OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

Pathway Vet Alliance, LLC, Case No.  03-RC-281879
Veterinary Specialists &
Emergency Services,

Employer,

and

International Association of
Machinists and Aerospace
Workers,

Petitioner.

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Place: Buffalo, New York (via Zoom videoconference)

Dates: September 22, 2021

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OFFICIAL REPORTERS

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UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 3

In the Matter of:

PATHWAY VET ALLIANCE, LLC, Case No. 03-RC-281879
VETERINARY SPECIALISTS &
EMERGENCY SERVICES,

Employer,

and

INTERNATIONAL ASSOCIATION OF
MACHINISTS AND AEROSPACE
WORKERS,

Petitioner.

The above-entitled matter came on for hearing, via Zoom
videoconference, pursuant to notice, before MICHAEL DAHLHEIMER,
Hearing Officer, at the National Labor Relations Board, Region
3, 130 S. Elmwood Avenue, Suite 630, Buffalo, New York 14202-
2465, on Wednesday, September 22, 2021, 9:35 a.m.
 Appearences

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PROCEDINGS

HEARING OFFICER DAHLHEIMER: Good morning. This is -- this is day 3 of the hearing. At the conclusion of yesterday's hearing, the Employer rested its case. The Union will begin presenting its case momentarily.

Employer Counsel Jason Stanevich wanted to make a note for the record at this time.

MR. STANEVICH: Thank you, Michael.

Good morning, everyone. Just one item I'd like to have on record with me today on behalf of the Employer is my cocounsel, Brittany Stepp. Britney hasn't been with us for the prior two days of this hearing, so I just wanted to make everybody aware of her attendance today, and that is -- and that she is cocounsel for the Employer.

MS. STEPP: Good morning.

HEARING OFFICER DAHLHEIMER: Good morning.

If there's nothing further, the Union may proceed with its case.

MR. HALLER: Thank you.

The Union calls Sam Estes as our first witness.

HEARING OFFICER DAHLHEIMER: Good morning, Mr. Estes.

Please raise your right hand.

Whereupon,

SAMUEL ESTES

having been duly sworn, was called as a witness herein and was
examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Can you please state and spell your name for the record?


HEARING OFFICER DAHLHEIMER: Okay.

Mr. Haller, go ahead.

MR. HALLER: Thank you.

**DIRECT EXAMINATION**

Q BY MR. HALLER: Mr. Estes, who do you work for?

A Pathway Veterinary Alliance.

Q Okay. What work location?

A The VSES strictly.

Q Okay. And what's your job title currently?

A I'm a ultrasound technician.

Q Are you full-time in that capacity?

A Correct.

Q Okay. Ble -- briefly give us your work hest -- history in -- in the veterinary field.

A So I -- I went to Alfred State and got my associates in veterinary technology, and I was hired as a new graduate to VSES, and I've worked there since -- since 2008. I was hired on as an emergency technician; I -- I went to overnights for a little bit, then I went to days, then I went back to -- to evenings, which is a 4 to 2:30 shift, when I was -- I was promoted to team leader at that time, and then a year pri --
after that I was promoted to supervisor on -- on the evenings. I was in that position for -- it's -- it's a long time ago and so it's hard for me to remember exactly, probably -- probably four or five years. And then after that I was -- I was moved into a surgical supervisor position at VSES to -- to supervise the surgery department, and I -- I did that position for roughly five years; and then the last two I've been an ultrasound technician.

Q Okay. Describe for us just briefly what -- what in general your duties were as a supervisor in emergency in surgery as -- as well as any differences between those positions if -- if there were any.

A So -- so as supervisor, I would oversee case flow and -- and -- it -- it's more of the people management part, trying to make sure that -- that things are getting done, and you know, making sure anybody needs help if needed, as far as side that side goes. I would perform disciplinary action as ne -- as needed, performance evaluations, work on -- work on SOPs in training, and attend supervisor meetings.

Q Okay.

A With -- with the surgery team, I was also in charge of scheduling the surgery team and approving time off.

Q Okay. I think I heard an acronym in there: SOP?

A Yep.

Q What's that?
A Standard operating procedures for -- for the buildings and capacity.

Q Okay. All right. And you're currently an ultrasound technician; tell us what you do in that job.

A So I -- I applied for this position a couple years ago, and I was sent to specific ultrasound train -- veterinary ultrasound training, and I'm -- at this point, I'm able to complete diagnostic abdominal ultrasounds, which are read -- ultrasound images, which are -- which is read out by a radiologist.

Q Where did you go for that training?

A I went to Guelph, Canada.

Q Okay. That's before the border was closed, obviously.

A Yeah.

Q Okay. Is there a radiologist on staff at VSES?

A Not currently, no. We have a -- a remote radiologist that we work closely with. She's able to do our ultrasound images live if there's anything that we come across that we're not sure what it is, or if we think something interesting that she could help explain to us live so we expand our knowledgebase there.

Q Okay. And I presume that individual has a doctorate in veterinary medicine?

A Correct. She is a board-certified specialist in -- in radiology.
Okay. Okay. Let me ask you some questions about VSES generally. What departments are at VSES?

The -- the emergency department; there's surgery department, internal medicine department, and we also have part-time ophthalmology.

Okay. To the extent you know, how many shift slots are there per day in each of those departments?

For --

I should clarify by saying we're not including the veterinarians here; the rest of the staff.

Okay. It's hard -- it's hard to -- to say precisely because emergency is 24/7.

Um-hum.

But generally, there's, I would say, three -- three to four technicians per shift. So for as far as technicians go, there'd be the day shift, the evening shift, and the overnight shift. So I'd say there's -- there's 12 technical shifts, and I'd say two to three ACAs per shift, so there's six -- six to nine.

Okay.

So we're looking like 18 there.

All right.

And -- and I can't comment on the CSRs. I don't -- I don't understand their -- their scheduling.

Understood. So we're talking about the ACAs and the LVTs?
A  Right.
Q  And that was emergency you were just discussing?
A  Correct.
Q  How about surgery?
A  Surgery schedules, they -- they have -- when I was supervisor, we had six technicians and five ACAs, and they're generally scheduled -- they -- they were generally scheduled Monday through Thursday with -- with a slight rotation of Friday and Monday.
Q  That's three shifts or one shift?
A  There's -- there's just one shift; they generally work 7 -- 7 to 6.
Q  Now, you don't work in internal medicine. Do you have any knowledge about how many folks they have over there?
A  Not -- not precisely. I -- I can try to figure it out.
Q  That's all right. We'll get it through another witness.
A  Okay.
Q  Okay. As an ultrasound technician, what department are you in?
A  Imaging.
Q  Okay. Imaging is another department, okay.
A  Well, yeah, so it -- it's radiology imaging; it's -- it's -- they're interchangeable.
Q  Okay. So how many folks are -- how many shifts are slotted in -- in imaging radiology?
A: There's five -- there's five employees total right now --
Q: Okay.
A: -- and we're not there all at the same time.
Q: Okay.
A: There's -- there's overlap, and -- and we -- we -- some --
the -- we have an ACA that works the weekend. If my schedule
is Monday, Tuesday, Thursday, Friday, this other ultrasound
technician works Sunday to Wednesday, so there's -- there's
variation.
Q: Okay. Is that mostly just day shift?
A: Correct.
Q: Okay. Okay. Throughout the course of this proceeding,
there's been testimony about the ability and practice of
employees throughout the Monroe Medi -- Medical Group I guess
it is now formally the Monroe Vet -- I'm sorry -- Monroe
Veterinary group, formally Monroe Veterinary Associates, to
pick up extra shifts at other facilities than their home
facility. Have you ever picked up an extra shift at any other
MVA Monroe facility other than VSES?
A: Yes, I have.
Q: Okay, tell us about that.
A: It was a shift about probably seven years ago, because I
know when I bought my house and I was living here, so it was
about -- I picked up two shifts at East River Veterinary
Hospital, which is -- is -- has been closed since then.
Q Okay. That was one of the general practices?
A Correct.
Q That's the only sh -- that's the only extra shifts you picked up outside of VSES?
A Correct.
Q Okay. To the extent you know, and I know you might not, how many employees from other MV -- Monroe facilities are working at VSES on any normal, like, nonholiday work day?
A I -- I can't speak to specific numbers; I -- I feel like it's -- it's low overall. I know when I was surgery supervisor we never -- we never had anybody pick up a shift in the surgery department from a -- from a general practice.
Q So that's in the five years you were surgery team supervisor?
A Correct.
Q Okay. Now, I know you probably don't know as much about the customer service representatives. Do any customer service representatives at other facilities ever pick up work at Monroe Group? I'm sorry. Other facilities pick up work at VSES?
A I -- I believe they do, but I don't -- I don't interact with them that much that I could speak to numbers or --
Q Okay, fair enough.
A -- the frequency on that.
Q All right. Let me shift gears a little bit. Oh, you testified about surgery while you were -- so you were emergency
evening shift supervisor for, what, several years?

A   Correct.

Q   Okay. Any ACAs or LVTs from outside VSES pick up any
    shifts while you were supervisor there?

A   That -- that was a bit ago; I can't -- I can't recall.

Q   Okay.

A   I -- I can't say that they did or they didn't because it
    was -- it's just been -- been too long. I think the -- I think
    it did happen some, but I -- I can't say exactly how many --
    what the frequency was.

Q   Okay. Fair enough. All right. Let me shift gears a
    little bit. The patients, and by that I mean the animals that
    obtain, or their owners are seeking treatment for them, at
    VSES, do some of those patients -- let me rephrase that. Are
    there any of the VSES patients who are not referred by another
    Monroe facility or otherwise have no affiliation with Monroe or
    Pathway?

A   Correct. Just as I -- I can speak directly for
    ultrasound. Probably a third of our referrals come in from --
    from outside of the Pathway Monroe Group.

Q   Okay. Okay. Is there any difference in the handling of
    patients if they're not otherwise connected with the Monroe
    Group as opposed to those that are referred by or somehow
    otherwise connected with another Monroe general practice?

A   No, there's no difference at all. We still need a -- we
still need -- we que -- we need -- we have to have a referral before we perform the ultrasound. We have them fill out -- if they haven't been in the building before, we have them fill out an admission form and a -- and a -- and a account is created for them and the referral is attached to that -- that medical record.

Q  Okay. How about medical records -- getting the patients' medical records? Is there any difference between a patient being referred by another Monroe general practice as opposed to the patients that are just coming from outside off the street as it were?

A  The -- the request is the same.

Q  Okay.

A  We (audio interference) call them or email them and they can email -- or fax it to us.

Q  Do you have the ability to obtain records directly electronically from other Monroe practices?

A  No, we -- we can't -- we can't tap into the Pittsford Infinity system and look at them directly without their -- without them sending us a file.

Q  Okay. Is that the same for the other Monroe general practices?

A  Correct.

Q  Okay. How about imaging records? Is it the same for imaging records?
A. The -- the X-rays are -- are shared on a -- on a community tech system, so -- so it's actually taken at Pittsford, and the other general practices can be seen by VSES.

Q. Okay. So that -- is that the only kind of medical record that's different that you have some direct access to?

A. That I -- that I'm aware of.

Q. Okay. I want to use a -- an analogy for a moment; it's a rather crude analogy. I want to analogize VSES from a manufacturing facility; that's because labor lawyers, we all come out of the 1930s, and the paradigm is a 1930s factory, okay? I know it's a crude analogy. But think of the patients and the sec -- successful resolution of a patient's medical issue -- the reason they're at VSES -- as the product, all right, and getting that product out is what VSES manufactures. Does the manufacturing of this product re -- for each patient involve significant inputs from the Monroe general practices?

A. Besides -- besides getting -- sometimes they provide us with a medical history that's been obtained at their clinic so that we get a -- a better understanding, but overall, they -- they don't have any effect on the type of medicine that we -- that we perform at VSES.

Q. And for the patients that are not coming from an MVA facility or not being referred by one of the Monroe general practices, there's no input whatsoever from the general practices, right?
A    Correct. We -- we still might request a -- a -- a history from the -- like a general medical history from the -- from the nonMonroe Group practices, but that would be the same.

Q    Right. And that's coming from a facility that's not owned or affiliated by Pathway?

A    Correct.

Q    Okay. Okay. Are you aware of whether there are ever patients that might receive a -- for example -- might undergo surgery at a general practice and then require post-op care at VSES?

A    I -- I know they -- they do transfer because -- because they do -- they are not 24-hour facilities.

Q    Um-hum.

A    They have a -- a case that they feel is more critical, they will send it over for VSES to keep observation over it throughout the night.

Q    The -- go back to my crude analogy, the inputs from the general practice are higher for that particular patient's product. Would that be correct?

A    Correct. Correct, because -- because they perform the surgery, so we need to know, you know, what -- what the patient has received prior to coming in and what the expectations are for the patient in the morning, because it's going to -- sometimes they'll transfer back and -- and you know, they'll -- they'll stay the rest of the day there, and then they'll be
discharged from there.

Q Okay. Do you have any idea of what proportion of all the VSES patients would fall under that category?

A I -- I would think it was pretty -- pretty low.

Q Okay.

A If we're looking at all the patients across the organization that's been admitted through the -- through the hospital, depending -- you know, to each department, I -- I think it's -- it's low. I don't -- I don't have any figures, though.

Q Okay. Let me ask you about what differences there are, if any, between VSES and the general practices in the Monroe Group? Are you familiar with it -- all the general practices?

A I've -- I've -- I've only worked at -- at East River seven years ago, so I don't really -- I -- I'm not that familiar with the general practices.

Q Okay. All right. So the questions I'm going to ask you are based on to the extent you know. Is VSES larger in physical size than the general practices?

A Yes.

Q It -- it's -- it's considerably larger than any other general practice, right?

A Yes.

Q Okay. Is the staff larger at VSES than any in the general practices?
Q: VSES is a -- is a 24/7 operation; is that correct?
A: Correct.

Q: Are any of the general practices 24/7 operations?
A: No.

Q: Okay. Are there any special differentials or other forms of extra pay that only VSES staff get? And again, I'm talking about nonveterinary (sic passim) stuff -- non -- nondoctors of veterinary medicine staff.
A: Yeah, so -- so the VSES staff is recognized for shift differentials, so we have an evening shift differential and an overnight shift differential.

Q: Okay.
A: And there's also the -- the 75 cents that every employee at VSES also -- also gets for working within the parameters of VSES.

Q: All right. Just to be clear, the 75 percent -- 75 cents a year, 75 cents a day, 75 cents an hour?
A: 75 cents an hour.

Q: Okay. Okay. Are there any services offered at VSES that are not available at any of the other general -- I -- I keep saying "other". VSES is not considered a general practice; is that correct?
A: Correct.

Q: Okay. Are there any services offered at VSES that, to
your knowledge, are not available at any of the Monroe Group
general practices?

A Specifically, ET, MRI; the ultrasounds that I perform in
the capacity that I -- per -- perform them are not -- are not
done at general practices.

Q Okay. Let me ask you about some kinds of surgeries. Are
neurosurgeries performed at VSES?

A Correct.

Q Is there a veterinarian who's a diplomate in neurology
that performs those surgeries?

A No, we have a -- our surgeons are -- are not neurologists,
they're -- they're boarded surgeons, so they -- they are
comfortable with neurosurgery but not -- so we don't have a
neurologist that performs them, but you do -- you do need an
MRI to be able to perform the --

Q Okay.

A -- surgery.

Q All right. So you have board certified -- you have
veterinarians certified in surgery?

A Correct.

Q So they've got -- they've got a diplomate in surgery?

A Correct.

Q Is there also a neurologist -- a board-certified
neurologist on staff?

A Not currently.
Q  Okay. All right. Are there any di -- diplomates --
veternarians that are diplomates at the -- at the general
practices, to your knowledge?
A  Not that I -- not that I'm aware of.
Q  Okay. To the extent you know, are there any additional
skills required of support staff? And by that, I mean the LVTs
and the ACAs when they're assisting in a neurosurgery.
A  Well, the -- the anesthesia itself is quite a bit
different because they're -- they're drilling into the -- on --
into the spine of the dog and trying to get down to decompress
the discs, so the level of anesthesia that you need to keep
them under, we're running -- we're running constant infusions
for of -- of pain medications during those procedures. We have
patients on ventilators during those procedures, and sometimes
we'll have to run pressors, which is -- is -- help stabilize
the patient through the -- through the procedures depending on
the severity of -- of what's going on anesthetically.
Q  Okay. All right. Let me ask you about some of that.
Ventilators. Are ventilators always used in surgeries at VSES
or used for some surgeries?
A  Gen -- generally, every patient that's getting general
anesthesia in -- in a surgical OR is on a ventilator.
Q  Are there any ventilators at any of the general practices,
to your knowledge?
A  Not that I'm aware of. There -- there are certain
patients that are too small for the ventilator so they have to go on what's called a -- on a nonrebative (phonetic) system because the -- the volume of air which they can move is not -- not enough, so they'd essentially just be breathing in their own breath and not being able to -- to stay anesthetized.

Q Okay.

A Just to clarify.

Q Does operating -- so is the staff assisting at surgery responsible for operating a ventilator?

A Correct.

Q Okay. Does that require any special skill set?

A It -- yeah, it -- it takes definitely advanced skill set to understand the ins and outs of a ventilator and how to properly -- properly maintain the patient under anesthesia with it. It's --

Q Okay.

A Not even all our ER techs are familiar with that, so -- some of them are, but not all of them.

Q Okay. To your knowledge, is -- are any of the LVTs working at the general practices have that skill set?

A There's probably a few, but most of them -- they -- it -- of those few that are employees that have worked at VSES in the surgery department.

Q Okay. I think yesterday we heard testimony from a Kathy Sercu. Does she fall in that category?
A  I don't know if Kathy would be comfortable. I believe
the -- the other witness, Jen Gargan, would have been.
Q  Okay.
A  And there's a -- there's a couple other employees that
have -- have left the surgery department that are working in GP
that would feel comfortable.
Q  Other than the folks you've mentioned, are you familiar
with other people who are now working at the general practice
that have that kind of surgical experience at VSES?
A  I don't -- could you state the question again?
Q  Yeah, I'm sorry. Other than the two individuals you just
mentioned, how many other folks are there working at general
practices now that have that kind of surgical experience at
VSES?
MR. STANEVICH: Objection. Lack of foundation.
Q  BY MR. HALLER: To the extent you know.
HEARING OFFICER DAHLHEIMER: I'm sorry, what was the basis
of the objection?
MR. STANEVICH: Lack of foundation. There's been no wi --
no testimony that this witness knows the qualifications of
employees who work at 17, 18, 19 other locations. In fact, he
testified before that he's only worked at one location, and
he's not familiar with the operations in the general practice.
This is just pure speculation at this point.
HEARING OFFICER DAHLHEIMER: Mr. Estes, do you have any
foundation for your knowledge that -- for the knowledge about that?

THE WITNESS: I only know of the -- the few people that have left VSES to -- to work at G -- GPs, so I don't know the extent of the knowledge at -- at the general practices.

HEARING OFFICER DAHLHEIMER: Okay. I'm going to sustain that.

Can you reframe -- can you reframe the question in a way that -- that is -- speaks to his knowledgebase, please?

MR. HALLER: I certainly can.

Q BY MR. HALLER: You've worked at VSES since 2008, right?

A This is correct.

Q How many folks obtained the surgical knowledge we're talking about at VSES who have since transferred to one of the general practices, other than the individuals already named?

A I -- I believe there's only to be a few that have.

Q Okay. Thank you. All right. You mentioned anesthesia before. Tell us about advanced anesthesia skills that this assisting tech staff would need at VSES. You -- you referred to this before.

A Yeah, so -- so for the advanced skills of anesthesia, we -- we consistently run CRIs -- we have multiple -- we'll run fentanyl, ketamine, sometimes we'll run (audio interference) which is not always, but sometimes we will. And -- and those -- those CRIs are all -- all adjusted based on our level
of comfort with the patient and how they're doing throughout anesthesia. So -- so we might incr -- in -- and these are mostly judgments that the technician makes with the -- they'll notify the doctor of, hey, I'm going increase this; and they say, okay; or we just do it just to keep the patient adequately enough to tie us through the procedure. So there's a lot of -- a lot of judgment call on us to make sure that we're keeping the patient stable and in a adequate plane of anesthesia. Because when you -- when you put the patients on isoflurane, which is the inhalant gas that -- that we deliver to most patients, it causes a decrease in their blood pressure due -- due to vasoconstriction, and so we try to keep them on a lower amount of that as possible, and then we increase our CRI rates to try to -- to try to combat that -- that effect -- that side effect of the inhalant gas.

Q All right. Let's -- let's clarify those acronyms. There's a li -- there's one acronym I caught there: CRI. What's that?

A That's a constant rate of -- rate of infusion of medication.

Q Okay.

A We also -- we also, for our more critical cases, we will occasionally put in a RKO (phonetic throughout) blood pressure catheter so we can have direct monitoring of blood pressure. We'll -- I'm trying to think of other things. I think
that's -- that's about the extent of that.

Q Okay. Based on your five years or so experience as a surgery team supervisor, do you believe that the general practice staff that comes to VSES has the requisite skills to do this anesthesia work?

A No. I -- I think the -- the few people that -- that have left the surgery team and had surgical experience at VSES would have, but the general population of staff at the general practices do not have the skillset or the knowledge to do -- to maintain patients in -- in a surgical OR with a surgeon.

Q Okay. I think you referred to another device: a compressor; is that right? Maybe I got that term wrong.

A Oh, no, pressors; that -- that's an injectable drug to -- to try to cause vasoconstriction to increase the blood pressure.

Q Okay. All right.

A Depending on which one you use; different ones have different mechanisms of action.

Q Okay. Thanks. Are orthopedic surgeries performed at VSES?

A Yes.

Q Okay. We've heard testimony from the group's medical director that any orthopedic surgery involving, I think, anything with a plate or a screw is only done at VSES. Is that your understanding?
A That -- that is correct.
Q Okay. All right. The staff that LVTs and ACAs assisting with that sort of ortho -- orth -- orthopedic procedure, are there any specialized skills that they have to have in order to assist in such a surgery?
A I think that just coincides with the other physical skills as -- as like, the neurosurgery; it's -- it's -- it's pretty -- pretty much across the board with the surgical team of how they perform anesthesia.
Q Okay. So let me ask the general question -- I think I may already asked and you may have already answered, I'm not sure -- in your five years as a surgical team leader, did any GP -- people who regularly work at the GP ever perform any of these duties assisting in surgery at VSES?
A Not unless they left the -- the -- the surgical team. They -- they -- if they -- if they didn't have prior physical experience in the surgical department, they would have not been utilized in the surgi -- on the surgical team.
Q Okay.
A So -- so I can't say exactly. There might have been one instance or two, but I can't say that there wasn't any.
Q Okay. Could you say it would've been an extremely unusual circumstance?
A Yeah, like -- like when one of the surgery techs got married or something, we tried to get coverage for -- so we all
could go and -- and on call was covered.

Q Okay. Are there other kind of surgeries, to your knowledge, are only performed at VSES and not at the group practices?

A That's a -- that's a loaded question. There -- there's a lot of surgeries we perform at VSES, like gallbladder mucocele, cholecystectomy, hemilaminectomy, ventroflex. There's -- there's -- the list could go on for -- for a long time.

Q Okay.

A We also use the CT to help plan for some of our surgeries, so if there's more invasive -- more invasive masses or -- or tumors, then we use that to -- to map out to see what -- what vascular involvement there is in the -- in the tumor to make sure it's -- it's able to be -- to be -- be resected.

Q Okay. And that's a device you use? What was that again?

A That -- that's the CT machine.

Q Is that something that's only available at VSES?

A Correct.

Q Okay. Do any surgeries ever involve endoscopic procedures?

A Yep, the surgeons will do -- they'll do joints -- joint endoscopic -- what do they call it? They'll do arth -- arthroscopy, so they'll -- they'll go in and they'll -- if there's a -- a hip or an elbow or something, they'll go in and try to debride some of the -- the affected joint away so it --
it's a much more smoother -- smoother surface. And then we'll
also do laparoscopic -- spays -- at -- at VSES. They'll do
laparoscopic biopsies, too, GI biopsies, and that's a -- that's
about all I can think of for that.
Q  Okay. Just for health care and veterinarian care for
dummies, what's endoscopic refer to, and what's laparoscopic
refer to?
A  En -- endosc -- endoscopy is more like an internal
medicine term; so laparoscopic would be a surgical term.
Q  Okay.
A  So -- so into -- internal medicine perform -- per --
performs endoscopes, and then surgery would perform a
laparoscopic procedure.
Q  Okay. Just explain, just -- just for the record briefly,
what's the difference?
A  So laparoscopic would have to do with -- with the abdomen.
Q  Okay.
A  And then --
Q  And so it involves some surgical invasion of the body?
A  Correct, they ju -- they just don't make a, you know,
pubic to sternum incision; they make -- they make little holes
and put the endoscope in there and they can look around, and
then they have another hole that -- that they put a instrument
into, and then they can coordinate them together and -- and do
what they need to do in there.
Q Okay. And I've got a weak stomach, so I won't go into
great detail, but endoscopy's where you're sticking a probe in
some existing orifice?
A Correct. Correct, either -- either -- either -- either
one end or the other.
Q Okay. Okay. Let me ask about imaging and radiology.
I've got a few questions in addition to what I asked before.
There's been testimony about ultrasound available at the
general practices. To your knowledge, is that the same as the
ultrasound available at VSES?
A So we do have the same Sonosite ultrasound machines on the
emergency floor that are used for AFAST and TFAST and
cystocentesis (sic), but we also have a Xario ultrasound
machine that -- that I use on -- on a daily -- a daily basis in
my position that is able to provide diagnostic images to -- for
the radiologist for interpretation.
Q Okay. What -- what's that first machine you mentioned, a
Sonosite?
A Yeah, they're -- they're like a small, portable ultrasound
machine. They're -- they're -- they're good for like, growth
interpretation of -- of, you know -- they're -- they're --
they're looking for like, big -- big ticket items, so free
fluid in the abdomen, free fluid in the chest or -- or
pericardium masses. They're not looking at the -- the -- the
small details of the -- that the Xario can collect.
Q Okay. Are -- are the Sonosite machines on site at some of
the general practices, to your knowledge?

A I believe they -- I believe most of them have a Sonosite.

Q Okay. And what's the other kind of machinery that -- that
you have at VSES?

A It's -- it's a Xario. I don't know who the manufacturer
is.

Q Okay. Is that kind of equipment required for imaging
quality to be of -- useful for diagnosis?

A Correct. The -- the quality of the -- the image is -- is
much higher with the -- with the Xario machine, and the -- the
ability to -- to provide diagnostic images to the radiologist.

Q Diagnostic quality images that a radiologist could
consult?

A Right.

Q You're not going to get that from a Sonosite machine?

A It depends on what you're looking at. I -- I -- I think,
you know, I think in some -- some ways you could, but I -- I
think overall, I -- I don't think it -- it -- it provides the
image quality that you need for -- for what the radiologist
(audio interference).

Q All right.

A And the -- so I -- so I wish -- I -- I have been trained
in ultrasound, and I'm able to locate all of the -- it sounds
silly, right, but -- but some of the organs are hiding, but
I -- I'm able to locate all of the organs and take a -- a good general overview of -- of what the abdomen looks like, and at the general practices they -- they do not. They -- they do not -- they're just looking at specific small, like -- sorry. They're looking at general overall, like, is there a mass in here, what does the bladder look like? They'll use it for cystos, but they're not trying to get a whole picture of what's going on in the abdomen.

Q Based on your experience as an ultrasound technician at VSES, are patients that require diagnostic quality images referred to VSES for imaging?

A Correct. The -- we get a lot of referrals from all the general practices around the area for -- for ultrasound.

Q Based on your experience at VSES, has anybody from the general practices ever been assigned to perform the imaging work at VSES?

A No.

Q To your knowledge, are there any job classifications within the Monroe Group that exist only at VSES? Again, I'm talking about nonveterinarian staff.

A We -- we only have -- only at VSES there's patient care coordinators, which is -- which is crucial to charging and communication with the client.

Q Okay.

A My position is not -- is not at any other general
practice.

Q Okay. Is there a position called "veterinary technician specialist"?

A Yes, we -- we have a couple -- VTS is what they call them -- technicians who have gone on for further training and have sat for an additional test so they can have the certification of -- of VTS; which, their VTS is in critical care.

Q Okay. So that's a level of certification beyond the New York State licensure as a licensed veterinary technician?

A Correct. Correct.

Q Okay. Are there any such positions anywhere in the Monroe Group outside of VSES?

MR. STANEVICH: Objection. Lack of foundation.

Q BY MR. HALLER: To your knowledge.

HEARING OFFICER DAHLHEIMER: Sustained.

Can you rephrase, please?

MR. HALLER: I'll move on.

Q BY MR. HALLER: Okay. Let me -- let me ask some general questions about licensed very -- licensed veterinary technicians. A license from a state -- generally, New York State is required to have such a job; is that correct?

A In New York you're required to -- to -- to be able to function as an LVT, you need to have a license.

Q Okay. And you have such a license?
A Correct.

Q Okay. Now, do the LVTs at VSES and the LVTs elsewhere in the Monroe Group all have the same state licensing?

A Correct.

Q Okay. Based on your experience in -- in your experience as supervisor in the emergency and surgical departments, do you be -- do you believe that LVTs and/or animal care assistants at the general practices are qualified to perform duties in the departments you've been affiliated with at VSES?

MR. STANEVICH: I'll object to lack of foundation. This witness is not familiar with the qualifications of LVTs at the general practices. He has not worked at --

HEARING OFFICER DAHLHEIMER: Overruled. The -- the quest -- the scope of the question was clearly within the -- the witness's knowledgebase. Overruled.

Go ahead.

THE WITNESS: Could -- could you ask the question again, Bill? I'm sorry.

Q BY MR. HALLER: That would be assuming I remember the question. Let me rephrase. Based on your -- how many years were you supervisor in the emergency and surgery departments combined, approximately?

A Probably eight or nine.

Q Okay. You were in charge of assigning the staff in those departments in those years you were supervisor, right?
Q Did you ever assign anyone from any of the general practices to perform any duties in those departments while you were supervisor?

A I can't recall. I think there's certain aspects of those duties that they -- they can perform, but there's other aspects that they -- they definitely don't have the knowledgebase that we have at -- at emergency to function. And I -- I can attest to that because of the holiday shifts that I've -- I've worked in the past with some of the general practice technicians; they -- they constantly asked me procedural things and how to -- how to do things on -- at VSES.

Q Okay. What kind of duties would you -- based on your past experience as a supervisor, there's someone from a general practice -- an LVT or an ACA -- that's been assigned to the department under your supervision. What kind of duties would you generally be comfortable in assigning them to do?

A So I think like, simple procedure type things. They can obviously do catheters because we're all taught that in school. If it's a simple, stable anesthesia that -- that's like, a big dog, little dog bite wounds -- that's something that I would feel comfortable as most -- as long as they had previous experience as a GP. I think, you know, if -- if there's like, sub-Q fluids or something like that, I'd feel comfortable, but as far as like, advanced patient care in the ICU, they --
that -- I would -- I would not feel comfortable putting them in there or -- or any of the advanced procedures that we perform at VSES.

Q Okay. Earlier in this proceeding, an Employer witness was asked if -- if hypothetically, none of the regular VSES staff was available, would it be possible to operate VSES with just the av -- with -- assuming there were plenty of general practice staff available, would it be possible to run VSES with just -- just the general practice staff, and -- and the -- the witness answered, yes. Do you agree with that, based on your experience?

A I -- I think they would be able to -- to see very limited emergencies. I think the surgical department, the internal medicine department, the radiology department would all -- all have been shut down. They would still be able to por -- perform the -- the radiograph aspects of -- of the imaging radiology department, but as far as the other things, I -- I think it would be the emergencies that would come in would -- would have to be very -- would be triaged very specifically to -- to know -- to understand what the -- the staffing could -- could handle.

Q I have no further questions. Thank you, Mr. Estes.

A Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, are you prepared to proceed on cross?
MR. STANEVICH: Yes, I am.

CROSS-EXAMINATION

Q   BY MR. STANEVICH: Good morning, Sam. How are you today?
A   Good, how are you?

Q   Good. My name's Jason Stanovich. I'm counsel for the
Employer, and I'll -- I'll have some -- a few short questions
for you today. I do have a habit of -- of talking very fast at
times, and so if I -- if I go to fast or if I -- if you don't
understand my question -- because obviously I'm a lay person
when it comes to your industry -- just please ask me to -- to
clarify. It'll make the -- the question and answer go a
little -- a little bit smoother, okay?
A   Okay.

Q   So just a couple questions for you. You -- you -- you
testified that you generally would not use an LVT from a
general practice to provide care in the ICU, correct?
A   Correct.

Q   Okay. And that's because the LVTs who generally provide
care in the ICU may have just additional experience and
additional skills from working at VSES?
A   Yes, ski -- skills and knowledge, yes.

Q   Okay. But in order to work and to -- in the ICU as a vet
tech, you don't need any additional certifications or licenses
from the state of New York, do you?
A   No, that -- that's correct, you don't.
Okay. And the fact you don't even have any additional certifications or license from the state of New York, right?

Correct.

Okay. You're -- you're a licensed -- licensed vet tech?

Yep.

And that's the same license that other vet techs have within the Pathway system in Rochester regardless of where they work, right?

Correct.

Okay. And in fact, VSES even hires new grads?

Correct.

And -- and once they're hired, then they will be trained in a particular area of the hospital, right?

Yeah, depending on what -- which department they're hired into. The training does vary from department to department.

And not all LVTs at VSES work in all of the departments at VSES, right?

No. No, that's correct.

And in fact, you have LVTs at EVS (sic) who do not work in ICU, right?

Correct, but -- but the -- the -- the departments of surgery and internal medicine, they also would feel comfortable working with those patients in -- in the ICU.

But there are LVTs at VSES that would need additional training before you would staff them in the ICU, right?
A  Unless -- so if they were -- if they were a new -- new
hire, yes. If they're not a new hire, then -- then no, there
wouldn't be any additional training for them.
Q  Okay. But there are LVTs at EV -- I'm sorry -- at VSES
who do not perform any work in the surgical suite, correct?
A  That -- that is correct.
Q  Okay. And before you were talking about, you know,
advanced skills that may be needed for anesthesia. All vet
techs are taught on how to apply anesthesia when they go
through school, correct?
A  Yeah, that's a -- that's a basic school -- school
expectation that -- that they should know how to do.
Q  All right. And in fact, all LVTs, after graduation, when
they work in -- in a -- whether it's a general practice or at
VSES, that's a basic expectation that they can apply
anesthesia, right?
A  Correct.
Q  And when they apply anesthesia, they're following a
doctor's orders, correct?
A  Correct. I -- I do believe they are using some of their
own judgment, skills, and knowledge to -- to -- to assess the
level of anesthesia that the patient's on so they can
communicate effectively with the doctor.
Q  All right. But the doctor would prescribe what level of
anesthesia to provide, correct?
A  I -- I don't think you understand. Sorry. The -- the level of anesthesia changes throughout the -- the surgery, so you need to constantly be checking the depth of -- of the patient's anesthetic and making adjustments based on your assessment, so necessary -- the doctor isn't always necessarily directly involved in that.

Q  But the doctor would give the treatment plan, and then the LVT, they carry out the work that is part of the treatment plan, correct?

A  Correct, they come up with anesthetic protocols; I believe that's what you're asking.

Q  Okay and you -- you mentioned I -- I believe there's a certification option known as Veterinarian Technician Specialist?

A  Yep.

Q  Okay. And you've never obtained that specialization for VTS in anesthesia, have you?

A  No.

Q  Okay. But you've been trained on how to provide that work within the critical units at VSES, right?

A  Correct.

Q  Now, go -- back to your -- your positions; you testified that you started in about 2008?

A  Correct.

Q  You worked as an LVT for a number of years?
A: Yep.

Q: Okay. And then it appears, just based on some documentation that I have, that you were an LVT supervisor from early 2016 to maybe late 2019. Does that sound correct?

A: Yeah, that -- that seems correct.

Q: So about -- about four years or so?

A: Well, I was evening supervisor for a while also in addition to the surgical supervisor position.

Q: Okay. And currently, you're the -- an ultrasound technician?

A: Correct.

Q: And I -- I know you haven't worked at a -- you've only worked at one general practice location, but I believe it's your testimony that most of our general practices do have certain radiology-related equipment, correct?

A: Yes, they have -- they have ability to take X-rays, and they all have Sonosites, I believe.

Q: And the Sonosite is -- it's -- it's an ultrasound machine?

A: Correct.

Q: Okay. And that's a diagnostic machine?

A: Sure. I -- I -- I think that's -- it's -- it's -- it's used to diagnose big ticket items; I -- I don't think it's -- you can't -- you can't determine the echogenicity of a liver if -- if there's pancreatitis, the thickness of (audio interference), or -- so I -- I think it's limited on its
diagnostic ability.

Q Okay. But you would agree that most of the locations have ultra -- ultrasound machinery?

A Yeah, they have a Sonosite.

Q Okay. And they -- they also have X-ray machines, correct?

A Correct.

Q And some of them even have dental-related radiology equipment, correct?

A Correct, which we don't have at VSES. We don't have -- do anything with dental or -- or any den -- dental X-rays.

Q Okay. And you mentioned there are times where you have to reach out to a radiologist to interpret the scans; is that true?

A Th -- that's correct.

Q Is that Dr. Shaikh?

A Yep.

Q And she -- she's not an employee, right?

A I don't know what her contract is.

Q Okay. And are you aware of whether the general practices also reach out to Dr. Shaikh to interpret the imaging scans?

A I -- I'm not aware.

Q Okay. Fair enough. If you don't know, you don't know. But your position would be to conduct the scan itself, and then the radiologist would interpret the results of the scan?

A Correct. I'm a technician, and I'm not able to -- to
interpret or -- or diagnose.

Q  Okay. Now, you amen -- you mentioned before that there's -- you've worked in the surgical side of the house; you've also worked in emergency services at VSES, right?
A  Correct.

Q  Okay. And you're aware that there are urgent care locations elsewhere within the Pathway system in Rochester?
A  Yes.

Q  Okay. And you're aware that there are surgeries performed elsewhere within the Rochester system at some of the general practices?
A  Yep.

Q  Okay. Going to back to emergency services for a moment. Vet techs and animal care assistants would provide basic nursing care to the patients when they come into the ER; is that true?
A  Yes.

Q  Okay. And some of the services that may be provided in the ER, that would include, like, inserting an IV catheter, right?
A  Correct.

Q  Okay. Any special skills required to do that?
A  I mean, you have to go to school and be an LVT to do it. But yes, LVT skill.

Q  That's a fair point there, Sam. I meant -- and so all
LVTs are expected to be able to insert an IV catheter?

A  Correct.

Q  And that's a pretty routine procedure?

A  Yep.

Q  Happens all the time in the emergency department at VSES?

A  Yep.

Q  Okay. Did you do that kind of work when you were at the GP that closed a few years back?

A  Yeah, I did.

Q  Okay. Also in the emergency department, the LVT would administer medication to a patient, right?

A  Correct.

Q  Okay. And the -- the DVM, the veterinarian, would prescribe the medication, correct?

A  Correct.

Q  Okay. So you wouldn't make that decision on your own; what medication to provide, or what dose of medication to provide, right?

A  No. They -- they make the ultimate decision. There are times that I personally make recommendations or dosing recommendations. And you know, it's -- it's a conversation at times about -- about what we're going to do for the pet.

Q  But you would agree with me that all LVTs have the ability to administer medication, based upon a doctor's orders, in the ED?
Q Okay. Likewise, there may be times where an LVT has to
draw blood from a patient in the ED, correct?
A Right.
Q Okay. And you would agree with me that all of the LVTs
should be able to do that?
A I would hope so.
Q Okay. No specialized training required, specific to
drawing blood at VSES, is there?
A Not -- not just drawing blood, no. And this -- there will
-- we'll draw blood out of a triple lumen catheter, which --
which does require some additional knowledge. But generally,
as -- as just poking a vein is poking a vein.
Q Okay. And unfortunately, I assume there are times where a
vet tech would have to provide CPR to a patient in the
emergency department?
A Daily.
Q Daily. And that's work that's expected to be performed by
any LVT, correct?
A Correct.
Q All right. Likewise, work related to endotracheal tubes.
That's work that LVTs are expected to perform, right?
A Like intubation?
Q Correct.
A Yes.
Okay. And nothing specific of VSES that requires specialized training to do that type of work, is there?

A No.

Okay. And that's part of the training that everybody receives when they go to school to become an LVT?

Correct.

And you'll likely have to do that work at a general practice as well?

Yes. Anything that needs surgery would -- would need to be intubated and -- and maintained on gas.

Just switching gears for a moment. I'm sorry I'm bouncing around. I'm not that well organized.

It's fine.

When you -- when you were a supervisor, you talked about some of the responsibilities that you had. Did you coordinate with human resources at all?

Depend on -- it depended on what I was working on. But yes, at times I did.

And what are the types of issues that you would coordinate with human resources on?

It would depend on -- some things would be the level of disciplinary action needed. If there were certain policy changes that were trying to implement at VSES, then we would contact them. But most of that would get funneled up through -- through our manager, and they would have the
conversation, but.

Q And you were involved in completing performance evaluations?

A Correct.

Q You share those performance evaluations with human resources?

A Yeah. They -- they sent -- yeah, they would review them all, and then send them back to us.

Q Okay. And who was your contact for human resources; if you recall?

A When -- during my time as supervisor?

Q Yes.

A Mary Czech.

Q I'm sorry, the name? I didn't get it.

A Mary -- Mary Czech was my primary resource.

Q Okay. And do you know whether she provided HR services to the general practices?

A I believe she did.

Q Okay. Now, you -- will we had some testimony about employee interchange. I know you haven't worked at the general practices, but we do have folks from the general practices that work at VSES, correct?

A I believe there. I don't -- in my position, I don't really work directly with anybody in -- from general practices.

Q Let me ask you a slightly different question. Are you
aware of customer service representatives at VSES that came from other general practices?

A  I think -- I don't -- I don't know. I have less interaction with them than in the back. So -- so I can't really speak to -- to the customer service representatives. But I believe some that have transferred.

Q  And are there animal care attendants who have -- is the -- let me back up. Is the title animal care attendant or animal care assistant?

A  Assistant.

Q  Okay, thank you. And have we had animal care assistants come from the general practice to work at VSES?

MR. HALLER: Let me just ask a clarifying question. Are you asking about permanent transfers, or?

MR. STANEVICH: I'm going to get there, Bill. I'm sorry.

MR. HALLER: But which are you asking about?

MR. STANEVICH: I will ask.

MR. HALLER: Okay. I'm sorry.

Q  BY MR. STANEVICH: Okay. So Sam, have we had folks from the general practices permanently transferred to VSES?

A  Yes.

Q  Okay. What titles come to mind? And I know you've been there a long time, and memories fade, but just to the best of your recollection, what titles have permanently transferred to VSES?
A  Like, which specifically -- what departments they were
hired into?

Q  Their title, such as you know, LVT, customer service rep,
animal care assistant? I'm just trying to think of if you can
identify some employees to us who transferred from a general
practice to VSES?

A  Yeah. I mean, there's been LVTs and ACAs that I know of
who have transferred, and their title remains the same. I
don't know if there's a specific ER technician job description
or not, if they're considered just an LVT, if they're
considered an ER emergency LVT position or -- I'm not -- I'm
not sure the direct title they would be hired into.

Q  Okay. Are you familiar with an employee by the name of
Kendra Clemons?

A  No.

Q  Okay. Are you familiar with an employee by the name of
Abigail Verna (phonetic throughout)?

A  I don't know her either.

Q  Jannelle Komsonkeo? I'm sure I pronounced that correctly.

A  I -- I know Jannelle. She works in -- she now works in
surgery, yes.

Q  She works in surgery. And when you say surgery, she works
in surgery at VSES?

A  Yeah. She's -- she's in the surgical department. Yep.

Q  What's her job in the surgical department?
A I -- I don't really know. I know she works there, but I don't know if she's scheduled in the prep room or scheduled on appointments. Or -- so I'm not sure.

Q Fair enough. And again, I don't want you to speculate or guess. Just only what you know. And she came from Irondequoit, correct?

A I don't know where she came from.

Q Okay. But if she did come from Irondequoit, you would agree that's one of our general practices?

A That's correct.

Q Okay. Going back to -- you talked about some of the differentials. I believe there's a weekend differential, right, at VSES?

A Yes.

Q Okay. And when employees in the general practices work a weekend at VSES, they get that differential too, right?

A Yes.

Q Okay. And you mentioned there's a shift differential for the evening shift and the overnight shift, right?

A Right.

Q And you would agree with me when the -- when members of the general practice come to work at VSES on the second or third shift, they get that differential as well?

A Correct. It's recognition of the hours that are being worked.
Q  Thank you. And then the -- you mentioned there's a
general differential of 75 cents an hour for employees at VSES,
right?
A  Correct.
Q  And that differential would apply to LVTs, right?
A  That -- the 75 cents are you --
Q  75 cents.
A  It applies to all job categories.
Q  Okay. And -- and you would agree with me that when an
employee from the general practice picks up a shift at VSES,
they're also getting that 75 cents an hour differential?
A  I believe so, but I -- I don't know. It's been a long
time since I, like -- I don't know what they're getting paid.
So I don't know if they're getting that extra bump or not.
Q  You were asked some questions about a medical record
system. What system does VSES use?
A  For -- for the medical records, it's Infinity. We also
use a Instinct program.
Q  Okay. And the Infinity system's also used at the general
practices, right?
A  Correct.
Q  Okay. And it's your testimony that you just cannot access
their records, right?
A  Correct.
Q  But there are times where you will need information from
the general practice, correct?

A  Correct.

Q  And so if they're transferring a patient, say from -- from Bayview to VSES, you may need to know that patient's medical history?

A  Yeah, of course. It's helpful in the treatment and understanding where they're in their disease processes.

Q  All right. So if you can't access Infinity, how does the LVT get that information from the general practice?

A  It's either -- we either call them or email them.

Q  And if you have to call someone, who do you call?

A  I never call anybody, so -- I don't know. I don't know who they call, to be honest.

Q  Do you know who sends the information over?

A  I mean, I would it's any CSR, but I don't actually make the phone calls, so I -- I don't know.

Q  Okay. But you would --

A  I stay off the phone.

Q  -- with me there -- you would agree that there are VSES employees who speak to employees at the general practices, and they share information about a patient's medical history?

A  Yes. I -- I agree to that.

Q  Okay. And you -- I believe you testified that the general practices, at times, will conduct surgeries, right?

A  Uh-huh.
Q And the post-op care would be provided at VSES, right?
A Correct.
Q And so if the surgery is being performed at the general practice -- any understanding of how the patient gets from the general practice to VSES?
A I -- I believe most of the time the client brings them over.
Q Are there any other -- that may happen most of the time? Are there other ways where the patient, who just had surgery, gets transported to post-op care at VSES?
A Yeah. I'm sure there's incidents where there's critical patients who aren't recovering well, and the general practice's doctors are concerned about just having the owner bring them over while they're recovering, because recovery can be terrible and rough at times. So I'm sure there's times when -- when the general practice doctor will bring them over, too. I think it's less -- less frequent.
Q And in those situations where the general practice doctor has performed the surgery at the general practice, the patient comes over. The care that's provided to the patient at that point is -- it's observation, right?
A Correct. It would be observation and support. And then depending on, you know, disease processing and why they transferred it over, it might need some intervention at some point.
Okay. And there are situations where the patient then returns to the general practice, correct?

Yeah. I would believe so.

Okay. And are there other situations, say, for instance, where VSES is very busy, and patients that come in to that location are transferred to other general practices?

Yeah, that -- that happens.

Okay. And does it happen because of workflow?

It -- it's mostly because of volume, is that -- that mean -- the workflow?

I'm just -- I'm just trying to understand why it happened. Why -- maybe let me ask the question differently. What are some of the reasons that VSES will transfer patients from that location to one of the general practice locations?

Sometimes there's cost concerns for the client. Sometimes it's because the general practice can do it at a cheaper rate. Sometimes the -- the surgery team isn't able to -- to accommodate the patient for that day and it needs more -- more of an urgent surgery. Those are -- those are the two situations that I can -- I can really speak to this.

All right. To just unpack that a little bit. You said that the -- there may be cost concerns. So the work would be shifted back to a general practice, because it could be -- the same work that can be done at a lower cost; is that what you mean?
A  Correct. If the client has financial concerns, sometimes the general practice can do surgery at a -- at a cheaper rate.
Q  Okay. And then there may be times where VSES is just -- the operating room is fully booked, so the surgeries have to be done elsewhere?
A  Correct.
Q  Okay. And we heard some testimony yesterday that some of the general practices perform ACL surgery. Are those surgeries also performed at VSES?
A  The -- that's -- yes. They -- they will fix ACLs at VSES. But the procedure that is performed is completely different from what they perform at -- at the general practices. So it's -- it's not similar.
Q  All right. And you -- you haven't performed or been involved in any ACL procedures at, say, The Animal Hospital in Pittsford, for example, right?
A  I've never worked there.
Q  Okay. Have you done surgeries with Dr. Wihlen before?
A  I've never worked with Dr. Wihlen at any general practice.
Q  Okay. Have you done any surgeries in Perinton at all?
A  No.
Q  Have you done any surgeries with Dr. Scheider at all?
A  No.
Q  Okay.
A  I do understand the surgical technique that they use,
because our -- our surgeons will rarely use that technique.

Q Do you also perform -- or does VSES also perform FHO surgeries?
A We do.

Q Okay. And what -- and just tell us what an FHO surgery is.
A So basically, they're just cutting off the head of the femur of -- of the patient, because they're -- their hips are so degenerative that -- that they -- it's -- it's more comfortable for the patient to -- to just cut it off than to walk around with it still in there. But that's -- that's also size dependent on if the surgery is appropriate for the patient.

Q And are you aware of whether Dr. Wihlen or any other physician has performed those surgeries at the general practices?
A I believe he stated yesterday he does.

Q Okay. Amputations. Are amputations done at VSES?
A Yes, they are.

Q Okay. Growth removals, they're -- they're done at VSES as well, right?
A Yes. But the -- the -- usually their way of (audio interference) if you're talking about taking off like a 2 centimeter growth removal (audio interference) a 12 centimeter growth removal, there's a lot different in surgical approach.
Sometimes there's a skin graft that needs to happen over that, which would be handled by -- by the surgeons.

Q TPU surgeries are performed at VSES, right?
A Correct.

Q And that's a pretty complicated surgery, from what I understand?
A Yes.

Q And can you just explain to us what that is?
A So basically, they're going to shorten the urethra of the male cat. Basically they cut off the end of his penis and make it shorter to make it further down the -- the urethra. So then it's a wider opening. So they're less likely to become instructed with a stone.

Q Okay. And you're aware that that type of work has been performed by veterinarians at our general practices, correct?
A Dr. Wihlen stated that, yes.

Q Okay. And likewise, FHO surgeries, those are done elsewhere as well, right? Not limited to VSES?
A Correct.

Q All right. Intestinal surgeries. Those surgeries are done at VSES, right?
A Correct.

Q And they're also done at the general practices, based upon your knowledge, right?
A Yes.
Q Okay. You mentioned a term before CRI. Does that stand
for contrast rate infusion?
A Constant.
Q Constant?
A Yes. Constant rate infusion. So if -- if -- you
generally put on a syringe pump and it's -- and it delivers
opioid, or whatever you have, in there at a consistent rate for
the patient.
Q So this is anesthesia-related work?
A Not always. We use them for antibiotic delivery also. So
anything -- anything that we don't want to just bolus a large
volume to the patient we -- we will use that. But -- but as --
as the reference for earlier, we use them during surgery
with -- it -- and so anything can be a, like, a constant rate
infusion. The -- like, the -- so it's just surgical. It
depends on what you're putting on -- in the syringe.
Q So it could be anesthesia, it could be antibiotics?
A Correct. And it --
Q There's no --
A -- (Indiscernible, simultaneous speech) only give it,
like -- like 20 minutes. So it's not -- so it's just
delivering it at a certain rate so you're not causing nausea or
anything for the patient.
Q Okay. And the doctor would provide instruction as to what
rate to provide this CRI?
A Yeah. We have a -- we have a CRI sheet that we make up that -- they -- they would put that on the protocol about the CRIs.

Q So they complete the sheet, they -- you know, the pro -- protocols to follow, and then the tech would implement the protocols?

A Generally, the protocols have a range of, like, an acceptable range on them. And that -- the technician is able to function between the -- the range of that, which is set on the protocol, based on the anesthetic need.

Q And the CRI-type work, that's done at VSES, and that can also be done at the general practices, right?

A Yes. But -- but it's not done at the general practices because they don't have the medication we do. Generally, when CRIs are at VSES, and they -- they don't have fentanyl readily available at -- at general practices.

Q Are you sure about that? Can you say with confidence that Perinton doesn't do those types of procedures?

A I'm -- no. I guess you're right. I'm sorry.

Q One second, please. I have nothing further at this time. Thank you for your time today, Sam.

A No problem.

MR. HALLER: I have no redirect for Mr. Estes, thank you.
HEARING OFFICER DAHLHEIMER: Okay. Mr. Estes, thank you so much for your testimony and cooperation this morning. You are dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Haller, is our next witness prepared and ready?

MR. HALLER: I certainly hope so. Yep. There she is. Petitioner calls Tamara Day.

HEARING OFFICER DAHLHEIMER: Okay. Please raise your right hand.

Whereupon,

TAMARA DAY

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Thank you. Please state your name and spell it for the record.


HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, please proceed.

DIRECT EXAMINATION

Q BY MR. HALLER: Good morning, Ms. Day. Who do you work for?

A Pathway.

Q Okay. And what's your work location?

A Veterinary Specialists and Emergency Service.
And what's your job title at VSES?
I am the imaging team lead.
Is that a full-time position?
It is.
Okay. Tell me, just -- just briefly, your history in veterinary health care; your work history.
I started out at a nonMVA practice as a CSR, and then applied for and got a job at Suburban Animal Hospital as a CSR. Cross-trained to an ACA. Applied for and received a position at VSES as a radiology ACA. Then, I applied for and received a position as radiology/imaging coordinator. And most recently, I became the imaging team lead.
Okay. So how long have you worked for the Monroe Group or Pathway in total?
Seven years.
Okay. All right. You said you started out at Suburban?
I did.
Okay. How did you end up at VSES?
I wanted to expand my skill set and have more opportunities to do more, and wanted the excitement of working in an emergency hospital versus a general practice.
So it was on your initiative that you applied for a job at VSES?
correct.
Did you apply for an opening at VSES or were you
transferred by the Employer to VSES?

A I applied for an opening.

Q And what did you have to do to get the job?

A Had to fill out an application, had a phone interview, and then had an in-person interview --

Q Okay.

A -- and then a working interview.

Q All right. Okay. All right. While you were working at Suburban, did you work any mandatory holiday shifts at VSES?

A I did.

Q Okay. How many times did you do that?

A I believe three times, maybe four.

Q Okay. Did you have to get any training before you did that?

A I did.

Q Okay. What did you do when you were assigned to VSES; do you remember?

A I was a CSR.

Q Okay. Okay. Based on your work experience at VSES, did you -- did you have to get triage training when you came to VSES?

A Yes.

Q Okay. Even as a customer service representative, you need triage training?

A We did.
Q Was that training you didn't have at Suburban?
A Correct.
Q Okay.
A You have to know what qualifies as a stat emergency versus a nonstat.
Q Okay. Ms. Day, did you say stat, or non -- okay.
A Stat versus nonstat.
Q And what does that mean in not -- in layman's terms?
A Something that needs immediate care versus something that can wait to be triaged.
Q Okay. I guess everybody that watches hospital shows knows the meaning of that. But -- I don't watch any hospital shows. All right. Okay. And you cross-trained as an animal care assistant at some point, right?
A I did when I was still at Suburban.
Q Still at Suburban. Okay. Did that job require restraining animals?
A Yes.
Q Okay. And did you also work as an animal care assistant when you came to VSES?
A I did.
Q Was there any difference in the level of restraints you had to utilize? Was there any additional training when you came to VSES?
A Yes, to both of those questions. We -- the level of
restraints at VSES is more intense than that a general practice.

Q  How so?

A  General practice is usually healthy pets. Whereas at VSES, it can be critically ill pets. I know a big one is that pets that come in who are in a seizure state, trying to restrain that pet safely for the pet and ourselves is quite a challenge.

Q  Okay. Is it safe to say that virtually every patient that comes into VSES is sick?

A  Yes.

HEARING OFFICER DAHLHEIMER: And it appears as though Mr. Haller's screen may have frozen. Just stand by, hopefully. Okay.

Okay. We're going to get -- we're going to go off the record for a minute and give him --

(Off the record at 11:05 a.m.)

HEARING OFFICER DAHLHEIMER: Thank you. Mr. Haller -- actually, Ms. Day, why don't you -- if you can, refresh us what it was you were being questioned about.

THE WITNESS: I think we had just discussed the different handling between a general practice and emergency.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, go ahead.

RESUMED DIRECT EXAMINATION

Q  BY MR. HALLER: Okay. Tamara, I was asking you questions
about restraints, and you described some differences in the kind of restraints you usually have to handle between two facilities. Are the bulk of the patients at the general practice there for wellness visits?

A I don't know what it's like anymore. When I did work there, I would say, yes, the bulk of patients were wellness.

Q Some of them -- some of them are sick, right?

A Correct.

Q Is your testimony that the -- the level of animal distress that might require restraint would never happen at a general practice; or is it just more frequent at VSES?

A It's just more frequent at VSES.

Q At VSES, every -- every animal that comes in the door is sick; isn't that correct?

A I think that every animal is there, even if it's there for a checkup, is there because it's been sick. Yes.

Q Okay. All right. Other than what you've already described, triage and restraints, are there any other differences that required extra training when you came to the AS -- when you came to VSES as an ACA?

A We had -- because I was going into the radiology imaging department, I had a lot more to learn about that position --

Q Okay.

A -- than I had experienced at Suburban.

Q Okay. All right. In your current -- well, tell us
briefly what you do as imaging team lead.

A There's a lot. So I do all the scheduling of outpatients, which includes reviewing the referrals from MVA hospitals, as well as nonMVA hospitals, to see if it's appropriate for outpatient imaging. I schedule all of those appointments. Create estimates needed. I run CT and MRI. I help with holding of patients for ultrasound. I put in charges. I review invoices from our reading radiologists. I'm sure I'm forgetting things. But pretty much do everything involved with imaging.

Q Okay. And what does imaging encompass? Again, you're talking to laypeople here.

A X-ray, ultrasound, CT, and MRI.

Q Do some of the patients seen by imaging come from nonMVA practices?

A Yes.

Q Okay. What proportion of them, do you have any idea, come from nonMVA affiliates?

A It depends on what modality we're talking about. For ultrasound, I'd say about a third comes from nonMVA, but I'm just estimating. For CT or MRI, I think that it's higher that comes from nonMVA.

Q Okay. Okay. Is there any difference in the way the imaging department handles what I'll call nonMVA patients as opposed to the patients referred by one of the general
practices in MVA?

A    There is no difference at all.

Q    When a -- when a --

MR. HALLER: Excuse me. Let me rephrase that.

Q    BY MR. HALLER: So who all works in your department in imaging?

A    There is a radiology tech. There is a radiology ACA. Sam works in my department and another stenographer.

Q    Okay. Let me ask about patient records. Is there -- is there some kind of program that's used for computerized patient records?

A    Yes, all of our GP hospitals use Infinity --

Q    Okay.

A    -- and then for treatments, we use Instinct. So if a inpatient needs imaging, that is an order that will be put in Instinct for us.

Q    Okay. Is Instinct something that the GPs use?

A    No.

Q    To your knowledge?

A    To my knowledge.

Q    Okay. Okay. Okay. Are you trained to perform CPA -- CPA -- certified public accounting -- scratch that -- cardiopulmonary resuscitation, CPR?

A    I am.

Q    On -- on an animal patient?
Correct.

Q Okay. When did you receive that training?
A When I started at VSES.

Q Did you receive that training when you were at Suburban?
A No.

Q Okay. After you became an animal care assistant at Suburban, you did not receive CPR training?
A I never received CPR training at Suburban Animal Hospital.

Q Okay.

MR. HALLER: That's all I have for Ms. Day. Thank you, ma'am.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, your opportunity to cross-examine the witness.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Good morning, Ms. Day. How are you today?
A I'm good. How are you?

Q Good, thank you. My name is Jason Stanevich. I am Counsel for the Employer. And I'll have a few short questions for you today. I'm not sure if you were on the line before. I do have a habit of talking, you know, very fast. Spent way too many years in New York City. So if I go too fast, just tell me to slow things down. Okay?
A Okay.

Q So if I understand your background correctly, you first
started with the system at Suburban Hospital, right?
A    Correct.
Q    Okay. And Suburban is still part of the Pathway system?
A    Correct.
Q    Okay. And it's -- it's a general practice hospital, right?
A    Yes.
Q    And you were there for about three or four years?
A    I was there for two years.
Q    Two years. You started in 2014?
A    I started in 2014, yeah.
Q    Okay. And when did you move over to VSES, sometime mid-2017?
A    I think it was 2016.
Q    Okay. Now -- and your position was CSR, correct?
A    Yes.
Q    And prior to working at Suburban, had you worked in any other animal care settings?
A    I did. I worked at a general practice that was not part of MVA.
Q    Okay. And what was your position at that general practice?
A    I was also a CSR there.
Q    Okay. And how long were you in that position?
A    I think I was there for a year and a half, or two years.
Okay. So eventually you moved over from Suburban to VSES. How far apart are those locations?

About ten minutes down the road. Okay.

Because of traffic.

And when you were at Suburban, did you interact with other employees at that location?

At Suburban?

Yes.

Yes.

Were there veterinarians at that location?

Yes.

Okay. Were there licensed vet techs there?

Yes.

Animal care assistants?

Yes.

Kennel attendants?

Yes.

Did the Suburban Hospital use the assistance courier to go between locations?

Yes.

And when you were at Suburban, did you interact with the lab at all; did you have to ever reach out to the lab to coordinate test results?

No.
Q And do you know if any of your colleagues did?
A I don't know.
Q Okay. And likewise, I understand there was a crematorium that's part of the system. Did you ever interact with the crematorium as well?
A When I worked at Suburban, the crematorium was located at Suburban.
Q Okay. And so did you interact with the crematorium, if --
A Yeah.
Q -- if a patient had passed? What was your -- what type of reaction --
A I'm sorry.
Q -- what type of reaction -- I'm sorry -- what type of interaction did you have with the crematorium?
A Well, because we worked in the -- out of the same location, we had normal, everyday interactions. But other than that, it's the normal -- we have to prepare the body by bagging them, getting them ready for cremation, doing paw prints if that is required.
Q And do you know what positions would prepare the body?
A I believe all ACAs and LVTs.
Q Okay. And I know you were cross-trained as an ACA while you were there. Did you do any of that work yourself?
A Yes.
Q Okay. And do you know if the other GP locations use that
crematorium?
A It -- to my knowledge, yes. Unless the client asked to
use somebody else.
Q Okay. And did you help the other general practices
coordinate use of the crematorium at Suburban?
A No.
Q Okay. Did VSES make use of the crematorium?
A To my knowledge, yes.
Q Okay. And your -- your responsibilities as a CSR, did you
have to obtain any special certification, license, registration
from the State of New York?
A No.
Q Any accreditation at all needed?
A No.
Q Okay. And what -- what's your educational background?
A I have a bachelor's degree from SUNY Bradford.
Q Okay. And do you know if there's a bachelor's degree
requirement for the CSR position?
A Not my knowledge.
Q Okay. Ms. Day, can you walk us through the types of
responsibilities you had as a customer service rep while you
were at Suburban?
A Answering phones, scheduling appointments for clients,
cashing people out, checking people in, communication with the
doctor, sending records if necessary. Some basic hospital
maintenance, stocking, filling prescriptions, cleaning rooms.

Q Okay. When you say answer phones, what type of phone calls would you take?

A Phone calls from clients. Try and schedule an appointment, whether their pet was healthy or sick. Clients with questions about their pets or the doctors. And occasionally, there would be some from another hospital.

Q Okay. And when you say for other hospitals, did that include the general practice locations that are part of Monroe system?

A Yes.

Q Okay. And why would they reach out to Suburban?

A If they were looking for records -- is usually what they needed.

Q Okay. And if they needed patient records, would you work on getting the general practices those records?

A Yes, I would email them over.

Q Okay. And I assume that you had the same interactions with employees at VSES, right, at times they would need medical records?

A Yes.

Q And you would send them over to staff at VSES?

A Correct.

Q Okay. And did you ever coordinate with VSES regarding the transfer of a patient from, say, Suburban to the Specialty
Hospital?

Q Okay. Do you know if anyone did that while you were at Suburban?

A I believe the doctors did.

Q Okay. What about, did you ever have any coordination with VSES to take patients back over?

A That was not part of my duties.

Q Okay. Okay. And then you mentioned some hospital maintenance. What type of maintenance responsibilities did you have at that time?

A Stocking and cleaning rooms, cleaning the waiting area.

Q Okay. Have you ever done that work over at VSES?

A Yes.

Q Okay. What type of hospital maintenance work have you done at VSES -- similar work, different?

A Slightly different. We don't have any -- I personally don't have anything to do with the exam rooms. But I do help clean cages. I clean the imaging rooms, and keep our rooms stocked.

Q Okay. And are there other employees who help do that type of work at VSES?

A Yes.

Q What -- what titles, Ms. Day?

A It's really a requirement of everyone who works at VSES to
help with the maintenance of the hospital and stocking of the hospital to make sure everyone has what they need.

Q: So would that include the hospital assistants?
A: Yes.

Q: Would that include LVTs?
A: LVTs. CSRs, I believe, have to stock their area, clean their area. LVTs, EVS, ACAs.

Q: Okay. Now, while you were at Suburban, I believe you testified there was some requirement that you pick up a shift occasionally at VSES; is that correct?
A: Only holidays.

Q: A holiday shift. So -- so employees from the general practices would help staff VSES on holidays to ensure adequate coverage, correct?
A: Correct.

Q: Okay. And that -- that was a requirement?
A: That was a requirement.

Q: Okay. And was there -- did you ever voluntarily pick up a shift at VSES?
A: I think I did, once, if I remember correctly.

Q: So you would agree that there were opportunities there if you wanted to pick up a shift, you could?
A: Correct.

Q: Okay. And when you did go over and pick up a shift to cover a holiday, you performed CSR work, customer service rep
work, while you were at VSES, right?

A  Correct.

Q  Okay. And you testified that you received some training before you actually, you know, took on the job at -- VSES, right?

A  Correct.

Q  Okay. And that -- that was probably a couple hours-worth of training?

A  It was, and you had to repeat it each year.

Q  Okay. And obviously you understand the VSES processes, just how the workflow works at that location, right?

A  Correct.

Q  And there's no fundamental difference in the skill set in the customer service work between the locations, right?

A  Skill set, no.

Q  Okay. So when you were doing the CSR work at VSES, you're doing kind of the same thing, right; you'd answer the phone?

A  Yes, but the requirements -- I shouldn't say requirements. What the client is calling in for is quite different.

Q  Okay. So maybe just calling in about a different issue with their particular pet, right?

A  Correct.

Q  But they're -- they're seeking medical services?

A  Correct.

Q  Okay. And likewise, when you were at Suburban, they would
call, and they were seeking some form of medical services, right?
A Correct.
Q It just may be where on the continuum of medical services, right?
A Yes.
Q Okay. When you were at Suburban, were there surgeries performed at that location?
A Yes.
Q Okay. And some of the phone calls you had, as a customer service rep at Suburban, were to coordinate and schedule surgeries, right?
A Occasionally, yes.
Q Okay. And then those few shifts you picked up as a customer service rep at VSES, I assume you were doing the same thing?
A No. I never scheduled at VSES when -- before I worked there.
Q Okay. And when you were doing customer service rep at VSES, did you have to transmit records anywhere?
A I don't believe so, because I only worked holidays.
Q Okay.
A So GPs weren't open at that time.
Q Fair point. So what type of customer service rep did you work, you know, on the holidays you were at VSES?
A  Usually, GP CSRs were put in what they call the phone bank. So all we did was answer phones.

Q  Okay. And did you transmit information based upon those phone calls you received?

A  I'm not sure what you mean.

Q  So you'd answer a phone call. A client is calling for information. They want to schedule an appointment; did they want to share information. Just what type of information were you obtaining on those phone calls?

A  We were obtaining information as to why they were calling in, what was wrong with their pet, the signature of their pet, so what they are, canine, feline, why they needed to come in, age, sex, breed. Owner information, get the name, phone number.

Q  Okay. And then once you obtained that information, what did you do with it? Did you share it with the doctor, share it with someone else, put it into a computer system?

A  We usually put it into the computer system. Always wrote it down on what they call a blue sheet (phonetic throughout), which is a triaging sheet that is attached to each patient as they come in.

Q  And where would that blue sheet go?

A  It would then live at the front desk until the patient comes in.

Q  Okay. And did you have to enter any information into
Infinity?

A Yes.

Q Okay. And did you also have to look up information in Infinity?

A Yes.

Q And -- and you already knew how to use Infinity, because you used it at Suburban, right?

A It's slightly different at VSES. But yes, I already knew how to use it.

Q And if there were any differences, you were able to pick that up quickly?

A Yes.

Q And then, at some point, you did move over to an animal care assistant position at VSES, right?

A Correct.

Q Okay. And there's no state license or certification requirement for that job?

A No.

Q Okay. In fact, you were cross-trained on how to do functions of that position while you were at Suburban, right?

A Yes.

Q Okay. So -- before we get to VSES, tell us about the cross-training that you had at Suburban Hospital.

A I learned some basic animal handling, some monitoring. I learned to record vitals during an OAT procedure, so a dental.
Preparing vaccines for the doctors, drawing them up in some syringes, but not actually administering any of them. Talking to the clients prior to the doctor going in, and then reviewing everything with the client after the doctor.

Q  And in performing those duties, did you interact with other positions, like, licensed vet techs?
A  Yes.

Q  Okay. And was there any overlap in your duties when you're being trained as an animal care assistant with some of the work that was being done by the techs?
A  I mean, techs can do all of those things, plus other things.

Q  Okay. And have you, in fact, seen techs do those things while you were at Suburban?
A  Yes.

Q  Okay. And have you seen techs do some of those things -- those things while you're at VSES?
A  Yes.

Q  Okay. So you have seen techs take vitals at both locations?
A  Yep.

Q  You've seen techs prepare vaccines at both locations?
A  We don't have vaccines at VSES, except rabies.

Q  Okay. Have you seen vet techs administer medication at both locations?
A Yes.
Q Have you seen techs draw blood at both locations?
A Yes.
Q Have you seen techs insert or provide anesthesia at both locations?
A Yes.
Q And you mentioned as an ACA when you're being cross-trained, you would -- you would talk to the clients, you know, before treatment and after treatment. Just, can you give us some examples of the types of things you would talk to a client about before treatment?
A What brought them in that day. So if they were looking for vaccines, we would try to know ahead of time what their patient was due for, and then review that with them. Talk about their patient's current health, what their nutrition was, any questions that they had for the doctor.
Q Okay. And then what about post treatment?
A Review any recommendations that the doctor had for that client. Like, if they've recommended preventatives that day, we would go over that option.
Q And likewise, you testified that there's some surgery -- surgeries were conducted at Suburban. Did you have conversations with the clients prior to a surgery and then also after the surgery?
A No. That was all done by a technician.
Q Okay. And now I -- we -- we've heard testimony that there are surgeries done at VSES. You know, do technicians talk to the clients before surgery?
A Yes. At VSES they do.
Q Okay. And do they do it after surgery as well?
A Yes.
Q Okay. So I understand the surgeries may be different, but you know, the interaction with -- with the clients may be the same, that it's being handled by the techs?
A I would say it's similar, not the same.
Q Okay. And when you came over to VSES, this is the first time you were officially in the animal care assistant position, right?
A Full time, yes.
Q Full time. You cross-trained earlier, but this was -- this was now your job -- job?
A Correct.
Q Okay. And -- and as an animal care assistant, you -- you would assist with outpatient restraints?
A I would.
Q Okay. And you had some experience with restraints already when you were at Suburban?
A I did.
Q Okay. And you testified there's some differences in restraints. Did the organization, you know, have to send you
to any school or program to get additional training outside of Monroe?
A  Nope, it was all on the floor.
Q  Okay. And who provided that type of training to you?
A  Experienced ACAs and techs.
Q  And the reason that we would provide patient restraints -- and that's to safely and humanely restrain the animals for the exams, correct?
A  For their safety and our safety, yes.
Q  And so that would be, you know, even if it's an ultrasound procedure, whether it's a surgical procedure, there are times where the patient has to be restrained?
A  Correct.
Q  Okay. And the level of restraint would depend on the type of procedure, correct?
A  It depends on the type of procedure, but also the type of pet that you're dealing with. Some cats are more fractious than others. Some dogs (audio interference) are more difficult to restrain than others.
Q  Okay. And are you aware that -- or would you agree with me that the system has provided restraint training for -- for new hires?
A  Yes.
Q  Okay. And VSES staff attend that animal restraint training, correct?
As far as I know, yes.

Okay. And then likewise, folks in the general practices also attend that restraint training as part of the new-hire orientation?

I don't know.

Okay. Fair enough. And what -- what are your other responsibilities -- what were your other responsibilities as an animal care assistant, once you moved over to VSES?

I was a radiology animal care assistant. So I had to learn how to use ImagePilot, PACS, and help positioning for X-ray.

Okay. So there -- there are X-ray machines at VSES?

Yes.

Ultrasound machines?

Yes.

And then, when you were at Suburban, there was an ultrasound machine there, right?

They had just gotten it when I was at Suburban. It was a small, portable ultrasound machine.

And they had several X-ray machines as well, right?

They had one X-ray machine.

Okay. Do you know how many X-ray machines are there now?

At Suburban?

Yes.

I have no idea.
Q  Okay. And there -- there are a number of exam rooms at Suburban Hospital, right?
A  There are.
Q  Okay. About six or so?
A  When I was there, there were five.
Q  Okay. And I understand it's been a few years since you've been there. And just going back to -- I'm sorry, I didn't mean to interrupt you there. You were giving us an overview of your experiences as ACA in radiology. The last thing you mentioned was -- was X-rays.
A  Yeah.
Q  Okay. Anything else that you do?
A  At that time, we also had to be cross-trained. So I spent a week with surgery ACAs, and two weeks on emergency medicine as well.
Q  Okay. And currently you're within -- you're the imaging team lead?
A  I am.
Q  Okay. You said you have a RAD tech; is that correct?
A  I do.
Q  Who is that?
A  Kim Turk.
Q  Okay. Has Kim worked in any general practices?
A  No to my knowledge.
Q  Okay. You said you have a RAD ACA, who is that?
Hazel Bonet.

Q My daughter's name is Hazel.

A It's a good name.

Q It's a -- it's a very good name. Hazel the handful. Has Hazel worked anywhere else within the system, as far as you know?

A She did. She started at Suburban as well.

Q Okay. What -- what was her position at Suburban?

A She worked in the kennel.

Q So she was a kennel attendant?

A Yes.

Q Okay. And are you familiar with the responsibilities of -- of that position?

A Not enough to speak about it, no.

Q Okay. I mean, I -- I know you may not understand all of the duties and responsibilities of the kennel attendant, but a general understanding what a person did?

A Yes. They made sure that the patients were clean, fed, walked, all of that.

Q Okay. Is there someone who does that kind of work at VSES?

A Everyone does.

Q Okay. And when you say "everyone," I just want to get a list of titles from you so --

A Sure.
Q -- we're -- we're on the same page there.
A Yes.
Q So go ahead, Ms. Day.
A Well, I guess everyone wouldn't be quite true. ACAs and LVTs do. Occasionally, doctors take them out. I have seen Andrea take patients out. I've seen Sheryl and Andrea cleaning cages.
Q And just so we're clear, when you say Sheryl, that's Sheryl Valente --
A Yes.
Q -- the director of ecosystems. Andrea, Andrea Battaglia, the hospital administrator?
A Correct.
Q Okay. All right. And you know, that type of work was done by a -- a kennel attendant at Suburban?
A Yes.
Q Okay. Did you do any of that type of work yourself when you were an animal care attendant, or cross-trained as one at Suburban?
A I did.
Q Okay. So no special skill set for this type of work. In fact, everybody jumps in as necessary?
A Correct.
Q Okay. And is there a specific kennel attendant position at VSES, or is it just that system you've outlined where
everybody helps?
A No, we don't have a kennel -- kennel attendants.
Q Okay. All right. So we -- we covered Hazel was at Suburban. Do you know how long she was there as a kennel attendant?
A I don't.
Q Do you recall approximately when she came over to VSES?
A Shortly after I did.
Q And did she have to obtain any special certification or educational requirements to be an ACA?
A No.
Q Do you know what her educational background is?
A I do not.
Q Okay. So we've had Sam testify already. The sonographer, who -- who was that?
A So Sam is one of the sonographers, and Blanca Leal is the other one.
Q And I'm sorry. Blanca, what was her last name?
A Leal, L-E-A-L.
Q Okay. And do you know how long Blanca's been in her current position?
A Just over a year.
Q Okay. And I -- I know that her -- her work title is sonographer. Do you know whether she's a vet tech? Is she an animal care attendant? A different position?
A She is not
Q Okay. Okay. And so she's been in this position for about
a year. Where was she before then?
A She moved from Chicago. She used to be a human
ultrasonographer, and then I believe she went into the
veterinary field about nine years ago.
Q Okay. Do you know whether she's ever worked in a general
practice setting?
A Not to my knowledge, but I don't know.
Q Okay. Are -- are you aware of any customer service reps
who have moved over from a general practice to take a position
at -- at VSES?
A Yes.
Q Okay. And can you -- can you give me a list of names?
A I -- I don't think I can provide a list of names. I just
know that there -- there is that crossover.
Q Okay. Are you familiar with the name of -- are you
familiar with a gentleman by the name of Brittany Miller?
A No.
Q Okay. And Krystal Contestable? I'm not sure if I'm
pronouncing that correctly.
A No, I don't know her.
Q Okay. Are you familiar with someone by the name of
Abigail Verna?
A No.
Q  Okay. Kendra Clemons?
A  Kendra, I -- I am familiar with her.
Q  Okay. And -- and she recently came to VSES from a general practice, right?
A  Yeah.
Q  Okay. And she -- she's a hospital tech, or hospital assistant?
A  I don't know what her position is.
Q  Okay. And she came to VSES from -- from the Animal Hospital in Pittsburgh, correct?
A  I believe that's true.
Q  Okay. And do you know what our position was that location?
A  I do not.
Q  Just bear with me for a moment.
A  Um-hum.
Q  To go to your current imaging work, I -- I believe you testified one of the things that you do is schedule patient appointments?
A  I do.
Q  Okay. And tell me, what -- what type of appointments do you schedule, and where are they scheduled?
A  I schedule outpatient imaging appointments. Those are the only types of appointments that I schedule. I do not crossover into internal medicine or surgery appointments. They have
their own coordinators.

Q Okay. And the -- these outpatient appointments, are they at VSES, or are they elsewhere?
A No, they're at VSES.

Q Okay. So -- so this is, kind of, some customer service work, where you would call the client to schedule their appointment?
A So a general practice will send a referral to our hospital, I'll review the referral, and then call the client to schedule (audio interference).

Q Ms. Day, you just went on mute.
A There it goes.
Q Oh, okay.
A Sorry.

Q If we can just back up. I -- I -- I think you were explaining the types of appointments you make. You mentioned referrals --
A Yeah.

Q -- from general practice and then it cut out.
A So a general practice will send a referral to our hospital for imaging. I'll review it. Most times, either by myself or with a doctor, if I don't feel I can handle the referral on my own, and schedule it, if it's an appropriate outpatient.

Q Okay. So there's kind of a -- a continuum of care, it sounds like, that an animal may go to the -- a GP. The GP then
reaches out to you at VSES, right?

A I think it's similar as a -- in a treatment hospital.

Q Okay.

A Your general practitioner wouldn't be doing ultrasound or imaging on you.

Q All right. But the -- the general practice reaches out to -- to you as the imaging coordinator, right? In order to make --

A Correct.

Q Okay. And then you will confer with the veterinarian?

A On occasion, I will.

Q Okay. And then you would schedule the appointment at VSES, right?

A Correct.

Q Okay. And when you talk to the -- the general practices, or interact with the general practices, who were you speaking with? Are you speaking with a veterinarian? Are you speaking with someone else?

A I've spoken to veterinarians, and CSRs, and LVTs.

Q All for the -- all to obtain the same type of information?

A Typically.

Q Okay. And this happens on a -- on a regular basis?

A It does.

Q It is fair to say that you're in touch with the general practice on a daily basis?
A I don't know if I call our general practice every day, but multiple times a week.

Q Okay. You -- you also mentioned that you put in charges. Maybe -- maybe you explained what that means. Maybe I missed it, but if you can just --

A Sure.

Q -- explain it again?

A I enter in imaging charges. So if a patient receives an ultrasound, receives a CT, or MRI.

Q So is it like, so get that information, and then you're entering it into a computer system?

A Yes.

Q Okay.

A Into Infinity.

Q Okay. I'm sorry. The name of the system?

A Infinity.

Q Okay. And is -- is this task largely clerical in nature?

A Yes.

Q And do you know, at the general practices, whether there are employees who also enter charges into Infinity?

A There are.

Q All right. LVTs do that work, right?

A I believe so.

Q Okay. Animal care assistants can do that work?

A To my knowledge.
Q  A customer service rep certainly could do that work, right?
A  Yes.
Q  The information that may be entered, is that the same or is it different?
A  It's similar, certainly, not the same. The charges at the VSES are quite different than most of the charges at a GP.
Q  But the process for entering the data into Infinity, that -- that would be the same, right?
A  The process is similar, yes.
Q  Okay. And we had some testimony earlier today about Dr. Shaikh. Do you have to consult with Dr. Shaikh at -- at all, the radiologist?
A  I do.
Q  Okay. So you would send the scans over to Dr. Shaikh and she would interpret the scans?
A  Correct.
Q  Okay.
A  She reads most of our advanced imaging.
Q  Okay. And are you aware of the fact that she does that for the general practices as well?
A  Not to my knowledge.
Q  Okay. When you apply for different positions, obviously you've moved from Suburban to VSES, any contact with human resources at all?
MR. STANEVICH: Okay. Well, Michael, I don't think I have
any further questions, but could we just take a five-minute
break before I conclude?

HEARING OFFICER DAHLHEIMER: Yeah, that's fine. We will
go of the record until 11:57.

(Off the record at 11:53 a.m.)

HEARING OFFICER DAHLHEIMER: Okay. Mr. Stanevich, do you
have any further questions for the witness?

MR. STANEVICH: Just a few more short questions for Ms. Day.

RESUMED CROSS-EXAMINATION

Q   BY MR. STANEVICH: Ms. Day, I know you were an animal care assistant for a few years at VSES. Are you familiar with an employee by the name of Nicole Polachak?
A   No.

Q   Okay. Are you familiar with an employee by the name of Meghan Bouwens?
A   Yes.

Q   Okay. And Meghan is an animal care assistant at VSES, right?
A   She is.

Q   Okay. And she formerly worked as an animal care assistant at Fairview; is that correct?
A   I have no idea. I don't know her background.

Q   Okay. Do you know an animal care attendant by the name of Bridget Callard?
A   I do not

Q   Okay. How about Heather Shattuck?
A   No.

Q   Okay. Carly Raspante?
A   I think I know who Carly is, but I'm not 100 percent sure.

We have quite a few Carly's.
Q I -- I -- okay. Are -- are you familiar with the Carly that formerly worked as a kennel attendant at Perinton prior to coming to VSES?
A I don't know their background. I'm sorry.
Q That's okay. And then just one more thing. Going back to medical record systems. Infinity, that's the official patient medical record, correct?
A Correct.
Q Okay. And the Instinct system is more of whiteboard technology to help track patients across the hospital while they're there?
A It is our treatment sheets. It's all electronic treatment sheets.
Q Okay. And it's -- it's primarily used to manage the volume, right?
A I'm not sure I understand that.
Q Well, let me ask you a different way. It's not the official medical record for patient, because that's Infinity?
A It's part of their official medical record.
Q Okay. Is it linked to Infinity at all?
A No.
Q Okay. And are you familiar with a -- a -- a Carly who has helped out in ultrasound?
A I -- yes.
Q Okay.
A   I'm trying to think of which Carly you're talking about, so yes.
Q   Okay. Are there -- are there more than one Carllys who have helped out in ultrasound?
A   There's a surgery tech by the name of Carly that has helped in ultrasound, and there's an ACA that worked part time who has helped.
Q   Okay. All right. Thank you, Ms. Day.
MR. STANEVICH: Nothing further.
HEARING OFFICER DAHLHEIMER: Mr. Haller, any redirect for the witness?
MR. HALLER: Just a couple.

**REDIRECT EXAMINATION**

Q   BY MR. HALLER: Ms. Day, Mr. Stanevich asked you some questions about your -- the restraint training you received. When did you first receive restraint training?
A   When I was at Suburban.
Q   Was that when you were becoming cross-trained as an ACA?
A   Correct.
Q   Okay. Did you receive any further restraint training when you came to VSES?
A   I did.
Q   Was it the same thing, or different, or what was it -- why did you get more restraint training?
A   It's slightly different at VSES in a general practice
because we're seeing more healthy patients or less ill patients. You can use, like, a treat system with them. So peanut butter and a spoon, or biscuits, or sometimes even toys to help with restraint, and that is not something that you can use at the VSES because they are usually more critically ill.

Q Okay. Mr. Stanevich asked you some questions about when you were working as a CSR, about taking calls from patients being referred from other Monroe Group facilities. Did you also take calls from patients that had no affiliation with MV -- Mon -- I'm sorry -- the Monroe Group?

A I did.

Q Is there any difference whatsoever in how you handled those calls?

A No.

MR. HALLER: Okay. That's all I have. Thank you.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, any recross?

MR. STANEVICH: Sure.

**RECROSS-EXAMINATION**

Q BY MR. STANEVICH: Ms. Day, this additional restraint training, what did that training consist of, and how long did the training last?

A I can't remember exactly how long the training lasts. I think it was based on how quickly you picked up on things, but having to restrain something that is actively seizing, that has been hit by a car, actively dying, things like that require a
different amount of restraint, so you have to know how to best
restrain for the animal to be safe and for your tech and doctor
to be safe.

Q  And this training was provided right after you came over
to VSES?
A  Correct.

Q  And do you recall who provided the training to you?
A  I don't.

Q  Did you receive any study materials?
A  We did.

Q  Okay.  And was this a multiday training course, or did
you just go through this as you were faced with a particular
patient?
A  It -- our training lasted over a couple of weeks, so it
was all on the job training.

Q  Okay.  But understanding that you've a couple of weeks
training, but when you say a couple of weeks, was that just on
restraints?
A  No, it was all mixed together, so it was just part of the
training period.

Q  Okay.  Approximately how much time do you think you spent
learning additional restraint procedures?
A  I don't -- I can't answer that.  I don't know.

Q  Less than one day?
A  I don't believe so.  It's usually based on when patients
come in, so you can't predict how you're going to have to restrain until a patient is in the hospital, and then, that is taught to us as we're working.

Q So that -- that was my question before. The additional restraint procedures would be demonstrated to you when you were faced with a particular situation, correct?

A Correct.

MR. STANEVICH: Nothing further. Thank you.

HEARING OFFICER DAHLHEIMER: Thank you very much for your testimony this morning, Ms. Day. You're dismissed.

MR. HALLER: I've got one -- I've got a redirect.

HEARING OFFICER DAHLHEIMER: It's my understanding there is no re-redirect.

MR. HALLER: So be it.

HEARING OFFICER DAHLHEIMER: Ms. Day, you're dismissed.

Mr. Haller, do you -- is your next witness present and prepared to testify?

MR. HALLER: Yes.

HEARING OFFICER DAHLHEIMER: Mr. Kotecki, is --

MR. KOTECKI: That's me.

HEARING OFFICER DAHLHEIMER: Okay. Please call your next witness.

MR. HALLER: Petitioner calls Adam. Adam Kotecki.

MR. KOTECKI: Yep.

HEARING OFFICER DAHLHEIMER: Good morning, Mr. Kotecki.
MR. KOTECKI: Good morning.

Whereupon,

ADAM KOTECKI

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state and spell your name for the record?


HEARING OFFICER DAHLHEIMER: Mr. Haller, go ahead.

DIRECT EXAMINATION

Q BY MR. HALLER: Okay. Mr. Kotecki, who do you work for?

A VSES.

Q Okay. And where -- well, you work at VSES. Okay.

What -- what's your job title at VSES?

A Currently, I'm a internal medicine animal care assistant.

Q Okay. Tell me about your work history as it relates to, you know, veterinary animal care.

A Okay. Originally, about seven or so years ago, I looked into -- I was looking for a, you know, small part time job somewhere just to keep myself occupied in the animal field. I found Penfield. So at that point, I had no idea about, like, technicians, ACAs, nothing like that. So it was with Penfield for a little bit, at which point, Kathy Sercu kind of pointed me towards VSES, saying how I would really like that building
and that experience much more than a general practice, which at
that point, I transferred to VSES.

Q Okay. You say you transferred to VSES. Did you have to
apply?

A Yes.

Q You had to interview?

A Oh, yes.

Q Just like applying for a job off the street, right?

A Yes. I had to fill out an application, although it was an
internal application. Still had to send in my resume, and then
I got a phone call from one of the HR people asking me
questions. Then I had a welcome interview, and -- and an
interview with the manager at the time.

Q Okay.

A And that was for inte -- that was -- and that was for ER,
for emergency ACA.

Q Okay. So you started in emergency?

A Yes.

Q And when was that?

A It's about six-and-a-half years or so ago.

Q When were you shifted, or when did you shift over to
internal medicine?

A Full time, about a year ago. But I've also been picking
up plenty of shifts with them for months before that.

A Okay. If you know, tell me how many shift slots there are
in a typical day in internal medicine for staff. That's non--nonveterinarian staff.

A Yeah. So right now, on the days that I work, so like Monday, and Tuesdays, for example, we have two ACAs, and we have, and then I think, four to five technicians.

Q Okay.

A On a day like a Friday, typically, we only have one doctor, so we have less staff in the day.

Q Okay. For those of us who don't watch hospital shows very often, what is internal medicine?

A It's just, like, more of a specialty. Some doctors are more familiar with different circumstances when it comes to veterinary medicine.

Q Okay. What, in general, is done in the internal medicine department at VSES?

A We do a lot of, like, upper, lower scopes. We do, like, colonoscopies, we do a lot of tumor therapy, deal with a lot of patients that have blood cancers, like lymphoma.

Q Okay. Is that an exhaustive list, or kind of an example of the major things that you guys do?

A It's more of an example.

Q Okay. Do all the pets seen in internal medicine, come from another -- a Monroe Group general practice, or do some of them come from independent practices, who are otherwise not --

A Um-hum.
Q -- affiliated with Monroe Group?
A Yep. Some come from Monroe Group. Others come from even Buffalo.
Q Okay.
A If they're not affiliated with Monroe Group.
Q All right. Do you have any idea what the proportion is between Monroe-affiliated and non-Monroe-affiliated patients?
A Percentage-wise? No, I -- I really don't know.
Q Okay. Any difference in how patients are handled, or how their records are handled, or anything else?
A Well -- well, when we get a referral from -- regardless, it doesn't matter which general practice it is, MVA or non-MVA Groups, they'll send a referral, and then myself or one of the technician, or a coordinator will call that practice and ask for all the records, and then they email that, and then we link it to their records here.
Q Okay. And getting the records -- asking for and getting the records is no different if they're an MVA practice or a non-MVA practice?
A Nope, no different.
Q Okay. Okay. Let me ask you about some procedures that may or may not be performed at -- in internal medicine at VSES. You mentioned scopes. We're talking about endoscopies?
A Yep.
Q Okay. All right. Is that something that your department
regularly performs?

A Yes.

Q Okay.

A Yep. Because you need the appropriate equipment to actually do it.

Q To your knowledge, is there the appropriate endoscopy equipment at the general practices?

A To my knowledge, there is not, no.

Q Are patients regularly referred to VSES from the Monroe general practices specifically for endoscopies?

A Sometimes, yes.

Q Okay. Any particular training or skills that the staff needs to know when working with a patient that's had an endoscopy?

A I mean, you need to know how the equipment works, and how to set up the equipment.

Q Okay. Okay. What's a rhinoscopy?

A A rhinoscopy -- well --

Q Doesn't involve a rhinoceros, I take it?

A It doesn't involve a rhinoceros, no. It's just they perform a scope that goes through and just looks in the insides of the patient.

Q So how is that different from an -- another kind of endoscopy?

A Well, there's different type of scopes. So there's, like,
foreign body scopes. They do scopes so they can see, like, what's going on in the inside of the patient, you know?

Q Um-hum.

A So they can, you know, like -- like any cancers or tumors so that the doctors will need to see what's going on on the inside of the patient. And there's, like, foreign body scopes. You know, obviously the dog ate something, and it might just be, like, in -- and it's stuck somewhere, and you go with a scope to locate the foreign body object, and then you use, like, grabbers to go through the scope and kind of, like, retrieve the item. Take it out.

Q Okay. To your knowledge, is -- do the general practice have the ability to perform rhinoscopies?

A To my knowledge, no. To my knowledge, I don't think any general practice has actual, like, scopes.

Q Okay. And they are performed at VSES?

A Yes.

Q What's an endotracheal wash.

A It's -- a wash of the trachea. So like, the technicians and doctors would perform that to kind of, like, clear out the area.

Q Okay. What we've been discussing, at least up to now, They sound like they're diagnostic procedures, at least the -- the scopes are; is that --

A Yeah, because we need to kind of like figure out what's
going on. So like, if a patient goes to, like, a general practice, and he's sick, he's coughing, and you know, the general practice can't figure out what's going on, they'll send him up to internal medicine to kind of figure out what is going on.

Q Is an endotracheal wash a diagnostic or a treatment procedure?
A I guess it could be considered both.

Q Okay. Is that something that's done at the general practices, to your knowledge?
A To my knowledge, no.

Q Okay. And they are performed at VSES?
A Yes, their internists.

Q Okay. What's a bronchoscopy?
A It's basically a scope of the yeast bronchitis area.

Q Performed at VSES?
A Yes.

Q I should say VSES internal medicine; that correct?
A Yes.

Q Okay. What's a cystoscopy?
A I'm not really familiar.

Q Okay. There's something called an NG tube placement?
A Yeah.

Q What's that?
A So it's a tube that goes from the nose to the stomach.
It's just for like feeding purposes or to focus on the stomach.

Q  Okay. Is that performed at VSES internal medicine?
A  Yes.

Q  Is it performed at the Monroe general practice itself?
A  To my knowledge, I do not know.

Q  Okay. Okay. I think you mentioned chemotherapy. So chemo -- various kinds of chemotherapy are performed on cancer patients at VSES internal medicine?
A  Yes.

Q  Okay. Is there any -- to your knowledge, is any chemotherapy performed at any of the Monroe Group general practices?
A  I do not know.

Q  Okay. Do you know what a PEG tube is?
A  I do not.

Q  Okay. All right. Can you think of any other sorts of diagnostic or treatment procedures done by internal medicine at VSES that, to your knowledge, aren't performed at the general practices?
A  No, not really. I mean, to my knowledge, I don't really know what a lot of the general practices do. I can't imagine they do a lot of this stuff that internal medicine does because otherwise they wouldn't be transferring over to us.

Q  Yes, exactly the question I was going to ask you. Can you think of any reason why the general practice would be referring
it to VSES if it was something they could do themselves?
A No.

MR. STANEVICH: Objection. Lack of foundation. This witness is not qualified to answer medical-related questions.

MR. HALLER: This is not a medical-related question. It's just a simple, like, workflow thing. Why would they be sending this work to it if they were capable of --

HEARING OFFICER DAHLHEIMER: I'm going to --

MR. HALLER: -- doing it themselves?

HEARING OFFICER DAHLHEIMER: -- overrule. He's entitled to ask -- ask the witness about his opinion on this matter.

You may -- you may answer the question.

THE WITNESS: Could you repeat the question again, though?

Q BY MR. HALLER: Yeah, and correct me if I get it wrong.

A (Indiscernible, simultaneous speech) --

Q The procedures we've been describing that are routinely referred by the -- by the Monroe Group general practices, I mean, based on your knowledge and experience, obviously, can you think of any reason why they'd be referring them over to VSES if they could do them themselves at the general practices?

A I do not know.

Q For some time now, VSES has been a very heavy workload; isn't that correct?

A Yes.
Q If there's some work that the general practice can do, they've actually been trying to do that to relieve the workload on VSES; isn't that correct?
A Yes.
Q Okay. All right. Okay. There's been some testimony already -- already but let me ask you so we make sure we've got all this on the record. To your knowledge, are there certain pay differentials that you get as a VSES employee that other people in the Monroe Group don't get?
A Yes.
Q And what are they, to your knowledge?
A Obviously, you get on top of the 75 cents that everyone gets at VSES because it's work -- working into the building, there's a $2 differential for evening staff. There's a $4 differential for overnight staff, and there's also a new differential for, I believe, overnight staff, which is also an extra $2 for staff that worked there a minimum of at least two days a week, and if they continue with that work for two years, they get to keep that $2 regardless if they move down to days or evenings.
Q There's been some testimony about some kind of computer program called insight; do you know what that is?
A Instinct?
Q I'm sorry, Instinct. Insight, Instinct, what's the difference? Instinct, sorry.
A Yeah.
Q What is Instinct?
A So Instinct would be our treatment sheet. So basically, you -- when we get a patient in, we start the treatments or the doctors put up their orders, you know, and every, like -- depending on, you know, the patient, so like every two to four hours, we would do its treatments on, like, its vitals, its fluid nodes. If a patient needs medications, obviously, the doctor would put down that this patient needs medications every 8 or 12 hours, depending on the medication or patient. And it's just basically there to ensure that those treatments are done.
Q Okay. To your knowledge, do any of the other Monroe Group facilities have Instinct?
A To my knowledge, they do not.
Q Okay. There's been testimony, quite a bit of testimony, about the holiday shift requirement --
A Uh-huh.
Q -- for staff members that are outs -- at the outs -- outside facilities, the general practices --
A Yep.
Q -- at -- at VSES. You're -- you're a will -- you're aware that on holidays, some non-VSES staff are -- are assigned or at least on call?
A I sure do.
Q Okay. Based on your experience and observations, what are those kind of staff members -- and we're talking about LVTs and ACAs, what are they --
A Uh-huh.
Q -- generally assigned to do in internal medicine because that's where you've been.
A Internal medicine is not on holidays, so like --
Q Oh, I'm sorry.
A -- (indiscernible, simultaneous speech).
Q (Indiscernible, simultaneous speech).
A No, no, no. It -- it's (audio interference) on holidays, but I like to pick up a lot of holiday shifts because why not.
Q Were you in -- well, let me see. Were you in -- were you in emergency for a while?
A Yes, for a long time.
Q Okay. The holiday -- the holiday duty folks, what --
A Uh-huh.
Q -- do they do in emergency on the holidays?
A So like, we have this in, like, groupings. You know, we have, like, the intermediate section now. We have the ICU. We have receiving, and we have procedures. Generally speaking, people who come in from general practices are often put on procedures, and they try to knock out some of the procedures or also intermediate section. They definitely try to clear them from not going into, like, the ICU or even triaging.
Q  And why is that?
A  The ICU is actually dealing with a lot of critical patients, so you try to have people -- you know, try to put people in those -- in that block, people that are very experienced, and they know that they've been dealing with critical patients, so they can tell, like, hey, this patient is not doing well, and we kind of like anticipate things, and so just a skill that people learn on the job while working at VSES and -- and ICU. Triage-wise, the skillset for triaging, can't necessarily say for general practice as much, but obviously, we see a lot of sicker patients and patients -- you know, people bring in patients that you don't want to bring in to VSES, so we don't really see many healthy things, and it's our job to, you know, triage them, get the vitals, get a history, and kind of determine, like, how stable is this patient. So like, if this patient is stable, you know, we let the owners know. Like, if a patient's really sick, well, we tell the owners, you know, like, we can try to bring them in you know, into a treating room. I would like to take a look at him, but otherwise, try to triage them away, and that's based on our experience that we've learned in the experience at VSES that many of the general practice, those people just don't have.
Q  All right. Based on your experience, are folks at the general practice likely to have less exposure to triage situations?
A  Yes, for, like, sicker patients. You know, I mean, they
do have a pretty good volume of patients that come in for,
like, routine exams, so when they tirage their patients, like,
they very well know what's going on with that patient because
he's there's for, like, his routine examination kind of a deal.
Whereas in many cases, all we know is that this dog got hit be
a car or this dog's just vomiting having -- or having diarrhea.
Other than that, we don't really know much of the history on
that patient.
Q  Okay. Let me shift gears a little bit. Back -- back to
the holiday mandatory shifts --
A  Uh-huh.
Q  -- that the outside folks have to work, are holiday
shifts, at least just the openings, the staffing posted in
advance?
A  Yes.
Q  How far in advance?
A  At least half a year. A lot of those shifts, you know,
they are like regular VSES people might be covered for the
whole year, so like, when they -- when, like, someone comes up
with the schedule, like, you know, like, you have to work this
holiday and like, this Christmas or this New Year's ahead of
time.
Q  So would everybody at VSES know what the holiday -- what
the holiday staffing is like for the upcoming, like,
Thanksgiving, Christmas, that sort of thing?

A In part, yes. You know, like, I mean, obviously, like, if it's January 1st or January 2nd and you're looking at the schedule for Thanksgiving later on in the year, you're going to have much positions already filled, but there's also going to be a lot of holes there as well.

Q Okay. Have you consulted those schedules and are you generally familiar with the number of slots available?

A Uh-huh.

Q And the number of slots that are generally assigned for the outside folks?

A Yes.

Q Okay. Approximately, how many total shifts for staff, and again, I'm talking about nonveterinarian staff --

A Uh-huh.

Q -- are --

A So we have like --

Q -- scheduled per holiday?

A All right, but between CSRs, coordinators, ACAs, technicians, there's about 55 or so --

Q Okay.

A -- shifts open in a -- in a day.

Q All right. And how many are typically assigned to the outside folks?

A Usually between, like, four to six. A lot of the outside
folks also take on-call shifts, which count as one of the requirements.

Q My understanding based on prior testimony is the on-call shifts don't -- they may not actually work, they're just on call; is that --

A Yes.

Q -- correct?

A Yeah. So yeah, just because you're on call, you know, and that takes care of your commitment, it doesn't mean that you're going to get called. I mean, in -- in my history, when we know who's on call, and we know that it's someone who's, like, from general practice, we tend to try not to call them because our workload is so overloaded that we don't know that that person from the general practice will -- will to be not that much of a help.

MR. HALLER: That's all the questions I have. Thank you, Mr. Kotecki.


HEARING OFFICER DAHLHEIMER: Mr. Stanevich, your wit -- your witness.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Mr. Kotecki, how are you doing today?

A Wonderful.

Q Good, good. Just a few short questions for you. You worked as a kennel attendant at Perinton for --
A        Yes.
Q        -- a few years, unless --
A        No, no. Wouldn't have been years. I think it was mostly
just like months, maybe under a year.
Q        You started in 2014, late 2014?
A        Probably, yes.
Q        And you moved over to the VSES around maybe mid-2016?
A        I guess, if that's what your records says, then yeah. I
don't really keep track.
Q        Okay. And your -- your position at the time was kennel
attendant, right?
A        Yes. Yeah.
Q        And that's the only position you've held at a non-VSES
location, right?
A        Yes.
Q        Okay. And you haven't worked at the general -- the
general practices?
A        No.
Q        Okay.
A        Other than at Perinton, right.
Q        Right. Right, other than Perinton. And then as a kennel
attendant, can you give us an overview of your duties and
responsibilities?
A        So as a kennel person, obviously, they have -- Perinton
has boarding, so you know, people would bring in their pets to
board. We would check them in. We would set them up in cages, and then basically make sure that they had food and water. They'd be -- if they wanted to, like, playtime, we would take the patients, our -- the boarding pets down to a -- the -- the basement area, where we have a -- a little playtime pen.

Q Okay. Any special certifications or licenses required for that position?

A Oh, no.

Q Okay. Any college education requirements?

A No.

Q Okay. And when you were in that kennel attendant position, were there other titles that would assist with the -- the type of work you described?

A Sometimes, yes. Sometimes one of the technicians or the ace -- ACAs would help out a little bit.

Q Okay. And when you say technicians, you mean, a lic --

A LVTs, yeah.

Q -- a licensed vet tech --

A Yeah.

Q -- would help with that work as needed, and --

A Yes, yeah.

Q -- likewise, an animal care assistant would help with that work as needed, right?

A Yes.

Q Okay. And we -- we've heard some testimony earlier today
that the kennel assistant position does not exist at VSES; is
that right?
A  It does not, no.
Q  Okay. And -- and some of the work that you described the
kennel assistant performs at Perinton, who performs that type
of work at VSES?
A  A lot of those. Like, what do you mean?
Q  Any of those examples of work performed at VSES.
A  As a kennel person?
Q  Yeah.
A  So the only thing that I would do at the kennel that I
would do at VSES is, like, clean cages. So like, at VSES, I
did clean cages. You know, occasionally, I would, like, sweep
and mop the floor, you know, and ace -- other ACAs at VSES do
it. L -- LVTs do it. Andrea has done it, cleanup time, as
well, and so has Sheryl.
Q  Okay. How -- how --
A  (Indiscernible, simultaneous speech) --
Q  -- often do you clean cages at VSES?
A  Regular basis. I mean, we have patients come in and going
all the time, so once we take a patient in, and then that
patient gets discharged, then you know, leaves the kennel, his
cage at the VSES, that cage needs to be cleaned by myself or
someone else relatively quickly because we're probably going to
be bringing something else in shortly.
Q  Sure. And in terms of, you know, providing food and water
to the dogs at VSES, have you done that work, as well?
A  Yes.
Q  Okay. And I assume there are times you have to walk
the -- the pets, right?
A  Uh-huh, yeah.
Q  Okay. And so some of that, the kennel attendant work that
you did, same type of work at VSES, right?
A  For walking and cleaning cages, yeah.
Q  Yeah. And you've done that as an animal care assistant,
right?
A  Yes.
Q  Other animal care assistants at VSES have done that work?
A  Yes.
Q  LVTs have done that work, correct?
A  Yes, correct.
Q  Okay. And then, at some point, when you were at Perinton,
you -- you had applied for an animal care assistant position at
VSES, right?
A  Yes.
Q  And you talked to Kathy Sercu about that?
A  Yes. Because I would also -- while, you know, doing
kennel, kind of like (audio interference) -- make my way
towards the -- the treatment room at Perinton. I would help
Kathy and some of the other positions there with restraining
the patients, and that's when we -- Kathy suggested that VSES would probably be a better and more plain fit for myself because she's into -- I really like to do a lot of the patient care stuff which --

Q (Indiscernible, simultaneous speech) --

A -- at that point --

Q I'm sorry, what was Kathy's position at that time?

A At that time, I think she was just an LVT. I don't think she was a supervisor yet or the hospital manager at that point yet.

Q All right, and at that time, you -- you wanted to become an animal care assistant, right?

A Once she told me about it, yes. I mean, before she brought up VSES, I actually had no idea that there was a emergency hospital, an area.

Q All right, and -- and -- and did she tell you that there were no position -- no animal care positions available at Perinton but there could be one at VSES?

A That I do not remember.

Q Okay.

A I just know that she was -- she mentioned to me that VSES and how the emergency department works and how we get more critical things, and that she believes that I would enjoy that a lot more.

Q Okay. You applied for the position?
A  I did.
Q  And how -- how did you do so?
A  I filled out one of the internal applications, and then a courier took it to whichever HR building we have, and then two weeks later, I got a phone call from one of the HR people.
Q  Okay.  And -- and where did you get that internal application?
A  Kathy gave it to me.
Q  Okay.  And then the HR building, is -- is that over at, like, 524 White Spruce Boulevard by the hospital?
A  Yes.  I don't know if they were there when I transferred of if they were in Pittsford because at that point, I really had no idea that the emergency group, they even existed.
Q  Okay.  And do you recall who from HR you spoke to about this position?
A  I do not know.
Q  Okay.  And you interviewed.  Who did you interview with?
A  I interviewed with Evelyn (phonetic).  Honestly, cannot remember her last name.  I don't think she works there anymore. I know she went on leave during COVID and since hasn't come back.
Q  Okay.  And -- and -- and actually, if I recall, HR was over at the Animal Hospital of Pittsford at the -- for a while, right?
A  I believe so, yes.
Q Okay. And that -- that --
A But I do not know.
Q But you know of that location, right?
A Animal Hospital of Pittsford? Yeah.
Q That's another general practice location?
A Yep.
Q Okay. And actually, let's go back to your -- your kennel attendant duties.
A Uh-huh.
Q Did you have to chart or keep track of, you know, bowel movements for the pets?
A Yes. I believe so, yeah.
Q And what was the process for recording that information?
A Just on, like, a sheet of paper that's, like, printed out with, like, the -- you know, the little squares on it and charts. We would mark it off that this person has -- or this patient has defecated or urinated or ate or drank food, and the kennel attendant --
Q And then that --
A -- (indiscernible, simultaneous speech) check mark.
Q And that same process is -- is followed at VSES, right?
A Yes. Yeah, now, it's for the past few years, it's electronically, but yes.
Q And -- and you testified you were -- you worked in the emergency department at VSES --
1 A Yes.
2 Q -- for a few years?
3 A Yeah.
4 Q Okay. And you would work side by side with LVTs, I assume?
5 A Yes.
6 Q Okay, and there are times where LVTs from the general practices would work in the emergency department, as well, right?
7 A That's true.
8 Q They -- they would pick up holiday shifts there?
9 A Yes.
10 Q And they would also be able to pick up other open shifts, correct?
11 A They would be, yes.
12 Q Okay. And some of the work that would be performed in the emergency department, that -- that would include inserting IV catheters, right?
13 A Yes.
14 Q And licensed vet techs from -- regardless of their location, they would have the ability to insert an IV catheter?
15 A Yes. Yeah, but to my -- in my experience, as it happens, the catheter placement varies differently by different animal and also with severity of the sickness. So like, if we get a patient at VSES that's really sick or you know, like, they're
cold, the catheter placement is a lot harder to put in than it
is in a animal that's healthy.
Q But you don't perform that work yourself, right?
A I do not, no. The --
Q Okay.
A -- I hold off to the veins and --
Q All right --
A -- you know, but --
Q And in fact, you can't perform that work because you're
not a licensed tech, correct?
A Nope, that's true.
Q Okay. And the LVTs would administer medicine in the
emergency department?
A Yes.
Q Okay. And that's work that you're unable to do, as well,
right?
A Depends what kind of medicine.
Q Okay. So there's certain medicine that you can provide,
certain medicine that you cannot?
A Yes. Yeah, so noncontrolled medications, I can give. If
noncontrolled and non-, like, IV medications, so.
Q Okay. You testified a little bit about endoscopy,
rhinoscopies. You don't perform those services, right? You
more assist with the cleaning and setting up the equipment,
right?
A  And setting up, yep.

Q  Okay. And you were provided on-the-job training on how to clean the equipment and to set up the equipment?

A  Yes.

Q  Okay. And there's also --

A  Yeah.

Q  -- a man -- like, there's also like a guidebook you can consult in terms of, you know, how to -- to set up or clean certain pieces of equipment?

A  Yeah, there is.

Q  Okay. You mentioned end -- endio -- endotracheal wash. That -- that work is done by the general practices, too; is it not?

A  I cannot speak to that because I don't --

Q  Okay.

A  -- really know what general practice is, so --

Q  No, that's fair, and I don't -- if you don't know --

A  Yeah.

Q  -- don't -- don't want you to speculate.

MR. STANEVICH:  Okay, I have nothing further.

HEARING OFFICER DAHLHEIMER:  Mr. Haller, any redirect?

MR. HALLER:  I have no further questions. Thank you.

HEARING OFFICER DAHLHEIMER:  Okay, Mr. Kotecki, thank you very much for your testimony and cooperation --

THE WITNESS:  Okay.
HEARING OFFICER DAHLHEIMER: -- this morning. You're dismissed.

THE WITNESS: All right. Yep, good day.

HEARING OFFICER DAHLHEIMER: Mr. Haller, is your next well, maybe before we -- we're getting into the lunch hour here, so maybe we should talk about logistics here. Do we want to take a lunch before the next witness or after the next witness, and is your witness present and prepared to begin testimony?

MR. HALLER: She should be here. Let me look at my full screen here. Yep, she's here.

HEARING OFFICER DAHLHEIMER: Okay. Would the -- you get -- just a rough estimate, and your -- you won't be held to it, do you -- do you have any idea how long direct will take?

MR. HALLER: I'll preface it be saying my estimates are almost en -- always useless. 20 minutes.

HEARING OFFICER DAHLHEIMER: Okay. Keeping in mind direct will take perhaps 20 minutes, perhaps, you know, a -- a substantially different amount of time, would we prefer to take lunch now or later?

MR. HALLER: A matter of indifference to me.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, any preference?

MR. STANEVICH: It -- it's the same. Maybe we go through this witness, and then reconsider the lunch break.
HEARING OFFICER DAHLHEIMER: Sounds good to me. If you --

Mr. Haller, if you'd please call your next witness?

MR. HALLER: Petitioner calls Tara McGrain.

HEARING OFFICER DAHLHEIMER: Good morning.

MS. MCGRAIN: Good morning.

HEARING OFFICER DAHLHEIMER: Please -- please raise your right hand.

Whereupon,

**TARA MCGRAIN**

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state your name for the record and then spell it.


HEARING OFFICER DAHLHEIMER: Mr. Haller, your witness.

MR. HALLER: Thank you.

**DIRECT EXAMINATION**

Q BY MR. HALLER: Tara, who -- who is your employer?

A Pathways (sic) at -- at VSES.

Q Okay. And what's your current job at VSES?

A I'm an animal care assistant with the surgery service.

Q Okay. Do you know what your job title is listed as by the Employer?

A I think that's it: animal care assistant, surgery.

Q Okay. Would that be an ACA II?
A Yes --

Q Okay.

A -- it could be.

Q Are you full time?

A Yes.

Q Okay. Tell me about your background in, you know, animal health care.

A This job is it. I started it in May of 2016. This is my first veterinary job.

Q Okay. Were you hired as an animal care assistant?

A Yes, I was.

Q Okay. At VSES?

A Yes, and in the surgery department.

Q Okay. Have you ever picked up voluntary shifts at other Monroe Group locations?

A I did once in my first year at Companion Animal Hospital. I picked up a Saturday shift --

Q Okay.

A -- and then, a couple years later, I picked up a few shifts at the urgent care.

Q Where's that located?

A At Animal Hospital of Pittsford.

Q Okay.

A And at that point, it was just Sundays.

Q Anything in recent years?
Okay. Were those all shifts that you voluntarily picked up yourself?

Yes.

Okay. Okay. And where in -- what department in VSES are you -- are you in now?

I'm in surgery again.

Okay, that's right.

I did a brief stint in imaging.

Okay. Are there ever any -- and -- and -- and these questions are referring to staff -- nonveterinarian staff. Are any nonveterinarian staff ever assigned work in surgery, to your knowledge?

Not unless they're employed by the surgery service specifically.

What does -- what does --

So --

that mean --

meaning --

employed by the --

like --

surgery service?

-- I have -- there's, I think, right -- currently five other animal care assistants that work only for the surgery department --
Q  Uh-huh.
A  -- and we have about six or seven technicians, LVTs, that
works only for the surgery department.
Q  Employees whose home, their regular assigned work location
is one of the general practices outside VSES, to your knowledge
and your experience in -- in surgery, are they ever assigned to
surgery?
A  No, I have never experienced one working in surgery.
Q  Okay. That -- would that include somebody working on a
holiday shift as well as taking a voluntary shift?
A  Correct.
Q  Okay. Okay. Patients in surgery, are you aware of
whether patients come from -- you know, are referred by a non-
Monroe Group facility or a Monroe Group facility?
A  I don't typically see the referrals, so I'm -- I know some
do come from outside. My mother's dog was -- had to come in
not that long ago for a consult with one of the surgeons, so --
and her veterinarian is not within the Monroe Group.
Q  Okay.
A  So I know --
Q  So would --
A  -- well, they come from both.
Q  So would it be safe to -- okay, you just answered the
question. Does it make any difference in how the patients are
handled, either the patient themselves or the paperwork,
whether they're referred by another Monroe Group practice or not?

A Not to my knowledge, but I don't have a lot of experience on that end of it.

Q Okay. All right. As part of your job, do you ever -- are you ever required to access patient medical records?

A Not usually required. I do sometimes to see what -- like, if it's a patient that I'm going to be working with that day, just to see what they're here for, you know, just to kind of get information so I know how to prep the patient for surgery --

Q All right.

A -- if there's any behavior warnings or anything like that.

Q All right. Do you have any knowledge about whether there's any difference between a -- a Monroe-group-referred patient as opposed to a non-Monroe-group patient as to getting or using or transmitting their medical records?

A Not that I'm aware of.

Q Okay. Okay. Does the Monroe Group or Pathway Veterinary Alliance (sic), to your knowledge, have some kind of centralized billing for the patients?

A Not in my experience, no. I've -- I receive a separate bill from -- I take my pets to Perinton --

Q Okay.

A -- Veterinary Hospital, and when I have a bill from the --
you know, from pe -- Perinton, I get a bill from Perinton, not from any centralized location.

Q Okay, so it appears they've been sent from Perinton in the Rochester area?

A Yeah, they'll usually courier it over, and it'll end up in my mailbox.

Q Okay. Have you taken your dog for an appointment at Perinton since Pathway became the owner of the Monroe Group?

A I've taken my cat.

Q Okay, so the -- all right, there's been a pet, a pet.

A Yes, a pet, yeah.

Q Okay. And the bill came from Perinton?

A Yes, actually, in that case, I paid the bill the same day and then ended up having to get a refund because the charge was incorrect.

Q This had something to do with your employee discount?

A Yes.

Q Okay. Did you have to talk to somebody about getting the bill adjusted?

A Yes.

Q Who did you have to talk to?

A I first emailed Sheryl Valente --

Q Uh-huh.

A -- who referred me to sa -- Kathy Sercu, who is the hospital manager at Perinton.
MR. HALLER: Perinton, okay. All right. I want to skip over some of these questions because they've been covered with multiple other witnesses. Okay. Matter of fact, just a second, I want to make sure I've covered everything. Okay, that's all I have. Thank you. Thank you, Tara.

THE WITNESS: Sure.

HEARING OFFICER DAHLHEIMER: Mr. Stanevich, if you'd like to cross-examine the witness?

MR. STANEVICH: I have no questions of this witness.

HEARING OFFICER DAHLHEIMER: Okay. Ms. McGrain, thank you very much for your cooperation and testimony this morning. You're dismissed.

THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, is your next witness available and prepared to give testimony?

MR. HALLER: Let's see. Yes.

HEARING OFFICER DAHLHEIMER: Okay.

MR. HALLER: Yes, she is.

HEARING OFFICER DAHLHEIMER: Okay, there we go. Hi, good morning.

MS. CLIFFORD: Hey.

HEARING OFFICER DAHLHEIMER: Go ahead and call your next witness.

MR. HALLER: Petitioner calls Valerie Clifford.

HEARING OFFICER DAHLHEIMER: Hi, good morning, Ms.
Clifford. Please raise your right hand.

Whereupon,

VALERIE CLIFFORD

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Please state your name and spell it for the record.


HEARING OFFICER DAHLHEIMER: Mr. Haller, your witness.

MR. HALLER: Thank you.

DIRECT EXAMINATION

Q BY MR. HALLER: Valerie, who do you work for?

A Pathway Vet Alliance.

Q Okay. And -- and where do you work?

A I work part time at Greece Animal Hospital and part time at VSES.

Q Okay. What's your job title?

A At Greece Animal Hospital, I am a staff LVT, and at VSES, I'm the blood bank administrator.

Q Okay. All right. Tell us about your -- your work history as it relates to animal health care.

A My time line is long, like Sam's, so I'll try to get all the dates right. So I started out as kennel in 2006 at Irondequoit Animal Hospital, and I stayed there throughout
college as I went to get my vet tech degree at Delhi. I got my associate's in 2010, and I was just seasonal at Irondequoit. I got my bachelor's in science and veterinary technology from Medaille in 2012, and then, that's when I came back to Rochester to work at VSES.

Q So are you a licensed veterinary technician?
A Yes.

Q Licensed by the State of New York?
A Correct.

Q Okay. Okay. So you've been full time with the Monroe Group since 2011?
A Yes, 2012 or 2011, yeah.

Q Okay. Thereabouts. Okay. Okay. So you've -- you're part time at two different locations. Is -- between the two locations, are you a full-time employee?
A Correct.

Q Okay. When did that -- so pre -- well, you've probably already answered this, but let me ask it anyway: Have you always been part time or did that come about at a certain point?
A So I just went over to Greece last September, actually. I just checked my one-year mark there. I've worked a couple different jobs at VSES.

Q Okay. Well, tell us about the jobs you've had at VSES when you were full time at VSES.
A I started out as an emergency technician, and then after a couple years, I think three, I transferred to internal medicine, and I was full time with internal medicine for about five years, and then I took a part-time clinical educator job where I did half clinical educator and half internal medicine, and then I transferred from clinical educator to blood bank administrator, keeping the part-time internal medicine. I've always worked with the blood bank, but until then, it didn't become an official job position, and then last year, I left internal medicine but kept the blood bank.

Q Okay. How was it you came to have a part-time position at Greece?

A I was looking for different opportunities for my work/life balance, and I actually had a job offer from a different hospital outside of Monroe Veterinary Associates. I didn't want to leave the blood bank and everybody knew that, but I wasn't sure of my different options, so I -- I talked to Sheryl, and I explored different opportunities at some of the general practices where I would have better hours and schedule it like work/life balance like that. I interviewed at both Stone Ridge and Greece, and I accept -- I received offers from both of those hospitals, and I accepted the one at Greece Animal Hospital.

Q Okay. So the moving part time to Greece was initiated by you?
A    Yes.
Q    And you had to apply and interview for that position?
A    Correct.
Q    Do you think your application process was any different
    than somebody hired off the street?
A    I'm not sure because they kind of helped me facilitate
    things a little bit quicker since they just had the offer from
    the other hospital, so I didn't fill out an application, but I
    did interview with Dr. Hubbard (phonetic), and Amanda
    (phonetic) was the hospital manager at that time.
Q    Okay. There hasn't -- there -- if there's been any
    testimony about the blood bank so far, it hasn't been much.
Tell us about the blood bank.
A    So we have an inhouse blood bank at VSES. It's grown
    tremendously since 2019 when we purchased the centrifuge to be
    able to process inhouse blood products. So before that, we had
    some employee pets that were blood donors for whole blood
    transfusions and we would order blood components, so just red
    cells or just plasma, and now, we can produce those inhouse for
    our patients.
Q    All right. And where do you get the blood from?
A    From our screened blood donors. We have 12 cats at the
    moment, and I believe about 45 dogs, screened blood donors.
    They have to apply to be a blood donor. We do an initial
    screening which includes an exam, inhouse bloodwork, an
infectious disease panel that goes out to NC State University, and then they become official donors. No pet can just walk in that we don't know and donate blood. We make sure it's a safe product.

Q  Okay. I got to ask the question. How many dogs and cats actually offer to donate their blood?

A  Some enjoy it more than you would think.

Q  Okay.

A  Some need some help.

Q  Okay. And what's the blood used for and what facilities is it used at?

A  95 percent, I would say, is all inhouse for VSES. It's used for a multitude of traumas and illnesses. That's all up to the doctor, what they'd like to treat their patient with. I can -- we can produce -- pack the blood cells, full blood, fresh frozen plasma, and stored plasma, and so that will go to hospitalized stations. Rarely, we will get what we call drive-by transfusions with -- a pet has a known problem that sometimes will require transfusions. They'll come in for outpatient and then leave the same day. Rarely, we send it to other hospitals. It's usually non-Monroe Group hospitals that will request it, but because all of our affiliated hospitals, we'll try to send them to VSES for the monitoring.

Q  Now, let me see if I understand that. If a blood tran -- transfusion is required for a procedure, that pet would usually
be referred to VSES from elsewhere in Monroe?

A  Yes.

Q  Okay, all right.

A  Yeah, that's the standard of care, but if there's extenuating circumstances, like its owner can't afford to transfer to VSES, or if they have a patient in the OR that needs it immediately, sometimes they'll run over and grab it, but that's, again, very rare.

Q  Okay. All right. Earlier, there was some records introduced into evidence, yeah, I could figure out which exhibit it is, but I think we'll all understand. There was an exhibit about -- that showed the shifts work outside an employee's home location within the Monroe Group, and there were a lot of shifts worked by a CSR at VSES by someone whose home location was Greece. Do you know who that individual is?

A  Chelsea Whittemore.

Q  Yeah, she's a CSR?

A  Uh-huh.

Q  How is it that she's come to do a bunch of work at -- at VSES?

A  She picks up shifts on the open shift list. I know she communicates with Corey regularly to see what he has available to get some extra overtime to get some extra money when she needs it.

Q  Okay. In the various positions you've worked at VSES,
have you had -- had the opportunity to observe folks -- staff
that is nonveterinarian staff from the other Monroe Group
facilities that are doing their mandatory holiday shifts at
VSES?
A   Yes. Yeah, over the time, I've worked a lot of holidays.
Q   Okay. What typically are the LVTs and ACAs assigned to
do?
A   They're usually assigned -- I can speak more to
technicians. I'm not sure where the ACAs are assigned to, but
I know the technicians are usually assigned to assist
procedures. They're usually in the blue block, never in the
ICU. I think sometimes they do triaging. Non-VSES ACAs don't
do triaging on holidays. But when I was on procedures,
frequently with another general practice technician, I would
kind of tag team procedures with her because you need an extra
set of hands to hold the patient for drawing blood and stuff,
so it's easier -- easier for them and obviously, we need an
assistant to kind of get things done together.
Q   Okay. You mentioned a -- a blue something, a blue area,
blue zone. What was that?
A   Yeah, sorry. It kind of goes with our triage block. It
talks about, like, the yellow can wait. Green is, like, it's
broken toenail or ear infection that will just be triaged away.
Red is ICU. Blue is things like your blocked cats that needs
to be monitored but aren't in critical condition and don't
require eyes on them at all times, maybe some seizure patients
depending on how severe it is, some toxicities, more minor
treatments, nothing too invasive.

Q  Less critical care involved than the ICU patients?
A  Yes, significantly.

Q  Okay. Okay. There's been some testimony about training
in CPR and the use of CPR. In your experience, is CPR that
VSES staff have to call upon frequently?
A  Yes.

Q  Why is that?
A  Lately. Just because of the nature of the emergency room.

Q  Okay. Is that because there's -- the emergency room
routinely sees patients that are in severe distress and may
actually need CPR?
A  Absolutely. It can be hospitalized patients or something
just walking through the door.

Q  Okay. So who's trained to do CPR at VSES?
A  The ACAs, LVTs, and the doctors.

Q  Okay. Are -- to your knowledge, are folks at the gen --
outlying general practices trained in CPR?
A  Not generally. Since I do work part time at Greece, I did
give them some CPR training because they had an emergency on a
day that I wasn't there, so they asked me for that
specifically, but before that, they had not had any CPR
training.
Q How long ago was that?
A Within six months.
Q Has there been any instances of anybody having to do CPR at Greece since then?
A No.
Q Okay, hold on a second. Okay. Is drawing blood something that a technician needs to know how to do?
A Yes.
Q Okay. Is there any difference in the type of situations you'd likely to see where you're required to draw blood as a technician at VSES as opposed to the general practices?
A I would say the big one is dealing with a spot when you think a patient might have low platelets or a bleeding disorder. If anything has bruising or a bleeding nose or anything like that, we never want to draw blood from the jugular. I'm not sure that's common knowledge at general practices just from some of the patients we've seen that have transferred over with these problems, and you can see clearly that they have bruises on their necks from an inappropriate blood draw.
Q Okay. Okay. Let me switch gears a little bit. Do the LVTs have some kind of career ladder system in place?
A Yes, there's a career ladder at VSES. It goes LVT level 1 through 4. When you're first hired -- I'm not sure if it's all -- all new hires regardless of experience or if it's just
new grads, but when you come in as a level 1, you're expected
to quickly be trained and be able to function as a level 2
technician, and all LVTs are expected to at least be level 2.
You cannot apply for level 3 status, which comes with a pay
bump, but you have to be able to prove that you have advanced
skills, advanced knowledge, and you can perform advanced
procedures with your doctors, and some of them are department-
specific.

I applied for level 3 when I was with internal medicine,
and I -- chemotherapy was on there, NG tube placement was on
there. Obviously, of course, I can't think of any of the big-
ticket ones right now, but more the advanced procedures that we
don't do so often. There are some that are on there for
everyone, like jug caths, indwelling catheters, female urinary
catheters, which are especially tricky if you don't know.
Q  And I don't know.
A  Yeah. And -- and then I'm sure surgery has their own
specific list, too. I'm just not familiar with what's on it.
And then level 4 technician, there is only about four or five
of us that are level 4, myself and Sam are one of them, and you
have to go above and beyond that, and you have to either be a
VTS, so a veterinary technician specialist, or like in my -- in
my case with the blood bank, I write standard operating
procedures. I contribute to the hospital. I've been a part of
the standards of care committee, and I run the blood bank
meetings and committee, and I kind of help everybody. I do trainings, things like that, kind of going above and beyond for the hospital, so that's the top tier of the career ladder.

Q Okay. So tier 1 is sort of a training module --
A Uh-huh.

Q -- right? Okay. Tier 2 is kind of the standard LVT. You could just stay at level 2 for forever if you want?
A Correct.

Q And 3 and 4 are advanced -- advanced skills required?
A Uh-huh.

Q Okay. Is there any comparable stepped career program for LVTs at the general practices?
A To my knowledge, the career ladder is only available at VSES, so I believe all the GP technicians would be level 2, technically. I'm sure some of them do have level 3 abilities, but I don't -- I can't say about level 4.

Q Okay. And you don't know whether they get -- there may be some people that actually get that pay bump at the GPs?
A I think it's only for VSES.

Q Okay. Okay. Okay. And do I recall you worked in internal medicine for some period of time, right?
A Yes.

Q How long?
A Six years.

Q And you were a LVT?
Q Okay. And let me -- let me jump back for a second. You talked about these levels of LVTs.

A Uh-huh.

Q All the LVTs except for the LVT specialists have this same licensure from the State of New York, right?

A Correct.

Q Okay. The only people that have some extra level of certification are those LVT specialists; is that correct?

A Yes. Yes, the VTS certification.

Q Okay. So the lev -- the career levels you're talking about are just an internal thing at VSES?

A Yes, it's unique to our hospital to encourage people to get those advanced skills, learn new procedures, and do more continuing education.

Q Okay. There was testimony earlier through Mr. Kotecki and -- and maybe other witnesses about the use of various scoping devices --

A Uh-huh.

Q -- in internal medicine. Sounds like mostly for diagnostic purposes, but I guess also for treatment sometimes. Do you have -- what else can you tell us about the use of scopes at the -- in internal medicine at VSES?

A I think the only one that I would consider a treatment would be a foreign body scope because you're actually solving
the problem; you're removing that foreign body. The rest of
them, whether it's an upper GI, a lower GI, a rhinoscopy that
goes up the nose, a cystoscopy goes through the urethra into
the bladder, those are all diagnostic because you're taking
biopsies and then you're sending them off to the pathologist.
Q   Right.
A   I do know that GP hospitals do do trach washes sometimes
because that is not done with a scope. It's called a BAL, a
blind alveolar lavage, so you're putting fluid down into the
trachea through a sterile endotracheal tube, and then you're
suctioning it back up into a specimen container, and then
that's sent out to -- to the pathologist. The thing that's
special, not only with the scope equipment, but it's being
interpreted -- the results from the pathologist are being
interpreted by the internist.
Q   Uh-huh. Okay. Based on your knowledge as an LVT at VSES
and Greece and whatever other experience you have working at
the outlying facilities, of the procedures you've been talking
about, how many of them, if any, are performed at the outlying
general practices of the Monroe Group?
A   Only the trach wash. Our hospital, VSES, is the only one
with the -- the scopes and the -- the tower, which is -- it
looks like a giant VCR that the scope plugs into. There is
different size scopes, but we're the only one that has the full
equipment.
Q Okay. Okay. And there's been testimony about the $0.75 wage differential ex -- that's only at VSES. You're familiar with that?

A Yes.

Q Okay. At present, who gets that $0.75 an hour differential?

A I believe all staff. I know it's all technical staff, but I think now everybody that works at VSES gets it.

Q So we're talking about CS -- the customer service people, the ACAs, and all of the LVTs?

A I believe so. I know for sure that the ACAs and LVTs get it, but I -- I'm just speculating about the rest of the staff.

Q Okay. Earlier there was testimony from an Employer witness that the -- the -- the -- the reason that wage differential is awarded was because of the 24/7 nature of the operation at VSES and also because, I guess, the patients aren't regularly scheduled. They just come in as needed. Is that your understanding of the only reasons why you and the other employees get a wage differential?

A No.

MR. STANEVICH: Objection. Lack of foundation.

MR. HALLER: Oh, there'll be a foundation.

MR. STANEVICH: Then lay it.

MR. HALLER: Yeah?

HEARING OFFICER DAHLHEIMER: Overruled. Then let him --
let him get to it. Go ahead.

THE WITNESS: No, they told us it was because of recognition of our advanced skills.

Q  BY MR. HALLER: Okay. Who'd you learn that from?
A  From Jen Bidwell. I know it was 2014 or 2015 we received an email with that information from our hospital manager. Jen Bidwell was the manager before Andrea came.

Q  Okay. Did Jen Bidwell send presumably everybody, but you got an email on December 9th, 2015, at 8:59 a.m.?
A  Correct.

Q  Okay. Do you still have that email?
A  I do.

Q  Okay. Do you have it on your phone?
A  Uh-huh.

MR. HALLER: Mr. Examiner, if -- if that would be appropriate, I -- I -- I want her to refer to that so she can read from it.

MR. STANEVICH: Can we share the screen or see it somehow before the witness reads it into the record?

HEARING OFFICER DAHLHEIMER: Is the -- is the Petitioner planning on entering this into the record as evidence?

MR. HALLER: Frankly, no, I wasn't planning to introduce it because I was concerned the Employer is going to claim that we're, you know, using their internal documents and shouldn't be introduced in as evidence.
MR. STANEVICH: Well, we -- we could've had that discussion. We didn't, and if there's a document, I may not have an objection of putting it into evidence, but I'd prefer to see a document than have someone read it where I don't have the ability to see what that email says and whether it's accurate or not.

MR. HALLER: I'd be happy to share it. Do we want to go off the record for a moment?

MR. STANEVICH: Go off the record.

HEARING OFFICER DAHLHEIMER: Yeah, I think it's appropriate for us to -- to have this conversation off the record.

Mr. Baker, will you please take us off the record for a minute?

(Off the record at 1:13 p.m.)

HEARING OFFICER DAHLHEIMER: Okay. During our brief recess there, the Union shared a -- we'll -- we'll let the Union explain that the documents are. They shared documents that they are now going to be entering into evidence.

Mi -- Mr. Haller, please proceed with your -- with your questioning.

MR. HALLER: Okay.

RESUMED DIRECT EXAMINATION

Q BY MR. HALLER: All right, Valerie, I'm going to do this in a slightly different way. Okay. All right.
Valerie, did you get an email from Jen Bidwell on December 9th, 2015, at 8:59 a.m.?

A Yes --

Q Okay.

A -- when I attended the hospital meeting referenced in the email.

Q Okay. Who is Jennifer Bidwell and what position did she have --

A She was the --

Q -- at the VSES?

A -- hospital manager.

Q Okay, so she was the manager of VSES at the time?

A Correct.

Q Okay. And who was this email sent to?

A All staff.

Q In -- including yourself, apparently, right?

A Yes.

Q Okay. Okay. Could you read the third paragraph down in that email, just the once -- it starts "In October of 2014"?

A Uh-huh. "In October of 2014, an LVT incentive was implemented at VSES. This incentive was created in recognition of the advanced skillset and knowledge base necessary to meet the minimum standard of care at VSES, as well as the additional responsibilities of mandatory on call and the demands of working at a -- in a 24-hour facility."
Q Okay. What's this L -- what's this LVT incentive that she's referring to? What is it?
A That's the 75 cent pay differential for working at the VSES.
Q Okay. At some point, that was expanded to the rest of the staff at VSES?
A Yes.
Q Is that what's -- is that what's referred to in the rest of the text of this email?
A It's that, yeah. And the paragraph under that one, it was decided to increase the base pay rate for ACA CSRs, and LVTs.
Q Okay. So the increase in base pay rate for those other groups, that -- that's the 75 cents we're talking about?
A Yes.
Q Okay.

MR. HALLER: Petitioner moves the admission of this document as, I guess, Union Exhibit 1 -- or Petitioner Exhibit 1.

MR. STANEVICH: No objection.

HEARING OFFICER DAHLHEIMER: For the record. (Petitioner Exhibit Number 1 Received into Evidence)

MR. HALLER: Okay.

Q BY MR. HALLER: Were there any attachments that were transmitted that you received along with this email, Valerie?
A Yes. There's two. One of them is a more official memo
stating the same. Let's see. I guess my phone's trying to
open up. And then the other one looks like the meeting, again,
they would put up a power point. That would -- that looks like
what this is.

Q All right. Since that's not the one I wanted. All right.
Okay.

MR. HALLER: Okay. Let me see if I can -- is that real
small right now? I sent you -- everyone should see it. But
it's quite small. I just increased the size of it, if that
helps. Oops, I may have increased it too much. Okay.

Q BY MR. HALLER: Is this one of the attachments you were
referring to, Valerie?
A Yes.
Q Okay.

MR. HALLER: Petitioner moves the admission of this
exhibit as Petitioner Exhibit 2.

MR. STANEVICH: No objection.

HEARING OFFICER DAHLHEIMER: Petitioner 2 is received.

(Petitioner Exhibit Number 2 Received into Evidence)

MR. HALLER: I have no further questions for Valerie.

Thank you.

HEARING OFFICER DAHLHEIMER: All right. The Employer may
now cross-examine the witness.

CROSS-EXAMINATION

Q BY MR. STANEVICH: Good afternoon, Ms. Clifford. How are
Q Good. My name's Jason Stanevich. I'm counsel for the Employer. And I'll just have a -- a few short questions for you.

So you -- you currently split your time between two different locations that are within the Monroe system, correct?

A Correct.

Q So about half your time is at VSES, right? And the other half of your time is at Greece Animal Hospital?

A Yep. It's pretty even.

Q Okay. And just -- I just want to talk to you a little bit about Greece Animal Hospital. That's a full service animal hospital, correct?

A Yes. It's one of the general practices. If that's what you mean by full service?

Q Correct. And then there are a number of veterinarians who are assigned to that location, correct?

A There's currently three, and one is leaving in October.

Q Okay. And those three veterinarians, do you know if they pick up shifts anywhere else?

A I believe they're required to do a certain amount of shifts at VSES. And they know they have boarding responsibilities with Stone Ridge.

Q Okay. So they will do some work at Stone Ridge? That's
another general practice?

A  Yes. Stone Ridge is the other general practice that's located in Greece. They're very close to each other. So that's probably why.

Q  Okay.

A  The -- by boarding responsibilities, I mean, if there's a patient that's being medical boarded and needs insulin or other medications, they will have to go and administer those, because the kennel attendants cannot do that.

Q  Okay. And it's your understanding that there's some type of obligation for veterinarians to pick up shifts at VSES?

A  Yes.

Q  Okay. And do you know if that's true for other general practices?

A  I'm not sure. I've heard, just from being around for forever, that I think if you don't do an internship at VSES, you need to work so many shifts at VSES. But if you do, I'm -- I think you're exempt from that. Again, I -- it's just, kind of, what I've heard through the grapevine. I don't know for sure.

Q  Okay. And I'm just going back to Greece. There is, you know, approximately 20 or so support staff at that location, correct?

A  Um-hum.

Q  All right. And so there are CSRs in Greece?
1 A Yes.
2 Q There are animal care assistants at Greece?
3 A Yes.
4 Q Licensed vet techs?
5 A Yes.
6 Q And you're one of them, right? You spend about --
7 A Yes.
8 Q -- half your time at -- at Greece?
9 A Yep.
10 Q Okay. And so even though you have two different
11 positions, one at Greece and one at VSES, you get one paycheck
12 from the --
13 A Correct.
14 Q -- organization, right?
15 A Yes.
16 Q And was that way when MVA ran the system, correct?
17 A Correct.
18 Q And it's still that way now that it is part of the Pathway
19 organization?
20 A Yes.
21 Q Okay. And when you -- do you participate in the benefits
22 program?
23 A Yes.
24 Q And did you do so when you were with Monroe?
25 A Yes.
Q And would -- did you have separate benefits through Greece and V -- VSES, or did you have to participate in the benefits program as a whole?

A No. Since I've stayed a full-time employee, it didn't change.

Q Okay. And then, so you were entitled to full-time benefits, correct?

A Correct.

Q Okay. And since Pathway has acquired the system, do you still participate in the benefit plans?

A Yes.

Q Okay. And is it the full-time benefit plan?

A Yes.

Q And the benefit plan that you participate in, is it the same plan that's eligible for full-time employees at VSES?

A Yes.

Q And is it the same benefit plan that's eligible for full-time employees at Greece?

A Yes.

Q Then, focused on Greece, there are a number of exam rooms at that location, right?

A Um-hum.

Q About six or so exam rooms?

A There's six. And we utilize five, yeah.

Q Okay. And there -- there are certain radiology equipment
at -- at Greece Animal Hospital as well, right?

A Yes. There is X-ray capability.

Q Okay. And there's an ultrasound machine?

A Yeah. It's one of the small portable ones. I can't remember the brand Sam mentioned.

Q Okay. And there are three X-ray machines, correct?

A Just one.

Q Just one? Is there any dental radiology-related equipment there?

A Yes.

Q And what is that?

A There's the -- the ultrasonic scaling machine. There is the dental radiograph machine, if we're counting that one. And then, the necessary tools, like, hand tools that they use, the drills and such.

Q Okay. I think, just going to Exhibit -- some of the exhibits that you looked at, 1 and 2, the additional shift differential. Employees from the general practice who come in to VSES to pick up a shift, they get that additional differential as well, right?

A They do.

Q Okay. So if they are working on a holiday, which it may be required, they would get that differential, right?

A Yes.

Q And they also have the opportunity to voluntarily pick up
1 shifts at VSES, right?
2 A Yes.
3 Q And when they do, they get that 75 cent -- cent
differential, right?
4 A Correct.
5 Q And just a little bit about the blood bank. I -- I
believe you testified, most of that is used for procedures at
VSES; is that fair to say?
6 A Yes.
7 Q And -- but there are some situations where blood would be
transferred to the general practice?
8 A Rarely.
9 Q Okay. But there are some?
10 A Yes.
11 Q Okay. And that would be where, I believe you said there
may be an extraordinary circumstance?
12 A Um-hum.
13 Q Or there may be, I believe you said a patient in the
operating room?
14 A Um-hum.
15 Q Okay. So there are operating rooms at the other general
practice locations?
16 A Yes.
17 Q Okay. Are you aware of which ones have operating rooms?
18 A They all should have a specific room dedicated for the OR.
Okay. And so you would agree with me that veterinarians perform surgeries outside of VSES?

Yes.

Are -- are you familiar with an employee by the name of Katie Jensen (phonetic throughout) or she maybe goes by Katie Kosh (phonetic throughout) -- Koss at this point?

Yes.

And what's her position?

She's an LVT.

Okay. And are you aware of whether she's provide CPR training to any location within the system?

I know she's done CPR training at the Duncan center. I attended one of her sessions. I can't say where else she's done it. She does everything that's attached to VSES.

So fair enough. Are you familiar with an employee by the name of Sarah Pavli -- Pavlina, Pavlina?

Pavlina.

I'm not sure if I'm pronouncing that correct. Okay.

Yes. Yeah.

What's her position?

Currently, I believe she's the ICU technician.

Okay. And are you --

But she was the clinical educator.

And are you aware of whether she's provided CPR training to any location?
Again, I know she's done it at VSES. But I can't -- I don't about other locations.

And the LVT work that you do at Greece, can you kind of walk us through what your responsibilities are at that location?

Sure. It depends if I'm going to be the surgery tech for the day or not. If I'm not doing surgery that day, I still help check in the surgeries for the morning, kind of go over the consent forms with owners, get the patients. I'll get their vitals checked, get them set up in their cages, and then, assist the doctors with their exams in the morning.

And then, I will call owners. Once they come in, they're kind of doing a half curbside model right now. I'll call owners, once they come for their appointments, ask them why they are here, if it's a wellness visit, or a problem visit, and then, assist with anything that they're for. If they have an ear infection and they need ear cytologies, any small procedures, like -- you know, like, abscesses, or nail trims, things of that nature. They also do tech appointments. If they're coming in for just a heartworm test or a nail trim or a vaccine booster.

And then, if I am scheduled on surgery, that's my main focus for the day. I'll do -- I'll sedate the patients, put in their catheters, and then, set them up with anesthesia and assist the doctor for the procedure, and recover them.
Q Thank you. And you've probably shortcut a number of questions that I was going to ask you.
A Oh, gosh. Okay.
Q But let me just back it up a little bit, because you did provide us a lot of information. What type of surgeries have you been involved with while at Greece?
A I've been involved in spays, neuters, one foreign body surgery, splenectomy, and a cystotomy.
Q What's a splenectomy?
A Removal of the patient's spleen.
Q And what was that last procedure?
A Cystotomy. I think I'm saying that right. So removal of bladder stones from the patient's bladder.
Q Okay. And have you been involved in those types of procedures at VSES?
A No.
Q Okay. Do you know if any -- if any LV -- I'm sorry, let me back it up. Do you know if any cystotomies are performed at VSES, even if you've not been involved?
A Yes. I'm sure they are.
Q Okay. What about --
A I've never worked on the surgery department.
Q Okay. And what about spleen removal, are you aware of whether that happens at VSES as well?
A Yeah, frequently.
Q And in your role as a licensed vet tech, you -- you would help with administering whatever medications is prescribed at a veterinarian?

A Yes.

Q Okay. Would -- would you draw blood, if necessary?

A Yep.

Q And I believe you said you would insert whatever catheter is necessary as well?

A Um-hum.

Q Okay. Have you ever had to send blood to the lab or asked for any other service for the lab to provide while you're an LVT at Greece?

A Yes, frequently.

Q What type of cutoff -- frequent interaction do you have with the lab?

A Well, by interaction, I fill out their lab forms. And I check off what tests the blood work needs. And then, we put it in the fridge and the courier picks it up. They have limited lab equipment at Greece. So anything that would need a complete blood count or any sort of enzymatic test needs to go to the lab.

Q Okay. And the central lab is also at the same address as VSES, right?

A Correct.

Q And do you know if other general practice hospitals also
A take advantage of the lab?

Q Okay. And you mentioned a courier. Who is that person, if you know?

A There are a couple of different ones. I know one's name is Mike, and that's about it.

Q Okay. And do you -- do those courier -- couriers only provide services to Greece, or do they provide services throughout the Monroe network?

A Throughout the Monroe network. And then, I just recently learned that they do a couple additional hospitals as well.

Q Okay. And then, on -- on the blood bank side, in your responsibilities, do you have any interaction with the lab?

A Yes, all of my -- well, all of my screening blood work goes through the lab. And then, they send out what I need to the NC State University as well.

Q Okay. Are -- are you aware that there's a crematorium that's part of the -- the Rochester network?

A Yes.

Q Okay. And have you interacted with the crematorium at all in your vet check role at Greece?

A Yes, I process bodies.

Q Okay. And what's involved in processing a body?

A After the owner is finished visiting with them, we'll make their paw prints, either ink or clay paw prints, remove
collars. We have special cadaver bags. And then, they're labeled appropriately. And then, the courier picks them up as well.

Q And do you know if the other general practice locations utilize the crematorium?
A I'm sure they do.

Q Okay. Does VSES use -- utilize the crematorium?
A Yes.

Q There was some testimony earlier today, in your testimony I believe, about someone by the name of Chelsea Whittemore. You know Ms. Whittemore?
A I do.

Q Okay. And she works at Greece, I believe?
A Yes. Um-hum.

Q And her position at Greece, what is that?
A She's a CSR, client service representative.

Q Okay. And I -- I know you haven't worked as a CSR, but do you know what -- what -- what Ms. Whittemore's responsibilities are like at Greece?
A Their main job function would be answering the phones, scheduling appointments, checking clients in, and then, some -- I know they clean the exam rooms. And they do a lot of record keeping for us, scanning, and things of that nature.

Q Okay. And I believe you testified that she picks up a lot of shifts at VSES, right?
Q And when she goes over to VSES, I -- I assume she's picking up shifts within the customer service department?
A Yes.
Q Do you happen to know what she does when she's in the customer service department at VSES?
A I don't specifically. I know she works a lot of evenings and overnights. So I think that would mostly consist of answering the phones, and then, checking patients in and assisting with that, getting what we have our -- our five to seven forms for stats and things like that.
Q Oh, so as far as you know, it's pretty similar customer service-based work, right?
A Similar, yes.
Q Okay. And anything that requires additional skills to the extent that you know?
A Not specifically skills, but you definitely need to be able to handle a different level of clients at emergency hospital. You know, they're all having the worst day of their lives. They're in crisis. Not everyone is equipped to handle that.
Q Okay. When you're at Greece, do you wear a particular type of uniform?
A Scrubs.
Q Scrubs? And the other LVTs wear -- wear scrubs at Greece?
A  Yes.

Q  Okay.  Is it a particular color?

A  Not at Greece, no.

Q  Okay.  Do the animal care assistants wear any type of uniform at Greece?

A  They also wear scrubs.

Q  Okay.  And kennel attendants, do they wear any type of uniform?

A  They don't have any kennel attendants currently.  They do have one hospital assistant that also wears scrubs.

Q  Okay.  The LVTs at VSES wear scrubs?

A  Yes.

Q  The animal care assistants, they wear scrubs?

A  Yes.  And those are color coordinate.

Q  Okay.  And -- and just -- just to go back to -- to Ms. Whittemore -- Whittemore for a moment.  You mentioned something when you discussed her testimony called an open shift list.

A  Um-hum.

Q  What is an open shift list?

A  Our workforce manager will put together a list of all the open shifts.  I believe she has separate ones for ACAs, LVTs, and CSRs.  And then, the people from either VSES or other hospitals are welcome to fill in those shifts, if they're available and want to.

Q  And that workforce coordinator, is that Chris West?
Q Okay. And where is this open list? Is it posted? Is it distributed? How does it make its way out to different employees?

A For us, I know I've asked her to email it to me. She has a list of people, I believe, that she knows are open to picking up these shifts, so she'll regularly send it to them. When we get in kind of a tough spot, she'll send it to all the technicians and ACAs, and say, you know, hey, I have these couple of open shifts, some are for a critical shift, if anyone's available to fill them.

Q Okay. And then employees can opt to take those shifts on a voluntary basis?

A Um-hum.

Q Okay. And in your experience, employees -- LVTs do pick up shifts at a VSES, correct?

A Yes.

Q Animal care attendants -- I'm sorry, animal care assistants pick up shifts at VSES?

A We're talking about VSES employees picking up shifts at VSES, right?

Q I'm not actually.

A Oh.

Q Well, let -- let's back that up.

A Oh, sorry.
Q  Let's track up so we're clear. I -- I may have been less
than clear there. So the open-list shift, that would be an
opportunity for a VSES employees to pick up shifts at VSES?
A  Yes.
Q  Okay.
A  I'm not sure how it gets distributed, or if and when it
gets put out to other hospitals.
Q  Okay. And on that point, do any of your LVT colleagues in
Greece pick up shifts at VSES?
A  No.
Q  Okay. You mentioned that Chelsea would sign up for the
open shift list.
A  Um-hum.
Q  Chelsea is a customer service representative at Greece,
right?
A  Yes.
Q  And that's her home location, right?
A  Um-hum.
Q  Any understanding how Chelsea obtains that open shift
list?
A  I know she has frequent communications with Corey. Since
she does pick up so many shifts, I think he might reach out to
her directly. And I know she has contacted him and asking what
he has available.
Q  And Corey's the customer service manager at VSES?
A  Yes.
Q  And so it's your testimony that he would reach out to Ms. Whittemore at Greece to see if she would like to work at VSES, right?
A  Yes. I'm not sure if that's the only way she's ever picked up shifts. But I know she's told me that before.
Q  Okay. And I believe you said Corey calls to ask other employees to see if they're interested in shifts; did -- did you testify to that?
A  I just mentioned Chelsea. But I'm --
Q  Okay.
A  -- sure he does.
MR. STANEVICH: I have nothing further.
Thank you, Ms. Clifford.
THE WITNESS: Thank you.
HEARING OFFICER DAHLHEIMER: Mr. Haller, redirect?
MR. HALLER: Might I have a -- a few minutes? I may not have anymore. But if I could have a little break?
HEARING OFFICER DAHLHEIMER: Yeah, that's fine. About how long you need?
MR. HALLER: Prob -- I probably don't need it, but I'd like to ask for ten minutes.
HEARING OFFICER DAHLHEIMER: Sure. Let's -- let's call it 14 -- we'll -- we'll resume at 2 p.m. Is that satisfactory?
MR. HALLER: Sure. Thank you.
HEARING OFFICER DAHLHEIMER: Mr. Baker, will you please take us off the record?

MR. BAKER: Off the record.

(Off the record at 1:47 p.m.)

HEARING OFFICER DAHLHEIMER: Okay. We are back on the record.

Mr. Haller, it's still your witness.

MR. HALLER: Yeah. I have -- I have no further questions for Ms. Clifford.

HEARING OFFICER DAHLHEIMER: Okay.

Ms. Clifford, I thank you for your testimony and cooperation this morning. You are dismissed.

Okay. We are going to be in recess for half an hour.

Mr. Baker, please take us off the record.

MR. BAKER: Off.

(Off the record at 2:01 p.m.)

MR. BAKER: On the record.

HEARING OFFICER DAHLHEIMER: Okay. Will Union, please call their witness?

MR. HALLER: The Petitioner calls Leah Walker.

HEARING OFFICER DAHLHEIMER: Good afternoon, Ms. Walker.

MS. WALKER: Good afternoon.

HEARING OFFICER DAHLHEIMER: Raise your right hand.

Whereupon,

LEAH WALKER
having been duly sworn, was called as a witness herein and was
examined and testified, telephonically as follows:

HEARING OFFICER DAHLHEIMER: Will you please state and
spell your name for the record?


HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, go ahead.

**DIRECT EXAMINATION**

Q BY MR. HALLER: Ms. Walker, who do you work for?
A Pathway Pet Alliance with Veterinary Specialists and
Emergency Services.

Q Okay. And what's your job title at -- at Pathway?
A I'm a CSR educator and a referral coordinator.

Q Okay. Tell us then -- it -- it can be very brief, your
work history at the animal healthcare.
A I worked at general practice for about three years in
2016, '17, '18. I took a break to have my first child,
returned to Suburban Animal Hospital, which is part of the
Monroe Group, for about eight months, in which I took another
leave to have my second child, and returned to Veterinary
Specialists as a CSR in 2016. I've been there currently this
whole time.

Q Okay. I don't think it's particularly significant, but I
think we got the dates wrong. When did you first start working
for any Monroe Vet -- Vet Alliance supporter?
A I believe, if I recall correctly, I worked at Suburban in
2010, if I remember correctly.

Q  Okay. All right.

A  For about eight months.

Q  Okay. What do you do in your present job?

A  I'm the CSR educator. So my job is to create, develop, maintain all of our processes and identify any need for improvement. I also train oncoming new hires, as well as help, develop, maintain holiday training for anybody coming into our practice that doesn't normally work there.

Q  Is this -- are you talking -- and this is a customer service representative?

A  Customer service representative, correct.

Q  Is it throughout the entire Monroe Group or at VSES?

A  Yes, at Veterinary Specialists.

Q  Okay. Okay. And you mentioned you're involved with training for holiday -- the holiday training?

A  Holiday training, as well as new hires. And any staff that would like to come pick up shifts at our -- our hospital, we make sure that they have received the proper training as well.

Q  So we're talking about CSRs that work at one of the outlying practices?

A  General practice within the Monroe Group, correct.

Q  Okay. Specifically with regard to the holiday training, which includes outside people who want to pick up extra shifts,
tell us briefly about the -- the training program for CSRs?

A So holidays specifically, we look at their years of experience within the Monroe Group at their general practice hospital. So someone that has only worked at their general practice office as customer service for one to three years, we consider what we call a tier 1. We bring them in, and then we go through a two, three, four-hour, both classroom and floor training, to ensure they understand our phone process, our triage process, our blue sheet receiving process, how to talk to a doctor regarding a phone call triage, and getting the recommendations documented correctly, as well as admission form entry of that client's data, checking in patients, and entering them into our schedule as well.

Q Is that training provided because it's exclu --

A Because our processes are much different than general practice. There is a lot of questions and fact finding we have to get from each client, each phone call, to understand their need, to make sure we can address their need correctly. And then entering it into our scheduling, we have both our Infinity EasyTime, which is used at general practice, but we also have our electronic triage board, which is not used at general practice. So an incoming patient must be entered in both areas.

We have a blue sheet as well, where we document all of that phone conversation, doctor recommendation, and that paper
needs to be placed in the correct area for when the patient
arrives.

Q Okay. Just so we stay on the good side of the court
reporter, make sure I finish my question before you answer.
A Okay.

Q You -- it was okay, but he'll yell at us if we do it
again, okay?
A Yep.

Q All right. Okay. Okay. In addition to training CSRs, do
you have any role in scheduling CSRs for holidays?
A I do not currently at this time. I was heavily involved
in previous years, as far as scheduling their holiday training.

Q Okay. Does that involve any assessment of their pre-
existing skill level that's going to affect where they get
placed when they're actually on holiday shift?
A Correct.

Q Tell us about that.
A So to elaborate on the previous statement, a CSR with less
experience, less holiday commitment, they have worked previous
years at Veterinary Specialists, they would maintain what we
call a tier 1, working primarily in our phone bank only, not
client facing.

If they've had a significant number of holidays worked at
Veterinary Specialists with additional years' experience at
general practice, we would put them into our tier 2, where they
would be client facing. They receive additional STAT training to make sure they can quickly assess STATs, both phone or client facing.

If they have been there for several, several years, have worked several holidays, and/or maybe worked those extra open shifts, and have knowledge of our workflow, they receive their additional euthanasia training, which we call a tier 3, and can primarily work in any area of the front desk, receiving clients.

Q Okay. I think you may have already answered this question, but somebody who's worked -- someone from the outside who's worked a good deal at VSES on voluntary shifts, sounds like they'd be likely slated at one of the higher tiers?
A Correct.
Q There -- there's been testimony, I think her name is Whittemore, a CSR at Greece, who apparently regularly works at VSES; are you aware of her or -- or how she's rated?
A Yes, I am.
Q Okay. Is she in one of the higher ratings?
A Yes, she is.
Q Okay. Tell us just briefly, for example, like the -- the triage; what -- what is it about -- and we're talking about the CSR role in triage. What's different about triage at VSES as opposed to the typical general practice?
A So a lot of phone conversation with a client at general
practice is scheduled, planned; I need my next vaccination, I need my annual examination, my dog's experienced some mild vomiting or diarrhea, how are they doing today, let's make a plan going forward.

With emergency, you're oftentimes receiving a duressed client, screaming, yelling, sometimes you can't even understand them. With patients that are critically and actively dying, and/or maybe are on that brink of needing veterinary intervention immediately, we need to make sure we can ask those questions and document proper answers from that client before we take it to an emergency doctor for recommendation. How's the patient's breathing, respiratory rate? What is the contents of their vomit? What is the frequency that they're vomiting, or the frequency of diarrhea? How long has it been going on? What have you tried at home, so on and so forth.

Q These are -- these are triage questions that the CSRs would ask?
A Correct.

Q And what do they do with that information, af -- when they're at -- triaging at VSES?
A They document it onto our blue sheet. They have to get up and go find an emergency doctor to get their medical recommendation on whether a patient needs to be seen, or can be referred to one of our outsources, or follow up with their regular veterinarian at a later date.
Q    All right. How, if at all, does that differ from the --

well, let me --

MR. HALLER: Strike that.

Q    BY MR. HALLER: Let me ask you a different question.

Based on your testimony, I understand a good deal of the
general practice work is nonemergency; it's people scheduling
routine wellness appointments, et cetera. There are some
emergencies that you're going to encounter at a general
practice, right?

A    Yes, you have your standard, what we call, illness or
minor injury, things that are not critically painful or life-
endangering, in which the general practice do ask those
questions and schedule accordingly, and I'm sure they see an
influx of that now more than ever before. But they have a good
balance of client scheduling, anticipated need of vaccinations,
annual exam, blood work, procedures, such as spay and neuter.

Q    Does -- when a call comes in or a -- or a client comes
directly into the general practice, as opposed to VSES, how
would -- and it's a, I guess, as a layperson, the client is
claiming their -- their -- their pet has an immediate need for
medical attention, so I don't know what you'd officially call
it, but it sounds like a de facto triage situation, somebody's
got to figure out, you know, what slot do they fall into. What
role would the CSR play at a general practice when that's
happening?
A: So I can't speak specifically as to how they triage something that could potentially be more emergent than what they can handle on a daily case load. I don't know their in-house triage process.

Q: All right. And obviously, only answer questions if you -- if you know the answer. Do CSRs, as part of their jobs at the general practices, involve the veterinarians directly like they do in triage at VSES, or is that different?

A: To the best of my knowledge, not on a regular basis. They have very standard, everyday questions and scheduling, answering clients' regular preventative questions, confirming maybe a medication that was previously dispensed. Not needing that doctor's medical recommendation for every phone call they are taking.

Q: Okay. And when a -- when a CSR is performing triage -- well, triage-related duties at VSES, am I correct in understanding that just about every client contact is going to result in the CSR then seeking out and talking directly to a veterinarian?

A: Correct. Any call that deems to be an emergency client, not a specialty client, that information must be run past a medical professional. About 95 percent of the time, it is a doctor. On occasion, we are allowed to speak with our LVTs, our licensed veterinary technicians.

Q: Okay. And have you been involved with training of CSRs
for these VSES procedures?

A  Correct, for a number of years.

Q  Okay. What's your experience with the CSRs from the outlying practices on dealing with this triage procedure that they use at VSES?

A  It's a very high-anxiety atmosphere for them. It's definitely outside of their normal, and there can be -- I don't -- confusion or pause in the process, because they're not certain what they need to do next when they are actually having to function in that workflow area. A little apprehension, scared, nervous to go find a doctor, interrupt their process, because that's not what they do on a regular basis in their hospital.

Q  Any contact at all with either the -- the holiday training or holiday scheduling for other staff, other than CSRs?

A  Overall, no. In my beginning phases of CSR educator and trying to become more consistent amongst each department, we did meet CSR educator, LVT educator, ACA educator, to collaborate, to make sure our communications to general practice, expectations, tier levels, were consistent in addressing general practice staff coming into Veterinary Specialists.

Q  Okay. Based on that experience, what's your understanding with regard to other staff, that is, LVTs and ACAs; do they kind of get slotted based on their experience as well?
Q. Okay. Now, you may already have testified about this, I'm not -- I don't think -- I'm not sure. Do you -- when you're assessing the outside general practice CSRs for work, either on holiday or extra shifts, is there a process where you rank them based on what you believe they're prepared to do when they're at VSES?

A. We do in the CSR department, correct.

Q. So tell us about that.

A. So your tier 1 is usually based around the number of holidays they've already previously worked, as well as the years' experience at general practice. Typically speaking, your tier 1's have upwards of anywhere from brand new, to up to three years' experience at a general practice, with that added into the number of holidays.

So you have staff that enjoy emergency and maybe would volunteer to work additional holiday; they're going to be a little more comfortable. You have a very large handful that say I'm only working what you're mandating me to, so they tend to stay in that tier 1 a little bit longer. That's several rotations, like I said, six to eight holidays.

We move into a tier 2, typically speaking, three years and up in general practice, experience, as well as additional holiday experience in their comfort level. I've worked with staff that have been with general practice for 8, 10 years, and
do not enjoy emergency in any way, shape, or form. I need them to be productive and proficient when they're working a holiday, so if they're comfortable at phones and tier 1, that's where we tend to keep them, because we don't want them to inhibit patient care or client service.

Q Okay. And then, is there -- how many -- so we've got two tiers; is there a third tier?

A We have a tier 3. Tier 3 tend to be staff that work -- maybe pick up open shift, or work very regularly, have been with Veterinary Specialists or Monroe Group for eight-plus years, and again, have several, several years of holiday work experience under their belt. They also perform our euthanasia, and a majority of our client-facing interaction.

Q Okay. So you slotted somebody at tier 1; what are they doing, the phone bank?

A The phone bank, answering the phone, correct.

Q So no in-person client contact?

A Correct. Very, very little, if at all.

Q Okay. And tier 2, what are those folks slotted to do?

A So those tend to be a combination of phone and client interaction, primarily checking out clients. Some receiving if they know what's coming -- what's coming towards them is maybe less critical, less emergent, or less dramatic, based on the client's behavior. Comfortable checking in, receiving, paging triage, so on and so forth.
If they are a little shy, they tend to sit off to the side, which means they deal with more of clients' check out, and answer any client conversation, if they're addressed at -- at the desk. They do help with phones as well.

They -- tier 2 people tend to receive -- or not tend to -- excuse me -- do receive our STAT training overview, if they had not received it previously.

Q And tier 3, what are they slotted to do?

A They essentially should be able to function solely by themselves at the desk, with no VSES staff support, which means they need to be able to identify STATs, take phone calls, perform our -- a -- assessment 5 to 7 form (phonetic), as well as euthanasia. Again, they should be able to perform at the desk without any Veterinary Specialists staff supporting them.

Q Okay. Not to be flippant, but make the record clear, the euthanasia duty does not involve euthanizing the animal?

A Correct. CSRs do not euthanize the actual animal; we process all of the paperwork, charges, and aftercare decisions of the client.

Q Right. And -- and universally, it's going to be people who are upset, you're dealing with there?

A Correct.

Q Although, I have encountered a few pet owners that weren't so unhappy when their pet had to be euthanized, but that's neither here nor there.
So typically if it's end-of-life, it's not always
dramatic, it doesn't -- we usually don't see those scheduled,
planned, understanding end-of-life --
Yes, yes, I've -- I've had experience with them as well,
yes. Okay, enough of my flippant remarks.
MR. HALLER: I don't have any further questions for Ms.
Walker.
MR. STANEVICH: Can we just take a five-minute break,
please?
HEARING OFFICER DAHLHEIMER: Sure. We are adjourned until
2:57.
Mr. Baker, please take us off the record.
(Off the record at 2:53 p.m.)
HEARING OFFICER DAHLHEIMER: Okay. The Employer -- if the
Employer would like to cross-examine the witness?
MS. MASTRONY: Thank you.
CROSS-EXAMINATION
BY MS. MASTRONY: Good afternoon, Ms. Walker; how are you?
Good, how are you?
I'm good. So you worked at Suburban, right, for three
months?
Okay, correct.
Okay. And you were a CSR there, right?
Correct.
And what types of duties did you have there as a CSR?
Answering the phones, checking the client in, and help checking clients out, scheduling appointments.

Okay. And -- and you left there in 2011, correct?

That sounds accurate.

Okay. So you -- you haven't been a CSR at Suburban in quite a few years, right?

Correct.

Okay. And you didn't work at any other of the GPs before you resumed at VSES in 2018 -- I'm sorry, '16?

Not affiliated with the Monroe Group, correct.

Okay, all right. And you do their CSR training now?

Correct.

Okay. And -- and when's the last time you trained someone at VSES?

Actively training them today --

Yes.

-- yesterday.

And -- and prior to that, when's the last time you trained someone there?

I've held the CSR educator role for the last approximately three years, and I am involved in every CSR's onboarding and training, and personally meeting with them and training with them.

Okay, but that doesn't really answer my question. When was the last time you trained someone prior to the training
that you claim you did yesterday?

A I touch base with a new hire every shift I'm in the office. So twice a week. So prior to yesterday would be last Thursday.

Q So when you touch base with new hires, that's the same thing as training them?

A No.

Q Okay. All right. So do you know when the last time was you did a training prior to yesterday?

A I would say approximately two or three Thursdays ago.

Q Okay. You mentioned that the training for folks who are -- who are working there as two to three hours; is that right?

A That's -- I don't understand your question.

Q You -- you had testified, I thought, that the training for CSRs coming over to work there was two to three hours; is that right?

A Coming over from a general practice?

Q Yeah.

A Correct, for a tier 1.

Q Okay. And what about a new hire training?

A New hire training, they are actively receiving classroom and on-the-floor training for anywhere from 60 days on, depending on how quickly they retain the information and demonstrate their ability.
Q  Okay. And then, there are certain employees who come over just to work the holiday from another GP, right?
A  Correct.
Q  And that training's only about what, an hour?
A  Depending on their skill level and their tier.
Q  (Audio interference) have a split tier system. Do you guys actually still use that tier system?
A  As far as I'm aware, yes, we do.
Q  Okay, when -- when you said as far as you're aware, what does that mean?
A  So I've been not made aware of it being removed, how about that?
Q  Okay. So when you have a -- an employee who's coming to work for a shift, do you perform the assessment as to what tier they're in?
A  So I ask how long they've been employed, or how many holidays they've worked. And we see names come frequently, so you get to know people.
Q  Okay. So do you make the determination as to what tier they're going to be?
A  I do not.
Q  Okay. Who makes that determination?
A  Generally speaking, the client service manager should be making that determination, or --
Q  Okay.
A -- Wes (phonetic throughout), the hospital scheduler.

Q Okay. And who's the client service manager?

A Corey Hafler.

Q Okay. So you would relay to him, hey, this person has worked X number of shifts here before, and they've been at the GP for X number of years, so you make the determination?

A I do not make the determination.

Q I'm sorry, I realize that probably didn't come out the right way I meant it. So you would say to Corey, I talked to this person, they've worked X number of shifts here, they have worked X number of years at a GP, so Corey, let me know what their tier is?

A Corey would be communicating that to myself or Sarah Midden, who also has a strong hand in our holiday training. I'm your CSR educator.

Q All right. So when -- when you determine the tier of the employee, you look at the number of years they've been at -- at a GP, right?

A I do not, no. I ask for the communication of information.

Q Okay. Well, according to you, the way that the tier system is evaluated, whoever is making a determination will look at the number of years they've been in -- at a GP, right?

A Correct.

Q Okay. Because the skills from the GP translate to their ability to work at VSES, right?
Overall, they can be, yes.

Okay. So just the number of shifts they've worked at VSES alone does not determine what tier they're put into, right?

Correct.

Okay. All right. So you talked about various duties that you had as a CSR at Suburban, right? You told us that you -- you would check in a client, right?

Correct.

You would check out a client?

Correct.

You would schedule a client?

Correct.

Okay, so you'd have client communication?

Correct.

Okay. Are those all duties that you perform at VSES, as well, as a CSR?

Yes, we do.

Okay. So then you talked about, you know, the differences between what you do at VSES, as opposed to what a CSR would do at a GP, right?

Correct.

Even though you haven't actually worked at a GP since 2011, right?

Correct.

Okay. So as a -- a CSR at VSES, you're -- you're still
talking to clients, right?
A   Yep.
Q   You -- they might be a little bit more frantic because of
the state of their pet, but it's still a client, right?
A   Correct.
Q   Okay. And you know, you're -- you're familiar with
medical terminology, right, as a -- a CSR at VSES, right?
A   Correct.
Q   And you would have to be familiar with that medical
terminology as a CSR dealing with clients and patients at a GP,
right?
A   Correct.
Q   And you still have to ask clients -- you ask clients
questions as a CSR at VSES related to the state of their pet,
right?
A   Agreed.
Q   And you would have to do the same thing as a CSR at a GP,
right?
A   Yep.
Q   Okay. And you said, you know, you might need to talk to
an LVT about the state of a pet at VSES, right?
A   It is our process, all emergency phone calls. CSRs are
not allowed to give medical advice. It must run that call past
a medical doctor or an LVT.
Q   Right.
That's not an option.

And so if you are a CSR at a GP, wouldn't there be instances where you might have to consult an LVT, or even a -- a DVM about the state of a pet, based on a client's call?

Typically speaking, instances, yes, far and few between.

Okay. And does every call you get from a client at VSES as a CSER -- CSR require that you consult a doctor or an LVT?

Our emergency calls only.

Okay. So there are sometimes calls that come in that don't require consultation with an LVT or a DVM, right?

Correct.

All right. So when you're assessing whether an employee coming over belongs in tier 1, tier 2, what have you, you're not actually looking at their skill level are you; you're looking at their knowledge base?

Both.

Okay. Well, it's -- they're very similar skills, right, to -- to take a call, right?

Correct.

To -- to talk to a client, right?

Correct.

To ask the client questions, right?

Correct.

And to schedule appointments for the client?

Correct.
Q Okay.

Ms. Mastrony: Okay, if I could just have one minute.

Hearing Officer Dahlheimer: Sure.

Mr. Baker, take us off the record, please.

Ms. Mastrony: Thanks.

(Off the record at 3:10 p.m.)

Hearing Officer Dahlheimer: Okay. Please proceed.

Ms. Mastrony: Sure.

**RESUMED CROSS-EXAMINATION**

Q BY MS. MASTRONY: Ms. Walker, I just have one more question. You no longer do the holiday training for the CSRs, do you?

A I maintain all of the material and communicate with Sarah.

Q Okay. But you no longer actually train the employees coming over, do you?

A Correct.

Q Okay.

Ms. Mastrony: I have no further questions.

Hearing Officer Dahlheimer: Mr. Haller, redirect?

Mr. Haller: I -- I don't have any re -- redirect, thank you.

Hearing Officer Dahlheimer: Okay. Ms. Walker, thank you very much for your testimony and cooperation this afternoon. You are dismissed.
THE WITNESS: Thank you.

HEARING OFFICER DAHLHEIMER: We're going to go off the record quickly, okay, Mr. Baker?

THE COURT REPORTER: Off the record.

(Off the record at 3:11 p.m.)

HEARING OFFICER DAHLHEIMER: A few intermissions ago, the parties conferred on the issue of deferral -- or adjournment of the procedure until Friday morning. The Employer made the request based on their schedule, their work schedule for tomorrow, and availability of witnesses being called on rebuttal this afternoon. Union counsel had no objection to this. I have no objection to this, and grant the adjournment.

The proceeding will commence again Friday morning, September 24th, at 9:30 a.m. Until that time, we will be adjourned. Thank you all for your cooperation today.

Mr. Baker, you can take us off the record.

(Whereupon, the hearing in the above-entitled matter was recessed at 3:14 p.m. until Friday, September 24, 2021 at 9:30 a.m.)
CERTIFICATION

This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association Of Machinists And Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 22, 2021, at 9:35 a.m. was held according to the record, and that this is the original, complete, and true and accurate transcript that has been compared to the reporting or recording, accomplished at the hearing, that the exhibit files have been checked for completeness and no exhibits received in evidence or in the rejected exhibit files are missing.

THOMAS BAKER

Official Reporter