

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

DAY 17/VOLUME 17
June 28, 2018

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THE LONG-TERM CARE HOMES PUBLIC INQUIRY

PUBLIC HEARINGS

--- This is Day 17/Volume 17 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 28th day of June, 2018, commencing at 9:30 a.m.

BEFORE: The Honourable Justice Eileen E. Gillese, Commissioner

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

1 A P P E A R A N C E S:
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3 Elizabeth Hewitt, Esq., Commission Counsel
4 & Lindsay Merrifield, Esq.,
5 & Lara Kinkartz, Esq.,
6
7 David M. Golden, Esq., Caressant Care
8 Nursing and
9 Retirement Homes
10 Limited, Caressant
11 Care - Woodstock
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13 Denise Cooney, Esq., College of Nurses
14 & Megan Schwartzentruher, Esq.
15
16 Paul H. Scott, Esq., Jon Matheson, Pat
17 Houde, Beverly
18 Bertram
19
20 Shaun Singh, Esq., Registered
21 Practical Nurses
22 Association
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24 Darrell Kloeze, Esq., Her Majesty the
25 & Meagan Williams, Esq., Queen in Right of
26 Ontario
27 Nicole Butt, Esq., Ontario Nurses
28 Association
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30 Deborah Berlach, Esq., Saint Elizabeth
31 Health Care
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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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13:10:20 1 -- Upon commencing at 9:35 a.m.

09:35:26 2

09:35:41 3 THE COMMISSIONER: Thank you.

09:35:50 4 Good morning.

09:35:51 5 MR. SCOTT: Good morning,

09:35:52 6 Commissioner.

09:35:52 7 TAMARA CONDY: UNDER PRIOR OATH.

09:35:52 8 CROSS-EXAMINATION BY MR. SCOTT:

09:35:54 9 Q. Good morning, Tamara.

09:35:57 10 A. Good morning.

09:35:59 11 Q. My name is Paul Scott, and I

09:36:01 12 represent one of the Family and Victim Groups

09:36:04 13 at this hearing, and I'm going to ask you some

09:36:07 14 questions this morning.

09:36:09 15 A. Okay.

09:36:09 16 Q. Okay. If you don't

09:36:11 17 understand my question, and I muddle them

09:36:14 18 sometimes, you know, please feel free to ask me

09:36:19 19 to re-ask it.

09:36:20 20 A. Okay, no problem. Thank you.

09:36:20 21 Q. And there's a whole bunch of

09:36:22 22 lawyers back here who will do the same. I just

09:36:29 23 want to ask you a couple of preliminary

09:36:32 24 questions. My understand is that Saint

09:36:32 25 Elizabeth is a non-profit organization; is that

09:36:35 26 correct?

09:36:35 27 A. That's correct, yes.

09:36:36 28 Q. Okay. But you get paid for

09:36:38 29 you what you do; also correct?

09:36:40 30 A. Yes.

09:36:41 31 Q. Okay, good. And maybe I

09:36:43 32 didn't write it down yesterday, but when did

09:36:46 1 you start with Saint Elizabeths?
09:36:49 2 A. 2012, I believe.
09:36:51 3 Q. What job did you start with
09:36:55 4 at Saint Elizabeths?
09:36:56 5 A. As a registered nurse,
09:36:59 6 visiting clients in the community.
09:37:01 7 Q. And what did you do before
09:37:04 8 you went to Saint Elizabeths?
09:37:06 9 A. I've been a nurse since 1990,
09:37:06 10 worked in various hospital and community
09:37:06 11 agencies through my career.
09:37:09 12 Q. Okay. Immediately before
09:37:11 13 Saint Elizabeths were you working as a
09:37:12 14 community nurse?
09:37:13 15 A. No, I worked briefly at
09:37:18 16 Stratford General Hospital.
09:37:18 17 Q. Okay. Have --
09:37:18 18 A. Strathroy. Strathroy General
09:37:18 19 Hospital.
09:37:18 20 Q. Strathroy, Okay. And did you
09:37:20 21 do any community nursing before you went to
09:37:24 22 Saint Elizabeths?
09:37:24 23 A. Yeah, I did. I worked for
09:37:27 24 VON in the 1990s when there was no jobs in
09:37:31 25 hospitals for a while there. So yeah, I worked
09:37:35 26 for VON for a couple of years then.
09:37:38 27 Q. Okay.
09:37:39 28 A. And also I worked for
09:37:41 29 Bayshore Home Health in the Durham Area as
09:37:45 30 well.
09:37:45 31 Q. And were those all nursing
09:37:48 32 positions or were any of them administrative?

09:37:48 1 A. No, they were all nursing
09:37:50 2 jobs, those ones.

09:37:50 3 Q. Oh, and out-in-the-community
09:37:51 4 nursing?

09:37:51 5 A. Those ones I mentioned, yes,
09:37:54 6 they were.

09:37:55 7 Q. Okay. And when you started
09:38:00 8 with Saint Elizabeth, did you get any training
09:38:02 9 with respect to human resources matters?

09:38:06 10 A. I would have gone through the
09:38:09 11 similar type of training that the nurses go
09:38:13 12 through when I started, that learning plan that
09:38:15 13 we went over yesterday.

09:38:17 14 Q. Okay. But I'm more
09:38:19 15 interested specifically in -- did you take a
09:38:22 16 course on how to effectively administer human
09:38:27 17 resources protocols and that sort of thing?

09:38:29 18 A. When I started with the
09:38:32 19 health services supervisor position, I was
09:38:35 20 mentored by another, more experienced nursing
09:38:39 21 supervisor and sort of how to interview and...

09:38:42 22 Q. Okay. And that would have
09:38:43 23 been when you took over that position?

09:38:45 24 A. That's right, yes.

09:38:46 25 Q. And was there any formal
09:38:48 26 in-class training?

09:38:49 27 A. No.

09:38:49 28 Q. And did you take any courses
09:38:51 29 outside of Saint Elizabeths in anything to do
09:38:53 30 with human resources?

09:38:54 31 A. No, I did not.

09:38:55 32 Q. And did you take any courses

09:38:57 1 outside of Saint Elizabeth to do with
09:38:59 2 interviewing candidates?
09:39:00 3 A. No.
09:39:00 4 Q. And Saint Elizabeths didn't
09:39:07 5 teach you any of that either, did they?
09:39:09 6 A. Just the mentoring that I
09:39:11 7 mentioned, yeah.
09:39:12 8 Q. And so other than that, you
09:39:14 9 approached the job and you did the HR side of
09:39:14 10 things as best you knew how do to it; is that
09:39:18 11 correct?
09:39:18 12 A. With help from our
09:39:18 13 HR department. If I had any questions or
09:39:20 14 concerns, I could reach out to an HR manager.
09:39:22 15 Q. Okay. Was there a policy
09:39:24 16 manual that you could work with?
09:39:27 17 A. I don't know.
09:39:27 18 Q. So not one you used, anyway?
09:39:32 19 A. No.
09:39:33 20 Q. Okay. And do you know what
09:39:35 21 legislation governs the actions of Saint
09:39:40 22 Elizabeths?
09:39:41 23 A. No.
09:39:41 24 Q. And so if there's an issue at
09:39:46 25 Saint Elizabeth, let's say a medication error,
09:39:49 26 do you have to report that medication error to
09:39:52 27 anybody other than your superior?
09:39:54 28 A. It gets entered into the RL6
09:39:54 29 system that we mentioned, the instant reporting
09:39:58 30 system.
09:39:58 31 Q. Right. That's an internal
09:39:59 32 system, though, correct?

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A. Um-hmm, that's right.

Q. Do you have to mention that medication error to anybody at the Ministry of Health?

A. So there's a subsequent system from -- with the LHIN called ETMS or -- well, it was CACC at the time.

Q. Okay.

A. And I don't -- I'm not sure who they report that to.

Q. And I think you mentioned that yesterday.

A. Um-hmm --

Q. And is that a requirement that you disclose to then CACC now the LHIN, any medication error that may have happened involving one of your nurses?

A. Yes.

Q. Okay. And that's a requirement they have of your service?

A. That's correct.

Q. Okay. And other than that, is there anybody else you have to report to?

A. Not to my knowledge.

Q. Okay. And when you started your position at Saint Elizabeths, I think you called it the Oxford Area?

A. That's right, Oxford County.

Q. Oxford County. Were you the most senior person working for Saint Elizabeth in that area?

A. Physically in that area?

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Q. Yes.

A. Yes, but there's a regional director for all of the Southwest.

Q. Okay. And where is the regional director located?

A. In the London office.

Q. In the London office, okay. If I could just take you to paragraph 3 of your affidavit, which I think you should have in front of you.

And in here, you've given us a list of your responsibilities as the health supervisor, clinical practical coach. And I just want to read it to you a little bit.

A. Sure.

Q. No, that's a lie. I want to read the whole thing to you.

A. Okay.

Q. "Recruiting and hiring of staff RNs and RPNs; interviewing applicants; scheduling of orientation and precepting, staff education and team meetings; team meetings, setting the agenda and chairing the meetings; on-going education - staff education as per our mandatory annual education plan as well as just in time education as required for new equipment or products the nurses would be using; complaints -

09:42:05 1 investigation and follow up for
09:42:06 2 all client and staff complaints;
09:42:09 3 dealing with issues with the
09:42:11 4 Local Health Integrated Network,
09:42:11 5 ('LHIN') requests for unusual
09:42:13 6 treatments or extraordinary
09:42:14 7 client situations, managing
09:42:17 8 unpaid visits and appealing
09:42:18 9 those, attending regular
09:42:20 10 meetings with the LHIN and other
09:42:20 11 provider agencies, attending
09:42:22 12 case conferences when required;
09:42:25 13 doing joint visits with the
09:42:27 14 nurses as part of their annual
09:42:28 15 review or at the end of a
09:42:30 16 probationary period; annual
09:42:31 17 performance reviews and making
09:42:32 18 recommendations for wage
09:42:33 19 increases; and completing
09:42:35 20 monthly schedules and managing
09:42:37 21 sick time and vacation
09:42:39 22 requests."

09:42:41 23 Does that fairly cover
09:42:43 24 everything you had to do?

09:42:44 25 A. Pretty much.

09:42:45 26 Q. Okay. Did you have a lot of
09:42:47 27 free time on the job?

09:42:48 28 A. No.

09:42:49 29 Q. I didn't think so. Now, I
09:42:53 30 understand probably some of these things you
09:42:54 31 didn't do all the time. Can you help us to
09:42:57 32 understand, how was your day broken up or how

09:42:59 1 was your time broken up in terms of percentage?

09:43:04 2 Did you spend a lot of time with
09:43:07 3 the nurses in the field, a lot of time behind
09:43:10 4 your desk doing paperwork? How would you have
09:43:10 5 broken that up as a percentage?

09:43:11 6 A. I would say I spent a lot of
09:43:14 7 time at my desk answering e-mails and
09:43:17 8 communicating with my nurses that way, and a
09:43:20 9 fair bit of time attending all of these
09:43:23 10 meetings and organizing all of these meetings.

09:43:25 11 And yeah, the lesser amount of
09:43:28 12 time, the smaller percentage definitely on
09:43:31 13 observation visits and out in the field.

09:43:31 14 Q. Okay. How often were you out
09:43:34 15 in the field, do you think?

09:43:35 16 A. Well, when I left there, I
09:43:37 17 had a team of 40-some-odd nurses, and I had to
09:43:42 18 at least go out with all of them once a year
09:43:43 19 for a half day, let's say.

09:43:45 20 But I was also available to the
09:43:45 21 clinic nurses, so remember my office was in our
09:43:47 22 clinic, so if we have clients that are fairly
09:43:50 23 mobile, they can come into the clinic and have
09:43:54 24 their treatment. So I tried to spend my time
09:43:55 25 in there as well with the nurses.

09:43:55 26 Q. So were you in the clinic,
09:43:58 27 physically?

09:43:59 28 A. Yeah, in the same building,
09:44:01 29 yes. In the same --

09:44:02 30 Q. So you were available to the
09:44:04 31 clinic as well?

09:44:05 32 A. Yes, that's right.

09:44:06 1 Q. One of my questions was going
09:44:10 2 to be how many RNs did you have under you? You
09:44:10 3 said 40, but is that everybody, or is that just
09:44:14 4 the RNs?

09:44:14 5 A. That would be a mixture of
09:44:15 6 RNs and RPNs.

09:44:15 7 Q. Okay. And in addition to RNs
09:44:20 8 and RPNs, did you also have PSWs who worked for
09:44:23 9 you?

09:44:23 10 A. No.

09:44:23 11 Q. So did you only deal with the
09:44:24 12 RNs and RPNs?

09:44:24 13 A. Yes, only nurses.

09:44:26 14 Q. Okay. And approximately how
09:44:28 15 many clients would you be serving at any one
09:44:31 16 time?

09:44:31 17 A. I -- honestly, I don't know.

09:44:32 18 Q. Can you give us an estimate
09:44:37 19 of how many clients? I understand it would
09:44:37 20 fluctuate. Sometimes you're going to have more
09:44:41 21 than others. Can you give us a range?

09:44:43 22 A. I'm going to just totally
09:44:45 23 guess and say maybe on an average week, we'd do
09:44:47 24 1,000 to 1,200 client visits, somewhere in that
09:44:52 25 range.

09:44:52 26 Q. And in addition to that would
09:44:54 27 be the clinic visits?

09:44:55 28 A. Yeah, probably on top of
09:44:57 29 that.

09:44:57 30 Q. And would the bulk of the
09:44:59 31 work be home visits, though?

09:45:01 32 A. Yes.

09:45:01 1 Q. And is it a stressful life
09:45:08 2 being a home care nurse?

09:45:10 3 A. I think it's hard work.
09:45:12 4 There's a lot -- they do a lot of work
09:45:16 5 after-hours, a lot of kind of unpaid sort of
09:45:20 6 stuff at home, making phone calls to patients,
09:45:22 7 organizing supply orders, writing reports.

09:45:23 8 Q. And that's all unpaid?

09:45:25 9 A. You know, they get paid their
09:45:27 10 visit time, and so let's say they get an hour
09:45:31 11 for that visit and the visit only takes
09:45:33 12 40 minutes that day, then, you know, they can
09:45:35 13 sort of say, well, they have, you know,
09:45:36 14 20 minutes extra.

09:45:36 15 But most nurses would just go on
09:45:39 16 to the next patient, and then at the end of
09:45:42 17 their day catch up on whatever they didn't get
09:45:46 18 accomplished in the visit in the home.

09:45:47 19 Q. Would they be able to bill
09:45:48 20 for overtime? Let's say they use their full
09:45:50 21 hour in the home visit, but when they got home,
09:45:50 22 they had to do some paperwork; would they be
09:45:51 23 able to bill overtime for that?

09:45:52 24 A. If they spent more time with
09:45:54 25 the client in the home, they could ask for --
09:45:57 26 to be paid for that extra time in the home.

09:46:00 27 Q. But not the time working at
09:46:02 28 home?

09:46:02 29 A. Not the time working at home,
09:46:04 30 no.

09:46:04 31 Q. But I assume that that work
09:46:07 32 has to be done regardless, though, yes?

09:46:09 1 A. Yeah, ideally is that we
09:46:10 2 would like them -- the company would like them
09:46:12 3 to do that work in the visit during their paid
09:46:15 4 time with the client.

09:46:17 5 But as you can imagine, you're
09:46:19 6 sitting in somebody's kitchen. You don't want
09:46:21 7 to be doing 15 or 20 minutes worth of paperwork
09:46:21 8 while they're ready to go on with their day or
09:46:25 9 whatever they're doing.

09:46:27 10 Q. I appreciate that you
09:46:28 11 understand that, but we don't.

09:46:29 12 A. Okay, sorry.

09:46:31 13 Q. We don't do it, so that's why
09:46:32 14 that sort of information is very important. So
09:46:36 15 even if they finished the visit, they wouldn't
09:46:36 16 sit at that person's kitchen table and do their
09:46:39 17 paperwork? Would they wait --

09:46:39 18 A. No. Not often, no.

09:46:41 19 Q. And was it often, do you
09:46:43 20 think, that they would get their clinical work
09:46:45 21 done sooner than the allotted amount of time?

09:46:47 22 A. I think it varies from
09:46:48 23 day-to-day.

09:46:49 24 Q. Okay. I want to talk to you
09:46:54 25 a little bit about the hiring process at Saint
09:46:56 26 Elizabeth.

09:46:56 27 A. Okay.

09:46:57 28 Q. And my understanding from
09:47:00 29 your testimony yesterday and from the paperwork
09:47:03 30 we've looked at is that before a potential RN
09:47:07 31 candidate is even interviewed by Saint
09:47:09 32 Elizabeth, there's a series of standards and

09:47:13 1 thresholds that they have to meet; is that
09:47:15 2 correct?

09:47:15 3 A. That's correct.

09:47:15 4 Q. Okay. And I won't take you
09:47:16 5 to each document, but I'm just going to list
09:47:17 6 them out as I see them. One of the things that
09:47:20 7 they have to have is a police background check?

09:47:22 8 A. That's right.

09:47:23 9 Q. And a vulnerable sectors
09:47:25 10 check?

09:47:25 11 A. Correct.

09:47:26 12 Q. And a proof of certification
09:47:29 13 for CPR and standard first aid?

09:47:31 14 A. Yes, that's right.

09:47:32 15 Q. That one seemed interesting
09:47:32 16 to me that the nurses would need a standard
09:47:34 17 first aid certificate.

09:47:34 18 A. Well, it's really more the
09:47:36 19 CPR part.

09:47:36 20 Q. Sure.

09:47:37 21 A. Yeah, there's a special CPR
09:47:39 22 for health care providers.

09:47:39 23 Q. Okay.

09:47:41 24 A. It doesn't go into the
09:47:43 25 details about how to put on a, you know,
09:47:45 26 bandage necessarily.

09:47:45 27 Q. A sling or something?

09:47:47 28 A. Yeah.

09:47:47 29 Q. Fair enough. And written
09:47:49 30 confirmation from the College of Nurses that
09:47:51 31 they are an RN in good standing with no
09:47:55 32 restrictions?

09:47:55 1 A. Yes. Well, you can see that
09:47:57 2 online; it's not necessarily a written thing,
09:47:57 3 but...

09:47:57 4 Q. But you have to check that?

09:47:58 5 A. We do check it, yes.

09:48:00 6 Q. And do they have to have no
09:48:03 7 restrictions to work for Saint Elizabeths?

09:48:04 8 A. I've never had anybody that's
09:48:07 9 had a restriction that I had to sort of work
09:48:09 10 around that, so I would say they all had --
09:48:11 11 nobody had any restrictions. I never
09:48:11 12 encountered that situation.

09:48:13 13 Q. So in your time, you've never
09:48:15 14 found a nurse with restrictions on the website?

09:48:15 15 A. That was still practicing,
09:48:17 16 no.

09:48:17 17 Q. And you would have done this
09:48:22 18 check on Elizabeth Wettlaufer and it all would
09:48:25 19 have come up okay?

09:48:26 20 A. Yeah. Not me personally, but
09:48:29 21 yes, we did.

09:48:30 22 Q. Yes, sorry. Sometimes, I'm
09:48:30 23 speaking of you and sometimes I mean Saint
09:48:33 24 Elizabeths?

09:48:33 25 A. The company, yes. We did all
09:48:34 26 of that for Elizabeth Wettlaufer, and it was
09:48:35 27 all fine.

09:48:36 28 Q. Okay. And do you require
09:48:43 29 written references from a potential nurse?

09:48:45 30 A. The online reference check
09:48:46 31 system is what we use.

09:48:47 32 Q. So in addition to that, you

09:48:47 1 don't require them to provide you with a
09:48:51 2 written reference from anybody?

09:48:51 3 A. No.

09:48:52 4 Q. Okay. I just want to take
09:49:05 5 you to Tab A of your affidavit, and this is the
09:49:11 6 pre-screening questionnaire that Ms. Wettlaufer
09:49:16 7 would have filled out. That is Document 65420.

09:49:40 8 I'm just going to wait for a sec
09:49:45 9 for the document to come up. Do you have it in
09:49:52 10 front of you, though?

09:49:52 11 A. I do, yeah.

09:49:54 12 Q. And do you recognize this
09:49:55 13 document? Maybe if we could just pull out a
09:49:59 14 little -- there we go. Do you recognize this?

09:50:03 15 A. Yes, I do.

09:50:04 16 Q. Okay. And is this the
09:50:05 17 document you're talking about, one of the
09:50:07 18 online pre-screens that's done by somebody at
09:50:11 19 Saint Elizabeths?

09:50:12 20 A. So this would have been done
09:50:14 21 over the phone with Elizabeth, but the HR
09:50:18 22 person who was interviewing them over the phone
09:50:22 23 would fill it out.

09:50:24 24 Q. Okay, great. And that takes
09:50:25 25 me to my first question, which is if you see
09:50:25 26 "Interviewed by I.S." --

09:50:25 27 A. Yes.

09:50:28 28 Q. -- on the right? Is that
09:50:31 29 Ishita Sharma?

09:50:34 30 A. Yes, that's correct.

09:50:34 31 Q. And is she an HR person for
09:50:34 32 Saint Elizabeth?

09:50:34 1 A. Yes, she's a recruiter, I
09:50:34 2 think. That's what she was at the time.
09:50:36 3 Q. And where is she located?
09:50:37 4 A. Probably in the Markham
09:50:41 5 Office. I'm not 100 percent sure.
09:50:45 6 Q. All right. And if we scroll
09:50:46 7 down to page 3 of that document, right there.
09:50:51 8 And under No. 2, it says:
09:50:55 9 "Great, before we proceed then,
09:50:58 10 can I just clarify what are your
09:51:02 11 salary expectations?"
09:51:04 12 And then there, they've put
09:51:07 13 \$27.20. Do you see that?
09:51:09 14 A. Yes, I do. Yeah.
09:51:10 15 Q. Would that be what Elizabeth
09:51:13 16 Wettlaufer asked to be paid?
09:51:15 17 A. No, that would be the
09:51:17 18 starting base salary for an RN.
09:51:21 19 Q. So that is what a starting RN
09:51:23 20 with Saint Elizabeths in 2016 got paid?
09:51:27 21 A. Right. Without -- so if they
09:51:30 22 had experience and they could provide that they
09:51:33 23 had experience, then that could increase based
09:51:36 24 on the number of years of nursing experience,
09:51:40 25 but that's a base, new grad, starting RN
09:51:42 26 salary.
09:51:43 27 Q. Okay. And if you had -- now,
09:51:45 28 we know Elizabeth Wettlaufer had experience as
09:51:48 29 a nurse, correct?
09:51:49 30 A. Yes.
09:51:50 31 Q. And my understanding is she
09:51:51 32 didn't provide you with the documents to put

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1 her rate higher; is that correct?
2 A. I don't know that we got that
3 far with her because she left so quickly, but
4 she would have had to provide letters from her
5 previous employers stating how many hours she
6 had worked as a nurse.
7 Q. And could you get that
8 information from the College of Nurses?
9 A. No, they have to provide a
10 letter.
11 Q. And to the best of your
12 knowledge, she never provided that information?
13 A. I don't think so.
14 Q. Do most new hires who are
15 experienced nurses, do they provide those
16 letters of reference?
17 A. Yeah, absolutely.
18 Q. And that's because your pay
19 goes up?
20 A. Absolutely.
21 Q. Does it go up significantly?
22 A. A couple dollars, for sure.
23 Q. An hour?
24 A. Yeah.
25 Q. And I don't know if you can
26 answer this question, but do you think it's odd
27 that a nurse who you knew had almost 20 years
28 experience was going to accept a job that
29 started at \$27.20 an hour?
30 A. I would have expected that at
31 some point she would have said, hey, I have all
32 these letters here, can I -- because I would

09:52:50 1 presume that HR would have talked to her about
09:52:53 2 that. That's part of the, sort of, standard
09:52:56 3 part of her script.

09:52:58 4 Q. Sure. And it's in your
09:52:58 5 documentation that if they do that within a
09:52:59 6 certain amount of time, in fact, they can get
09:53:01 7 paid more?

09:53:02 8 A. Yes.

09:53:02 9 Q. And you've been a nurse since
09:53:07 10 1990?

09:53:07 11 A. Yes.

09:53:08 12 Q. And do you think that \$27.20
09:53:11 13 an hour is a pretty low starting rate for a
09:53:14 14 nurse?

09:53:14 15 A. Yeah, for that -- for the
09:53:15 16 number of years of experience that she had, for
09:53:18 17 sure.

09:53:18 18 Q. And who sets the starting
09:53:20 19 rate for Saint Elizabeths? Is it set by Saint
09:53:23 20 Elizabeths? Is it set by CACC, is it set by
09:53:27 21 the LHIN? Who does it?

09:53:31 22 A. No, it's set by Saint
09:53:33 23 Elizabeth.

09:53:33 24 Q. And if I could just go down a
09:53:40 25 little further under No. 7, "Why you are
09:53:40 26 interested in joining Saint Elizabeth," they've
09:53:46 27 written in there, "Like community nursing." Do
09:53:50 28 you see that?

09:53:50 29 A. Yes, I do.

09:53:51 30 Q. And you've looked at
09:53:53 31 Elizabeth Wettlaufer's applications, correct,
09:53:59 32 or résumés?

09:53:59 1 A. Résumé, yes.

09:54:01 2 Q. Yes. Did you see anything on

09:54:03 3 there that made you think she had community

09:54:08 4 nursing experience?

09:54:09 5 A. I think -- didn't she --

09:54:10 6 wasn't she previously working at Lifeguard, a

09:54:14 7 home care company?

09:54:14 8 Q. Okay. And so that would have

09:54:15 9 involved community nursing?

09:54:19 10 A. I believe so, yes.

09:54:20 11 Q. And any other community

09:54:26 12 nursing experience you're aware of for her?

09:54:29 13 A. Not that's on her résumé.

09:54:31 14 Q. Okay. And we've got both her

09:54:35 15 résumés, the one that was sent to you in 2014,

09:54:38 16 which is Document 65409. If we could just go

09:54:49 17 to that document, and if we can just scroll

09:54:58 18 down to "Professional experience"? Great.

09:55:06 19 I don't see anything on there

09:55:08 20 that looks like it's community nursing; am I

09:55:10 21 wrong?

09:55:11 22 A. No. No, you're not wrong.

09:55:13 23 Q. Okay. And you would have had

09:55:15 24 this document, and when I say "you," I mean

09:55:17 25 Saint Elizabeth would have had this document in

09:55:19 26 2016 when she was hired, yes?

09:55:21 27 A. If this was her original

09:55:24 28 résumé, I don't know that I would have looked

09:55:26 29 at it again 2 years later.

09:55:29 30 Q. Would it not be kept with her

09:55:31 31 file?

09:55:32 32 A. I don't -- I don't know. I

09:55:34 1 didn't keep it.

09:55:35 2 Q. Is it electronically stored?

09:55:37 3 A. I'm not sure.

09:55:38 4 Q. Okay. So if you go to

09:55:41 5 Document 65427, that's her résumé from 2016?

09:55:48 6 A. That's correct.

09:55:48 7 Q. Okay. And then if we scroll

09:55:57 8 down a little further, sorry, "Professional

09:56:02 9 experience," in the two years after, we can see

09:56:05 10 there are some additions to her experience,

09:56:08 11 correct? You see that?

09:56:08 12 A. Yes, I do.

09:56:09 13 Q. But you don't think you would

09:56:10 14 have had the earlier résumé to compare?

09:56:14 15 A. No.

09:56:25 16 MR. SCOTT: And I'd like to take

09:56:27 17 you to Tab B of your affidavit,

09:56:32 18 which I believe we made the

09:56:35 19 document number on this one

09:56:37 20 yesterday, Commissioner, 71983

09:56:43 21 for that exhibit. That's the

09:56:44 22 Pre-Hire 360 document.

09:56:47 23 THE COMMISSIONER: Yes, thank

09:56:49 24 you.

09:56:49 25 BY MR. SCOTT:

09:56:57 26 Q. And, Tamara, if I could just

09:56:59 27 get you to turn to what is page 6 of that

09:57:02 28 document? And you looked at this yesterday

09:57:12 29 with Ms. Hewitt, and these are the references

09:57:16 30 that Ms. Wettlaufer gave in 2016?

09:57:19 31 A. That's right.

09:57:19 32 Q. Okay. And what I didn't

09:57:24 1 understand yesterday was, did you call any of
09:57:28 2 these references?

09:57:29 3 A. No.

09:57:30 4 Q. Can you tell me why you
09:57:35 5 didn't call any of them?

09:57:37 6 A. Not our process.

09:57:38 7 Q. And why isn't it -- and maybe
09:57:42 8 you can't answer this question -- but why isn't
09:57:45 9 it your process?

09:57:46 10 A. I don't set the HR processes.

09:57:48 11 Q. Okay. So did you feel you
09:57:51 12 couldn't call any of these people?

09:57:52 13 A. I -- we just didn't do it.
09:57:55 14 It's not something I've ever done.

09:57:57 15 Q. Has anybody ever told you not
09:57:59 16 to call the references?

09:58:01 17 A. No. But I never asked,
09:58:03 18 either.

09:58:03 19 Q. You never asked if you could?

09:58:05 20 A. No.

09:58:05 21 Q. But when the references put
09:58:08 22 down their phone numbers, do you think that
09:58:12 23 means they're saying you could give them a
09:58:13 24 call?

09:58:13 25 A. I didn't -- I didn't think
09:58:15 26 about it either way.

09:58:16 27 Q. Okay. And I'm assuming none
09:58:22 28 of them called you?

09:58:24 29 A. No.

09:58:24 30 Q. And when you look at the
09:58:44 31 names of the references, do you know any of
09:58:46 32 these people?

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A. No, I don't know them.

Q. And did you call Lifeguard Homecare?

A. No.

Q. Is that for the same reason, you just didn't think you should or could?

A. It's not part of our on-boarding process. The applicant would provide references; we would check those references.

Q. And would you say that this Pre-Hire 360 Report provides you with an accurate picture of a candidate?

A. I like to think so.

Q. Do you think that now in retrospect, looking back?

A. In this case, no, probably not.

Q. And looking back, do you think -- you wished you'd called some of these references?

A. I think in this situation, hindsight is something we're all suffering from.

Q. That's fair, and I'm not trying to put you that much on spot. I'm just trying to understand: Would you call references now?

A. I didn't -- I continued on with the same HR process after -- in the year after that I was still doing the job, after this all happened.

10:00:05 1 Q. Okay. Do you know, has Saint
10:00:08 2 Elizabeths changed their HR process now?

10:00:10 3 A. I do know in, after this
10:00:14 4 situation, that we have a new module for new
10:00:18 5 HSSs that goes over interviewing and the hiring
10:00:23 6 process, sort of an online learning module,
10:00:26 7 this thing that we were talking about
10:00:28 8 yesterday.

10:00:28 9 Q. Okay. And that's for the
10:00:30 10 person, in this case, you --

10:00:30 11 A. That's right.

10:00:30 12 Q. -- if you were still doing
10:00:31 13 that job, you would take the module?

10:00:34 14 A. Yes, exactly. I did, um-hmm.

10:00:36 15 Q. But to the best of your
10:00:37 16 knowledge, they didn't change whether you
10:00:40 17 should phone the references or not?

10:00:42 18 A. No.

10:00:42 19 Q. So to the best of your
10:00:44 20 knowledge, today, nobody still calls the
10:00:47 21 reference?

10:00:48 22 A. No, not that I know of.

10:00:49 23 Q. Okay. And so if we can go to
10:00:57 24 Document 65455 --

10:01:00 25 THE COMMISSIONER: I'm sorry, I
10:01:02 26 didn't hear that.

10:01:04 27 MR. SCOTT: Sorry, Commissioner.
10:01:05 28 It's Document 65455.

10:01:08 29 THE COMMISSIONER: Thank you.

10:01:37 30 MR. SCOTT: Your Honour, I don't
10:01:39 31 believe this is an exhibit yet.

10:01:42 32 MS. HEWITT: It's in the OR

10:01:45 1 reports.

10:01:46 2 MR. SCOTT: It's in the OR

10:01:49 3 reports, but...

10:01:50 4 MS. HEWITT: Just not in the

10:01:52 5 affidavit.

10:01:52 6 THE COMMISSIONER: All right,

10:01:52 7 thank you. So am I not right

10:01:52 8 that if it's in the OR and it's

10:01:54 9 a Facilities' OR report, this

10:01:54 10 source document is now available

10:01:57 11 to the public?

10:01:58 12 MS. HEWITT: Correct.

10:02:00 13 THE COMMISSIONER: Right. So we

10:02:00 14 don't need to enter it. Thank

10:02:03 15 you.

10:02:03 16 MR. SCOTT: Then I have killed a

10:02:04 17 tree for no reason.

10:02:06 18 THE COMMISSIONER: Well, no,

10:02:07 19 because it is our habit to have

10:02:10 20 the hard copy for the witness

10:02:12 21 and the Commissioner.

10:02:14 22 BY MR. SCOTT:

10:02:14 23 Q. Fair enough, thank you. Have

10:02:15 24 you seen this document before?

10:02:17 25 A. Just with relation to this.

10:02:21 26 Q. To this, okay. So you may

10:02:23 27 not know the answers to these questions, and

10:02:26 28 that is okay if you don't. But it appears that

10:02:33 29 this was created in April of 2014, this

10:02:36 30 particular document.

10:02:38 31 If I take you -- the earliest

10:02:49 32 note on it is on page 2 at the bottom, and the

10:02:53 1 date is 03/04/14, "Candidate created." Do you
10:02:59 2 see that?

10:02:59 3 A. I do.

10:03:00 4 Q. So my assumption is that's
10:03:02 5 when this candidate, Elizabeth Wettlaufer,
10:03:03 6 first created this document.

10:03:05 7 And then if you go to the bottom
10:03:07 8 of page 1, and I believe you looked at this
10:03:09 9 yesterday, it says under 11/04/14, do you see
10:03:17 10 that, "Registered nurse 8844"?

10:03:23 11 A. Yes.

10:03:23 12 Q. "Reason for rejection: Met
10:03:27 13 basic qualifications, more
10:03:29 14 qualified candidate selected.

10:03:32 15 Comments: As per Tamara
10:03:32 16 Condy..."

10:03:36 17 So, I mean, I take it you didn't
10:03:36 18 write this. You said this to somebody?

10:03:36 19 A. That's right.

10:03:39 20 Q. "She does not want to arrange
10:03:41 21 interview due to reasons why
10:03:42 22 applicant left last position."

10:03:45 23 And we talked about this a
10:03:47 24 little bit yesterday.

10:03:48 25 A. Yes.

10:03:49 26 Q. And do you recall this?

10:03:50 27 A. The conversation from
10:03:53 28 yesterday? Yes.

10:03:54 29 Q. Fair enough. Do you remember
10:03:56 30 saying this back in 2014?

10:03:57 31 A. Well, it would have been
10:04:01 32 probably communicated via e-mail to Stephanie

10:04:07 1 Nobes, who was the HR recruiter at the time,
10:04:13 2 but...

10:04:13 3 Q. So would she have called you
10:04:13 4 or e-mailed you?

10:04:13 5 A. It could have been either
10:04:14 6 one.

10:04:14 7 Q. But you don't recall?

10:04:14 8 A. No.

10:04:16 9 Q. Okay. And do you know what
10:04:17 10 her last -- her being Elizabeth Wettlaufer --
10:04:22 11 do you know what her last position was when she
10:04:24 12 completed this form?

10:04:25 13 A. I don't remember now.

10:04:26 14 Q. Okay. But you did speak to a
10:04:29 15 nurse who was working at Saint Elizabeth at the
10:04:32 16 time about her; isn't that correct?

10:04:35 17 A. That's right, yes.

10:04:37 18 Q. And I don't want to
10:04:38 19 necessarily name that nurse, but that nurse, I
10:04:42 20 understood, had worked at Caressant Care; do
10:04:45 21 you recall that?

10:04:45 22 A. Yes, I do.

10:04:46 23 Q. Okay. And how it did it come
10:04:47 24 up with this nurse that you were thinking about
10:04:50 25 looking at Elizabeth Wettlaufer?

10:04:51 26 A. Because in that very small
10:04:53 27 office where I worked, that was also the
10:04:56 28 clinic, the nurses would be taking things off
10:04:58 29 of the printer all the time for me, so if I had
10:05:02 30 printed up a few résumés, it would have been
10:05:02 31 easy for them to see who the applicants were.

10:05:06 32 I think her name just kind of

10:05:07 1 came up in conversation that way, and she said,
10:05:09 2 oh, I know her. So...

10:05:10 3 Q. Okay. So you were printing
10:05:12 4 her résumé off the printer, and this nurse saw
10:05:15 5 the résumé?

10:05:16 6 A. Yeah, likely something like
10:05:17 7 that. I don't remember the specific details to
10:05:18 8 be honest.

10:05:18 9 Q. Okay, that's important. You
10:05:19 10 don't have a specific recollection?

10:05:20 11 A. No.

10:05:20 12 Q. But you did remember the name
10:05:22 13 of the nurse?

10:05:23 14 A. The nurse that I spoke to?

10:05:24 15 Q. Correct.

10:05:25 16 A. Yes.

10:05:26 17 Q. And you do remember what she
10:05:29 18 told you?

10:05:30 19 A. Yes.

10:05:30 20 Q. And what did she tell you?

10:05:32 21 A. She told me that Bethe did
10:05:37 22 not get along well with others at Caressant
10:05:40 23 Care, that there was some suspicious
10:05:44 24 circumstances.

10:05:45 25 Q. What things were suspicious?

10:05:47 26 A. I don't remember
10:05:48 27 specifically. I feel like we might have
10:05:50 28 discussed some medication issues, but I feel
10:05:54 29 like the general theme of the conversation was
10:05:56 30 that Caressant Care, her -- Barb's feeling was
10:06:02 31 that Caressant Care was such a place that if
10:06:04 32 you didn't really fit in there. If they didn't

10:06:04 1 like you, they would find a way to make life
10:06:10 2 difficult for you there.

10:06:10 3 Q. That was her --

10:06:13 4 A. That was --

10:06:14 5 Q. -- take on Caressant Care?

10:06:14 6 A. Yeah, that was her take on
10:06:14 7 it.

10:06:14 8 Q. And at that point, did you
10:06:17 9 know how long Elizabeth Wettlaufer had been at
10:06:18 10 Caressant Care?

10:06:19 11 A. I think it was on her résumé.

10:06:20 12 Q. Sure. But did this nurse,
10:06:22 13 Barb, did she tell you how long...

10:06:25 14 A. I would have taken it that it
10:06:26 15 was some time ago because Barb had worked for
10:06:27 16 us for a number of years at that point, so...

10:06:31 17 Q. Okay. And then having that
10:06:32 18 knowledge, did you make any further inquiries
10:06:34 19 about Elizabeth Wettlaufer at that point?

10:06:37 20 A. To Caressant Care?

10:06:38 21 Q. To anybody?

10:06:40 22 A. No.

10:06:40 23 Q. So you just accepted what
10:06:44 24 Barb had said to you and decided not to hire
10:06:47 25 her?

10:06:48 26 A. Well, and also, I had a lot
10:06:50 27 of other people to interview. I had a
10:06:52 28 better -- quite a pool of candidates at that
10:06:54 29 time, I believe, so...

10:06:55 30 Q. Okay. We've heard a lot that
10:06:57 31 there's a shortage of nurses?

10:07:00 32 A. Um-hmm.

10:07:00 1 Q. And it sounds like perhaps
10:07:02 2 even a greater shortage of nurses in community
10:07:05 3 nursing; is that correct?
10:07:06 4 A. I think that would be fair to
10:07:08 5 say, yeah.
10:07:08 6 Q. But you think in around April
10:07:09 7 of 2014, you had a lot of candidates for
10:07:11 8 nursing jobs?
10:07:11 9 A. Well, think about the time of
10:07:11 10 year; it's the end of the school year for a lot
10:07:14 11 of nurses. They're finishing up their
10:07:16 12 consolidation, getting ready to graduate.
10:07:16 13 Q. Okay.
10:07:17 14 A. So that's when they tend to
10:07:19 15 be looking, so I probably had a few more people
10:07:20 16 to choose from.
10:07:20 17 Q. But these would have been new
10:07:24 18 grads, correct?
10:07:25 19 A. That's right.
10:07:25 20 Q. And would you agree with me
10:07:28 21 you'd prefer to have somebody with almost 20
10:07:31 22 years experience than a new grad?
10:07:31 23 A. Sometimes, sometimes not.
10:07:32 24 Q. Why sometimes and sometimes
10:07:34 25 not?
10:07:34 26 A. It depends on the new grad.
10:07:36 27 Some new -- you can't measure everybody the
10:07:37 28 same. Some people come into the job of nursing
10:07:41 29 with a lot more life experience, let's say, and
10:07:44 30 sometimes it's easier to show people how to do
10:07:48 31 the job from the start rather than changing old
10:07:53 32 habits. I'm being general here, not

1 necessarily about this situation.

2 Q. No, I understand, and it's
3 from your perspective as having been a nurse
4 for 27 years and also an administrator.

5 And so sometimes it's easier
6 to train somebody new than it is to try and
7 train bad habits out of somebody with
8 experience; is that fair?

9 A. Or habits, let's just say.
10 Maybe not bad habits.

11 Q. Okay, fair enough. And so
12 you said you didn't ask anybody else about
13 Elizabeth Wettlaufer other than Barb, the
14 nurse?

15 A. No.

16 Q. Okay. So if we go to
17 June 27th of 2016, sort of two years later,
18 Elizabeth Wettlaufer again applies for a
19 position at Saint Elizabeths, correct?

20 A. Yes.

21 Q. And at that time, you changed
22 her status, correct?

23 A. I don't have anything to do
24 with this document, but...

25 Q. Yes, I should be more clear.
26 So somebody at Head Office or HR at Saint
27 Elizabeths changed the status?

28 A. Yes, that would be correct.

29 Q. So did you at any time convey
30 to HR after your discussion with the nurse in
31 2014 that perhaps Elizabeth Wettlaufer should
32 not be looked at as a candidate?

10:09:19 1 A. No.

10:09:20 2 Q. And is that something that
10:09:22 3 you would do in other cases if you'd heard
10:09:26 4 something not very good about a nurse? Would
10:09:28 5 you let them know?

10:09:30 6 A. No, I don't believe I ever
10:09:34 7 did that.

10:09:34 8 Q. Okay. And so what changed
10:09:37 9 between 2014 and June of 2016 when she got
10:09:41 10 hired?

10:09:41 11 A. She applied again. I still
10:09:49 12 needed nurses or again needed nurses, and since
10:09:53 13 she showed an interest and, you know, was still
10:09:55 14 pursuing us as a job, I decided to at least put
10:09:56 15 her through the pre-screening and interview her
10:10:00 16 and meet her myself and see what I thought.

10:10:01 17 Q. Okay. So I realize this is a
10:10:03 18 couple of months later than April, but would
10:10:05 19 you not have had a lot of new grads in June of
10:10:09 20 2016 applying as well?

10:10:11 21 A. Maybe not that year. I don't
10:10:12 22 remember. There was one other nurse hired that
10:10:12 23 went through orientation at the same time as
10:10:15 24 her.

10:10:15 25 Q. Okay. Did you ask any of
10:10:21 26 your nurses working for Saint Elizabeth if they
10:10:25 27 knew of Elizabeth Wettlaufer?

10:10:26 28 A. I don't think I had any other
10:10:29 29 conversations with anybody about her, no.

10:10:32 30 Q. Okay. And in 2016 when you
10:10:34 31 started to look at her, did you contact Head
10:10:38 32 Office or any of your supervisors and ask them

10:10:41 1 if they had any information about Elizabeth
10:10:43 2 Wettlaufer?

10:10:43 3 A. No, I didn't.

10:10:45 4 Q. And is that something that
10:10:46 5 you would do in other cases?

10:10:47 6 A. No.

10:10:48 7 Q. So you never ask Head Office
10:10:53 8 if they have any file on this particular RN?

10:11:00 9 A. Well, if they did, then
10:11:03 10 they -- I would -- they would just give it to
10:11:05 11 me; I wouldn't have to ask. Like, if there was
10:11:05 12 already a file created on that person, we had
10:11:05 13 oftentimes nurses moving from, you know, from
10:11:05 14 Toronto to London or something, let's say, and
10:11:09 15 I would have been provided with that
10:11:10 16 information.

10:11:10 17 Q. Okay. So if it existed, how
10:11:13 18 did you get it? Would you get it
10:11:13 19 electronically, or would they send you a paper
10:11:14 20 copy?

10:11:14 21 A. Yeah, electronically.

10:11:15 22 Q. So more than likely, the
10:11:17 23 files are kept electronically?

10:11:21 24 A. Yes, I would think so.

10:11:23 25 Q. Okay. I just want to move
10:11:25 26 on. If I could take you to Tab G of your
10:11:28 27 affidavit, which is Document 65461. If you
10:12:04 28 could just scroll back up?

10:12:07 29 And do you recognize this
10:12:10 30 document, Tamara?

10:12:12 31 A. Yes. Yes, I do.

10:12:14 32 Q. And I think you told us

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yesterday the candidate fills this out themselves?

A. Yes, that's right.

Q. And this is the one that Elizabeth Wettlaufer filled out; do you see that?

A. Yes, she would have done it on-hire.

Q. I'm sorry, she would have done it on...?

A. The first or second day of orientation, like, when she very first started.

Q. So where would she have done her orientation? Was that in your office?

A. It would have been in various places. Might have been -- the first day would have been in the London Office. We always do the corporate orientation in the London Office.

Q. Okay.

A. There might have been a second day there, but then I often rent space in a local church, and we use that workspace because our office is very small. There's not room to have a -- there's no classroom or anything in there.

Q. So you rent space in the church for -- is that if you have more than one candidate?

A. I most always have more than one -- would always have more than one candidate. Try to, anyway.

Q. Okay.

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A. But we'd rented that same space for team meetings and used it quite frequently.

Q. Fair enough. Now, I think you told us there was one other nurse hired at the same time as...?

A. There was, yes.

Q. So if I take you to page 2 of that document, under "Infusion therapy RN"? And if we look under the one that says qualify "CVAD," what does CVAD stand for?

A. It stands for a central venous access device.

Q. Okay. And then at the end of it, it's got "PICC," which we all know what a PICC line is?

A. Yes, uh-huh.

Q. And if we go over, she's put an X under "Theory knowledge." And what was your definition of that level of understanding?

A. Just that, that she had theoretical knowledge. Like, she had read, you know -- read about it, read a policy, read a textbook, read somewhere.

Q. Right. But didn't really, wasn't comfortable doing it, didn't really know that much about it?

A. Didn't have any hands-on experience, right.

Q. So she's candidly told you, this is not something I know how to do?

A. Exactly.

1 Q. Okay. And if we go over to
2 the next page -- and in this case, I guess we
3 scroll down -- under "Palliative/oncology
4 care management," and under "Palliative care,"
5 she's, for the most part, given herself:

6 "Limited experience, use of the
7 PPS tool to guide care."

8 She's given herself theory
9 knowledge, "Planning for an expected death at
10 home," she's given herself a 2 for theory
11 knowledge. Do you agree with me that's what
12 she's put in there?

13 A. Yes, I can see that.

14 Q. Does that make sense to you
15 as a nurse, that if a nurse coming out of a
16 nursing home situation or a long-term care
17 facility seems to only have, at best, limited
18 experience with palliative issues?

19 A. I don't -- I don't know. I
20 don't know if she maybe didn't -- I mean, I
21 would only be supposing what she put in there.
22 I would assume that in long-term care that
23 palliative care is a focus more.

24 But if that's where she rated
25 herself, then that's where we would have
26 started from as far as education was concerned.

27 Q. And you wouldn't have been
28 with her when she filled this out, correct?

29 A. I might have been in the
30 room, but...

31 Q. Did you ever ask her about
32 that, why it seemed to be so tentative given

1 her background?

2 A. We would have had a
3 conversation about it. It would have been my
4 practice to talk to all the nurses about this,
5 but I don't recall the specific conversation.

6 Q. Okay. And that brings me to
7 one of questions which is did you keep any
8 notes of any conversations you had with her
9 during the orientation phrase and the training
10 phase?

11 A. No, I didn't.

12 Q. And is it you didn't keep any
13 notes, or you just don't have them?

14 A. No, I never -- I didn't keep
15 any notes on anybody in that way.

16 Q. Okay. Is there no
17 expectation to keep notes while you're training
18 somebody?

19 A. Just the documents that we've
20 gone over.

21 Q. So you rely strictly on these
22 documents?

23 A. Well, and the learning plan
24 that they fill out.

25 Q. But is there a space anywhere
26 on these documents for you to write down your
27 own impressions of the candidate or what you
28 think?

29 A. I mean, certainly, there's
30 places where I could have put comments if I
31 wanted. I mean, I always could have kept
32 notes, but no, there's not really a specific a

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tool or anything to fill out.

Q. So it's not your practice to do it?

A. No.

Q. And it's not a requirement of Saint Elizabeths that you do that either?

A. No.

Q. And then if you just flip over to the next page, "Diabetes care and management," under the first three, she's given herself a 5 of "proficient," and the fourth one, "self-management education," she's given herself a 4; do you see that?

A. Yes.

Q. Okay. Did you ask her why she seemed to know so much about diabetes?

A. No, I didn't ask her, but it would seem to make sense given where she worked.

Q. And why is that?

A. Because a large portion of the population of elderly clients are -- have diabetes.

Q. So this seemed to make sense to you?

A. Yeah, it did.

Q. And so I guess it would also make sense that given the elderly population that she worked with, she put "no experience" under "diabetes management in schools," right?

A. Well, if she'd never worked in a school, then yeah.

10:17:42 1 Q. And you didn't have anything
10:17:44 2 that indicated she ever worked in a school?
10:17:47 3 A. No.
10:17:47 4 Q. Okay. I'd like to take you
10:18:00 5 to paragraph 14 of your affidavit, and you say:
10:18:46 6 "Elizabeth Wettlaufer framed her
10:18:47 7 medication error in such a way
10:18:49 8 that as a Registered Nurse
10:18:50 9 myself, I could see how the
10:18:52 10 error could happen and I thought
10:18:54 11 it was brave of her to be so
10:18:56 12 forthright during a job
10:18:59 13 interview. Saint Elizabeth has
10:19:01 14 a no blame culture regarding
10:19:05 15 medication errors. We want our
10:19:07 16 staff to be forthright and be
10:19:10 17 transparent if they make a
10:19:11 18 medication error."
10:19:13 19 That's right, isn't it?
10:19:20 20 A. Yes.
10:19:20 21 Q. Okay. And you understood
10:19:20 22 that she'd made a medication error at her
10:19:20 23 previous job, and that's perhaps why she got
10:19:22 24 fired; is that correct?
10:19:23 25 A. That was her answer to my
10:19:26 26 question: Why did you leave Caressant Care?
10:19:28 27 Q. Sure. That's what she told
10:19:30 28 you?
10:19:30 29 A. That's right.
10:19:31 30 Q. And you accepted that?
10:19:32 31 A. I did.
10:19:33 32 Q. And you've been a nurse for

10:19:35 1 27 years?
10:19:36 2 A. Yes.
10:19:37 3 Q. And you've worked in
10:19:39 4 hospitals?
10:19:39 5 A. I have.
10:19:40 6 Q. And have you worked in a
10:19:41 7 long-term care home?
10:19:41 8 A. No. I mean, when I very
10:19:44 9 first graduated briefly, but no. But I knew
10:19:46 10 what the work was like there.
10:19:47 11 Q. Okay. So you had an idea of
10:19:49 12 it?
10:19:49 13 A. Sure.
10:19:49 14 Q. And you've worked in
10:19:50 15 community nursing for quite some time?
10:19:53 16 A. Yes.
10:19:53 17 Q. And I'm assuming that you've
10:19:57 18 seen in your 27 years some medication errors
10:20:01 19 involving nurses?
10:20:03 20 A. Yes.
10:20:04 21 Q. And we've heard during this
10:20:06 22 four weeks that it's not that unusual?
10:20:08 23 A. No. I'd like to say it's
10:20:12 24 less so, but yeah, it happens for sure.
10:20:15 25 Q. And they're not always
10:20:16 26 serious medication errors, right? They can be
10:20:21 27 relatively minor?
10:20:22 28 A. For sure.
10:20:23 29 Q. So given all of your
10:20:24 30 knowledge and your background, did it make
10:20:27 31 sense to you that a place like Caressant Care
10:20:29 32 would fire Elizabeth Wettlaufer for a

1 medication error involving some insulin?

2 A. I don't -- I think that
3 she -- I kind of remember that after the
4 conversation, she said that because she had
5 that -- what was it called? -- the wrongful
6 dismissal suit that I feel like she told me
7 afterwards that she was -- could go back if she
8 wanted to, but she felt uncomfortable and
9 didn't want to go back, something to that
10 effect.

11 Q. Yes, I appreciate that. But
12 before that even, would you expect that a nurse
13 would be fired from a job over one medication
14 error?

15 A. I don't know what their
16 practices are at Caressant Care.

17 Q. Well, let's talk about your
18 practices at Saint Elizabeth. If a nurse made
19 one medication error, would she be fired?

20 A. No.

21 Q. Would it take a number of
22 incidents before that nurse would be fired from
23 Saint Elizabeth?

24 A. Yeah, I don't like to think
25 about that, but yes, I imagine we wouldn't just
26 let somebody go for one error that they were...

27 Q. Well, isn't it fair to say
28 pretty much every nurse during their career
29 would be fired if they got fired for one
30 medication error?

31 A. Sure, that's fair to say.

32 Q. So you wouldn't want to do

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that?

A. No.

Q. Did it not make you want to ask Ms. Wettlaufer more questions about her termination?

A. I didn't ask her any more questions about it.

Q. If we go to paragraph 15 of your affidavit, and this is where she told you about her wrongful dismissal case?

A. That's right.

Q. And I think you started to tell me about this, but when did she tell you about the wrongful dismissal?

A. It was in the answer to the question. I asked her why she left -- had left Caressant Care, and she told me the story, and that, you know, was still part of the same answer.

Q. Okay. So it was after the initial answer about the medication error but during the same interview?

A. Yes, that's right.

Q. Okay. And where was that interview held? I think I may have asked you this, but I've forgotten.

A. In the Woodstock office.

Q. In the Woodstock office.

A. Um-hmm.

Q. Okay. And she told you that she won her wrongful dismissal case?

A. That's right.

10:22:55 1 Q. Did she give you any details
10:22:57 2 about that?

10:22:58 3 A. Not that I recall.

10:22:59 4 Q. And during this interview,
10:23:01 5 did you take any notes?

10:23:02 6 A. I did.

10:23:02 7 Q. And are these the notes that
10:23:02 8 we -- you can't find them right now?

10:23:03 9 A. I don't know where it is,
10:23:05 10 yeah. I fill...

10:23:10 11 Q. Okay. If I can take you to
10:23:13 12 paragraph 31 of your affidavit?

10:23:13 13 Just to give you a little
10:23:13 14 context, I think this is the time when -- my
10:23:32 15 understanding is Ms. Wettlaufer was really
10:23:33 16 struggling with the PICC line change; do you
10:23:36 17 recall that?

10:23:36 18 A. Yes, I do.

10:23:37 19 Q. Okay. And so you say at
10:23:41 20 paragraph 31 that you assigned Josephine
10:23:51 21 Wright, whose primary focus is palliative care,
10:23:55 22 and was that to work with Elizabeth Wettlaufer
10:23:56 23 on the PICC line issue?

10:23:56 24 A. No, Josephine was her primary
10:23:58 25 preceptor.

10:23:59 26 Q. Okay. So she was the one who
10:24:01 27 was teaching her how to do these things; is
10:24:05 28 that correct?

10:24:05 29 A. Do the job in general, yes.

10:24:07 30 Q. And it appears from your
10:24:10 31 affidavit that Josephine was reporting to you
10:24:14 32 that Elizabeth was having a lot of problems in

10:24:18 1 "the steps in sterile technique and not
10:24:23 2 contaminating the field," is that correct?
10:24:26 3 A. Yes, that's right.
10:24:27 4 Q. And she "got defensive" when
10:24:28 5 she was given feedback; is that correct?
10:24:30 6 A. Yes, that's what they told
10:24:33 7 me.
10:24:34 8 Q. Now, how would Josephine have
10:24:37 9 reported this to you? Would it have been
10:24:39 10 written?
10:24:39 11 A. No, it would have been a
10:24:41 12 conversation.
10:24:42 13 Q. Again, so is there any way
10:24:44 14 Josephine would put this down in writing and
10:24:47 15 send it either to you or to Head Office?
10:24:47 16 A. She could have put it -- we
10:24:49 17 e-mail a lot at Saint Elizabeth. We're --
10:24:51 18 that's our primary, I would say, method of
10:24:55 19 communication because we all work so distant
10:24:57 20 from each other. So it could have been an
10:24:59 21 e-mail as well.
10:25:00 22 Q. Okay. But I haven't seen an
10:25:02 23 e-mail like that. So I'm assuming that there
10:25:05 24 isn't one. Does that sound right to you?
10:25:08 25 A. So all of our e-mails are
10:25:10 26 purged after 30 days, so if there was, we
10:25:11 27 wouldn't have still had it by the time we found
10:25:14 28 out about everything else that had happened.
10:25:14 29 Q. And who sets the date for the
10:25:17 30 purge of the e-mails? I'm going to assume it's
10:25:22 31 not you?
10:25:22 32 A. No. No, it's not me. That's

1 a corporate office thing. I don't know.

2 Q. Does that seem like a very
3 short period of time to you, 30 days?

4 A. It does, yes.

5 Q. Okay. And have you ever said
6 anything to Head Office, like maybe we should
7 hang on to these a little longer?

8 A. No. I haven't said anything
9 personally, no.

10 Q. And has it ever come up in
11 the past that you've needed an e-mail that's
12 beyond the 30 days that they can pull out of
13 the server somewhere?

14 A. I don't recall a situation
15 where that's happened, no.

16 Q. Okay. So she may have sent
17 this to you in an e-mail, but those would be
18 gone?

19 A. Yes.

20 Q. And would that have made it
21 into any kind of a report on Elizabeth
22 Wettlaufer?

23 A. No, there's no report like
24 that.

25 Q. At what stage of the
26 probation do you do your first written report
27 or evaluation on the candidate?

28 A. We try to do it for around
29 30 days.

30 Q. Okay. And did Elizabeth
31 Wettlaufer ever hit the 30-day mark with
32 Saint Elizabeth?

10:26:20 1 A. I think she was with us
10:26:22 2 around about that period of time, but we never
10:26:24 3 sat down and had a formal meeting with to
10:26:24 4 discuss how she was doing with her probation,
10:26:27 5 no.

10:26:27 6 Q. Is there a reason why you
10:26:30 7 didn't do that?

10:26:30 8 A. Not that I recall.

10:26:31 9 Q. And those meetings, are they
10:26:34 10 just you and the candidate, one-on-one?

10:26:38 11 A. Generally speaking, yeah.

10:26:42 12 Q. And do you seek feedback from
10:26:42 13 the preceptors and anybody who's worked with
10:26:45 14 her before you had that meeting?

10:26:45 15 A. Sure, absolutely.

10:26:47 16 Q. And again, is that done in
10:26:48 17 the form of e-mail?

10:26:50 18 A. Yeah. Or again, in the form
10:26:51 19 of a conversation, just checking in, see how
10:26:54 20 things are going.

10:26:57 21 Q. Okay. But you don't write
10:26:59 22 that down?

10:27:00 23 A. No, not necessarily.

10:27:01 24 Q. So at paragraph 33 of your
10:27:16 25 affidavit, you go on to tell us that you
10:27:20 26 arranged for Yvette Money, who is also a
10:27:20 27 registered nurse --

10:27:20 28 A. Um-hmm.

10:27:27 29 Q. -- and you referred to her as
10:27:29 30 your "'go-to' person regarding PICC lines," is
10:27:32 31 that correct?

10:27:32 32 A. Yes.

10:27:33 1 Q. So if you've got a PICC line
10:27:35 2 problem, this is the person you want?

10:27:36 3 A. Yeah, for sure.

10:27:37 4 Q. Okay. And had you used her
10:27:39 5 to train and assist new hires in dealing with
10:27:42 6 PICC lines before?

10:27:42 7 A. Yes, I had.

10:27:43 8 Q. And had she done well with
10:27:47 9 previous candidates?

10:27:47 10 A. Yes. She's an expert.

10:27:48 11 Q. Yes. So that's why she's
10:27:50 12 your go-to person?

10:27:52 13 A. She is.

10:27:54 14 Q. And she went out with
10:27:57 15 Elizabeth Wettlaufer -- if we look at
10:27:57 16 paragraph 34 of your affidavit, she went out
10:27:57 17 with her on July the 22nd, July the 26th, July
10:28:02 18 the 27th, and August 2nd of 2016. And:

10:28:07 19 "Yvette Money advised me that
10:28:10 20 she had concerns with Elizabeth
10:28:16 21 Wettlaufer's practice in
10:28:17 22 general. Elizabeth Wettlaufer
10:28:18 23 was not overly organized."

10:28:21 24 Do you see that?

10:28:22 25 A. Yes.

10:28:22 26 Q. And do you remember that
10:28:23 27 conversation with her?

10:28:24 28 A. Not particularly, no.

10:28:26 29 Q. But when you gave it in your
10:28:29 30 affidavit, where did you get that information
10:28:31 31 from?

10:28:31 32 A. I'm just saying I don't

10:28:34 1 remember a specific conversation, just sort of
10:28:35 2 the general theme that she had some concerns.

10:28:36 3 Q. Well, I just want to -- is it
10:28:40 4 a theme, or do you remember her saying that she
10:28:44 5 had concerns with Elizabeth Wettlaufer's
10:28:46 6 practice in general? And that goes beyond the
10:28:49 7 PICC line problem, doesn't it?

10:28:51 8 A. Yes, it does.

10:28:52 9 Q. Okay. And what problems did
10:28:55 10 she have with Elizabeth Wettlaufer's practice
10:28:56 11 in general?

10:28:58 12 A. Well, then the next sentence
10:29:00 13 where I said that she wasn't very organized;
10:29:03 14 she seemed nervous.

10:29:04 15 Q. Sure. But the organization,
10:29:06 16 yes, seems like practice, but the nervousness
10:29:09 17 doesn't. Did she tell you any other problems
10:29:13 18 she was having with her?

10:29:13 19 A. That she was a bit
10:29:16 20 argumentative. More related to -- Yvette would
10:29:22 21 try to give her direction or say to her, no,
10:29:23 22 don't do it that way; do it this way. And
10:29:23 23 Bethe would kind of argue and say, no, I didn't
10:29:28 24 do it wrong or I was going to fix that or, you
10:29:29 25 know...

10:29:29 26 Q. So it doesn't sound like a
10:29:31 27 particularly open person. She's not open to
10:29:33 28 being assisted here?

10:29:34 29 A. No. I definitely got the
10:29:39 30 impression from Yvette that she was resistant
10:29:46 31 to coaching.

10:29:47 32 Q. Okay. And at that point,

10:29:50 1 were you concerned about the fact that you had
10:29:53 2 hired her yet?

10:29:54 3 A. No, I wasn't concerned about
10:29:55 4 the fact that I had hired her.

10:29:57 5 Q. Was this sort of a normal
10:30:00 6 reaction from a new nurse?

10:30:01 7 A. No, not necessarily.

10:30:02 8 Q. Did you have other nurses
10:30:04 9 that reacted like this?

10:30:06 10 A. Not that I recall.

10:30:09 11 Q. Okay. She was still in her
10:30:16 12 probationary period at this point, wasn't she?

10:30:19 13 A. Yes.

10:30:19 14 Q. And did you ever think to
10:30:21 15 yourself perhaps you were going to let her go?

10:30:23 16 A. No, I hadn't come to that
10:30:27 17 thought yet.

10:30:27 18 Q. Okay. And so once you had
10:30:39 19 sent out your go-to person, what are you left
10:30:43 20 with? What do you do now?

10:30:45 21 A. I went myself.

10:30:46 22 Q. Okay. So if we call up
10:30:48 23 Document 65459, and if we just scroll down --
10:31:19 24 okay. Just go back a little bit. Look at
10:31:23 25 August 12th. It says:

10:31:26 26 "6 hours, 6 patients, she had
10:31:30 27 her 30-day review on this date.
10:31:34 28 Tamara Condy did some
10:31:38 29 supervisory visits on this date
10:31:41 30 and met with her after."

10:31:42 31 Do you see that?

10:31:43 32 A. Yes, I do.

10:31:44 1 Q. And is this your recollection
10:31:46 2 on or around August 12th, you went out with
10:31:48 3 Elizabeth Wettlaufer?

10:31:48 4 A. I did go out and do visits
10:31:50 5 with her, yes.

10:31:50 6 Q. Okay. It says here she had
10:31:50 7 her 30-day review on this date; do you recall
10:31:52 8 that?

10:31:53 9 A. I don't recall doing the
10:31:55 10 formal review, no.

10:31:56 11 Q. If we could just scroll up to
10:31:59 12 the top of this? This e-mail's from Sharon
10:32:06 13 Binelli; do you know Sharon?

10:32:10 14 A. I believe she's the head of
10:32:12 15 HR.

10:32:12 16 Q. Okay. And it was sent to a
10:32:14 17 Patricia Malone; do you know who Patricia is?

10:32:18 18 A. I do.

10:32:18 19 Q. And who is Patricia?

10:32:20 20 A. She's our corporate integrity
10:32:23 21 officer.

10:32:23 22 Q. Okay. And it looks like what
10:32:23 23 they've done here is they've put together a
10:32:23 24 list of all Elizabeth Wettlaufer's shifts
10:32:25 25 worked with Saint Elizabeth?

10:32:25 26 A. Yes.

10:32:26 27 Q. Okay. And if we could just
10:32:28 28 scroll back to the August 12th date?

10:32:31 29 So you don't have any reason to
10:32:36 30 disbelieve what's written there under the
10:32:40 31 August 12 entry, do you?

10:32:41 32 A. No, I don't have any reason

1 to disbelieve it.

2 Q. Okay. And I'm not trying to
3 catch you up on anything; I just want to make
4 sure. It says there was a 30-day review done,
5 but you don't recall it?

6 A. I don't recall it, and I
7 don't have the learning plan, which is where we
8 would have documented it, so I don't have
9 anything to refer to.

10 Q. Okay. And I wanted to ask
11 you about that. Is that the PLP that was
12 spoken of?

13 A. Yes, that's right.

14 Q. And that's the one that we
15 can't find either, correct?

16 A. Yes, that she didn't give
17 back.

18 Q. And my understanding is that
19 PLP stays with the candidate; is that correct?

20 A. It does, yes.

21 Q. And so is it possible you
22 filled it out in her PLP and she took it with
23 her when she left?

24 A. It's a possibility.

25 Q. So is there no copy of it
26 kept?

27 A. No, we just ask for it back
28 at the end of the -- when it's completed.

29 Q. I see, okay. So if we can go
30 to Tab K of your affidavit, and that is
31 Document 65466. And if we could just pull it
32 down a little further, right above the

10:34:05 1 August 12th/16 date. So if we can go back up?

10:34:12 2 So do you recognize this

10:34:13 3 document?

10:34:13 4 A. Yes.

10:34:14 5 Q. And do you recognize the

10:34:17 6 writing on the document?

10:34:18 7 A. Yes, it's my writing.

10:34:22 8 Q. Okay. Are those your

10:34:23 9 initials at the very bottom of the page, if we

10:34:26 10 could just pull down to that?

10:34:26 11 A. Yes, that's my initials.

10:34:28 12 Q. Okay. And the date on it is

10:34:31 13 August 12th/16; do you see that?

10:34:35 14 A. I do.

10:34:36 15 Q. And so when you went out with

10:34:39 16 Elizabeth Wettlaufer that day, did you fill

10:34:41 17 this document out?

10:34:42 18 A. I did.

10:34:43 19 Q. And would this be the only

10:34:45 20 observation visit tool that would have been

10:34:48 21 created?

10:34:49 22 A. Yes, we just do one for

10:34:51 23 the...

10:34:52 24 Q. Would other nurses have done

10:34:54 25 other similar observation visit tools?

10:34:57 26 A. No, this is just for the

10:34:58 27 clinical practice coach or the supervisor to

10:35:00 28 fill out.

10:35:01 29 Q. And that's you?

10:35:01 30 A. That's me.

10:35:02 31 Q. Okay. So if we go to

10:35:11 32 page 2 -- if we could just pull down a little

10:35:17 1 further, it's right at the bottom. I don't see
10:35:20 2 anything checked off on this particular page.
10:35:23 3 Can you explain to me why?

10:35:24 4 A. I don't -- I'm not sure.

10:35:26 5 Q. Okay. If we go to the next
10:35:28 6 page, there's nothing filled out on this page
10:35:37 7 either, but there's a line put through it.

10:35:40 8 A. This is a page for doing a
10:35:43 9 chart audit, and I didn't do a chart audit, so
10:35:45 10 I just stroked it out.

10:35:46 11 Q. Okay. So the page before, is
10:35:47 12 it just that this wasn't applicable but you
10:35:49 13 just didn't put a line through it?

10:35:51 14 A. Yeah, again, it's to do
10:35:53 15 with -- a lot of stuff in here is to do with
10:35:56 16 documentation, and I just didn't fill anything
10:35:59 17 out.

10:35:59 18 Q. Okay. And so if we go ahead
10:36:03 19 to what I believe is page 5 on this document,
10:36:12 20 if we just pull down a little bit further?
10:36:17 21 Okay. That centre section, the one above and
10:36:20 22 below are crossed out, but that centre section
10:36:24 23 has been completed by you, correct?

10:36:26 24 A. That's right.

10:36:28 25 Q. And this "Palliative/oncology
10:36:31 26 care and management," correct?

10:36:33 27 A. Yes.

10:36:33 28 Q. And so what were you watching
10:36:36 29 her do here?

10:36:37 30 A. So we would have gone to see
10:36:40 31 a palliative client. So I was observing her
10:36:43 32 visit, seeing what she documented and what she

10:36:47 1 assessed and what she asked.

10:36:48 2 Q. Okay. And do you list on

10:36:50 3 here what patient that would have been?

10:36:52 4 A. Yeah, at the end.

10:36:52 5 Q. Okay. And so --

10:36:54 6 A. Blanked out, I think, but

10:36:56 7 yeah.

10:36:56 8 Q. So we've used initials, so

10:37:00 9 we've blocked them out.

10:37:00 10 A. Um-hmm.

10:37:02 11 Q. But you can see there are

10:37:03 12 four of them on the last page or page 8 of this

10:37:06 13 document?

10:37:06 14 A. That's right.

10:37:07 15 Q. Okay. And so beside the

10:37:11 16 B.B., there's "wound/PLL"?

10:37:15 17 A. Yes, that's short form for

10:37:17 18 "palliative," yes.

10:37:18 19 Q. Fair enough. So that would

10:37:20 20 have been the person that you did this check

10:37:21 21 on --

10:37:21 22 A. That's right.

10:37:22 23 Q. -- is that fair to say?

10:37:23 24 A. I think so, yes.

10:37:25 25 Q. So it's possible that all the

10:37:27 26 things that are checked off in here would have

10:37:30 27 been done with different clients, not just one

10:37:33 28 client?

10:37:33 29 A. It could have been, yeah.

10:37:35 30 Q. But we don't know exactly

10:37:35 31 which ones would apply to which?

10:37:35 32 A. No. Like, not everything in

10:37:40 1 this tool would apply to every patient visit,
10:37:41 2 so...

10:37:42 3 Q. No, and that's fair. And you
10:37:43 4 said that yesterday. There are some things in
10:37:45 5 here that you would never even touch because
10:37:48 6 you don't have that in your region; is that
10:37:51 7 correct?

10:37:51 8 A. That's right.

10:37:51 9 Q. So if we go to the "Comments"
10:37:54 10 section, if we could just go back to page 5 for
10:37:59 11 a moment? Right there, thank you.

10:38:01 12 It looks like you've written
10:38:04 13 "Use ESAS-EM - try to encourage 1-10 scale."
10:38:15 14 Can you decipher this for us?

10:38:15 15 A. Yes, sure. So "ESAS" or ESAS
10:38:17 16 is the Edmonton Symptom Assessment Scale. It's
10:38:22 17 a 1 to 10 rating that we give on various
10:38:25 18 symptoms that palliative clients might display
10:38:26 19 like shortness of breath or pain or nausea or
10:38:32 20 appetite, and we rate all of those things on a
10:38:36 21 1 to 10 scale.

10:38:37 22 Q. And that would be in the
10:38:39 23 nurse's notes for that patient?

10:38:40 24 A. They have a specific tool to
10:38:42 25 use. Actually, ideally, the patient does it
10:38:45 26 themselves, and we just review it during the
10:38:47 27 visit, but...

10:38:49 28 Q. Okay. And does this note
10:38:50 29 tell you that she wasn't doing that?

10:38:53 30 A. Yes, that's what I would say.

10:38:53 31 Q. Okay.

10:38:56 32 A. I think probably what I would

10:38:58 1 get out of that now is that she was asking, are
10:39:01 2 you nauseated, do you have pain, but not asking
10:39:06 3 the patient to rate those symptoms given the
10:39:08 4 tool that we use.

10:39:08 5 Q. Is the ESAS or ESAS, is that
10:39:13 6 a standard scale used in nursing?

10:39:14 7 A. Yes.

10:39:15 8 Q. And is it used in sort of all
10:39:16 9 palliative nursing?

10:39:16 10 A. Palliative care in general.
10:39:18 11 Palliative physicians use it as well.

10:39:22 12 Q. Would you have expected her
10:39:23 13 to have been using that scale more than she was
10:39:27 14 on this visit?

10:39:28 15 A. Well, I made note that she
10:39:30 16 wasn't doing it, so I'm sure we had a
10:39:34 17 conversation about it.

10:39:35 18 Q. Okay. So if we go to the
10:39:42 19 last page, page 8, if you could just scroll up
10:39:45 20 a little -- there we go.

10:39:47 21 So under "Learning needs
10:39:50 22 identified," "Reminder about P-dating the CP?"
10:39:57 23 Again, could you help us out with --

10:39:57 24 A. Sorry. "Updating the care
10:40:01 25 plan."

10:40:01 26 Q. Okay. And does that tell you
10:40:03 27 she wasn't updating the care plan properly?

10:40:06 28 A. Yes.

10:40:06 29 Q. And again, that care plan, is
10:40:08 30 that electronically stored or paper?

10:40:10 31 A. No, paper.

10:40:10 32 Q. And if we go right to the

10:40:16 1 bottom of the page: "? palliative handbook."

10:40:27 2 Is that what that says?

10:40:28 3 A. Yes.

10:40:28 4 Q. And what does that mean?

10:40:30 5 A. So it's just some learning
10:40:32 6 tools for helping nurses that are maybe less
10:40:36 7 familiar with palliative care.

10:40:37 8 Q. Did you have a palliative
10:40:39 9 care handbook?

10:40:43 10 A. We had lots of support
10:40:44 11 reference documents in the office that they
10:40:47 12 could use.

10:40:47 13 Q. Okay. Is this the only
10:40:50 14 document you would have created on August 12th
10:40:53 15 when you went out with Elizabeth Wettlaufer?

10:40:55 16 A. From my documents, yes. If
10:40:59 17 we did do the meeting, then I would have
10:41:03 18 documented on her learning plan as well.

10:41:05 19 Q. Right. Yeah, no, that's
10:41:06 20 fair. So that may be out in the world
10:41:09 21 somewhere, but we don't have a copy of that?

10:41:13 22 A. That's right.

10:41:13 23 Q. My understanding is that at
10:41:18 24 the end of this visit, you certified her to do
10:41:21 25 PICC lines; is that correct?

10:41:22 26 A. That's correct.

10:41:22 27 Q. And is there anywhere in this
10:41:26 28 document where you talk about her doing a PICC
10:41:28 29 line and doing it properly?

10:41:30 30 A. There's a separate special
10:41:33 31 skill certification form for PICC line dressing
10:41:38 32 changes.

10:41:38 1 Q. Okay. And did you complete
10:41:39 2 that for her?

10:41:40 3 A. I don't recall, but I also
10:41:43 4 don't have it, so I don't -- I don't remember.

10:41:46 5 Q. Would that be part of the
10:41:47 6 notes that we don't have?

10:41:49 7 A. It's a different -- it's a
10:41:51 8 different sheet all together.

10:41:53 9 Q. Okay. And when she did the
10:41:58 10 PICC line -- and to be clear, it's not using
10:42:01 11 the PICC line, it's changing the PICC line that
10:42:04 12 was the issue, correct?

10:42:07 13 A. Changing the dressing that
10:42:08 14 covers the place where the line goes into your
10:42:10 15 arm, yes.

10:42:11 16 Q. Right. And so did she do a
10:42:13 17 flawless change on the PICC line on that day?

10:42:17 18 A. No.

10:42:17 19 Q. And what kind of a change did
10:42:19 20 she do?

10:42:20 21 A. She struggled. She was very
10:42:23 22 nervous.

10:42:23 23 Q. Why do you think she was so
10:42:26 24 nervous?

10:42:27 25 A. A lot of nurses got nervous
10:42:30 26 when I went out to watch them. I think it was
10:42:31 27 a general -- your boss hovering over your
10:42:34 28 shoulder watching everything you do makes
10:42:35 29 people nervous.

10:42:36 30 Q. The white lab coat syndrome?

10:42:39 31 A. Yes. Maybe yes.

10:42:39 32 Q. Nurses --

10:42:41 1 A. Nurse again nurse, yeah.
10:42:43 2 Yeah. Just -- a lot of nurses, even very
10:42:46 3 experienced nurses got a little bit nervous
10:42:47 4 when they knew that I was watching with a
10:42:47 5 clipboard, checking things off that they were
10:42:50 6 doing, so...

10:42:50 7 Q. Yes. I appreciate you're
10:42:52 8 saying "clipboard" as a --

10:42:54 9 A. Yeah.

10:42:54 10 Q. -- term, but --

10:42:55 11 A. Sometimes I had a clipboard.

10:42:57 12 Q. Did you have a clipboard this
10:42:59 13 day?

10:42:59 14 A. I don't remember.

10:43:00 15 Q. Fair enough. But she didn't
10:43:02 16 do the PICC line change properly, did she?

10:43:04 17 A. No, she did it properly. In
10:43:08 18 the end, it got completed, but it took a really
10:43:12 19 long time.

10:43:12 20 Q. And she contaminated the
10:43:12 21 field, didn't she?

10:43:18 22 A. She put her gloves on
10:43:21 23 incorrectly once, and then -- but she caught
10:43:22 24 herself. She knew that she did it, she got
10:43:22 25 another pair of gloves, and she continued on.

10:43:22 26 Q. My understanding is that,
10:43:24 27 aren't you supposed to do it properly twice
10:43:28 28 before you get certified?

10:43:29 29 A. Yes, that is our rule, and
10:43:32 30 she had done it for the other nurses as well
10:43:35 31 here and there, but then had made mistakes the
10:43:35 32 next time.

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Q. So --

A. Do you know what I mean?
Like, she might have done it once right for Yvette and then the next time made a mistake, and so then we...

Q. Right. And so for Yvette, the fact that she couldn't do it right twice in a row meant she didn't get certified; is that correct?

A. That's right.

Q. And Yvette was your go-to person for this, wasn't she?

A. That's right.

Q. Yes. On this day, you certified her on one flawed attempt; is that correct?

A. I certified her because I saw that she knew the process.

Q. I appreciate that. But you didn't see her do the process perfectly, did she?

A. Yeah, in the end, she did. She completed it properly.

Q. With some mistakes beforehand, correct?

A. But she corrected her own mistakes.

Q. Okay. Is it fair to say you felt a bit bad for her, that she was nervous and obviously in some distress, and so you sort of gave her the benefit of the doubt?

A. I definitely felt sympathy

10:44:33 1 for her having to go through this again and
10:44:36 2 again, but I don't think I gave her the benefit
10:44:40 3 the doubt.

10:44:40 4 Q. Okay. So you were confident
10:44:42 5 that she could do it?

10:44:43 6 A. Yes.

10:44:43 7 Q. And so after that, and we now
10:44:54 8 understand it to be around August 20th of 2016,
10:44:59 9 you found out that Elizabeth Wettlaufer had
10:45:01 10 entered into one of the client's homes without
10:45:07 11 permission and unannounced; is that correct?

10:45:09 12 A. Well, I didn't find out on
10:45:12 13 August 20th, but yes, I did find out
10:45:15 14 afterwards.

10:45:15 15 Q. Yes, that's fair. You didn't
10:45:15 16 know about it on August 20th, but you later
10:45:16 17 found out it happened on August 20th?

10:45:16 18 A. I did, yes.

10:45:18 19 Q. And how did you find out?

10:45:20 20 A. Communication from the
10:45:22 21 nurses.

10:45:22 22 Q. Okay. Who told you?

10:45:24 23 A. I don't recall.

10:45:26 24 Q. You can't remember. You said
10:45:29 25 "nurses," so it's more than one nurse knew
10:45:33 26 about it?

10:45:34 27 A. Yes, there was two nurses
10:45:37 28 specifically that were looking after that
10:45:39 29 patient whose home that she entered.

10:45:41 30 Q. And that's because you could
10:45:44 31 have more than one nurse servicing one patient,
10:45:45 32 correct?

10:45:45 1 A. Yeah. Remember yesterday, I
10:45:47 2 talked about the primary and the partner?

10:45:49 3 Q. Sure.

10:45:50 4 A. So...

10:45:51 5 Q. So do you recall anything
10:45:55 6 about what those nurses told you about the
10:45:57 7 incident?

10:45:57 8 A. I don't recall -- I just
10:46:00 9 recall -- I've read it now in all of these
10:46:03 10 documents and that sort of thing. I don't
10:46:04 11 remember at the time specifically.

10:46:05 12 Q. Okay, I understand. It's
10:46:06 13 difficult because we're looking back --

10:46:08 14 A. Um-hmm.

10:46:08 15 Q. -- and you've had to look at
10:46:12 16 an awful lot of paperwork.

10:46:12 17 A. Yeah.

10:46:12 18 Q. So it can be difficult to
10:46:14 19 determine what do I remember myself and what
10:46:14 20 have I read. But for your own recollection,
10:46:18 21 you don't have any beyond two nurses told you
10:46:21 22 about it; is that fair?

10:46:23 23 A. Yes, that's fair.

10:46:25 24 Q. Did that client ever call you
10:46:28 25 directly?

10:46:28 26 A. No.

10:46:29 27 Q. Did you ever call that client
10:46:31 28 directly?

10:46:37 29 A. Not that I remember, no.

10:46:37 30 Q. Did anybody from Saint
10:46:40 31 Elizabeths call that client?

10:46:40 32 A. No.

10:46:41 1 Q. And are you familiar with the
10:46:42 2 Saint Elizabeth incident management procedure?

10:46:44 3 A. Yes.

10:46:44 4 Q. And am I right in saying that
10:46:44 5 under that procedure, you're supposed to file a
10:46:51 6 report within 24 hours?

10:46:51 7 A. Yes.

10:46:52 8 Q. And I think you told us
10:46:53 9 yesterday you never did file the report?

10:46:55 10 A. No, I did not.

10:46:56 11 Q. Did you keep any notes about
10:46:58 12 it?

10:46:58 13 A. Might have been an e-mail,
10:47:01 14 but no.

10:47:01 15 Q. Who would you have e-mailed?

10:47:03 16 A. I mean, the conversation, if
10:47:06 17 I heard it by e-mail, I might have e-mailed the
10:47:09 18 nurse back and kind of kept that e-mail as a
10:47:10 19 reference, but...

10:47:12 20 Q. Okay. But you don't think
10:47:14 21 you e-mailed anybody at Head Office?

10:47:17 22 A. No.

10:47:17 23 Q. Would it be normal procedure
10:47:19 24 to let somebody, let your supervisor know, let
10:47:22 25 your administration know of that type of an
10:47:27 26 event?

10:47:28 27 A. Looking back, I would say it
10:47:31 28 would've been fair to pick up the phone and
10:47:35 29 call her and ask the patient what her
10:47:35 30 recollection of what happened and then decide
10:47:37 31 if I was going to document it in an RL6 and who
10:47:39 32 I needed to let know after I talked to the

10:47:41 1 patient.

10:47:41 2 Q. Okay. And you told us
10:47:42 3 yesterday that it's not unusual for a nurse to
10:47:45 4 leave a piece of equipment behind, and my
10:47:49 5 understanding is that Elizabeth Wettlaufer when
10:47:50 6 she was caught in this person's home said, I
10:47:52 7 think I left my oxygen metre behind.

10:47:56 8 And you told us yesterday that's
10:47:56 9 not unusual for a nurse to leave something
10:47:57 10 behind, right?

10:47:57 11 A. No, it's not unusual.

10:48:00 12 Q. Is it unusual for a nurse to
10:48:03 13 enter a client's home unannounced and without
10:48:06 14 permission?

10:48:07 15 A. Yes.

10:48:08 16 Q. And in your time, have you
10:48:09 17 ever known a nurse to do that other than this
10:48:12 18 one with Elizabeth Wettlaufer?

10:48:13 19 A. No.

10:48:13 20 Q. And at this time, she was
10:48:20 21 still on probation; is that correct?

10:48:22 22 A. Yes.

10:48:23 23 Q. Okay. And would that event
10:48:26 24 alone -- now, I know she -- you know, shortly,
10:48:30 25 after this, she's gone, but would this event
10:48:35 26 alone have caused you to fire her?

10:48:37 27 A. I don't know. I'm not sure.

10:48:38 28 Q. This would not have been a
10:48:40 29 fireable offense right on the spot?

10:48:43 30 A. I don't know because I
10:48:44 31 can't -- I didn't investigate it. I didn't ask
10:48:48 32 any questions of anybody, so I don't -- I don't

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know.

Q. Okay. If we could just go to Document 65828? This is not in your affidavit, I don't believe.

THE COMMISSIONER: Thank you.

BY MR. SCOTT:

Q. Do you recognize this document? And by that, I mean, do you recognize the form, not necessarily the actual document?

A. Yeah, I'm familiar with the form. Yes.

Q. Okay. If we could scroll down to the August 12th/16 entry? And a bit further, one more. Right there, thank you.

Now, this document refers to patient B.B.; do you see that?

A. Yes.

Q. Okay. And if you look at -- it's the second full box, August 12th/16; I don't know if you can highlight that for us in yellow?

And it's got written under "Medication name," "Hydromorph/contin"?

A. Yes.

Q. Correct?

A. Um-hmm.

Q. And then over, it's got "18 mgs., route P.O." What's P.O.?

A. By mouth.

Q. And beside it --

A. "Per os."

10:50:52 1 Q. I'm sorry?

10:50:52 2 A. It's for "per os," by mouth.

10:50:52 3 Q. By mouth. B.I.D.?

10:50:54 4 A. Twice a day.

10:50:58 5 Q. And then the heading says "Is

10:51:04 6 a discrepancy identified?" Do you see that in

10:51:09 7 the box?

10:51:10 8 A. I do.

10:51:10 9 Q. And then if we look down to

10:51:13 10 the yellow section -- well, first let me say,

10:51:14 11 BWI I take to be Bethe Wettlaufer, correct?

10:51:17 12 A. Yes. I think so, yes.

10:51:19 13 Q. And then it's got -- there's

10:51:20 14 a discrepancy identified. It's got "yes" check

10:51:23 15 marked; do you see that?

10:51:23 16 A. Um-hmm.

10:51:24 17 Q. Okay. And then under it, I

10:51:25 18 assume she wrote it, it says "Pharmacy sent

10:51:30 19 wrong dose." Do you see that?

10:51:32 20 A. I do.

10:51:32 21 Q. You would have been there for

10:51:34 22 this. Do you recall this?

10:51:35 23 A. I do recall seeing this

10:51:37 24 client with her, yes.

10:51:38 25 Q. Do you remember there being

10:51:40 26 something with the medication dose that was

10:51:43 27 sent by the pharmacy?

10:51:44 28 A. The only independent

10:51:45 29 recollection I have is that this client had a

10:51:48 30 lot of medications in her home. She had -- was

10:51:51 31 on -- you can see how many pages of

10:51:55 32 medications. So it would have been part of the

1 nurse's role during the visit to update the
2 sheet with whatever the current medications
3 were of what she was taking.

4 Q. Where did she get the current
5 medication information from?

6 A. In this case, likely from the
7 patient.

8 Q. And would a nurse usually or
9 often rely on the patient to know what the dose
10 and medication they were taking is?

11 A. Yes. They could have, yes.

12 Q. Okay. If you look at the
13 entry below it, August 22nd; you see that?

14 A. I do, yes.

15 Q. If we could highlight that as
16 well, please? There's a discrepancy
17 identified. It also has the "yes" box ticked,
18 and a note -- this is a different nurse as
19 well?

20 A. It is, yes.

21 Q. Do you know which nurse this
22 would be?

23 A. I do.

24 Q. And what nurse is this?

25 A. Is it Patty Harmer?

26 Q. Could be. Looks like it's
27 "PM," unless that's "afternoon?"

28 A. Oh, I don't know unless we
29 had the rest of the chart. I'd be able to tell
30 you.

31 Q. Okay. It could easily be
32 "afternoon," so it doesn't matter much. But

10:53:05 1 whoever wrote in here wrote "PT," which I
10:53:08 2 understand is "Patient," and then the arrow
10:53:10 3 down to "9 mgs., MAN"?

10:53:14 4 A. Yeah, 9 milligrams. I think
10:53:16 5 it says "in a.m. and 18 mgs in p.m."

10:53:22 6 Q. Okay. And is it possible
10:53:25 7 that, in fact, Elizabeth Wettlaufer was
10:53:27 8 incorrect; that, in fact, this client should
10:53:32 9 have had 18 milligrams when you were there and
10:53:35 10 an additional 18 milligrams later on?

10:53:37 11 A. No, I think the dose could
10:53:40 12 have just changed over the ten days between
10:53:43 13 these two entries.

10:53:45 14 Q. But it doesn't tell us that
10:53:46 15 here, does it?

10:53:47 16 A. No, it just -- this is just a
10:53:48 17 current list, whatever is -- when the nurse
10:53:50 18 goes in to see the patient and whatever updates
10:53:53 19 need to be made, this just gets added to.

10:53:55 20 Q. So when it talks about "Is a
10:53:57 21 discrepancy identified," what does it mean, "a
10:54:01 22 discrepancy"?

10:54:01 23 A. It just means is there
10:54:01 24 anything that the nurse is concerned about with
10:54:04 25 the order? Is there something we need to ask
10:54:07 26 the physician or follow up on?

10:54:09 27 Q. And so would you follow up
10:54:11 28 with the physician on this?

10:54:12 29 A. Well, when she wrote
10:54:15 30 "pharmacy sent the wrong dose," I'm going to
10:54:18 31 think that maybe there was a prescription that
10:54:21 32 the client had, and she compared it to the

10:54:26 1 actual bottles in the home and realized that
10:54:27 2 something was wrong.

10:54:27 3 Q. Okay. But there's nowhere on
10:54:29 4 here where it says that either she or any other
10:54:31 5 nurse contacted the pharmacy to follow up on
10:54:33 6 that dose?

10:54:34 7 A. I would hope likely that
10:54:36 8 would be on the Progress Notes.

10:54:36 9 Q. Okay.

10:54:41 10 A. But there's not much room to
10:54:44 11 write on here.

10:54:45 12 Q. Okay. And so after you found
10:54:51 13 out that she had entered somebody's house --

10:54:57 14 MS. HEWITT: Sorry, Mr. Scott.

10:54:57 15 MR. SCOTT: Yes?

10:54:59 16 MS. HEWITT: I think it might be
10:55:00 17 a good time to interrupt, but
10:55:03 18 our transcriptionists have to
10:55:05 19 switch over for a moment; is
10:55:05 20 that all right?

10:55:05 21 MR. SCOTT: Oh, sure. Yes.

10:55:05 22 MS. HEWITT: They said around
10:55:08 23 11 o'clock, so I thought you
10:55:09 24 were turning to another
10:55:10 25 question. It's just going to be
10:55:12 26 a minute.

10:55:12 27 [Reporter's Note: Brief Recess
10:55:58 28 Taken.]

10:55:58 29 MR. SCOTT: Sorry, Your Honour.

10:55:59 30 THE COMMISSIONER: Not at all,
10:56:01 31 go ahead.

10:56:03 32 BY MR. SCOTT:

1 Q. When you are vetting
2 candidates, specifically RN candidates, are you
3 constantly aware as you are doing that process
4 that these people will be going into clients'
5 homes, as you said yesterday, into their homes,
6 into their living rooms, their bedrooms, their
7 bathrooms?

8 A. Yes.

9 Q. And are you aware that that's
10 the space that we all go to that is a sort of
11 protected area of the world, hopefully?

12 A. Yes.

13 Q. And so when you are
14 interviewing candidates, are you thinking about
15 that as you are doing it?

16 A. Yes.

17 Q. And are you thinking about
18 you want to have the very best fit for these
19 people to go into these clients' homes who are
20 in a very diminished capacity?

21 A. Of course.

22 Q. And is it fair to say that
23 Elizabeth Wettlaufer didn't live up to any of
24 that, did she?

25 A. Well, she was struggling for
26 sure.

27 Q. And in fairness to you, you
28 could see she was struggling on a bunch of
29 fronts, couldn't you?

30 A. Sure, yes.

31 Q. But as an Administrator as
32 well, you are struggling on a number of fronts.

10:57:16 1 You have to staff at a certain level, don't
10:57:18 2 you?

10:57:18 3 A. Yes.

10:57:18 4 Q. And those tensions, do they
10:57:21 5 create a situation where you are -- or were
10:57:24 6 then, anyway, forced to give somebody perhaps
10:57:27 7 more chances than you otherwise would have
10:57:29 8 liked to?

10:57:32 9 A. I don't think that I got to
10:57:34 10 the point where I was ready to say, well, I
10:57:37 11 don't think she should still be here but I need
10:57:39 12 her. Like I don't -- I wasn't there yet. I
10:57:42 13 was still hopeful that she would catch on.

10:57:44 14 Q. Okay. And I understand from
10:57:45 15 your affidavit that after her crimes became
10:57:49 16 known, you had to have some time off work as
10:57:54 17 well; is that correct?

10:57:55 18 A. Yes.

10:57:55 19 Q. And so this was a real
10:57:59 20 struggle for you; am I right?

10:58:01 21 A. Yeah, certainly.

10:58:02 22 Q. And did you ever go back to
10:58:04 23 the same job?

10:58:04 24 A. I did, yeah.

10:58:05 25 Q. Okay, and how long were you
10:58:06 26 there?

10:58:07 27 A. About another year.

10:58:08 28 Q. And now you have moved on to
10:58:10 29 a different job?

10:58:11 30 A. I have.

10:58:13 31 MR. SCOTT: Those are my
10:58:14 32 questions, Your Honour.

10:58:15 1 THE COMMISSIONER: Thank you
10:58:15 2 very much, Mr. Scott.
10:58:17 3 MS. HEWITT: I apologize,
10:58:18 4 Mr. Scott. If I had known you
10:58:20 5 only had a couple of questions,
10:58:22 6 I would have waited.
10:58:23 7 MR. SCOTT: It allowed me to
10:58:24 8 have a drink of water.
10:58:26 9 MS. HEWITT: Would you like to
10:58:28 10 take the morning break now, or
10:58:29 11 should I canvass to see how long
10:58:30 12 we'll have this witness on the
10:58:32 13 stand?
10:58:32 14 THE COMMISSIONER: Why don't we
10:58:33 15 see how long the next
10:58:35 16 cross-examination will be.
10:58:36 17 MR. VAN KRALINGEN: I have no
10:58:36 18 questions, Commissioner.
10:58:38 19 MS. HEWITT: Ministry?
10:58:39 20 MR. KLOEZE: I have about 15
10:58:40 21 minutes, no more than that.
10:58:42 22 MS. HEWITT: ONA?
10:58:46 23 MS. BUTT: None.
10:58:46 24 MS. SCHWARTZENTRUBER: And we
10:58:44 25 have about 15 questions.
10:58:44 26 MS. HEWITT: Okay, I think that
10:58:49 27 is about half an hour, and I
10:58:50 28 think we should take the break.
10:58:51 29 THE COMMISSIONER: Yes, I agree,
10:58:52 30 thank you.
10:58:53 31 -- RECESSED AT 10:59 A.M.
11:18:04 32 -- RESUMED AT 11:17 A.M.

11:18:04 1 THE COMMISSIONER: Good morning,
11:18:04 2 Mr. Kloeze.
11:18:06 3 MR. KLOEZE: Good morning,
11:18:06 4 Commissioner.
11:18:07 5 CROSS-EXAMINATION BY MR. KLOEZE:
11:18:08 6 Q. Good morning, Ms. Condy. I
11:18:11 7 am next on the list of lawyers to ask you
11:18:13 8 questions. My name is Darrell Kloeze, and I am
11:18:15 9 one of the counsel here for the Province of
11:18:17 10 Ontario. And for the purposes of my questions
11:18:18 11 this morning, I represent the Ministry of
11:18:21 12 Health and Long-Term Care. I also represent
11:18:22 13 the South-West Local Health Integration
11:18:27 14 Network.
11:18:27 15 A. Okay.
11:18:28 16 Q. And I would like to ask you
11:18:29 17 some questions first about the kinds of clients
11:18:32 18 that Saint Elizabeth gets and how they come to
11:18:37 19 Saint Elizabeth.
11:18:37 20 So as I understand it, Saint
11:18:40 21 Elizabeth has a contract with the CCAC, which
11:18:43 22 is now the LHIN; is that correct?
11:18:45 23 A. That's correct.
11:18:46 24 Q. And that contract essentially
11:18:48 25 provides that the LHIN will refer clients to
11:18:52 26 Saint Elizabeth and then require Saint
11:18:56 27 Elizabeth to provide health care services to
11:18:57 28 those clients; is that correct?
11:18:59 29 A. Yes, that's correct.
11:19:00 30 Q. Okay. And is it accurate to
11:19:03 31 say that those services may include, depending
11:19:05 32 on the client, nursing services?

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A. Yes.

Q. They may include personal support services?

A. Yes.

Q. Rehab services?

A. That's correct.

Q. And any other type of health care services provided by professionals that are employed by Saint Elizabeth?

A. Yes.

Q. And some other examples might be speech and language pathology, occupational therapy?

A. Sure.

Q. Okay, thank you. At the front end of the relationship, you were talking yesterday there might be another medical professional, for example, a doctor that writes -- a family doctor who determines that his or her client needs a particular service in their home and writes a medical order for that service; is that correct?

A. That's correct.

Q. And for example, to use an example that we have been talking about today and yesterday, a health care service might be a regular change of dressing of a PICC line?

A. Yes, it could.

Q. And that happens -- how often does a PICC line dressing need to be changed for a typical patient?

A. Our policy is at least every

1 seven days, or if it is wet or becomes loose or
2 something like that.

3 Q. Okay. And so the doctor, the
4 patient's doctor will write a medical order,
5 and the client can then go to the LHIN and a
6 care coordinator at the LHIN will determine
7 first whether or not that service can be funded
8 by the LHIN; is that correct?

9 A. That's right, yes.

10 Q. And then the care coordinator
11 will write a Care Plan for that client saying
12 what services need to be provided, in what
13 frequency, for example, every seven days, and
14 for what duration, for example, you know, over
15 a six-week period; is that correct?

16 A. Yes.

17 Q. And then the LHIN will
18 contact you or Saint Elizabeth and give Saint
19 Elizabeth the client's name and the Care Plan,
20 and Saint Elizabeth will arrange a nurse to
21 carry out the Care Plan; is that correct?

22 A. I think there is one more
23 step in between where they make an offer, where
24 we don't have full information about the client
25 but then we can either accept or decline - and
26 we pretty much always accept - but then we get
27 the referral information and go from there,
28 yes.

29 Q. Okay, that is helpful, thank
30 you.

31 And you said yesterday that the
32 Care Plan can be modified. For example, if the

11:21:28 1 Saint Elizabeth nurse observes that the
11:21:31 2 duration needs to be longer, longer than six
11:21:33 3 weeks, that nurse can make a request to the
11:21:36 4 LHIN to have the Care Plan modified; is that
11:21:38 5 correct?

11:21:38 6 A. That's right.

11:21:39 7 Q. And by and large, the LHIN
11:21:46 8 accepts the request to modify the Care Plan?

11:21:48 9 A. Generally speaking, yes.

11:21:49 10 Q. So we have been talking up to
11:21:51 11 now about health care services that are funded
11:21:52 12 by the LHIN and that the LHIN has done an
11:21:57 13 assessment of the client; they have said that
11:22:00 14 the client is eligible for health care services
11:22:03 15 in their home; and then, once you provide the
11:22:06 16 service, Saint Elizabeth will receive funding
11:22:11 17 from the LHIN for providing that service, is
11:22:13 18 that correct?

11:22:13 19 A. That's right, yes.

11:22:14 20 Q. But in other cases, you can
11:22:16 21 get clients in other ways, can't you?

11:22:19 22 A. Sure.

11:22:20 23 Q. Okay. For example, clients
11:22:22 24 can come to your agency directly and arrange
11:22:25 25 and pay for a fee-for-service arrangement?

11:22:28 26 A. Yes, they can, but anybody
11:22:30 27 can refer themselves to CCAC. It doesn't have
11:22:33 28 to be a physician referral.

11:22:34 29 Q. That's right. So people
11:22:37 30 coming to you through the CCAC may be
11:22:40 31 self-referred to the CCAC?

11:22:41 32 A. That's right.

11:22:41 1 Q. But in other circumstances,
11:22:45 2 individuals can come to Saint Elizabeth
11:22:46 3 directly?

11:22:47 4 A. Yes.

11:22:48 5 Q. And ask for services?

11:22:49 6 A. That's right.

11:22:50 7 Q. Or they might have a private
11:22:52 8 health insurance plan that covers services?

11:22:54 9 A. Yes.

11:22:54 10 Q. So not all the services that
11:22:57 11 Saint Elizabeth provides are funded through the
11:22:59 12 LHIN; is that correct?

11:23:00 13 A. That's correct.

11:23:01 14 Q. And when the LHIN is not
11:23:07 15 responsible for the funding, there is no -- the
11:23:11 16 LHIN likewise does not create a Care Plan for
11:23:13 17 that client; is that correct?

11:23:14 18 A. That's correct.

11:23:15 19 Q. So I would like to go back to
11:23:21 20 the services that are funded by the LHIN and
11:23:22 21 ask you some questions about reporting.

11:23:24 22 And yesterday you talked about
11:23:26 23 an internal complaint process called RL6, and
11:23:30 24 that is an internal reporting mechanism to
11:23:32 25 Saint Elizabeth?

11:23:33 26 A. Yes.

11:23:33 27 Q. And I understand there is an
11:23:36 28 obligation as well to report certain incidents
11:23:38 29 to the LHIN?

11:23:39 30 A. That's right.

11:23:40 31 Q. And I think you talked this
11:23:42 32 morning about ETMS?

11:23:43 1 A. That would have been, yeah,
11:23:45 2 the CCAC's system at the time that I was last
11:23:49 3 aware of.

11:23:49 4 Q. Okay. And do you have access
11:23:53 5 or when you were working at Saint Elizabeth did
11:23:54 6 you have access to the ETMS system to report
11:23:58 7 events to the CCAC?

11:23:59 8 A. Yes, I did.

11:24:00 9 Q. And the kinds of information
11:24:03 10 that you send to the -- well, you would have
11:24:07 11 sent to the CCAC, you would send risk events
11:24:09 12 involving a client?

11:24:10 13 A. Yes, we could, uhm-hmm.

11:24:12 14 Q. Okay. And a risk event
11:24:16 15 includes something that might involve an
11:24:19 16 improper procedure or intervention in respect
11:24:21 17 of a client?

11:24:22 18 A. Yes, it could involve many
11:24:24 19 things.

11:24:24 20 Q. Okay. Could it also involve
11:24:26 21 a medication error?

11:24:27 22 A. Yes, it could.

11:24:28 23 Q. So if there were a medication
11:24:29 24 error involving a Saint Elizabeth client that
11:24:33 25 was funded by the LHIN, then you would enter
11:24:35 26 something into the ETMS system?

11:24:37 27 A. Yes.

11:24:38 28 Q. But again, you only have an
11:24:43 29 obligation to report, in your day, to the CCAC
11:24:47 30 those incidents involving clients that were
11:24:49 31 referred to you by the CCAC?

11:24:50 32 A. Yes, that's right.

1 Q. And in paragraph 39 of your
2 affidavit, and you went over it again this
3 morning, it is the incident where Wettlaufer
4 went into a home of a Saint Elizabeth client
5 unannounced and was found there by that client.

6 You said yesterday you did not
7 enter this incident, and I think you repeated
8 it this morning, that you did not enter this
9 incident into the RL6 system?

10 A. No, I did not.

11 Q. And that is the internal
12 system?

13 A. Right.

14 Q. Can you tell us or do you
15 remember whether or not this client, the one
16 where Wettlaufer went into their home
17 unannounced, was that a client that was
18 referred to you by the CCAC?

19 A. Yes.

20 Q. And do you recall whether or
21 not you reported the incident through ETMS to
22 the CCAC?

23 A. No, I don't think I did.

24 MR. KLOEZE: Okay. Thank you,
25 those are all my questions.
26 Thank you.

27 THE COMMISSIONER: Thank you,
28 Mr. Kloeze.

29 MS. HEWITT: The CNO.

30 MS. SCHWARTZENTRUBER: Good
31 morning.

32 THE COMMISSIONER: Good morning,

11:26:05 1 Ms. Schwartzentruher.
11:26:07 2 CROSS-EXAMINATION BY MS.
11:26:07 3 SCHWARTZENTRUBER:
11:26:08 4 Q. Good morning, Ms. Condy.
11:26:08 5 A. Good morning.
11:26:10 6 Q. My name is Meagan
11:26:10 7 Schwartzentruher. I'm one of the lawyers here
11:26:12 8 on behalf of the College of Nurses of Ontario,
11:26:14 9 so I'm going to have a few questions for you
11:26:15 10 coming from that perspective.
11:26:16 11 A. Okay.
11:26:17 12 Q. So I understand that at some
11:26:22 13 point Saint Elizabeth confirmed Ms.
11:26:24 14 Wettlaufer's registration with the College
11:26:26 15 through the FAN, the Find a Nurse application
11:26:29 16 on the College's website?
11:26:31 17 A. That's right.
11:26:32 18 Q. And it wasn't yourself?
11:26:33 19 A. No.
11:26:33 20 Q. It was someone in HR; is that
11:26:35 21 right?
11:26:35 22 A. Yes.
11:26:36 23 Q. Okay, do you know when that
11:26:37 24 check would have been done in relation to the
11:26:39 25 hiring process? Like I understand you met with
11:26:41 26 Ms. Wettlaufer on June 3rd. Would that check
11:26:43 27 have been done before you interviewed her or
11:26:45 28 after?
11:26:45 29 A. Before.
11:26:46 30 Q. Before, okay. And so I take
11:26:48 31 it the confirmation of her registration was one
11:26:51 32 of the items you received in the package of

11:26:53 1 materials before your interview of her?

11:26:54 2 A. It is on the pre-screening

11:26:58 3 interview tool that we have talked about.

11:26:59 4 Q. Okay. And if I understood

11:27:04 5 your affidavit correctly, at paragraph 29 I

11:27:09 6 believe you indicate there that there was a

11:27:12 7 search was again completed of the College of

11:27:15 8 Nurses' Find a Nurse website. And the document

11:27:18 9 ID listed there is 65429, and that is Exhibit

11:27:23 10 "H", I believe, to your affidavit. Is that

11:27:27 11 that document?

11:27:27 12 A. Sorry, which part do you want

11:27:29 13 me to look at, the document or --

11:27:30 14 Q. Sorry, so at -- if you look

11:27:32 15 at the document at Exhibit "H".

11:27:32 16 A. Okay.

11:27:38 17 Q. So am I correct first that

11:27:40 18 this was a second search that was done?

11:27:41 19 A. That is my understanding.

11:27:43 20 Q. Okay, it wasn't completed by

11:27:45 21 you?

11:27:45 22 A. No.

11:27:46 23 Q. And I understand, if I am

11:27:48 24 reading this document correctly, this would

11:27:50 25 have been completed on July 14th, 2016. Is

11:27:54 26 that your understanding based on the top? Do

11:28:01 27 you see at the very top of the page where it

11:28:02 28 says:

11:28:03 29 "The following information was

11:28:04 30 obtained from the Find a Nurse

11:28:05 31 section of the College of Nurses

11:28:06 32 of Ontario website on 07/14/2016

11:28:10 1 [...]"
11:28:11 2 A. I see that, yes.
11:28:12 3 Q. So do you have any knowledge
11:28:15 4 as to, first of all, who would have conducted
11:28:18 5 this search?
11:28:19 6 A. No, I don't know.
11:28:20 7 Q. No, okay. Do you have any
11:28:23 8 understanding as to why a second search may
11:28:25 9 have been conducted?
11:28:26 10 A. No, I don't know.
11:28:27 11 Q. Would that have been a normal
11:28:29 12 practice?
11:28:30 13 A. I don't really know the
11:28:33 14 internal HR practices.
11:28:34 15 Q. Okay. Do you remember if at
11:28:37 16 the time the fact that a second search was
11:28:40 17 conducted was brought to your attention?
11:28:41 18 A. I don't think so.
11:28:42 19 Q. Okay. Now, I want to talk a
11:28:50 20 little bit about the pre-hire report we have
11:28:52 21 been discussing, so this is document -- I
11:28:55 22 believe the colour copy is document 71983.
11:29:07 23 And I understand based on your
11:29:09 24 testimony in relation to the pre-hire document
11:29:11 25 that this is completed by the references?
11:29:12 26 A. That's right, yes.
11:29:13 27 Q. And I believe Mr. Scott had
11:29:17 28 asked you, you don't speak directly to the
11:29:19 29 references?
11:29:19 30 A. No.
11:29:20 31 Q. Okay. And I think you
11:29:22 32 indicated it has never been your practice to

11:29:24 1 call them?

11:29:24 2 A. No.

11:29:25 3 Q. Has there ever been a

11:29:28 4 situation where you have had questions raised

11:29:32 5 from the information provided by references in

11:29:35 6 that application in the online form?

11:29:37 7 A. No, not that I recall.

11:29:38 8 Q. No, okay. So I take it in

11:29:43 9 this case, so -- okay, I'm going to leave that.

11:29:45 10 I take it you would have

11:29:48 11 reviewed this document before you had

11:29:50 12 interviewed Ms. Wettlaufer; is that right?

11:29:51 13 A. Yes, that's right.

11:29:52 14 Q. And if we could go to page 3

11:29:54 15 of this document, please. There is a passage

11:30:04 16 in the -- under the "Work-Related Areas For

11:30:08 17 Improvement" section, there was -- in the

11:30:12 18 second box, so there is three different boxes

11:30:14 19 there, and I understand those are responses

11:30:16 20 from the three different referees?

11:30:17 21 A. That's right.

11:30:17 22 Q. And in the second area there,

11:30:20 23 the second sentence says:

11:30:21 24 "She did have some medical

11:30:23 25 issues which I believe are

11:30:24 26 resolved at the present time."

11:30:26 27 And I take it you understood

11:30:28 28 that at a previous employment she had had some

11:30:30 29 medical issues?

11:30:31 30 A. That's right.

11:30:31 31 Q. Okay. Did you have any

11:30:32 32 concerns in relation to that passage?

11:30:34 1 A. No, I don't remember having
11:30:36 2 any concerns about it.

11:30:37 3 Q. Okay, and I take it you
11:30:39 4 didn't raise that issue with Ms. Wettlaufer?
11:30:41 5 You didn't ask her what that meant or what
11:30:44 6 medical issues she had been experiencing?

11:30:45 7 A. No.

11:30:46 8 Q. Okay. Now, I understand in
11:30:52 9 the interview you had with Ms. Wettlaufer in
11:30:56 10 2016 you had asked her about the circumstances
11:30:59 11 under which she had left Caressant Care?

11:31:00 12 A. That's right.

11:31:01 13 Q. And she was forthright with
11:31:03 14 you about that or you felt she was?

11:31:05 15 A. That is what I thought, yeah.

11:31:06 16 Q. Did you ask Ms. Wettlaufer
11:31:08 17 about whether she had any history with the
11:31:10 18 College?

11:31:11 19 A. No, I didn't ask her that
11:31:13 20 question.

11:31:14 21 Q. Okay, was that -- was it ever
11:31:16 22 your practice to ask that question of
11:31:17 23 candidates?

11:31:18 24 A. No.

11:31:18 25 Q. I understand you are a
11:31:28 26 Registered Nurse?

11:31:28 27 A. I am.

11:31:29 28 Q. And if I understand your role
11:31:32 29 correctly, and you'll correct me if I'm wrong,
11:31:34 30 it is your duty to supervise the registered
11:31:37 31 staff who work for you?

11:31:38 32 A. That's right.

1 Q. And are you aware of the
2 obligations that an employer has to report to
3 the College of Nurses in relation to one of the
4 nurses if there is an issue in certain
5 circumstances related to professional
6 misconduct or incompetence or incapacity?

7 A. Yes, I have some
8 understanding of it.

9 Q. If there was ever a nurse
10 that was working for you that you felt there
11 were concerns about those issues, would it have
12 been your role to make that necessary report,
13 if the circumstances required, to the College?

14 A. I think it probably would
15 have been my role to do, but I certainly
16 wouldn't have undertaken such a large thing
17 without consulting with HR and some other
18 people in the company.

19 Q. Have you ever had a
20 circumstance, not necessarily with Ms.
21 Wettlaufer here, but of any of your nurses
22 where you had those concerns and you had sought
23 information from or guidance from HR on that
24 issue?

25 A. No, no.

26 Q. No, okay. So I take it you
27 have never, in your role at Saint Elizabeth,
28 you were never involved in making a report to
29 the College under those circumstances?

30 A. No, I wasn't.

31 Q. Okay. And I understand from
32 your evidence that Ms. Wright and Ms. Money

11:33:16 1 specifically had some concerns about Ms.
11:33:17 2 Wettlaufer's practice?
11:33:18 3 A. They did, yes.
11:33:18 4 Q. And so they came to you with
11:33:19 5 those concerns. And if I understand your
11:33:24 6 testimony correctly, would it be fair to say
11:33:26 7 that you didn't have -- you didn't see those
11:33:31 8 concerns as raising to the level where you
11:33:33 9 would need to consult with HR about potentially
11:33:35 10 making a report to the College?
11:33:37 11 A. No.
11:33:37 12 Q. And if I understand your
11:33:45 13 evidence about the incident where you learned
11:33:50 14 later that Ms. Wettlaufer had gone into the
11:33:52 15 client's home unannounced, I take it am I right
11:33:57 16 in concluding from your evidence that that
11:33:59 17 information also did not rise to the point
11:34:03 18 where you felt it was important to consider
11:34:05 19 whether or not a report would need to be made
11:34:07 20 to the College?
11:34:08 21 A. Sorry, can you rephrase that?
11:34:12 22 Q. Of course, yes.
11:34:13 23 So we know that at some point
11:34:16 24 you found out about Ms. Wettlaufer going into
11:34:18 25 the client's home unannounced?
11:34:20 26 A. Yes, I did find out.
11:34:21 27 Q. And I believe, is it fair to
11:34:24 28 say that around the time you found out about
11:34:28 29 that information, she had already resigned and
11:34:31 30 was no longer employed?
11:34:33 31 A. Yes, that's right.
11:34:33 32 Q. And I believe you had

11:34:36 1 testified that you hadn't considered
11:34:37 2 terminating -- you weren't at the point before
11:34:40 3 she had resigned of terminating her in relation
11:34:43 4 to any issue because you had wanted to have
11:34:45 5 some discussion with her about it?

11:34:46 6 A. Certainly I would have, yes.

11:34:49 7 Q. And you didn't have a chance
11:34:50 8 to have that opportunity because you never saw
11:34:52 9 her again?

11:34:52 10 A. Exactly.

11:34:53 11 Q. And so I take it it would be
11:34:54 12 fair to say you also had never turned your mind
11:34:56 13 to whether or not that issue raised any
11:35:00 14 concerns that you may have to report to the
11:35:02 15 College because you never got that far in your
11:35:04 16 process?

11:35:04 17 A. Yes, that would be fair.

11:35:12 18 MS. SCHWARTZENTRUBER: Okay, I
11:35:12 19 think those are all my
11:35:13 20 questions.

11:35:13 21 THE COMMISSIONER: Thank you.

11:35:18 22 MS. HEWITT: RPNAO.

11:35:22 23 CROSS-EXAMINATION BY MR. SINGH:

11:35:27 24 Q. Good morning, Ms. Condy. My
11:35:29 25 name is Shaun Singh. I represent the
11:35:34 26 Registered Practical Nurses Association of
11:35:36 27 Ontario.

11:35:36 28 So at paragraph 14 of your
11:35:38 29 affidavit you stated that you felt it was brave
11:35:40 30 that Ms. Wettlaufer was so forthcoming
11:35:44 31 regarding her medication error?

11:35:46 32 A. Yes.

11:35:46 1 Q. Why would you feel that this
11:35:47 2 was brave?

11:35:48 3 A. Well, I think it is people's
11:35:51 4 sort of natural desire to not want to be
11:35:54 5 forthcoming in a job interview about something
11:35:57 6 they had done wrong. Usually in job interviews
11:35:59 7 you want to talk about all positive, good
11:36:01 8 things about ourselves, so I thought it was
11:36:02 9 really -- I thought it was brave at the time
11:36:05 10 that she would disclose something like that in
11:36:08 11 a job interview.

11:36:09 12 Q. And in your experience, is
11:36:11 13 the voluntary reporting of medication errors by
11:36:14 14 nurses an issue?

11:36:15 15 A. I think it can be, yes.

11:36:17 16 Q. Okay. You mentioned that at
11:36:22 17 Saint Elizabeth you guys make best efforts to
11:36:25 18 promote a culture of safety. Now, I think this
11:36:27 19 is one of the first times we have heard
11:36:29 20 "culture of safety" in the Inquiry. Can you
11:36:31 21 explain to us what a culture of safety is?

11:36:33 22 A. Well, I think what I said is
11:36:35 23 a no-blame culture.

11:36:36 24 Q. Uhm-hmm.

11:36:37 25 A. So saying that we understand
11:36:38 26 that medication errors happen despite
11:36:41 27 everybody's best efforts, and that sometimes
11:36:43 28 medication errors are a result of a process
11:36:45 29 that should be changed, not necessarily
11:36:47 30 negligence by one specific person.

11:36:50 31 So instead of laying the blame
11:36:51 32 on the person saying, You did something wrong

1 and it is all your fault, let's talk about the
2 whole situation, what happened, make sure the
3 patient is okay, make sure we are being
4 transparent to the LHIN, if that is applicable,
5 and to the patient's physician and the family,
6 and then let's figure out how we can make sure
7 that it doesn't happen again.

8 Q. Okay. And what did you do at
9 Saint Elizabeth to promote the culture of
10 safety?

11 A. So I'll take into
12 consideration a specific error that happened
13 with one of our nurses with a new piece of
14 equipment and that when the nurse came to me,
15 when we found out about the error, first of
16 course making sure that we reported it
17 appropriately and making sure the patient was
18 okay and the physician and the family,
19 everybody was aware of the error, and then
20 having a conversation with the nurse and then
21 sharing that information with all of the
22 nursing team to say, Hey, this happened to one
23 of our patients and by one of our colleagues,
24 so let's talk about it and put it out there, so
25 that it is not some hidden secret thing and so
26 that, you know, I think it is easier for nurses
27 to understand if they can put themselves in
28 that other person's position and say, Okay, I
29 can see how that could happen to me, so next
30 time I'm going to take these extra steps. Do
31 you know what I mean?

32 Q. Uhm-hmm, and did you find

11:38:06 1 that there was an increase in medication error
11:38:09 2 reporting at Saint Elizabeth by promoting this
11:38:10 3 culture of safety?

11:38:11 4 A. I don't know if I have any
11:38:15 5 statistics or anything to say that
11:38:17 6 specifically. I think nurses were -- I like to
11:38:19 7 try to hope that on my team, anyway, that
11:38:21 8 nurses felt comfortable coming to me when they
11:38:23 9 had made a mistake and knowing that I would
11:38:25 10 work with them and work through it and figure
11:38:27 11 out what the problem was and help with any
11:38:29 12 extra remedial education that might be needed
11:38:33 13 or precepting.

11:38:34 14 But I don't know statistically
11:38:36 15 speaking if it made a difference or not.

11:38:38 16 Q. Okay. And at Saint Elizabeth
11:38:40 17 you did have RPNs on staff; correct?

11:38:42 18 A. We sure did.

11:38:43 19 Q. And what were the roles and
11:38:44 20 responsibilities of RPNs?

11:38:45 21 A. In the community, very
11:38:48 22 similar to the roles of the RN. They did a
11:38:51 23 lot -- most of them had a lot of the same skill
11:38:53 24 sets, so wound care, medication administration,
11:38:58 25 and they did admissions and discharges and they
11:39:00 26 did a lot more of those school health kind of
11:39:03 27 visits that I was talking about, because their
11:39:05 28 days tended to be a little bit more predictable
11:39:08 29 as far as time and maybe their patients were a
11:39:10 30 little bit more stable than the RN patients.

11:39:13 31 Q. Okay. And now with respect
11:39:15 32 to PICC lines, could RPNs run a PICC line to

11:39:21 1 administer low-risk drugs and draw blood?
11:39:24 2 A. So they could administer
11:39:25 3 medications and they could do PICC line
11:39:26 4 dressing changes if they had learned and did
11:39:28 5 the same certifications that the RNs had to do.
11:39:31 6 Q. Okay.
11:39:31 7 A. We don't really draw -- we
11:39:33 8 have a policy to draw blood, but we don't do it
11:39:36 9 because the labs in the area won't process
11:39:38 10 blood that they didn't take themselves kind of
11:39:40 11 thing.
11:39:40 12 Q. Okay, but the RPNs could run
11:39:42 13 the line?
11:39:43 14 A. They could definitely run an
11:39:45 15 IV, yes.
11:39:45 16 Q. And they could change the
11:39:46 17 dressings?
11:39:47 18 A. Yes.
11:39:47 19 Q. And flush the line?
11:39:50 20 A. Yes.
11:39:50 21 Q. And administer antibiotics
11:39:53 22 through the PICC line?
11:39:54 23 A. Yes, uhm-hm.
11:39:55 24 Q. And they could remove a PICC
11:39:56 25 line?
11:39:56 26 A. Yes, if they did the
11:39:58 27 certification, they could.
11:39:58 28 Q. Now, with respect to insulin,
11:40:00 29 could RPNs administer insulin in the home care
11:40:04 30 environment?
11:40:04 31 A. Yes, for sure.
11:40:05 32 Q. Okay. Now, you also stated

1 in your affidavit that RNs are required to
2 complete a Nursing Practice Questionnaire. Is
3 this the same for RPNs; are they required to
4 complete a questionnaire?

5 A. Yes, they are.

6 Q. Is the questionnaire the same
7 questionnaire?

8 A. It is, yeah. There is some
9 sections that are a bit different, labelled
10 "RN" or "RPN" in the questionnaire, but it is
11 the same document.

12 Q. Okay. Now, throughout the
13 Inquiry we have heard testimony about
14 addressing patient needs in order to provide
15 the right care for the patients, and part of
16 this is assigning the right staffing mix, so an
17 RN, an RPN, a PSW, or a combination thereof.

18 What factors did you take into
19 consideration when assessing a patient's needs?

20 A. First of all, starting with
21 the medical orders and looking at the client's
22 medical history, and then determining if we
23 had, you know, what would be the proper person
24 to do that. If they had, you know, a
25 Port-a-Cath or a tunnelled or a special type of
26 central venous access device that the RPN team
27 wasn't able to manage, then that would have to
28 become an RN patient. Certain medications at
29 Saint Elizabeth we prefer that RNs administer
30 as opposed to RPNs, so that we would take into
31 consideration.

32 But other than that, it would

11:41:25 1 have to -- mainly have to do with the staff
11:41:27 2 that was working that day. We had some RPNs
11:41:29 3 that were super expert with wound care, whereas
11:41:31 4 the RNs maybe were better with IVs. So kind of
11:41:36 5 take into consideration individual skills to
11:41:37 6 assign the patients.

11:41:38 7 Q. Okay. And we have heard
11:41:40 8 about the complexity of a patient's needs and
11:41:42 9 how that goes into the assessment itself. You
11:41:45 10 would agree that the complexity of a patient's
11:41:47 11 condition is important in assessing the
11:41:50 12 treatment that is required?

11:41:51 13 A. For sure.

11:41:52 14 Q. But that is not the only
11:41:53 15 consideration; correct?

11:41:54 16 A. No.

11:41:55 17 Q. Would you also consider
11:41:57 18 things like the predictability of patient care?

11:41:59 19 A. Yes.

11:41:59 20 Q. And the risk of negative
11:42:01 21 outcomes?

11:42:02 22 A. Absolutely.

11:42:04 23 Q. And just for the benefit of
11:42:05 24 the public and the Commission, could you
11:42:09 25 explain what the predictability of patient care
11:42:11 26 is?

11:42:11 27 A. So it has to do with if a
11:42:13 28 client is on-service, let's say they just came
11:42:16 29 on-service and we are just managing a urinary
11:42:20 30 catheter, that would have a pretty predictable
11:42:22 31 outcome. We are just going in and we are doing
11:42:24 32 some teaching. There is not a whole lot of

1 risk in that sort of situation.

2 But if we have somebody who is
3 in the active end stages of dying, we don't
4 know, and that looks different for everybody,
5 so that trajectory is not going to be
6 predictable.

7 Q. Now, on the same token, could
8 you explain what the risk of negative outcomes
9 means?

10 A. The risk of negative outcomes
11 for the client do you mean?

12 Q. For a patient.

13 A. For a patient? I don't
14 know -- in what context? Like what -- can you
15 maybe give me a bit more to that question?

16 Q. So in terms of their
17 treatment, when you are assessing what needs
18 they may have with the nurses or PSWs that you
19 are sending for their care, the type of drugs
20 that may be administered or if there is a
21 change in pharma, things like that.

22 A. So we have a tool whereby we
23 rate medications that we give commonly in the
24 community as if they are high risk or not, and
25 they are rated as high risk, not maybe
26 necessarily about the medications themselves,
27 but the risk that if a mistake or something
28 untoward was to happen with that medication,
29 that would put the client at a much higher
30 risk. If they were to get a dose at the wrong
31 time or the wrong amount or something along
32 those lines, then the implications would be

11:43:39 1 much larger than with another medication.

11:43:41 2 Q. Okay. Now, would you agree
11:43:45 3 that the acuity of patients has changed over
11:43:49 4 the years and say is different from ten years
11:43:51 5 ago?

11:43:51 6 A. I would say that is a fair
11:43:52 7 statement, yeah.

11:43:53 8 Q. And in your experience with
11:43:56 9 the increased schooling and training, would you
11:43:59 10 say that RPNs are appropriately suited to treat
11:44:02 11 patients that do have a complex set of
11:44:04 12 co-morbidities or illnesses where there is
11:44:07 13 little fluctuation in the patient's health
11:44:10 14 condition over a period of time?

11:44:11 15 A. Yeah, absolutely.

11:44:13 16 MR. SINGH: Thank you, those are
11:44:14 17 all my questions.

11:44:14 18 THE COMMISSIONER: Thank you
11:44:15 19 very much, Mr. Singh.

11:44:17 20 MS. HEWITT: Ms. Berlach?

11:44:20 21 RE-EXAMINATION BY MS. BERLACH:

11:44:22 22 Q. Good morning, Tamara. I will
11:44:24 23 be brief, because I recognize you have been
11:44:26 24 here quite awhile.

11:44:27 25 You may recall, and I think
11:44:29 26 actually several of the parties that
11:44:34 27 cross-examined you asked you about your
11:44:36 28 interview with Ms. Wettlaufer and particularly,
11:44:40 29 as you have heard from time to time, her
11:44:41 30 discussion with you of the medication error
11:44:44 31 that she made.

11:44:45 32 At that time, did you understand

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that the medication error was at Caressant
Care?
A. Yes, that was my
understanding.
Q. And when she talked about the
wrongful termination or her wrongful dismissal
case, did you understand that related to that
medication error from Caressant Care?
A. Yes.
Q. And you may recall that you
were asked a number of questions by a number of
the parties that once you learned about the
medication error and the wrongful dismissal
lawsuit, whether or not you called Caressant
Care; do you recall that line of questioning?
A. Yes, yes, I recall.
Q. And I don't think we need to
call up the document that you received that
showed the references. Were there references
from Caressant Care on that document?
A. Yes, there was.
Q. Including from a manager?
A. Yes.
Q. Now, briefly, you may recall
there were a number of questions about notes
that you would take or that were kept or the
method of communication between yourself and
your staff.
First of all, do nurses have a
lot of documentation to do?
A. Yes, we do.
Q. And in the community setting,

11:45:58 1 which is a little different than the
11:46:00 2 institutional setting, can you just give the
11:46:03 3 Commission a snapshot of the type of
11:46:06 4 documentation a nurse is required to do?

11:46:09 5 A. During a patient visit?

11:46:11 6 Like --

11:46:11 7 Q. Well, first the patient visit
11:46:14 8 and then what other documentation?

11:46:15 9 A. Well, the majority of our
11:46:16 10 documentation is paper-based forms in the home
11:46:20 11 that we use.

11:46:21 12 Other than that, there is also a
11:46:24 13 fair bit of electronic documentation that is
11:46:28 14 done. The nurses have to document their visit.
11:46:31 15 So we have a piece of technology, at the time
11:46:35 16 it was a tablet that they have to click on when
11:46:37 17 they go in to go into the client's home that
11:46:39 18 documents when they get there.

11:46:41 19 And then depending on what needs
11:46:43 20 that patient had, there might be some quick
11:46:45 21 documentation attached to that thing that they
11:46:48 22 have also written in the chart, so two places
11:46:50 23 that some stuff goes.

11:46:51 24 And then closing that visit and
11:46:54 25 then emailing the report on the visit to maybe
11:46:58 26 the nurse who is going in over the weekend.

11:47:00 27 So those are kind of some of the
11:47:03 28 documentation that they do, yeah.

11:47:05 29 Q. So if we can just break that
11:47:07 30 down a bit.

11:47:08 31 A. Uhm-hmm.

11:47:09 32 Q. So there is the documentation

11:47:10 1 that stays in the home, and you have referenced
11:47:12 2 that both in your evidence yesterday but also
11:47:16 3 with me now. That stays in the home?

11:47:18 4 A. It does, yes.

11:47:19 5 Q. And does that include
11:47:21 6 Progress Notes?

11:47:22 7 A. It does.

11:47:22 8 Q. The medication chart or the
11:47:25 9 MAR, or however it is described by Saint
11:47:27 10 Elizabeth?

11:47:27 11 A. That's right.

11:47:28 12 Q. And do the nurses also have
11:47:32 13 occasion to communicate with CCAC?

11:47:35 14 A. Yes, we had a reporting
11:47:39 15 system with the CCAC at the time called an
11:47:43 16 Automated Provider Report or an APR.

11:47:44 17 Q. And when would a visiting
11:47:45 18 nurse use that APR?

11:47:46 19 A. She is required to do - he or
11:47:50 20 she - required to do one on admission, if there
11:47:52 21 is any changes that need to be communicated,
11:47:54 22 and then also on discharge.

11:47:56 23 Q. So you told us about the
11:47:59 24 documentation that they write that stays in the
11:48:02 25 home, the electronic documentation that they
11:48:05 26 have to complete for Saint Elizabeth, and from
11:48:09 27 time to time electronic documentation to CCAC
11:48:12 28 as it then was?

11:48:14 29 A. Yes.

11:48:14 30 Q. Were there any other forms of
11:48:16 31 documentation that the nurses had to complete?

11:48:18 32 A. Supply ordering was the

1 responsibility of the nurses as well, so a
2 separate form.

3 Q. So that if they went into a
4 home and the supplies were running low, it was
5 the nurse's responsibility to complete the
6 supply order?

7 A. Yes. So on admission, the
8 nurses all carried what we called a car kit or
9 a trunk kit of supplies, and that was supplied
10 by the CCAC/LHIN and that was their sort of
11 inventory of supplies to -- so if they had an
12 admission and it was wound care, they could go
13 to their car and get some stuff and go in and
14 get things started. So they had to replenish
15 that with one form, so re-ordering every time
16 they took something out of their trunk.

17 And then also it was their
18 responsibility to order supplies for the client
19 as well, so -- and the majority of clients had
20 some sort of supplies.

21 Q. And then in addition, you did
22 briefly reference that the nurses, either with
23 the office or amongst themselves, would have to
24 email information about the clients that they
25 may share?

26 A. Yeah, so nurses pass on
27 report in the hospital from shift to shift, but
28 in the case of the community, they email each
29 other a brief report about all of their clients
30 so that the nurses going in on their day off or
31 on their weekend off or whatever would have a
32 little bit of information to go by.

1 Q. And you were asked the
2 question whether the nurses were expected to
3 come to the office at the end of a day, and I
4 believe your answer was no.

5 Was there any time when you met
6 with your nurses as a team or otherwise?

7 A. Yeah, we had -- every second
8 week we had a team meeting.

9 Q. And what was the purpose of
10 those meetings?

11 A. To communicate corporate
12 updates, to do -- we had a mandatory annual
13 education plan, so that any education would be
14 done in those meetings. We might have speakers
15 come in, supply reps with a new product, or
16 that sort of thing.

17 Q. Were there any patient issues
18 discussed at those meetings?

19 A. Sometimes, depending if there
20 was something really extraordinary going on.

21 MS. BERLACH: Thank you, Tamara,
22 those are my questions.

23 THE COMMISSIONER: Thank you
24 very much.

25 MS. HEWITT: The Commission has
26 no further questions.

27 THE COMMISSIONER: All right.
28 Thank you so much, Ms. Condy.
29 We appreciate it. It is not
30 easy necessarily coming to the
31 Inquiry, but we need your help
32 and we appreciate it. Thank

11:50:35 1 you.

11:50:35 2 THE WITNESS: Thanks.

11:50:53 3 MS. HEWITT: I'm digging down

11:50:54 4 into my supplies for another

11:50:55 5 pen, but in the meantime the

11:50:59 6 Commission calls Patricia

11:51:02 7 Malone.

11:51:03 8 PATRICIA MALONE: SWORN.

11:51:11 9 EXAMINATION IN-CHIEF BY MS.

11:51:11 10 HEWITT:

11:52:16 11 Q. Hi, good morning -- are we

11:52:17 12 still morning? We are still morning. Good

11:52:18 13 morning, Ms. Malone. We have made it a habit

11:52:21 14 of asking witnesses whether they would like to

11:52:24 15 be called by their first name, and I think you

11:52:26 16 told me earlier Pat was preferable; is that

11:52:29 17 right?

11:52:29 18 A. Correct.

11:52:31 19 Q. Okay. And you should have

11:52:31 20 before you an affidavit that you swore on June

11:52:37 21 27th; do you see that?

11:52:38 22 A. Yes.

11:52:39 23 Q. And if you just turn to the

11:52:40 24 page before tab "A", page number 11, is that

11:52:44 25 your signature?

11:52:44 26 A. It is.

11:52:45 27 Q. Do you have any corrections

11:52:47 28 at this time to make to your affidavit?

11:52:48 29 A. I do not.

11:52:49 30 MS. HEWITT: All right, I would

11:52:50 31 like to make this the next

11:52:52 32 exhibit, Commissioner.

11:52:54 1 THE COMMISSIONER: Yes, thank
11:52:56 2 you, Ms. Hewitt. I think that
11:52:57 3 is Exhibit 94, is that right?
11:52:58 4 Yes, Exhibit 94 then, the
11:52:59 5 affidavit of Patricia Malone.
11:53:02 6 EXHIBIT NO. 94: Affidavit of
11:53:03 7 Patricia Malone.
11:53:03 8 BY MS. HEWITT:
11:53:03 9 Q. And I understand, Pat, that
11:53:05 10 you are the Corporate Integrity Officer for
11:53:07 11 Saint Elizabeth?
11:53:07 12 A. I am.
11:53:07 13 Q. And that you have been with
11:53:09 14 Saint Elizabeth for 37 years?
11:53:10 15 A. I have.
11:53:11 16 Q. Always in that position as
11:53:13 17 Corporate Integrity Officer?
11:53:14 18 A. No, I have had multiple
11:53:16 19 positions.
11:53:17 20 Q. All right, can you briefly
11:53:18 21 tell us when did you get into management?
11:53:23 22 A. 1982.
11:53:30 23 Q. And are you an RN?
11:53:31 24 A. I am.
11:53:32 25 Q. And when did you graduate?
11:53:34 26 A. 1974.
11:53:36 27 Q. And were you originally with
11:53:39 28 Saint Elizabeth in your capacity as a
11:53:41 29 Registered Nurse?
11:53:41 30 A. When I started there, yes.
11:53:44 31 Q. And then you at some point,
11:53:49 32 as you indicated, you went into management.

11:53:50 1 What was your first management position; do you
11:53:53 2 recall?

11:53:53 3 A. I think it was called a
11:53:55 4 District Administrator at the time, in the City
11:53:58 5 of Toronto.

11:53:58 6 Q. And do you recall how long
11:54:02 7 you held that position?

11:54:03 8 A. Without going back to my
11:54:05 9 resumé, no.

11:54:06 10 Q. All right, and then from
11:54:07 11 there, which position did you hold?

11:54:09 12 A. I had a Program Manager
11:54:12 13 position for mental health. I had a couple of
11:54:15 14 children in between. I then moved into an
11:54:19 15 Operations Leadership position in Toronto, then
11:54:23 16 moved on to a position called Quality
11:54:26 17 Improvement Leader and then Risk Advisor and
11:54:28 18 Corporate Integrity Officer.

11:54:29 19 Q. All right. And when did you
11:54:30 20 get your position as Corporate Integrity
11:54:32 21 Officer?

11:54:32 22 A. Ten or twelve years ago.

11:54:34 23 Q. And your affidavit indicates
11:54:39 24 that Saint Elizabeth has grown from an original
11:54:41 25 staff of four nurses in 1908 to over 9,000
11:54:45 26 employees across Canada?

11:54:46 27 A. Correct.

11:54:46 28 Q. And in your role, is that a
11:54:51 29 cross-Canada national role?

11:54:52 30 A. Yes.

11:54:53 31 Q. And can you tell us some of
11:54:55 32 the services that Saint Elizabeth provides?

1 A. Direct care to our clients in
2 the homes and long-term care facilities and
3 schools. We have a very small staffing program
4 where we supply staff to hospitals. We have an
5 Education Services Department where we run
6 schools to educate PSWs and HSWs. We do
7 consulting services, and then we have another
8 branch that does staffing support services for
9 doctors in facilities.

10 Q. And in this particular
11 Inquiry, we are focussed on the community care
12 services that Saint Elizabeth provides; do you
13 recall that?

14 A. Yes.

15 Q. And are you able to estimate
16 what proportion of your services is community
17 care services?

18 A. No.

19 Q. Okay, and in respect -- we
20 have just heard Tamara indicate that there are
21 certain services that would be provided through
22 a contract with the CCAC or then the LHIN, but
23 there are other services that are provided more
24 directly or can be obtained more directly; is
25 that correct?

26 A. Correct.

27 Q. And I would like to turn you
28 to paragraph 6 of your affidavit. Are you
29 familiar with the Services Agreement that would
30 have been entered into between Saint Elizabeth
31 and the South West Community Care Access
32 Centre?

11:56:38 1 A. Not the 400 pages that it
11:56:41 2 contains, but I am aware of the document
11:56:46 3 itself.

11:56:46 4 Q. All right, and are you aware
11:56:47 5 of -- within paragraph 6 you identify the
11:56:50 6 requirements regarding the nursing personnel
11:56:55 7 that you provide to clients to be serviced from
11:56:57 8 the LHIN; is that correct?

11:56:58 9 A. Yes.

11:56:58 10 Q. And that indicates that your
11:57:02 11 nurses need to be duly qualified and registered
11:57:04 12 to practice nursing in Ontario?

11:57:06 13 A. That's correct.

11:57:06 14 Q. And hold a certificate or
11:57:08 15 registration as a Registered Nurse in good
11:57:11 16 standing with the College of Nurses?

11:57:12 17 A. Yes.

11:57:13 18 Q. And be in compliance with all
11:57:15 19 applicable law relating to that practice?

11:57:18 20 A. Yes.

11:57:18 21 Q. And is qualified in standard
11:57:21 22 level first aid and cardiopulmonary
11:57:24 23 resuscitation?

11:57:25 24 A. Yes.

11:57:25 25 Q. And is it your understanding
11:57:27 26 that Elizabeth Wettlaufer at the time that she
11:57:29 27 was hired met those standards?

11:57:31 28 A. She did.

11:57:31 29 Q. Do you have a sense of how
11:57:37 30 many home care visits are done by Saint
11:57:40 31 Elizabeth personnel on an annual basis?

11:57:42 32 A. Not annually, but we do about

11:57:44 1 20,000 visits a day.

11:57:45 2 Q. And is that across Canada?

11:57:48 3 A. Across Canada.

11:57:49 4 Q. And those visits may involve

11:57:53 5 a Registered Nurse, an RPN or a PSW?

11:57:56 6 A. Or a therapist.

11:57:57 7 Q. And within the Inquiry, until

11:58:04 8 we got to Saint Elizabeth, we have essentially

11:58:06 9 been dealing with the Long-Term Care Act, and

11:58:10 10 are you familiar with that Act?

11:58:12 11 A. Very briefly.

11:58:13 12 Q. All right. Are you familiar

11:58:15 13 with the fact that it has significant

11:58:16 14 regulations regarding the education of direct

11:58:19 15 care staff and mandatory reporting, et cetera?

11:58:22 16 A. No.

11:58:22 17 Q. Okay. Is there a regulatory

11:58:26 18 process in place for Saint Elizabeth whereas

11:58:30 19 they are required to provide certain education

11:58:32 20 to their nursing personnel?

11:58:34 21 A. Not that I am aware of.

11:58:36 22 Q. All right. Is there a

11:58:38 23 process in place where there needs to be

11:58:40 24 mandatory reporting to the LHIN or the CCAC?

11:58:43 25 A. A process in place to report?

11:58:46 26 Q. Risk events as described

11:58:49 27 by --

11:58:49 28 A. Yes, there is.

11:58:50 29 Q. -- the Ministry. And what is

11:58:52 30 that reporting system? What is the process?

11:58:54 31 A. The process is that all

11:58:56 32 complaints or all risk events need to be

1 reported to the LHIN when they happen.

2 Q. And how do you define a "risk
3 event"?

4 A. I would say it was an event
5 with a client that is out of the normal process
6 or operational day-to-day care for the client.

7 Q. And in your affidavit you
8 indicate that there is a system internally for
9 reporting client complaints, and that would be
10 the RL6 system; is that correct?

11 A. Correct.

12 Q. And then we have heard from
13 Tamara that there is I believe it was an ETMS
14 system?

15 A. Yes.

16 Q. So is there dual
17 documentation that needs to be done if there is
18 a client complaint?

19 A. Yes.

20 Q. And are your clients entitled
21 to complain directly to the CCAC and the LHIN?

22 A. Yes.

23 Q. And if they do that, are you
24 notified of those complaints?

25 A. Yes.

26 Q. And what is the process, if
27 any, in terms of investigating complaints that
28 either you hear from a client or you hear back
29 from the CCAC or the LHIN?

30 A. So the process would be the
31 same. We would interview the client in terms
32 of validating the information we have received

1 or we have heard. We interview the staff
2 involved in terms of their perception of what
3 happened. And then depending on what the
4 outcome of that was, we develop a learning plan
5 for the employee, if required.

6 And then we report back to the
7 client about what the outcome of the
8 investigation was and what we are putting in
9 place to prevent it from happening again, and
10 then we also report back to the LHIN the same
11 information.

12 Q. And does anybody from the
13 LHIN come out and do a separate investigation
14 of any complaints received in home care, to the
15 best of your knowledge?

16 A. Not that I am aware of, but I
17 am not sure.

18 Q. All right, and if -- has
19 there ever been a case where the LHIN hasn't
20 been satisfied with the answers that Saint
21 Elizabeth has provided?

22 A. Sorry, has been satisfied?

23 Q. Has not been satisfied.

24 A. Has not been satisfied?

25 Q. Yes.

26 A. Yes, sometimes our leadership
27 team don't give enough detail in their reports,
28 and so the LHIN requests us to do further
29 documentation or further investigation.

30 Q. And is that further
31 documentation or investigation then reported
32 back to the LHIN?

12:01:31 1 A. Correct.

12:01:32 2 Q. And do all of these things
12:01:33 3 take place online, or are there meetings or
12:01:37 4 phone calls?

12:01:38 5 A. No, our preference is that
12:01:40 6 our leadership staff go out and interview the
12:01:43 7 clients face-to-face. Sometimes that is not
12:01:48 8 possible, but whenever possible, that is the
12:01:49 9 best scenario.

12:01:50 10 Q. But how about your reporting
12:01:53 11 to the LHIN and then they are reporting whether
12:01:58 12 they are satisfied or they need further
12:02:01 13 clarity, is that all done online or are there
12:02:03 14 verbal conversations or meetings about
12:02:04 15 various --

12:02:05 16 A. I would say both.

12:02:06 17 Q. Okay. And are you aware as
12:02:09 18 to whether, at the time that Elizabeth
12:02:13 19 Wettlaufer was employed by Saint Elizabeth, are
12:02:15 20 you aware as to whether any complaints went
12:02:18 21 directly to the LHIN or the CCAC about her?

12:02:21 22 A. I am not aware of any, no.

12:02:22 23 Q. And during your investigation
12:02:24 24 into the Wettlaufer crimes, would you have
12:02:26 25 expected to come across that if there had been
12:02:28 26 any?

12:02:28 27 A. Yes.

12:02:28 28 Q. And the one client that we
12:02:33 29 have been talking about whose home Elizabeth
12:02:36 30 Wettlaufer entered into, do you know whether
12:02:38 31 she reported that directly to the LHIN?

12:02:40 32 A. I am not aware that she did,

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no.

Q. And would your investigation have uncovered that if she had?

A. Yes, there would have been a communication from the LHIN to us.

Q. All right. Now, we have heard from Tamara that she was responsible for interviewing and hiring staff within her region; is that correct?

A. That's correct.

Q. And are you aware of whether or not at that period of time when Elizabeth Wettlaufer was hired she had any training on how to complete interviews, how to ask probing questions, et cetera?

A. I am not aware of any at the time.

Q. She would have had training on your various steps through the process in terms of the pre-screening questionnaire and the references, et cetera?

A. Correct, she would have been orientated to our HR protocols, which are documented procedures in our policy and procedure system.

Q. All right. And I just want to go back for one moment. So we have talked about the issue of if there is complaints going back and forth to the LHIN, but I wanted to ask you, are there any -- is there any other monitoring that takes place by the LHIN or the CCAC of the services that your nursing

1 personnel are providing?

2 A. Yes, there are quarterly
3 quality meetings with the LHINs, and they
4 monitor key performance indicators.

5 Q. And do you recall what those
6 performance indicators are?

7 A. I am not close enough to it
8 to give you the exact ones.

9 Q. In general?

10 A. In general, it would be
11 probably the number of complaints, referral
12 refusals would be two examples, client
13 satisfaction.

14 Q. And in terms of client
15 satisfaction, how is that determined? Are
16 there surveys, et cetera, that are taken of the
17 clients?

18 A. Yeah, the LHIN does their own
19 surveys but we also do ours, so our surveys are
20 done on a monthly basis with quarterly
21 reporting.

22 Q. Back to the LHIN or the CCAC?

23 A. The results?

24 Q. Yes.

25 A. Well, the CCAC used the same
26 survey. There are only a couple of questions
27 in ours that are a little bit different. So
28 the CCAC reports to us in terms of what the
29 results that they received, and we might report
30 ours if there was a discrepancy in a particular
31 area that they were concerned about.

32 Q. And if there was a concern

12:05:16 1 that was raised in any particular quality
12:05:19 2 survey, what is the process to address those
12:05:21 3 concerns?

12:05:22 4 A. The LHIN would expect an
12:05:23 5 improvement plan if they weren't satisfied with
12:05:25 6 the results.

12:05:27 7 Q. And in your experience, has
12:05:37 8 that occurred? Have there been situations
12:05:40 9 where the LHIN has requested of Saint Elizabeth
12:05:43 10 an improvement plan?

12:05:44 11 A. Yes.

12:05:44 12 Q. And is that -- would that
12:05:49 13 have taken place, do you know, whether at
12:05:52 14 Oxford, the Oxford Region, or are you just
12:05:56 15 speaking generally?

12:05:57 16 A. I am not aware of any in
12:05:59 17 Oxford.

12:05:59 18 Q. Okay. So you have got the
12:06:00 19 surveys that are done by the CCAC or the LHIN,
12:06:02 20 and then you have got the surveys that you do
12:06:04 21 internally. Are there any audits done by the
12:06:06 22 CCAC or the LHIN in terms of charting or
12:06:10 23 Progress Notes or Care Plans, et cetera?

12:06:12 24 A. They do quality audits. I am
12:06:14 25 not the best person to answer those questions.

12:06:18 26 Q. All right, but they do
12:06:19 27 quality audits as well?

12:06:20 28 A. Yes.

12:06:21 29 Q. Okay. Are you able to give a
12:06:31 30 general sense of the types of complaints that
12:06:34 31 Saint Elizabeth would receive from the
12:06:36 32 community patients?

1 A. The majority of our
2 complaints come in our personal support
3 program, and it has to do with continuity of
4 care provider and the times that our staff are
5 arriving. That is the most common ones.

6 Q. Is there a difficulty in
7 providing continuity of care in terms of the
8 same person visiting?

9 A. It is not difficult if the
10 visits are once or twice a week, but we have a
11 number of clients who are on four times a day.
12 Some of the acuity of our clients require two
13 staff to service the client at the same time,
14 so that takes a team of up to 30 staff members.
15 It is impossible to send the same ones all the
16 time.

17 Q. And, sorry, what was the
18 second one, a missed visit?

19 A. No, the timing of the visit.

20 Q. In terms of --

21 A. The majority of our clients
22 want to be seen between 8:00 and 10:00 in the
23 morning, and we can't see everybody in those
24 two hours, so it is not always at a time that
25 is convenient for the client.

26 Q. And you indicate in your
27 affidavit that you are not involved in the
28 actual hiring of registered staff ?

29 A. Correct.

30 Q. That is handled at the local
31 level?

32 A. Yes.

12:07:51 1 Q. And as part of that hiring
12:07:55 2 process, we have seen that Saint Elizabeth
12:07:57 3 conducts a search of Find a Nurse from the
12:08:01 4 College of Nurses; is that correct?

12:08:02 5 A. Correct.

12:08:02 6 Q. And in this case, the search
12:08:04 7 revealed that Elizabeth Wettlaufer was shown as
12:08:06 8 registered with no restrictions?

12:08:08 9 A. Correct.

12:08:09 10 Q. Does the website identify for
12:08:11 11 an employer that there had been a report, for
12:08:14 12 instance, in 1995 from Geraldton Hospital?

12:08:20 13 A. No.

12:08:21 14 Q. Are you able to get that
12:08:23 15 information from the College if you phone that
12:08:26 16 there had been any previous reports?

12:08:27 17 A. Not that I am aware of, no.

12:08:30 18 Q. Does the website indicate for
12:08:33 19 employers that there had been a report to the
12:08:35 20 College of Nurses in 2014 from Caressant Care?

12:08:37 21 A. No, not unless there were
12:08:38 22 restrictions on her licence.

12:08:39 23 Q. All right. And so is it fair
12:08:46 24 to say there is no information available from
12:08:47 25 the College of Nurses for prospective employers
12:08:53 26 unless the investigation has resulted in
12:08:55 27 restrictions?

12:08:55 28 A. Correct.

12:08:56 29 Q. And in your affidavit you
12:09:02 30 indicate that, in your experience, it takes
12:09:04 31 some time for the College of Nurses to
12:09:07 32 investigate; is that correct?

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A. Yes.

Q. So have you been involved in reporting a nurse or nurses to the College?

A. Yes.

Q. And when you have been involved in those situations, do you recall what type of information is then shared by the College back to the employer as to the steps that they are taking?

A. So we get a letter from the College acknowledging receipt of the report, but also identifying that as we are just reporting and that it is not a complaint, that we would not be privy to the outcome of it.

Q. Are you advised if the College -- in your experience, would you be advised if the College decided not to investigate any report?

A. We wouldn't be advised, but we do keep our files for a couple of years because the College usually comes back to us to clarify information that is in report.

Q. And you have indicated in your affidavit that you have hired staff that are in good standing with the College when you have hired them, but only to find out six months later that there was an investigation that resulted in restrictions?

A. Correct.

Q. And so that is an actual situation that happened in your career at Saint Elizabeth?

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A. Yes.

Q. And in the meantime, would that nurse -- and was it one or more than one?

A. There was one in the last year to 18 months.

Q. All right. And in that case, would that person have done your orientation and be out visiting home clients?

A. Yes.

Q. And be out on his or her own with a home client?

A. Correct.

Q. And then you found out after that that there were restrictions?

A. Correct.

Q. Okay. And did those restrictions in this particular case end up in your not being able to use that nurse for home care?

A. That's right.

Q. Now, we have heard extensively from Tamara regarding the interview process that she undertook with Elizabeth Wettlaufer and the orientation that she receives, so we are not going to take you through that.

I did want to ask you the issue of references, though, because you have heard there has been a lot of interest in terms of the Saint Elizabeth reference process.

And you have had an opportunity now to review Elizabeth Wettlaufer's file?

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A. I have.

Q. And her resumé from 2016?

A. Yes.

Q. And in that resumé it indicates that there were -- she had two work locations recently, one was Lifeguard and then Meadow Park?

A. Correct.

Q. Do you see that? And was there any process in place that required an employee to provide a reference from their most recent place of employment?

A. Our policies do request that we ask for the most current place of employment. It also dictates that an offer of employment may be contingent upon getting a reference from the current place. Some of our staff do not want to disclose to their current employer that they are actually out looking for a job so are hesitant to share that information.

So in our policies we do say that an offer of employment may be contingent. In the area -- in the case of Ms. Wettlaufer, though, she was working for a staffing agency. Our experience is that the staffing agencies are not as familiar with the skill sets of the nurse as the places where they go to work, so we would prefer in those situations to ask an applicant where did you do most of your staffing hours and we would potentially call the hospital to get the reference for that.

1 Q. The hospital, or if it was a
2 long-term care facility, that facility?

3 A. Yes.

4 Q. All right. And we have seen
5 within the references that somebody from
6 Brierwood, which was where she had been placed
7 from time to time by Lifeguard, was given; did
8 you see that?

9 A. Yes.

10 Q. And we have heard a lot in
11 terms of your actual online reference system
12 and the fact that there are no phone calls, or
13 at least in Tamara's practice, there was no
14 phone calls made to the various facilities to
15 get a verbal reference; do you recall that?

16 A. Yes.

17 Q. And is that your recollection
18 of the process at Saint Elizabeth, or is that a
19 Tamara Condry process?

20 A. No, it is an organizational
21 practice that we have online references.

22 Q. All right. And why not touch
23 base through a phone call just to double-check?

24 A. Our reference tool is quite
25 extensive, and I am not sure what else you
26 would learn from a phone call unless there was
27 a red flag that you needed to clarify
28 something.

29 Q. You do indicate in your
30 affidavit and the system itself says that your
31 reference system in 2016 was in some way
32 anonymous in that it doesn't match up the

12:14:25 1 comments to the actual person giving the
12:14:27 2 comments; is that a fair characterization?
12:14:30 3 A. That's correct.
12:14:30 4 Q. And why that system?
12:14:32 5 A. That was recommended by the
12:14:34 6 vendor. So when we did a vendor search, we
12:14:37 7 looked at a number of systems. We liked this
12:14:39 8 particular one, but the recommendation from the
12:14:41 9 vendor was that if we went anonymous, that we
12:14:44 10 would get a more honest answer from the person
12:14:47 11 giving the reference.
12:14:48 12 Q. And then what would happen
12:14:51 13 from your perspective if you went and phoned
12:14:53 14 the reference?
12:14:54 15 A. We would have to get the
12:14:55 16 employee's permission to do that.
12:14:57 17 Q. And up until the interview
12:15:07 18 that Tamara completed with Ms. Wettlaufer, is
12:15:10 19 it your perspective that the hiring process was
12:15:13 20 followed?
12:15:14 21 A. Absolutely.
12:15:14 22 Q. Now, we have heard that there
12:15:19 23 were notes taken by Tamara in that interview;
12:15:23 24 do you recall that?
12:15:23 25 A. Yes.
12:15:23 26 Q. And that they cannot be
12:15:27 27 located?
12:15:27 28 A. Correct.
12:15:28 29 Q. And you were responsible
12:15:30 30 following the discovery of the offences to look
12:15:33 31 into the processes and procedures that took
12:15:36 32 place; is that correct?

12:15:36 1 A. Correct.

12:15:37 2 Q. And what was the appropriate
12:15:39 3 process that should have been undertaken to
12:15:41 4 ensure that those notes were maintained?

12:15:45 5 A. Well, our process is that
12:15:48 6 they are sent to HR and they are screened --
12:15:51 7 screened -- they are scanned into our HR
12:15:53 8 system.

12:15:53 9 Q. And do you know whether or
12:16:00 10 not the actual notes got to HR or were lost at
12:16:04 11 some point prior to that time?

12:16:05 12 A. We have no idea.

12:16:06 13 Q. Tamara has testified that
12:16:12 14 during the interview there was disclosure to
12:16:15 15 her by Elizabeth Wettlaufer of a medication
12:16:17 16 error that she made at Caressant Care and that
12:16:23 17 she indicated led to her dismissal; do you
12:16:25 18 recall that?

12:16:25 19 A. I do.

12:16:26 20 Q. And what is the process, if
12:16:29 21 any, if Tamara's notes had made it to human
12:16:34 22 resources, are they simply uploaded into the
12:16:37 23 system, or does someone actually review them to
12:16:39 24 determine whether there are any issues that
12:16:41 25 arise?

12:16:42 26 A. No, the decision to hire is
12:16:43 27 Tamara's, is the supervisor's.

12:16:45 28 Q. All right. So in those
12:16:47 29 circumstances, unless Tamara flagged it to
12:16:50 30 somebody at head office, head office wouldn't
12:16:52 31 review those notes and say, oh, maybe we have
12:16:54 32 some other questions here?

12:16:55 1 A. Correct. If there is a red
12:16:57 2 flag raised, then an HR manager would be
12:17:00 3 involved or I would be called.

12:17:01 4 Q. All right, but that red flag
12:17:04 5 would come out of Tamara in her capacity; is
12:17:11 6 that correct?

12:17:11 7 A. Correct, or from the
12:17:12 8 recruiter.

12:17:13 9 Q. And would that recruiter be
12:17:16 10 involved at the pre-screening process?

12:17:18 11 A. Yes.

12:17:18 12 Q. All right. So if something
12:17:21 13 at the pre-screening situation raised a red
12:17:23 14 flag, that might be reported to human
12:17:25 15 resources?

12:17:25 16 A. Correct. Perhaps I could
12:17:31 17 give you an example?

12:17:32 18 Q. Sure, absolutely.

12:17:34 19 A. That someone in their
12:17:35 20 screening process identified that they were
12:17:38 21 arrested for a DWI when they were 17. They are
12:17:42 22 now 35 years old, but it is on their record. A
12:17:45 23 recruiter might come forward and say, Should I
12:17:47 24 proceed with this candidate?

12:17:50 25 Q. And in those circumstances,
12:17:52 26 what, if anything, would be done?

12:17:54 27 A. I would make the decision
12:17:56 28 about whether we proceed or not depending on
12:17:58 29 what the offence was, how long ago it was.

12:18:00 30 Q. And would you make additional
12:18:02 31 investigations then of that?

12:18:03 32 A. We would interview the

12:18:05 1 candidate about it, about whether there has
12:18:06 2 been anything else that has happened since that
12:18:08 3 time.

12:18:08 4 Q. In terms of the situation
12:18:15 5 that happened during the interview with Tamara,
12:18:18 6 it was indicated that there was actually a
12:18:20 7 disclosure that Ms. Wettlaufer had been
12:18:23 8 terminated from Caressant Care and had won her
12:18:26 9 case.

12:18:26 10 Now, is there any training given
12:18:29 11 to your supervisors that are interviewing to
12:18:32 12 pick up on the fact that a termination of a
12:18:34 13 nurse may have resulted in a report to the
12:18:37 14 College of Nurses?

12:18:37 15 A. At the time, I would say no.

12:18:42 16 Q. Okay, and you say "at the
12:18:45 17 time". Has that changed?

12:18:47 18 A. Yes, we have developed an
12:18:48 19 online module to support our supervisors in
12:18:51 20 their interviewing techniques.

12:18:54 21 Q. And was that as a result of
12:18:58 22 the disclosure of Elizabeth Wettlaufer's
12:19:01 23 crimes, or was that developed before that?

12:19:03 24 A. It was as a result of.

12:19:04 25 Q. And so what types of training
12:19:08 26 now would be given to your supervisors in terms
12:19:11 27 of interviewing techniques, et cetera?

12:19:13 28 A. Well, part of the education
12:19:16 29 is when to identify and raise a red flag, when
12:19:18 30 to put up your hand for support and where to go
12:19:21 31 for that support.

12:19:22 32 Q. And can you give us any

12:19:25 1 examples of what types of things would
12:19:28 2 potentially identify a red flag to an
12:19:32 3 interviewer?

12:19:32 4 A. It might be the situation
12:19:35 5 that we are dealing with now. It might be a
12:19:38 6 discussion around concerns that -- it is hard
12:19:41 7 for me to say in that I am not interviewing
12:19:44 8 frontline staff anymore, but I would suggest
12:19:47 9 anything that they are concerned about in terms
12:19:48 10 of having a nurse or an employee out in
12:19:52 11 independent practice.

12:19:53 12 Q. And in terms of those
12:19:55 13 interviews now where you have developed that
12:19:57 14 system, are those interview notes still
12:20:00 15 maintained in HR just to maintain the
12:20:04 16 documents, or is there any review process that
12:20:08 17 now takes place of what actually came out?

12:20:10 18 A. No, there is no review
12:20:11 19 process.

12:20:11 20 Q. And are they still
12:20:12 21 interviewing one-on-one, or are there second
12:20:16 22 persons within those interviews?

12:20:18 23 A. I am not sure.

12:20:19 24 Q. Okay. Now I wanted to talk
12:20:22 25 to you about the management of the incident
12:20:25 26 where Elizabeth Wettlaufer entered a client's
12:20:27 27 home without authorization to ostensibly
12:20:33 28 retrieve a piece of equipment. You are aware
12:20:35 29 of that situation?

12:20:35 30 A. I am.

12:20:36 31 Q. And are you aware of that
12:20:37 32 because of the investigation that took place

12:20:39 1 after Elizabeth Wettlaufer's crimes were
12:20:41 2 revealed?
12:20:42 3 A. Correct.
12:20:42 4 Q. And from your perspective,
12:20:45 5 was her conduct appropriate?
12:20:48 6 A. It was not.
12:20:48 7 Q. And what was inappropriate
12:20:52 8 about her conduct?
12:20:53 9 A. Just the respect of a client,
12:20:55 10 to enter into a client's environment without
12:20:58 11 their permission.
12:20:59 12 Q. And you have identified
12:21:00 13 within your affidavit that she would have been
12:21:02 14 in breach of the Saint Elizabeth Therapeutic
12:21:07 15 Relationships Guideline; is that correct?
12:21:08 16 A. Correct.
12:21:09 17 Q. And we know that there were
12:21:15 18 two nurses that knew about that situation and
12:21:18 19 that they shared that with Tamara; do you
12:21:20 20 recall that?
12:21:20 21 A. Yes.
12:21:21 22 Q. And in terms of the two
12:21:23 23 nurses who reported this to Tamara, did they
12:21:26 24 follow appropriate process?
12:21:27 25 A. They did.
12:21:28 26 Q. And so whose responsibility
12:21:32 27 would it have been, if any, to have brought
12:21:34 28 that incident to higher up in the organization?
12:21:39 29 A. Well, I think that depends.
12:21:42 30 I think had we been able to follow through on
12:21:45 31 an investigation of the complaint, which would
12:21:47 32 have been interviewing the employee, and then

1 depending on what the employee responded, it
2 may have been raised up.

3 Q. And so does your process then
4 require that investigation to take place before
5 it is entered into your RL6 system?

6 A. The procedure is enter in
7 what you know within 24 hours. We don't expect
8 an investigation to be completed in 24 hours.

9 Q. Okay, so at least get it
10 documented that there has been a complaint; is
11 that correct?

12 A. Correct.

13 Q. And if it is entered into
14 your RL6 system, where does it go? Who has
15 access? Who gets flagged that there has been
16 something entered?

17 A. If -- there are different
18 levels, so the person entering the event has to
19 determine whether it is a Level 1, a Level 2 or
20 a Level 3.

21 If it is a Level 3 risk, then I
22 get an email alert, and I would then read what
23 the entry is and determine whether I needed to
24 get in touch with the leadership team in that
25 area and help support the investigation.

26 Q. And can you give us some
27 examples of what is a Level 3? What would get
28 elevated to your level?

29 A. Client harm, a medication
30 error that resulted in the client going to
31 hospital for treatment, an accusation of theft.

32 Q. And can you give us an

12:23:14 1 example of what would qualify as a Level 1?

12:23:16 2 A. A Level 1 would be no client
12:23:19 3 harm but out of the usual practice, so entering
12:23:22 4 a client's home might be a Level 1 or a Level
12:23:26 5 2, depending on the feedback we got from the
12:23:29 6 client and from the employee involved.

12:23:32 7 Q. So if that happened, and I
12:23:35 8 know it wasn't entered into your RL6 system,
12:23:39 9 but if it had been entered in, would it have
12:23:41 10 been entered in as a Level 1, from your
12:23:43 11 perspective?

12:23:43 12 A. There was no client harm, so
12:23:45 13 it would be a Level 1.

12:23:46 14 Q. And then who does that go to?

12:23:48 15 A. Well, they are looked at at
12:23:50 16 the aggregate reporting. So depending on what
12:23:53 17 the event is, we have different specialists in
12:24:00 18 our organization called Advance Practice
12:24:04 19 Leaders, so for instance, the lead of our falls
12:24:07 20 program gets an alert for all client falls; the
12:24:10 21 lead for our palliative program gets the events
12:24:13 22 for all of our palliative clients; our wound
12:24:15 23 lead gets all the wound events.

12:24:17 24 Q. And this wouldn't fall into
12:24:20 25 any of those, so who would be responsible for
12:24:24 26 at least having some oversight if that
12:24:28 27 situation had occurred?

12:24:29 28 A. The Regional Director.

12:24:30 29 Q. And is that an immediate
12:24:33 30 alert?

12:24:33 31 A. No.

12:24:34 32 Q. How soon after an event would

12:24:38 1 be entered in the RL6 as a Level 1 would he or
12:24:42 2 she get alerted?

12:24:43 3 A. I think it would depend on
12:24:44 4 whether the supervisor had concerns or not.
12:24:46 5 They might be alerted right away. Just because
12:24:49 6 an event is a Level 1 and there was no client
12:24:51 7 harm doesn't mean it is not serious.

12:24:54 8 Q. And would that generally take
12:24:57 9 place then by a phone call as well?

12:24:58 10 A. By a phone call or an email.

12:25:02 11 Q. And the ETMS system, does it
12:25:04 12 have -- that you use to alert the CCAC or the
12:25:07 13 LHIN that there has been an incident, does it
12:25:10 14 have those same levels?

12:25:11 15 A. They do, I believe.

12:25:12 16 Q. And does it have --

12:25:13 17 A. I'm dealing with 13 LHINs, so
12:25:16 18 I'm not exactly sure what South West is.

12:25:18 19 Q. Do they have different
12:25:19 20 practices then, the LHINs?

12:25:20 21 A. They do.

12:25:21 22 Q. Okay. And in general then,
12:25:23 23 do they have different thresholds?

12:25:25 24 A. Sometimes.

12:25:26 25 Q. Sometimes. And we have heard
12:25:31 26 Mr. Kloeze -- am I okay with that one? --
12:25:37 27 identify the types of risk situations that
12:25:40 28 would have to be reported. Would this type of
12:25:42 29 a situation have to be reported to the LHIN as
12:25:45 30 well as internally?

12:25:46 31 A. Yes.

12:25:46 32 Q. Okay.

12:25:50 1 A. We are very transparent with
12:25:51 2 the LHIN. The LHIN -- the client really
12:25:53 3 belongs to the LHIN. We are an agent of the
12:25:55 4 LHIN, so we are very open in our communications
12:25:57 5 with them.

12:25:57 6 Q. And I am assuming they are
12:26:01 7 pretty open in their communications back if
12:26:05 8 something hasn't been --

12:26:06 9 A. They are.

12:26:07 10 Q. And just for the benefit of
12:26:19 11 the Commissioner and the public, you identified
12:26:25 12 within your affidavit that there should have
12:26:28 13 been two things followed. One was an Incident
12:26:32 14 Management Procedure which you have identified
12:26:33 15 at Exhibit "B", and that is the procedure that
12:26:37 16 results in the entry into the RL6; is that
12:26:41 17 correct?

12:26:41 18 A. Correct.

12:26:41 19 Q. And then there is a
12:26:44 20 Complaints/Compliments Procedure which was also
12:26:46 21 not followed once the staff learned that the
12:26:49 22 client had entered into Elizabeth Wettlaufer's
12:26:51 23 home; is that correct?

12:26:52 24 A. Correct.

12:26:52 25 Q. And that was all discovered
12:26:55 26 following the discovery of Elizabeth
12:26:58 27 Wettlaufer's crimes?

12:26:59 28 A. Yes.

12:27:00 29 Q. All right. Now, having
12:27:03 30 investigated what happened at Saint Elizabeth
12:27:05 31 in respect of Elizabeth Wettlaufer's short time
12:27:09 32 there, what, if any, steps were taken in

1 response by Saint Elizabeth?

2 A. So we did review the
3 accountability of the supervisor to document in
4 our system when a complaint or an event occurs.

5 We have reviewed with staff
6 their obligation to report to their supervisor
7 when there are concerns.

8 And then there are other steps
9 that we took in terms of some of our processes
10 to improve what we were currently doing.

11 Q. And what was that? What
12 processes did you improve?

13 A. Well, one of the things was
14 the development of the online module for our
15 supervisors for interviewing techniques. We
16 did some education with our recruiters in terms
17 of what to look for that might be red flags in
18 terms of their role in the recruitment process.

19 Q. Did you address Tamara's
20 performance in any way in terms of what
21 happened during the interview process and the
22 lack of notes and the lack of reporting?

23 A. We certainly talked about it,
24 yes. We debriefed about it.

25 Q. Now, when you talked about
26 these changes that you made, was that change
27 corporate-wide or just within the Oxford
28 location?

29 A. Corporately. We also changed
30 our process of references.

31 Q. And what --

32 A. I think I spoke about the

1 fact that it was a recommendation from our
2 vendor that we have our references be
3 anonymous. We have now changed that practice
4 so we can relate the comments made by a
5 potential candidate back to the reference.

6 Q. All right, so in terms of
7 what we saw from your current -- the system
8 that we were dealing with, you would now be
9 able to see what the person from Brierwood
10 actually said?

11 A. Correct.

12 Q. All right. And has that
13 resulted in any change in the type of
14 references you receive? Because you indicated
15 earlier you didn't believe that they
16 potentially would be as open. Have you seen a
17 difference now that is attributable?

18 A. I am not able to answer that
19 question.

20 Q. But has anybody come to you
21 and said that we are now getting very little in
22 terms of references?

23 A. No.

24 Q. What steps, if any, did you
25 take in respect of the two clients that were
26 impacted, one in which Ms. Wettlaufer went into
27 her home unannounced and then Mrs. Bertram who
28 was harmed by Ms. Wettlaufer?

29 A. I actually called all of the
30 clients, or attempted to reach all of the
31 clients that Ms. Wettlaufer saw, mostly to find
32 out whether they had any concerns, how they

1 were doing, how they were coping knowing that
2 this particular nurse had been in their home.

3 I had a conversation with the
4 one client where she did enter. We spoke for
5 about 15 minutes. She said she was doing fine.
6 She was quite bright. She had a great sense of
7 humour. I'll never forget the conversation
8 with her. I gave her my contact information,
9 and I apologized for what had happened.

10 In terms of the other client, we
11 chose not to, given the stress of what she was
12 going through at the time, but communicated
13 with her primary nurse to ensure that we were
14 doing everything we could to support her.

15 Q. All right, so you didn't --
16 what you mean is you didn't reach out directly
17 to Mrs. Bertram?

18 A. Correct.

19 Q. All right, but you had -- you
20 gave some direction to your staff; is that
21 correct?

22 A. Yes.

23 Q. And did they report back to
24 you that they had actually followed that
25 direction and had spoken and checked in on
26 Mrs. Bertram?

27 A. We spoke probably a couple of
28 times a week for awhile.

29 Q. Okay. And are you able to
30 relay to us the impact that Elizabeth
31 Wettlaufer's crimes had on Saint Elizabeth and
32 its employees?

1 A. I think in all my years of
2 risk management, it was tough. The staff went
3 through -- excuse me.

4 Q. Sometimes it is easier if you
5 take a little drink of water. We have learned
6 that throughout this proceeding.

7 A. Our staff --

8 Q. And only carry on if you can.

9 A. -- went through an incredible
10 amount of guilt, not only our frontline staff
11 but our support staff and our recruitment
12 staff, about what did we miss. And that was
13 very hard to watch them go through that.

14 I think as a risk manager, the
15 organization spends a lot of time trying to
16 keep our clients safe. We have a very robust
17 education plan. We have learning plans for our
18 staff that show if they need it. We have a
19 very robust we thought recruitment and
20 on-boarding process.

21 And I guess I am really
22 struggling that if you can't trust a reference,
23 where do we go now to ensure the safety of our
24 clients.

25 MS. HEWITT: Thank you. Those
26 are all my questions,
27 Commissioner.

28 THE COMMISSIONER: Thank you.

29 MS. BERLACH: I have no
30 questions at this time.

31 THE COMMISSIONER: All right,
32 thank you.

12:32:20 1 MS. HEWITT: Mr. Golden.
12:32:25 2 Are you all right to continue?
12:32:26 3 THE WITNESS: No, I am good.
12:32:28 4 MS. HEWITT: Okay.
12:32:29 5 CROSS-EXAMINATION BY MR. GOLDEN:
12:32:35 6 Q. Hi, good afternoon. My name
12:32:37 7 is David Golden, and I am counsel for Caressant
12:32:40 8 Care. Just a couple of areas I wanted to cover
12:32:43 9 with you.
12:32:49 10 In response to some of the
12:32:50 11 questioning just now from Ms. Hewitt, you
12:32:52 12 indicated that there were a couple of steps
12:32:55 13 identified that were missed, for example,
12:32:57 14 reporting the incidents.
12:33:01 15 And I am wondering whether as a
12:33:04 16 result of having identified those failures,
12:33:08 17 whether Saint Elizabeth was cited for any
12:33:13 18 violation of any statute as a result of that?
12:33:15 19 A. By whom?
12:33:17 20 Q. By the Ministry.
12:33:18 21 A. No, not that I am aware of.
12:33:24 22 Q. And did the Ministry come in
12:33:26 23 and investigate Saint Elizabeth in relation to
12:33:29 24 the activities of Elizabeth Wettlaufer while
12:33:31 25 she was working for Saint Elizabeth?
12:33:33 26 A. No.
12:33:34 27 Q. Did anyone from the LHIN come
12:33:37 28 in and investigate and audit records, for
12:33:42 29 example, for the period that Elizabeth
12:33:45 30 Wettlaufer was working at Saint Elizabeth?
12:33:46 31 A. No.
12:33:47 32 Q. Was Saint Elizabeth cited for

1 any violation of any contractual obligation as
2 a result of the Elizabeth Wettlaufer incidents?

3 A. No.

4 Q. Now, we have heard some
5 evidence that the Ministry spent approximately
6 five months at Caressant Care investigating
7 Wettlaufer. In terms of Saint Elizabeth, was
8 there a request made for records to be sent
9 off-site to the CCAC or the LHIN to be reviewed
10 in relation to Elizabeth Wettlaufer's
11 practices?

12 A. Not that I can remember.

13 Q. Now, you made reference to
14 this ETMS system for notifying the LHIN or the
15 CCAC when there is some incident.

16 I understand that the services
17 that you provide for the CCAC are provided
18 pursuant to the Home Care and Community
19 Services Act in Ontario?

20 A. Correct.

21 Q. And you would be familiar
22 with that legislation?

23 A. Yes.

24 Q. All right. I have looked at
25 it. I don't see anywhere in that legislation
26 any obligation to report to a CCAC of anything.
27 Are you aware of whether the legislation
28 itself, as opposed to some contract, but
29 whether the legislation itself actually has any
30 requirement that you make reports?

31 A. Not that I am aware of.

32 Q. And I also didn't see any

1 definitions in that legislation of what "abuse"
2 means or what "neglect" means. Are you aware
3 of any statutory definitions of those terms in
4 that Home Care and Community Services Act as
5 opposed to ones that you develop on your own?

6 A. No.

7 Q. And as I understood the
8 answers you gave to some of the questions posed
9 by Ms. Hewitt, when you do report to the CCAC,
10 their investigation is primarily based on
11 reviewing the reports and documentation that
12 you send to them; is that right?

13 A. Yes.

14 Q. I also understand that under
15 that legislation there is an actual maximum
16 amount of hours that the province will actually
17 fund for the home care. Are you aware of what
18 those maximums are?

19 A. No.

20 Q. I understand that CCACs
21 through the province will fund both nursing
22 visits; is that right?

23 A. Correct.

24 Q. And that can be -- and I am
25 not going to take you to the regulations
26 because I don't think you are familiar -- you
27 have said you are familiar with them, but it is
28 up to a maximum number of hours or visits in
29 any 30-day period?

30 A. There is a maximum.

31 Q. All right. And in addition
32 to RN visits, that same client could be

12:37:15 1 eligible for visits for housekeeping and
12:37:20 2 support; is that right?
12:37:21 3 A. Personal support.
12:37:22 4 Q. And would you be aware that
12:37:23 5 the legislation also sets out a maximum amount
12:37:28 6 that is available for funding for homemaking
12:37:32 7 and personal support?
12:37:33 8 A. Yeah, I'm not that familiar
12:37:35 9 with it.
12:37:35 10 Q. With the actual amounts?
12:37:37 11 A. Right.
12:37:37 12 Q. Okay. But as I understand
12:37:40 13 it, and please help me if I'm wrong, that you
12:37:43 14 could be providing both RN services and
12:37:47 15 homemaking and personal support services to the
12:37:49 16 same client?
12:37:50 17 A. That is the ideal situation.
12:37:52 18 Q. And that that would all be
12:37:54 19 funded through the CCAC?
12:37:55 20 A. Correct.
12:37:56 21 Q. But only up to that maximum
12:37:58 22 amount in the legislation?
12:38:00 23 A. Whatever the CCAC or LHIN
12:38:02 24 authorizes.
12:38:03 25 Q. Okay. And I take it that
12:38:11 26 when the RN is providing that service, whatever
12:38:16 27 up to that maximum amount is, that would be a
12:38:19 28 one-on-one?
12:38:20 29 A. Yes -- well, not always.
12:38:20 30 Q. Okay.
12:38:24 31 A. Sometimes it is two-on-one,
12:38:27 32 depending on the care required in the home.

12:38:29 1 Q. All right, so explain how
12:38:30 2 that would work.

12:38:31 3 A. So if we have a client that
12:38:33 4 needed to be lifted from bed to chair and it
12:38:35 5 required two people, then we would send two
12:38:39 6 PSWs.

12:38:39 7 Q. And would it also be possible
12:38:43 8 that there would be an RN visiting a client and
12:38:47 9 a Personal Support Worker at the same time?

12:38:49 10 A. It could happen.

12:39:00 11 MR. GOLDEN: Thank you.

12:39:01 12 THE COMMISSIONER: Thank you,
12:39:01 13 Mr. Golden.

12:39:03 14 MS. HEWITT: Mr. Van Kralingen.

12:39:04 15 MR. VAN KRALINGEN: No
12:39:05 16 questions.

12:39:06 17 MS. HEWITT: Mr. Scott.

12:39:09 18 CROSS-EXAMINATION BY MR. SCOTT:

12:39:18 19 Q. Good afternoon, Ms. Malone.
12:39:19 20 My name is Paul Scott, and I represent one of
12:39:21 21 the family and victims' groups and I just have
12:39:24 22 a few questions for you.

12:39:25 23 You said towards the end of your
12:39:27 24 evidence that one of the things that bothers
12:39:29 25 you is that if you can't trust a reference, you
12:39:32 26 know, what are you going to trust. Do you
12:39:34 27 remember saying that?

12:39:34 28 A. I do.

12:39:35 29 Q. And at the time that Ms.
12:39:39 30 Wettlaufer was hired, was there a policy and
12:39:42 31 procedure manual in existence at Saint
12:39:47 32 Elizabeth for hiring?

1 A. Our policies and procedures
2 are online, not in the manual.

3 Q. So but it existed online, and
4 was that for hiring?

5 A. We have many hiring
6 procedures, yes.

7 Q. And are they all amalgamated
8 under one heading somewhere?

9 A. In one system.

10 Q. And we were told that within
11 that, there was no direction from Saint
12 Elizabeths that a person or somebody doing the
13 hiring should call these references; is that
14 your understanding?

15 A. There is nothing written to
16 say that we call, no.

17 Q. Right. So that is not a
18 directive? You don't direct that to the people
19 doing the hiring that you should actually pick
20 up the phone and call these people; is that
21 correct?

22 A. Correct.

23 Q. And would it be your
24 experience that there is some value in calling
25 these references directly?

26 A. Well, I would wonder why we
27 would call them when in fact our tool is quite
28 extensive.

29 Q. Well, but that is a written
30 tool; am I correct?

31 A. Correct. So what are we
32 going to learn if we call? I guess unless

12:40:46 1 there was a reason to call, so that something
12:40:50 2 was in the reference that was a red flag,
12:40:56 3 perhaps we might validate it, but you have to
12:40:58 4 remember we don't know where those comments
12:41:00 5 came from.

12:41:00 6 Q. Which comments are you
12:41:02 7 speaking of?

12:41:03 8 A. In the references. At the
12:41:05 9 time, we did not know which reference person
12:41:09 10 made the comment.

12:41:10 11 Q. I appreciate that. You do
12:41:12 12 now, though?

12:41:13 13 A. We do now.

12:41:14 14 Q. But do you not think there is
12:41:16 15 some value in actually speaking to the person
12:41:17 16 who wrote the reference?

12:41:19 17 A. We actually went to an online
12:41:21 18 system because of the difficulty reaching
12:41:24 19 people in other organizations to get
12:41:26 20 references.

12:41:26 21 Q. Okay, so has the policy now
12:41:29 22 changed? Is there a directive to call the
12:41:31 23 references directly?

12:41:32 24 A. No.

12:41:33 25 Q. And we have talked a little
12:41:45 26 bit about red flags, but it sounds like the
12:41:48 27 decision on whether it is a red flag is left
12:41:50 28 with the person doing the actual hiring; is
12:41:53 29 that correct?

12:41:53 30 A. Correct.

12:41:53 31 Q. And are they given any
12:41:56 32 direction or any help from head office on what

1 a red flag would be?

2 A. I think they go through
3 preceptorship where they learn some of that.
4 They go through the online learning tool where
5 they might identify some of those.

6 Q. But that online learning tool
7 is something that came into existence after
8 2016; correct?

9 A. Yes.

10 Q. But in 2016 and before, was
11 there any guidance given to these people as to
12 what a red flag looks like?

13 A. Not that I can articulate,
14 no.

15 Q. Would you think that a red
16 flag might be when a candidate says that they
17 were fired for a medication error?

18 A. I would expect the supervisor
19 to probe that, yes.

20 Q. And that might in fact be a
21 red flag that they might ask head office about?

22 A. May or may not be.

23 Q. And in this case, we know
24 they didn't; correct?

25 A. Correct.

26 Q. But would that be a red flag?

27 A. It could be.

28 Q. Are there any other things
29 you think would have been red flags?

30 A. There are some other things.
31 I mean, when our candidates are open and honest
32 in their interview, we respect that. We have

1 had candidates who have identified that they
2 have been drug abusers in the past and have
3 been through rehab. The community may or may
4 not be the right place for someone like that.

5 Q. Okay, so those are -- and
6 would the person doing the interviewing, would
7 they then contact head office if they heard
8 those things?

9 A. They would contact the HR
10 manager probably or me.

11 Q. And what additional steps
12 would the HR manager have taken?

13 A. We might re-interview the
14 candidate.

15 Q. Okay. Would they then pick
16 up the phone and call any of those references
17 or --

18 A. They might.

19 Q. But did that ever happen, to
20 the best of your knowledge?

21 A. Well, this particular
22 candidate didn't admit to an abuse --

23 Q. Yeah, no, I understand, to be
24 clear, but in your experience had it ever
25 happened that they would call the reference?

26 A. I actually had a codeine
27 addict that I hired.

28 THE COMMISSIONER: That, sorry,
29 you had a?

30 THE WITNESS: A codeine addict
31 who went through recovery and we
32 hired and was probably the best

12:44:01 1 palliative nurse that I ever
12:44:03 2 worked with.
12:44:04 3 BY MR. SCOTT:
12:44:04 4 Q. Yeah, no, fair enough, I
12:44:06 5 understand, but my question was actually would
12:44:08 6 you have phoned that person's reference?
12:44:10 7 A. It is hard to say. It
12:44:12 8 depends on what was said, what the
12:44:14 9 circumstances are and what references we had.
12:44:16 10 Q. Okay, so is it fair to say
12:44:18 11 you don't recall if you called?
12:44:19 12 A. Oh, at that time with this
12:44:21 13 particular one?
12:44:22 14 Q. Correct.
12:44:22 15 A. Yes, they were all verbal at
12:44:24 16 that time.
12:44:24 17 Q. I'm sorry?
12:44:24 18 A. They were all by phone at
12:44:26 19 that time.
12:44:26 20 Q. Oh, I see, okay. And we now
12:44:30 21 know that Elizabeth Wettlaufer entered a
12:44:34 22 client's home on August 20th, and we know that
12:44:37 23 she didn't have permission to go in and we know
12:44:40 24 it was unannounced and we know that staff found
12:44:43 25 out she had done it. Would that have been a
12:44:46 26 firing offence, in your opinion?
12:44:47 27 A. It depends on what the
12:44:50 28 investigation showed.
12:44:51 29 Q. Well, the investigation
12:44:52 30 showed that she went into the home and it was
12:44:56 31 unannounced without permission. We know she
12:44:59 32 did some things after that, but no one could

12:45:01 1 have known that at the time. But would that
12:45:04 2 have been enough to have her fired?

12:45:05 3 A. I can't answer that question
12:45:07 4 without knowing her side of the story and
12:45:10 5 weighing out the information she gave -- she
12:45:13 6 might have given us. It might have been that
12:45:14 7 she knocked on the door three times and nobody
12:45:17 8 answered.

12:45:17 9 Q. Okay, so let's assume --

12:45:19 10 A. Or she opened the door,
12:45:20 11 walked in and called out. We don't have that
12:45:22 12 information.

12:45:22 13 Q. But let's assume that she did
12:45:25 14 those things, but she still doesn't have
12:45:26 15 permission to go in and she still doesn't have
12:45:29 16 any of that. Is it a firing offence to do it?

12:45:31 17 A. Not necessarily, no.

12:45:33 18 Q. And my understanding, and it
12:45:35 19 is at paragraph 20 -- and you may have dealt
12:45:38 20 with this, but I just want to be clear. Tamara
12:45:44 21 Condy was very candid in that she gave the
12:45:46 22 evidence that in fact she didn't enter a
12:45:49 23 complaint into the RL6 system within the 24
12:45:52 24 hours of finding out about that particular
12:45:55 25 issue. Did you hear that evidence?

12:45:57 26 A. Yes.

12:45:57 27 Q. And my understanding is that
12:46:00 28 in fact she got that information from other
12:46:02 29 staff members. Did you hear that?

12:46:05 30 A. Yes.

12:46:05 31 Q. And the way I read paragraph
12:46:07 32 20 of your affidavit, it seems to indicate that

12:46:11 1 not just management but all staff are required
12:46:13 2 to fill out an RL6 if they become aware of this
12:46:18 3 complaint; is that correct?

12:46:18 4 A. No.

12:46:19 5 Q. So not all staff are?

12:46:21 6 A. The problem is that our
12:46:23 7 frontline staff don't have access to the system
12:46:25 8 on their tablets.

12:46:26 9 Q. Okay, so --

12:46:27 10 A. It is not computer -- it is
12:46:28 11 not frontline-friendly.

12:46:31 12 Q. Okay, so it is not a hundred
12:46:33 13 percent accurate to say:

12:46:36 14 "In addition, Saint Elizabeth
12:46:37 15 has [a] Complaints/Complements
12:46:42 16 Procedure that requires a staff
12:46:43 17 member who receives a complaint
12:46:44 18 to enter it into the RL6 system
12:46:48 19 within 24 hours of learning of
12:46:49 20 the event."

12:46:51 21 It has to be a specific Saint
12:46:53 22 Elizabeth staff member that gets that
12:46:54 23 complaint?

12:46:54 24 A. Yes, they would be required
12:46:55 25 to report it to their supervisor who would
12:46:57 26 enter it.

12:46:58 27 Q. Okay. Are the nurses through
12:47:04 28 Saint Elizabeth unionized?

12:47:05 29 A. No, not in this area.

12:47:11 30 Q. So not in the Oxford area
12:47:13 31 that we are talking about?

12:47:14 32 A. Yes.

12:47:14 1 MR. SCOTT: Okay. Thank you,
12:47:21 2 those are my questions.
12:47:22 3 THE COMMISSIONER: Thank you,
12:47:23 4 Mr. Scott.
12:47:23 5 MS. HEWITT: Ministry?
12:47:39 6 CROSS-EXAMINATION BY MR. KLOEZE:
12:47:39 7 Q. Good afternoon, Ms. Malone.
12:47:41 8 My name is Darrell Kloeze. I am one of the
12:47:43 9 lawyers here for the Province of Ontario, and
12:47:45 10 for the purposes of my questions this
12:47:48 11 afternoon, I represent the Ministry of Health
12:47:51 12 and Long-Term Care. I also represent the
12:47:53 13 South-West Local Health Integration Network.
12:47:56 14 A. Okay, thank you.
12:47:57 15 Q. Mr. Golden was just asking
12:47:59 16 you some questions about your relationship with
12:48:01 17 the Ministry of Health. I understand that
12:48:06 18 Saint Elizabeth does not have any reporting
12:48:09 19 obligation to the Ministry?
12:48:10 20 A. Not directly, not for our
12:48:14 21 LHIN clients.
12:48:15 22 Q. Excuse me?
12:48:16 23 A. Not for our LHIN clients.
12:48:22 24 Q. Not for your LHIN clients,
12:48:23 25 okay. And that reporting obligation for your
12:48:25 26 LHIN clients would be directly to the LHIN?
12:48:26 27 A. Correct.
12:48:27 28 Q. And the Ministry does not
12:48:28 29 have any mandatory inspection regime for your
12:48:31 30 agency? They don't send in inspectors on a
12:48:33 31 regular basis, for example?
12:48:35 32 A. Correct.

12:48:35 1 Q. And I would like to talk to
12:48:38 2 you about your relationship with the LHIN. As
12:48:41 3 I understand it, until May of last year, you
12:48:45 4 had a contract with the local CCAC?

12:48:48 5 A. Yes.

12:48:48 6 Q. And as of May last year, that
12:48:51 7 CCAC has devolved into the LHIN?

12:48:54 8 A. Correct.

12:48:55 9 Q. So now your contract is with
12:48:57 10 the LHIN?

12:48:57 11 A. Yes.

12:48:57 12 Q. And under the contract that
12:49:01 13 you have, you have several obligations to the
12:49:03 14 LHIN?

12:49:03 15 A. Quite a few.

12:49:04 16 Q. And I think you said it was
12:49:07 17 400 pages. My last count was about 600 pages.

12:49:10 18 A. Okay.

12:49:11 19 Q. With all the different
12:49:12 20 schedules and addendums to the contract, it is
12:49:14 21 quite a large contract. Have you read the
12:49:16 22 entire contract?

12:49:17 23 A. No.

12:49:17 24 Q. Are you familiar with the
12:49:19 25 portion of the contract, the schedule that
12:49:21 26 pertains to nursing services?

12:49:23 27 A. Somewhat familiar.

12:49:26 28 Q. Your agency doesn't just
12:49:28 29 employ nurses. Obviously it employs all sorts
12:49:31 30 of different kinds of health care
12:49:33 31 professionals?

12:49:33 32 A. Yes.

12:49:34 1 Q. And in the instances in which
12:49:38 2 you are sending clients to -- or sending nurses
12:49:42 3 or other professionals to clients' homes, in
12:49:45 4 many instances those services are funded by the
12:49:47 5 LHIN?

12:49:48 6 A. Yes.

12:49:48 7 Q. In that the LHIN has done an
12:49:51 8 assessment of that client and has said that the
12:49:54 9 client is eligible for health care services, or
12:49:58 10 health care services or personal support
12:50:00 11 services, for example, and that those services
12:50:03 12 will be funded by the LHIN; is that correct?

12:50:06 13 A. Correct.

12:50:06 14 Q. But in other cases, persons
12:50:09 15 can come to your agency directly and seek
12:50:12 16 services?

12:50:12 17 A. Yes.

12:50:13 18 Q. And that is a fee-for-service
12:50:15 19 schedule that they will pay?

12:50:16 20 A. Correct.

12:50:17 21 Q. And in those instances, they
12:50:21 22 don't go through the LHIN at all?

12:50:22 23 A. No.

12:50:23 24 Q. And the LHIN is not involved
12:50:24 25 in the Care Plan or anything?

12:50:25 26 A. Correct.

12:50:25 27 Q. And in those cases as well it
12:50:27 28 is not your -- you don't have an obligation to
12:50:30 29 report to the LHIN if anything happens with
12:50:32 30 those clients?

12:50:32 31 A. No.

12:50:33 32 Q. So under the contract that

12:50:37 1 you have with the LHIN, some of the obligations
12:50:41 2 you have, one, for example, is to provide
12:50:44 3 qualified nurses to provide services to the
12:50:47 4 LHIN clients?

12:50:47 5 A. Yes.

12:50:48 6 Q. Another qualification that
12:50:54 7 Saint Elizabeth has is that you must do a
12:50:57 8 criminal record check of your nurses?

12:50:58 9 A. Yes.

12:50:58 10 Q. And an annual offence
12:51:00 11 declaration, that check has to be updated
12:51:03 12 annually?

12:51:04 13 A. Yes.

12:51:04 14 Q. Thank you. And when Saint
12:51:07 15 Elizabeth receives a Care Plan from the LHIN
12:51:08 16 for a LHIN client, and if the Care Plan, for
12:51:13 17 example, requires nursing services, it is Saint
12:51:15 18 Elizabeth's obligation to provide a qualified
12:51:17 19 nurse to visit the home and provide the service
12:51:21 20 within the time frame required?

12:51:22 21 A. Yes.

12:51:23 22 Q. And if there are multiple
12:51:26 23 visits, it is Saint Elizabeth's obligation to
12:51:28 24 ensure that all of the visits are undertaken?

12:51:30 25 A. Yes.

12:51:30 26 Q. It is Saint Elizabeth's
12:51:34 27 obligation to ensure that the nurse will carry
12:51:36 28 out the Care Plan?

12:51:37 29 A. Yes.

12:51:38 30 Q. And if there are changes that
12:51:42 31 need to be made to the Care Plan, then the
12:51:45 32 nurse has an obligation to advise the care

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coordinator at the LHIN about those
modifications?
A. Yes.
Q. And that would be based on
the nurse's -- on your nurse's assessment of
the client's changing needs?
A. In collaboration with the
client.
Q. Now, the LHIN itself does not
supervise or train your staff; is that correct?
A. Correct.
Q. It is your obligation under
the contract to ensure that your nursing staff
or other professional staff are trained and
oriented to your procedures?
A. Yes.
Q. And training is required both
in your own policies and procedures and in CCAC
policies and procedures?
A. Yes.
Q. Now, we talked a bit about
the reporting obligation, and again, that is a
reporting obligation to the LHIN but only for
LHIN clients; is that correct?
A. Yes.
Q. And you have an obligation to
report using ETMS all risk events?
A. Yes.
Q. And do you understand risk
events as including, for example, an improper
procedure or intervention?
A. Correct.

12:52:53 1 Q. A client injury or a client
12:52:55 2 fall?
12:52:55 3 A. Yes.
12:52:56 4 Q. A medication error?
12:52:57 5 A. Yes.
12:52:58 6 Q. And all of those are reported
12:52:59 7 to the LHIN?
12:53:00 8 A. Right.
12:53:01 9 Q. Through ETMS?
12:53:02 10 A. Yes.
12:53:02 11 Q. Now, in the circumstances of
12:53:04 12 a more serious risk event, one that causes, for
12:53:08 13 example, an unintended injury of a patient, do
12:53:11 14 you have an immediate reporting obligation to
12:53:14 15 the LHIN?
12:53:15 16 A. Yes, there are guidelines in
12:53:16 17 the contract about our reporting requirements.
12:53:18 18 Q. And for some more serious
12:53:19 19 events, the reporting obligation is immediate?
12:53:22 20 A. Yes.
12:53:22 21 Q. And is that done through
12:53:26 22 ETMS, or do you have another way of reporting
12:53:27 23 immediately to the LHIN?
12:53:28 24 A. It is done through ETMS, but
12:53:31 25 if it is serious, we would probably pick up the
12:53:33 26 phone.
12:53:38 27 MR. KLOEZE: Thank you, those
12:53:39 28 are my questions.
12:53:41 29 THE COMMISSIONER: Thank you,
12:53:41 30 Mr. Kloeze.
12:53:44 31 MS. BUTT: ONA has no questions.
12:53:46 32 THE COMMISSIONER: Thank you.

12:53:47 1 MS. HEWITT: The College of
12:53:48 2 Nurses.
12:53:56 3 CROSS-EXAMINATION BY MS. COONEY:
12:53:59 4 Q. Good afternoon, Commissioner.
12:54:02 5 Good afternoon, Ms. Malone. My name is Denise
12:54:05 6 Cooney, and I am one of the co-counsel for the
12:54:08 7 College of Nurses of Ontario.
12:54:08 8 You are aware that Saint
12:54:10 9 Elizabeths has certain obligations to report
12:54:12 10 nurses to the College of Nurses of Ontario?
12:54:14 11 A. Yes.
12:54:14 12 Q. What is your role as
12:54:16 13 Corporate Integrity Officer in reporting
12:54:19 14 members to the College of Nurses?
12:54:20 15 A. So if we reach a point where
12:54:22 16 we are considering to report to the College,
12:54:26 17 there is an HR manager involved, the local
12:54:29 18 leadership is involved and I am involved.
12:54:31 19 If we decide that it is required
12:54:32 20 to report, then I would review the report
12:54:34 21 before it is sent to the College.
12:54:36 22 Q. How many reports to the
12:54:40 23 College have you been involved in in that
12:54:42 24 capacity as Corporate Integrity Officer?
12:54:44 25 A. That is very difficult. We
12:54:49 26 probably have 15 or 20 a year.
12:54:51 27 Q. 15 or 20 reports a year,
12:54:54 28 okay.
12:54:56 29 THE COMMISSIONER: Sorry, can
12:54:57 30 you just clarify if that is with
12:54:59 31 your College or if is that
12:55:01 32 across the country?

12:55:02 1 BY MS. COONEY:

12:55:03 2 Q. Is that with the College of
12:55:04 3 Nurses of Ontario, to be clear?

12:55:05 4 A. No, we have had some with the
12:55:07 5 College of Physiotherapists and OT.

12:55:09 6 Q. Okay, I understand. So do
12:55:10 7 you know how many reports you make on an annual
12:55:12 8 basis to the College of Nurses of Ontario?

12:55:14 9 A. I can't give you a specific
12:55:15 10 number.

12:55:15 11 Q. So you haven't undertaken a
12:55:16 12 systemic, systematic review of the number of
12:55:19 13 reports made to the College of Nurses?

12:55:20 14 A. Yeah, I would guess somewhere
12:55:22 15 around 15 or 20 per year.

12:55:24 16 Q. To the College of Nurses of
12:55:26 17 Ontario?

12:55:26 18 A. Yes.

12:55:26 19 Q. Okay. And then additional
12:55:28 20 reports to other regulated health professions?

12:55:30 21 A. Correct.

12:55:31 22 Q. And are you involved in every
12:55:35 23 report that is made to the College of Nurses?

12:55:37 24 A. Yes.

12:55:38 25 Q. Thank you. Does Saint
12:55:42 26 Elizabeths as part of its interview process
12:55:44 27 ever ask an applicant if they have had any
12:55:46 28 interactions with the College?

12:55:47 29 A. They ask the candidate if
12:55:49 30 they are in good standing with the College, the
12:55:51 31 recruiter does that.

12:55:52 32 Q. To your knowledge, did anyone

1 ask Ms. Wettlaufer specifically about her
2 history with the College as part of its
3 interview process?

4 A. I believe it is ticked off on
5 the pre-screening tool that it was asked, yes.

6 Q. I am going to ask you to turn
7 up paragraph 8 of your affidavit, and if we
8 could just bring it up on the screen as well.

9 Perfect.

10 So in paragraph 8 you write
11 that:

12 "We are now aware that there was
13 a Report filed by Caressant Care
14 with the College of Nurses in
15 2014."

16 We are also now aware that the
17 College reviewed Caressant Care's report in
18 2014 and an Intake Investigator at the College
19 interviewed the Director of Nursing at
20 Caressant Care and, on the basis of that
21 information, concluded that an investigation
22 was not warranted at that time.

23 MR. GOLDEN: I don't think we
24 are aware of that. We have seen
25 some documentation. We haven't
26 heard from the College about the
27 extent to which there was any
28 investigation. We simply -- we
29 know that a report went in, and
30 we know that there was a phone
31 call with Ms. Crombez. That is
32 what is in evidence.

12:57:16 1 MS. COONEY: This is all covered
12:57:17 2 in the College's Overview
12:57:18 3 Report. I don't think it is
12:57:20 4 controversial that --

12:57:22 5 MS. HEWITT: I guess the
12:57:23 6 question is what is the question
12:57:24 7 for this witness?

12:57:25 8 BY MS. COONEY:

12:57:25 9 Q. The question -- I'm just
12:57:26 10 putting it in context.

12:57:27 11 The witness has testified that
12:57:28 12 we are now aware that there was a report filed
12:57:30 13 by Caressant Care with the College of Nurses in
12:57:32 14 2014, and I am asking her if she is also aware
12:57:35 15 that the outcome of that was that the College
12:57:38 16 of Nurses decided, concluded that an
12:57:40 17 investigation was not warranted at that time?

12:57:42 18 A. I was not aware of that.

12:57:43 19 Q. Okay. And that is in the
12:57:45 20 College of Nurses' Overview Report. I don't
12:57:47 21 think it is controversial that the College
12:57:49 22 concluded that an investigation was not
12:57:52 23 warranted.

12:57:52 24 THE COMMISSIONER: It may not be
12:57:53 25 controversial. The difficulty
12:57:56 26 is that if it hasn't been
12:57:57 27 addressed yet -- the way you
12:57:59 28 phrased the question the second
12:58:00 29 time was fine, Ms. Cooney.

12:58:01 30 BY MS. COONEY:

12:58:02 31 Q. I appreciate that. Thank
12:58:03 32 you.

12:58:03 1 So you go on in your affidavit:
12:58:06 2 "By 2016 there were no
12:58:07 3 restrictions on Elizabeth
12:58:08 4 Wettlaufer's license. That
12:58:12 5 could mean that there was no
12:58:13 6 investigation, or there was an
12:58:14 7 investigation which resulted in
12:58:16 8 no discipline, or there was
12:58:17 9 still an ongoing investigation."
12:58:20 10 Now, Saint Elizabeth checked Ms.
12:58:22 11 Wettlaufer's registration with the College of
12:58:24 12 Nurses twice prior to hire and again in July of
12:58:27 13 2016?

12:58:28 14 A. Yes.

12:58:29 15 Q. On both checks there were no
12:58:31 16 restrictions on her registration with the
12:58:33 17 College?

12:58:34 18 A. Correct.

12:58:34 19 Q. And I don't mean this to -- I
12:58:41 20 don't want Mr. Golden to stand. I don't think
12:58:42 21 it is controversial to say that we know that
12:58:45 22 there have not been any other reports about Ms.
12:58:48 23 Wettlaufer to the College since the Caressant
12:58:49 24 Care report --

12:58:50 25 MS. HEWITT: It is just the way
12:58:51 26 that -- it is trying to get in
12:58:52 27 evidence from an Overview Report
12:58:53 28 without a question to the
12:58:54 29 witness. That is the problem I
12:58:56 30 have been having.

12:58:56 31 MS. COONEY: Okay, that is fine.
12:58:57 32 I am just going to -- I'll

12:58:59 1 withdraw the question and I
12:59:00 2 will --
12:59:00 3 MS. HEWITT: I mean, you can ask
12:59:01 4 her if she has noticed on the
12:59:02 5 website any other restrictions,
12:59:04 6 but --
12:59:05 7 BY MS. COONEY:
12:59:07 8 Q. In any event, a complaint or
12:59:09 9 report would not be publicly available on the
12:59:11 10 register?
12:59:11 11 A. Correct.
12:59:12 12 Q. However, if the College had
12:59:14 13 placed any restrictions on a member's
12:59:15 14 registration, those would have been publicly
12:59:18 15 available?
12:59:18 16 A. Yes.
12:59:18 17 Q. And you testified in-chief
12:59:22 18 and I believe your evidence was that there is
12:59:24 19 no information for prospective employers unless
12:59:26 20 the investigation has resulted in restrictions?
12:59:29 21 A. Correct.
12:59:29 22 Q. And the Regulated Health
12:59:34 23 Professions Act sets out certain information
12:59:35 24 about members which the College is required to
12:59:37 25 post about a member's practice, which includes
12:59:39 26 the terms, conditions and limitations on each
12:59:43 27 member's certificate of registration?
12:59:45 28 A. Okay.
12:59:46 29 MS. HEWITT: Okay, no, sorry,
12:59:47 30 can you ask her if she knows
12:59:49 31 that?
12:59:50 32 MS. COONEY: I am just saying

12:59:50 1 that was her evidence in-chief
12:59:52 2 as well, that there would be
12:59:53 3 restrictions on the members's
12:59:55 4 licence.
12:59:55 5 MS. HEWITT: Sorry, I don't
12:59:56 6 recall there being any evidence
12:59:57 7 in-chief about the Regulated
12:59:59 8 Health Professions Act.
13:00:00 9 MS. COONEY: No, her evidence
13:00:02 10 in-chief wasn't specific to the
13:00:03 11 Regulated Health Professions
13:00:04 12 Act. It was that there would be
13:00:06 13 restrictions posted on the
13:00:08 14 College's website. And so I am
13:00:09 15 just --
13:00:10 16 THE COMMISSIONER: Let's just
13:00:12 17 slow down here. Her evidence
13:00:15 18 was that if there were
13:00:17 19 restrictions, that would be
13:00:19 20 available to her when she
13:00:20 21 checked or when Saint Elizabeth
13:00:22 22 checked. What is your question
13:00:24 23 to her now?
13:00:25 24 BY MS. COONEY:
13:00:25 25 Q. My question, I am just
13:00:26 26 confirming the statutory source of that.
13:00:29 27 My question for her really is
13:00:31 28 that the register does include information
13:00:33 29 other than whether or not there are terms,
13:00:35 30 conditions and limitations on a member's
13:00:37 31 certificate and whether or not she is aware of
13:00:38 32 that.

13:00:41 1 So for example, I am not going
13:00:43 2 to -- I won't go through the statute. But for
13:00:46 3 example, one thing that the register does
13:00:48 4 include is whether a matter has been referred
13:00:50 5 to the College's Discipline Committee. Are you
13:00:52 6 aware of that?

13:00:53 7 THE COMMISSIONER: I'm sorry, I
13:00:55 8 don't think we have got any
13:00:56 9 foundation yet about the
13:00:57 10 register. Are you talking about
13:00:58 11 the Find a Nurse page?

13:01:00 12 MS. COONEY: I am, yes.

13:01:01 13 THE COMMISSIONER: And you are
13:01:02 14 using that term "register" to
13:01:04 15 refer only to the Find a Nurse
13:01:05 16 page?

13:01:06 17 MS. COONEY: It is the same.
13:01:06 18 The register -- the Find a Nurse
13:01:08 19 page is the College's register,
13:01:10 20 and the statute does set out
13:01:12 21 some lengthy requirements of
13:01:14 22 information that should be
13:01:15 23 posted.

13:01:15 24 And I am not going to -- I don't
13:01:17 25 propose to take the witness
13:01:19 26 through those.

13:01:19 27 THE COMMISSIONER: I don't know
13:01:20 28 that.

13:01:21 29 MS. COONEY: Okay.

13:01:21 30 THE COMMISSIONER: So if I don't
13:01:22 31 know that, then you would have
13:01:23 32 to take your time to lay a

13:01:25 1 foundation. If you want to ask
13:01:26 2 what she can see when she goes
13:01:29 3 on the College and identify it
13:01:31 4 and then pose your questions in
13:01:34 5 respect of that, that would be
13:01:34 6 very helpful for me.

13:01:36 7 BY MS. COONEY:

13:01:37 8 Q. Okay, I just have one
13:01:39 9 question about the information that you might
13:01:40 10 be able to see, and perhaps in your experience,
13:01:42 11 have you seen whether or not, on your own use
13:01:45 12 or in Saint Elizabeth's use of the Find a Nurse
13:01:47 13 interface, whether a matter has been referred
13:01:49 14 to the College's Discipline Committee?

13:01:51 15 A. No, I haven't.

13:01:52 16 Q. Okay. So I'm going to take
13:02:01 17 you back to your affidavit, and you write that:

13:02:06 18 "From our experience, it takes a
13:02:07 19 long time for the College to
13:02:08 20 investigate if we report a
13:02:09 21 situation."

13:02:12 22 Who are you referring to when
13:02:13 23 you say "from our experience"?

13:02:15 24 A. Saint Elizabeth's, my
13:02:17 25 experience.

13:02:18 26 Q. And when you say "it takes a
13:02:22 27 long time for the College to investigate", you
13:02:24 28 are referring to the period of time it takes
13:02:26 29 before the College contacts you or someone at
13:02:30 30 Saint Elizabeths with respect to a report?

13:02:31 31 A. With respect to an
13:02:32 32 investigation.

13:02:32 1 Q. Right, to an investigation
13:02:34 2 into a report that you have made?
13:02:35 3 A. Correct.
13:02:36 4 Q. And does the College ever
13:02:38 5 contact you directly with respect to a report?
13:02:41 6 A. Usually it is the leadership
13:02:44 7 staff in the local area.
13:02:45 8 Q. And are you always alerted
13:02:47 9 when that person has been contacted?
13:02:49 10 A. Yes, they will call me.
13:02:51 11 Q. And how many months generally
13:02:53 12 does it take from the College to contact
13:02:56 13 someone?
13:02:57 14 A. Yeah, I am not sure I could
13:02:58 15 answer that.
13:02:59 16 Q. So you haven't undertaken a
13:03:01 17 specific systemic review of how long it takes
13:03:03 18 the College?
13:03:03 19 A. No.
13:03:05 20 MS. COONEY: Those are my
13:03:06 21 questions, thank you.
13:03:07 22 THE COMMISSIONER: Thank you,
13:03:07 23 Ms. Cooney.
13:03:08 24 MS. HEWITT: RPNAO?
13:03:12 25 MR. SINGH: RPNAO has no
13:03:13 26 questions.
13:03:13 27 MS. HEWITT: Ms. Berlach?
13:03:14 28 RE-EXAMINATION BY MS. BERLACH:
13:03:18 29 Q. You told the Commission in
13:03:20 30 response to a question just asked that Saint
13:03:24 31 Elizabeth may make 15 to 20 reports what we'll
13:03:30 32 call to the College in Ontario and to the CNO a

13:03:33 1 year; do you recall that?
13:03:34 2 A. Correct, yes.
13:03:36 3 Q. How many nurses does Saint
13:03:37 4 Elizabeth employ in Ontario?
13:03:38 5 A. Oh, a lot. I couldn't give
13:03:41 6 you the exact number, but a lot.
13:03:43 7 Q. And when -- and the reports
13:03:44 8 to the College of Nurses would be both for RNs
13:03:47 9 and RPNs?
13:03:48 10 A. Correct.
13:03:48 11 Q. And were both those
13:03:50 12 registered staff included in your answer of 15
13:03:54 13 to 20?
13:03:54 14 A. Yes.
13:03:55 15 MS. BERLACH: All right, thank
13:03:56 16 you. That is all.
13:03:57 17 THE COMMISSIONER: Thank you,
13:03:57 18 Ms. Berlach.
13:03:59 19 MS. HEWITT: The Commission has
13:04:00 20 no further questions for this
13:04:02 21 witness.
13:04:02 22 THE COMMISSIONER: Thank you
13:04:03 23 very much.
13:04:06 24 Thank you, Ms. Malone, for --
13:04:09 25 Ms. Malone, I just wanted to
13:04:12 26 thank you very much for coming.
13:04:13 27 We know that you had to wait
13:04:15 28 yesterday, and we appreciate
13:04:16 29 your time and your help with us.
13:04:17 30 THE WITNESS: Thank you very
13:04:18 31 much.
13:04:18 32 THE COMMISSIONER: And you are

13:04:19 1 free to go now.

13:04:22 2 MS. HEWITT: Commissioner, we

13:04:30 3 have two small matters.

13:04:32 4 Ms. Malone's testimony is the

13:04:33 5 last of the witnesses that the

13:04:35 6 Commission intends to call in

13:04:37 7 this phase of the Inquiry.

13:04:38 8 There are two small matters

13:04:40 9 which will not take that long,

13:04:41 10 and I believe the request would

13:04:44 11 be that we deal with those now

13:04:45 12 versus going to lunch break.

13:04:48 13 THE COMMISSIONER: All right, I

13:04:50 14 am happy to do that.

13:04:51 15 MS. HEWITT: All right.

13:04:52 16 The first, you'll recall,

13:04:53 17 Commissioner, that there was

13:04:55 18 some notes produced by ONA in

13:04:58 19 relation to a Step 2 meeting

13:05:01 20 that was held in March 2014, and

13:05:05 21 it was canvassed in both

13:05:07 22 Ms. Sanginesi's evidence and

13:05:10 23 Ms. Allingham's evidence.

13:05:11 24 THE COMMISSIONER: Yes.

13:05:12 25 MS. HEWITT: And there was an

13:05:13 26 issue that arose in respect of

13:05:15 27 those notes as to what Ms.

13:05:17 28 Crombez may or may not have said

13:05:19 29 in that Step 2 meeting, and the

13:05:21 30 parties agreed that we would go

13:05:22 31 back to Mrs. Crombez and ask her

13:05:26 32 her recollection of a particular

13:05:29 1 notation that was made.
13:05:30 2 We have done that. We have a
13:05:32 3 supplementary affidavit of
13:05:34 4 Mrs. Crombez that I would like
13:05:36 5 to hand up. And the consensus
13:05:40 6 is that there will be no further
13:05:41 7 need to call Mrs. Crombez back
13:05:45 8 to the hearing.
13:05:46 9 THE COMMISSIONER: All right,
13:05:47 10 thank you. I would like to --
13:05:48 11 MS. HEWITT: And in this, she
13:05:49 12 indicates that she does not
13:05:51 13 recall stating that she viewed
13:05:53 14 Elizabeth Wettlaufer as not
13:05:54 15 being a competent nurse.
13:05:56 16 THE COMMISSIONER: All right,
13:05:56 17 thank you.
13:06:01 18 MS. HEWITT: So that would be
13:06:02 19 the next exhibit.
13:06:06 20 THE COMMISSIONER: Thank you.
13:06:07 21 So as I understand it, Madam
13:06:09 22 Clerk, Exhibit 95?
13:06:11 23 THE COURT CLERK: That's
13:06:14 24 correct.
13:06:14 25 THE COMMISSIONER: Thank you.
13:06:20 26 EXHIBIT NO. 95: Supplementary
13:06:25 27 affidavit of Helen Crombez.
13:06:25 28 THE COMMISSIONER: Just give me
13:06:26 29 one moment to read this, please,
13:06:28 30 Counsel.
13:06:28 31 MS. HEWITT: Yes.
13:06:59 32 THE COMMISSIONER: And all

13:07:00 1 participants have had a chance
13:07:01 2 to review this?
13:07:02 3 MS. HEWITT: If Ms. McAleer and
13:07:04 4 Ms. Corrente are watching on the
13:07:06 5 screen, it has not been shared
13:07:07 6 with them physically; it is on
13:07:08 7 the website. I haven't received
13:07:09 8 anything. But I haven't talked
13:07:10 9 to them as to whether they
13:07:12 10 required Mrs. Crombez. Sorry,
13:07:16 11 it is on the database.
13:07:18 12 THE COMMISSIONER: And so when
13:07:19 13 did you circulate this?
13:07:21 14 MS. HEWITT: Just this morning.
13:07:22 15 We just got it this morning.
13:07:24 16 THE COMMISSIONER: All right.
13:07:24 17 So you think you would have
13:07:27 18 heard from them if there was an
13:07:28 19 issue?
13:07:29 20 MS. HEWITT: No, I haven't asked
13:07:30 21 them. I don't suspect, given it
13:07:31 22 is not one of their witnesses -
13:07:33 23 it is Caressant Care and
13:07:34 24 Caressant Care is here - that
13:07:36 25 they would have any issue with
13:07:37 26 the affidavit or require a
13:07:40 27 witness not of their facility to
13:07:41 28 be re-called.
13:07:42 29 THE COMMISSIONER: All right. I
13:07:44 30 am happy to receive that and do
13:07:47 31 as you proposed.
13:07:48 32 MS. HEWITT: Thank you.

13:07:49 1 And Mr. Van Kralingen also has
13:07:52 2 one small matter.
13:07:54 3 THE COMMISSIONER: Thank you.
13:07:54 4 MR. VAN KRALINGEN:
13:07:58 5 Commissioner, you will recall in
13:07:59 6 advance of the Public Hearings
13:08:02 7 all participants were given an
13:08:03 8 opportunity to comment on the
13:08:04 9 draft Foundational Documents and
13:08:06 10 the draft Overview Reports, as
13:08:08 11 well as suggest additional
13:08:09 12 witnesses.
13:08:09 13 From consultation with
13:08:11 14 Commission Counsel, they agreed
13:08:13 15 to permit my family group that I
13:08:14 16 am representing to call two
13:08:16 17 separate witnesses, one during
13:08:17 18 the Facilities stage and one
13:08:18 19 during the Coroner's stage.
13:08:21 20 Today I am proffering the
13:08:22 21 affidavit of Laura Jackson, and
13:08:24 22 I believe that Madam Clerk has
13:08:25 23 provided a copy to you.
13:08:26 24 And I am going to ask that the
13:08:29 25 original be made the next
13:08:31 26 exhibit, if that is all right.
13:08:32 27 THE COMMISSIONER: Yes, thank
13:08:34 28 you. And I was given this last
13:08:36 29 night, so thank you. I have had
13:08:38 30 a chance to review it already.
13:08:40 31 MR. VAN KRALINGEN: I appreciate
13:08:41 32 that. No one has indicated an

13:08:42 1 interest in cross-examining Ms.
13:08:44 2 Jackson, but I briefly wanted to
13:08:45 3 highlight the most relevant
13:08:47 4 portions of her evidence, which
13:08:48 5 are at page 2 of the affidavit,
13:08:49 6 if that is okay with you.
13:08:51 7 THE COMMISSIONER: Yes, thank
13:08:51 8 you.
13:08:52 9 MR. VAN KRALINGEN: For the
13:08:52 10 benefit of staff, the affidavit
13:08:55 11 is number 32, so it is
13:08:59 12 AFF000032, and if you could go
13:09:00 13 to page 2, please.
13:09:05 14 And just to provide some context
13:09:12 15 for what is going to come up on
13:09:13 16 the screen, as you know, Madam
13:09:15 17 Commissioner, Ms. Jackson, along
13:09:17 18 with Don Martin, were called to
13:09:19 19 be by Maurice Granat's side in
13:09:22 20 the early morning hours of
13:09:23 21 December 23, 2007.
13:09:26 22 Thank you.
13:09:27 23 And so in her affidavit here Ms.
13:09:29 24 Jackson discusses that
13:09:31 25 attendance and she says that
13:09:33 26 they first came to Mr. Granat's
13:09:35 27 room, saw Ms. Wettlaufer at his
13:09:37 28 bedside with his arms flailing.
13:09:40 29 Mr. Granat calmed as soon as
13:09:42 30 Mr. Martin and Ms. Jackson
13:09:44 31 attended and Ms. Wettlaufer left
13:09:46 32 the room.

13:09:48 1 According to Ms. Jackson,
13:09:49 2 approximately one hour later,
13:09:50 3 Ms. Wettlaufer returned, rudely
13:09:53 4 asked Ms. Jackson to get out of
13:09:55 5 the way and injected Mr. Granat
13:09:56 6 with a medication, saying that
13:09:57 7 it would either calm or settle
13:09:59 8 Mr. Granat, and that Mr. Granat
13:10:01 9 passed away later that morning.
13:10:03 10 That is the content of Ms.
13:10:05 11 Jackson's affidavit, and we
13:10:07 12 wanted it to be entered.
13:10:08 13 THE COMMISSIONER: Thank you
13:10:08 14 very much, Mr. Van Kralingen.
13:10:13 15 Then the affidavit should go in
13:10:15 16 as Exhibit 96.
13:10:18 17 EXHIBIT NO. 96: Affidavit of
13:10:21 18 Laura Jackson.
13:10:21 19 MR. VAN KRALINGEN: Thank you
13:10:21 20 kindly.
13:10:25 21 THE COMMISSIONER: Thank you.
13:10:25 22 MS. HEWITT: One thing,
13:10:26 23 Commissioner. I had forgotten
13:10:28 24 that our friends at OARC are not
13:10:30 25 here, and I am not sure whether
13:10:31 26 they would have seen
13:10:32 27 Mrs. Crombez's affidavit. So I
13:10:37 28 don't have, given that we just
13:10:38 29 got it this morning, I don't
13:10:39 30 have their position on calling
13:10:41 31 Mrs. Crombez back. Would you
13:10:42 32 like me to stand down and try to

13:10:43 1 get in touch with them?

13:10:45 2 THE COMMISSIONER: I don't think

13:10:46 3 it is necessary. I mean, it

13:10:50 4 would be prudent in the one

13:10:52 5 sense just in case there is an

13:10:54 6 issue and it would be very hard

13:10:56 7 to re-call everybody.

13:10:57 8 I also understand that everybody

13:10:58 9 in this room has been working

13:11:00 10 incredible hours and for an

13:11:02 11 incredibly long time and would

13:11:03 12 like to finish.

13:11:06 13 So unless there is any kind of

13:11:09 14 reason for anybody, and I am

13:11:11 15 asking each participant if there

13:11:13 16 is any reason that you think we

13:11:14 17 need to stand it down, that

13:11:16 18 there is some chance that they

13:11:17 19 would need to call her?

13:11:19 20 MS. HEWITT: Well, I can advise

13:11:21 21 that Commission Counsel would be

13:11:22 22 recommending against it, given

13:11:23 23 that the evidence of Ms.

13:11:25 24 Allingham was not definitive on

13:11:26 25 the issue either.

13:11:28 26 THE COMMISSIONER: Well, let's

13:11:29 27 not start down that path, if we

13:11:32 28 could, please.

13:11:33 29 So I don't -- I mean, from my

13:11:35 30 perspective, I don't see - and I

13:11:38 31 see all kinds of heads nodding

13:11:40 32 no - I can't see why OARC would

13:11:44 1 require it. So let's just
13:11:45 2 assume that we'll accept it and
13:11:47 3 go from there.
13:11:48 4 MS. HEWITT: And then that
13:11:48 5 concludes this phase of the
13:11:51 6 Inquiry.
13:11:51 7 THE COMMISSIONER: Well, thank
13:11:52 8 you so much.
13:11:53 9 Just before we all rise then,
13:11:57 10 you know that we are not back
13:11:58 11 until the 16th, and I am not
13:11:59 12 sure that everybody in the room
13:12:00 13 will be the same people, so I
13:12:02 14 wanted to take this opportunity
13:12:03 15 to begin by thanking our unsung
13:12:06 16 heros, our website people, our
13:12:08 17 transcriptionists who have been
13:12:09 18 unbelievably reliable and
13:12:12 19 helpful, and our Court Clerk,
13:12:16 20 and of course, you, Ms. Hewitt
13:12:18 21 and your colleagues, but
13:12:23 22 everybody, every single person
13:12:24 23 in this room has worked so hard
13:12:25 24 this month.
13:12:27 25 And from my perspective, anyway,
13:12:29 26 it has been a tremendous
13:12:32 27 benefit, not just to us, but to
13:12:33 28 the public.
13:12:34 29 So thank you.

31 -- Adjourned at 1:13 p.m.
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REPORTER'S CERTIFICATE

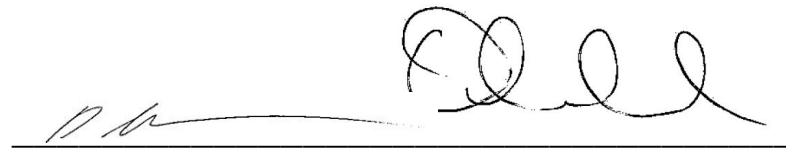
We, DEANA SANTEDICOLA, RPR, CRR, CSR,
Certified Shorthand Reporter, and OLIVIA
ARNAUD, CSR, Certified Shorthand Reporter, do
certify:

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
examination were recorded stenographically by
us and were thereafter transcribed;

That the foregoing is a true and
correct transcript of our shorthand notes so
taken.

Dated this 28th day of June, 2018.



NEESON COURT REPORTING INC.

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