

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.

Place: Buffalo, New York (via Zoom videoconference)

Dates: September 24, 2021

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7227 North 16th Street, Suite 207
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(602) 263-0885



UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD

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In the Matter of:

PATHWAY VET ALLIANCE, LLC,
VETERINARY SPECIALISTS &
EMERGENCY SERVICES,

Employer,

and

INTERNATIONAL ASSOCIATION OF
MACHINISTS AND AEROSPACE
WORKERS,

Petitioner.

Case No. 03-RC-281879

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 **Friday, September 24, 2021, 9:32 a.m.**



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A P P E A R A N C E S

On behalf of the Employer:

JASON R. STANEVICH, ESQ.
MAURA A. MASTRONY, ESQ.
BRITTANY STEPP, ESQ.
LITTLER MENDELSON, PC
One Century Tower
265 Church Street, Suite 300
New Haven, CT 06510-7013
Tel. (203)974-8700

On behalf of the Petitioner:

WILLIAM HALLER, ESQ.
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE
WORKERS
9000 Machinists Place
Suite 202
Upper Marlboro, MD 20772-2687
Tel. (301)967-4500



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I N D E X

| <u>WITNESS</u> | <u>DIRECT</u> | <u>CROSS</u> | <u>REDIRECT</u> | <u>RECROSS</u> | <u>VOIR DIRE</u> |
|----------------|---------------|--------------|-----------------|----------------|------------------|
| Christine West | 590 | 601 | | | |
| Kathleen Sercu | 602 | 613 | | | |

1 A Staffing and workload administrator.

2 Q How long have you been in that role?

3 A Just over two years.

4 Q Can -- can you speak to what that role entails?

5 A Scheduling and management of workflow for the entire
6 emergency department, and then scheduling for the CSR
7 department as well, as well as input and a little bit of
8 oversight for the surgical, radiology, internal medicine, and
9 ophthalmology departments.

10 HEARING OFFICER DAHLHEIMER: Okay. I'm going to hop in
11 real quickly because I skipped right over something. I'm sorry
12 to interrupt. Can you please state --

13 THE WITNESS: Do you need my name?

14 HEARING OFFICER DAHLHEIMER: Yes, if you could please --

15 THE WITNESS: And to spell it?

16 HEARING OFFICER DAHLHEIMER: -- state and spell your name
17 for the record.

18 THE WITNESS: My name's Christine West; it's
19 C-H-R-I-S-T-I-N-E, and West, W-E-S-T.

20 HEARING OFFICER DAHLHEIMER: Okay. Sorry about the
21 interruption. Please proceed.

22 MS. MASTRONY: Okay.

23 Q BY MS. MASTRONY: Chris, can you just tell us your
24 educational background?

25 A I have an Associates in Applied Science of Veterinarian



1 Technology and a bachelor's in biness -- business
2 administration and technology management, and then a New York
3 State licensure in veterinary technology.

4 Q Okay. So you would be an LVT?

5 A Yes, ma'am.

6 Q All right. So can you just tell us briefly your career
7 experience prior to your current position?

8 A Sure. When I left -- or graduated with my veterinary
9 technicians degree, I worked in a small general practice in
10 Avon in reception and -- and teching for I think a little over
11 a year or so, and then in September of 2008, I started at
12 Veterinary Specialists as a licensed veterinary technician part
13 time. When I graduated with my bachelor's degree, I started on
14 full time; I worked in the position for -- as a regular
15 veterinary technician for a number of years, then started as a
16 team lead veterinary technician, but I moved after a year or so
17 to an emergency supervisor. After a few years in that
18 position, I took an internal medicine supervisor position, and
19 then two years ago, I started as a staffing and workload
20 administrator.

21 Q All right. So we've heard a lot of testimony about the
22 holiday commitment that the employees have. Are you familiar
23 with that?

24 A Yes.

25 Q All right. I'm just going to share my screen, show you



1 what we have marked as Employer's 81. Can you see that?

2 A Yeah, just making it bigger.

3 Q Oh, sure.

4 A Yep.

5 Q Here, I can make it bigger.

6 A No, it's just because it's on my phone.

7 Q Oh, okay. All right. And does this accurately reflect
8 the holiday commitment for employees?

9 A That is the holiday commitment for general practice
10 employees. And a little piece that's missing out of that is
11 after 20 years of service, they're no longer required to do
12 holidays anymore.

13 Q Okay.

14 A The -- the --

15 Q What's --

16 A -- commitment for Veterinary Specialist employees is three
17 holidays if you're full time, and two holidays if you are part
18 time.

19 Q All right. And to which type of employees does this
20 apply?

21 A Hourly employees.

22 Q All right. And which positions?

23 A Our CSRs, LVTs, ACAs, coordinators. Our environmental
24 services staff has a -- has a commitment as well.

25 Q All right. And does the commitment apply to supervisors



1 as well?

2 A Yes.

3 Q Okay. And do you do the scheduling for the holidays?

4 A Yes, I do.

5 Q All right. And is there any way for employees to fulfill
6 the holiday commitment other than working at VSES?

7 A Yes, they can work at urgent care as well.

8 Q And where is urgent care located?

9 A They work out of Animal Hospital of Pittsford.

10 Q Okay. Is Sheila Casler the practice manager there?

11 A She is.

12 Q All right. And do you ever have to coordinate with her to
13 schedule the holiday commitment?

14 A Yes.

15 Q All right. Can you just tell us how you go about
16 scheduling the holiday commitment?

17 A First we schedule the staff that work at Veterinary
18 Specialists; we assign them all of their holidays that -- to
19 fulfill their commitment. Once all of their commitments are
20 fulfilled in the schedule, we look to the general practices
21 that are affiliated with us and have them fill out a survey
22 telling me whether or not they worked Christmas last year, what
23 their role is, if they're cross-trained in any other roles, and
24 what their holiday preferences are.

25 With MVA we haven't had to fill a holiday schedule



1 previous -- or with Pathway -- MVA used to provide me a list of
2 employees and it had their years of service, their roles with
3 their home hospitals or -- and everything on it, and then I
4 just picked people off the list, try to align with what they've
5 filled on their survey for their wants for their holidays, and
6 then plug them into the holes that we have in our holiday
7 schedule.

8 Q All right. And do you assign these employees to certain
9 positions at VSES when they are covering for the holidays?

10 A Yes.

11 Q And can you just explain that?

12 A There's four different roles that the emergency department
13 has on the holiday; there's intermediate care, ICU, receiving,
14 and then we have float positions. They can be plugged into --
15 into those roles just as the -- the staff that works here are.

16 Q Okay. And can you just tell us what intermediate care is?

17 A It's more of a stable patient care. A lot of post-
18 operative cases -- vomiting, diarrhea that maybe isn't -- that
19 isn't considered life-threatening at that time but needs
20 supportive care.

21 Q Okay. For supervisors, are they put into any kind of
22 special role, or are they just put into the same types of
23 roles?

24 A So we do have floor supervisors on the holiday, and it is
25 their job to, you know, supervise the floor, but they also work

1 on receiving while in that role. And they also can be assigned
2 to regular job roles as well, so if -- if the floor
3 supervisors' positions are all full for the year and they
4 haven't fulfilled their holiday commitment, they'll be assigned
5 to, you know, just a -- a regular role.

6 Q All right. And how do you determine where to place these
7 employees when they are covering a shift here?

8 A Our -- our employees or general practice employees?

9 Q You can tell us both.

10 A Our employees -- I kind of try to keep them in line with
11 where they were working that week. So if Christmas is in the
12 middle of their week and they were scheduled in intermediate
13 care all week, I try to keep them in line with what they're in
14 so that they're not having to switch job roles in the middle of
15 the week -- most of them don't like to do that. And then
16 general practice, I fill in whatever holes I have on the
17 schedule that -- it's usually intermediate care or receiving,
18 and I try not to put them in ICU.

19 Q Okay. And why don't you put them in ICU?

20 A Our intensive care unit has -- requires training that it
21 takes too much time to provide. Any New York State licensed
22 technician can work into (sic) ICU, it just requires that we
23 spend a lot of time on training just as we do our own staff.
24 And we don't really have the time, and the general practices
25 don't have the time to allow their staff to come over here for

1 that amount of training.

2 Q Okay. And are there any VSES employees that you don't
3 schedule in the ICU?

4 A Yes.

5 Q All right. And why is that?

6 A They haven't been provided the training that they need in
7 order to -- to be in that area.

8 Q All right. We had testimony the other day about training
9 for the nonVSES employees who come over to cover the holiday
10 shifts. Are you familiar with the training?

11 A Yes.

12 Q Okay. And who conducts the training?

13 A For the LVTs and ACAs, Pam Tavia (phonetic throughout)
14 conducts the training. For the CSRs, Sarah Midden conducts the
15 training.

16 Q All right. And did you have any input into the training
17 for the LVTs and ACAs?

18 A Yep, Pam and I collaborated together. She kind of asked
19 me what needed to be covered, and she developed a PowerPoint
20 based on my recommendations. I gave her a pamphlet to be given
21 to -- to all the employees that kind of has -- just outlines
22 what the block system is, where things are, that kind of
23 stuff -- areas to go over when they're in their training, and
24 then I developed an -- an Instinct treatment sheet for Pam to
25 go over with the staff during their training.

1 Q All right. So we talked about filling the holiday shifts,
2 but do you ever have to fill open shifts that are not holidays?

3 A Yes.

4 Q All right. And in under what circumstances would you have
5 to do that?

6 A It can be due to vacation, illness, or turnover.

7 Q Okay. And do you schedule those open shifts?

8 A I do schedule them. They're -- they're generated at the
9 top of our regular schedule, which is a -- it's an electronic
10 schedule that our employees have access to, as well as general
11 practice employees that have asked for access, and the open
12 shifts are at the top of the schedule for people to look at.

13 Q Okay. So how -- how do you cover those? Are the people
14 volunteering or?

15 A People are volunteering. If it's a critical hold that I
16 think can't stay there, I then will reach out and ask people.
17 I ask our staff as well as a variety of general practice staff
18 that enjoy picking up shifts here. If it's -- if it's super
19 critical and I can't -- I can't seem to find anybody to fill
20 it, I will reach out to the general practice LVT, ACA
21 supervisors, sometimes the hospital managers, and ask if they
22 have any volunteers.

23 Q All right. And what about for, like, a last minute -- you
24 mentioned, like, illness callout. How do you schedule those?

25 A Those are cold calls, so we would basically go down a



1 phone list that we have and -- and try and see if we can get
2 somebody to come in that's -- that's not doing anything that
3 day. And then there's a -- a bonus associated with that, and
4 if they were to accrue overtime, that would be part of their
5 compensation as well. If I -- if we can't get anybody on a
6 cold call, we would also then send an email to the hospital
7 managers and supervisors of our general practices and ask if
8 they have anybody to help.

9 This morning we actually had to do that. We had a -- a
10 lot of CSRs call out this morning, and our hospital manager,
11 Corey Hafler, reached out to the hospital managers, and we had
12 a CSR sent over from Irondequoit Animal Hospital this morning
13 who I am not sure has ever worked here before.

14 Q All right. Are you aware of how nonVSES LVTs and ACAs are
15 utilized while covering shifts at VSES?

16 A Yeah. When they're -- dur -- you know, on a holiday, I
17 work right alongside with them and frequently will -- when --
18 you know, assist at holiday, pick -- pick up a shift. It's
19 frequent that I'd have to go over responsibilities with them.
20 They're utilized just like they would be in their regular
21 hospital. The ACAs are going to be doing patient care:
22 obtaining vitals, feeding and walking dogs, holding for a
23 technician, holding for a doctor. And then there's some
24 hospital maintenance things that they might be doing too, like
25 stocking, emptying garbages, doing dishes, that kind of thing.

1 LVTs would be doing all of that stuff as well, along with
2 possibly doing general anesthesia or administering heavy
3 sedation; they can take radiographs or administer medications,
4 IV fluids, sub-Q fluids, et cetera.

5 Q All right. And are there certain things that you would
6 not assign a nonVSES LVT to do?

7 A I wouldn't assign them to -- to take on a surgical case
8 with our surgical department. All of the technicians and
9 assistants that work for the surgery department -- the
10 assistants, you know, don't require any licensure, but the --
11 the technicians require a normal New York State license. They
12 also go through some extensive training that's provided by the
13 surgery department that we obviously wouldn't be able to
14 provide for them on short notice.

15 Q And are there VSES employees that you would not assign to
16 the surgery department?

17 A Yes, there's a number of them that would not be assigned
18 to a surgical case.

19 Q And -- and why is that?

20 A They haven't been provided the training that they'd need
21 to do so.

22 Q All right. And when LVTs are there covering a shift for a
23 holiday, would they ever assist with an emergency procedure?

24 A Yep, yeah, they're more than qualified to assist with
25 emergency procedures as well. They can do pretty mu -- they



1 can do everything on our receiving board. They'll carry out
2 doctor's orders like get blood work, place catheters; they can
3 monitor general anesthesia for our doctors; they're heavy
4 sedation, perhaps for unblocking a cat or a laceration repair.

5 Q Okay. I don't have any further questions. Thank you.

6 A Thank you.

7 HEARING OFFICER DAHLHEIMER: Mr. Haller, would the Union
8 care to cross-examine the witness?

9 MR. HALLER: Yes. Thank you.

10 **CROSS-EXAMINATION**

11 Q BY MR. HALLER: Ms. West, Bill Haller, counsel for the
12 Union.

13 A Hi.

14 Q Good morning. You testified about reaching out when
15 there's an open shift on a nonholiday, needs to get --

16 A Yep.

17 Q -- filled. Nobody's ever been mandated to come in to work
18 from the general practices to work at VSES on one of those open
19 shifts, have they?

20 A No.

21 Q Okay. That's all I have. Thank you.

22 MS. MASTRONY: I don't have --

23 HEARING OFFICER DAHLHEIMER: Okay.

24 MS. MASTRONY: I don't have any redirect.

25 HEARING OFFICER DAHLHEIMER: I thank you very much for



1 your testimony this morning, Ms. West. You're dismissed.

2 THE WITNESS: Thank you.

3 MS. MASTRONY: Thanks Chris.

4 THE WITNESS: Yep.

5 HEARING OFFICER DAHLHEIMER: Would the Employer please
6 call their next witness?

7 MS. MASTRONY: Sure. We call Kathy Sercu.

8 HEARING OFFICER DAHLHEIMER: Hi. Good morning again.

9 MS. SERCU: Good morning.

10 HEARING OFFICER DAHLHEIMER: Please raise your right hand.

11 Whereupon,

12 **KATHLEEN SERCU**

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

15 HEARING OFFICER DAHLHEIMER: All right. Can you please
16 state and spell your name for the record again?

17 THE WITNESS: Kathleen Sercu, K-A-T-H-L-E-E-N S-E-R-C-U.

18 HEARING OFFICER DAHLHEIMER: Okay. Your witness,
19 Employer.

20 MS. MASTRONY: Thank you.

21 **DIRECT EXAMINATION**

22 Q BY MS. MASTRONY: Good morning, Kathy. How are you?

23 A Good.

24 Q I know you already testified, but can you just remind us
25 of -- of your current position?

1 A I'm currently employed by Pathway; and I'm practice
2 manager for Perinton Veterinary Hospital; and I'm an LVT.

3 Q All right. And just also remind us of your career prior
4 to coming to Perinton.

5 A Um-hum. I obtained my associates degree from Medaille
6 College. I then got my licensure for New York State by taking
7 the veterinary national exam. I have worked in small practice
8 GP out in Brockport. I then did human society spay neuter in
9 North Carolina, and I also was licensed in North Carolina
10 during that time; then moved back and worked at Veterinary
11 Specialists in animal emergency, primarily in their radiology
12 department; then transitioned over to Perinton as their LVT
13 supervisor; and then I transitioned into practice manager role
14 here at Perinton.

15 Q All right. During your time at VSES, did you ever observe
16 nonVSES LVTs covering shifts at VSES?

17 A Yes.

18 Q All right. What types of duties did they perform there?

19 A Whatever is needed, in essence. As you have cases come
20 in, the doctors will assess the case; they'll help the doctors
21 with whatever that particular cases needed. If it is sedation
22 or anesthesia treatments, an IV catheter, CPR, intubation --
23 whatever is needed for that case and is appropriate.

24 Q All right. And are these functions that the LVT would
25 also perform at Perinton?



1 A Yes.

2 Q All right. Is there any difference between, you know,
3 their performing these functions at VSES as opposed to
4 Perinton?

5 A No.

6 Q Okay. Are you familiar with imaging records or the Monroe
7 Group hospitals?

8 A Yes. Due to my time in the radiology department, I worked
9 very closely with the program, had advanced training and
10 advanced techniques and credentials with the program.

11 Q All right. And what -- what's -- what's the program
12 called that is used for the records?

13 A Um-hum. It's a PACS system. So it's a storage of the
14 digital radiograph, ultrasound -- the patient records, in
15 essence.

16 Q And are you able to view imaging records from another
17 hospital when you're at VSES?

18 A Yep. VSES has capabilities of viewing all of the Monroe
19 Group's radiographs.

20 Q All right. And what about your -- like, at Perinton? Are
21 you able to view VSES imaging records?

22 A If a Perinton client is at VSES, they can view their --
23 their patients that are -- have images done at VSES. There's a
24 demographic in the program that just has to have Perinton
25 listed. It then also does fault to individuals credentials and

1 logins as to whom they can view. They -- we do have some
2 individuals that work at Perinton that have an additional login
3 credential that they can view all of Monroe Vet images, and
4 it's a simple -- if you have access and credentials to change
5 the demographic, you then can change that patient's demographic
6 to be viewed by a different practice's PACS.

7 Q All right. We heard some testimony the other day about
8 CRI. Could you tell us what that is?

9 A Um-hum. CRI is a constant rate infusion; it's delivering
10 of medication. It could be anything from an antibiotic to a
11 pain medication to anything of that nature. It's a constant
12 rate, so it's given at a sustained rate over a period of time.

13 Q And is this something that an LVT would do?

14 A The order is given by the DVM as to what the medication is
15 and via what route and what dosage and ov -- over what amount
16 of time, but yes, the actual action is carried out by the LVT.

17 Q All right. Is CRI something that's done at VSES?

18 A Yes.

19 Q Is it also something done at Perinton?

20 A Yes. We do it on a very regular basis. All of our dog
21 and cat spays and neuters have a ketamine CRI on them at all
22 times; we do antibiotic CRIs; it's whatever the doctor has
23 ordered, we will deliver it.

24 Q Okay. We -- we also heard testimony the other day about
25 Sonosite machines. Can you tell us what that is?



1 A Um-hum. Sonosite machine -- it's an ultrasound machine;
2 it's just the brand name of that particular machine.

3 Q All right. And does that machine exist at VSES?

4 A Yes, they have actually two of them on the floor.

5 Q Okay. And is it also at Perinton?

6 A Yes.

7 Q Do any of the other GPs have this machine?

8 A This is a primary unit that's in the majority of the
9 Monroe Group, and then they do have other name brand units as
10 well.

11 Q All right. Is there any difference between the -- a
12 different type of ultrasound machine?

13 A They -- a ultrasound machine cre -- you know, obviously
14 takes ultrasound, collects images. All of them can be sent to
15 our PACS system that can be interchangeably shared and seen by
16 VSES, and they all obtain diagnostic imaging.

17 Q Okay. We all heard testimony the other day about the
18 restraints that are used by ACAs at VSES as compared to the
19 GPs. Are you familiar with the restraints done by the ACAs at
20 VSES?

21 A Yes.

22 Q And how are you familiar with that?

23 A From my time working there with the ACAs for many years.

24 Q All right. And do the restraints that the ACAs use at
25 VSES differ in any way from the restraints that the ACAs use at

1 Perinton?

2 A No, we're going to approach the same type of patients, the
3 same type of case in the same manner, and ultimately, the goal
4 is that everyone is safe -- the patient is safe, say, for any
5 employees so that they are not hurt or injured, and so the
6 ultimate goal is to obtain whatever sample is needed or to
7 treat that patient appropriately.

8 Q All right. And do the ACAs undergo any training from
9 restraints?

10 A Yes, they'll not only have on the floor and specific
11 training at the GPs or VSES, but we also have part of new hire
12 training. They actually have restraint training from Pam Tavia
13 that goes throughout the hospitals. So VSES new hires and GP
14 new hires will be sent for the same training.

15 Q And is that all employees that have to do the restraint
16 training or just the ACAs?

17 A The ACAs and LVTs will both go through the training. CSRs
18 are not allowed to due to insurances.

19 Q Okay. All right. Are you aware of whether CPR training
20 is given to employees at the Monroe Group hospitals?

21 A Yes. So Sarah Pavlina, right now, is in charge, but in
22 the past, Katie Kosh has been in charge of CPR training. They
23 develop a program; they have mannequins available to them; and
24 then they have open training, many times, at the Duncan's
25 Center that we can send employees to. But then also, they have

1 gone out into the GPs and done trainings, along with the
2 individual GPs themselves will do in-house training with their
3 own teams.

4 Q Okay. Is the CPR training required?

5 A It is offered multiple times throughout the year -- this
6 past year is a bit of an exception -- so that they have it
7 available to them to go.

8 Q Okay. Do -- I'm sorry.

9 MS. MASTRONY: Strike that.

10 Q BY MS. MASTRONY: Is the CPR training that's given the
11 same for VSES employees as it is for GP employees?

12 A Yep, it is the same exact program; it's the same
13 individual training them; it's the same mannequins that they
14 bring.

15 Q All right. And have employees at Perinton ever had
16 occasion to use CPR?

17 A Yes, unfortunately.

18 Q All right. How often would you say that occurs?

19 A Probably once or twice a month.

20 Q We heard some testimony the other day about endotracheal
21 washes. Can you tell us what that is?

22 A Yep. So you're essentially putting a sterile liquid into
23 the trachea to obtain samples out of the trachea. So you'll
24 put the liquid in, and then pull the liquid back out hoping
25 that it grabs either if it's bacteria or whatever you're trying

1 to obtain out of the trachea.

2 Q Okay. And is it the procedure that's done at VSES?

3 A Yes.

4 Q Is it also done at Perinton?

5 A Yes.

6 Q And do the LVTs play a role in this procedure?

7 A Yep, the LVT role would be the same no matter what
8 location they're at. They carry out the doctor's orders if
9 it's either sedation that they want, if it's anesthesia with
10 intubation, whatever the doctor feels is appropriate for that
11 case and for whatever their goal is to obtaining samples.

12 Q All right. And we also heard testimony about a
13 cystostomy. Can you tell us what that is?

14 A Um-hum. Cystotomy is removal of bladder stones, so you're
15 actually going through the abdomen, opening up the bladder, and
16 removing stones out of the bladder.

17 Q All right. And -- and how is that procedure done?

18 A In -- it is -- you open up the abdomen, and then you will
19 cut into the bladder, and then -- the DVM obviously does all
20 that, and they will pull the stones out of the bladder through
21 the abdomen, and then once they are all fully removed and
22 everything's clear, then they will suture back up the bladder,
23 suture back up the abdomen, and the patient will recover.

24 Q All right. Is this procedure done at VSES?

25 A Yes.

1 Q Is it also done at Perinton?

2 A Yes.

3 Q All right. And do the LVTs play a role in this procedure?

4 A Yes. Their role would be completely the same; it would be
5 anesthesia. They'll carry out the doctor's orders as to which
6 drugs and what dosages that they want to have the patient be
7 given, and then they will carry out the anesthesia protocol
8 that's given to them, and monitor the patient, assess any
9 vitals throughout the procedure, and in conjunction with the
10 DVM, assess the patient and do whatever is needed for that
11 patient.

12 Q Okay. We also heard testimony about NG tube placement.
13 Can you tell us what that is?

14 A Yep. It is a nasal gastric tube; so it's a tube that's
15 placed in through the nose and ends up down into the stomach.
16 It can be used for a multiple of reasons: for feeding the
17 patient to give them nutrients, to remove fluid out of the
18 stomach, to decompress air out of the stomach it could be used
19 for.

20 Q All right. And is this a procedure that's done at VSES?

21 A Yes.

22 Q Is it ever done at Perinton?

23 A It can be done. That is based upon the DVMs comfort level
24 and experience, but that is based upon that -- those things,
25 it's just simply ordering the equipment and having it on hand,

1 which is very readily available to do.

2 Q And do the LVTs play a role in that procedure?

3 A Yes, they will carry out the doctor's orders if the doctor
4 wants sedation for the patient for that to happen, anesthesia
5 for the patient -- whatever they feel is appropriate, the LVTs
6 will carry out those orders.

7 Q Okay. And is there any difference in their role in that
8 procedure when performed at VSES as opposed to at Perinton?

9 A No.

10 Q And we also heard testimony about a PEG tube. Can you
11 tell us what that is?

12 A Um-hum. It's actually a tube that's placed along through
13 the abdomi -- through the abdominal wall, straight into the
14 stomach; primarily (sic) function is to give nutrients to the
15 patient through there.

16 Q All right. And is this a procedure that's done at VSES?

17 A Yes.

18 Q Is it also done at Perinton?

19 A It can be done, yes. Again, it's just the doctor; the --
20 the LVT doesn't actually place the PEG tube or anything like
21 that, they will assist the doctor. So it's, again, the
22 doctor's experience, comfort level, want, and need, and then
23 ordering and having the equipment on hand.

24 Q All right. And do the LVTs play a role in this procedure?

25 A Yes, they will perform sedation, anesthesia, generally,

1 for this particular procedure but carry out the DVMS orders as
2 to what their protocol is.

3 Q All right. And is there any difference between their role
4 as (audio interference) when performed as VSES as opposed if
5 they were performed at Perinton?

6 A No.

7 Q All right. We also heard some testimony about a program
8 called Instinct. Can you tell us what that is?

9 A Um-hum. It's electronic treatment sheets. It's
10 essentially instead of just having a paper in front of you,
11 it's on the computer as a medical record.

12 Q All right. And is this program at VSES?

13 A Yes.

14 Q Do you know if it's at any of the GPs, including Perinton?

15 A No, it's not.

16 Q All right. And do you know if nonVSES employees use
17 Instinct -- well, use the program when they fill in for shifts
18 at VSES?

19 A Yes, they use it.

20 Q All right. And is there any training required for it?

21 A Yep, it's very minimal, only maybe ten minutes or so.
22 It's a very user-friendly program.

23 Q Okay. I don't have any other questions. Thank you.

24 HEARING OFFICER DAHLHEIMER: Would the Union like to
25 cross-examine the witness?

1 MR. HALLER: Sure. Thank you.

2 **CROSS-EXAMINATION**

3 Q BY MR. HALLER: Good morning again, Ms. Sercu.

4 A Good morning.

5 Q Glad you could join us. Maybe -- I don't know if you're
6 glad or not, but here you are. Hope they've let you out of
7 your car between the other day and today.

8 A Our building's in the middle of construction, so this is
9 better to -- right now.

10 Q I know, I know, I was -- that was meant as a jockey
11 remark. Okay, just a few questions. You testified about
12 the -- the Sonosite machine.

13 A Yes.

14 Q The brand name of ultrasounds, right?

15 A Yes.

16 Q You testified that they have them at VSES, and they also
17 have it at, I guess, the majority of the general practices?

18 A Yes.

19 Q Okay. They also have other kinds of ultrasound machines
20 at VSES, don't they?

21 A They have other brands, yes.

22 Q And in addition to being other brands, some of these other
23 brands provide higher quality images, don't they?

24 A They both give diagnostic images, yes.

25 Q Okay. Is it your testimony that the quality of



1 ultrasounds are exactly the same at the general practices as
2 they are at VSES?

3 A With using the same comparative machine, yes.

4 Q But they've got better machines at VSES, don't they?

5 A They have more expensive machines, yes.

6 Q Okay. And in fact, patients are routinely referred from
7 the general practices to VSES for the specific purpose of
8 obtaining an ultrasound, aren't they?

9 A To VSES, yes, but there are also other practitioners in
10 the area that they will refer to.

11 Q Because they need a higher quality resolution ultrasound
12 than the general practice can provide; isn't that correct?

13 A That is not always the case; sometimes it's due to
14 availability and time and urgency that the case needs it.
15 Sometimes we will send patients to VSES because they may need
16 also other specialty services along with ultrasound.

17 Q Okay. So there are specialty services that patients
18 require that you need to send them to S -- VSES for; isn't that
19 correct?

20 A Per their DVM, correct.

21 Q Yeah. In fact, Veterinary Specialty & Emergency Services
22 (sic) is called that because it provides specialty services not
23 generally available at the general practices; isn't that
24 correct?

25 A Based upon their DVM credentials, yes.



1 Q Is it your testimony then that the -- the extra skill --
2 that the staff -- the staff skills are just no different at all
3 between VSES and the general practices?

4 A Can you explain to me what you mean by staff?

5 Q Well, let's go through it. Let's talk about the LVTs.
6 LVT skills are just no different at all between the general
7 practices and the staff at VSES?

8 A LVT capabilities -- every LVT is licensed the same and
9 their capabilities are the same.

10 Q Right, but we've -- we've just heard testimony that LVTs
11 from the general practice are not assigned to surgery or ICU
12 when -- when they do mandatory holiday shifts at VSES; isn't
13 that correct?

14 A Can -- I'm sorry, can you repeat that question?

15 Q Okay. There was testimony earlier from an Employer
16 witness that LVTs, when they're assigned for mandatory holiday
17 shifts at VSES, are never assigned to surgery or ICU. Are you
18 aware of that?

19 A Both the G -- both the GPs and VSES employees, yes.

20 Q (Audio interference) sure you answered the question.
21 There was testimony earlier that general practice LVTs are not
22 assigned to surgery or ICU at VSES.

23 A Yes.

24 Q That's correct?

25 A Yes.



1 Q Okay. Okay. You testified earlier about CPR training
2 available, I think, several times here at the Duncan's Center;
3 is that correct?

4 A Yes.

5 Q Is that mandatory training?

6 A No.

7 Q So you were asked a number of questions about various
8 kinds of veterinary procedures that are performed at VSES and
9 at the general practices.

10 MR. HALLER: Strike that question.

11 I have no further questions. Thank you.

12 HEARING OFFICER DAHLHEIMER: Do you have redirect for the
13 witness?

14 MS. MASTRONY: I do not.

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

17 THE WITNESS: Thank you.

18 HEARING OFFICER DAHLHEIMER: Is the -- does the Employer
19 have -- how any more witnesses?

20 MS. MASTRONY: We do not have any other witnesses.

21 HEARING OFFICER DAHLHEIMER: Oh, okay. Okay. So the --
22 the Employer rests on rebuttal?

23 MS. MASTRONY: Yes.

24 HEARING OFFICER DAHLHEIMER: Okay. We're going to go off
25 the record briefly.

1 Mr. Baker, please let me know when we're off --

2 (Off the record at 10:12 a.m.)

3 HEARING OFFICER DAHLHEIMER: Is there any further evidence
4 or testimony at this time?

5 MR. HALLER: Not for Petitioner.

6 HEARING OFFICER DAHLHEIMER: None for the --

7 MR. STANEVICH: Nothing for the Employer.

8 HEARING OFFICER DAHLHEIMER: Okay. Please -- we'll have
9 the -- we'll have the Employer go first.

10 Please state your final position on the record regarding
11 inclusions, exclusions, the appropriate unit, and if you could,
12 please give me an approximate number of employees you believe
13 to be in the approximate unit. Go ahead.

14 MR. STANEVICH: It is the Employer's position that all of
15 the locations and positions that were identified in statement
16 of position and attachment -- I believe Attachment A,
17 Attachment B, and Attachment C would represent the most
18 appropriate bargaining unit in this situation. There is a
19 Board exhibit -- I'm sorry -- an Employer exhibit in evidence,
20 Exhibit 46, that identifies there are approximately 440
21 employees in the unit sought by the Employer. Obviously,
22 that -- that changes likely on a -- on a daily or weekly basis
23 just due to the size of the popu -- employee population.

24 Did I -- did I cover everything?

25 HEARING OFFICER DAHLHEIMER: I believe so.



1 Mr. Haller, the Union's position, please.

2 MR. HALLER: Position for a unit remains appropriate.

3 HEARING OFFICER DAHLHEIMER: And the approximate number of
4 employees in that unit is 146, as far as the Petitioner knows?

5 MR. HALLER: I -- I believe notice turned in by the
6 Employer and the statement of position, 146 was the number.

7 HEARING OFFICER DAHLHEIMER: Okay. Mr. Haller, if the
8 Employer's pos -- position prevails, does the Union wish to
9 proceed to an election in the alternative unit?

10 MR. HALLER: It does.

11 HEARING OFFICER DAHLHEIMER: I'm now going to have the
12 parties state their positions on type of election preferred, on
13 date, time, and location of election, including da -- if there
14 are better or worse days of the week for in-person balloting
15 should that be ordered. And I'm also going to request the
16 Employer please speak to which of its facilities would be able
17 to meet Board standards for holding an election.

18 And I'll let the Employer go first again. Go ahead.

19 MR. STANEVICH: The Employer in this matter would seek a
20 mail ballot election for various reasons, including the -- the
21 current positivity rate for Monroe County, New York. Also, the
22 Employer does have concerns with complying with Memorandum
23 GC-20-10, specifically in terms of the spatial obligations that
24 are set forth in that memorandum. There -- there is no concern
25 at all with person -- providing personal protective equipment

1 or completing any of the certifications that are required, but
2 due to space limitations and the fact that we are dealing with,
3 I believe, 19 different locations here, it would be difficult
4 to comply with those guidelines.

5 That being said, the -- there are two appro -- there are
6 two locations that likely could provide a location for a manual
7 election and that would be VSES and the Animal Hospital of
8 Pittsford. In terms of times, if there is a -- a manual
9 election ordered, we would propose 6 a.m. to 9 a.m., 12 p.m. to
10 2 p.m., and 4 p.m. to 7 p.m. at both of those locations. If a
11 mail ballot election is ordered, we would request that the
12 ballots be mailed three weeks from the date of the decision
13 direction of election, and that the ballots be due back three
14 weeks from -- from that point -- from date -- from date of
15 mailing. In terms of an election -- in-person election, we
16 would propose Friday as the day of the week.

17 And I just realized I did not get you the -- I did not
18 obtain the payroll end date, but I -- I will get that
19 momentarily for you, Michael.

20 HEARING OFFICER DAHLHEIMER: Okay, great.

21 Mr. Haller, the Union's position on type of election,
22 time, date, and location of election.

23 MR. HALLER: Normally over course, we would strongly urge
24 an on-site election given the pandemic conditions as we stated
25 at the beginning. We are not gonna contest any determinations



1 made by the Region, so that means we wouldn't contest a mail
2 ballot election if that's what the Region orders. Frankly,
3 under current conditions, that may be the appropriate thing to
4 do.

5 If a manual ballot election is ordered, I -- I think that
6 they -- the details proposed by Mr. Stanevich would be
7 acceptable to the Union.

8 HEARING OFFICER DAHLHEIMER: And dates for a -- for when a
9 mail ballot should be sent out should a mail ballot election be
10 ordered?

11 MR. HALLER: Three weeks from the date they're sent out;
12 that sounds -- that sounds reasonable. I think that's what a
13 lot of Regions are doing.

14 HEARING OFFICER DAHLHEIMER: Oh, and al -- and you're also
15 in agreement with the Employer's position that they should be
16 mailed to employees three weeks after the direction and
17 decision of election?

18 MR. HALLER: So I'm not -- I'm not as conversive with the
19 new rules since everything got changed. The Union -- or --
20 would request that this ha -- all happen as quickly as the
21 rules allow.

22 HEARING OFFICER DAHLHEIMER: So the earliest practical
23 date?

24 MR. HALLER: Earliest practical date, yes.

25 HEARING OFFICER DAHLHEIMER: Okay. Very good.



1 Should a mail bal -- or a manual election be ordered, do
2 the parties stipulate that all parties and participants shall
3 wear masks for the entirety of the voting and polling?

4 For the Employer?

5 MR. STANEVICH: The Employer would stipulate.

6 HEARING OFFICER DAHLHEIMER: For the Union?

7 MS. MASTRONY: Yeah, the Empl -- the -- the Union so
8 stipulates.

9 HEARING OFFICER DAHLHEIMER: Okay. Are foreign language
10 ballots or notices required?

11 For the Employer?

12 MR. STANEVICH: They are not.

13 HEARING OFFICER DAHLHEIMER: Does the Union agree?

14 MR. HALLER: We agree.

15 HEARING OFFICER DAHLHEIMER: Okay. Can the Employer
16 please identify the notice of election on-site representative,
17 including name, title, physical work address, phone number,
18 email address, and fax in whatever order you can?

19 MR. STANEVICH: Sure, the on-site representative will be
20 Allen Ibrisimovic, and I hope he's listening and understands.
21 I -- I think I got his last name correct; it is spelled
22 I-D-R-I-S-I-M-O-V-I-C-H (sic). Allen's title is senior people
23 operations partner; his phone number is 585-71 -- 271-2733,
24 extension 133; his fax number is 585-440-7086; physical address
25 is 524 White Spruce Boulevard, Rochester, NY.

1 The -- also the last payroll end date was September 11th,
2 and the Employer is on a two-week cycle, so the next payroll
3 end date would be the 25th, and then two weeks from there.

4 HEARING OFFICER DAHLHEIMER: Mr. Ibrihimovi -- Ibris --
5 Ibrisimovic's email address, if you have it, please.

6 MR. STANEVICH: I do; it's allen --
7 A-L-L-E-N.I-B-R-I-S-M-O-V-I-C@pathwayvets.com.

8 HEARING OFFICER DAHLHEIMER: Does the Union wish to waive
9 any of their ten days with the voter list?

10 MR. HALLER: We're willing to waive it all -- all ten
11 days.

12 HEARING OFFICER DAHLHEIMER: Okay. Briefs are due five
13 business days from today, which is September 31st -- or I'm
14 sorry, October 1st. Wou -- would the parties -- there's --
15 okay. Do the parties have any positions or motions on that
16 matter?

17 MR. STANEVICH: The Employer would request a one-week
18 extension as outlined in an email to the Region and to Mr.
19 Haller earlier this morning. The reason for the extension is
20 due to the complexity of the issues in this proceeding, the
21 number of witnesses, the number of employees, the number of
22 locations. And -- and likewise, I did outline the specific
23 pre-scheduled work obligations that myself and Ms. Mastrony
24 have over the next week, so we are asking for a one-week --
25 just a one-week extension, which I believe brings us to Friday,

1 October 8th.

2 HEARING OFFICER DAHLHEIMER: Does the Union have a
3 position on that matter?

4 MR. HALLER: Because of the Union's interested in moving
5 this matter along as quickly as possible, the Union is opposed
6 to that request.

7 HEARING OFFICER DAHLHEIMER: Okay. The Re -- the Region
8 and the hearing officer grant the extension request to (audio
9 interference) until October 8th -- Friday, October 8th, 2021.

10 Parties, you are reminded to request an expedited copy of
11 the transcripts if you have not already done so. Failure to
12 obtain an expedited copy will not be grounds for extension to
13 file briefs.

14 Mr. Baker, do you have an approximate number of pages for
15 the transcript?

16 THE COURT REPORTER: I can get that together and email it
17 to you as soon as we get off the record.

18 HEARING OFFICER DAHLHEIMER: Okay. Very good.

19 Mr. Baker, are there any exhibits that you do not
20 currently have in your possession that you know of?

21 THE COURT REPORTER: No.

22 HEARING OFFICER DAHLHEIMER: Okay.

23 All right. If there is nothing further, the hearing is
24 closed.

25 MR. STANEVICH: Thank you.



1 HEARING OFFICER DAHLHEIMER: Mr. Baker, you can take us
2 off the record.

3 **(Whereupon, the hearing in the above-entitled matter was closed**
4 **at 10:35 a.m.)**

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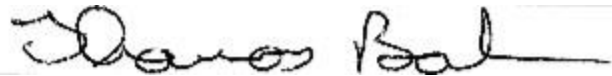
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This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association of Machinists and Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 24, 2021, at 9:32 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

