
8 mentioned that she was on medication for some  
9 mood or anxiety condition, and that this was --  
10 she was having difficulty adjusting to it, and  
11 that was the reason for an error she did.

12 Q. And can I just stop you  
13 there. So do you believe you would have  
14 understood based on that information that  
15 Ms. Wettlaufer had a mental health issue?

16 A. I would have -- from that  
17 information, yes, that there was some form of  
18 health condition that the member did have and  
19 that she was on medication for it, and -- so  
20 can I go to my handwritten notes?

21 Q. Yes, absolutely. So your  
22 handwritten notes are -- whichever would be  
23 most helpful, Ms. Yee -- you handwritten notes  
24 are at the tab previous, tab 38.

25 A. Okay.

26 Q. Document 36845.

27 A. Okay. So it looked like I  
28 would have opened up with the general -- like,  
29 a probing question, trying to lead into -- if  
30 there was any concerns that the employer would  
31 have thought that the member was experience --  
32 like, that was related to the member and that



1 was affecting her practice.

2 And so it indicated, the second  
3 point was that she was on a -- that her being  
4 on medication and the medication was recently  
5 changed and having difficulty with the change  
6 was a reason for a medication error.

7 And so I would have followed  
8 that up with -- because I -- after that was,  
9 otherwise, no underlying issue or concern with  
10 the member.

11 So I would read from my notes  
12 that since the employer told me about a  
13 medication change and having difficulty with a  
14 change, I would have followed up further on  
15 that point, and the response looked like it was  
16 otherwise no underlying issue or concern with  
17 the member.

18 Q. Okay.

19 A. Yeah, so I would have taken  
20 that as -- it would not be unusual at that  
21 time. It would not -- I would not connect it  
22 necessarily to her past health issue or even  
23 connect it -- it's not enough to connect it to  
24 her past health issue or any lead into  
25 considering whether it was an incapacity issue.

26 Q. Why is that? Why is it not  
27 enough to connect it with a past health issue?

28 A. Nurses like general  
29 population have health conditions, and it's --  
30 they are on -- some of them are on medication.  
31 It is not uncommon for them to be on medication  
32 for health issue or even medication related to

11:17:52 1 a mental health condition, but it -- it would  
11:17:55 2 not mean that they are not able to practice  
11:17:58 3 nursing.

11:17:58 4 Q. Okay, thank you.

11:18:02 5 A. Yes.

11:18:02 6 Q. And then continuing where you  
11:18:04 7 were, then?

11:18:07 8 A. So it looked like because  
11:18:14 9 the -- I would have noted that the member  
11:18:16 10 started in 2005, and I would have noted that  
11:18:19 11 the report's incidents go back to 2012.

11:18:22 12 I would have, according -- like,  
11:18:26 13 I would have followed Ms. Boddy's guideline in  
11:18:30 14 the sense that if there was nothing reported  
11:18:33 15 prior to a certain time frame, inquire why the  
11:18:38 16 change.

11:18:38 17 So it looked like here I  
11:18:39 18 inquired what happened, why were the incidents  
11:18:40 19 now -- like, incidents reported. Why did it --  
11:18:41 20 why was it dated back to 2012? So I would  
11:18:46 21 inquire what happened prior to 2012, why there  
11:18:49 22 weren't any incidents reported prior to that  
11:18:54 23 time.

11:18:54 24 So it looks like prior to 2012,  
11:18:56 25 the explanation was she worked in another  
11:18:58 26 section. So from that in the next couple of  
11:19:02 27 bullets, I would have gleaned that --

11:19:02 28 Q. I'm sorry, Ms. Yee, just to  
11:19:04 29 make sure we're all following, are you back to  
11:19:06 30 the typed version?

11:19:06 31 A. Oh, sorry. Yes.

11:19:07 32 Q. That's okay.

11:19:07 1 A. Sorry.

11:19:08 2 Q. That's no problem. That's  
11:19:12 3 tab 39, Commissioner, and we have it up on the  
11:19:14 4 screen. Thank you. Carry on.

11:19:15 5 A. Sorry. Yes, so I would  
11:19:16 6 have -- it looked like I would have canvassed  
11:19:20 7 about why there were no incidents reported  
11:19:23 8 prior to 2012. And my impression from the  
11:19:35 9 notes, the summary here is that prior to 2012,  
11:19:35 10 she was not as visible as she was -- when she  
11:19:37 11 moved to a new section in 2012, and so the  
11:19:41 12 employer was not aware of any incidents with  
11:19:45 13 the nurse's practice.

11:19:47 14 And so once she became more  
11:19:50 15 visible, they started becoming -- they started  
11:19:52 16 noticing her nursing practice.

11:19:54 17 Q. Okay, thank you.

11:19:57 18 A. Yes.

11:19:58 19 Q. And then if you keep going  
11:20:00 20 now, it looks like we're at "staff always  
11:20:04 21 complained"?

11:20:06 22 A. Yeah, so that -- so that was  
11:20:11 23 likely a question I had in relation to the last  
11:20:15 24 sentence in the employer report form about the  
11:20:18 25 reports related to attendance and professional  
11:20:21 26 behaviour. So it looked like I would have  
11:20:26 27 followed up here about that, that it was a  
11:20:30 28 professional behaviour, and it looked -- and  
11:20:32 29 indicated that it was professional behaviour in  
11:20:34 30 relation to how she worked with her colleagues.

11:20:36 31 Q. Okay. And then it looks like  
11:20:40 32 you asked a question next or were given

1 information, at least, next about one of the  
2 incidents, the incident relating to the UTI.

3 So I'm going to ask you to  
4 assist us with that, but I'm going to just stop  
5 first to ask you, do you know whether you would  
6 have asked about any of the other incidents in  
7 the report?

8 A. So based on my notes, it  
9 appears that I did not ask about the other  
10 incidents, and most likely -- because at that  
11 time, I would -- the description provided in  
12 the employer report form was sufficient for me  
13 to do my assessment.

14 Q. Okay. And so then why did  
15 you ask about the UTI incident?

16 A. So as I mentioned earlier, it  
17 was not clear to me how this was a  
18 contravention of the professional standard --  
19 or nursing standard, so I would -- wanted to  
20 gain some further details about this incident.

21 Q. Okay. And what do you  
22 understand, looking at your notes now, about  
23 the incident or what information you received?

24 A. So it came out in the  
25 incident that a nursing -- so the therapeutic  
26 nurse-client relationship standard was more  
27 applicable here in the sense that it was, to  
28 me -- given the context now, that it was, to  
29 me, would have been more about how the member  
30 interacted with the family member in a sense  
31 that she was not forthcoming about the urine  
32 sample that they took.

1 And that would point more to a  
2 therapeutic nurse-client relationship standard  
3 in the sense that the focus here would be about  
4 the relationship she had with the client -- the  
5 resident and the resident's family.

6 Q. Okay. And would you have had  
7 any concerns, do you believe, about a breach of  
8 that standard?

9 A. Yes. Well, yes. It would be  
10 a breach in the sense that she was not  
11 forthcoming. She was not able -- or it did not  
12 show that she was establishing family-client  
13 relationship between -- there wasn't  
14 established -- there was not a relationship  
15 being established between the resident's family  
16 and the member.

17 Q. And now, over the page to the  
18 top of the next page, Ms. Yee, if you can  
19 assist us in the same manner with the  
20 information on this page, what questions you  
21 believe you would have asked, based on your  
22 practice, and what you understood?

23 A. Okay. So here, it would have  
24 looked like I wanted to get some clarification  
25 on the member's -- what the employer thought  
26 was the member's insight because, as we  
27 discussed here earlier, that there was -- there  
28 were some incidents where the member showed  
29 insight and accountability for some of the  
30 incidents in the employer report form and some  
31 incidents she did not display at that insight  
32 or accountability.

11:23:52 1 So I wanted to gain -- get from  
11:23:53 2 the employer his or her -- her sense of the  
11:23:56 3 member's insight and -- sense of accountability  
11:24:01 4 and insight the member had.

11:24:01 5 Q. Okay. And what did you  
11:24:03 6 understand based on your notes?

11:24:05 7 A. Oh, that she did have a level  
11:24:08 8 of insight and accountability over the errors  
11:24:12 9 that she made and that were reported in the  
11:24:15 10 report form.

11:24:19 11 And so, after that, it indicated  
11:24:21 12 that the member just never changed her  
11:24:23 13 practice, so to me, that would -- gave me the  
11:24:28 14 impression that the employer just stopped being  
11:24:31 15 tolerant of the member's low level of  
11:24:38 16 practicing and that she confirmed that there's  
11:24:42 17 no sustained harm to the residents involved in  
11:24:47 18 the incidents reported and that the member can  
11:24:49 19 be very pleasant with the residents.

11:24:50 20 And again, the second-last  
11:24:50 21 bullet:

11:24:51 22 "Focused at times more being  
11:24:51 23 friends with her co-workers than  
11:24:53 24 working."

11:24:54 25 This was a general sense I was  
11:24:56 26 getting from the employer about the member, and  
11:24:58 27 that she was always respectful and nice, but  
11:25:02 28 again, her practice never changed.

11:25:04 29 Q. Okay. And based on your  
11:25:06 30 experience as an intake investigator, how would  
11:25:08 31 you have assessed risk in relation to the  
11:25:13 32 suggestion that her practice never changed?

11:25:15 1 A. So it was -- I took this more  
11:25:22 2 as the employer took the action that they did  
11:25:30 3 indicate and indicated in the employer report  
11:25:32 4 form, but the member's practice never improved  
11:25:35 5 to their satisfaction, so that's what led to  
11:25:38 6 the termination.

11:25:39 7 Q. Okay. And then how would you  
11:25:40 8 have assessed that in your role?

11:25:42 9 A. Well, that would typically be  
11:25:48 10 a reason why a member -- an employer would,  
11:25:51 11 like, from -- based from my experience would  
11:25:53 12 terminate a member because the actions they  
11:25:57 13 took on one of their employees was not  
11:25:59 14 effective, and so it's, like, a progressive  
11:25:59 15 discipline.

11:26:00 16 So it was not -- it's not  
11:26:05 17 unusual to hear from employers that, oh, we try  
11:26:09 18 to work with a nurse to change practice, but  
11:26:13 19 him or her didn't change their practice, so we  
11:26:17 20 just couldn't work with that nurse anymore. It  
11:26:20 21 is more about the employer's process they had  
11:26:25 22 for the employee.

11:26:26 23 Q. And one of the steps --  
11:26:33 24 moving to a different area, Ms. Yee, one of the  
11:26:36 25 steps in the memo, the Boddy memo that we  
11:26:44 26 looked at earlier, referred to checking FLO?

11:26:46 27 A. Yes.

11:26:47 28 Q. Would you have checked FLO  
11:26:47 29 with relation to Ms. Wettlaufer?

11:26:47 30 A. Yes.

11:26:47 31 Q. Okay. And in terms of the  
11:26:47 32 information on FLO, would it have had

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information about her previous employment?  
A. Yes.  
Q. Okay. And would that have included information about Christian Horizons, that she had worked at Christian Horizons; can you recall?  
A. Oh, I don't recall that.  
Q. Okay. What I was curious about, and I don't know if you can recall this now, but whether or not on FLO you would be able to determine whether Ms. Wettlaufer had had a period of not practicing nursing?  
A. Not practicing nursing. I couldn't recall that. What I do recall is that if they maintain their membership, like, remain registered with the College of Nurses, it would appear that she is able to practice, that I would recall, but not if there's a period of time in the member's history whether they were working for a certain point in time or not.  
Q. Okay.  
A. Yeah.  
Q. And now, I'm going to ask you to turn to tab 40, which is your memo, and it's Document 36833. And this is the memo you prepared for the executive director, Ms. Yee?  
A. Correct.  
Q. Okay. And is this the memo that you would have presented at the intake review meeting?  
A. Yes.  
Q. Okay. And we see on the



11:28:30 1 first page of the memo that after some basic  
11:28:37 2 historical information, there's a section  
11:28:40 3 called "Prior"?

11:28:44 4 A. Yes.

11:28:45 5 Q. And I take it this relates to  
11:28:47 6 Ms. Wettlaufer's prior fitness to practice or  
11:28:51 7 incapacity issue?

11:28:52 8 A. Correct.

11:28:52 9 Q. And so looking at this  
11:28:54 10 information now, can you assist us with what  
11:28:56 11 documents you would have reviewed from the  
11:28:59 12 prior file and what understanding you had about  
11:29:03 13 Ms. Wettlaufer's prior incapacity issue?

11:29:05 14 A. Okay. So because I don't  
11:29:11 15 recall assessing this report, I also don't  
11:29:14 16 recall what I would have reviewed in the prior.

11:29:18 17 But I could tell from the  
11:29:20 18 summary that, like, certain things I would have  
11:29:23 19 reviewed and looked at just based on the  
11:29:26 20 information I provided -- under the "Prior"  
11:29:30 21 section.

11:29:31 22 So it appears that I reviewed  
11:29:33 23 the letter of complaint, termination from  
11:29:38 24 Geraldton District Hospital, and I believe  
11:29:40 25 there were some documents from the next two  
11:29:44 26 bullets that reflect similar language in some  
11:29:48 27 other documents in the prior file. So I would  
11:29:51 28 have looked at that those documents.

11:29:53 29 Q. And which documents in  
11:29:58 30 particular, can you assist with that?

11:29:59 31 A. Sorry, where would be the  
11:30:02 32 documents in the prior file so I could...?

1 Q. We can look -- if you tell me  
2 the type of document, Ms. Yee, maybe I can  
3 assist you. Do you know if you would have  
4 looked at the FTP decision, for example?

5 A. For sure, yes --

6 MR. GOLDEN: I just rise because  
7 I thought the witness was clear  
8 that she has no recollection  
9 of what documents she reviewed,  
10 so I don't know how she can now  
11 comment on which ones she did  
12 and which ones she didn't.

13 I think the best we can say is  
14 that this was the file that the  
15 College has produced that was  
16 available, but if the witness  
17 has already said she doesn't  
18 recall which ones she reviewed,  
19 I'm not sure where this line of  
20 questioning is going.

21 THE COMMISSIONER: I'm not sure  
22 there's much to be gained. We  
23 know what was in the file, and  
24 we've her testimony that she  
25 would have reviewed what was in  
26 the file, and so I'm not sure  
27 where you would go with this.

28 MS. JONES: Okay. Commissioner,  
29 I think the issue is that  
30 Ms. Yee didn't necessarily  
31 review everything that was in  
32 the file was my understanding --

11:30:59 1 THE COMMISSIONER: Um-hmm.  
11:30:59 2 MS. JONES: -- so to the extent  
11:30:59 3 it would be of assistance to you  
11:31:00 4 to understand what she believes  
11:31:01 5 she reviewed, that's what I'm  
11:31:03 6 trying to elicit from her, but I  
11:31:07 7 can move on if that's not of  
11:31:09 8 assistance.  
11:31:10 9 THE COMMISSIONER: I think just  
11:31:11 10 moving on with --  
11:31:11 11 MS. JONES: Okay.  
11:31:12 12 THE COMMISSIONER: Thank you.  
11:31:13 13 BY MS. JONES:  
11:31:14 14 Q. One of the issues that was  
11:31:16 15 raised yesterday, Ms. Yee, was the fact that in  
11:31:18 16 this summary, this prior summary, it doesn't  
11:31:21 17 refer to a history or a -- in summarizing the  
11:31:30 18 history, it doesn't refer to alcohol  
11:31:33 19 dependance?  
11:31:33 20 A. Um-hmm.  
11:31:34 21 Q. Do you notice that?  
11:31:34 22 A. Yes, yes.  
11:31:35 23 Q. And can you assist us with  
11:31:37 24 why that wouldn't be included in the "Prior"  
11:31:40 25 section?  
11:31:40 26 A. So I think from my past  
11:31:42 27 practice, I would, when reviewing a prior file,  
11:31:47 28 like, high-level, I would need to find out what  
11:31:51 29 the issue was in the report or complaint  
11:31:56 30 received at that time and the nature of the  
11:32:01 31 issue and how -- what the outcome was of the  
11:32:08 32 complaint or report, and share since it was a

11:32:15 1 health issue, an incapacity issue.

11:32:17 2 And I noted that there's a  
11:32:20 3 terms, conditions, and limitations. I would  
11:32:23 4 note that since there were terms, conditions,  
11:32:26 5 and limitations, I would want to find out  
11:32:29 6 whether those terms, conditions, and  
11:32:31 7 limitations still apply or were they  
11:32:33 8 effectively met by the member.

11:32:35 9 So I would do a high-level  
11:32:40 10 review of the issue, and what I would take from  
11:32:43 11 the prior is that the member went through the  
11:32:47 12 process of the FTP process, incapacity process.  
11:32:52 13 She followed it, she got examined by -- like,  
11:32:56 14 in following the process, she would -- like,  
11:32:59 15 again, I don't remember the actual documents  
11:33:01 16 that she likely would have been assessed by an  
11:33:05 17 independent medical examiner by the College.  
11:33:08 18 She would be assessed, and there would be --  
11:33:10 19 obviously there's terms and conditions that  
11:33:13 20 came out from the examination and was put  
11:33:16 21 forward in an agreement with the member.

11:33:17 22 So what I would take from  
11:33:20 23 that -- and she complied with these terms.  
11:33:22 24 What I'd take from that is there was a previous  
11:33:26 25 history of health issue with the member.

11:33:30 26 And so I would see if there is  
11:33:32 27 any connection with the prior history to the  
11:33:34 28 current employer report, whether -- I would not  
11:33:37 29 limit it to whether it was related to the --  
11:33:41 30 the health issue is related to drug addiction,  
11:33:44 31 to alcohol, or to mood disorder. I would take  
11:33:47 32 it that she had a previous health issue.

11:33:49 1 And I would go forward and  
11:33:52 2 review the current employer report form to see  
11:33:55 3 if there is a health issue as well, if there's  
11:33:58 4 any connection. I would just not limit it to  
11:34:03 5 anything that arose during the incapacity  
11:34:06 6 process.

11:34:06 7 Q. But would it be helpful to  
11:34:10 8 know what the nature of the health issue was or  
11:34:13 9 to provide to the executive director more  
11:34:16 10 information about what the nature of the health  
11:34:18 11 issue was?

11:34:19 12 A. I wouldn't think that it  
11:34:26 13 would provide any more relevance because if the  
11:34:29 14 current matter did reveal that it could be a  
11:34:34 15 possible incapacity issue, that's the most  
11:34:36 16 important thing. Whether it was related to a  
11:34:40 17 previous condition that the member had in the  
11:34:44 18 past -- it was a health issue. She had a  
11:34:48 19 health issue in the past, and I would determine  
11:34:50 20 whether she had a health issue currently at the  
11:34:55 21 time.

11:34:55 22 I wouldn't limit again to what,  
11:34:57 23 like, what conditions or what the factors were  
11:35:00 24 during the time that she was going through the  
11:35:02 25 incapacity process given that that was 17 years  
11:35:05 26 ago as well because I know that incapacity  
11:35:08 27 could take a different form over the years.

11:35:12 28 So at one point, it could be  
11:35:13 29 alcohol, but it could form into a drug  
11:35:15 30 addiction or it could be neither of those. It  
11:35:18 31 could be a health condition like a mood  
11:35:20 32 disorder, something like that. So I'm looking

1 for any health issue.

2 Q. Okay, thank you. And then we  
3 look at the bottom of the page, and we see a  
4 summary of incidents, and that goes over on to  
5 the next page, and is that a summary based on  
6 the report form?

7 A. Correct.

8 Q. Okay. And then you state  
9 "Interviews, Helen Crombez," correct?

10 And then you have your  
11 assessment. And if you can walk us through  
12 your assessment here, you begin by indicating  
13 that the nursing issues mainly concern the  
14 member's medication administration skills and,  
15 to a lesser degree, the member's TNCR skills?

16 A. Yes. So based on the  
17 interview I had with the employer, the main  
18 concerns were her practice relating to  
19 medication administration, and like I said, to  
20 a lesser degree, TNCR skills, as opposed to a  
21 possible health issue.

22 So that would be my review of  
23 the incidents in the report and after having  
24 speaking to the employer, what the nature of  
25 the issues was -- were.

26 Q. Okay. And then you count the  
27 medication errors, right?

28 A. Um-hmm.

29 Q. So it says from February 2013  
30 to March 2014, the member made seven medication  
31 errors, and then you provide examples, right?

32 A. Correct.

1 Q. And based on your experience  
2 as an intake investigator, was seven medication  
3 errors over that period of time -- looks like  
4 13 months --

5 A. Um-hmm.

6 Q. -- what would your assessment  
7 have been of that?

8 A. So like I said, it was --  
9 it's not the best practice, it's not a very  
10 good practice, but it's still within the  
11 acceptable range of nursing practice. It's on  
12 the low range of nursing practice. It's --  
13 I've seen reports where there were more or --  
14 this is not significant.

15 Q. Do you believe you would have  
16 been concerned based on what you had seen about  
17 Ms. Wettlaufer's ability to administer  
18 medication safely?

19 A. Well, this was the first  
20 report we received about Ms. Wettlaufer at that  
21 time in 17 years, and this report, on its  
22 appearance, and based on the employer report  
23 form and in speaking with employer, it seemed  
24 to be a different issue from the first report  
25 we had about her 17 years ago. So this was the  
26 first report we have about her actual nursing  
27 practice as opposed to her health.

28 And so based on that, being the  
29 first time that the College is aware of her  
30 nursing practice, this is -- we'll get to it, I  
31 understand, but we'll -- it's, like, the best  
32 approach for this is more remedial in nature.

1 Q. Okay. And then continuing  
2 on, so you summarize the medication incidents,  
3 and then you summarize at the top of page 3,  
4 there were two incidents where the member's  
5 interactions made family members of the  
6 resident upset, and are these what you refer to  
7 as the TNCR incidents?

8 A. Correct, yes.

9 Q. The therapeutic nurse-client  
10 relationship?

11 A. Yes.

12 Q. And then there's a line,  
13 "There was no sustained harm to residents"?

14 A. Yes.

15 Q. Can you assist with what role  
16 that plays in an assessment?

17 A. So it plays a factor, and  
18 it's not necessarily that if -- there was no  
19 harm that it would not play a factor. We  
20 always look out and consider whether there were  
21 potential or actual harm to the residents, and  
22 based -- this seemed to be based on my  
23 conversation with the employer that there was  
24 no sustained harm to the resident.

25 So though there is some weight  
26 given to that -- but it wouldn't be any less  
27 weight if the potential harm could be serious  
28 as well.

29 Q. I'm sorry, that last part, if  
30 you can assist --

31 A. Oh, if there is any potential  
32 harm that was not actual could have been



1 serious. So that would -- so it's like a scale  
2 of -- different aspects of harm to residents  
3 that we would play in -- that we would  
4 consider.

5 Q. Okay, thank you. And then  
6 you have, according to the director of  
7 nursing -- and then you have, is it fair, a  
8 summary of what you understood from that  
9 discussion?

10 A. Yes, so this seems like a --  
11 again, like, a summary of my discussion with  
12 the employer.

13 Q. Okay. And then the last line  
14 above "Recommendation":

15 "The member's prior occurred  
16 17 years ago, and although the  
17 member's prior is related to  
18 health, the information in this  
19 current report does not indicate  
20 that the member's health is a  
21 current issue."

22 So can you assist, and I  
23 understand that you don't recall, but based on  
24 your experience and your review of the records  
25 on what basis you would have concluded that the  
26 member's health is not a current issue?

27 A. It would have been based on  
28 the information in the employer report form and  
29 my conversation with the employer.

30 So I explored what the  
31 employer -- based on my notes, indicated that I  
32 explored the employer to see whether there's a

11:41:03 1 concern about the member's health, and her  
11:41:06 2 response is our conversation did not lead me to  
11:41:10 3 think that there was a health issue as a matter  
11:41:13 4 here. And so it seemed more based on that,  
11:41:18 5 then it turned to more about a member's nursing  
11:41:21 6 practice.

11:41:21 7 Q. Okay, thank you. So looking  
11:41:24 8 at this, you came up with a recommendation, and  
11:41:27 9 it was "bank with notice"?

11:41:29 10 A. Yes.

11:41:30 11 Q. Okay. And can you help us  
11:41:32 12 with why you arrived at that recommendation?

11:41:35 13 A. Yes. So as I said, this --  
11:41:42 14 based on my assessment in that it was not a  
11:41:47 15 health matter, that it was about her practice,  
11:41:49 16 and this being the first time the College has  
11:41:52 17 learned about the member's practice and, like I  
11:41:55 18 said, it was -- she's practicing in a low level  
11:41:58 19 of acceptable range -- that at this point in  
11:42:03 20 time, the most appropriate response I  
11:42:07 21 recommended was a letter to the member  
11:42:11 22 indicating that we received this employer  
11:42:15 23 report form.

11:42:16 24 And we -- there's a certain  
11:42:18 25 about -- in the report form indicates this  
11:42:22 26 concern about -- here, it would be a --  
11:42:24 27 practice, and could you please review  
11:42:28 28 professional standards and medication  
11:42:31 29 administration standard, as they seem to be the  
11:42:33 30 most relevant standards --

11:42:35 31 Q. Okay.

11:42:36 32 A. -- that apply.

11:42:38 1 Q. And in terms of this  
11:42:39 2 recommendation, can you assist us with what  
11:42:41 3 your assessment of overall risk was?

11:42:43 4 A. The overall risk was low.

11:42:46 5 Q. And based on the  
11:42:49 6 information -- without using hindsight, based  
11:42:52 7 on the information you had at the time, do you  
11:42:55 8 think you made the right recommendation?

11:42:56 9 A. Yes, yes.

11:42:57 10 Q. And why is that?

11:42:58 11 A. So as we went through each  
11:43:05 12 incident, they were assessed, as you heard,  
11:43:12 13 would assess back then as low-risk. There were  
11:43:16 14 a number of incidents, but it was over a period  
11:43:21 15 of time of 13 months, and they were -- although  
11:43:25 16 the theme was medication error, like I tried to  
11:43:29 17 explain earlier, they weren't the same type of  
11:43:33 18 medication errors.

11:43:34 19 They were always a bit  
11:43:39 20 different. Like, there's not one -- there's  
11:43:40 21 not more than one occurrence where the member  
11:43:46 22 forgot to administer medication. But, like,  
11:43:50 23 there's -- they were not a repeat of the same  
11:43:51 24 medication errors, considering that --  
11:43:54 25 considering also that the member had insight,  
11:43:58 26 and that's based on the incident -- the  
11:44:01 27 employer report form information and speaking  
11:44:03 28 with the employer.

11:44:04 29 And having spoken to the  
11:44:07 30 employer, it confirmed that, based on what was  
11:44:11 31 provided in our conversation, that this was  
11:44:17 32 low-risk.

1 Q. And in assessing the report  
2 and making the recommendation you did, do you  
3 believe that you considered the possibility  
4 that Ms. Wettlaufer might be intentionally  
5 harming patients?

6 A. That did not -- that was not  
7 indicated in the employer report form or in my  
8 conversation with the employer, so I would not  
9 have gleaned that from -- based on those two.

10 Q. And then I take it from your  
11 practice, then -- just a few more questions,  
12 Ms. Yee -- you would have presented your  
13 assessment and recommendation at an intake  
14 review meeting?

15 A. Yes.

16 Q. And I take it you have no  
17 recollection of that meeting?

18 A. No.

19 Q. Okay. And then after that,  
20 you would have put the file together and  
21 provided it to Ms. Coghlan?

22 A. To the intake associate who  
23 would prepare it and send it up, I believe, to  
24 Ms. Coghlan.

25 Q. Okay. And then in terms of  
26 your regular practice, I take it you would not  
27 have had a discussion with Ms. Coghlan about  
28 it?

29 A. No.

30 Q. And to the best of your  
31 knowledge, did you have any further involvement  
32 with Ms. Wettlaufer or this matter after you

11:45:30 1 completed your memo?

11:45:31 2 A. So the letter that was sent

11:45:33 3 out to Ms. Wettlaufer I did review.

11:45:35 4 Q. Okay. So the letter --

11:45:38 5 A. That's our usual practice. I

11:45:41 6 don't recall, obviously, reviewing this actual

11:45:43 7 letter, but that was our practice to review the

11:45:45 8 letters that would be sent to the member.

11:45:45 9 Q. Okay. So just to make sure

11:45:47 10 we're on the same page, that's at tab 31,

11:45:52 11 Document 36840?

11:45:55 12 A. Yes.

11:45:56 13 Q. Is this the letter to

11:46:08 14 Ms. Wettlaufer you're referring to?

11:46:11 15 A. Correct.

11:46:12 16 MS. JONES: Okay. Thank you,

11:46:13 17 Ms. Yee, I have no further

11:46:15 18 questions.

11:46:16 19 THE COMMISSIONER: Thank you.

11:46:29 20 Morning, Mr. Sandler.

11:46:32 21 MR. SANDLER: Good morning.

11:46:32 22 EXAMINATION IN-CHIEF BY MR.

11:46:32 23 SANDLER:

11:46:34 24 Q. Ms. Yee, we're all very

11:46:35 25 grateful. I should tell you, even though I'm

11:46:36 26 your counsel, we're all very grateful that

11:46:39 27 you've been here for the entire week and have

11:46:42 28 been very patient in dealing with this, so

11:46:44 29 thank you.

11:46:45 30 So I'm going to ask you a few

11:46:47 31 questions arising out of the very thorough

11:46:50 32 examination that's already taken place, so I'm

1 not going to be very long with you.

2 I want to start, if we may, by  
3 just talking about the dynamics more generally  
4 when you get on the phone and speak to a  
5 director of nursing or a supervisor of a nurse  
6 who is the subject of a termination report,  
7 okay?

8 A. Yes.

9 Q. And what I'm interested in,  
10 and I'm not going to refer to the Wettlaufer  
11 matter for the time being, but just asking you  
12 these questions more generally, all right?

13 A. Okay.

14 Q. You've indicated to the  
15 Commissioner that your process involves a  
16 review of the termination report, and then you  
17 designed within a memo the questions that, in  
18 your mind, arose out of that incident report,  
19 out of that termination report, and then you  
20 would feed those questions to a director of  
21 nursing or a supervisor of the nurse involved,  
22 right?

23 A. Correct.

24 Q. And what I want to ask you  
25 is, did you find as a matter of general  
26 practice that the directors of nursing and I'll  
27 use "directors of nursing" to include  
28 supervisors or others in a position to comment  
29 on the practice of the nurse that you're  
30 examining. But did you find that directors of  
31 nursing were forthright with you in identifying  
32 concerns which they saw arising in a nurse's

11:48:21 1 practice?

11:48:21 2 A. Yes. Based on my experience,  
11:48:26 3 I never had the feeling that they were not  
11:48:30 4 forthcoming with their concerns if they had any  
11:48:34 5 further concerns about a member they just  
11:48:37 6 reported.

11:48:37 7 Q. Okay.

11:48:38 8 A. In fact, like, sometimes I  
11:48:40 9 would recall, as well, that they would express  
11:48:42 10 to me concerns that they did not indicate in  
11:48:45 11 the employer report form that for whatever  
11:48:48 12 reason they did not feel comfortable or did not  
11:48:53 13 think of it at that time to report it in the  
11:48:55 14 report form, it would come out in the  
11:48:57 15 conversation.

11:48:57 16 Q. And although you can't  
11:49:00 17 reconstruct for the Commissioner today the  
11:49:01 18 precise questions that you asked, the questions  
11:49:05 19 are designed to elicit that very thing: What  
11:49:08 20 else should I know about that might be  
11:49:09 21 concerning you that might impact the question  
11:49:09 22 of what regulatory response is appropriate,  
11:49:16 23 right?

11:49:16 24 A. That's correct.

11:49:16 25 Q. So was it uncommon or unheard  
11:49:20 26 of for a director of nursing, for example, to  
11:49:23 27 advise you that that director felt that a nurse  
11:49:28 28 was unfit to practice or that that nurse was  
11:49:34 29 unsafe to practice? Are those the kinds of  
11:49:38 30 things that have been communicated to you in  
11:49:43 31 the past by a director of nursing in these  
11:49:45 32 kinds of interviews?

11:49:45 1 A. Yes. They would give me or  
11:49:47 2 the intake investigator their overall concerns  
11:49:49 3 and impression of the nurse and that they just  
11:49:52 4 don't feel good about this nurse continuing to  
11:49:55 5 practice. They would express something. They  
11:49:58 6 would indicate otherwise.

11:49:58 7 Q. Okay.

11:49:59 8 A. Yeah.

11:50:00 9 Q. And to be clear, if a  
11:50:03 10 director of nursing were to say to you in one  
11:50:05 11 of these interviews that, for these reasons,  
11:50:09 12 I'm concerned about her fitness to practice --  
11:50:12 13 his or her fitness to practice -- would you  
11:50:17 14 have recorded that in a memorandum?

11:50:19 15 A. Yes. And I have to say, they  
11:50:22 16 don't -- even if they express concern about a  
11:50:25 17 member's health and they didn't provide any  
11:50:28 18 reasons, if there's any indication at all about  
11:50:31 19 her health -- like, her concern -- the  
11:50:35 20 employer's concern about the member's health, I  
11:50:38 21 would lead into those questions, that  
11:50:40 22 guideline, and, like, opening up the  
11:50:43 23 possibility of a health issue.

11:50:44 24 Q. Okay.

11:50:45 25 A. Yeah.

11:50:46 26 Q. So I started with fitness to  
11:50:47 27 practice, but this could equally apply to  
11:50:50 28 incapacity or incompetence, and what I'm asking  
11:50:53 29 you is: In the past, have directors of nursing  
11:50:59 30 confided in you that they have concerns about a  
11:51:01 31 nurse's incompetence, concerns about his or her  
11:51:06 32 incapacity or concerns about his or her fitness



11:51:09 1 to practice?

11:51:09 2 A. Yes. They would give me  
11:51:12 3 their assessment.

11:51:13 4 Q. All right. And in those  
11:51:14 5 circumstances, what I'm taking from your answer  
11:51:16 6 already is, first of all, that that would  
11:51:21 7 obviously find a place in your memorandum if  
11:51:24 8 those kinds of concerns are being expressed,  
11:51:28 9 right?

11:51:29 10 A. Correct.

11:51:29 11 Q. And second of all, you would  
11:51:32 12 follow up, if those concerns are being  
11:51:34 13 expressed, to probe the nature of those  
11:51:36 14 concerns; is that right?

11:51:37 15 A. Yes.

11:51:39 16 Q. Okay. And let's think about  
11:51:40 17 it from the opposite side, and that is that if  
11:51:43 18 a director of nursing says to you -- and I'm  
11:51:48 19 assuming utmost good faith here on the part of  
11:51:52 20 either the director of nursing here or  
11:51:55 21 directors of nursing more generally -- but if  
11:51:57 22 they say in good faith, you know, you asked me  
11:52:01 23 about insight, and I have to tell you, she  
11:52:04 24 always owned her errors, she had insight into  
11:52:08 25 them, and so on and so forth, that would be a  
11:52:11 26 very relevant consideration to you in  
11:52:13 27 evaluating what to take from the various  
11:52:16 28 incidents, right?

11:52:19 29 A. Correct.

11:52:19 30 Q. Similarly, if a director of  
11:52:21 31 nursing said to you, yeah, I have real  
11:52:27 32 difficulty with her lack of insight into the

1 errors that she has committed, is that  
2 something that you would have recorded in your  
3 memorandum taken into consideration?

4 A. Yes, yes.

5 Q. And we actually see here, and  
6 we have the benefit of looking at these  
7 documents under a microscope years after the  
8 fact and parsing each of the words.

9 But you've reflected that if you  
10 go through the individual incidents that are  
11 described in the report, a number of them show  
12 acknowledgement of error; they show remorse;  
13 they show that remedial measures have already  
14 been taken internally to deal with them.

15 But in fairness, some of them  
16 did not necessarily show insight on the part of  
17 Ms. Wettlaufer, right?

18 A. Correct.

19 Q. And I take it that's  
20 something that you know, notwithstanding the  
21 absence of specific recollection, you know from  
22 the memo that you did and from the report that  
23 you ultimately prepared that that is something  
24 that you red-flagged as an issue that had to be  
25 discussed with the director of nursing, right?

26 A. Yes.

27 Q. And similarly, we actually  
28 see in that Boddy memo, and I'm not going to  
29 take you back to it; the Commissioner's already  
30 seen it. It's at tab Q to Ms. Coghlan's  
31 affidavit.

32 But we saw in there that there

11:53:58 1 was some guidance that suggested that you  
11:54:02 2 should explore, among other things, whether  
11:54:05 3 there were incidents that predated the  
11:54:08 4 incidents that are contained in a report  
11:54:12 5 sometimes because only the final termination  
11:54:16 6 event is contained in the report and  
11:54:18 7 notwithstanding the fact that in some  
11:54:20 8 instances, a number of instances will be  
11:54:23 9 listed, right?

11:54:24 10 A. Correct.

11:54:25 11 Q. And that is something that  
11:54:26 12 you know you did from reviewing your notes and  
11:54:29 13 from reviewing the memo that you ultimately  
11:54:33 14 prepared?

11:54:34 15 MR. GOLDEN: I think to say  
11:54:35 16 something that she knows she did  
11:54:40 17 is not a proper question.  
11:54:42 18 This witness has no recollection  
11:54:45 19 whatsoever of the conversation  
11:54:47 20 and is making assumptions based  
11:54:49 21 on reading her notes, and  
11:54:49 22 nowhere in those notes does it  
11:54:52 23 say "I asked that question." So  
11:54:54 24 I don't see how counsel can in  
11:54:56 25 posing a question, a leading  
11:54:57 26 question, say "you knew."

11:55:00 27 BY MR. SANDLER:

11:55:00 28 Q. All right. I'm going to  
11:55:02 29 phrase it another way rather than use time.  
11:55:05 30 So what I want to ask you is  
11:55:08 31 based upon your review of the witness summary  
11:55:12 32 that you prepared --

11:55:13 1 A. Yes.

11:55:14 2 Q. -- together with your  
11:55:15 3 memorandum, how confident are you that one of  
11:55:16 4 the questions that you would have posed of the  
11:55:20 5 director of nursing had to do with any concerns  
11:55:24 6 preceding the dates that are reflected in the  
11:55:28 7 termination report incidents?

11:55:30 8 A. Well, I would refer to the  
11:55:34 9 point where I was trying to find out what  
11:55:38 10 she -- where the member was prior to 2012, to  
11:55:42 11 that point, and why the incidents were  
11:55:45 12 report -- started to be reported in 2012 to  
11:55:49 13 understand what happened prior to that time.

11:55:51 14 Q. All right. And again, we  
11:55:54 15 don't have the benefit of a transcript of your  
11:55:57 16 interactions with the director of nursing, and  
11:56:00 17 we don't have the contemporaneous questions and  
11:56:03 18 answers, as Mr. Golden has pointed out, but let  
11:56:08 19 me ask you this: If the director of nursing  
11:56:09 20 had conveyed to you that there were a number of  
11:56:14 21 incidents that preceded the first date that was  
11:56:18 22 contained in the termination report, depending  
11:56:26 23 on the nature of those incidents, would those  
11:56:28 24 have made their way into your memo?

11:56:33 25 A. Yes. If the employer  
11:56:36 26 indicated there was other incidents of a  
11:56:38 27 nursing nature, like, then I would explore what  
11:56:41 28 issues they were --

11:56:41 29 Q. Okay.

11:56:42 30 A. -- if they were similar to  
11:56:44 31 the ones already reported.

11:56:45 32 Q. Now, you said something that

11:56:47 1 was very interesting earlier in the day and  
11:56:52 2 that is that my friend, Ms. Jones, took you to  
11:56:57 3 the termination report, and you noted that the  
11:57:00 4 last line in the report said words to the  
11:57:03 5 effect that there are other reports that didn't  
11:57:05 6 give rise to discipline, and you took from that  
11:57:09 7 that the most significant items that had been  
11:57:13 8 identified by the employer were actually  
11:57:16 9 contained in the termination report itself; do  
11:57:19 10 I have that right?

11:57:19 11 A. Yes, that was my impression.

11:57:21 12 Q. And part of that, I take it,  
11:57:23 13 was from the use of the phrase that those  
11:57:27 14 matters didn't rise discipline, which, again,  
11:57:33 15 doesn't bind the College but was some sort of a  
11:57:36 16 signal that these were of lesser significance;  
11:57:37 17 is that right?

11:57:37 18 A. Correct.

11:57:37 19 Q. But the second thing I --

11:57:37 20 MS. JONES: So --

11:57:38 21 MR. SANDLER: Sorry.

11:57:38 22 MS. JONES: I rise -- just on  
11:57:40 23 the factual issues, if we can  
11:57:43 24 just watch the leading, I think?

11:57:45 25 MR. SANDLER: Yeah, Fair enough.

11:57:45 26 THE COMMISSIONER: Yes, thank  
11:57:46 27 you for that.

11:57:47 28 BY MR. SANDLER:

11:57:48 29 Q. Fair enough. But you also  
11:57:50 30 made reference to the fact that one of the  
11:57:53 31 items that had been included in the termination  
11:57:56 32 report was the failure to take temperatures?

11:58:00 1 A. Oh, yes.

11:58:01 2 Q. And would you please make it  
11:58:04 3 clear to the Commissioner why it was that the  
11:58:09 4 inclusion of that item, together with the  
11:58:12 5 catch-all line at the end, may have had some  
11:58:16 6 significance to you? What would you take from  
11:58:19 7 the combination of the two, if anything?

11:58:22 8 A. Well, I likely would have  
11:58:27 9 thought that if incidents related to a member  
11:58:34 10 not taking refrigerator temperatures were  
11:58:42 11 considered by the employer to be of a level of  
11:58:47 12 seriousness that they thought to include that  
11:58:49 13 in an incident -- as an incident in an employer  
11:58:54 14 report form -- that the last sentence about not  
11:59:00 15 leading to discipline, I use that as a  
11:59:03 16 threshold, that the employer held that the  
11:59:06 17 other incidents that did not lead to discipline  
11:59:09 18 would be at a less serious -- ranked less  
11:59:13 19 serious than an incident, something like taking  
11:59:16 20 the refrigerator temperature.

11:59:19 21 Q. In other words, some of the  
11:59:21 22 incidents included were pretty minor on the  
11:59:25 23 scale, and that would have been --

11:59:26 24 THE COMMISSIONER: Mr. Sandler,  
11:59:29 25 really, that is so leading. I  
11:59:31 26 would appreciate if we tried to  
11:59:32 27 keep it --

11:59:34 28 MR. SANDLER: Okay. I thought I  
11:59:37 29 was summarizing what it was that  
30 she was saying, but I will.

31 THE COMMISSIONER: Well, if you  
32 were going to summarize, then

1 for example, in the same time  
2 when they talk --

3 MR. SANDLER: Okay.

11:59:37 4 THE COMMISSIONER: -- about the  
11:59:39 5 failure to take temperatures,  
11:59:39 6 there was a medication error.  
11:59:40 7 So you can't disassociate the  
11:59:44 8 full reporting on the  
11:59:46 9 incident --

11:59:46 10 MR. SANDLER: Fair enough.

11:59:46 11 THE COMMISSIONER: -- and that's  
11:59:47 12 why I'm concerned. Thank you.

11:59:48 13 BY MR. SANDLER:

11:59:49 14 Q. Fair enough. All right.

11:59:51 15 Okay. And if we then go back to your memo, and  
11:59:55 16 your memo is included at tab 40 to the document  
12:00:01 17 brief that you have, and this is 36833, and if  
12:00:17 18 I can take you to the third page of the memo,  
12:00:27 19 and I'm going to ask you two questions arising  
12:00:30 20 out of this.

12:00:30 21 The first is that in the second  
12:00:33 22 paragraph which has already been read to you,  
12:00:39 23 it reflects what we've already talked about,  
12:00:42 24 which is the member always took ownership of  
12:00:45 25 her errors, the instance that's described about  
12:00:55 26 her medication changing, and then it says:

12:01:00 27 "She was always respectful and  
12:01:02 28 nice and was very pleasant with  
12:01:03 29 the residents but just never  
12:01:04 30 changed her practice."

12:01:04 31 And I just want to focus on the

12:01:04 32 words:

1 "She was always respectful and  
2 nice and very pleasant with the  
3 residents."

4 And again, what, if any, concern  
5 was it that would have prompted a question that  
6 yielded that response?

7 A. It could have been a question  
8 that I asked that was related to how she  
9 interacted with the residents and her  
10 impression of her interactions with residents,  
11 likely because there were a couple incidents  
12 that were related to the therapeutic  
13 nurse-client relationship standard, so I wanted  
14 to get the employer's -- if there was any  
15 further concerns or get a better sense of her  
16 interactions with residents.

17 Q. Okay. And had the director  
18 of nursing expressed to you concerns about  
19 abusive behaviour on Ms. Wettlaufer's part or  
20 highly disrespectful behaviour on  
21 Ms. Wettlaufer's part directed to patients,  
22 would those be the kinds of things that would  
23 make their way into your memorandum?

24 A. Yes, that I would have  
25 included in my notes and in my memorandum, in  
26 my assessment.

27 Q. All right. And the last line  
28 in your memo reflects that the member's prior  
29 happened 17 years ago, and you've already  
30 spoken to that issue with the Commissioner, and  
31 although the member's prior is related to  
32 health, the information in this current report



12:03:01 1 does not indicate that the member's health is a  
12:03:03 2 current issue.

12:03:04 3 So in your conclusionary  
12:03:10 4 paragraph, you're not characterizing the health  
12:03:12 5 issue that's involved here as opposed to  
12:03:12 6 identifying it as there was a health issue back  
12:03:15 7 then, and you're examining to see whether the  
12:03:26 8 current report reflects a health issue now.

12:03:30 9 And again -- and you've probably  
12:03:30 10 given this answer in response to Ms. Jones in  
12:03:31 11 another context, but why are you using the  
12:03:32 12 generic language of just relating to "health"  
12:03:35 13 here as opposed to drilling down and talking  
12:03:39 14 about alcoholism, depression, mood disorder, or  
12:03:45 15 what have you?

12:03:46 16 A. I would -- I think because I  
12:03:53 17 would have thought that the concern would be  
12:03:58 18 about whether, generally, there was an issue  
12:04:01 19 about the member's health and not whether it  
12:04:05 20 was specific to a certain condition under  
12:04:11 21 "health."

12:04:12 22 I was looking broadly, health in  
12:04:16 23 general and not, like, specific categories  
12:04:20 24 under "health," and whether it presented in a  
12:04:24 25 form of an alcohol addiction or a drug  
12:04:26 26 addiction or a mental health -- another mental  
12:04:31 27 health condition. I would have looked at it as  
12:04:33 28 a health-related issue.

12:04:35 29 Q. Okay. And had the director  
12:04:39 30 of nursing or any director of nursing  
12:04:41 31 communicated to you that misuse of alcohol on  
12:04:46 32 the job had been identified as a concern or

1 even a suspicion or there was a concern or  
2 suspicion that Ms. Wettlaufer was diverting  
3 drugs for her own personal use, would you have  
4 reflected that in the memorandum?

5 A. Yes, and that would alert me  
6 to potentially, like, a possible incapacity  
7 issue. Like I said previously, employers have  
8 expressed that over the phone and not  
9 necessarily in the report, so those concerns  
10 had been expressed in the past from a telephone  
11 conversation, and so it would lead my  
12 assessment in a different manner.

13 Q. Okay. And then just going  
14 back to the first page of this memo, we do see  
15 a summary of some of the background back in  
16 1995 to 1997. And I do want to clarify one  
17 aspect and that is that the third bullet here  
18 reflects that:

19 "Member admitted that she took  
20 Lorazepam from the hospital  
21 supply on a one-time only basis.  
22 The medication was taken in  
23 furtherance of a suicide attempt  
24 brought on by an acute episode  
25 of depression. The incident  
26 arose as a result of the  
27 member's depression and not as a  
28 result of drug addiction.  
29 She has no history of drug  
30 addiction or of drug usage.  
31 This was a one-time only  
32 occurrence."

1 Now, are these findings that  
2 you're making or the fitness to practice  
3 committee was making, or what is it that you  
4 you're capturing in this bullet, according to  
5 your practice?

6 A. So I can't recall  
7 specifically what this is capturing.

8 Generally, when I review a prior  
9 file, I -- my general practice is similar to  
10 summarizing an investigation in the sense that  
11 I would look at the report or complaint and  
12 indicate what issue came out -- like, what was  
13 the nature of the issue in the complaint and  
14 the member's response to the issue and the  
15 outcome and if the outcome included terms,  
16 conditions, and limitations, the follow-up to  
17 that. It's just like a synopsis of -- like, a  
18 high level of the investigation.

19 Q. Okay. The complaint, the  
20 member's response, what action was taken --

21 A. Yeah, and the final outcome.

22 Q. Okay. And you were asked  
23 about what documents you would have reviewed  
24 back from the 1995 to 1997 file, and you heard  
25 the Commissioner comment that just in light of  
26 your lack of recollection, and I happen to  
27 agree, there wasn't a point to going through  
28 each of the documents and attempting to elicit  
29 from you what you actually looked at and what  
30 you didn't look at.

31 But I do want to ask you about  
32 one document in particular and that is that we

1 know, as part of what transpired back in 1995  
2 to 1997, the fitness to practice committee made  
3 a decision, and its decision reflected a fairly  
4 lengthy list of terms and conditions that  
5 were -- terms, conditions, and, restrictions  
6 that were imposed on Ms. Wettlaufer.

7 Can you say, whether -- leaving  
8 aside any other documents that are contained in  
9 the file, would that have been a core document  
10 which you read at that time?

11 A. Yes, because I did actually  
12 indicate the FTP decision and dated it, that  
13 would indicate to me that I did look at it and  
14 that I knew the terms, conditions, and  
15 limitations were in effect for one year, so I  
16 would have had to have read that document to  
17 know it was a one-year period.

18 Q. Okay. And the Commissioner  
19 has seen those terms, conditions, and  
20 limitations, and there's fairly detailed  
21 outline of requirements for urine samples that  
22 she not act while chemically dependent, that  
23 she abstain from alcohol, a whole series of  
24 conditions that are set out there.

25 And again, would you have been  
26 familiar with the terms and conditions back in  
27 2014 when you were reviewing the file?

28 A. So I would likely have read  
29 those if it was in the decision, yes.

30 Q. Okay. And so what I want to  
31 ask you, kind of moving forward from that, if I  
32 may, is there's been some dialogue here at the

12:09:52 1 Inquiry about how an intake investigator first  
12:09:58 2 approaches a director of nursing. In other  
12:10:01 3 words, is it a cold call, is it set up in  
12:10:05 4 advance, and you were here when Ms. Coghlan was  
12:10:09 5 asked some questions about that, right?

12:10:11 6 A. Yes.

12:10:11 7 Q. So what I want to ask you is  
12:10:15 8 this, and it's captured to some extent in the  
12:10:19 9 Boddy memo, but I want to understand your  
12:10:23 10 practice. And again, this is without reference  
12:10:25 11 to the Wettlaufer interview in particular, but  
12:10:29 12 more generally. And that is, you call up the  
12:10:33 13 director of nursing, you indicate the purpose  
12:10:36 14 of the call, and you conform in some way to the  
12:10:41 15 language that's set out in the Boddy memo as to  
12:10:48 16 how that introduction takes place?

12:10:48 17 A. Correct, yes.

12:10:48 18 Q. Okay. And what you  
12:10:50 19 communicate?

12:10:50 20 A. Yes, the opening.

12:10:51 21 Q. Okay. And let's assume that  
12:10:53 22 the director of nursing says this is not a  
12:10:57 23 convenient time for me to speak to you, for  
12:11:00 24 whatever reason --

12:11:01 25 A. Um-hmm.

12:11:03 26 Q. -- do you try to press the  
12:11:06 27 director of nursing to be interviewed at that  
12:11:09 28 stage?

12:11:09 29 A. No, it's not unusual. Like,  
12:11:11 30 it would not have been unusual for the person I  
12:11:11 31 contacted for it to be a -- not a good time for  
12:11:17 32 that person to speak with me.

1                   When I do make the phone call,  
2                   it is unexpected on the employer's side, so I  
3                   understand that there is -- like, that the  
4                   employer could be in the middle of doing  
5                   something else, and we would often just arrange  
6                   a scheduled time in order to talk.

7                   Q. All right. Let's leave aside  
8                   inconvenience of time for a moment.

9                   A. Okay.

10                  Q. Let's assume the director of  
11                  nursing said either at the beginning of the  
12                  interview or during the interview, I'm not  
13                  comfortable answering your questions without  
14                  the benefit of reviewing the nurse's file.

15                  What was your practice -- first  
16                  of all, did that ever happen that a director of  
17                  nursing would say that to you when you'd make  
18                  that call?

19                  A. Yes, I do recall, like, an  
20                  employer saying, oh, I don't have her file with  
21                  me or his or her file with me; can I -- can we  
22                  talk another time when I have that file in  
23                  front of me? And so we would arrange another  
24                  time.

25                  Q. Okay. And so to be clear, if  
26                  a director of nursing were to say that I'm not  
27                  comfortable answering the questions because I  
28                  don't have the file with me or I would prefer  
29                  to review the file before answering the  
30                  questions, what would your practice have been  
31                  back in 2014?

32                  A. Oh, then, we would have

1 rescheduled it until the employer felt  
2 comfortable, like, in whatever way to speak  
3 with me.

4 Q. Okay.

5 A. Yes.

6 Q. And I'll ask the opposite  
7 question, which may be self-evident, which is  
8 that: Were there ever any circumstances where  
9 you would insist on conducting the interview  
10 even though the director of nursing indicated  
11 that she was uncomfortable, he or she was  
12 uncomfortable or not in a position to  
13 participate in it at that stage?

14 A. No, not at all. That would  
15 not -- that would go against the purpose of me  
16 speaking to the employer to find out more  
17 information about the member if there is any  
18 more information. So if the employer didn't  
19 feel comfortable at that time, then we would  
20 have, again, rescheduled until the employer  
21 felt he or she had the -- whatever information  
22 he or she required.

23 Q. Okay. And you made reference  
24 to the fact that if one looks at the medication  
25 errors that were identified in the termination  
26 report, they all qualify as medication errors,  
27 but you've said that each one of them is of a  
28 different type?

29 A. Yes.

30 Q. Do you remember giving that  
31 evidence?

32 A. Yes.

1 Q. And had the director of  
2 nursing, and it will obviously be a systemic  
3 issue for the Commissioner to figure out how to  
4 best yield the most accurate information in the  
5 dialogue that takes place between the College  
6 and directors of nursing, but I want to be  
7 clear on something, and that is that: Had the  
8 director of nursing indicated to you that there  
9 had been a series of medication errors  
10 committed by Ms. Wettlaufer that were of the  
11 same type as the medication errors that were  
12 reflected in the termination report, would you  
13 have recorded that in your memorandum?

14 A. Yes, and I would go further  
15 for more details as well.

16 MR. SANDLER: Okay. Excuse me  
17 for a moment. Those are all the  
18 questions I have. Thank you.

19 THE COMMISSIONER: Thank you,  
20 Mr. Sandler.

21 MS. JONES: Madam Commissioner,  
22 I should have mentioned that I  
23 did canvass the Participants  
24 over the break, and it looks  
25 like there will be about two  
26 hours of cross-examination.

27 THE COMMISSIONER: Okay. Thank  
28 you for that. That's helpful.

29 MS. JONES: Now, we have  
30 Mr. Van Kralingen on behalf of  
31 one of the family groups.

32 THE COMMISSIONER: Thank you.



12:15:29 1 MR. VAN KRALINGEN: Good  
12:15:29 2 afternoon, Commissioner.  
12:15:32 3 THE COMMISSIONER: Good  
12:15:35 4 afternoon, Mr. Van Kralingen.  
5 CROSS-EXAMINATION BY MR. VAN  
6 KRALINGEN:  
7 Q. Good afternoon, Ms. Yee. I  
8 have provided just on the top there a  
9 yellow-coloured compendium of documents.  
10 A. Yes.  
12:15:39 11 MR. VAN KRALINGEN: Madam  
12:15:39 12 Commissioner, through Court  
12:15:41 13 staff, I've also provided the  
12:15:43 14 documents. Do you have them?  
12:15:44 15 THE COMMISSIONER: I do. Thank  
12:15:44 16 you.  
12:15:44 17 BY MR. VAN KRALINGEN:  
12:15:45 18 Q. Before we get to those  
12:15:46 19 documents, Ms. Yee, just a few general  
12:15:48 20 questions flowing from your examinations  
12:15:50 21 earlier this morning. I want to ask for your  
12:15:53 22 best understanding of the triage process in  
12:16:00 23 2014 when you worked at the College as an  
12:16:00 24 intake investigator.  
12:16:00 25 To your knowledge, was there a  
12:16:00 26 process for determining urgent items versus  
12:16:05 27 other items that were important but not urgent,  
12:16:07 28 and if so, could you describe that process?  
12:16:09 29 A. Sorry, yes -- yes, to my  
12:16:12 30 understanding, there was a process, and it  
12:16:14 31 would have been flagged at the receipt of the  
12:16:17 32 employer report form, like, the -- when the

1 College first received it, and the intake  
2 associate would have reviewed the issue -- the  
3 intake associate reviews all the employer  
4 report forms and would flag a matter if it was  
5 urgent as "urgent."

6 Q. And so is it fair to say that  
7 your practice would be that if you received a  
8 file months after the initial report occurred,  
9 that you would have believed the matter was  
10 deemed "not urgent" by that intake associate?

11 A. Yes.

12 Q. Based on your experience,  
13 when a file was deemed to be "urgent" at the  
14 College, how quickly would it be delivered to  
15 an intake investigator?

16 A. Oh, within a day or two.

17 Q. Okay. I'd like to talk a  
18 little bit about the training for your role.

19 I'm wondering if, as of 2014,  
20 intake investigators like you received any  
21 training about the possibility of a nurse  
22 hiding their intentional wrongdoing?

23 A. Sorry, what was your question  
24 again? Sorry.

25 Q. Sure.

26 A. Sorry.

27 Q. As of 2014, when the report  
28 in connection with Ms. Wettlaufer was  
29 delivered --

30 A. Yes.

31 Q. -- my question was, as of  
32 that time, had intake investigators like

12:17:40 1 yourself received any training about the  
12:17:41 2 possibility of a nurse hiding their intentional  
12:17:44 3 wrongdoing?

12:17:45 4 A. No. Not specific to the  
12:17:58 5 intake investigator. I mean, when I was an  
12:18:01 6 investigator, we -- sorry, just to stay on the  
12:18:08 7 intake investigator, there was a section in the  
12:18:14 8 WebART tool when we first started about  
12:18:17 9 intentional or recklessness -- harm.

12:18:20 10 And so what often was the case  
12:18:23 11 that -- we were unable to glean whether it was  
12:18:26 12 intentional or not because we would depend on  
12:18:29 13 the information in the report and the  
12:18:32 14 assessment from the employer. Like, if there  
12:18:36 15 was no -- if it was not raised by the employer  
12:18:40 16 in either the report or in the conversation, we  
12:18:43 17 wouldn't be able to glean that information.

12:18:46 18 Q. Fair enough. And so you're  
12:18:46 19 discussing on the WebART form a question that  
12:18:47 20 would have prompted a question you would have  
12:18:49 21 asked of the employer in your moment?

12:18:50 22 A. Yes, generally, or in our  
12:18:53 23 general conversation to canvass that type of --

12:18:58 24 Q. Yes. Aside from that point,  
12:19:00 25 to your knowledge, did intake investigators  
12:19:03 26 receive any training of any sort with respect  
12:19:06 27 to the possibility of a nurse hiding their  
12:19:09 28 intentional wrongdoing and what, if any,  
12:19:13 29 questions could be asked to uncover that?

12:19:16 30 A. No, no.

12:19:16 31 Q. Now, to be fair to you, you  
12:19:19 32 tried to separate out the role of an intake

1 investigator from an investigator, and I know  
2 that you had that role before.

3 A. Yes.

4 Q. And so I'm wondering if  
5 perhaps you could tell us if in your  
6 investigative role if you received any such  
7 training?

8 A. No. No training in relation  
9 to your question, but just in our investigation  
10 to incidents.

11 Q. So you learned how to  
12 investigate incidents generally, but there was  
13 no specific training in connection with trying  
14 to consider the possibility of a about nurse  
15 hiding intentional wrongdoing?

16 A. No.

17 Q. Okay. We talked about the  
18 documents yesterday with Ms. Coghlan. We  
19 talked about the documents that you receive as  
20 an intake investigator just when the file first  
21 gets delivered to your office.

22 My question is, do you think  
23 there would be value in intake investigators  
24 being able to receive copies of an employee's  
25 entire human resources files along with the  
26 employer report form?

27 A. If it would be...?

28 Q. If you think there would be  
29 value if, along with the employer report form,  
30 someone in your position as an intake  
31 investigator would receive the entire human  
32 resources file for the employee in question --

12:20:30 1 the nurse in question? Pardon me.

12:20:32 2 A. It would not be of value for  
12:20:35 3 an intake investigator to receive the entire  
12:20:38 4 personnel file. It would, again, it -- like,  
12:20:45 5 the information we depend on is what's reported  
12:20:50 6 in the employer report form, and those are the  
12:20:56 7 concerns that the employer would have about the  
12:20:57 8 member's practice.

12:20:58 9 And so giving the College the  
12:21:04 10 entire personnel file would not help us assess  
12:21:10 11 the risk without the employer identifying what  
12:21:13 12 their concerns are about the nurse.

12:21:15 13 Q. I suppose just to push back  
12:21:19 14 on your point, do you not think it would give  
12:21:19 15 an intake investigator a tool to identify  
12:21:22 16 either the accuracy or veracity of the way an  
12:21:26 17 employer is characterizing an incident, any  
12:21:29 18 given incident, in the employer report form?

12:21:32 19 A. Well, there is an expectation  
12:21:33 20 that the employer is being accurate and  
12:21:38 21 being -- providing as much information they  
12:21:40 22 think is relevant to the College, so we have  
12:21:45 23 reliance on them for reporting to us what they  
12:21:49 24 think is accurate information, what they think  
12:21:53 25 is concerning to them.

12:21:54 26 Q. Why do you need them to be  
12:21:57 27 accurate in their information?

12:21:58 28 A. That it -- they're presenting  
12:21:59 29 to the College their concerns to -- about the  
12:22:02 30 nurse in question, so we are not aware of this  
12:22:06 31 member individually like the employer is, so it  
12:22:11 32 would -- we expect it to be accurate

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12:23:09  
12:23:12  
12:23:15  
12:23:16

1 information.  
2 Q. I'll restate my question.  
3 A. Sorry.  
4 Q. You can't do your job  
5 properly if you're not given accurate  
6 information in the employer report form; would  
7 you agree with that proposition?  
8 A. Correct, yes.  
9 Q. I want to better understand  
10 your practice of calling current employers --  
11 A. Okay.  
12 Q. -- of a nurse who may be  
13 subject to a report after the termination of  
14 their employment. During my conversation with  
15 Ms. Coghlan, I was under the impression that  
16 this did not happen as often -- this did not  
17 happen often, so I wanted to understand your  
18 particular process when you would conduct  
19 intake investigations.  
20 I just want to be clear: Would  
21 you call a current employer if you knew who the  
22 current employer was?  
23 A. Yes.  
24 Q. Did you have the ability to  
25 identify who a current employer was of any  
26 given nurse who would be subject to an employer  
27 report?  
28 A. Would I have, sorry, the...?  
29 Q. Would you have the ability to  
30 identify who the current employer was of  
31 any nurse who would have been subject to an  
32 employer report that you were reviewing in your

12:23:17 1 capacity as an intake investigator?

12:23:19 2 A. So I -- in order for me to  
12:23:24 3 find out who their other current employers are,  
12:23:28 4 I would look at FLO, the internal database, and  
12:23:32 5 knowing that it may not be up-to-date or  
12:23:37 6 accurate, I would ask the current employer I'm  
12:23:39 7 talking to see if that employer would know if  
12:23:42 8 that nurse is working elsewhere.

12:23:45 9 Q. Is there a concern that  
12:23:46 10 nurses are not keeping the public register --  
12:23:46 11 sorry. To your mind and in your experience --

12:23:46 12 A. Um-hmm.

12:23:46 13 Q. -- do you have a concern that  
12:23:53 14 nurses are not keeping the public register  
12:23:55 15 current as to who their current employer is?

12:23:58 16 A. It depends on the nurse.  
12:24:04 17 Some are better than others to update the  
12:24:07 18 info -- employer information with the College.

12:24:08 19 Q. In connection with  
12:24:08 20 Ms. Wettlaufer's file and your review of the  
12:24:08 21 file upon the intake investigation in July --

12:24:14 22 A. Yeah.

12:24:15 23 Q. -- I did not see any notes  
12:24:17 24 that would have reflected you reaching out to  
12:24:18 25 Meadow Park. Do you believe that you reached  
12:24:20 26 out to Meadow Park during the course of your  
12:24:25 27 intake investigation?

12:24:25 28 A. No. At that time, I did -- I  
12:24:25 29 would not -- I did not know that she was  
12:24:27 30 working at Meadow Park.

12:24:27 31 Q. How do you know that you did  
12:24:29 32 not know that she was working at Meadow Park?

1 A. At that time, I would have  
2 looked at FLO, like, the internal database, and  
3 there was no other employer because otherwise I  
4 would have reached out to the other employer.

5 And because there's no  
6 employer -- other employer listed, I asked the  
7 employer at that time, Ms. Crombez, and she  
8 didn't know that -- if she was working anywhere  
9 else.

10 MR. GOLDEN: Well, I'm not sure  
11 where that statement -- is that  
12 reflected somewhere in the  
13 notes? Because the witness has  
14 actually said she has no  
15 recollections of the  
16 conversation at all with  
17 Ms. Crombez, so I'm not sure --  
18 are we referring to a note? Are  
19 we...

20 MR. SANDLER: Yeah, it is.

21 MR. GOLDEN: Okay.

22 MR. SANDLER: This is your  
23 cross.

24 BY MR. VAN KRALINGEN:

25 Q. Just want to be clear about  
26 the documents you reviewed in connection with  
27 the Geraldton matter.

28 A. Okay.

29 Q. And I recognize you do not  
30 have an independent recollection now, so we're  
31 going to go based on what we assume, flowing  
32 from your usual practice.



12:25:32 1 A. Okay.

12:25:33 2 Q. Just so I'm clear, do you  
12:25:36 3 believe you would have reviewed the memorandum  
12:25:39 4 of agreement and the terms associated with that  
12:25:42 5 memorandum of agreement?

12:25:42 6 A. Yes.

12:25:43 7 Q. Do you believe you would have  
12:25:45 8 reviewed the College, Ms. Wong's, summary of  
12:25:51 9 investigation?

12:25:58 10 A. Most likely. I -- that's the  
12:26:02 11 best I could recall right now, could say now.

12:26:04 12 Q. Put it this way: Can we  
12:26:06 13 identify the categories or silos of documents  
12:26:08 14 that you would have typically reviewed? And I  
12:26:11 15 want to get a sense of how large that file  
12:26:14 16 would have been from Geraldton.

12:26:16 17 A. Oh, I couldn't recall how  
12:26:18 18 large the file was.

12:26:19 19 Q. I'm not saying that. Maybe  
12:26:21 20 I'll rephrase my question. There are certain  
12:26:25 21 categories of documents you would receive, I  
12:26:27 22 assume?

12:26:27 23 A. Yes.

12:26:27 24 Q. I assume those could be  
12:26:30 25 voluminous or just a few documents here and  
12:26:30 26 there, and I want to get a sense of how  
12:26:30 27 voluminous would a file typically be when there  
12:26:32 28 is a historical review like there was in this  
12:26:35 29 case?

12:26:35 30 A. Well, I understand from the  
12:26:46 31 Inquiry that -- like, based on the documents  
12:26:48 32 that were shown, that there was -- she was

12:26:51 1 examined by different doctors, and so based on  
12:26:54 2 that, I would assume that the file would be  
12:26:57 3 large. Is that your question?

12:26:59 4 Q. I don't know what gets  
12:26:59 5 delivered to your desk, and that's what I'm  
12:27:02 6 trying to understand.

12:27:02 7 A. Oh, what came to me. Sorry.

12:27:03 8 Q. So when a file gets delivered  
12:27:05 9 to your desk, and they say here's the prior  
12:27:07 10 file --

12:27:07 11 A. Okay, sorry.

12:27:07 12 Q. -- generally, could you  
12:27:07 13 explain the contents of what would have been in  
12:27:09 14 that file?

12:27:09 15 A. I most likely would have  
12:27:12 16 received the whole file, yes.

12:27:13 17 Q. Every scrap of document,  
12:27:17 18 every scrap of paper, the investigator either  
12:27:17 19 received or created in connection with the  
12:27:20 20 Geraldton file plus the memorandum of  
12:27:21 21 agreement; is that fair to say?

12:27:27 22 A. Yes, so it would be in a  
12:27:28 23 bound type of folder.

12:27:30 24 Q. And your practice would be to  
12:27:31 25 review that file, top to bottom?

12:27:32 26 A. Oh, no. I don't know what my  
12:27:34 27 practice back then would have been -- if I  
12:27:38 28 would review from first page to last page,  
12:27:40 29 whether I would have reviewed the entire file.

12:27:41 30 Q. Do you have a sense of how  
12:27:43 31 you would have made choices as to which  
12:27:44 32 documents you would have reviewed?

12:27:45 1 A. Yes. So I would have  
12:27:46 2 reviewed, like, again, what the issue was, what  
12:27:53 3 the member's position was and how it was  
12:27:57 4 handled -- like, the pathway to the outcome of  
12:27:59 5 the committee.

12:28:00 6 Q. We'll get back to that  
12:28:01 7 shortly.

12:28:02 8 A. Okay.

12:28:02 9 Q. You were asked questions  
12:28:04 10 about the significance -- you were actually  
12:28:06 11 asked a question by Ms. Jones about the  
12:28:11 12 significance about an employee's history, work  
12:28:12 13 history. And to your mind, when you're  
12:28:15 14 conducting an intake investigation, is there  
12:28:18 15 any relevance or significance to long periods  
12:28:18 16 of time where a registered nurse is not  
12:28:19 17 actually working as a nurse? So someone's  
12:28:22 18 who's registered with the College but not  
12:28:25 19 working as a nurse?

12:28:26 20 A. Is there any significance in  
12:28:28 21 my assessment?

12:28:29 22 Q. Significance or relevance to  
12:28:31 23 your assessment?

12:28:32 24 A. No.

12:28:32 25 Q. I'm just going to pull up a  
12:28:44 26 document that Ms. Jones asked you about during  
12:28:47 27 the course of your examination. It's  
12:28:54 28 Document 60138.

12:28:55 29 A. Sorry, which tab number is  
12:28:56 30 that?

12:28:57 31 Q. It's actually not in the tabs  
12:28:57 32 I've given you because it's flowing from --

12:28:57 1 A. Sorry.

12:28:59 2 Q. -- Ms. Jones's examination,  
12:28:59 3 and I'm not good at binding on the fly, so.

12:29:04 4 This is the reports intake  
12:29:06 5 process, and I'm going to take you to page 4,  
12:29:09 6 if that's all right. We'll just stop there.

12:29:18 7 Ms. Jones, at the top of the  
12:29:19 8 page there, took you to a series of questions  
12:29:22 9 that you would usually ask. And in response,  
12:29:24 10 you indicated in certain circumstances that you  
12:29:29 11 simply relied upon what was provided in the  
12:29:32 12 report if what was provided in the report  
12:29:35 13 provided an adequate answer to those questions.  
12:29:35 14 And I want to be clear that I understood your  
12:29:38 15 answer.

12:29:38 16 To what extent in addressing  
12:29:41 17 these questions would you simply rely on the  
12:29:44 18 written report that was provided to you?

12:29:47 19 A. It would depend on the  
12:29:49 20 information provided in the report, and looking  
12:29:51 21 back on my notes that we've gone through, it  
12:29:54 22 would appear that, at the time, I thought the  
12:29:57 23 information provided in the report was  
12:29:59 24 sufficient.

12:29:59 25 Q. Okay. And so when you deem  
12:30:02 26 information in the report to be sufficient, is  
12:30:04 27 it fair to say that you do not follow up or  
12:30:07 28 probe the veracity or accuracy of what is  
12:30:11 29 stated in the report?

12:30:11 30 A. The accuracy or the veracity?

12:30:19 31 Q. Of what is stated in the  
12:30:23 32 report?

1 A. So if I would inquire  
2 about -- further about an incident, about  
3 getting more information about the incident, it  
4 wouldn't be to confirm the truth or -- of the  
5 incident or, like, the accuracy of the  
6 incident. I wouldn't be calling up -- I  
7 wouldn't be asking the employer to say...

8 Q. Let's put it more simply,  
9 then. Maybe my question was unfairly  
10 complicated. You trust that the information  
11 you're being provided in the employer's report  
12 is accurate, correct?

13 A. Yes, yes.

14 Q. And when you deem the  
15 information in that employer report to properly  
16 answer any of these questions, you simply don't  
17 follow up on the points where you think it has  
18 properly addressed the question?

19 A. Correct. Because I don't  
20 doubt the veracity of the information.

21 Q. I'm going to move on to a  
22 different topic, so we can pull that off the  
23 screen.

24 Earlier in this Inquiry, we've  
25 been told by Ms. Sanginesi at Caressant Care  
26 that if Ms. Wettlaufer worked in a  
27 non-unionized environment, she quite possibly  
28 would have been terminated far earlier than  
29 March 31, 2014.

30 So my question to you is does  
31 the fact that a member works in either a  
32 unionized or non-unionized environment, and

12:31:39 1 particularly in the unionized environment where  
12:31:44 2 they'd be subject to a Collective Agreement and  
12:31:48 3 progressive discipline, does that in any way  
12:31:52 4 affect your analysis of the instances that are  
12:31:53 5 outlined by the employer in an employer report?

12:31:54 6 A. Not at all.

12:31:55 7 Q. You indicated earlier to  
12:32:04 8 Ms. Jones that you received the file on or  
12:32:09 9 about July 23rd, 2014?

12:32:09 10 A. Yes.

12:32:10 11 Q. And you know that the initial  
12:32:10 12 employer report was received at the College on  
12:32:13 13 May the 1st. My question to you is just from  
12:32:18 14 your experience at that time, was that a length  
12:32:20 15 of time that was relatively commonplace for  
12:32:26 16 a report to first be touched by an intake  
12:32:27 17 investigator from May the 1st to July 23rd?

12:32:29 18 A. Oh, I don't have recollection  
12:32:32 19 of that at all, like, to even comment on that.

12:32:35 20 Q. It didn't strike you as  
12:32:38 21 unusual long when you received the documents?

12:32:40 22 A. I -- I don't --

12:32:42 23 Q. Because you don't have an  
12:32:43 24 independent recollection?

12:32:43 25 A. Yes.

12:32:46 26 Q. All right.

12:32:44 27 A. And -- yeah.

12:32:47 28 Q. Can you go to tab 2 of the  
12:32:50 29 yellow documents you have, and that's  
12:32:53 30 Document 36848?

12:33:06 31 This is the cover letter that's  
12:33:08 32 received by -- sorry, do you need some water

12:33:12 1 there?

12:33:13 2 A. Yes, sorry.

12:33:14 3 Q. No, don't say sorry. You're  
12:33:17 4 allowed to have water.

12:33:19 5 While that's being poured, this  
12:33:21 6 is the cover letter that was attached to the  
12:33:22 7 employer report that was ultimately received by  
12:33:24 8 the College on May the 1st, 2014.

12:33:26 9 And my question to you is simply  
12:33:28 10 this: When you received the file, do you only  
12:33:32 11 receive the report or would you have received  
12:33:33 12 this cover letter as well?

12:33:34 13 A. I would have received this  
12:33:36 14 cover letter as well.

12:33:37 15 Q. On the cover letter at the  
12:33:39 16 end of the first paragraph, it says that:

12:33:41 17 "Ms. Wettlaufer was terminated  
12:33:43 18 due to a medication error which  
12:33:45 19 resulted in putting a resident  
12:33:47 20 at risk."

12:33:48 21 In any way, did that language  
12:33:52 22 cause you concern when you first saw the file?

12:33:54 23 A. No. That's language not  
12:33:56 24 unfamiliar in employer report forms.  
12:34:00 25 Medication errors do lead to potential or  
12:34:02 26 actual risk.

12:34:02 27 Q. And I assume that the nature  
12:34:05 28 of the risk and the severity of the risk are  
12:34:07 29 things that bear investigation on your part?

12:34:09 30 A. That's correct.

12:34:09 31 Q. So I'm assume you would have  
12:34:11 32 wanted a full understanding of the actual or

12:34:11 1 potential risk to any given resident in  
12:34:14 2 connection with Ms. Wettlaufer's nursing  
12:34:16 3 practice?

12:34:17 4 A. Yes.

12:34:17 5 Q. And those would have been  
12:34:21 6 among the questions you would have asked  
12:34:24 7 Ms. Crombez during the course of your  
12:34:27 8 conversation with her?

12:34:28 9 A. Well, not necessarily. Like,  
12:34:30 10 if I -- I would review the incidents in the  
12:34:32 11 report form, and I -- like, I would assess the  
12:34:35 12 level of risk, and if I didn't find -- think  
12:34:38 13 there was enough information in there, I would  
12:34:41 14 ask the employer about -- more information  
12:34:44 15 about the incidents.

12:34:46 16 But then, my general questions,  
12:34:50 17 like, my questions to the employer would not  
12:34:53 18 be -- like, could -- necessarily be, like, "Do  
12:34:57 19 you think the nurse is at risk?" It would be  
12:35:00 20 more, "Do you have any concerns about the  
12:35:02 21 member?" Like, I would leave open-ended  
12:35:04 22 questions to the --

12:35:04 23 Q. We're not talking about the  
12:35:06 24 nurse being at risk. We're talking about  
12:35:08 25 residents being at risk.

12:35:08 26 A. No, I'm sorry. So a nurse's  
12:35:09 27 practice posing a risk.

12:35:09 28 Q. I see.

12:35:10 29 A. Sorry, I apologize.

12:35:11 30 Q. And so just if I could  
12:35:12 31 summarize your answer, and you tell me if I've  
12:35:15 32 got it right: If you believe that the written



1 report has accurately captured the nature of  
2 the risk for any given incident --

3 A. Yes.

4 Q. -- you would simply not  
5 follow up on that, but where the incident  
6 described may be ambiguous as to the nature of  
7 the risk, you would follow up in the  
8 conversation about that issue?

9 A. Correct. And my conversation  
10 with the employer would be, like, what the  
11 member -- what the employer impression about  
12 the member's practice would be, and that would  
13 lead to -- into my -- contribute to my  
14 assessment of the member posing a risk to the  
15 clients.

16 Q. Fair enough. And so when  
17 you're asking that latter question that you  
18 just described to me, my assumption is that you  
19 are thinking prospectively, trying to prevent  
20 the possibility of future patients or residents  
21 being exposed to risk?

22 A. Correct.

23 Q. Go to tab 3 of the document  
24 you have, which is the employer report, 36841.

25 You've gone through the  
26 incidents with Ms. Jones in detail. I'm only  
27 going to talk about two of them, but my first  
28 preliminary question is there is a reference in  
29 this report to various conditions or  
30 medications that are used.

31 And I'm wondering if, as an  
32 intake investigator, you felt confident that

12:36:31 1 you properly understood the nature of the  
12:36:35 2 medical conditions and the nature of the  
12:36:38 3 medications that were being described?

12:36:39 4 A. I did.

12:36:40 5 Q. When you looked at this  
12:36:42 6 document and in particular the schedule in the  
12:36:45 7 back of this document, Ms. Jones took you  
12:36:47 8 through a series of what I will call  
12:36:50 9 "escalating disciplines" --

12:36:50 10 A. Um-hmm.

12:36:52 11 Q. -- and I'm wondering if that  
12:36:54 12 trend of increasing discipline affected your  
12:36:56 13 analysis in any way?

12:36:57 14 A. No. Again, to me, that was  
12:37:00 15 the employer's progressive discipline system,  
12:37:03 16 and so my level assessment of risk -- my  
12:37:07 17 assessment of risk would not weigh in on the  
12:37:11 18 employer's actions, like, their progressive  
12:37:14 19 discipline.

12:37:14 20 Q. I understand about the fact  
12:37:16 21 of discipline in any circumstance. What I'm  
12:37:18 22 more interested in is the trend of discipline.

12:37:18 23 A. Okay.

12:37:22 24 Q. It seems to be -- the  
12:37:23 25 employer seems to be disciplining more strongly  
12:37:26 26 before termination.

12:37:26 27 A. Okay.

12:37:28 28 Q. Does that trend in any way  
12:37:32 29 factor into your questions or concerns about  
12:37:33 30 resident risk?

12:37:34 31 A. No, because that's a typical  
12:37:39 32 progression of an employer leading up to

1 terminating a staff member.

2 Q. We talked about two narcotic  
3 incidents with Ms. Jones. I can take you to  
4 them if you want, but I think I'm going to  
5 briefly summarize them.

6 The first instance was in  
7 September 2012 where there was the narcotic  
8 counting error; do you remember discussing  
9 that?

10 A. Yes.

11 Q. And the second one was in  
12 March 2013 where the narcotic went missing; do  
13 you remember that?

14 A. Yes.

15 Q. When you've got a  
16 circumstance with a nurse where there is a  
17 narcotic counting error and a narcotic that  
18 goes missing, any nurse --

19 A. Sorry. But I don't believe  
20 it said a narcotic counting error. It was that  
21 she did not count the narcotics with the  
22 oncoming shift, but it was not an error in  
23 there.

24 Q. Okay.

25 A. Sorry. It was -- sorry.

26 Q. So I'm happy to accept your  
27 characterization of that.

28 A. Okay, sorry.

29 Q. In both of those instances  
30 considering Ms. Wettlaufer's history at  
31 Geraldton -- I suppose I'll put it this way:  
32 Because you don't have an independent

12:38:43 1 recollection, would someone like Ms. Wettlaufer  
12:38:46 2 who had a history at Geraldton with an issue  
12:38:49 3 with narcotics and an overdose, does that  
12:38:51 4 change the lens through which you look at  
12:38:51 5 narcotic issues in September 2012 and  
12:38:53 6 March 2013?

12:38:54 7 A. Yes, that would have raised a  
12:38:56 8 concern for me to canvass further with the  
12:38:59 9 employer.

12:39:00 10 Q. You also remember the  
12:39:04 11 August 29, 2012, event, and I'm going to ask  
12:39:06 12 you to go to the third-last page, which is  
12:39:12 13 page 12. I'm sorry, one more down. Page 13.  
12:39:19 14 Thank you.

12:39:20 15 This is the question of not  
12:39:23 16 assessing a resident when required. It had  
12:39:28 17 been reported to Bethe that a resident was not  
12:39:29 18 herself.

12:39:31 19 In that one reference, in that  
12:39:33 20 one incident that's being referenced, there's  
12:39:37 21 no consideration of whether at that time there  
12:39:41 22 was a concern about resident care in connection  
12:39:45 23 with Ms. Wettlaufer; would you agree?

12:39:48 24 A. There was not a reference to,  
12:39:50 25 sorry?

12:39:50 26 Q. There was not a reference to  
12:39:52 27 a concern about harm to residents; would you  
12:39:55 28 agree with that?

12:39:56 29 A. Yes, yes.

12:39:57 30 Q. All right. If we could go to  
12:39:59 31 tab 11 of the documents you have, this is  
12:40:02 32 Document 16823. This is a disciplinary of

12:40:16 1 action form relating to an incident on  
12:40:19 2 August 29th that is dated August 31, 2012.  
12:40:25 3 Have you ever seen this document before?  
12:40:27 4 A. Oh, I -- no, I don't recall  
12:40:30 5 seeing any of these documents, sorry.  
12:40:30 6 Q. Okay.  
12:40:34 7 A. Back at that time, sorry.  
12:40:37 8 MR. SANDLER: Or the Inquiry.  
12:40:39 9 BY MR. VAN KRALINGEN:  
12:40:40 10 Q. Let's be clear. When's the  
12:40:43 11 first day you saw this document?  
12:40:46 12 A. Yesterday --  
12:40:47 13 Q. Okay.  
12:40:47 14 A. -- when you presented it to  
12:40:50 15 Ms. Coghlan.  
12:40:51 16 Q. Okay. I'm not suggesting you  
12:40:53 17 saw it in 2014.  
12:40:54 18 A. Okay.  
12:40:54 19 Q. All right. What was your  
12:40:58 20 reaction when you saw this document yesterday?  
12:41:00 21 A. I was surprised because I  
12:41:02 22 made the connection of this incident to the one  
12:41:07 23 reported in the report form to be the same  
12:41:10 24 incident, like, August 29th -- on that previous  
12:41:15 25 page, in that -- page 4 or 5 of the report  
12:41:20 26 form. The August 29, 2012, I noted that this  
12:41:25 27 was the same incident, and I was surprised that  
12:41:37 28 the context of the incident was not provided in  
12:41:42 29 the employer report form.  
12:41:44 30 Q. Well, let's go to the bottom  
12:41:49 31 left-hand portion of this document. It says:  
12:41:52 32 "Explained to Bethe that she has

12:41:52 1 brought her health issues to us,  
12:41:55 2 and we are obligated to ensure  
12:41:55 3 the safety of the residents."

12:41:56 4 A. Yes.

12:41:57 5 Q. Is that something that you  
12:41:58 6 responded to yesterday when you looked at this?

12:42:02 7 A. Yes. And also -- actually,  
12:42:03 8 your recommended disciplinary, it said "written  
12:42:03 9 warning," and in the employer report form, it  
12:42:09 10 said "written warning," but didn't provide the  
12:42:10 11 further information that was under this heading  
12:42:15 12 here on this document, and that would be  
12:42:18 13 information that the College would have liked  
12:42:24 14 to received.

12:42:25 15 Q. So in the bottom left-hand  
12:42:28 16 corner, it talks about:

12:42:29 17 "We are obliged to ensure the  
12:42:34 18 safety of the residents."

12:42:35 19 I didn't see a concern about the  
12:42:35 20 safety of residents being referenced in the  
12:42:37 21 August 2012 entry in the employer report; did  
12:42:40 22 you?

12:42:41 23 A. No. It -- no.

12:42:43 24 Q. I'm going to pull up a --  
12:42:47 25 THE COMMISSIONER: I'm sorry.  
12:42:48 26 Can you tell me where you were  
12:42:49 27 referring to there?

12:42:54 28 MR. VAN KRALINGEN: The bottom  
12:42:56 29 left-hand corner, "The results  
12:42:58 30 of the employer interview."

12:43:00 31 THE COMMISSIONER: Right. It's  
12:43:01 32 not clear, though, that relates

12:43:02 1 to the resident. It relates to  
12:43:05 2 Bethe's health issues.  
12:43:07 3 MR. VAN KRALINGEN:  
12:43:08 4 "Explained to Bethe that she  
12:43:08 5 brought her health issues to us,  
12:43:08 6 and we are obliged to ensure the  
12:43:09 7 safety of the residents."  
12:43:10 8 THE COMMISSIONER: Right.  
12:43:12 9 Sorry, I understood you to be  
12:43:16 10 putting the question to the  
12:43:17 11 witness on the assumption that  
12:43:18 12 that meant that this failure to  
12:43:21 13 assess had led to a health risk  
12:43:24 14 to the resident.  
12:43:26 15 MR. VAN KRALINGEN: No.  
12:43:26 16 THE COMMISSIONER: All right.  
12:43:27 17 MR. VAN KRALINGEN: And, in  
12:43:28 18 fact, I'm going to pull up a  
12:43:30 19 section of Ms. Crombez's  
12:43:32 20 examination to make it crystal  
12:43:34 21 clear what I mean for your  
12:43:35 22 purposes.  
12:43:35 23 THE COMMISSIONER: Thank you.  
12:43:36 24 BY MR. VAN KRALINGEN:  
12:43:36 25 Q. Can we look at the if section  
12:43:39 26 for Day 5, which is June 11th, and, Amanda,  
12:43:39 27 page 954 from that day starting at line 26.  
12:43:44 28 Ms. Yee, this is part of my  
12:43:47 29 cross-examination with Ms. Crombez earlier in  
12:43:49 30 the Inquiry referencing that same left-hand  
12:43:54 31 note at the bottom of the page.  
12:43:56 32 "Question: The bottom left-hand

12:43:56 1 corner of this page is some  
12:43:56 2 handwritten notes. My  
12:44:00 3 understanding from Ms. Van  
12:44:01 4 Quaethem is that that's her  
12:44:01 5 writing. Would you agree with  
12:44:01 6 that.  
12:44:02 7 Answer: Yes.  
12:44:03 8 Question: Did you have any  
12:44:04 9 input into this comment?  
12:44:06 10 Answer: Well, I probably  
12:44:07 11 explained to Bethe that she  
12:44:09 12 brought her health issues to us,  
12:44:11 13 and we were obligated to ensure  
12:44:14 14 the safety of the residents.  
12:44:16 15 Question: And so I go back to  
12:44:17 16 my earlier question: Was there  
12:44:19 17 a concern about the safety of  
12:44:22 18 residents at that time?  
12:44:23 19 Answer: There was some concern.  
12:44:26 20 Do you see that?  
12:44:26 21 A. Yes.  
12:44:27 22 Q. If Ms. Crombez had indicated  
12:44:29 23 to you that as of August 31, 2012, she had some  
12:44:31 24 concern about resident safety relating to  
12:44:34 25 Ms. Wettlaufer's practice, do you believe that  
12:44:36 26 it would have been reflected in your notes of  
12:44:39 27 that conversation with her?  
12:44:41 28 A. Yes. Um, yes. If any of the  
12:44:50 29 information on the tab 11 document was  
12:44:53 30 indicated to me in my conversation with the  
12:44:57 31 employer, it would have been in my notes.  
12:44:59 32 Q. We're going to go back to



12:45:01 1 tab 11 in a second --

12:45:01 2 A. Okay, sorry.

12:45:03 3 Q. -- but just with respect to

12:45:04 4 this point, the concern about the safety of

12:45:07 5 residents, you would have put that in your

12:45:09 6 notes because that's a significant issue; would

12:45:12 7 you agree with me?

12:45:12 8 A. Yes, I would have explored

12:45:14 9 further what her concerns were.

12:45:15 10 Q. Let's go back to tab 11.

12:45:18 11 Again, that's Document 16823, and just cycle up

12:45:20 12 to the middle of the page, please, Amanda.

12:45:24 13 Thank you. The second sentence in the "Your

12:45:24 14 Recommended Disciplinary" section says:

12:45:26 15 "If continued work performance

12:45:26 16 related to health issues

12:45:29 17 continue, consideration may be

12:45:30 18 given to report to the College

12:45:33 19 of Nurses for fitness to

12:45:34 20 practice for review."

12:45:38 21 If Ms. Crombez had indicated to

12:45:39 22 you in your conversation with her in 2014 that

12:45:44 23 there was a concern as of August 31, 2012, that

12:45:48 24 there may be consideration to report

12:45:51 25 Ms. Wettlaufer to the College of Nurses for

12:45:53 26 fitness to practice for review, do you believe,

12:45:56 27 based on your practices, that would have made

12:45:59 28 it into your notes?

12:46:00 29 A. Absolutely.

12:46:01 30 Q. And you would agree it would

12:46:02 31 have -- sorry. It would have made it into your

12:46:04 32 notes because that would be a significant

1 comment, would it not?

2 A. Yes, and it would be  
3 different from conversation -- the impression I  
4 am given now about my conversation with the  
5 employer at that time about how it was -- the  
6 medication error was related to the member's  
7 change of medication -- was the reason for one  
8 medication error. This provides a lot more  
9 relevant information, and it would have  
10 affected my assessment.

11 MR. VAN KRALINGEN: Can you go  
12 to tab 4 of the documents you  
13 have? That's Document 72096.  
14 Madam Commissioner, this is the  
15 e-mail as between all of senior  
16 management on March 31.  
17 What I'm going to suggest I do  
18 to perhaps lay a better  
19 foundation than I did yesterday  
20 is to go to the second page  
21 first, look at Ms. Sanginesi's  
22 e-mail, and then go to  
23 Ms. Hepting's e-mail on the  
24 first page.

25 THE COMMISSIONER: Thank you.

26 BY MR. VAN KRALINGEN:

27 Q. The third-last sentence in  
28 Ms. Sanginesi's e-mail from 7:20 a.m. says:  
29 "Late last week, there was  
30 another incident, this time  
31 involving her administering  
32 another resident's insulin to a

12:47:30 1 particular resident at the wrong  
12:47:32 2 time and failing to chart this,  
12:47:32 3 which led to the resident  
12:47:34 4 getting a double dose, her own,  
12:47:36 5 and the other resident's  
12:47:38 6 insulin."

12:47:38 7 Do you see that, Ms. Yee?

12:47:40 8 A. Yes.

12:47:41 9 Q. Please go to the first page  
12:47:43 10 of the document you have. Ms. Hepting  
12:47:51 11 indicates:

12:47:52 12 "Was not aware of this incident,  
12:47:54 13 but it is serious, and she  
12:47:56 14 appears to be a danger to  
12:47:58 15 residents' welfare."

12:48:00 16 And just to be clear, it appears  
12:48:00 17 that Ms. Hepting has made that assessment based  
12:48:02 18 on this individual incident.

12:48:04 19 A. Okay.

12:48:05 20 Q. So my question to you is  
12:48:08 21 this: Based on your review of the file, do you  
12:48:11 22 believe that Ms. Crombez or anyone else from  
12:48:16 23 Caressant Care at that time in 2014 indicated  
12:48:19 24 to you that Ms. Wettlaufer's actions and the  
12:48:26 25 culminating event were a danger to residents'  
12:48:31 26 welfare?

12:48:32 27 A. No, I was not given that  
12:48:34 28 impression.

12:48:34 29 Q. Can you pull up the  
12:48:37 30 cross-examination of Ms. Hepting from Day 16,  
12:48:42 31 June 27th at page 3736? Thank you. The  
12:48:51 32 question was:

12:48:52 1 "And you will agree with me that  
12:48:54 2 as of this date, you believe  
12:48:56 3 Ms. Wettlaufer would be a danger  
12:48:58 4 to any resident anywhere?

12:49:00 5 Answer: As of?

12:49:01 6 Question: This date. As of the  
12:49:02 7 date you wrote this note, did  
12:49:05 8 you believe that Ms. Wettlaufer  
12:49:06 9 would be a danger to any  
12:49:08 10 resident anywhere?

12:49:10 11 Answer: Well, I was concerned  
12:49:11 12 about our residents, but yes.

12:49:12 13 Question: And just to  
12:49:13 14 understand your answer, you were  
12:49:15 15 particularly concerned about  
12:49:16 16 your residents, but you also  
12:49:17 17 assumed that she would be a  
12:49:18 18 danger to any resident anywhere?

12:49:20 19 Answer: Given the history that  
12:49:22 20 I had in front of me of her  
12:49:23 21 disciplines, yes."

12:49:24 22 And so my question to you,  
12:49:27 23 Ms. Yee, is that at any time did Caressant Care  
12:49:27 24 tell you that they thought Ms. Wettlaufer would  
12:49:30 25 be a danger to residents she subsequently  
12:49:34 26 worked with?

12:49:35 27 A. No, not based on the notes I  
12:49:38 28 took. There is no indication of this.

12:49:40 29 Q. Because that would be a  
12:49:41 30 significant comment that we assume you would  
12:49:43 31 have documented?

12:49:44 32 A. Yes. I was not given this

12:49:46 1 impression.

12:49:46 2 Q. If you had been told by  
12:49:50 3 anybody at Caressant Care that Ms. Wettlaufer  
12:49:53 4 would be a danger to any resident she  
12:49:57 5 subsequently would have worked with, do you  
12:50:00 6 think that that would have affected your  
12:50:01 7 analysis of the file you were reviewing?

12:50:05 8 A. Yes.

12:50:05 9 Q. In what way?

12:50:06 10 A. I would -- if they indicated  
12:50:09 11 they had some -- this type of concern, it would  
12:50:13 12 lead into more questions about why they have  
12:50:20 13 this danger -- like, this understanding that --  
12:50:20 14 the impression of a nurse being a danger to  
12:50:25 15 residents or anyone else.

12:50:25 16 Q. It would have borne more  
12:50:27 17 investigation at least; is that fair to say?

12:50:28 18 A. It -- yes.

12:50:29 19 Q. Are you aware of the language  
12:50:32 20 of the Mandatory Reporting Guide?

12:50:35 21 A. Yes.

12:50:35 22 Q. Okay.

12:50:37 23 A. Based on it being presented  
12:50:39 24 in the Inquiry. I don't recall it from that  
12:50:42 25 time.

12:50:42 26 Q. You don't recall if you  
12:50:44 27 understood that language at the time?

12:50:44 28 A. Oh, no. I recall -- at that  
12:50:44 29 time, I did understand it, but if you're asking  
12:50:50 30 me today if I --

12:50:50 31 Q. Fair enough.

12:50:50 32 A. Yeah, sorry.

1 Q. Do you know if, at that time,  
2 you understood the difference between the  
3 circumstances where a report had to be made on  
4 30 days' notice versus the instances where it  
5 had to be made immediately?

6 A. At that time, I would have  
7 understood.

8 Q. There's language in the  
9 Mandatory Reporting Guide of something called a  
10 continued -- a question if a nurse poses a  
11 "continued risk" --

12 A. Okay.

13 Q. -- and in those instances, a  
14 report would have to be made instantly,  
15 immediately. So my question to you is, what is  
16 your understanding of what a continued risk is  
17 in that context?

18 A. "Continued risk" would mean  
19 even if the nurse left the employment, and if  
20 she would -- he or she would continue  
21 practicing would be a risk.

22 Q. Let's go to your notes, which  
23 are at tab 8 of the yellow document you have.  
24 That's Document 36845.

25 I first want to understand as  
26 the document is being pulled up, how long are  
27 these calls typically with the director of  
28 nursing, from your practice?

29 A. Oh, it varies.

30 Q. Could it be as short as five  
31 minutes?

32 A. No. Depending on the -- no,

12:52:13 1 it wouldn't be as short as five minutes, but it  
12:52:17 2 varies depending on how the -- where the  
12:52:20 3 conversation leads and...

12:52:21 4 Q. I know you don't have an  
12:52:24 5 independent recollection, but I assume these  
12:52:26 6 are your notes with Ms. Crombez?

12:52:28 7 A. Yes, those are my notes.

12:52:30 8 Q. Of the telephone call, pardon  
12:52:32 9 me, with Ms. Crombez?

12:52:32 10 A. Correct.

12:52:33 11 Q. This is the only telephone  
12:52:33 12 conversation you had with Ms. Crombez; is that  
12:52:35 13 fair to say?

12:52:35 14 A. Correct.

12:52:35 15 Q. This is the only telephone  
12:52:37 16 conversation you had with anybody at  
12:52:38 17 Caressant Care relating to the employer report  
12:52:40 18 for Ms. Wettlaufer?

12:52:41 19 A. Yes.

12:52:41 20 Q. These notes are approximately  
12:52:45 21 two pages long?

12:52:46 22 A. Yes.

12:52:47 23 Q. From your review of these  
12:52:54 24 notes, did Ms. Crombez characterize  
12:52:58 25 Ms. Wettlaufer as posing a continued risk?

12:52:58 26 A. No.

12:52:59 27 Q. And if Ms. Crombez had said  
12:53:01 28 that Ms. Wettlaufer was a continued risk, do  
12:53:04 29 you believe you would have documented that in  
12:53:06 30 these notes?

12:53:07 31 A. Yes.

12:53:07 32 Q. Can you go to tab 9 of the

12:53:11 1 documents you have? This is Document 36847.

12:53:25 2 I want to look at the bottom of  
12:53:27 3 the first page. This is your summary of your  
12:53:31 4 conversation with Ms. Crombez, and just so I'm  
12:53:33 5 clear: You prepared this summary, but who  
12:53:36 6 receives this summary?

12:53:37 7 A. Anne -- Ms. Anne Coghlan,  
12:53:38 8 yes.

12:53:38 9 Q. The bottom bullet point  
12:53:38 10 relates to a UTI incident. It says:

12:53:42 11 "The member did not tell the  
12:53:42 12 family member right away that  
12:53:44 13 she threw out the urine sample  
12:53:45 14 and said the member kept telling  
12:53:48 15 the family member that the lab  
12:53:50 16 results were not back yet.  
12:53:52 17 The member eventually told the  
12:53:54 18 family member about 4 to 5 days  
12:53:56 19 later that she threw out the  
12:53:59 20 urine sample."

12:53:59 21 Do you see that?

12:54:01 22 A. Yes.

12:54:01 23 Q. Would you agree with me that  
12:54:02 24 that is a moment where Ms. Wettlaufer is being  
12:54:04 25 deceptive?

12:54:05 26 A. Yes, she's deceptive. Um,  
12:54:08 27 but --

12:54:08 28 Q. Does the fact that she's  
12:54:12 29 deceptive in that circumstance affect your  
12:54:18 30 consideration of her contrition in other  
12:54:20 31 circumstances?

12:54:20 32 A. Her... No, because I would



12:54:24 1 view this deception in the context of  
12:54:29 2 the therapeutic nurse-client relationship.  
12:54:30 3 Like, it would be -- it is on its face a  
12:54:32 4 deception that she was not forthcoming, was not  
12:54:39 5 honest with the family member.

12:54:40 6 Q. In the context of the  
12:54:41 7 Geraldton review, would you have had  
12:54:45 8 Ms. Wettlaufer's initial applications to be a  
12:54:50 9 nurse?

12:54:50 10 A. I don't recall. I wouldn't  
12:54:52 11 have recalled.

12:54:52 12 Q. You understand from  
12:54:56 13 Ms. Crombez that there was a mood or anxiety  
12:54:59 14 disorder. If you had been told that  
12:55:01 15 Ms. Wettlaufer had obsessive-compulsive  
12:55:04 16 disorder or bipolar disorder, how do you  
12:55:07 17 believe based on your practices that you would  
12:55:09 18 have documented that?

12:55:11 19 A. I would have written that  
12:55:13 20 down, and I -- yeah, I would have noted that  
12:55:15 21 down and asked if there was -- if it affected  
12:55:20 22 her practice.

12:55:21 23 Q. What efforts, if any, would  
12:55:24 24 you have made to better understand the nature  
12:55:26 25 of her condition or the severity of her  
12:55:28 26 condition?

12:55:28 27 A. In the context of whether it  
12:55:30 28 affected her practice, I would try to ascertain  
12:55:33 29 that.

12:55:35 30 MR. VAN KRALINGEN: Can you go  
12:55:36 31 to tab 14 of the documents you  
12:55:38 32 have, please? This is the memo

12:55:40 1 dated July 24, 2014, and it's  
12:55:44 2 Document No. 36833.  
12:55:50 3 Madam Commissioner, I anticipate  
12:55:52 4 being about ten more minutes.  
12:55:52 5 Are you agreeable to me just  
12:55:54 6 sort of pushing through to  
12:55:55 7 1 p.m.  
12:55:56 8 THE COMMISSIONER: And then  
12:55:56 9 you'll be finished your cross?  
12:55:56 10 MR. VAN KRALINGEN: Yes.  
12:55:56 11 THE COMMISSIONER: Yes, go  
12:55:56 12 ahead.  
12:55:56 13 BY MR. VAN KRALINGEN:  
12:55:58 14 Q. So I'm just flowing from a  
12:56:00 15 conversation you had with Mr. Sandler earlier  
12:56:03 16 today. Could you go to the middle of the page  
12:56:06 17 there, please? Thank you.  
12:56:13 18 The third bullet point you  
12:56:14 19 discussed with Mr. Sandler, my understanding  
12:56:17 20 from this third bullet point is this is you  
12:56:22 21 characterizing your review of the file, what  
12:56:26 22 happened. Have I understood that properly?  
12:56:29 23 A. Correct.  
12:56:29 24 Q. So in order to come up with  
12:56:31 25 the language here, you would have reviewed the  
12:56:33 26 entire file and summarized it for our purposes?  
12:56:36 27 A. No. Like I said, I don't  
12:56:36 28 recall if I would review the entire file  
12:56:39 29 from --  
12:56:39 30 Q. It would have been based on  
12:56:40 31 your review of the file documents you were  
12:56:42 32 given, the conclusions of the investigation?

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12:58:00

1 A. Yes.

2 Q. And some of the medical

3 documentation you saw?

4 A. Most likely, yes.

5 Q. And the purpose of this

6 section, in particular this bullet point, is to

7 provide an accurate description to the intake

8 group who you meet with and discuss this

9 matter; is that fair to say?

10 A. I don't -- well, not of the

11 issue. Like, I think I indicated this most

12 likely would have been the member's position.

13 Because like I said, my approach to providing a

14 summary of the prior would be, like, a summary

15 of the investigation would be, like, the

16 complaint report, the issue, and the member's,

17 like, response, the outcome.

18 Q. Well, what I'm trying to

19 understand is where does the intake review

20 group who I understand you meet with on a

21 weekly basis; is that right?

22 A. Yes.

23 Q. And you review these reports

24 together to get input and an external view on

25 your thoughts, right?

26 A. Correct.

27 Q. Where do they get an accurate

28 understanding of the medical circumstances that

29 preceded the Geraldton -- oh, sorry.

30 Where do they get an accurate

31 understanding of what occurred in the Geraldton

32 Hospital and what was diagnosed after she left

12:58:05 1 the Geraldton Hospital and what prompted the  
12:58:05 2 memorandum of agreement. I assume that they  
12:58:08 3 get that from you?

12:58:10 4 A. Yes, from this summary.

12:58:11 5 Q. Right. And this summary here  
12:58:13 6 under "Prior", I'm looking here, and the third  
12:58:17 7 point seems to summarize what you believe  
12:58:19 8 Ms. Wettlaufer's circumstances were, mainly  
12:58:22 9 that:

12:58:22 10 "They were taken in furtherance  
12:58:25 11 of a suicide attempt. The  
12 12 incident arose as a result of  
13 13 the member's depression and not  
14 14 a result of drug addiction..."

15 15 A. Um-hmm.

16 16 Q. "...and that she has no  
12:58:28 17 history of drug addiction or  
12:58:34 18 drug usage."

12:58:35 19 I'm trying to figure out: Is  
12:58:37 20 that your analysis of your read of the file?

12:58:41 21 A. No, I don't think this would  
12:58:42 22 be my analysis of the file. I wouldn't -- I  
12:58:44 23 would have just pulled information from the  
12:58:47 24 file. Like, I would not have gone through the  
12:58:49 25 file with my analysis.

12:58:49 26 Q. When you say you "pulled  
12:58:52 27 information from the file," where would you  
12:58:55 28 have pulled the information from?

12:58:57 29 A. The documents in the prior  
12:58:59 30 file.

12:58:59 31 Q. But would you have pulled  
12:59:01 32 this from medical documents?

1 A. Oh, I -- it could be. I  
2 don't recall. Like, it could be -- what I --  
3 my purpose of providing a prior is to get a  
4 sense of what the issue was and how it was  
5 handled by the College at that time.

6 And here, I understood that the  
7 member went through the FTP process and that  
8 there was terms, conditions, and limitations  
9 that were placed on her registration --  
10 certificate of registration for one year and  
11 that she complied with them.

12 And I would take away from that  
13 that she had a prior file related to her  
14 health, and that was 17 years ago, and so I  
15 would keep that in mind that the prior was a  
16 health-related issue, and so I would look out  
17 for that or be concerned about that when I'm  
18 reviewing the current --

19 Q. When you're describing the  
20 health-related issue --

21 A. Um-hmm.

22 Q. -- that seems to be described  
23 in the third point here; would you agree with  
24 that?

25 A. Yes. Like, it could be --  
26 yes, that it would be her health issue.

27 Q. Okay.

28 A. But I would not be relying  
29 on -- I would look at it as she had -- the  
30 member had a prior health issue. I would not  
31 be relying on what type of health issue she  
32 had.

13:00:08 1 Q. I understand that --

13:00:08 2 A. Okay, sorry.

13:00:08 3 Q. -- but where do you glean

13:00:11 4 that from?

13:00:11 5 A. From the documents in the

13:00:14 6 prior file, and I don't recall --

13:00:16 7 Q. And this -- that's fine, and

13:00:18 8 this characterization is important because not

13:00:19 9 only will Ms. Coghlan ultimately see it but

13:00:19 10 also the people in your review intake committee

13:00:26 11 will see it as well, correct?

13:00:26 12 A. Yes.

13:00:27 13 Q. Can you pull up

13:00:31 14 Document 37305? And this is not in the

13:00:35 15 compendium of documents. This is a

13:00:41 16 December 13, 1995, letter from Ms. Wettlaufer's

13:00:44 17 then-counsel. The second paragraph says:

13:00:46 18 "Ms. Wettlaufer advises that she

13:00:49 19 took 25mgs of Lorazepam from the

13:00:49 20 hospital supply on a one-time

13:00:49 21 only basis.

13:00:53 22 The medication was taken in

13:00:55 23 furtherance of a suicide attempt

13:00:57 24 brought on by an acute episode

13:01:00 25 of depression. The incident

13:01:02 26 arose as a result of

13:01:05 27 Ms. Parker's depression and not

13:01:05 28 as a result of drug addiction.

13:01:05 29 She has no history of drug

13:01:05 30 addiction or of drug usage.

13:01:08 31 This was a one-time only

13:01:10 32 occurrence."

13:01:11 1 You'll agree with me that that  
13:01:13 2 language is substantially similar, almost  
13:01:13 3 verbatim to what you put into your memo in  
13:01:18 4 July 24, 2014?

13:01:18 5 A. Correct.

13:01:19 6 Q. You think it's possible that  
13:01:24 7 those who reviewed this either with your intake  
13:01:27 8 group or with Ms. Coghlan might have considered  
13:01:30 9 this point, your analysis of her medical  
13:01:32 10 circumstances after your review of the file and  
13:01:34 11 not simply lifting the language --

13:01:34 12 A. Um-hmm.

13:01:36 13 Q. -- from Ms. Wettlaufer's own  
13:01:39 14 lawyer before the investigation was complete --

13:01:39 15 A. Um-hmm.

13:01:41 16 Q. -- do you believe that the  
13:01:42 17 people who would have reviewed this memo would  
13:01:45 18 have understood that?

13:01:45 19 A. No, not necessarily, but  
13:01:48 20 again, when we review -- the purpose of  
13:01:52 21 reviewing prior files is to see if the issue  
13:01:58 22 back then is somehow related to the issue  
13:02:04 23 that's presenting to the College at that time,  
13:02:08 24 the current issue.

13:02:10 25 So the content of a health  
13:02:15 26 issue, it would not have significant weight,  
13:02:18 27 whether -- the particulars of the health issue  
13:02:22 28 is just the fact that the member had a health  
13:02:25 29 issue.

13:02:26 30 Q. Just so I'm clear, you're not  
13:02:29 31 concerned about the nature of the health issue  
13:02:32 32 the member has but simply the fact of a health

13:02:36 1 issue; is that what you're suggesting?

13:02:38 2 A. Well, the fact that she went  
13:02:40 3 through the incapacity process -- so her health  
13:02:42 4 issue, whatever it came out to be, and had an  
13:02:46 5 impact on her practice and that health issue  
13:02:50 6 might be a concern currently, that's what we're  
13:02:53 7 looking for.

13:02:53 8 Q. But earlier in our  
13:02:55 9 conversation today, I thought you had discussed  
13:02:58 10 the fact that the nature of either alcohol  
13:03:00 11 addiction or drug addiction and its  
13:03:02 12 relationship to incapacity can evolve over  
13:03:05 13 time?

13:03:05 14 A. Correct. So that's why we  
13:03:08 15 don't focus on -- like, I -- in the past, I  
13:03:09 16 would not have focused on what type of  
13:03:12 17 nature of the health issue was -- is that -- if  
13:03:13 18 she had an alcohol dependancy at that time, it  
13:03:19 19 could have developed over time into this  
13:03:21 20 current one.

13:03:22 21 And so I'm not looking  
13:03:25 22 specifically for an alcohol dependancy issue  
13:03:27 23 coming up in this current matter, but it would  
13:03:28 24 be like a health -- a health matter. Like, I'd  
13:03:30 25 look at it more broadly, more generally to  
13:03:34 26 capture any of these -- any issues.

13:03:35 27 Q. You'll also agree with me  
13:03:38 28 that despite what's in the language of the file  
13:03:38 29 in Geraldton, which actually does talk about a  
13:03:41 30 history of alcohol use --

13:03:43 31 A. Okay.

13:03:44 32 Q. -- there's no reference to



13:03:45 1 alcohol use in your July 24, 2014, memo?  
13:03:47 2 A. Yes, that's correct.  
13:03:47 3 Q. But there is the lifted  
13:03:49 4 language from Ms. Wettlaufer's own lawyer?  
13:03:52 5 A. Yes, and that would be --  
13:03:52 6 like I explained earlier to Mr. Sandler that my  
13:03:57 7 general, prior review would be, again, like a  
13:04:01 8 high-level investigation summary about the  
13:04:03 9 issue that was identified by the employer, the  
13:04:06 10 member's response, and that --  
13:04:08 11 Q. But I thought you just told  
13:04:10 12 me earlier in our conversation just minutes ago  
13:04:12 13 that the way you would have composed this third  
13:04:16 14 bullet point is upon a review of the whole  
13:04:17 15 file?  
13:04:17 16 A. No, see, that's where it's --  
13:04:17 17 like, sorry, it's not the whole file. Like, I  
13:04:20 18 don't -- I would look at documents in the file,  
13:04:23 19 but I can't recall whether -- looked from the  
13:04:26 20 first page to the last page.  
13:04:28 21 Q. Can you go to tab 12 of the  
13:04:28 22 yellow compendium of documents you have, and  
13:04:31 23 this will be my last question,  
13:04:32 24 Madam Commissioner.  
13:04:33 25 This is a summary of  
13:04:34 26 investigation prepared by Ms. Wong in the  
13:04:41 27 context of the Geraldton situation. Can you go  
13:04:44 28 to page 11 of that when you pull it up, Amanda?  
13:04:52 29 Oh, I apologize. Document 37259.  
13:05:05 30 MS. STRATTON: Page 7?  
13:05:09 31 BY MR. VAN KRALINGEN:  
13:05:09 32 Q. Page 11, please. First of

13:05:11 1 all, generally, this summary of investigation  
13:05:13 2 would have been provided to you, do you  
13:05:16 3 believe?

13:05:17 4 A. If it was in the prior file.

13:05:21 5 Q. So we go back to the  
13:05:23 6 content of what would be in a prior file.

13:05:24 7 A. Yes.

13:05:24 8 Q. Would the summary of  
13:05:26 9 the investigator of the prior file not be in a  
13:05:27 10 file that would be provided to you?

13:05:28 11 A. I don't recall, sorry. Like,  
13:05:29 12 I'm trying to be helpful, but I don't recall  
13:05:32 13 what was actually in prior files all the time,  
13:05:36 14 and so I would assume that this would be in a  
13:05:40 15 prior --

13:05:41 16 Q. Let's put it in a different  
13:05:43 17 way.

13:05:43 18 A. Okay.

13:05:44 19 Q. Not with respect to  
13:05:45 20 Ms. Wettlaufer's file, do you ever remember  
13:05:48 21 conducting an investigation where there was  
13:05:49 22 some sort of a prior file and the summary of  
13:05:52 23 the investigation of that prior file was not  
13:05:52 24 provided to you?

13:05:53 25 A. I don't recall whether there  
13:05:58 26 was even a summary of the investigation file.  
13:06:00 27 That's what I'm trying to -- so for me to say  
13:06:00 28 that I -- there's never a time that I don't  
13:06:04 29 recall, I don't recall at all what was in a  
13:06:06 30 prior file except from what I've seen in the  
13:06:11 31 Wettlaufer prior file.

13:06:12 32 Q. As an intake investigator,

13:06:14 1 are you authorized in any way to request more  
13:06:14 2 documents from a prior file if you feel that  
13:06:16 3 you don't have an enough?

13:06:18 4 A. Yes, if it does. Yes.

13:06:19 5 Q. Do you believe that that  
13:06:21 6 happened in this circumstance or not?

13:06:22 7 A. I don't recall.

13:06:23 8 Q. Can you go to page 11 here,  
13:06:26 9 and cycle down to the bottom of the page?

13:06:29 10 This was a conversation just  
13:06:30 11 after Ms. Wettlaufer had overdosed in  
13:06:36 12 connection with the Geraldton incident and an  
13:06:40 13 RPN named Michelle Gagné documented her  
13:06:40 14 conversation. Ms. Gagné says:

13:06:45 15 "Bethe, did you or have you  
13:06:47 16 taken any street drugs?"

13:06:49 17 And Ms. Wettlaufer says:

13:06:51 18 "'Yes, hash about 4 weeks ago.'  
13:06:54 19 Client remains crying."

13:06:56 20 Q. If you had seen this document  
13:06:58 21 in the course of your investigation, do you  
13:07:02 22 think it would have affected what you had  
13:07:04 23 written in your July 24, 2014, memo with  
13:07:12 24 respect to the fact that Ms. Wettlaufer had no  
13:07:14 25 history of using drugs?

13:07:15 26 A. Could you repeat the question  
13:07:33 27 again? Sorry.

13:07:34 28 Q. If you had reviewed this  
13:07:37 29 document and, in particular, this comment in  
13:07:41 30 connection with Ms. Wettlaufer admitting to  
13:07:44 31 using hash shortly before the overdose  
13:07:44 32 incident, would that have affected the content

1 of your July 24, 2014, memo whereby you  
2 indicate that Ms. Wettlaufer has no history of  
3 drug usage?

4 A. No, because I think that  
5 point where I said that was lifted from the  
6 member's lawyer's response, that would be the  
7 member's position.

8 Q. My last question is at tab 15  
9 of the documents you have. This is  
10 Document 16713. It is an October 14, 2016,  
11 letter from Caressant Care to the College of  
12 Nurses, and it's signed by Ms. Hepting. During  
13 the course of her examination, she indicated  
14 she had drafted it. The second paragraph says:

15 "Based on information that has  
16 recently come to our attention,  
17 we wish to restate our position  
18 that the above-named nurse is  
19 unfit to safely practice  
20 nursing."

21 If in 2014 Ms. Crombez had  
22 indicated that Ms. Wettlaufer was unfit to  
23 safely practice nursing, what would your  
24 response have been?

25 A. I would ask further why she  
26 believed that and gone further with her  
27 concern.

28 Q. And because you don't have an  
29 independent recollection, based on your best  
30 practice, how would that be reflected in your  
31 file?

32 A. I would have noted that down.

13:09:38 1 Q. How would that have been  
13:09:41 2 reflected in your process after hearing that  
13:09:43 3 information?  
13:09:44 4 A. Depending on what -- how --  
13:09:45 5 came further from that, it would affect my  
13:09:48 6 assessment.  
13:09:48 7 Q. Based upon your review of the  
13:09:49 8 file, do you believe that Caressant Care told  
13:09:50 9 you that they believed Ms. Wettlaufer was unfit  
13:09:53 10 to safely practice nursing?  
13:09:54 11 A. No, that was not the  
13:09:56 12 impression I was given.  
13:09:57 13 MR. VAN KRALINGEN: Thank you  
13:09:58 14 very much for your time today.  
13:10:02 15 THE COMMISSIONER: Thank you  
13:10:03 16 very much. So lunch recess now.  
13:10:08 17 Thank you.  
13:10:10 18 -- RECESSED AT 1:10 P.M.  
13:14:04 19 -- RESUMED AT 2:25 P.M.  
14:25:35 20 MR. SCOTT: Good afternoon,  
14:25:36 21 Commissioner.  
14:25:37 22 THE COMMISSIONER: Good  
14:25:37 23 afternoon, Mr. Scott.  
14:25:38 24 MR. SCOTT: In the interests of  
14:25:39 25 full disclosure, I have to tell  
14:25:41 26 you that the families are  
14:25:42 27 actually over by about ten  
14:25:43 28 minutes at this point. I  
14:25:44 29 have --  
14:25:44 30 THE COMMISSIONER: The families  
14:25:45 31 are what?  
14:25:47 32 MR. SCOTT: We are over on our

14:25:48 1 time by ten minutes at this  
14:25:49 2 point.  
14:25:49 3 THE COMMISSIONER: Oh, okay.  
14:25:50 4 MR. SCOTT: However, our friends  
14:25:51 5 at the Ministry have graciously  
14:25:53 6 allowed me to have 15 minutes of  
14:25:55 7 their time, which by my math  
14:25:57 8 means I have five minutes to ask  
14:25:59 9 this witness some questions.  
14:26:01 10 THE COMMISSIONER: And I think  
14:26:02 11 you have just lost about 30  
14:26:03 12 seconds, okay, but thank you  
14:26:05 13 very much.  
14:26:05 14 MR. SCOTT: I was operating  
14:26:06 15 under the assumption that we  
14:26:08 16 hadn't started the clock quite  
14:26:10 17 yet.  
14:26:11 18 THE COMMISSIONER: All right.  
14:26:11 19 CROSS-EXAMINATION BY MR. SCOTT:  
14:26:11 20 Q. Good afternoon, Ms. Yee.  
14:26:12 21 A. Hello.  
14:26:13 22 Q. I am Paul Scott, and I am one  
14:26:16 23 of the lawyers for one of the family groups.  
14:26:19 24 And I am going to ask you, and I can say this  
14:26:20 25 with some certainty, very few questions this  
14:26:23 26 afternoon, okay.  
14:26:23 27 So when you were an Intake  
14:26:27 28 Investigator, did you feel you had enough time  
14:26:28 29 to work on each file that you were given?  
14:26:31 30 A. Yes.  
14:26:31 31 Q. Okay, so you didn't feel  
14:26:33 32 rushed? You felt like you could do what you

14:26:37 1 needed to do with them on them at that stage?

14:26:41 2 A. There is never a time

14:26:42 3 restraint for us.

14:26:43 4 Q. Okay. And I know that you  
14:26:44 5 had called Ms. Crombez, and you don't remember  
14:26:46 6 that, but you remember it from looking at your  
14:26:48 7 documents; correct?

14:26:48 8 A. Yes.

14:26:49 9 Q. And when you reviewed your  
14:26:50 10 documents, did you see that you had called  
14:26:52 11 anybody else?

14:26:53 12 A. No.

14:26:53 13 Q. But you have told us it is  
14:26:55 14 open to you to call other people if you need  
14:26:57 15 to; correct?

14:26:58 16 A. At that intake stage, we  
14:27:01 17 would usually --

14:27:01 18 Q. Yes, at the intake stage.

14:27:03 19 A. We would usually just talk to  
14:27:04 20 the employers.

14:27:05 21 Q. Okay, usually, but could you  
14:27:07 22 call somebody else if you wanted to?

14:27:08 23 A. Yes, but we usually don't at  
14:27:11 24 that stage, yeah.

14:27:14 25 Q. Okay, and why not? Why don't  
14:27:16 26 you usually?

14:27:16 27 A. I think because at that  
14:27:18 28 intake stage we are still determining what to  
14:27:20 29 do with the information, and it is confidential  
14:27:23 30 information related to a member and we like to  
14:27:25 31 maintain that confidentiality for the member.

14:27:28 32 Q. Okay, so you are concerned

14:27:29 1 about the member's confidential information?

14:27:32 2 A. Yes.

14:27:33 3 Q. And do you provide the member  
14:27:37 4 with a copy of the facility report?

14:27:39 5 A. I believe it is sent to the  
14:27:42 6 member with the letter that Ms. Coghlan  
14:27:45 7 provides.

14:27:46 8 Q. Okay, so the report doesn't  
14:27:48 9 come to the member from your office. It has to  
14:27:51 10 come from the facility's office; is that  
14:27:54 11 correct?

14:27:54 12 A. No, I don't know what the  
14:27:56 13 facility sends to the member, but I understand  
14:27:59 14 there is a copy of the report that is sent to  
14:28:02 15 the member when we send -- like with the bank  
14:28:05 16 with notice, when we send out that letter, a  
14:28:07 17 copy of the Employer Report Form is attached to  
14:28:10 18 that.

14:28:10 19 Q. I understand, my mistake. So  
14:28:12 20 you do send her a copy of the facility report?

14:28:15 21 A. Yes.

14:28:15 22 Q. Okay. And is it open to you  
14:28:16 23 to call the member?

14:28:17 24 A. Yes, but we normally don't at  
14:28:19 25 that stage.

14:28:20 26 Q. Okay. The member would have,  
14:28:23 27 in my opinion -- or you can answer this. Would  
14:28:25 28 the member have as much information on what has  
14:28:27 29 happened as the facility?

14:28:28 30 A. I don't know what the  
14:28:32 31 facility gives the member usually, but usually,  
14:28:36 32 I could tell you from my past experience that



14:28:39 1 the member is somewhat aware that the College  
14:28:43 2 knows of the termination, because the  
14:28:45 3 termination is required to be reported to the  
14:28:48 4 College, so the members usually know that the  
14:28:50 5 termination of the member has been reported to  
14:28:53 6 the College.

14:28:54 7 Q. Right, so we can assume that  
14:28:56 8 the member knows that the College is aware that  
14:28:59 9 she has been terminated?

14:29:00 10 A. Correct, yes.

14:29:01 11 Q. And my question, though, is  
14:29:03 12 can you call the member and go through the  
14:29:07 13 facility report with them, him or her?

14:29:09 14 A. There is nothing restricting  
14:29:10 15 us, but we normally don't.

14:29:12 16 Q. And why not? And this brings  
14:29:13 17 me back to my original question, which was the  
14:29:16 18 member would have knowledge of the complaints  
14:29:20 19 that are in that report, would they not?

14:29:22 20 A. That's correct.

14:29:22 21 Q. Okay, and wouldn't they be  
14:29:24 22 able to provide you with some additional  
14:29:26 23 information as to what is in that report?

14:29:28 24 A. Yes, but if it is  
14:29:31 25 determined -- like for the recommendation, if  
14:29:34 26 Ms. Coghlan recommends an investigation, then  
14:29:36 27 the member would be given opportunity to  
14:29:39 28 provide his or her account of the incidents.

14:29:45 29 Q. I appreciate that, but I  
14:29:47 30 mean, at that initial investigation stage,  
14:29:50 31 wouldn't perhaps the member's recollections and  
14:29:52 32 information help you in better understanding

14:29:55 1 what has happened?

14:29:56 2 A. At that point, at the intake  
14:29:58 3 point, it is determining whether -- we are  
14:30:00 4 assessing the level of risk and not exploring  
14:30:06 5 both sides of the incidents reported.

14:30:09 6 Q. But would you agree with me  
14:30:11 7 then that you are only assessing the level of  
14:30:14 8 risk based on the facility's report?

14:30:15 9 A. Correct.

14:30:17 10 Q. You are not taking into  
14:30:18 11 account your member's position?

14:30:19 12 A. Well, at the intake level, so  
14:30:22 13 the report comes from the employer because they  
14:30:28 14 have concerns about the member or because they  
14:30:30 15 terminated the member, and they indicate in the  
14:30:33 16 report reasons why they terminated the member.  
14:30:36 17 So we would -- so it would be more the employer  
14:30:39 18 that we would contact and reach out for  
14:30:43 19 information.

14:30:43 20 Q. I understand that. Have you  
14:30:46 21 ever called a member at that stage?

14:30:50 22 A. No, but members, I have  
14:30:52 23 called members. I have called in the past,  
14:30:53 24 because they are aware, as I said, that the  
14:30:56 25 College has received a report, and we would  
14:30:59 26 advise the member that we have received  
14:31:01 27 information but we have not assessed on how to  
14:31:05 28 respond, like there is no determination yet on  
14:31:07 29 the information, and the member would be  
14:31:10 30 notified.

14:31:10 31 Q. Okay, and my final question.  
14:31:13 32 At that initial stage, do you send the member a

14:31:15 1 letter saying if you want to call us or write  
14:31:17 2 to us and give your side of the story, you can  
14:31:20 3 go ahead and do that?

14:31:21 4 A. Yes, I don't know the exact  
14:31:23 5 wording, but there is some information that  
14:31:25 6 they get at the end of the letter that Ms.  
14:31:28 7 Coghlan sends out indicating if they would like  
14:31:30 8 to respond.

14:31:32 9 Q. Okay, and that is at the  
14:31:33 10 initial, the intake phase?

14:31:35 11 A. That is part of the intake,  
14:31:36 12 yes.

14:31:36 13 MR. SCOTT: Okay, thank you,  
14:31:37 14 those are my questions.

14:31:38 15 THE WITNESS: You are welcome.

14:31:39 16 THE COMMISSIONER: Thank you,  
14:31:40 17 Mr. Scott.

14:31:41 18 MS. JONES: Mr. Golden on behalf  
14:31:42 19 of Caressant Care.

14:31:43 20 THE COMMISSIONER: Thank you.

14:31:44 21 MR. GOLDEN: Commissioner, I too  
14:31:51 22 have to make a disclosure, full  
14:31:53 23 disclosure, that I am on  
14:31:55 24 borrowed time.

14:31:57 25 THE COMMISSIONER: All right.

14:31:59 26 MR. GOLDEN: In so many ways.

14:32:00 27 MR. SANDLER: Not personally.

14:32:02 28 THE COMMISSIONER: Whose  
14:32:03 29 borrowed time are you on?

14:32:06 30 MR. GOLDEN: So I have had some  
14:32:07 31 gracious time given to me by the  
14:32:08 32 Ministry and by the associations

14:32:11 1 who are not here today, so my  
14:32:13 2 grand total is 25 minutes that I  
14:32:15 3 actually have.

14:32:16 4 THE COMMISSIONER: All right.

14:32:17 5 MR. GOLDEN: Thanks to my  
14:32:18 6 colleagues and friends.

14:32:19 7 THE COMMISSIONER: Thank you to  
14:32:19 8 all.

14:32:20 9 CROSS-EXAMINATION BY MR. GOLDEN:

14:32:21 10 Q. So, Ms. Yee, have you ever  
14:32:24 11 worked in long-term care?

14:32:25 12 A. No, I have not.

14:32:26 13 Q. And in terms of the training  
14:32:30 14 that you receive to do this job, were you ever  
14:32:33 15 sent in to long-term care to observe the work  
14:32:35 16 that happens, you know, on the floor in a  
14:32:37 17 long-term care home?

14:32:38 18 A. No, I was not sent into  
14:32:40 19 long-term care.

14:32:41 20 Q. Was there any particular  
14:32:42 21 training that you had so that you would better  
14:32:45 22 appreciate the uniqueness of the long-term care  
14:32:48 23 setting for the practice of nursing?

14:32:50 24 A. For long-term care?

14:32:53 25 Q. Yes, for long-term care.

14:32:54 26 A. No, my training was not  
14:32:56 27 specific to a practice setting.

14:32:57 28 Q. All right. And when you  
14:33:01 29 assess level of risk, because I understand that  
14:33:04 30 the major aspect of this intake is you  
14:33:06 31 assessing risk?

14:33:07 32 A. Yes.

1 Q. Are there any guidelines that  
2 the College gives you to consider as to how or  
3 why a risk in general might be higher in a  
4 long-term care setting because of the nature of  
5 the resident population?

6 A. Sorry, can you repeat your  
7 question?

8 Q. Yes. In your training, is  
9 there anything that guides you in assessing  
10 risk that would ask you to consider a higher  
11 risk in long-term care given the specific  
12 nature of the resident population in long-term  
13 care?

14 A. No. So my training -- yes,  
15 my training is not specific to a practice  
16 setting.

17 Q. All right. And you started  
18 off with Ms. Jones by explaining first the work  
19 that you did as a section -- doing these  
20 investigations for section 75 to make a  
21 recommendation as to whether or not a formal  
22 investigation should happen. Do you remember  
23 that from this morning?

24 A. Yes, so I worked as a reports  
25 investigator.

26 Q. And that in that capacity,  
27 you had the -- you did have the right and you  
28 did review medical records, documents, and  
29 conducted interviews?

30 A. Correct.

31 Q. And would you agree with me  
32 that based on the work that you did in your

14:34:25 1 role before becoming an intake person, there  
14:34:28 2 was some benefit that you gained by actually  
14:34:31 3 reviewing medical records and charts in doing  
14:34:35 4 an investigation?

14:34:36 5 A. For the investigation, yes,  
14:34:38 6 because as the framework of investigation is to  
14:34:43 7 obtain the relevant information for the  
14:34:47 8 incidents, yes.

14:34:48 9 Q. Well, and then to make a  
14:34:49 10 recommendation as to whether there should be a  
14:34:52 11 formal -- that it should go further and there  
14:34:54 12 should be a referral to discipline, or maybe  
14:34:56 13 nothing happens; is that right?

14:34:57 14 A. Okay, so I would receive all  
14:35:01 15 the information. I would prepare a report for  
14:35:04 16 the committee, for the committee to determine  
14:35:06 17 how to respond.

14:35:08 18 Q. Right, and I am simply  
14:35:09 19 suggesting based on your experience in that  
14:35:11 20 role, was there not some benefit in actually  
14:35:13 21 reviewing the records related to the incidents?

14:35:15 22 A. Well, yes, for investigation.

14:35:17 23 Q. Okay. And the WebART tool  
14:35:20 24 that you talked about, when were you trained on  
14:35:22 25 that?

14:35:22 26 A. Most likely in the first two  
14:35:24 27 to three weeks of my training.

14:35:25 28 Q. And when would that have --  
14:35:28 29 when was that?

14:35:29 30 A. In January, in January 2014.

14:35:30 31 Q. So you were trained on WebART  
14:35:32 32 in January of 2014, and when did you stop using

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WebART?

A. March, I believe.

Q. In March of 2014. So you gave an answer to Ms. Jones and you said based on your experience of using WebART, you didn't feel there was any difference in the outcome using the memos as opposed to the WebART tool?

A. Uhm-hmm.

Q. And so I just want to understand, when you answered that question, you are basing it on the two or three months experience that you had using WebART?

A. Correct.

Q. Okay.

A. However, I received, during my time in those two to three months, I -- my sole responsibility and my sole duty was to review reports, so I would have assigned a number of reports to me on a daily or weekly basis.

Q. Okay. And I think I heard you say this to Ms. Jones, but generally speaking, when you were having a conversation with the reporter, the employer, if you asked a question about a particular incident, that would be reflected in your notes?

A. Most likely, yes.

Q. Now, you would have seen the cover letter, correct, that is at tab 35, and that is document 36848? I think we have already established that. Correct?

A. Yes.

14:37:09 1 Q. And you would have seen that  
14:37:10 2 this was sent in by an administrator?

14:37:13 3 A. Okay.

14:37:13 4 Q. And I take it you would have  
14:37:15 5 had an opportunity to see whether Ms. Van  
14:37:17 6 Quaethem was an RN or not?

14:37:20 7 A. Not necessarily, no. So I  
14:37:24 8 would have reviewed the letter, and whoever  
14:37:28 9 signed off is who signed off. What I would  
14:37:32 10 look at would be the contact person.

14:37:34 11 Q. All right, but the person who  
14:37:35 12 actually prepared it, would you look to see  
14:37:37 13 whether it was a nurse or not?

14:37:41 14 A. No, but I wouldn't  
14:37:43 15 necessarily know whether she prepared it or  
14:37:45 16 not, because there have been times where the  
14:37:49 17 person sending it in may not be the one -- I  
14:37:51 18 don't put any assumption on who prepared it,  
14:37:53 19 whether it was the person signing off here or  
14:37:56 20 the contact person, if they are different.

14:37:58 21 Q. So fair enough. So you  
14:37:59 22 wouldn't know when you reviewed it whether it  
14:38:01 23 was prepared by an RN or someone who isn't an  
14:38:04 24 RN?

14:38:04 25 A. Correct.

14:38:05 26 Q. Okay. And in terms of  
14:38:09 27 Caressant Care specifically, we know from the  
14:38:11 28 affidavit of Ms. Coghlan that this was hardly a  
14:38:17 29 regular occurrence for Caressant Care to be  
14:38:19 30 sending in a mandatory termination report; you  
14:38:26 31 are aware of that?

14:38:26 32 A. No.



14:38:27 1 Q. You have not reviewed Ms.  
14:38:29 2 Coghlan's affidavit?  
14:38:29 3 A. Not on this point, no.  
14:38:31 4 Q. Okay, well, could you look at  
14:38:33 5 paragraph 68 of Ms. Coghlan's affidavit.  
14:38:50 6 A. Which tab would that be?  
14:38:50 7 Q. Sorry, paragraph 68 of her  
14:38:50 8 affidavit. We can call it up on the screen.  
14:38:55 9 A. Okay.  
14:38:55 10 Q. And you will see that Ms.  
14:39:37 11 Coghlan -- I said paragraph 68 of the  
14:39:42 12 affidavit, page 29.  
14:39:43 13 So Ms. Coghlan informs us in the  
14:39:48 14 affidavit that:  
14:39:49 15 "Between 2007 and 2016, the  
14:39:51 16 College received four mandatory  
14:39:54 17 reports from Caressant,  
14:39:56 18 including the report in relation  
14:39:57 19 to Ms. Wettlaufer [...]"  
14:40:00 20 And we heard some evidence  
14:40:01 21 actually before in the Inquiry, and I don't  
14:40:04 22 know -- forget 2016, but up to the point of  
14:40:06 23 time in 2014 when the Wettlaufer report was  
14:40:10 24 sent in, there would have been two or three  
14:40:13 25 over a seven-year period submitted from  
14:40:15 26 Caressant Care Woodstock.  
14:40:16 27 A. Okay.  
14:40:17 28 Q. Would you -- you would have  
14:40:19 29 had that same information that Ms. Coghlan had?  
14:40:21 30 A. No. No, not necessarily. I  
14:40:26 31 don't know -- we don't -- as an Intake  
14:40:29 32 Investigator, we don't have -- keep track of or

14:40:32 1 have records to the frequency of employers  
14:40:35 2 submitting reports.

14:40:36 3 Q. Well, then in this case, we  
14:40:37 4 know from Ms. Coghlan and we know from the  
14:40:40 5 evidence there was two or three reports total  
14:40:43 6 in a seven-year period. I take it you would  
14:40:45 7 agree with me that would indicate that this is  
14:40:47 8 not a regular occurrence for Caressant Care?

14:40:50 9 A. I couldn't comment on that.  
14:40:52 10 I don't know what would be regular because I  
14:40:54 11 don't know what -- like I said, I have no  
14:40:55 12 context for that. I don't know how many other  
14:40:57 13 reports other employers submit.

14:40:59 14 Q. All right, well, would you  
14:41:01 15 agree with me that it would make sense when you  
14:41:03 16 are having contact to find out and look in your  
14:41:06 17 own records, is this a common occurrence; how  
14:41:09 18 much experience does the reporter have filling  
14:41:11 19 out these forms and doing these reports?

14:41:14 20 A. That had never been raised as  
14:41:19 21 an issue before or as a concern.

14:41:21 22 Q. Okay, well, we may raise it  
14:41:23 23 going forward, but if it wasn't raised as an  
14:41:26 24 issue, then that is fine.

14:41:27 25 And I think you have  
14:41:29 26 acknowledged that your impression is that the  
14:41:32 27 long-term care setting is extremely busy;  
14:41:35 28 correct?

14:41:35 29 A. It is very busy.

14:41:36 30 Q. And you would agree with me  
14:41:40 31 that although now the Wettlaufer documents and  
14:41:43 32 issues seem hugely significant because of what

14:41:46 1 we know, at the time you viewed it as low risk,  
14:41:50 2 and this was not exactly the biggest priority,  
14:41:52 3 was it?

14:41:52 4 A. Sorry, so I viewed it as low  
14:41:58 5 risk, that's correct.

14:41:58 6 Q. Yes, and the College did not  
14:42:00 7 treat this as a priority?

14:42:02 8 A. Correct, yes.

14:42:02 9 Q. And the first contact that  
14:42:03 10 the College had with Ms. Crombez was on July  
14:42:07 11 the 30th of 2014?

14:42:08 12 A. Yes, if that is the date I  
14:42:13 13 spoke with her, yes.

14:42:14 14 Q. And do you know whether you  
14:42:16 15 would ask her when she called you back to make  
14:42:20 16 sure that she had the files with her, reviewed  
14:42:23 17 the history going back to 2007, because she  
14:42:27 18 didn't know why you were calling when she  
14:42:29 19 called you back, and we know that; correct?

14:42:32 20 A. That's correct.

14:42:32 21 Q. All right.

14:42:34 22 A. And that is not often the  
14:42:35 23 case, I mean, like --

14:42:35 24 Q. I know. I don't have time.  
14:42:36 25 I'm just interested in now this case.

14:42:38 26 A. Okay.

14:42:38 27 Q. So she didn't know why you  
14:42:40 28 were calling, and we were dealing with an  
14:42:42 29 employee who had worked there since 2007;  
14:42:44 30 correct?

14:42:44 31 A. Okay.

14:42:45 32 Q. And you are asking about

14:42:47 1 incidents that might go back to 2007?

14:42:50 2 A. Okay.

14:42:51 3 Q. And so in those  
14:42:52 4 circumstances, did you say to her, I think it  
14:42:54 5 would be wise to pull out the file, review  
14:42:57 6 these incidents going back one, two, three,  
14:43:01 7 four, five years before you answer my  
14:43:03 8 questions; is that your protocol?

14:43:06 9 A. No, I usually leave it for  
14:43:08 10 the employer to indicate to me or at that time  
14:43:11 11 whether they felt comfortable proceeding with a  
14:43:14 12 telephone conversation about the member they  
14:43:21 13 reported.

14:43:21 14 Q. All right.

14:43:21 15 A. Or if they don't feel  
14:43:22 16 comfortable, then as I said, we would arrange a  
14:43:25 17 time.

14:43:25 18 Q. And do you tell them that  
14:43:26 19 based on what they say, that is going to be the  
14:43:29 20 only input beyond the form that the College and  
14:43:32 21 that the Executive Director is going to use to  
14:43:35 22 make a decision about how to handle the member  
14:43:38 23 who is in the report? Do you tell them that?

14:43:41 24 A. Do I tell them if that is the  
14:43:45 25 only point in time that --

14:43:46 26 Q. Yes.

14:43:47 27 A. No, because sometimes we do  
14:43:48 28 call back the employer.

14:43:49 29 Q. And do you tell them that you  
14:43:51 30 are not going -- they are not going to be given  
14:43:54 31 an opportunity to verify the accuracy of what  
14:43:58 32 they say in that phone call? Do you tell them

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that?

A. No, I don't express that.

Q. Okay. Now, there are --

A. But that has -- sorry, that has never been, again, an issue.

Q. Okay. So can you turn now to the form that you actually reviewed. That is tab 10, document 36841. And you were here, Ms. Yee, when I reviewed it in detail with Ms. Coghlan. I don't have time to review it in detail --

MR. SANDLER: Sorry, tab 10 to what?

MR. GOLDEN: Tab 10 of the affidavit -- no, tab 10 of the document brief.

THE COMMISSIONER: No.

MR. SANDLER: No, that is not it.

BY MR. GOLDEN:

Q. Sorry, tab 35 behind the blue sheet, my apologies. This is the report, 36841. I think it was tab 10 in Alex's brief.

And if we can go to the page that has the March 20th incident, the termination incident, and that would be the fourth page, I believe.

Okay, and I think in answer to a question by Ms. Jones, you said, look, you know, it is not -- in your experience, it is not uncommon; there is so much information that is being passed at shift change, that a nurse

14:45:28 1 misses something that is told to her at shift  
14:45:30 2 change; do you recall saying that this morning?

14:45:32 3 A. Yes.

14:45:33 4 Q. And I am going to suggest to  
14:45:34 5 you that specifically in relation to the  
14:45:36 6 termination incident of March 20, 2014, there  
14:45:39 7 is a specific note in the left-hand column that  
14:45:42 8 says, and this was the evidence of Agatha, the  
14:45:45 9 nurse:

14:45:46 10 "The insulin pen was left opened  
14:45:48 11 on the medication cart by the  
14:45:50 12 day nurse as a reminder to Beth  
14:45:52 13 that the refill was needed."

14:45:52 14 A. Uhm-hmm.

14:45:55 15 Q. So I suggest to you this was  
14:45:56 16 more than just missing a piece of information  
14:45:58 17 that is passed along in a verbal pass-on. Did  
14:46:01 18 you notice that?

14:46:02 19 A. Oh, I -- yes, I read it.

14:46:03 20 Q. All right. And you knew that  
14:46:08 21 this was the incident that Caressant Care said  
14:46:10 22 put the resident at risk; correct?

14:46:12 23 A. Yes.

14:46:13 24 Q. All right. And without  
14:46:19 25 speaking to the member and also knowing that  
14:46:24 26 the member responses are specifically in the  
14:46:28 27 context of discipline - and the reason why I  
14:46:32 28 suggest that's important is because the member  
14:46:35 29 knows that what they say in a discipline  
14:46:37 30 context is going to be used later in a  
14:46:41 31 potential grievance or in a labour relations  
14:46:44 32 context - why do you simply take the member's

1 word for it as to what they say from the form  
2 without talking to them and seeing whether they  
3 are credible?

4 MR. SANDLER: There are a lot of  
5 assumptions that were built into  
6 that very long question about  
7 the context within which Ms.  
8 Wettlaufer would have been  
9 making those comments, how they  
10 would be dealt with, and I don't  
11 know whether Ms. Yee agrees with  
12 that or disagrees. There was  
13 just a lot loaded in the  
14 question.

15 THE COMMISSIONER: But the  
16 evidentiary basis had been laid.  
17 It was a disciplinary action  
18 within it. But you should, in  
19 fairness, let's see what --

20 BY MR. GOLDEN:

21 Q. Okay, Ms. Yee, I think you  
22 appreciated that almost all of these incidents  
23 were discipline-related; correct?

24 A. Yes.

25 Q. All right, and you know that  
26 in a discipline context, whatever the member  
27 says is her response is going to have an impact  
28 on how that discipline process unfolds? You  
29 would know that, wouldn't you?

30 A. Okay, so I wouldn't  
31 necessarily read into the member's response in  
32 the context that she is getting disciplined, so

14:47:49 1 she is aware of what she is saying. I don't  
14:47:50 2 read into it. Like I rely on the information  
14:47:54 3 in the report to be the employer's take, view  
14:48:02 4 on the incident and what occurred at that time.

14:48:05 5 I don't read into it. If this  
14:48:07 6 is what the employer is reporting, this is what  
14:48:09 7 the member has said. I don't read into it.

14:48:12 8 Q. But, Ms. Yee, the form  
14:48:14 9 specifically asks the reporter to say what the  
14:48:17 10 member's response was, and you indicated in  
14:48:20 11 your evidence to Ms. Jones that you read what  
14:48:22 12 the member's response was and you assume that  
14:48:25 13 that is indeed a genuine response of the  
14:48:28 14 member, and you rely on that, don't you?

14:48:30 15 A. Yes, but --

14:48:31 16 Q. So my question -- okay, my  
14:48:33 17 question is why do you simply accept that the  
14:48:35 18 member's response is genuine without talking to  
14:48:38 19 her?

14:48:39 20 A. If there was any -- if the  
14:48:43 21 employer had a different view or a different  
14:48:49 22 take on the member's response, it would be  
14:48:55 23 expected or I would expect that would be  
14:48:58 24 indicated in the incident or in the  
14:49:03 25 conversation that comes out with the employer.

14:49:05 26 Q. Your analysis happens long  
14:49:07 27 before you have the conversation -- or before  
14:49:09 28 you have the conversation with the reporter;  
14:49:13 29 correct?

14:49:13 30 A. It kind of happens around the  
14:49:17 31 same time, so my assessment of everything kind  
14:49:20 32 of all happens --



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Q. Where --

A. -- around the same time. I don't do my assessment and then speak with the employer. Like it is all kind of all in one.

Q. Well, I thought the point was you review the form to see if it is deficient. You make your notes and questions. And then you schedule a call?

A. Oh, that part, yes, my --

Q. And where on the form is the employer supposed to write that they don't agree with the member's response? Where is that on the form?

A. So it is not -- like it doesn't say to the employer, like it doesn't indicate like please state your view or anything, but commonly it has been indicated in the Employer Report Forms context for everything. Like you know, if the employer did not agree or did -- had a different view, it would commonly generally be in there in the --

Q. In the form?

A. The employer would indicate that.

Q. I am going to move on.

THE COMMISSIONER: I'm sorry, I would like to know. Where?

BY MR. GOLDEN:

Q. Where?

A. Oh, either in the incident or there -- like generally like if the employer had had concern further about the member's

14:50:32 1 response or did not think it was credible or  
14:50:35 2 something, it --

14:50:37 3 THE COMMISSIONER: Where? Just  
14:50:38 4 tell me where you would expect  
14:50:39 5 to see it on the form?

14:50:40 6 THE WITNESS: Oh, it is just in  
14:50:42 7 either of the columns, like  
14:50:43 8 incident or event or member's  
14:50:45 9 response. Like it is not --

14:50:49 10 BY MR. GOLDEN:

14:50:50 11 Q. You would agree with me, Ms.  
14:50:52 12 Yee, that nowhere, nowhere in the guide does it  
14:50:55 13 say to a reporter, oh, and by the way, if there  
14:50:59 14 is no box for filling out this, you know, just  
14:51:02 15 add it in? I mean --

14:51:05 16 A. That is not in the guide, no.

14:51:06 17 Q. Okay, fine. I have limited  
14:51:08 18 time, so I have to ask you a couple more  
14:51:10 19 questions.

14:51:10 20 I understood from your responses  
14:51:12 21 to Ms. Jones that you do place considerable  
14:51:17 22 importance on whether, according to the  
14:51:20 23 documentation and what is reported by the  
14:51:25 24 employer, whether the member demonstrates  
14:51:28 25 insight into their mistakes; is that right?

14:51:31 26 A. Yes.

14:51:32 27 Q. And my question to you is  
14:51:34 28 since you have said you place considerable  
14:51:37 29 weight on whether the member demonstrates  
14:51:40 30 insight, what good is insight if the employer  
14:51:45 31 is telling you that over a period of years,  
14:51:50 32 despite the insight, not only is the

1 resident -- is the member's conduct not  
2 improving, but according to the form, it is  
3 getting worse. So what good is insight if the  
4 member isn't changing, improving?

5 MR. SANDLER: In fairness to the  
6 witness, this termination report  
7 and nor did Ms. Crombez say is  
8 happening over a number of  
9 years. We know that now. That  
10 is not in the report. So let's  
11 be clear.

12 BY MR. GOLDEN:

13 Q. Okay, from 2012 in the report  
14 where it starts up until January '14, there is  
15 an increasing frequency of errors; you would  
16 agree with that?

17 A. Yes.

18 Q. Okay. And you were told  
19 once, perhaps twice by Ms. Crombez and it is  
20 twice in the notes that she just doesn't  
21 change, she doesn't improve; isn't that fair?

22 A. That's correct.

23 Q. And so my question is what  
24 good is member insight if they are not changing  
25 and the frequency of their errors becomes more  
26 and more?

27 A. It is --

28 Q. What good is it?

29 A. It is still a factor we  
30 consider because the approach to nursing is to  
31 encourage them to reflect and to take ownership  
32 and learn, and so consideration is still given

14:53:10 1 to the member's insight --

14:53:13 2 Q. Okay.

14:53:14 3 A. -- and accountability and  
14:53:15 4 self-reflection going forward.

14:53:16 5 Q. All right, even if that  
14:53:17 6 self-reflection is not demonstrated by the  
14:53:19 7 evidence to making one bit of difference?  
14:53:23 8 Isn't that -- you are still going to let the  
14:53:27 9 member or give the member the benefit of the  
14:53:29 10 doubt, that the insight is important, even  
14:53:31 11 though there is not a shred of evidence that  
14:53:32 12 that insight is leading to improved behaviour?

14:53:35 13 A. So, sorry, I'm not sure of  
14:53:39 14 your question.

14:53:39 15 Q. Okay, I'll withdraw the  
14:53:40 16 question. I have limited time. I have to move  
14:53:42 17 on.

14:53:42 18 Can you turn to the incident of  
14:53:45 19 February 12, 2013, a couple of pages over.

14:53:50 20 Now, you gave some evidence to  
14:53:59 21 Ms. Jones about risk, harm to resident versus  
14:54:05 22 potential harm, and I reviewed your actual  
14:54:08 23 report, the one that Ms. Coghlan signed, and  
14:54:11 24 there is no discussion in there about risk or  
14:54:15 25 potential harm. What you say is, and I quote:

14:54:18 26 "There were no sustained harm to  
14:54:20 27 residents."

14:54:20 28 And here is what I want to ask  
14:54:22 29 you, because this February 12th, 2013, you  
14:54:25 30 deemed it to be a low risk?

14:54:26 31 A. Correct.

14:54:27 32 Q. And this is where the

14:54:29 1 medication was left at the dining room table?  
14:54:32 2 A. Yes.  
14:54:32 3 Q. And you don't know what that  
14:54:33 4 medication is?  
14:54:34 5 A. Correct.  
14:54:35 6 Q. And I am going to suggest to  
14:54:36 7 you that if a resident who is cognitively  
14:54:41 8 impaired, and many of Caressant Care's  
14:54:43 9 residents are cognitively impaired, was sitting  
14:54:46 10 at that table and took and ingested the  
14:54:49 11 medication that was not for them and they had a  
14:54:52 12 negative reaction to it because of a drug  
14:54:54 13 interaction or an allergy and had to be sent to  
14:54:57 14 hospital, would that have changed your view of  
14:55:00 15 this incident?  
14:55:01 16 A. Of actual harm?  
14:55:05 17 Q. Yes.  
14:55:06 18 A. Yes, so if the member -- if  
14:55:13 19 this resulted in a client -- resulted in a  
14:55:19 20 client having harm and sustained harm, then it  
14:55:23 21 would be assessed differently.  
14:55:24 22 Q. All right, well, I suggest to  
14:55:25 23 you in a long-term care facility with a high  
14:55:29 24 number of impaired residents, it should make no  
14:55:32 25 difference because if you leave the meds on the  
14:55:35 26 dining room table and that dining room table  
14:55:37 27 has other residents who are cognitively  
14:55:39 28 impaired, they could have taken it and died.  
14:55:43 29 And I am suggesting to you that  
14:55:44 30 the same risk exists, whether by grace of God  
14:55:48 31 it didn't happen in this case. Isn't that a  
14:55:52 32 reasonable conclusion to make about the risk?

14:55:56 1 A. That would be -- so that  
14:56:07 2 would like generally then apply to all the  
14:56:09 3 medication errors. Like that would apply to  
14:56:12 4 any contravention of their nursing standard.  
14:56:16 5 Like there is always a potential or actual  
14:56:18 6 risks. It just is, you know, in how  
14:56:25 7 fortunately that the clients aren't harmed.

14:56:27 8 Q. But, Ms. Yee, this is a  
14:56:29 9 long-term care facility. This is a dining room  
14:56:31 10 in a long-term care facility. Do you  
14:56:33 11 understand what the patient profile is in that  
14:56:35 12 facility? Did you ask what the patient profile  
14:56:37 13 is --

14:56:37 14 A. Yes, generally in long-term  
14:56:39 15 cares I do understand, yes.

14:56:41 16 Q. Okay, fine. Can we move on,  
14:56:43 17 because I have only got like two minutes, to  
14:56:44 18 August 29, '12, which was the subject of some  
14:56:49 19 questions by my friend Mr. Van Kralingen, and  
14:56:51 20 this is the "not assessing a resident" and this  
14:56:55 21 is where you were taken to the actual  
14:56:58 22 discipline note, right, do you remember that,  
14:57:02 23 from 2012 and asked questions about whether  
14:57:04 24 that would have had some impact on you?

14:57:05 25 A. Yes, okay.

14:57:06 26 Q. And I am going to suggest  
14:57:07 27 this. Had you known about that note, would you  
14:57:10 28 then have asked Ms. Crombez whether, despite  
14:57:15 29 the fact that Ms. Wettlaufer referenced a  
14:57:19 30 health issue, you would have likely asked Ms.  
14:57:22 31 Crombez whether she or the registered staff saw  
14:57:26 32 going forward actual evidence of her health

14:57:29 1 issue impacting on her ability to practice  
14:57:32 2 nursing, wouldn't you?  
14:57:34 3 A. So, sorry, could you break  
14:57:36 4 that down for me?  
14:57:37 5 Q. Sure.  
14:57:37 6 A. Sorry.  
14:57:38 7 Q. The note that you saw from  
14:57:41 8 discipline where Ms. Wettlaufer said and there  
14:57:44 9 was a discussion of a health concern; do you  
14:57:47 10 remember that?  
14:57:48 11 A. Yes, and it was handwritten  
14:57:49 12 notes in the top -- in the bottom of the --  
14:57:50 13 Q. Yes, yes. Would that have  
14:57:52 14 prompted you to ask Mrs. Crombez whether as a  
14:57:55 15 result of this disclosure of a health concern  
14:57:57 16 she or the nurses who she supervised saw  
14:58:01 17 evidence that that health issue was actually  
14:58:03 18 impacting on her nursing practice?  
14:58:06 19 A. Yes, so if I was given that  
14:58:09 20 information, is that what you are asking?  
14:58:12 21 Q. Yes.  
14:58:13 22 A. Whether I would have --  
14:58:14 23 Q. Asked Mrs. Crombez whether or  
14:58:17 24 not there was evidence that the health issue  
14:58:18 25 was impacting on the nursing care provided by  
14:58:22 26 Ms. Wettlaufer?  
14:58:23 27 A. Yes, so if there is  
14:58:28 28 evidence -- if there is any information that  
14:58:29 29 there is a health condition of a member, then I  
14:58:31 30 would proceed to ask how -- if and how it is  
14:58:35 31 affecting the member's practice.  
14:58:36 32 Q. All right, thank you. Now,

14:58:38 1 we have heard a lot of evidence from a lot of  
14:58:40 2 the nurses here, and I am not going to even try  
14:58:42 3 and summarize it, about whether they saw any  
14:58:44 4 impact of a health issue in terms of how Ms.  
14:58:47 5 Wettlaufer was practising.

14:58:48 6 But I am going to suggest to you  
14:58:49 7 that if Mrs. Crombez had said that after August  
14:58:54 8 of 2012, other than what is in your notes, we  
14:58:58 9 didn't see any health issue impacting on her  
14:59:01 10 nursing ability, that would have been the end  
14:59:03 11 of your inquiry; isn't that fair?

14:59:06 12 A. So if they report -- what you  
14:59:08 13 are saying is if they reported the 2012  
14:59:11 14 discipline information included in the report  
14:59:13 15 and they are reporting it two years later,  
14:59:16 16 2014?

14:59:16 17 Q. And you would have asked  
14:59:19 18 them, did they have evidence going forward that  
14:59:21 19 there was a health issue that was impacting on  
14:59:23 20 her ability to be a nurse, and they said no,  
14:59:26 21 that would have been the end of your inquiry on  
14:59:28 22 that issue; isn't that right?

14:59:29 23 A. Okay, so if they -- sorry,  
14:59:31 24 just to be clear what you are asking, if they  
14:59:33 25 said that they had -- that the member had a  
14:59:36 26 health condition and it did not have an impact  
14:59:39 27 on her practice, then that would not have gone  
14:59:42 28 further because I would rely on the employer to  
14:59:44 29 assess whether it was affecting her practice.

14:59:46 30 Q. All right, and we have heard  
14:59:47 31 a lot of evidence here about people observing  
14:59:50 32 and knowledge of how a health condition may



14:59:53 1 have impacted in 2013 and 2014, and I am not  
14:59:57 2 going to summarize it.  
14:59:58 3 But you did hear yesterday Ms.  
15:00:00 4 Coghlan say that many, many nurses have health  
15:00:03 5 conditions, including bipolar, and as long as  
15:00:05 6 it is managed, that is not a concern of the  
15:00:08 7 College?  
15:00:08 8 A. That's correct.  
15:00:09 9 MR. GOLDEN: All right.  
15:00:16 10 Okay, I am told I am done.  
15:00:28 11 Okay, so there was one  
15:00:29 12 document -- I'm out of time, but  
15:00:30 13 there was one document I wanted  
15:00:31 14 to ask that was in the notice to  
15:00:35 15 put to Ms. Coghlan. It is a  
15:00:37 16 College document, but it hasn't  
15:00:38 17 been entered. I wanted to ask  
15:00:40 18 this witness if she is familiar  
15:00:41 19 with it, and I would need your  
15:00:43 20 permission to, because the time  
15:00:44 21 is up.  
15:00:44 22 THE COMMISSIONER: Have the  
15:00:47 23 other participants seen it or --  
15:00:48 24 MR. GOLDEN: Yeah, well, it was  
15:00:49 25 in their notice, but it just  
15:00:52 26 never -- it was just never asked  
15:00:54 27 about.  
15:00:56 28 THE COMMISSIONER: I recognize  
15:00:58 29 how stringent the time  
15:00:59 30 constraints have been.  
15:00:59 31 MR. GOLDEN: Yeah.  
15:01:01 32 THE COMMISSIONER: So unless I

15:01:01 1 hear some reason against it, I  
15:01:03 2 would say you should be -- you  
15:01:05 3 are allowed to go ahead.  
15:01:05 4 MR. SANDLER: That was in Anne  
15:01:05 5 Coghlan's materials. It is not  
15:01:05 6 in any notice that she got.  
15:01:07 7 MR. GOLDEN: I'm sorry?  
15:01:07 8 MR. SANDLER: That was in Ms.  
15:01:13 9 Coghlan's materials. It wasn't  
15:01:15 10 in any notice that she received.  
15:01:16 11 She hasn't looked at this  
15:01:17 12 document.  
15:01:18 13 MR. GOLDEN: Okay, according to  
15:01:21 14 Mr. Sandler, this witness -- it  
15:01:24 15 was in Ms. Coghlan's affidavit  
15:01:26 16 or materials and not in hers,  
15:01:27 17 so --  
15:01:28 18 THE COMMISSIONER: But what you  
15:01:30 19 wanted to know was whether it  
15:01:32 20 was a document that she had seen  
15:01:33 21 before?  
15:01:34 22 MR. GOLDEN: That she is  
15:01:34 23 familiar with, yeah.  
15:01:36 24 THE COMMISSIONER: That she is  
15:01:36 25 familiar with. Do you object to  
15:01:38 26 him --  
15:01:39 27 MR. SANDLER: Well, she hasn't  
15:01:40 28 looked at the document. I don't  
15:01:41 29 want to stand in the way of you  
15:01:42 30 getting to the bottom of things,  
15:01:45 31 so if my friend wants to show  
15:01:46 32 her the document, I am not going

15:01:48 1 to object to it.

15:01:48 2 THE COMMISSIONER: Go ahead and

15:01:49 3 show her the document. We'll

15:01:50 4 deal with it if there is an

15:01:51 5 issue that arises.

15:01:52 6 BY MR. GOLDEN:

15:01:53 7 Q. This is document 72833. Is

15:02:13 8 this a -- it looks like a template memo. Is

15:02:16 9 this something that you are familiar with?

15:02:17 10 A. Not this version.

15:02:19 11 Q. Okay, not this version?

15:02:21 12 A. This seems to be a version of

15:02:24 13 the memo to file that was in lieu of WebART at

15:02:28 14 the time I assessed the 2014 report.

15:02:30 15 Q. Okay, but this has been, from

15:02:33 16 what you can see, updated from the time you

15:02:35 17 used it?

15:02:35 18 A. Yes, this is a different

15:02:38 19 version.

15:02:39 20 Q. And you have never used this

15:02:40 21 version?

15:02:41 22 A. No.

15:02:42 23 MR. GOLDEN: Okay, then I don't

15:02:43 24 think I can ask her. I think

15:02:46 25 we'll just have to mark it for

15:02:48 26 identification.

15:02:49 27 THE COMMISSIONER: Yes. So,

15:02:51 28 Madam Clerk, what is our next

15:02:54 29 letter exhibit?

15:02:55 30 THE COURT CLERK: The next

15:02:56 31 letter is "G".

15:03:15 32 THE COMMISSIONER: "G", so the

15:03:16 1 document 72833 is Exhibit "G" in  
15:03:20 2 these proceedings.  
15:03:21 3 EXHIBIT "G": Document 72833.  
15:03:25 4 THE COMMISSIONER: Thank you.  
15:03:26 5 MS. JONES: And Ms. Meadus now  
15:03:27 6 on behalf of the OARC.  
15:03:27 7 THE COMMISSIONER: Thank you,  
15:03:29 8 Ms. Jones.  
15:03:29 9 MS. MEADUS: I have a very small  
15:03:31 10 binder.  
15:03:44 11 THE COMMISSIONER: Thank you.  
15:03:45 12 CROSS-EXAMINATION BY MS. MEADUS:  
15:03:48 13 Q. So I too am beholden to Ms.  
15:03:52 14 Bambers for about ten minutes, but hopefully I  
15:03:54 15 won't be. So I think I have about 15, but  
15:03:57 16 hopefully I won't be quite that long because I  
15:04:00 17 am later on in the day.  
15:04:01 18 So my name is Jane Meadus. I am  
15:04:04 19 here representing the Ontario Association of  
15:04:07 20 Residents' Councils. And I know you have been  
15:04:09 21 here, but just so that you know, the Ontario  
15:04:13 22 Association of Residents' Councils is an  
15:04:14 23 umbrella organization for the Residents'  
15:04:16 24 Councils in long-term care homes.  
15:04:18 25 And were you aware that  
15:04:19 26 long-term care homes all had a mandated  
15:04:22 27 Residents' Council?  
15:04:22 28 A. No, I didn't.  
15:04:23 29 Q. Okay, so that is made up of  
15:04:25 30 residents in the home, and this organization is  
15:04:28 31 run by residents for residents, so we are here  
15:04:33 32 representing the residents of the homes in

1 Ontario.

2 So the first question that I  
3 wanted to ask you -- sorry, I just want to get  
4 my thoughts here. Okay, so the phone call of  
5 July the 30th, which is 36847, and that is tab  
6 2 in the black folder that I sent you up.

7 So this is all the information  
8 that you asked, is that correct, with Ms.  
9 Crombez? That is the summary of the  
10 information; is that correct?

11 A. Correct.

12 Q. Okay, and so when you were  
13 speaking this morning, you talked about there  
14 were issues around medication from the report  
15 that you would have followed up with Ms.  
16 Crombez; do you remember that, saying that this  
17 morning?

18 A. Yes.

19 Q. Okay, you don't have any  
20 notes of following that up; is that correct?

21 A. Correct.

22 Q. Okay. So you have no  
23 knowledge as to whether or not you did that; is  
24 that correct?

25 A. Correct, but it is my general  
26 practice if I did ask, I would have written  
27 down some -- like it would have reflected, I  
28 would think.

29 Q. Okay, so then we can assume  
30 that you didn't ask those questions since it  
31 wasn't reflected in your notes; is that  
32 correct?

15:05:44 1 A. I would say so, yes, correct.

15:05:45 2 Q. Okay, thank you. And there  
15:05:47 3 was some discussion a little bit earlier today  
15:05:50 4 about the facility report, and you indicated  
15:05:53 5 that you wouldn't know from the facility report  
15:05:55 6 who actually completed it; is that correct?

15:05:57 7 A. Correct.

15:05:57 8 Q. And you would make no  
15:05:58 9 assumptions about who completed that; is that  
15:06:00 10 correct?

15:06:00 11 A. Correct.

15:06:01 12 Q. Did you ask Ms. Crombez if  
15:06:03 13 she had ever seen that report before?

15:06:05 14 A. No, I guess I have an  
15:06:07 15 assumption that being the supervisor of the  
15:06:11 16 member who was terminated, that she would have  
15:06:14 17 been involved in the report.

15:06:15 18 Q. But that wasn't a question  
15:06:17 19 that you would have asked from your --

15:06:20 20 A. Correct.

15:06:20 21 Q. Okay, thank you. So I want  
15:06:21 22 to just turn to the issue of the insulin, and  
15:06:25 23 that is at tab 1 and that is document 36841.

15:06:31 24 So if we go to page 6 of that  
15:06:47 25 document, okay, and that is an issue around the  
15:06:56 26 incident with the failure to properly treat  
15:07:00 27 hypoglycaemia; is that correct?

15:07:00 28 A. Correct.

15:07:01 29 Q. Okay, and would you agree  
15:07:03 30 that that can be a very serious issue for a  
15:07:07 31 resident?

15:07:07 32 A. It could be. It could range,

15:07:09 1 the effect of it.

15:07:10 2 Q. Okay. And could we go to  
15:07:11 3 page 4, and this is the incident which ended  
15:07:19 4 with the termination and that was the incident  
15:07:22 5 where Ms. -- where the resident, sorry,  
15:07:28 6 received the wrong insulin; is that correct?

15:07:29 7 A. Correct.

15:07:30 8 Q. Okay, and would you agree  
15:07:31 9 that that in fact could have led to her death  
15:07:33 10 if that was an incorrect insulin?

15:07:38 11 A. Oh, I wouldn't -- so I would  
15:07:42 12 know from wrongly administered insulin that it  
15:07:47 13 could result in serious results and it could  
15:07:51 14 include death.

15:07:52 15 Q. Okay, and it could include  
15:07:53 16 death. So would you agree with me then that  
15:07:56 17 the mishandling of insulin or of hypoglycaemia,  
15:07:59 18 those are very serious issues, are they not?

15:08:02 19 A. Potentially, yes.

15:08:02 20 Q. Okay, and so how do you come  
15:08:04 21 to saying that they were low risk?

15:08:05 22 A. I would come to it based on  
15:08:10 23 the type of medication and the consequence to  
15:08:15 24 the client.

15:08:16 25 Q. Okay, so you would wait for a  
15:08:18 26 client to have a serious consequence before you  
15:08:20 27 think it is a high risk?

15:08:21 28 A. So it would affect the  
15:08:24 29 assessment, yes.

15:08:25 30 Q. And you were asked some  
15:08:29 31 questions about the type of residents in  
15:08:32 32 long-term care, and I am just going to explore

15:08:35 1 that a little bit with you.

15:08:36 2 So you are aware that people go  
15:08:38 3 to long-term care because they have serious  
15:08:40 4 health issues; would you agree with that?

15:08:42 5 A. I am aware that they have  
15:08:43 6 serious health issues.

15:08:44 7 Q. Okay. And would you be aware  
15:08:46 8 that many of those residents are frail and  
15:08:48 9 elderly and have cognitive issues?

15:08:50 10 A. Yes.

15:08:51 11 Q. And so residents who are in  
15:08:53 12 long-term care, unlike perhaps someone in the  
15:08:56 13 community or in a hospital, are less likely to  
15:08:58 14 be able to self -- indicate that the medication  
15:09:05 15 they are being given is wrong; would you agree  
15:09:07 16 with that?

15:09:08 17 A. Yes, some of like the  
15:09:10 18 population, there is a portion of the  
15:09:11 19 population that wouldn't be able to.

15:09:12 20 Q. So do you think that you  
15:09:14 21 should be looking at the -- should have looked  
15:09:16 22 at these cases at being higher risk just  
15:09:18 23 because of the population?

15:09:19 24 A. That was not part of my  
15:09:28 25 assessment, no.

15:09:29 26 Q. Were you given -- and I think  
15:09:30 27 you said you weren't given any specific  
15:09:32 28 training on residents in long-term care; is  
15:09:34 29 that correct?

15:09:34 30 A. No, like I said, my training  
15:09:37 31 as an investigator or Intake Investigator is  
15:09:40 32 related -- not specific to a practice setting.



15:09:42 1 MS. MEADUS: Okay. All right,  
15:09:42 2 thank you, those are my  
15:09:43 3 questions.  
15:09:47 4 MS. JONES: And, Ms. Hughes,  
15:09:51 5 Commissioner, on behalf of the  
15:09:53 6 Ontario Nurses Association.  
15:09:54 7 THE COMMISSIONER: Thank you.  
15:09:56 8 CROSS-EXAMINATION BY MS. HUGHES:  
15:09:57 9 Q. Good afternoon. Madam  
15:09:59 10 Commissioner, I am not here on borrowed time.  
15:10:01 11 I guess I used my time judiciously, but I will  
15:10:04 12 not be lengthy, nonetheless.  
15:10:06 13 So if I could have document  
15:10:13 14 36833 come up, and I would like to ask you, Ms.  
15:10:16 15 Yee, just a few questions, if I could. And I  
15:10:21 16 don't know where it is in your book, but it is  
15:10:22 17 a document that you have been asked a lot of  
15:10:24 18 questions about, and that is your memo that you  
15:10:29 19 said you gave to Anne Coghlan after your intake  
15:10:33 20 review.  
15:10:34 21 And I am not going to ask you  
15:10:35 22 specific questions, but I want to ask you  
15:10:38 23 about, you have said that you have set out - if  
15:10:40 24 you just want to go up a little bit higher on  
15:10:43 25 the document, or a little bit lower - you set  
15:10:45 26 out the prior history.  
15:10:46 27 And if I understand your  
15:10:47 28 evidence, you indicated that when you looked at  
15:10:52 29 the report that the employer filed, and that  
15:10:57 30 was the report of March 31, 2014, it did not  
15:11:00 31 specifically raise a health issue; is that  
15:11:02 32 correct?

15:11:02 1 A. That's correct.

15:11:03 2 Q. So it didn't raise a fitness

15:11:05 3 to practice issue?

15:11:06 4 A. Correct.

15:11:07 5 Q. But you looked at it and you

15:11:09 6 saw, for instance, that there was a narcotic

15:11:13 7 error?

15:11:13 8 A. That's right.

15:11:13 9 Q. And you said that that was a

15:11:15 10 red flag to you?

15:11:16 11 A. Yes.

15:11:17 12 Q. Is that correct?

15:11:17 13 A. That's correct.

15:11:18 14 Q. And so as a result of you

15:11:19 15 applying your red flag, you then were looking

15:11:23 16 to see if there was a history of incapacity; is

15:11:26 17 that fair?

15:11:26 18 A. If there was a current issue

15:11:28 19 of incapacity with that current reporter.

15:11:31 20 Q. All right. And so then with

15:11:33 21 respect to what you have been calling the prior

15:11:35 22 history in your summary, you recall you were

15:11:38 23 asked a number of questions about this by

15:11:40 24 counsel in terms of the prior history.

15:11:42 25 And you were taken to a document

15:11:46 26 in the prior history file, and you may recall

15:11:50 27 the document was put to you was that an RPN was

15:11:53 28 interviewed and said that when she talked to

15:11:56 29 Bethe Parker, that Bethe Parker said that she

15:12:01 30 had taken hash four weeks before?

15:12:02 31 A. Yeah, I remember that.

15:12:03 32 Q. Okay. And with respect to

15:12:08 1 that sort of a matter, would that be something  
15:12:12 2 that you would then want to include in your  
15:12:15 3 "Prior"?

15:12:17 4 A. Okay, so the purpose of  
15:12:21 5 looking at priors is to get a sense of what the  
15:12:24 6 past issue had been for the nurse, and it would  
15:12:29 7 be like a high level sense to gain an  
15:12:32 8 understanding of the issue in that past to see  
15:12:36 9 if it is relevant or connected somehow to the  
15:12:41 10 current report.

15:12:42 11 So the details of like the type  
15:12:47 12 of health matter was not the -- to detail that  
15:12:56 13 in the prior summary was not the purpose. It  
15:12:59 14 was just the idea to get down that it was a  
15:13:01 15 health-related matter in the past.

15:13:02 16 Q. Okay, and so in terms of your  
15:13:04 17 summary of the prior then, you wouldn't go down  
15:13:06 18 into the details of it?

15:13:07 19 A. Correct.

15:13:08 20 Q. But what you did is you  
15:13:09 21 referenced an FTP decision from May of 1997,  
15:13:13 22 and so that would be a fitness to practice  
15:13:15 23 decision, and from that, Ms. Coghlan or whoever  
15:13:19 24 was reviewing would know that it was very much  
15:13:21 25 a health issue; is that right?

15:13:23 26 A. Correct, because also the  
15:13:24 27 prior file was accompanied for Ms. Coghlan's  
15:13:29 28 review. So the details of the prior may be --  
15:13:33 29 like the actual like conditions that the member  
15:13:36 30 experienced may be relevant if it was an  
15:13:38 31 incapacity issue and that current issue was  
15:13:41 32 going forward, but at the intake level, I am

15:13:44 1 looking to see if that it was a past health  
15:13:47 2 matter, so it was a current issue and a health  
15:13:50 3 matter as well.

15:13:51 4 Q. Okay, so even though the  
15:13:53 5 employer didn't raise it as the health issue in  
15:13:55 6 the mandatory report, you looked at it and you  
15:13:58 7 wrote up the prior, including referring to the  
15:14:02 8 fitness to practice decision and indicating  
15:14:04 9 that she had TCLs, which Ms. Coghlan would know  
15:14:10 10 was terms, conditions and limitations on her  
15:14:12 11 licence; is that right?

15:14:13 12 A. Correct, yes.

15:14:14 13 Q. Okay. Now, I want to ask you  
15:14:17 14 about your document 36847, if that could -- if  
15:14:24 15 we could have that, and that is the interview  
15:14:26 16 notes that you had of Helen Crombez.

15:14:32 17 THE COMMISSIONER: The typed or  
15:14:33 18 handwritten?

15:14:40 19 MS. HUGHES: The typed notes.

15:14:40 20 THE COMMISSIONER: Thank you.

15:14:42 21 BY MS. HUGHES:

15:14:42 22 Q. And, Ms. Yee, you may not  
15:14:44 23 know, but Ms. Crombez was asked about this on  
15:14:46 24 June 11, 2018, in this Inquiry, and she said  
15:14:50 25 that that was -- she reviewed it and said that  
15:14:53 26 she thought it was accurate and she wanted to  
15:14:55 27 make or would make two changes, she said. And  
15:14:57 28 I just want to tell you about the changes and  
15:14:59 29 to see whether or not that would have changed  
15:15:01 30 your report or your recommendation.

15:15:04 31 So the first change that she  
15:15:07 32 said that she would make, and this is about

1 halfway down, and that is when it was  
2 discussing whether or not she worked on evening  
3 and night shifts, and she changed a word. She  
4 wanted to put "also" in, when it said she  
5 started "only working evening shifts" to say  
6 she "also" worked evening shifts, okay?

7 A. Okay.

8 Q. Would that change either your  
9 summary or your report that Ms. Coghlan gave or  
10 your recommendations?

11 A. No.

12 Q. Okay. The next and the last  
13 change she made was to the very last bullet on  
14 that document, so it is on the second page, if  
15 we could scroll. She said that she thought it  
16 was accurate except for when it said she was  
17 "always respectful and nice"; she would add the  
18 words in "to me", she was always nice "to me".

19 Now, would that change in any  
20 way what you reported and in your  
21 recommendations?

22 A. No.

23 Q. Okay. Now, I want to show  
24 you a transcript entry, again, the same day on  
25 June 11th, when she is being questioned. And  
26 if you could bring up that transcript entry,  
27 and that was June 11th, page 918 to 919 of that  
28 transcript.

29 And this is when she was being  
30 questioned by Mr. Golden, Counsel for the  
31 employer. And if you look at line 9, you can  
32 see he said:

10:23:15 1 "Question: And you gave some  
10:23:19 2 evidence last week regarding a  
10:23:24 3 conversation that you had with  
10:23:26 4 the College inspector, and I  
10:23:28 5 believe you [...] didn't have a  
10:23:30 6 direct recollection of that  
10:23:31 7 conversation; is that fair?"

15:16:49 8 So I believe that the "College  
15:16:50 9 inspector" is referring to you.

15:16:52 10 A. Yes.

15:16:52 11 Q. And I am going to just ask  
15:16:54 12 you, if we could scroll down to the bottom of  
15:16:56 13 that page, around line 29, it says:

15:16:56 14 "Answer: Can you repeat that  
15:16:56 15 again?"

10:24:17 16 Question: Okay. Other than the  
10:24:17 17 report that was made about her  
10:24:18 18 termination, did you ever have a  
10:24:20 19 belief that you were required to  
10:24:22 20 report her to the College for  
10:24:24 21 something else?"

10:24:24 22 And she answered, "No".

15:17:08 23 And then he went on and said:

15:17:08 24 "Question: Let me ask you  
15:17:21 25 about, again, drilling down [on]  
15:17:23 26 your professional views about  
15:17:25 27 Elizabeth Wettlaufer and again  
15:17:26 28 this is without hindsight, it is  
15:17:27 29 really hard, but did she display  
15:17:29 30 a reasonable level of knowledge  
15:17:30 31 to you regarding her job duties  
15:17:31 32 at Caressant Care?"

15:17:32 1 Answer: Yes.

15:17:34 2 Question: And when you

15:17:35 3 disciplined her, did she appear

15:17:36 4 to understand what she had done

15:17:37 5 wrong and the principles behind

15:17:39 6 what she had done wrong?

15:17:42 7 Answer: Yes, she did. She

15:17:43 8 would, you know, sometimes point

15:17:45 9 them out before I did.

15:17:46 10 Question: And did you ever form

15:17:48 11 a view in the course of [those]

15:17:51 12 disciplines that she was unfit

15:17:52 13 to be a nurse?

15:17:53 14 Answer: No.

15:17:55 15 Question: And did there [ever]

15:17:56 16 appear to be gaps in her

15:18:00 17 understanding [on] how to do an

15:18:01 18 assessment and how to deal with

15:18:03 19 a situation, situations that

15:18:04 20 residents presented at Caressant

15:18:05 21 Care Woodstock?

15:18:06 22 Answer: No.

15:18:07 23 Question: We also heard [...] a

15:18:10 24 [little] bit about this issue of

15:18:11 25 her having a bipolar condition,

15:18:14 26 and I want to know whether [or

15:18:17 27 not] you had a concern that her

15:18:18 28 bipolar condition made it

15:18:20 29 unlikely that she could exercise

15:18:21 30 her professional nursing duties?

15:18:23 31 Answer: No, I felt that she --

15:18:25 32 that that was not a hindrance to

1 her."

2 And the question I have for you,  
3 Ms. Yee, is when you look at the notes that you  
4 took, whether or not they are the written notes  
5 or the typed notes, is that consistent with the  
6 information that is in your notes of what she  
7 conveyed when you asked her?

8 A. It would give me the same  
9 impression.

10 Q. Pardon me?

11 A. It would give me the same  
12 impression, yeah, from my notes to what you  
13 just read.

14 Q. Okay.

15 A. Yes.

16 Q. And the last question, you  
17 said in direct evidence with Ms. Jones, you  
18 said that when you ask questions normally, you  
19 would be asking probing questions you put.

20 A. Yes.

21 Q. And with respect to your  
22 notes, you have some notes in there that  
23 indicate -- and if we could bring that up,  
24 36847 again. And these are your notes of July  
25 30th, 2014, and if you look at the first few  
26 bullets, there is the second and third bullet  
27 said:

28 "Ms. Crombez was not aware of  
29 whether [or not] the member had  
30 any stressors going on in her  
31 personal life that may have  
32 affected her practice.



15:19:36 1 There was no underlying issue or  
15:19:38 2 concern with the member."

15:19:40 3 Now, would that be in response  
15:19:42 4 to what you call the questions that you would  
15:19:43 5 have asked to dig around on the health issue?

15:19:45 6 A. Yes, it would be, yes.

15:19:47 7 Q. So looking back at your notes  
15:19:48 8 then and knowing after looking at that  
15:19:51 9 transcript, would it be fair to say that she  
15:19:54 10 never raised a health concern with you?

15:19:57 11 A. That's correct, yes.

15:20:03 12 MS. HUGHES: Thank you, those  
15:20:04 13 are my questions.

15:20:04 14 THE COMMISSIONER: Thank you,  
15:20:05 15 Ms. Hughes.

15:20:06 16 I do have a question for the  
15:20:07 17 witness. Nobody else has asked  
15:20:09 18 it, and so I am going to just  
15:20:11 19 ask it, and then you can have  
15:20:12 20 re-examination.

15:20:13 21 Ms. Yee, can you just help me  
15:20:15 22 with one thing. I am on the  
15:20:18 23 same document. It is the  
15:20:20 24 document at tab 39, and it is  
15:20:24 25 your bullet five. So it says:  
15:20:30 26 "The reported incidents go back  
15:20:31 27 to 2012. Prior to 2012, the  
15:20:33 28 member worked in another section  
15:20:36 29 and worked evening and night  
15:20:38 30 shifts."

15:20:40 31 THE WITNESS: Yes.

15:20:40 32 THE COMMISSIONER: And then drop

15:20:41 1 down two bullets, and it says  
15:20:44 2 that the member's practice  
15:20:45 3 became more visible because she  
15:20:48 4 started working when there was  
15:20:51 5 other registered staff.  
15:20:55 6 THE WITNESS: Okay.  
15:20:56 7 THE COMMISSIONER: So did that  
15:20:59 8 not give you any pause for  
15:21:00 9 concern, that as soon as there  
15:21:02 10 were other registered staff  
15:21:03 11 around, there were very many  
15:21:08 12 reported incidents in the period  
15:21:11 13 of time?  
15:21:11 14 THE WITNESS: So I would take  
15:21:12 15 those notes, the points, to that  
15:21:17 16 I probably would have been  
15:21:18 17 inquiring about why the  
15:21:21 18 report -- the incidents started  
15:21:24 19 in 2012, and I would inquire  
15:21:26 20 like what changed at that time.  
15:21:29 21 THE COMMISSIONER: Right.  
15:21:30 22 THE WITNESS: And so to me, at  
15:21:31 23 that point, because she became  
15:21:33 24 more visible, that the employer  
15:21:36 25 started noticing her practice.  
15:21:38 26 THE COMMISSIONER: Yes, so that  
15:21:40 27 is my question. Did that not  
15:21:41 28 give you any concern?  
15:21:43 29 THE WITNESS: That actually gave  
15:21:44 30 me an explanation to why the  
15:21:46 31 incidents reported went back to  
15:21:49 32 2012, even though she worked

15:21:51 1 there until 2005.

15:21:52 2 THE COMMISSIONER: But it didn't

15:21:53 3 suggest to you, therefore, that

15:21:55 4 you should look behind 2012,

15:21:57 5 either at the records or

15:21:58 6 something?

15:21:58 7 THE WITNESS: No, I would have

15:22:01 8 just -- I would just pause it

15:22:07 9 there to understand why the

15:22:08 10 incidents didn't go back to

15:22:10 11 before 2012, because of my

15:22:13 12 understanding, my impression

15:22:15 13 from the Employer Report Form is

15:22:17 14 that the incidents, all the

15:22:18 15 incidents that were concerning

15:22:19 16 to the employer were reported in

15:22:21 17 the Incident Report, except for

15:22:22 18 the ones that at the last

15:22:26 19 sentence did not lead to

15:22:29 20 discipline and related to

15:22:30 21 attendance and professional

15:22:31 22 behaviour.

15:22:32 23 THE COMMISSIONER: Okay, thank

15:22:33 24 you.

15:22:33 25 THE WITNESS: You are welcome.

15:22:42 26 RE-EXAMINATION BY MR. SANDLER:

15:22:43 27 Q. So I have two and a half

15:22:45 28 hours left, but I am going to bank it for your

15:22:49 29 next inquiry, Madam Commissioner.

15:22:51 30 So I just have two very brief

15:22:53 31 areas of examination.

15:22:55 32 So, Ms. Yee, just following up

1 on the Commissioner, my two questions are going  
2 to arise out of the Commissioner's questions,  
3 so just so the Commissioner knows I was paying  
4 attention to what she was asking.

5 So just the last point that the  
6 Commissioner asked you about, so she basically  
7 asked you the question, would it give you cause  
8 for concern once you learned that there was  
9 less of a spotlight on her prior to 2012 as a  
10 result of where she was working within the  
11 institution?

12 A. Uhm-hmm.

13 Q. And my question arising out  
14 of --

15 THE COMMISSIONER: That wasn't  
16 my question at all. It wasn't a  
17 spotlight. It was her exact  
18 note that her practice became  
19 visible because now she was not  
20 the only registered staff  
21 member.

22 BY MR. SANDLER:

23 Q. Right, okay, fair enough.

24 So the Commissioner asked the  
25 question which, in essence, and at the risk of  
26 paraphrasing, was is this suggestive that there  
27 may have been other conduct that was going  
28 undetected or unreported prior to 2012 but just  
29 wasn't known as a result of how she was  
30 situated prior to that as opposed to her  
31 visibility after 2012?

32 A. So that is how I would have

1 interpreted, that the employer did not know of  
2 her practice or noted any incidents prior to  
3 2012 because it was not visible -- her practice  
4 was not visible to the Nurse Manager or  
5 Director of Nursing at that time because of the  
6 section she worked in.

7 Q. All right, so can I take from  
8 that that you would have inferred from the  
9 answers that were given by the Director of  
10 Nursing that there were no incidents known to  
11 the Director of Nursing prior to 2012?

12 A. Correct.

13 Q. All right. And so then the  
14 question is, so what do you do? It turns out  
15 that may not have been accurate, but I will  
16 leave that aside.

17 So what do you do in  
18 circumstances where you know that there may  
19 have been less of a capacity to view how she  
20 was performing prior to 2012? I mean, can you  
21 do anything about that, or do you have to  
22 assess her based upon the events that are  
23 taking place once attention is drawn to her?

24 A. Well, I would have hoped that  
25 if there were any other concerns about the  
26 member, it would have come out and been raised  
27 by the employer when I would be speaking with  
28 the employer. If there was anything else that  
29 the employer wanted to express to the College,  
30 any other concerns or any other worries or  
31 hesitancy about the member, that it would have  
32 been raised in our conversation.

1 Q. Okay. So let me ask you, an  
2 earlier question that the Commissioner raised  
3 was this, and again, I'm going to paraphrase a  
4 little bit, and that is that you indicated in  
5 response to Mr. Golden's questions that  
6 sometimes the employers will comment on the  
7 quality of the explanation that the nurse has  
8 provided to a disciplinable matter, right? You  
9 have to say "yes" or "no".

10 A. Oh, sorry. Yes, yes, sorry.

11 Q. Right. And your point was  
12 that this is information that is all coming  
13 from the employer and that sometimes the  
14 employer will also give their spin on the  
15 explanation that the nurse has provided, right?

16 A. Correct.

17 Q. And the Commissioner asked  
18 you, but there is no place on the form,  
19 strictly, speaking for the employer to reflect  
20 what the employer's view was of how the nurse  
21 responded, and that is a fair comment, is it  
22 not?

23 A. Yes, yeah.

24 Q. All right. And what you said  
25 in response to the Commissioner was sometimes  
26 you see it as part of the description of the  
27 incident; sometimes you see it as an addition  
28 to the explanation --

29 A. Yes.

30 Q. -- that explanation column  
31 that has been provided. And I have that right  
32 so far?

15:27:11 1 A. Correct, yes.

15:27:12 2 Q. Okay, but what I want to ask  
15:27:13 3 you is leave aside the form for a moment. If  
15:27:16 4 we go for the last time, I promise you, to your  
15:27:22 5 typewritten notes of your interview with Ms.  
15:27:27 6 Crombez, and that is again at tab 39 of the  
15:27:32 7 brief that you have in front of you, and this  
15:27:36 8 is document 36847-1.

15:27:40 9 What I want to ask you is, leave  
15:27:46 10 aside the fact that the form itself doesn't  
15:27:50 11 have a column saying "Employer's response to  
15:27:54 12 how the nurse explained it", did you canvass  
15:27:58 13 with Ms. Crombez what the employer's view was  
15:28:03 14 in general terms as to the responses that Ms.  
15:28:07 15 Wettlaufer was giving when these incidents  
15:28:09 16 arose?

15:28:10 17 A. Yes, I believe so. It  
15:28:15 18 indicated in my notes that there was an  
15:28:16 19 opportunity for the member -- for the employer  
15:28:20 20 to have raised any, again, concerns or  
15:28:24 21 hesitancy when I asked about the member's  
15:28:26 22 insight about her overall practice.

15:28:31 23 Q. All right, so when we see at  
15:28:33 24 page 2 of this same document:

15:28:36 25 "The member was always very  
15:28:38 26 upfront about her errors when  
15:28:41 27 asked about them. The member  
15:28:42 28 would say that she did not mean  
15:28:43 29 to make an error. The member  
15:28:45 30 never denied the incidents; she  
15:28:47 31 always took ownership of them.  
15:28:49 32 She accepted that she made a

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mistake."

A. Yes.

Q. In your mind at the time, would that have signalled to you that this employer had skepticism about the explanations that Ms. Wettlaufer was providing for the incidents?

A. No, she confirmed it was in the Employer Report Form.

MR. SANDLER: Okay, thank you, those are all the questions I have.

THE COMMISSIONER: Thank you, Mr. Sandler.

Go ahead, Ms. Jones.

MS. JONES: Madam Commissioner, I have no questions in re-examination.

THE COMMISSIONER: Thank you. That means that you are free to go. Thank you so much, Ms. Yee, for coming and for helping us.

THE WITNESS: Thank you.

THE COMMISSIONER: Sorry, I just needed to finish that and not lose it.

Okay, did you have concluding remarks? Otherwise, I would like to just say a few things.

MS. JONES: No, Madam Commissioner, that is our last witness.



15:30:13 1 THE COMMISSIONER: So thank you  
15:30:13 2 so much, Ms. Jones and Ms.  
15:30:16 3 Robinson, for your help with  
15:30:18 4 these particular two weeks. Two  
15:30:21 5 weeks, right? Yes, already.  
15:30:23 6 And I would like to thank  
15:30:26 7 everybody for their patience. I  
15:30:28 8 know that you all know that we  
15:30:30 9 have hundreds of pages of  
15:30:30 10 reading for Monday, so I  
15:30:33 11 certainly appreciate the  
15:30:34 12 patience that you have showed  
15:30:36 13 one another and me and the  
15:30:37 14 witness today.  
15:30:38 15 Thank you.

15:30:38 16  
17 -- Adjourned at 3:30 p.m.

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REPORTER'S CERTIFICATE

We, DEANA SANTEDICOLA, RPR, CRR, CSR,  
Certified Shorthand Reporter, and OLIVIA  
ARNAUD, CSR, Certified Shorthand Reporter, do  
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That the foregoing proceedings were  
taken before us at the time and place therein  
set forth;

That the testimony of the witness and  
all objections made at the time of the  
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That the foregoing is a true and  
correct transcript of our shorthand notes so  
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Dated this 27th day of July, 2018.



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NEESON COURT REPORTING INC.

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& OLIVIA ARNAUD, CSR

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