OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

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

Employer,

and

International Association of Machinists and Aerospace Workers,

Petitioner.

Place: Buffalo, New York (via Zoom videoconference)

Dates: September 20, 2021

Pages: 1 through 233

Volume: 1

OFFICIAL REPORTERS
eScribers, LLC
E-Reporting and E-Transcription
7227 North 16th Street, Suite 207
Phoenix, AZ 85020
(602) 263-0885

UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

REGION 3

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 DAHLEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on **Monday, September 20, 2021, 10:02 a.m.**

A P P E A R A N C E S

On behalf of the Employer:

JASON STANEVICH, ESQ.
MAURA MASTRONY, ESQ.
LITTLER MENDELSON, P.C.
One Century Tower
265 Church Street, Suite 300
New Haven, CT 6510-7013
Tel. (203)974-8700
Fax (203)974-8799

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

I N D E X

WITNESS	DIRECT	CROSS	REDIRECT	RECROSS	VOIR DIRE
Odis Pirtle	16	84			
Andrea Battaglia	93	123	136		
Sheryl Valente	138	159	166	171	
Sheila Casler	173	213	223	226	

E X H I B I T S

EXHIBIT	IDENTIFIED	IN EVIDENCE
Board:		
B-1(a) through B-1(i)	8	8
B-2	9	9
B-3(a) through B-3(i)	9	10
Employer:		
E-1	25	60
E-2	61	64
E-3	64	66
E-4	74	82
E-81	104	106
E-82	106	106
E-43	108	110
E-40	115	115
E-39	116	117
E-38	119	120
E-30	138	143
E-37	120	121
E-46	144	144
E-79	144	146
E-47	149	152
E-32	152	153

Employer: (continued)

E-31	156	157
E-20	199	199
E-21	200	201
E-22	201	201
E-23	201	
E-24	202	202
E-25	203	203
E-26	204	204
E-27	204	205
E-28	206	206
E-29	206	206
E-35	195	195
E-36	184	185
E-44	212	213
E-75	207	209
E-76	212	212

P R O C E E D I N G S

HEARING OFFICER DAHLEIMER: Okay, on the record. Mr. Haller, are we expecting anyone else for you who's not here at this time?

MR. HALLER: I think we've got everyone.

HEARING OFFICER DAHLEIMER: Okay. Mr. Stanevich, are we -- do we have all of your people who are going to be running in at this point in time here at the moment?

MR. STANEVICH: We may have Tracy Shields, vice president of people operations, join as a resource person. Not sure when she will join. I guess I just wanted to alert you to that, but otherwise, my cocounsel is here with me, and the company's first witness is here as well.

HEARING OFFICER DAHLEIMER: Okay. This -- so -- so we will get underway at this point in time.

This is a formal hearing for -- or in the matter of Pathways (sic) Vet Alliance, case 03-RC-281879. The hearing officer appearing for the National Labor Relations Board is Mike Dahleimer. That's me. It's nice to meet all of you.

All parties have been informed of the procedures at formal hearing before the Board by service of statement of standard procedures with the notice of hearing. I have additional copies of that statement for distribution if any parties need more at any point in time.

Will the counsels please state their appearance for the

record? We will start with the Petitioner.

MR. HALLER: For Petitioner, William Haller, associate general counsel, IAM legal department.

HEARING OFFICER DAHLEIMER: Okay. And for the Employer?

MR. STANEVICH: For the Employer, Jason Stanevich of Littler Mendelson.

MS. MASTRONY: Maura Mastrony from Littler Mendelson, as well, for the Employer.

HEARING OFFICER DAHLEIMER: Okay. It is my understanding there are no intervenors here. If there are, please state your presence at this time. Okay. Let the record show no further responses.

I now propose to receive the formal papers. So just so everyone knows, this is how I'm going to ask that people try to introduce documents to the record. I'm going to give you an example, here, so we're going to screenshare.

Can you see yourselves or can you see a lot of icons? Anyone. On -- on -- on -- on the screen that I'm sharing, can you see icons on my desktop or can you see pictures of yourself?

MR. HALLER: No, I -- I can see pictures of six or so of us. It's kind of like the Brady Bunch square.

HEARING OFFICER DAHLEIMER: Okay, understood. All right, good. That actually means that this works.

Okay. So I now propose to receive the formal papers.

They have been marked for identification as Board Exhibits 1(a) through (h). And this is how I propose people do this today. We're going to just share a screen and let -- let the documents be shown on the record so that everyone knows what we are talking about. So Board Exhibit 1(a), 1(b), 1(c), 1(d), (e), (f), (h), (g), and the introduction page is (i).

Are there any objections to the receipt of these exhibits into the record?

MR. HALLER: No objection from Petitioner.

HEARING OFFICER DAHLEIMER: Okay --

MR. STANEVICH: No --

HEARING OFFICER DAHLEIMER: -- hearing no --

MR. STANEVICH: -- object -- no objection from the Employer.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections -- hearing no objections, the formal papers are received into evidence.

(Board Exhibit Numbers 1(a) through 1(i) Received into Evidence)

HEARING OFFICER DAHLEIMER: The parties to this procedure (sic) have ex -- executed, and I have approved, the document which is marked as Board Exhibit 2. Among other things, this exhibit contains a series of stipulations, including that the Petitioner is a labor organization within the meaning of the Act, that there are no contract bar, and that the Employer

meets the jurisdictional standards of the Board. I'm right now going to show this to you. This is Board Exhibit 2.

Are there any objections to the receipt of Board Exhibit 2?

MR. HALLER: No objection.

MR. STANEVICH: No objection from the Employer.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections, Board Exhibit 2 is entered into the record.

(Board Exhibit Number 2 Received into Evidence)

HEARING OFFICER DAHLEIMER: And one more this morning. This is -- this is going to be marked as Board Exhibit 3. These are a series of documents that the parties have entered to the -- to the -- to these proceedings, including a commerce questionnaire, the statements of position, employee lists, and finally, the descriptions of representation case procedure and certification and decertification cases from the National Labor Relations Board. These will be marked as Board Exhibit (a) through (i).

These are the voter lists. This is the first one, and these are the voters in the pru -- petitioned-for unit, and these are the voters, attachment C, here, Board Exhibit 3(d), are the additional voters that the Employer has provided as being in the appropriate unit potentially. The Union's responsive statement of position is 3(g), and the description of representation case procedure and certification and

decertification cases, Exhibit 3(h).

Are there any objections to the receipt of Board Exhibit 3?

MR. HALLER: No objections for Petitioner.

MR. STANEVICH: No objections for the Employer.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections, Board Exhibit 3 is received into evidence.

(Board Exhibit Numbers 3(a) through 3(i) Received into Evidence)

HEARING OFFICER DAHLEIMER: Are there any pre-hearing motions made to any party that need to be addressed at this time?

MR. HALLER: Not for Petitioner.

MR. STANEVICH: None for the Employer. One note that I'm not sure if this is a concern of not. I know at least five or so employees have been subpoenaed by the Petitioner to testify in -- in this proceeding. Just -- just based upon the number of witnesses that the Employer has, I think it's fair to say that the Petitioner's witnesses will likely not testify until Wednesday or so, so I just wanted to provide that, you know, as a courtesy in order to allow folks to coordinate their work schedules as -- as appropriate.

MR. HALLER: That's good. Thank you.

HEARING OFFICER DAHLEIMER: Hearing no motions, we're going to move on. Are there any motions to intervene in these

proceedings to be submitted to the hearing officer at this time? Hearing no motion -- or hearing no motions to intervene, we'll move on.

Will the Employer please state its full and correct name for the record?

MR. STANEVICH: Pathway Vet Alliance, LLC.

HEARING OFFICER DAHLEIMER: Okay. In Board Exhibit 2, the parties have already stipulated that the NLRB has jurisdiction in this matter.

Mr. Haller, please state the complete and legal name of the Petitioner in this case.

MR. HALLER: International Association of Machinists and Aerospace Workers.

HEARING OFFICER DAHLEIMER: Okay. And likewise, in Board Exhibit 2, the parties stipulated that the Union is a labor organization within the meaning of the National Labor Relations Act.

Pull -- let's see. So the parties in Board Exhibit 2 have stipulated to the issue at hearing -- or at -- at matter here. I'm going to pull that up. Board Exhibit 2 reads that the sole issue that precludes reaching a stipulated election agreement in this case is whether the appropriate bargaining unit -- unit includes the first option, which is only those employees who work for the Employer at the Employer's 825 White Spruce Boulevard, Rochester, New York facility, known as Veterinary

Specialists and Emergency Service (sic), whether that is the correct bargaining unit, or the second option, which is the employees of the Employer's 19, that's 1-9, Rochester-area facilities.

We're going to have the Petitioner go first. Can you please briefly summarize your position on that -- on that question? Bill, that's you.

MR. HALLER: Oh, I'm sorry. Michael, I apologize. Please repeat that question.

HEARING OFFICER DAHLEIMER: For the question of -- so the subject at matter, the -- what the parties stipulated to is whether or not the -- the correct bargaining unit is the single facility at 825 White Spruce Boulevard or if it is the Employer's 19 area facilities, Rochester-areas facilities. Can you please state on -- briefly summarize on the record the Union's position on that subject?

MR. HALLER: Yes, so and it's just -- just what you stated. The Union has petitioned for essentially a wall-to-wall unit. That's the Veterinary Specialists and Emergency Services facility. The Union believes that is an appropriate unit for purposes of collective bargaining, and that's the unit in which the election should be held.

HEARING OFFICER DAHLEIMER: Okay. And -- and will the Employer please state their brief position on that matter?

MR. STANEVICH: The petitioned-for unit includes only

those employees working at VSES and none of the other Pathway locations in the Rochester area. This approach fractures the most appropriate bargaining unit, which is a multi-facility bargaining unit. The employees at VSES share a substantial community of interest with the other employees in the Rochester area. The record will show that the employees at VSES and that the excluded locations share the same and/or similar skills, duties, and working conditions, are functionally integrated with the respect to clinical and nonclinical operations. There is a continuum of care for our patients throughout the entire network, from general practices to the specialty hospital to the laboratory services that are -- are provided, and ultimately to the crematorium services that are available, as well.

The evidence will also show that there is substantial interchange amongst the locations in the Rochester area and the employees are subject to centralized control of management and -- and supervision, so the Employer believes the most appropriate bargaining unit would cover all of the locations that it identified in its statement of position.

HEARING OFFICER DAHLEIMER: Okay. Please be aware that because the single verse multi-facility issue involves a presumption under Board law, the presumption being that a single facility unit is appropriate. As the burden lies with the party seeking to rebut that presumption, Employer counsel,

you must present specific detailed evidence in support of your position. General conclusia -- conclusionary statements by witnesses will not be sufficient.

Let's see. Is -- we're going to go -- I -- we're going to have the Petitioner and then the Employer respond to this. Is there any collective bargaining history between the parties that you know of?

MR. STANEVICH: No, there's not.

MR. HALLER: Yes.

HEARING OFFICER DAHLEIMER: Just -- just for the record, that was Employer counsel then Petitioner counsel.

MR. HALLER: Yeah, I'm sorry. Petitioner --

HEARING OFFICER DAHLEIMER: Yeah.

MR. HALLER: -- agrees there's no history of collective bargaining.

HEARING OFFICER DAHLEIMER: Okay. In Board Exhibit 2, the parties stipulated that there are no petitions pending in front of other regional offices of the Employer (sic). In Board Exhibit 2, the parties likewise stipulated that there are no bars to conduct of the election. In Board Exhibit 2, the parties stipulated that the correct and appropriate bargaining unit is described as included all full-time and regular part-time employees and excluded administrative employees at 524 White Spruce Boulevard, Rochester, New York, managers, supervisors, veterinarians, and guards.

Other than those issues that we discussed, the issue of whether this is a single or multiple-facility unit, are there any other issues that I am not aware of at this point in time, Petitioner?

MR. HALLER: No.

HEARING OFFICER DAHLEIMER: Employer?

MR. STANEVICH: I don't believe so.

HEARING OFFICER DAHLEIMER: Okay. Okay. So having gone over the stipulations and -- and all of that information, I'm going to allow the Employer to present their case. Mr. Stanevich?

MR. STANEVICH: Thank you, and good morning, everyone. The Employer would call Odis Pirtle as its first witness in this proceeding.

MR. PIRTLE: Hi, I'm Odis.

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

Whereupon,

ODIS PIRTLE

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

HEARING OFFICER DAHLEIMER: Okay. Please state your --

THE WITNESS: I do.

HEARING OFFICER DAHLEIMER: -- name and spell it for the record.

THE WITNESS: Odis Pirtle. It's O-D-I-S. Last name is Pirtle, P-I-R-T-L-E.

HEARING OFFICER DAHLEIMER: Okay, go ahead.

DIRECT EXAMINATION

Q BY MR. STANEVICH: Good morning, Odis. How are you today?

A Great. Thank you, Jason.

Q Odis, are you employed?

A I am.

Q And what is the name of your Employer?

A The Pathway Vet Alliance.

Q Okay, and do you have a position with Pathway Vet Alliance?

A I'm the chief operating officer for Pathway Vet Alliance.

Q And how long have you been the COO for the company?

A I took the role of COO with Pathway in late May of 2019.

Q Can you give us --

A So --

Q -- a -- an overview of your educational background?

A Sure.

THE WITNESS: I -- I think my screen is a little glitchy. Are you guys (audio interference) --

MR. STANEVICH: You're --

THE WITNESS: Hello?

MR. STANEVICH: Well, now, your screen appears to be --

THE WITNESS: I'm here.

MR. STANEVICH: -- closed. Okay, there you -- we go.

THE WITNESS: Yeah, I'm -- I'm sorry. For whatever reason, my screen just got a little glitchy.

THE WITNESS: My background, Jason, I believe that was your question. So I graduated Texas A&M University in -- I'm a class of '91, graduated in cla -- in '93 with a background in rangeland ecology and management. My -- my background prior to that was I grew up on a working cattle ranch. I (audio interference) knew I was going to always (audio interference) --

MR. STANEVICH: Odis, let -- let us -- us -- let me stop you right there.

THE WITNESS: -- (audio interference) --

MR. STANEVICH: We're having a hard time hearing you.

THE WITNESS: -- and rapidly (audio interference) --

MR. STANEVICH: Yeah, we're going to have to do something about --

THE WITNESS: Okay.

MR. STANEVICH: -- that. We're not getting a good record.

THE WITNESS: Okay. I can move offices if -- and see if it's a -- if I can find a better signal. Do you want me to try to do that? Okay, I'm sorry. Sorry, guys. I -- I'm -- thought I was on a stable connection. Just give me a second.

HEARING OFFICER DAHLEIMER: I was muted for that. We're going to go off the record until he moves offices.

(Off the record at 10:20 a.m.)

HEARING OFFICER DAHLEIMER: Okay, go ahead.

RESUMED DIRECT EXAMINATION

Q BY MR. STANEVICH: Oh -- Odis, my -- my last question to you, and then your answer was -- was garbled, was can you just give us an overview of your educational background.

A Sure. So I graduated college from Texas A&M University with a degree in rangeland ecology and management with a specialty in beef cattle production. So I was always knew I would be in the veterinary industry in some form or fashion. After college, I -- I rapidly found my first sales position in the -- in the animal health space with Pfizer Animal Health.

Q Okay. And can you just walk us through your career background starting from that position, ultimately up to your -- your current role with -- with Pathway Vet Alliance?

A Sure thing. In 2002, I started my first sales position in the State of Texas as a territory rep or a territory manager for Pfizer Animal Health. I was promoted to run the State of Texas in 2003. 2007, I actually moved to the East Coast to run the eastern sales region for Pfizer Animal Health. This was all companion animal sector, and it was in 2007. And then, in 2000, I believe, '12, '13, somewhere in that time frame, I moved into a role running U.S. channel for all of -- of Pfizer Animal Health, and we rapidly became Zoetis, which was a spinoff from the Pfizer Animal Health business. I ran the U.S.

channel department and the U.S. sales department for that business for a period of time before relocating back to Texas to take the chief executive officer for the THRIVE business, which was a new de novo or a startup business that was an affordable care model.

Q And when you say affordable care model, in terms of what type of services are provided?

A Ge -- general veterinary health. So that -- that business -- that affordable care business was -- was meant to do roughly about 85 percent -- 85 to 90 percent of all procedures that a -- a general practice would conduct, with only the exclusion of ambulatory, you know, emergent services or any kind of services that require overnight care. That was the -- the -- the limited scope of the THRIVE affordable business.

Q Okay. And then, turning to Pathway, can you tell us what Pathway Vet Alliance is, when it was formed, and really what type of services are provided by the organization?

A Sure. So Pathway is -- well, I'll start with Jason Trautwein, our founder. Jason Trautwein is a veterinarian. He purchased his first practice after graduating vet school, and -- and I'm not exactly sure of the year that he purchased his first practices. He accumulated up to 15 practices before he sought professional management because he was -- he was trying to do all things and be a practicing veterinarian and

realized the challenges that -- that came with running multiple practices, so he hired a professional management team to -- to manage and run the business.

The business evolved tremendously in the 2016 -- the 2000 -- late-2015-early-2016 time frame when he took on his first financial partner, and that was Morgan Stanley Private Equity. Morgan Stanley made an investment in the business which enabled him to hire professional leadership and professional managers and to -- to build support functions for the business. So that was really when Pathway started to take off was in that early -- I'm sorry, mid-to-late-2016 time frame.

Pathway, as a general rule, what we do is we -- we run -- we acquire and we manage veterinary practices. The way in which we do that is we have support teams that are in the field supporting veterinarian hospitals, as well as back-office functions, so we have legal, marketing, people operations, finance, and -- and the main functions that would -- that would support and prop up the business that we run in a centralized fashion so that veterinarians and veterinary staff can do what they do best, and that's practice medicine and support pets.

Q Odis, can -- can you tell us a little bit about what Pathway's growth strategy was in 2015, 2016, and how that has transitioned over time?

A Sure. I would say in the early years, we were -- we were

very opportunistic. There were not a lot of consolidators or aggregators in the business outside of Mars and -- and NVA and one other well-known one, VetCor, at the time. We were very much competing with those individuals or those groups trying to buy practices where we had the opportunity to buy, so again, just restating it, we were very opportunistic at the time. Fast forward to my time coming into the business, we became more strategic and more laser focused around trying to purchase and develop what we call ecosystems today.

Q Before we get into ecosystems and what you mean by that, I just want to back up so the -- the record is entirely clear. What is the primary function of -- of Pathway Vet Alliance?

A Sure. Our primary function is basically to support veterinarians, you know, first and foremost, but we -- we have a -- we have support teams and support functions and we manage and -- and we own and manage and build veterinary hospitals.

Q And can you give us a -- a current overview of the -- the scope of the company, and what I mean by that is the geographical footprint and -- and the number of employees.

A Sure. Let's see, the number of employees, we are just under 10,000, and I don't have an exact number for you, but -- but -- because we're in active acquisitions of other practices as we speak. We are just under 10,000 last I checked. I believe we're in 37 total states, and including our joint venture locations with Petco, where we -- we have stores that

are located within Petco retail facilities, we have around 450 practices, and I -- I think just -- just the scope from a geographic standpoint, we have practices from Hawaii all the way to Maine.

Q And how has the scope of the business changed since 2016 in terms of the number of locations or the number of states?

A Sure. 2016, when -- when I be -- came into the business, we had roughly -- I think there were three operating THRIVE businesses and we were in the process of opening our fourth. We now operate north of 120 locations that are called THRIVE Affordable Pet Care. I believe there was in the neighborhood of 39 general practices and specialty practices within the organization at the time, and now we're north of -- of -- of 300.

Q Odis, you mentioned a term "ecosystem", can -- can you explain what that is and how it relates, if at all, to Pathway's current business model?

A Sure. I will -- I -- I know I'm going to go into more depth in the -- one of the presentation decks here in a second, but -- but if -- just from a high-level perspective, the -- the most important thing is -- is these are tightly clustered geographic locations that we're either building or acquiring because of the -- of the nature of the pet owner, and we have the ability to use some proprietary tools that we call membership to make sure that we create a circular effect in a

referral basis for all of our locations, but it -- but it really starts with a tight geographic cluster of hospitals that function together and operate as one unit.

Q Okay. And -- and what's the reason that Pathway focuses its business model on acquiring those tight clusters of -- of practices?

A It -- it's -- I guess the -- the best way to describe it is -- is kind of this hub-and-spoke effect. So our goal is to start with a multi-specialty ER facility in the center of a geographic area that has the ability to accept referrals from general practices that are circular or surrounding those centralized locations. Does that -- does that answer your question?

Q It does. And are there any operational benefits or synergistic value in purchasing or acquiring or developing a highly clustered group of practices as opposed to focusing on standalone locations?

A I think there are a -- or we believe there's a number of benefits, and I mean, a -- again, if I -- if I go back to -- if I just look at the operation specifically, we want to make sure that we can reduce the -- the amount of administrative burden on the practices specifically, so -- so we can again enable veterinarians and staff to do what they do best, and that's take care of pets. The most important piece of this is how the consumer actually experiences us and builds loyalty with us,

and so we want the consumer to have access to points of care from -- from entry level all the way to the highest spec -- specialties and all the way, frankly, till they're no longer with us. So we're trying to create a -- a client-centered effect where the client can, you know, a -- again, experience us in all facets of care.

Q So if I understand you correctly, perhaps the initial point of contact for a client is with a general practice?

A Absolutely.

Q And then, additional --

A Generally --

Q I'm -- I'm sorry. Go ahead.

A No, generally, if -- if you -- if you have a puppy, you go through a -- an experience with a general practitioner, typically, and that's who your -- your initial vaccinations, deworming, et cetera, and so that -- that's the -- the basic entry point of care in -- within our ecosystems, the design is to have, you know, that level of care all the way to the highest ologies of veterinary medicine, and so as you guys would experience every degree of specialty in human medicine, cardiology, ophthalmology, radiology, et cetera, fill in the blank, we -- we're building ecosystems to contain all of those specialties within the business to serve that pet owner.

Q Odis, I'd like to show you a document that's been marked as Employer Exhibit 1. I'm -- just bear with me. I'm opening

the document now, and then I'll share my screen.

A Okay.

MR. STANEVICH: Can everyone see my screen?

THE WITNESS: Yes.

Q BY MR. STANEVICH: Odis, I'm showing you the -- a slide -- a multi-page slide deck. The first page say, "building ecosystems", and is dated November 12th, 2020. Are you familiar with this presentation?

A I -- I am. I -- my -- myself and our -- my director of operations built this deck.

Q Okay. And have you presented this deck to anyone in the past?

A More times than you would imagine. Yes, I presented this to our regional support teams, our support offices, meaning all facets of the business here in Austin, and -- and many other people on a -- on an -- as an as need -- as-needed basis.

Q Okay, and I -- I see a date in -- in the lower right-hand corner, November 12, 2020; do you see that?

A I do.

Q Okay. And -- and what is that -- that date and is there any significance associated with that date?

A I believe that was the date -- so this deck was presented multiple times. We've -- we presented -- I believe the November 12th date was the date that I presented to our support offices, and that would be our legal, marketing, finance, and

the teams here in the Austin market. I believe the week prior, and I'm not 100 percent certain about this, Jason, but directionally correct, I presented this to our regional support teams, and I can check those dates.

Q Okay. So Odis, I'd like you to spend a few minutes just walking us through the highlights of this presentation. I'm going to have some questions for you either as we get to a particular slide or after you complete the slides, but let me see if there's a way I can -- you know what, I can flip through the slides, and if you can just give us, you know, a quick overview, and you can tell me when to move to the next slide. That may be the easiest thing, okay?

A Sure. If -- if you don't mind, I think the best way to do it because I'm -- I'm literally working on a 13-inch screen, if you can put that in presentation mode, it'll --

Q Okay.

A -- probably blow it up a little bit bigger for me.

Q How is that?

A Perfect. That's perfect.

Q All right.

A Right.

Q All right. So I'll move to slide 2, here.

A Okay. So Jason, just so I'm -- I'm on the same page, I -- I just -- you want to hear the details of this just like we presented it with -- with our support teams here in the office?

Q That -- that --

A Okay.

Q -- is correct. I want to fully understand the ecosystem model, and then we'll talk about how it applies to the locations at issue.

A Okay, perfect. All right, so we began the presentation with just kind of celebrating our successes and acknowledging our professional teams that -- that support veterinary hospitals. At the time, we had just completed our 298th acquisition. THRIVE had opened its 100th location, and -- and we were extremely proud. This was very celebratory, and we were laying out our strategy for the future.

We continued kind of just acknowledging some of the things that we were celebrating. We had just allocated a payment of $2.5 million in HIPS to 203 locations, and so I want to take a minute to explain that HIPS is.

We really have three programs that acknowledge people. We have a veterinarian incentive program. We have a TIPS, which is a -- I'm -- I'm sorry, let me say it differently. We have a VIP, or a V-I-P, which is a veterinarian incentive program, that acknowledges veterinarians and rewards them for being within our organization. We have a team incentive program that is -- we call TIPS that is rewarding our team members, meaning our support teams for supporting hospitals. In the last one we have is our HIPS program, which is our hospital incentive

program, that we -- we -- we compensate and give bonuses to our support team members for running successful operations and continuing to grow their business.

At this point in time, we had allocated $2.5 million in HIPS payments to our professional team members, and when I say professional team members, those are nondoctors. That's CSR technicians, practice managers, and such, so that they are a part of a growing family. And so -- and I'll continue moving through, unless you have questions there.

Q Just a -- a quick question. The -- this HIPS program, would it also apply to the locations at -- at issue here today?

A Absolutely. It -- it applies to every location within our business that is eligible, and so they have criteria for growing hospital EBITDA and performing and running a successful business, yes.

Q Okay. And I see in the bottom bullet point there, it references the company has launched new programs such as parental leave, Bright Horizons, and a new 401(k) plan. Does that apply to all locations, as well?

A It absolutely does. It applies to everyone. And so if you -- if you guys are unaware, we -- we launched the first and best-in-class parental leave program, and -- and we can get additional details for you for that. Bright Horizons was basically a program to support people in the challenging times of COVID. We knew that people were having trouble with

childcare, having trouble getting to -- and -- and with adult care, you know, as we have a number of team members that were caring for their aging parents and things of that nature, and so we basically created a -- or partnered with Bright Horizons to offer an employee benefit to support people with childcare, with tutoring, and adult care, and things of that nature, so it was a first of its kind, as far as we knew, launch at the time, and then we were announcing our official match -- 401(k) match program for 2021.

Q Okay. And you -- you -- you testified that this applies to all locations. Just so we -- we're clear, does this also apply to the new -- newly acquired locations in Rochester?

A Yes, it ab -- absolutely applies to every location.

So we moved on to -- to kind of talk a little bit about what we were trying to create. It's important that, you know, we had shared with everyone that our number 1 job was to support hospitals. Our number 1 job was to support our support teams, and so we kind of kicked off with that message. We announced our -- we were in the process of announcing our official ecosystem strategy to all of our businesses and making sure that they knew that this was not going to happen overnight. There was a lot to do in the meantime as we were working to execute our strategy fully --

Q Okay --

A -- (indiscernible, simultaneous speech).

Q -- we'll now move forward to the next --
A Uh-huh.
Q -- slide, which I believe is slide 5.
A Perfect. So this is really how we kicked off the whole ecosystem definition, looking at how do we aggregate, consolidate, and build new locations in a definable market, and -- and -- and at this point, Jason, we had -- we had changed our strategy fairly dramatically from being opportunistic to -- to acquire in locations where we had the opportunity to build and to acquire and to grow all facets of the business, meaning starting with those specialty and -- and general -- and ER hubs, and to -- and looking at buying and building general practices in and around those markets.

It really centered around the geographic locations, and so what we're looking for is inside of -- you know, 60 to 90 miles would be extreme -- on the extreme outer edge for us to -- to be working and to consolidate, so we wanted to make sure that we were tight, and the reason we wanted to be tight is because we have to use a team-based approach in managing our hospitals across our business, and I want to explain what that means.

So there's -- there's really two forms of support. With our team and our RST, or regional support teams, or our DOE, and I'll introduce that information to you guys here in a little bit, but we wanted to be what we call "present to win", and our -- and our directors of ecosystems, as well as our

practice managers, we wanted them to be close. There were many situations where we share practice managers managing multiple hospitals, and as well as our teams or our technicians rotating across hospitals to support pet owners where the pet owners needed to be supported, and so we have multiple different examples of practice managers working across different hospitals, our DOEs trying to be tightly clustered running one group of hospitals, and our technicians and doctors circulating among hospitals at the same time. Given the -- the -- the limited resources in this business, and I'm talking specifically about veterinarians and technicians, it's absolutely critical for us to be able to operate in these types of tightly clustered geographies, so that we can best support pet owners.

We were also talking a little bit about how we were building a sustainable path to engage, motivate, and develop professionals. We've launched a number of tools called Reflektive and things of that nature to recognize our teams, to reward our teams, and to make sure that they were getting credit where credit was due for -- for doing great things to support our business.

And then, lastly, our long-range goal is to launch our proprietary pet owner membership program that will include benefits, not just in one location, but will -- will include our specialty practices as well as our ER facilities and -- and

basically recreate what we consider to be similar to a Kaiser-type of a network where we can keep people in our ecosystems and keep them within the Pathway family of practices, if you will.

Q Can -- can you give us an example of how that would work for a -- a pet owner that starts with -- with basic care?

A The pet owner membership specifically?

Q Correct.

A Sure. We'd launched a program called the THRIVE PLUS Membership within our THRIVE hospitals currently. What that does -- well, well, let me -- actually, let me back up. Let me back up, and I'm going to make sure you understand the problem and why the solution is important. The problem for veterinary -- in the veterinary industry is it was somewhat cost prohibitive to -- to visit the veterinarian, and so because of that, you've seen an emergence of Dr. Google as we -- as we call it affectionately in the industry, and so people Google how to treat their pets for certain conditions. Our goal was to -- to lower the barrier to entry so that pet owners had free and willing access to veterinarians and veterinary professionals to seek the care that they needed versus anecdotal care that they might receive on the internet.

So we launched the THRIVE pet care membership, the THRIVE PLUS pet care Membership, and that was intended, again, to lower the barrier to entry because what we in -- in the end did

is we gave them free exams and a discount on services, and what we saw as a result of this is we saw the pet owner moving from coming one time to one -- to between one and two times annually to visiting sometimes up to five times per year, and our -- our core belief as -- as -- as veterinary professionals is that we drive much greater medical outcomes.

Now, to your question, Jason, how does this apply to an ecosystem specifically. We have been working through en -- enhancing those benefits to be -- to -- to -- so that the pet owner could access et owner could access care in any THRIVE or Pathway hospital within a market. We want to -- so that you don't -- you're not married to one specific practice. You have access to, in the Monroe situation, up to -- to 17, 18 practices. We're also working now to enhance the membership platform to include supplemental benefits and discounts where we can -- you can receive that care in our specialty practices as well as our ER practices. And the one key component of this that's very important to us is that we make sure that we keep our doctors whole, and so that the doctors are never penalized for giving a discount. We actually compensate our doctors to make sure that they stay whole (audio interference). There?

Q Moving on to slide 6.

A Perfect. So the benefits of the ecosystem, and I probably talked a little bit about this already, and -- and -- and sorry if I get ahead of myself. We're very passionate about the

strategy and passionate about what we do. But our membership, one of the reasons we wanted to expand is we had enough experience that we know it resonates very loudly with pet owners. They like it; they want it; and they will come if you give them the opportunity. It was all centered around lowering the barrier to entry and disintermediating Dr. Google like we talked about already, and I think creates a tremendous amount of -- of -- of loyalty, as well as revenue improvement for our business, and -- and it -- and it basically funds our business so that we can do more for our doctors and for our professional teams, and what I'll reference there is our -- our B-I-P, our T-I-P, and our H-I-P, our BIPS, TIPS, and HIPS programs. So that's the -- the membership expansion.

I mentioned already that we wanted to leverage the power of referrals, and so I'll -- I'll -- the example I used in this scenario. Where we have relations and relationships and we have evidence of our team sharing across locations, we've seen a 30 percent -- that 30 percent of our referrals in one of our locations called Heart of Texas here in Austin, Texas, 30 percent of those new pet owners that are coming into that specialty practice are coming from our THRIVE pet care business, which are -- which are general practices locally that surround that Heart of Texas location. And -- and so we were -- we were very much -- we were very successful in generating referrals with just relationships, and now the goal

is to take and expand the -- the membership strategy beyond relationships so -- so that we can benefit and increase that number of referrals and staying within our ecosystems.

Let's see. Is there anything else I can clarify for you on this one, on leverage our referrals?

Q No, but just a quick question. In -- in the second bubble there, there's a reference to GP and specialty care. Can -- just so for the record's clear, can you distinguish or define those -- those terms for us?

A Sure. So the THRIVE GP is -- the THRIVE is -- I have to talk a little bit about the affordable care model that we created. The general practitioner is -- is very similar to the specialty without the advanced ologies. So there would never -- I guess in a nutshell, any time you re -- require a specific specialist in the form of an ophthalmologist, which is very in depth, a cardiologist, and things of that nature, but -- but they'll do mostly everything that a specialty care location would do, with the exception of, you know, something that requires specialty equipment, like an MRI or a CT scan or some -- something along those lines.

Q Okay, moving to slide 7.

A Actually, I -- I'll -- I'll clarify. If you go back one, I'll just give one more comment. Again, our belief, fundamentally, and I believe everyone in the veterinary industry is -- is the more times you see pets and the better

and the more contemporary you see them, the better the medical outcomes always be, and that's really how we -- we base -- every decision is based on medical outcomes and how we can add value to the pet owner. So we can move on now.

The last -- the -- this -- this slide really has to do with how we support our teams, you know, getting closer to the hospitals. I -- I made the comment early -- earlier about be present to win, and that's really what we want. We want our teams to be closer to the hospitals with fewer numbers of hospitals to support, and so part of this -- this presentation -- part of this presentation today back in November was really to announce we're reducing our span of control. In some cases, we had one director of ecosystem supporting up to 28-plus hospitals, and we were shrinking that number dramatically, trying to get down to a number of somewhere between 14 and 20 because we feel like those are manageable -- manageable numbers of hospitals.

We also wanted to reduce the travel on our teams. We wanted them to know our teams better. We wanted to try to support their work/life balance and get them off of airplanes on a weekly basis and to start creating more senses of communities, and -- and frankly, I think one of the best I -- best examples for the veterinary community that -- that we had and -- and we were targeting was -- was something like the -- was like the Monroe system.

We wanted to engage our teams. We know that burnout is very high in our -- in our business. You guys know that this is a very high suicide profession. A lot of people make this a career for a very short period of time and move on, but we wanted to be closer to our teams so that we could help them avoid burnout, identify the issues where we saw them being stressed earlier, and to support them with -- with -- with tools like Reflektive and support them with tools like Bright Horizons and things of that nature so that we could see the -- the issues coming and address them proactively.

And then the last point is really we wanted to start to -- to build our pipeline in a much better and more intentional manner, and so I'll give you -- the best example I could use is we have -- when -- when a practice manager decides to retire or resign, that practice is left in a very big -- in a very big challenge because they are responsible for, you know, just simple enough, the day-to-day schedule, and so we wanted to -- be -- have our directors of ecosystems closer to the hospitals so that we could build succession plans for all of our practice managers so that we could maintain that business with continuity.

Let's see. We were working to create career advancement opportunities. We've got numerous examples where practice managers have elevated into our support teams. We've got multiple different examples of that, and not only in my

regional support team, but in our business development team, as well as -- I'm trying to think of that -- and our people ops business, I believe, as well, in their integration seats.

And then, we wanted to make sure that we had, again, very intentional strategies with all of our hospital locations to create opportunities for growing the number of interns, the number of externs, and the number of residents that we would be building in our organization, and so if -- if you had a life event, Jason, and you were a resident, we have an opportunity for employment across the country. Anywhere you want to go versus you starting over if you had to relocate across the country, we wanted to -- to create opportunities to -- to host you as our -- as our resident there.

Q Well, there's just going back to the -- the previous bullet point about career oppor -- advancement opportunities for all. You walked us through an example for practice managers, but would that apply to other employees at a particular GP location or a specialty location, such as, you know, a licensed bed tech or an animal care attendant? Does this model increase their opportunities as well?

A It increases their opportunity within that hospital as well as when our -- within our support teams. I'll -- I'll give you just a couple of examples. Our head of learning and development right now came from a practice in Austin, Texas. She was a practice manager. She has -- actually, has a PhD.

She had moved into the head of our learning and development department. We also have another practice manager that moved out of South Carolina into our Austin offices to work with -- within our business development team to be a -- to be an analyst, to help us identify opportunities and to -- to find practices and to qualify practices to grow into our ecosystems. We've got examples across the board of all levels of our teams advancing in the organization.

Q Okay. And before it slips my mind, you referenced one term a couple times, and I'm -- I'm not sure if I caught a definition or an explanation of the term, and that was "Reflektive", if I think I got that right. Can you just -- in case I missed it or I forgot to ask you about it, can you just give us an overview of what that is?

A Yeah, Reflektive is a tool. I'm -- I'm trying to think of exactly how to describe it. Reflektive is a -- is -- is an online tool that we use, so I can give a team member kudos when I see them doing something great. They can do the same for me, and so it's really an -- it's an organizational tool where everybody has an opportunity to recognize and to reward each other for a job well done.

Q Moving to the next slide, slide 7. Any -- anything here you would like to tell us?

A Yes, this -- this -- this is actually -- this slide was the basis of our whole business strategy, and -- and so we use

this slide, you know, probably every single week in some form of a discussion, and so really these are the four -- the four components of our business strategy. The pet owner or consumer strategy, and we talk a lot about that, and there's a ton of work being done behind that. Our leadership and hospital teams, and when I say leadership in a hospital, I mean all the way down to the -- the directors of ecosystems to practice managers as well as our -- our technician teams that -- that rotate across organizations to support each location.

We've actually put some energy into acquiring a tool called Jobs Unleashed that'll be -- I think it'll be a part of the discussion later, but -- but at the end of the day, that tool that we're acquiring is used just to fill shifts, and so our practice managers are using that actively across the country to fill shifts for both doctors, as well as technicians, to support pet owners.

Let's see. The professional team pipeline, we put a ton of energy and a ton of investment in -- in what we call our chief professional relations or our professional team pipeline, and so we have a gentleman, Dr. Bob Murtaugh, who was the founder of the Emergency and Critical Care College or college -- is one of the founders, I should say, of the ECC. Bob is -- put a ton of energy into three -- I guess, three key areas.

One, working with distributive learning programs, and distributive learning programs are for colleges that -- that the majority of the teaching skills for veterinarians specifically are done in practicing hospitals, so they have curriculum that they have to fill, and so Bob is working with our -- our distributive learning programs, and we're actually mentoring a number of externs in our system to become veterinarians and we hope to employ them.

The second one is our -- our residency program, and so whether it's an internal resident training program or a university-sponsored residency program, he helps to coordinate and -- and to enable locations to host residents, so I'll give you just a quick example of what that means. A resident will graduate veterinary school, do an internship, complete a residency, and the residency is -- is to -- to learn the specific specialties of the ology. So like, for instance, in -- in Monroe itself, we have multiple surgical residents that are learning and will become board ci -- certified surgeons that we will -- we will work with in the future.

The third area that Bob's focusing on on the professional team pipeline is the technician process. And so our technicians right now -- I'm sorry -- last year, we hosted 75 of our existing technician teams to -- to complete a Penn Foster learning opportunity to become veterinary-licensed veterinary technicians, so we hosted 75 last year. We're

hosting 125, and this is a scholarship program that we provide to better their -- their skillsets to create a long-term career in working with us for a period of time, as well.

The last one is what we're doing here, and a lot of this is invisible to many of the practices. It's how we're supporting them from a technology standpoint, and that's all the way from the -- the practice management system, or PMS that we call it, to the telephone systems, to our membership structure, and how we connect a pet owner with an EMR, or an electronic medical record, across our network of hospitals.

And so there's a ton of work being done in every one of these streams, and so this slide -- this slide I speak to and use often in a lot of our conversations on an ongoing basis.

Q And -- and -- and just to correct the record, I had referred to this slide as slide number 7. It's actually slide number 8. With that, I'll -- I'll move it over to slide number --

A All right.

Q -- 9.

A If -- if -- if I'm being redundant, just please tell me, Jason, but I can talk about all these. So I've already mentioned the pet owner strategy, so when I was presenting this to our regional support teams and our support teams here in Austin, it was really to identify what we're doing, so number one, we were -- we were launching our pet owner strategy within

our Pathway locations. We wanted to continue to ex -- to -- to scale them and lastly to expand them to include additional supplemental benefits across more locations. We were in the process of exploring a "powered-by" logic that is actually in -- evolved -- that's evolved into an endorser strategy, and I'll talk a little bit about that here in just a few minutes when we get to the -- I think it's two slides from here.

And let's see. And then we were looking at how do we -- after our pet owner strategy, how do we track a pet owner across our networks and understand what they needed and what -- how we were -- they were actually leveraging the -- the membership strategy across our hospitals.

I've already talked a little bit about the leadership and hospital teams. We wanted to, again, again, reduce the span of control so that we could get closer to our teams, elevate our team members. We wanted to minimize the number of changes in leadership at -- in -- in -- and I want to explain that here in just a second. We wanted to create local ownership within the markets but also to coordinate and connect our team members so that we could share members, but also make sure that we had comfort in referring pets from one location to the other, and really to own the P&L, and the P&L from an ecosystem perspective, not from a single site location perspective, and so we measure it at the single site, but we want to report on the -- on the ecosystem itself.

And so I want to -- I want to clarify one bullet that I mentioned just a second ago, when I minimized some of the leadership changes that we had across our organization. We were on a growth trajectory literally that was, you know, 45 degrees up. And it was super-fast. And so what it was requiring us to do, Jason, at the time, was because of our -- our growth and the speed of growth and the number of locations that we were acquiring, we had to reorganize our business a couple times. And so the director of Ecosystem faced the change from year to year, just because of -- of -- we didn't have a clear defined strategy. And so we started to, kind of, evolve this so that we could minimize the number of changes that -- that our hospitals would see and experience. And they would have consistent direction from one DOE, in that we could scale that into the future, which -- which was critical.

Our professional team pipeline, I think I talked a little bit about that already and what Bob's role was to do, and that was basically to help us to create staffing opportunities for the future. We did refine our chief medical officer strategy. Our chief medical officer prior to this time frame had been Bob Murtaugh. And he was evolving into the CPR, or the chief professional relations officer strat -- title. Scott Schatzberg, who's a veterinarian neurologist, stepped into our chief medical officer role. And -- and prior to that, he had been running our specialty lane. And so we were evolving out

of the specialty lane of business that -- that we reported in into the Ecosystem strategy. And so we elevated Scott to give us a -- a kind of a broader leadership role there.

Q Okay. And I believe on the -- on the last segment here, technology convergence, I think you covered this already, but just a bottom bullet point "Team Sharing". What do you mean by that?

A Yeah, team sharing was -- was -- is associated with both doctors, as well as our technicians. And so again, I'll -- I'll reference, there is an extreme shortage across the country of both veterinarians as well as technicians. And so part of what we do in most of our markets is, we've evolved to a team sharing strategy where we share technicians and we share doctors based on their willingness and ability across multiple hospitals. Because for -- for two reasons, one, there's a shortage; number two, the jobs that they do are very similar, and very similar to a point, unless you're talking about the most advanced ology and the most advanced care levels that -- that you might experience with a cardiologist, or in some cases a surgeon. But for the most part they do the same job.

And so we -- we've actually invested again in a technology that will finish our acquisition later this year called Jobs Unleashed that will help us to coordinate that in a more systematic manner versus a dialing, you know, picking up the phone. And that's the -- typically the way that our -- our

practice managers do that now, is they pick up the phone and they call another hospital and say, can we borrow? And we're trying to put some systemization to that to better support the doctors and support pet owners.

Q Odis, I was -- I was going to cover that technology, Jobs Unleashed, towards the end of your testimony. But this seems like a good segue, if you just want to provide us a high-level overview of what that program is and where it stands right not in terms of implantation across the country.

A Okay. Well, let me -- let me cover the -- the -- the last part first. In terms of implementation, our THRIVE business is -- our THRIVE business use it -- uses it extensively across all of our hospitals across the country. We'd probably have another, I think, I don't know the number exactly, just stating for the record, around 12 to 13 markets that are using it to -- again, across the country. And I -- and we -- we'd have that information. We have actually a point person that runs that, that runs that tool and helps to train and implement it across the country. But it is -- it is an invaluable resource to our practices so that they don't have to slow down their days or limit their -- limit the number of pets that are coming into the hospital.

So what it is, and -- and I'm going to tongue-in-cheek a little bit here, comment that the veterinary hospitals still use fax machines extensively. And that's a rarity. And many

of our hospitals still use Rolodexes. And many hospitals across the country have not even upgraded to a cloud-based practice management software. And so what you see in practices a lot of times, if -- if you're a practice manager and you're building your schedule for next week or next month, whatever that is, you start with your doctors, you fill your doctors in on certain days, and then, you build your support structure for those doctors up right there sensibly. And where you have gaps, and you don't have the ability to bring in one of your colleagues, the first thing you do is -- well, you do one of two things, you call a relief agency or you call your existing team members and ask them if they're interested in overtime, or you look to people that you know that have filled in shifts in the past.

So the Jobs Unleashed platform is intended to, again, systematize that Rolodex, so that when you identify opportunities to fill shifts and fill days, you can post that and it will automatically communicate with all of those three different resources with -- with relief agencies, with your existing employees, and with people that have source you've used in the past. So Jobs Unleashed is an invaluable tool that will help us staff our locations going forward.

Q And if I understand you correctly, that this system is in place at all of the THRIVE locations?

A It's in place with our regional managers and our -- and

our area business managers. They're the people that are building those up. And with Pathway, we have a number -- and I don't know the number, we have a large number of locations that use this to support their hospitals specifically. And typically, that would be a practice manager within the Pathway side of the business.

Q Okay. And is there any intention to expand this to all of the Pathway locations?

A That's -- that's the basis for us acquiring the -- the platform. So 100 percent we will be expanding that across all of our locations.

Q And would that include the Rochester cluster of locations?

A It would absolutely include the Rochester location. Two things that are noteworthy. We are -- we are not just in the business of running hospitals. We actually own the -- the largest group-purchasing organization called Veterinary Growth Partners that provide services for over 6,000 veterinary hospitals across the country. They're coaching. They provide group-purchasing options and things of that nature. We do a lot of additional things. We will offer Jobs Unleashed to all of those locations, so that we can better support those hospitals as well.

And if I jump back to the very first bullet point, "Crack the PMS", the PMS. We actually own the technology as well called a practice management software that is a cloud-based

system called Vetspire. We acquired that last year. I'm sorry. I believe it was -- I don't know the closing date on that. Jason, I'm sorry I don't have that information handy. But we've acquired practice management software that helped with clinic flow, that helps with, you know, the capture of electronic medical data and medical records. And eventually, the intent will be to integrate Jobs Unleashed with our practice management software called a -- Vetspire. And to offer that to all of our practices consistently across all -- all locations.

Q Okay. Thank you, Odis, for that. I think the next few slides we can move through quickly. So just let me know when -- when to stop. And we can talk a little bit more.

A Okay.

Q Slide 10 appears to be a transitional slide. Slide 11 talks about integration activities. Anything you want to discuss here?

A Yeah, just -- just high level. Again, we were informing all of our teams how our organizational structure looked. Originally, before I came into the business, the integrations team was succinct and -- and I guess a different business unit. And so they have the function that they controlled. And then they handed everything over to operations. We felt like there was a lot of gap between our integrations team and our operations team, and so we merged them in. And when we get to

the org chart, you'll see how the integrations team started to flow into our business. And I think that's -- that's the highlight for this piece.

Q Okay. Then, we have a transitional slide, slide 12, which is full of brands. And then, slide 13 appears to be some example of -- of brands. I'm not sure if any of this is relevant to your presentation. But I'll let you tell me that.

A Yeah. I'll -- what I -- what I wanted to make sure our team's heard and understood during this presentation, was that we had made a commitment to our -- to our partners. And that basically their -- their legacy would remain intact. And so what we were -- we were trying to make sure we reenforced is that we were not changing anyone's brand in any of our locations. We made a specific point to just call out some of our businesses here that -- that are very loyal to their -- to their brand and their legacy that they created within their markets. And we wanted to make sure they understood that our intent was to -- those legacy brands would remain intact. That's it.

Q And just so we're clear, when you say legacy brand, that would be the name of the organization, or the entity, before Pathway acquires it?

A Exactly. That's exactly right.

Q Okay. So we're -- for this particular case at issue, the predecessor organization was Monroe Veterinary Alliance, or

Association; is that right?

A Well, they all have individual -- they all have individual hospital names.

Q Got it.

A And -- and that was the goal as not to -- not to disrupt those individual hospital names whatsoever.

Q Okay. All right. And then, moving to a slightly different topic. I want to get into the organizational structure. Can you outline for us -- I'm going to move to slide 15, the high-level organizational structure for -- for Pathway?

A Sure thing. So we were moving to a -- a new structure where we had -- had, kind of, carved the markets to where they would support each other in a more holistic fashion. Originally, we had two -- what I would call group vice presidents that were in charge of operations. And they had east and west. Actually, they had specialty NTP (phonetic throughout). I'm sorry, I said that wrong. We were moving to our Ecosystem strategy. We carved the business up to -- to manage under four regional vice presidents and build the support structure underneath them. And this is what that region looked -- that card looked like.

Q Okay, then. And moving on to slide 16?

A Slide 16 was just really, kind of, a nomenclature, so that we were all talking about it the same way. The Ecosystem is

really the core of the business and -- and kind of the smallest unit we would be reporting on and keeping it close, then the area, and then the region, which would go up to those region VPs, so fairly -- fairly insistent.

Q Slide 17?

A 17 was really just what went into the design. You know, we -- we -- we spent a ton of energy here in the support offices making sure that we had alignment on what our strategy is. We had a cross-functional team that would -- went into discussing all of this. Because at the end, we allocated every functional area into a specific region. And we wanted to make sure that we did this with organizational sustainability in mind.

And when I say sustainability, remember I said because of our rapid growth pace in the past, we had a number of teams that control, or change of faces that lead these hospitals. And so we wanted to make sure that we -- we did not run into that into the future. And then we also wanted to create a process in the last box of -- of how we identified the folks that were leading each one of these regions. And that we -- we built a process to -- to interview and to evaluate the talent level and their capabilities, so that all qualified candidates were considered for the roles.

Q And then moving into the operational organization structure in a transitional slide here at 18. I'll move to

slide 19. Can -- can you tell us what this flow chart represents?

A Sure thing. This is my direct report. My -- at the time, this was my -- my organization. So if -- if I -- if I move to the left, there was a -- we have a veterinarian named Dr. Taylor Marchman. He was our vice president of medical operations. Taylor basically is in charge of -- of creation and building of any infil -- any program, or programmatic design, is a better way to say it. He also oversees our radiology business unit, as well as a couple of pricing folks and in a -- in a project manager.

If you look to the right, Julia Conner is our director of operation. And she has two project managers that support her. She is effectively the -- helps me with all communication and implementation. So it's the execution arm. So there's the creation, or development side, with Taylor. And then, there's the execution and communication side with Julia. Beneath that, you see the four regional VPs with Miranda, Teresa, Bridget, and Wendy, as well as our chief medical officer, Dr. Scott Schatzberg. They all -- this is -- this is my effective team here.

Q Okay. And moving to slide 19. Just quickly tell us what this slide is.

A This is Scott's direct reporting team. So this is the medical excellence arm of our business. So when I -- if I just

run quick left to right, Bob is in chief pro -- chief professional relations, so he houses all of the development programs that we talked about already, residents, technician externs. Kelly Cairns is a veterinarian. She's a -- I believe she's an internal medicine specialist, is a support arm. She helps with medical excellence initiatives across the country. Tony Coronado is our national director of ER services. Tina Cloud is an operations specialist for what we call our ODD group. And ODD is our opto, derm, and dental specialist.

We've acquired three very type-boutique specialties within the business. We had three medical directors, or regional medical directors, for the THRIVE. And then we have a specialty director board on the far right. And just to describe that, in every key ology of our business, we have one person allocated as the lead -- I'm going to make it a ophthalmologist, cardiologist, a lead surgeon, a lead opto -- oncologist, and throughout all the ologies. Does that make sense?

Q That makes sense. Okay. Then, moving over to slide 20?

A Again, these are just the operational VPs that I'd mentioned earlier. And -- and from east all the way to the west with -- with the four here.

Q Okay. Slide 21, is this just the organizational structure for -- for the east?

A It's just the organizational structure. I'll call two

things out here. Well, I'll call a few things out. So below Miranda, you'll see Julie Berry and Dolores. Those are the integration specialists that we were rolling into the operational chain of command that we had never done before. On the right of that, we have advisory leaders that Miranda interacts with on a consistent basis. And these are what I would call bulk leaders across our business. That it built and managed and operated successful large facilities across the country. And so -- so just to make sure that she has a point of reference, because she's not managing hospitals specifically and directly, she has a team that are coming to her to make sure that -- that she has a pulse on what's going on in the hospitals.

The last point I want to make here, on the far right, is this is the first time we had effectively rolled our THRIVE business and our THRIVE business leaders into our organizational structure. And so in making them part of the Ecosystem versus the standalone business.

Q All right. Then, the next few slides -- well, actually, let me just back up. So Miranda, as the VP for Region 1, would she ultimately oversee the Rochester-based operations?

A Yes. Yes. New York would fall in her geographic realm of responsibility.

Q All right. So slide 22 would be the -- the same slide, but for the Central Region, correct?

A Exactly.
Q Slide 23, just Region 3 for the west?
A Right.
Q And then, Region 4 would be the other region that covers the -- the northwest and the southwest; is that correct?
A Exactly.
Q All right.
MR. HALLER: Jason, just -- just for purposes of the record, I think you're one off on all these slide numbers.
MR. STANEVICH: That could be my -- my mistake if we're off.
MR. HALLER: It's not a big deal. But it may confuse somebody reading the record.
MR. STANEVICH: Yeah, I -- I think you're correct, based upon -- perhaps we can fix it up when we -- we get the transcript.
Q BY MR. STANEVICH: And then just last couple of slides. Odis, just let me know if there's anything you want to cover here. The slide that covers timeline and next steps.
A Yeah.
Q This one of the Ecosystem.
A This was just a -- us communicating the time frame of -- of what was going to be communicated, who it was going to be communicated to, and how we were going to be doing that. So -- and we were setting the stage for transitions. I think that

comes in the next slide, actually. But -- but we were -- we were actually rolling out a lot of the -- the -- the forthcoming strategies. So the additional detailed slide here -- so the -- actually, I want -- I want to spend some time here, just a second.

We restructured our entire business in meeting our support office to have functional areas supporting functional regions, if that makes sense. And -- and -- and I want to make sure you guys understand what I say there. Our finance team had been basically one team supporting everyone holistically. We wanted to give -- I'm going to use Miranda as the example. Miranda, one point of contact for finance, one point of contact for Work -- Workday, one point of contact for SharePoint, one team that she would interact with on a recruiting site consistently, and one marketer. And so basically, this was an entire redesign of our entire business, just to support those functional regions.

Let's see. And -- and then, we just wanted to, you know, give it a note of support that, you know, there were going to be -- there was a lot of work to do. Specifically in the transition, we wanted to have warm handoffs. I think we can switch to the next slide. I think that's what I'm referring to.

Q I -- I just have a question. And we may get into some of this with other witnesses today or tomorrow. Workday, what is

that? Is that an HR system or some type of other system used by the organization?

A Yeah. Workday -- Workday is an ERP. It's -- it's a backend system that supports our entire organization. So if you look at most Fortune 50 companies, I -- I don't know what the number is, but I believe it's 75 percent plus are using Workday as a support function. And that's how we manage our teams. How we manage our payroll. How we manage our finance. And it has a lot of other functionality and capability. But it's how most large companies operate.

Q And do you know whether the Rochester location, that issue in this proceeding are on that Workday platform?

A They if -- they -- they would've been rolled onto the Workday platform during the integrations process, yes.

Q Okay. And then, the next bullet point says "SharePoint Site Design and Development". What is that?

A SharePoint is basically how we create documents that we share with our teams. A lot of teams will edit those documents. And so it's a way of getting out of version control. So on SharePoint, we would share one Excel document that would give PMs access. And they can communicate information back up to us. And we can track it on -- on an accurate basis.

Q Okay. And then, the next bullet point, "Recruitment", which I think speaks for itself. But then, it says, "POPS,

P-O-P-S Alignment". What is -- what is that term?

A That's people operations partner. So a lot of people would call that HR support. We call it people operations support.

Q Okay. All right. And then the -- the last slide with "Content" on it. And anything here, Odis, would you like to cover before we wrap up this presentation?

A I -- I mean, basically, our -- our asked of the team was, we needed to continue business as usual. We had a ton of things going on. We always do. And then, in the -- in the fourth quarter, budget creation, inventory management to make sure that we finish our year strong and we don't -- you know, we just have to create a -- a consistent process. We didn't want to disrupt all of the work that was being done in the hospitals. And we wanted to continue to support our people. We wanted to make sure that everybody understood we weren't flipping to the Ecosystem strategy overnight. There was a ton of work that had to be done from an alignment standpoint. So we had to get that work all accomplished. And that everybody wouldn't be getting membership overnight. So there's just a ton of work that had to be done during that time frame.

Q The third bullet point from the top mentions "Inventory Management". Is there any centralized inventory management across the organization, the Pathway organization?

A I -- I got to -- I'm trying to think how to explain that

to you. There's not a centralized system. They're all managed locally. But we give guidance on how we would like to be managing inventory. But -- but we do report it on a consistent basis. We report it on a quarterly basis, so that we make sure we manage our P&L effectively.

MR. STANEVICH: Okay. I have no further questions on this document. I would move Employer Exhibit 1 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Okay. Hearing no objections, it is received into evidence as Employer Exhibit 1.

(Employer Exhibit Number 1 Received into Evidence)

Q BY MR. STANEVICH: Odis, in -- several times during your presentation, you referenced a job known as the DOE, the director of Ecosystem who reports up to a regional VP.

A Um-hum.

Q Can you just, you know, give us some -- a little bit more of an overview of what a director of Ecosystems is responsible for?

A Sure. I'll describe it like this. You may be familiar with the term regional operations manager. A lot of organizations actually refer to them -- a similar role as a regional operations manager. Our directors of Ecosystems are the point of contact for the hospitals. So we try to manage, again, the somewhere in the neighborhood of a 14 to 20 hospital locations, depending on the size and complexity. They are the

face of Pathway to our hospitals. They help us manage the personnel, the -- the recruiting, the marketing engagement and support.

And so if you go back to that next to the last slide, all of those functional areas, they maintain the point of contact with all those functional areas, as well as the hospital point of contact. And they help us run the front of the business on a day-to-day basis.

Q Okay. And in the situation where we have the hub-and-spoke model that you outlined before, where the specialty hospital may be the hub, the other locations, the GP sites, are the spokes, how does the DOE relate our -- well, what responsibilities would the DOE have between that hub-and -- the hub and the different spokes?

A Sure. Well, their -- their direct points of contact will be the practice managers and the medical directors within all the locations. So they have daily -- weekly, if not daily, interaction with all of those managers of all those facilities. Does that answer your question?

Q It does. And we'll have some more testimony on that later -- later today. So we can -- we can move on for now.

I'd like to share my screen and show you a document that's been marked as Employer Exhibit 2. And I'll just scroll from the top to the bottom.

A Yep. Do you want me to comment on this?

Q Yes. So I just wanted to make sure everybody was able to just quickly review it.

A Sure.

Q Odis, just -- I'd just like you to identify this document for us.

A Yeah. This is the director of Ecosystem job description that all of our -- our DOEs operate under. And really, we -- we categorized all of their activities in four key areas; people, teams, and hospital culture, in making sure that they're supporting, you know, the appropriate building of culture support teams, and the people management across all the locations, experienced management. And so we -- we don't have a centralized NPS work -- we do a lot of localized NPS work. We're working to roll out NPS management, or net promoters for on the part of pet owners. And so they will be responsible for enrolling -- I'm sorry, engaging and improving net promoter scores for all of our hospitals. Fiscal management is just the effective management of P&L in making sure that we manage the -- the P&L within certain realms of -- of norm. And lastly, just operational excellence and how we provide medicine for pet owners. So --

Q Sorry, I didn't mean to interrupt. Go ahead.

A No, no. And that's -- that's just the four -- the four key areas that we -- we gauge our -- gauge our team members on.

Q Okay. And just to go back to the fiscal management

component -- component you mentioned that the DOE has responsibilities for P&L and key performance indicators. Would that be for all of the facilities within a particular Ecosystem, or only a subset of that?

A No. It would be for all of the locations that they're responsible for. So again, the design lists everything in the Ecosystem. It functions as one business unit. And so our -- our DOEs are overseeing one P&L for that Ecosystem. They manage -- you know, if the -- that one roll up is the sum of the parts, obviously. But they're responsible. They have one -- one P&L for each DOE that we review and we can monitor them.

MR. STANEVICH: Okay. I would -- let's see. Let's back up.

Q BY MR. STANEVICH: And is this the job description for the director of Ecosystem that's currently in place across Pathway --

A Right.

Q -- and that would include the Rochester Ecosystem?

A Yes.

Q Okay.

MR. STANEVICH: I would move Exhibit -- Employer Exhibit 2 into evidence.

MR. HALLER: Objection.

HEARING OFFICER DAHLEIMER: On what grounds?

MR. HALLER: I'm sorry, I said no objection.

HEARING OFFICER DAHLEIMER: Oh, no -- okay, understood. No objections, it is received as Employer Exhibit 2, the director of ecosystem job description.

(Employer Exhibit Number 2 Received into Evidence)

Q BY MR. STANEVICH: Okay. Otis, I'd like to show you a document that has been marked for identification as Employer Exhibit 3. I'll just scroll quickly through it so folks can see what the document is, and then I'll ask you to comment on it.

A It's -- I mean, I would say it's fairly straightforward in outlining, you know, all of the responsibilities for the practice manager, which -- which is a very challenging job, to be very honest, very challenging role. But they are -- they are responsible for the day-to-day operation of the hospital.

Q And is this the practice manager job description that's currently in place across Pathway?

A Yes.

Q And would that also include the Rochester area locations?

A Yes.

Q Okay. Let me just -- I may have one or two questions on the job description. It does mention towards the bottom here that the practice manager manages a team of employees. And I know this may depend on the particular practice, but in general, what type of employees would a practice manager be

responsible for?

A In general, every practice will have a -- a -- a customer relations professional -- that's basically somebody that answers phones, that books appointments, that checks out colleagues, that is a friendly face to pet owners as they enter the building. So we have customer relations professional. We have vet assistants; we have licensed vet technicians; we have kennel professionals. And we have doctors, in all those locations, but that -- for the most part, those four -- those -- three of those four roles are consistent across every veterinary hospital in the country. The vet assistant, licensed vet technician, customer relations professional, and doctor. So there's four.

The only -- the exception is, in some cases you'll see practices that have very -- a large kennel presence, or -- and that be daycare, boarding, and some of those natures. That -- that will vary, just depending on the location and what the physical footprint looks like.

Q Okay. So we'll have some more testimony about those specific positions later, so I'm not going to ask you to get more granular at this point.

MR. STANEVICH: I would move Employer Exhibit 3 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Okay. Exhibit 3 is entered

into evidence. Re -- received into evidence, I -- I should say.

(Employer Exhibit Number 3 Received into Evidence)

Q BY MR. STANEVICH: Otis, are you familiar with the -- the acquisition of -- of the Monroe System?

A Very much.

Q Okay. And did you know of the Monroe System prior to Pathway targeting the system for acquisition?

A Ye -- yeah. I -- I first became aware of Monroe, I believe in the 2008 time frame. So I -- I knew of -- of Monroe. Visited the site multiple times in my role as a regional -- a regional business manager for Zoetis. I'm sorry, it was Pfizer Animal Health at the time, but I met -- visited with them when it was Zoetis as well.

We -- it was a very -- a very, very large customer, and so I visited with one of my sales reps and the sare -- the sales manager at the time. Was immediately impressed by the operation, what they had created. I mean, outside looking in, they were exactly what we believed -- I'm sorry, we were -- we're an integrated business, and so we knew that, you know, they had a -- they had a number of general practices. They had a specialty in ER practice; they were actively sharing teams and sharing team members.

And so -- so I was aware with -- of them a long, long time ago, before I came into the business. And probably within, I

don't know, six months of my employment within Pathway, I was with THRIVE at the time, mentioned to our business director -- or business development team, Mike Bland, who runs our BD team, that we needed to be there, maybe looking at this from a strategy perspective, because it was a very, very attractive business.

Q And you may have summarized this already, but why was Monroe an attractive target to Pathway?

A I mean, it was -- A, it was a tightly clustered business. We believed it to be a very well-managed business; very tightly geographically clustered. Had the ability to refer and share teams. They had a laboratory system integrated at their business that served those facilities, as well as a crematorium, you know, so they -- they -- I guess they partnered with pet owners from, you know, cradle to grave. So it was a very, very attractive business for us.

Q And -- and what -- what did you mean that they refer and share -- share teams or team members?

A Well specifically, the way that they shared professional teams across the location. So with that meaning, you know, customer relations professionals, technicians, and in some cases doctors. That was important, but -- but also the way that they were sharing referrals internally within their hospitals. And so they were very well-organized, you know, support -- I mean, sending, you know, cases that needed to be

elevated to specific specialty functions across their network internally as well.

Q Okay. And obviously at a certain point, the organization decides to -- to move forward with the -- the process to acquire the entity. Can you walk us through the steps that Pathway generally follows in these types of situations, and if you've got any specific information about MVA, please feel free to share.

A Sure. I think that -- well, let me -- you know, at one point in time, again, if you go back to prior to 2018, we were very much word of mouth referral-based. Mike continued to elevate his team to develop a professional team to identify opportunities across the country, and who we thought might make good partners.

So -- so at -- a lot of it starts with word of mouth as long -- as well as some scoping of who they are and where they are, et cetera, and how they fit into our ecosystem. But we have evolved dramatically.

So the first thing that we do is we -- we ask ourselves internally the question, does it make sense, as part of our ecosystem strategy? And so if they can't contribute to a current building ecosystem, are they an existing ecosystem? So there's two -- there's two check steps.

And then three, we have a business development team that approaches the principles of the business to just have a

conversation and a discussion with them about, you know, how do they think about partnership; how do they think about -- fit with what we're trying to build, and -- and we start just having conversations. I think I was on maybe four different conver -- I think I was on three calls with the principles of MVA to just talk about how we see partnership, and making sure that our -- our philosophies aligned, if that makes sense.

Q And -- and what type of philosophies are you looking to -- to be on the same page, so to speak?

A I mean, the first thing that we were very clear on, with -- with all of our partners is we're not an on-site presence every single day. What we rely on is strong local leaders to continue to manage the business and to -- and to build in a reporting structure where they're communicating with our directors of ecosystem to -- to make sure that we're all staying connected, I guess is a good way to say it. But -- but -- but our -- but from a philosophy standpoint, we need strong leaders.

And -- and the second step is in how do we find organizational or operational synergies in the business. And so if we're culturally aligned, if we're aligned on the doctors and the leadership teams staying intact, meaning continuing to run those businesses on a day-to-day basis, then we move to a diligence process to understand the operational synergy effect when we partner. And when I say operational synergy, that

means how do we absorb their marketing function, and so that we have -- we have best in class marketers in our business that are developing strategies to market on their behalf.

Same thing with finance. We typically replace the finance, or the AP and the AR teams, within their business within a centralized management function. We replace their legal function typically. And -- and every functional area of the business, we absorb with a central support structure that most of those folks are based here in this Austin office. And so --

Q Go -- go on. I'm sorry.

A So it's culture, leadership, diligence, and then we arrive at a conversation that says, this is how we value the business, and you know, and we start to work through that process, which I'm partially involved in. The majority of that happens with our business development team.

Q So you've outlined to us a number of operational synergies that we look to bring in-house, so to speak. Has that been done for this tight cluster of Rochester locations?

A Yes. Yes, it has been employed.

Q And -- and specifically, of all those items or subtopics you -- or departments you've addressed, which ones have been brought into the Pathway fold?

A I believe every single one of those functions are part of the integration and the transition process. So I believe

every -- every function of that -- that has been brought in-house.

Q Okay. And -- and what are the benefits of doing so?

A I think there's really two benefits. One, we have -- well, probably three things. One, we have experts in ar -- all of these areas. We have marketing that's -- that's -- we have outstanding marketers. So A, we can bring a best in class approach to virt -- virtually every facet of it.

Two, we can -- we -- we get better economies of scale, meaning it costs us a lot less to manage 400 hospitals from a finance standpoint than it would for you to go hire, you know, an accounting department to manage and support a small number of locations.

And third, we get more effective hospital P&L performance. And so we get better management down at the -- down at the hospital level because we have economies of scale when we purchase. Because, remember, I mentioned earlier, we have a secondary business that is called Veterinary Growth Partners. So Veterinary Growth Partners allows us to buy a scale that's better than that of Mars, who owns 2,000 hospitals. And so we get better -- we get better cost basis for everything that we do, you know, moving forward.

Q Otis, you -- you mentioned before, as part of the evaluation process as to whether to move forward with an acquisition, one of the things that Pathway does is to look to

whether the target, it is an existing ecosystem, or it could be folded into an ecosystem that the company already has. Which one was it for Monroe?

A With Monroe, it was an easy decision because it was an intact ecosystem. So we could actually take the ecosystem and bolt it onto our -- our business. More importantly than just being an intact ecosystem, it was a mature ecosystem in virtually every facet of what we're trying to create from an operational strategy or an organizational strategy. They've done it, and we knew that we had the opportunity to learn how they shared teams, how they had internal referrals, how they operated in the internal laboratory, how they operated an internal and owned crematorium. And so how these business operate as one functional business unit, we knew we had the opportunity to learn more from them than we could actually take to them.

Q So is -- is -- is it fair to say that the existent ecosystem of the Monroe system, it aligns with what Pathway's been trying to do with its own ecosystem program?

A It aligned very much -- it aligned perfectly with what we were trying to create and what we're trying to build and create.

Q And was there any consideration given to the fact that this particular system, the Monroe system, was located in -- in Western New York?

A Yes, I mean if we -- we don't own anything in Western New York. It was a complete -- it was a complete, you know, new area for us to -- to operate. We operate in the eastern side of the country in New York City. The only reason we considered it, again, was because it was a complete intact ecosystem that could bolt on, and it made a lot of sense for us that had a director of ecosystem present in resident, with Sheryl coming in to -- to elevate and manage the business. It was a complete bolt-on to our business.

Now, if you counter that, Jason, we -- we walk away from deals every single day right now that don't fit into our ecosystems.

Is everything okay?

Q Yeah, go ahead.

A Oh. So -- so if -- if this were a one-off location in Western New York, we would never even have the conversation; it would actually have been crossed off our list for -- for consideration at all.

Q Why -- why -- why is that; why would you not consider a one-off?

A Because our strategy is to build tightly geographic clusters that function together. And so one of the criteria that we use in our BD and M and A process right now is -- and I'll -- and I'll -- I'll use a great case in point. We had a conversation with our BD team a couple of weeks ago. They

wanted us to buy a hospital in Wilmington. And we said no because we don't have clusters of practices there that we can integrate and operate together. We only want to operate in clusters.

Q All right, last topic. I'd like to show you a document that has been marked as Employer Exhibit 4.

A Um-hum.

Q Otis, do you see the document that is on the screen?

A Yep, I do.

Q Okay. And this is entitled "Excerpts from due diligence summary", closing date May 14, 2021. Can you explain to us just, you know, what this document is and how you're familiar with it?

A It -- it's part of our diligence summary. I mean, our -- our BD team puts these things together for a couple of different reasons. One, to socialize the business internally to make sure that we're all talking about this the same. And -- and it's a desirable business to proceed. And so it just lists a summary of the practices, summary of the org charts and the summary of the equipment that -- that we would -- we would go through and you know, in a consideration process.

Q Okay. Otis, we're going to get into some detailed testimony about the different practices, and services, and equipment later today. But I just want to walk you through

this document and see if you can identify a -- a few things for us.

Okay. Just for an -- the -- the second page appears to be a description of a -- a particular location, correct?

A Um-hum.

Q And it looks like this location is the Animal Junction Veterinarian Clinic; is -- is that fair to say?

A Yep. Yes.

Q Okay. And I -- I see there's a -- about halfway down, there's a website listed. Are the web -- the preexisting websites of these locations still maintained by Pathway?

A Websites are -- are in the process -- now, this is -- this probably takes us a little bit -- one of the -- one of the steps that takes us a little longer to integrate. So as I'm aware, these -- these websites are continuing to be managed on the resident server where they're hosted today. Over time, we will evolve them and move them into our -- our own managed website locations. But currently they're -- they're not -- they're not centrally managed, I don't believe.

Q Okay. And just right above website, I see clinic type. It says GP.

A Um-hum.

Q I know we may have covered this earlier, but just -- what -- what is a GP clinic?

A Just a general practitioner. This is what your -- where

you'll -- where -- if -- the average pet owner with a dog that's vomiting or needs a vaccination, this is their starting or entry point of care.

Q Okay. Going on down, I see there's a title "medical director". What is the medical director position?

A Yeah, the medical director, I guess in a nutshell, is in charge of the doctors, managing the doctors, and managing the medicine in the practice, so that we make sure that there is not substandard medicine being practiced or antiquated medicine. And so they're in charge of medically -- medical quality standards in those practices.

Q Okay. And right below that I see practice manager. You -- you've walked us through what a practice manager is. Clinic description, we'll -- we'll get into that later. At the bottom, it says "number of DMVs". What is -- what is a DMV?

A It's a veterinarian. There's a couple of different classifications. DMV or DVM -- or DMV just -- there's a couple -- a few different classifications, but all of those signify a veterinarian.

Q Okay. And then it says number of support team members. Just again, in general, what type of support team members do we see at a -- at -- at a GP practice?

A You're going to see the same that you're going to see in every type of practice. You're going to see customer support representative, CSR. You're going to see veterinary assistants

and licensed vet techs. And if they have boarding, and -- and the need, that they would have kennel professional.

Q Okay. And -- and do I understand your direct -- correctly that the -- the medical director would oversee the veterinarians and then the practice managers would oversee the support staff; is that generally how it works?

A Generally how it works. A lot of times, the practice manager will be in charge of scheduling all in the practice, and so a veterinarian typically will not report directly to a practice manager, with the exception of a very high level practice. But they will -- they will report to the medical director specifically.

Q Okay. And then just going to the next few slides. So I -- I assume Animal Junction Veterinary Clinic, that was part of the acquisition?

A Right, correct.

Q And -- and would it be also true of Bayview Animal Hospital?

A Sure. Yes, sir.

Q Canandaigua Veterinarian Hospital?

A Um-hum.

Q Cats and Critters Veterinary Hospital?

A Correct.

Q Okay. And I don't want to belabor the point --

A And --

Q -- but I -- is it safe to say that all locations that are included in this slide that were part of the acquisition?

A It's safe to say -- it's safe to say that all of these are included in the acquisition. And -- and -- and Jason, for the record, I'm -- I'm familiar with, but not intimate, with any of these practices.

Q Okay. And we're going to have some testimony on that later today, Otis, so that -- that's okay. So -- so let me just scroll through to see if there was anything else here. Can you just tell us what this slide is, Otis, entitled "Location and general description"?

A This -- yeah, this is a map that -- that -- it's -- it's part of our diligence process, and it's part of our -- it's -- it's part of our diligence process, and it's a part of our business acquisition process. And so I'm going to explain that.

Within the initial recommendation for this to come to committee to say this is a desirable target, we will see this map, showing the footprint of all the practices that we're looking at, for every acquisition that we would make. And it would show either the same locations, you're looking at all of the Monroe locations, or it would show competitive locations. Or in the case of those red circles, you'll see what we identify as a Buxton opportunity to go build de novo, and so that will be a location that's highly desirable based on

customer psychographics and demographics that we work with a group called Buxton that we say, if I was going to build a practice, that's where I would build it. And they would give us a detail of why. So we -- we've got this -- this map. So that's -- that's Monroe.

But we also use that across the country. And so we'll see this -- we -- we use a very similar process; the map looks almost identical to this for the entire United States, wherever you want to go buy, and where we want to go build. And so we -- we have a very, very professionalized process to identify highly desirable markets and highly desirable opportunities to build de novo. And that's building.

Q Okay. So if I understand you correctly, the red circles on this map show what's been identified as a desirable market, and then the yellow stars show the footprint of the Monroe system; is that fair?

A Exactly. And -- and so if we wanted to continue to build out this ecosystem, Jason, and to add additional locations, we would look in those two red circles to identi -- to -- to create additional hospitals in those markets.

Q Okay. Let me just move on here. I see a number of organizational charts in this slide deck. Were these the -- are these the current organizational charts, or were these the organization -- organizational structure that existed at the time of acquisition?

A I believe this is the acquisition -- at -- at the time of acquisition.

Q Okay. So we -- we can move through that.

A These are just the existing hospitals themselves.

Q Okay. And --

A (Indiscernible, simultaneous speech).

Q -- what -- what is this slide here, slide -- slide 31?

A This shows the square footage of each location and the number of exam rooms. The number of exam rooms equates directly to your ability to create revenue and to generate revenue, and so to see pets on a consistent basis, the size just gives us an understanding of -- of how efficient the space is, and the ability to add additional specialties -- add additional services to that hospital. So we use that as a general guidelines for how we would look at locations and their opportunity to continue to grow.

Q And let me just back up to a -- a question I probably should've asked earlier. When Pathway looked to acquire the Monroe system, did it look to acquire the entire system, or did it consider just purchasing, you know, individual locations that may be listed on this page here, for ease of convenience?

A We -- we would've never -- we would've never approached an individual location in Western New York because it didn't fit our strategy. Didn't fit our strategy, doesn't offer any advantages, because if you go back to our support teams, and

some of the discussion points I've made there, we want to tightly center and be present to win with our support teams. We do not want to -- to be traveling, you know, three hours one direction to see one, or two, or even three hospitals. We want to build clusters that have the ability to refer pets to our centralized sup -- specialty and ER locations.

Q And so that goes to the hub-and-spoke model you referenced earlier?

A Right, 100 percent.

Q Okay. And then just two more slides here. Let me see if I can make this a little bit bigger because it's hard, even on my eyes on a bigger screen. The top left-hand corner, it says "radiology equipment review", and then it looks like the next slide is the same thing. So let me just go back one. Can you walk us through what these two slides are, and you know, why this is included in the due diligence report?

A Yeah, so -- so A, we want to know what kind of equipment exists in all of our locations, and how it supports -- supports medicine there. I think the -- I mean, it -- it's -- it's basically just a general inventory of equipment that -- that -- that is in every practice. We -- we track this for all of our locations because, again, what we try to do is to negotiate if and when we were to have to replace equipment, we would have an aging report so we understand how do we -- if -- if we know we -- we're going to have to buy 10 Konica x-rays, we want to

go negotiate to get economies of scale.

I think what you'll see here is all of the equipment is fairly consistent across all the locations. The only -- the only difference you're going to see when you review these two pages is on the second page. There's two pieces of additional equipment that is in -- that -- that resides in VSES that are the CT and the MRI, and that's really to support, you know, emergency cases and -- and the highest level of specialty care available. Outside of that, machines are fairly similar across all different locations.

Q So for example, the ultrasound equipment that is at VSES, we have same or similar equipment at other locations, correct?

A I -- I -- I believe the answer would be yes. There may be one case where you would see, like, a cardio package on -- on an ultrasound machine that would allow you to see more detail of the heart than -- than at a specific general practice. But -- but outside of that, the machines are -- are going to be very, very similar.

Q Okay.

MR. STANEVICH: At this time, I would move Employer Exhibit 4 into evidence.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer Exhibit 4 is received into evidence.

(Employer Exhibit Number 4 Received into Evidence)

Q BY MR. STANEVICH: Otis, just one more quick question on one more topic. In terms of federal EIN numbers, the locations in Rochester currently, do they all have separate federal EIN numbers, or do they share one number?

A No, we purchased them under one federal EIN number. So there's one business, effectively.

Q Okay. So you purchased it that way. Have you done anything to change that?

A No.

Q All right. Thank you, sir.

MR. STANEVICH: I have no further questions at this time.

MR. HALLER: May I?

HEARING OFFICER DAHLEIMER: Well, let's -- let's take a brief poll here. At some point in time, I'm going to have a one-hour recess for everyone to have lunch today. Would you -- are your questions -- you know, I'd like to do that before 2 p.m., probably. Do you think you can get your questions in before 2?

MR. HALLER: Oh, absolutely. I don't have -- I don't have that much.

HEARING OFFICER DAHLEIMER: Okay. Well, let's take a five-minute recess. We'll go -- I -- I have 12:03. So let's -- let's -- let's call it 12:10, we'll have everyone back here. We will go back on the record at that time.

MR. STANEVICH: I'm -- I'm sorry, at 12:10?

HEARING OFFICER DAHLEIMER: 12:10.

MR. STANEVICH: Okay, thank you.

HEARING OFFICER DAHLEIMER: Okay, and we're going off the record.

(Off the record at 12:04 p.m.)

HEARING OFFICER DAHLEIMER: Mr. Haller, this is your opportunity to cross-examine.

MR. HALLER: Okay.

CROSS-EXAMINATION

Q BY MR. HALLER: Mr. Pirtle, hi. My name is Bill Haller; I'm counsel for the Union.

A Hi, Bill.

Q Hi. I have just a few questions. I apologize in advance; they're going to be a little bit scattershot, because that's kind of the nature of cross examination, and a lot of these are kind of going in the reverse order of your testimony, because I took notes.

You mentioned when you were looking at the acquisition of Monroe Veterinary Group that Pathway didn't have any facilities that it owned in Western New York. And I noticed in the due diligence document, which I guess is Exhibit 4, on one of the pages, there was a map, and there was an icon next to something in Lyons, New York.

MR. HALLER: Can everybody hear me?

THE WITNESS: Yeah, I hear you.

MR. HALLER: Okay, all right.

Q BY MR. HALLER: Does -- does Pathway have a facility in Lyons, New York?

A I -- honestly, Bill, I -- I think we actually do. I'm not familiar with the facility. I don't touch all of the locations individually myself.

Q Okay, and that's fair enough; there's a lot of them. Understood.

A In my assumption, it --

Q Okay.

A -- was probably part of the early, early acquisition.

Q Okay. You -- you had -- there was -- some of your testimony pertained to the THRIVE organizations. The Monroe Veterinary Group is not a THRIVE organization, is it?

A No, sir.

Q Okay. You also testified about memberships available to pet owners at Pathway, where they get certain discounts for exams and such things. Are those available to pet owners who utilize the Monroe Veterinary Group?

A No, sir, they're not. That is -- that is a strategy that has not been repeated across the (audio interference) country.

Q Okay. Okay. Early on in your testimony, you talked about the HIPS program. I think it's some kind of bonuses for folks at some facilities that are meeting certain goals?

A The hospital incentive program; yes, sir.

Q Okay. And I believe in Employer document 1, it -- let me find it -- it referred to -- and I don't know if you have the documents in front of you, sir.

A The -- which -- which was document 1? I do have printed copies of -- of -- the ecosystem deck?

Q Yes.

A Yes, I do.

Q Yes, that's it. And I think it's screen number 2.

A Um-hum.

Q Okay. Yeah, that's what we referred to that -- okay. The HIPS, it said there were in excess of 2 -- two-and-a-half million dollars in HIPS rewards or bonuses at 203 locations?

A Right.

Q Okay. Would those be discrete general practices or hospitals, that 203 number?

A They would be discrete locations, right.

Q Okay.

A With the exception -- with the exception of a couple of units that we operate as one unit. For instance, our Eye Care for Animals locations operate under one HIP program, and so we treat them as one unit.

Q Okay. How many ecosystems does Pathway have -- Veterinary Alliance currently have?

A I don't -- I don't know the answer to that right off the top of my head.

Q All right. Oh, you testified about a -- a program called Jobs Unleashed. I guess that helps schedule people when they are needed across locations. That's not available for the Monroe Veterinary Group yet, is it?

A It's not been made available to Monroe at this point. We're -- we piloted it in numerous locations, and they're in the process of acquiring it.

Q Okay.

A And at that point, it will be expanded to use in all of our ecosystems.

Q Okay. You testified that when you're looking at developing an ecosystem, that every ecosystem has a specialty hospital as its hub, and then general practices as spokes?

A That's the desire.

Q Okay.

A It's not true of every market, but that is the desire, and that's where we're evolving towards.

Q And I would take it, then, that that's why Mon -- Monroe Veterinary Group, you thought, was kind of a perfect acquisition because it had a whole hub-and-spoke system, with VSES as a specialty hospital?

A It -- it had an entire system that functioned as one business, right.

Q So the specialty and emergency hospitals like VSES are clearly sort of distinct from a general practice; wouldn't you

agree?
A In a few regards, but -- but for -- but not in all regards at all. In a few regards because of the 24-hour nature of care, and some of the higher-tiered specialties that are housed in those locations. Outside of that, they're -- they function largely like routine hospitals, with the exception of those two functions.
Q Okay. But VSES is considerably larger, at least twice as large, as any other general practice in the Monroe group; wouldn't you agree?
A Most of -- most are. Most are just because they have more specialists in the building, have more employees, and they're kind of a central point of care for all those markets. I think the -- the piece that they are all challenged with is continuing the staffing of those locations, and so we do share staff across all locations. And most -- most specialty and ER practice (audio interference) do use employees from other practices as well.
Q Okay. Isn't it true at VSES they're performing specialty and emergency functions that largely aren't offered at the general practices?
A In some cases, yes, absolutely; they have specialists.
Q Okay. And in fact, a pet owner wouldn't bring their pet to VSES to get a routine vaccination, for example, would they?
A No, not at -- not always.

Q Okay. To cite another example, I know for my dog, an unpleasant function, when the anal glands need to be cleared out, we wouldn't take our dog to VSES to have that taken care of, would we?

A You would actually be surprised at the number of cases that show up in ER practices that could be handled, again, in general practices. If you -- if you speak to many, many specialists across the country, they will tell you that upwards of 60 percent of pets that come in from an -- for an ER visit could actually be treated in the everyday general practice.

Q Sounds a lot like a human emergency room?

A Right.

Q Yeah, okay. Not surprising, I guess. Okay. Pathway Vet Alliance is a -- is a for-profit entity, right?

A Yes, sir.

Q Okay. You testified earlier that a primary function of -- of Pathway Vet Alliance is to support veterinarians. The primary function of Pathway Veterinary Alliance is to return a profit for its investors, I guess, by providing functions to support veterinarians; isn't that correct?

A I would say -- yes, I would say that as a mission-driven company, our first and foremost mission is support techs and veterinarians; and therefore, we -- we have this saying internally that says good medicine always equals good business.

Q Let me just check my notes. Oh, yeah, I was confused

about one point. The -- the practice manager, I know it was a job description that was entered into -- into evidence for the practice managers. So each facility has a practice manager, at least ideally?

A I -- ideally, and -- and it depends on complexity. I mean, in some cases, we have one practice manager that manages multiple practices. I think that's evident and apparent in Monroe, as well as some of our other practices. But as a general rule, if you're reaching, you know, 3,500 square feet plus, you probably need a dedicated pac -- practice manager, unless you have a super high-functioning practice manager.

Q Okay. And is -- all right. And who is the practice manager of VSES?

A Andrea serves, I believe, as the primary support manager, along with Sheryl.

Q Okay. Sheryl's her superior, isn't she?

A Right.

Q Okay. And then there's also a medical director, I guess, is one of the veterinarians?

A Dr. Kirk.

Q Okay. I think that's all I have. Thank you, sir.

A Okay.

MR. HALLER: I have no further questions.

HEARING OFFICER DAHLEIMER: Mr. Stanevich, are we going to do redirect?

MR. STANEVICH: I -- I have no further questions.

HEARING OFFICER DAHLEIMER: Okay. Mr. Pirtle, thank you for your assistance today.

THE WITNESS: Thank you. Happy to help.

MR. STANEVICH: Thank you, Otis.

HEARING OFFICER DAHLEIMER: Would you like to call your next witness, or would you -- let's -- let's ask the parties.

Would you rather call another witness or take lunch now?

MR. STANEVICH: So our -- our next witness is, and Maura will correct me if I'm wrong, I believe is Andrea Battaglia. We probably would not get through -- well, let me be quiet for a moment.

Maura, how long do you think you would have for -- for Andrea on direct exam?

MS. MASTRONY: She would probably be, I don't know, maybe 40 minutes, 45 minutes, would be my guess.

HEARING OFFICER DAHLEIMER: So would you rather do it before or after lunch?

MS. MASTRONY: It really doesn't matter to me, you know. I defer to everyone else's preferences.

MR. STANEVICH: We're okay going forward, that's what I hear.

MS. MASTRONY: Yeah, I'm fine with that.

MR. HALLER: That's fine with us, too.

HEARING OFFICER DAHLEIMER: Okay. Please call your next

witness.

MS. MASTRONY: All right, just give me one second to get her on.

HEARING OFFICER DAHLEIMER: While we are waiting for that, how -- until what hour is everyone good going this evening?

MR. HALLER: I'm pretty flexible.

Jason, you had some interest in moving things along, but you know, 5:00 or 6:00, whatever -- whatever you guys want to do.

MR. STANEVICH: Yeah, I think 5; I may have some unexpected childcare obligations later. So I think we can see where we are with the witnesses, and if I can push it a little bit, maybe get through a third witness, let's -- let's do it. I -- I think tomorrow, the witnesses that we have will be a little bit quicker than the witnesses that -- that we have today.

HEARING OFFICER DAHLEIMER: Okay.

MS. MASTRONY: Said it's going to take her, like, about ten minutes to get over to where she needs to be to do this. Is that okay?

HEARING OFFICER DAHLEIMER: Okay. That's the next witness. Let's go off the record. It's 12:25. I'll be back here at 12:30, and then as soon as she gets here, we'll --

MS. MASTRONY: Okay.

HEARING OFFICER DAHLEIMER: -- on the record, okay?

MS. MASTRONY: Okay, thanks.

Off the record at 12:26 p.m.)

HEARING OFFICER DAHLEIMER: Ms. Mastrony, your -- your witness.

MS. MASTRONY: Thank you. The Employer is calling Andrea Battaglia.

HEARING OFFICER DAHLEIMER: Hi. Please raise your right hand.

Whereupon,

ANDREA BATTAGLIA

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

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

THE WITNESS: Andrea Battaglia. A-N-D-R-E-A, and then Battaglia is B, as in boy, A-T-T-A-G-L-I-A.

HEARING OFFICER DAHLEIMER: Ms. Mastrony, go ahead.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good afternoon, Ms. Battaglia. How are you?

A Hi. Doing well.

Q Are you currently employed?

A Yes, I am.

Q And by whom are you currently employed?

A I'm employed at the Veterinary Specialists and Emergency Service.
Q And what's your position there?
A I am the hospital administrator.
Q How long have you been in that position?
A In the hospital administrator position since July of this year.
Q Sorry. Can you just tell us briefly what that position entails?
A As a hospital administrator, it's looking at the financial health of the practice, and hopefully maintaining that health of the practice, as well as overseeing operations, supervising the supervisory crew, and then anything else that has to do with processes, procedures, sometimes the development of that.
Q Can you just briefly give us your educational background?
A Sure. I'm a licensed veterinary technician. I received my licensure in 1988, and I've been -- and that was through Delhi, which is an associate's degree.
Q Okay. And can you just tell us briefly your -- the background of your career?
A Yes. I've worked in private general practice, and that's veterinary general practice, specialty practice, private, as well as academia. And I've also been involved in publishing, working in sales and marketing. A lot of different areas in veterinary medicine.

Q Okay. Can you just tell us, generally, what services are performed and offered at VSES?

A So we perform services that relate to specialty veterinary services. So that can involve surgery, internal medicine consults. We also involve part-time ophthalmologists. We have some imaging services that we provide, and that's more on the specialty side. And then we provide emergency services that range from anything from a general urgent care visit, up to a service that is required for something that's critically ill or injured.

Q And what are the hours of operation of VSES?

A 24/7, so 20 -- we are not ever closed. So for the emergency services, it's 24/7. For the specialty services, it varies depending on which specialty facility we're talking about or service we're talking about.

Q And what are the shifts typically worked at VSES by the employees there?

A The shifts are a variety. We have some primary shifts that are ten hours. They can be from 7 to 5, 4 to 2, 11 to 9. And then we have a variety of shifts that are in between that; we refer to as float positions. And that expands throughout the seven-day work week.

Q And what are the various positions that are at VSES?

A We have the role of the LVT, which are licensed veterinary technicians, in New York State. All veterinary technicians

need to be licensed. We have animal care attendants. These are individuals who are not licensed; however, they play an integral role in patient care duties. We have CSRs, which are client service representatives. And they are the primary front face of the hospital. We do have what we refer to as EVS, or environmental service individuals; they're more of your janitorial crew. And then we also have coordinators, and the coordinators are individuals who assist with the coordination of the service with scheduling, but also providing invoices.

Q Okay. So with respect to the LVTs; can you just tell us what they do?

A So the licensed veterinary technicians in New York State are allowed to do quite a variety of skill sets: invasive procedures, including venipuncture, monitoring for anesthesia, as well as inducing animals with anesthetic drugs, and then nursing care, and really anything under the direction of a veterinarian and within the realm of what New York State allows.

Q Okay. What about the animal care assistants; what duties do they perform?

A So animal care assistants also provide nursing care. They do a lot of client communication. They'll receive patients within the hospital; however, they are limited to what they can do with the patients under New York State law. This would include anything really invasive, and how we used to term it,

and I say we, in the academic world, it's anything that requires medical knowledge, or any invasive procedure, like venipuncture or administering anesthetic drugs.

Q And what about the customer service reps; what do they do?

A The customer service reps are your individuals who are answering the phones, making appointments, and then also fielding questions of clients.

Q Okay. I think you already explained to us EVS and coordinators, so I believe we've covered all the positions?

A Yes.

Q Okay. Are there separate departments for any of these divisions?

A Yes, there are. So we do have our surgery department, for example. As LVTs who work within the department who -- their primary role is to administer anesthesia, monitor that patient through surgery, procedure, or surgical procedure. And then they have ACAs who assist with instrumentation, cleaning instruments, and preparing packs for the surgery. So that would be the surgery service.

The internal medicine service also has technicians that do act -- the veterinary technical work, but a little bit different, depending on what that appointment requires. So again, more possibly anesthesia for an anesthetic procedure, venipuncture for diagnostics, and et cetera. Their ACAs also do the nursing care, assist with appointments, and then also

with procedures.

And then we have the emergency receiving team, who the LVTs and the ACAs will help nursing care, but also with procedures or receiving anything that's coming in on the emergency service. A lot of overlap.

Q And -- and why is there overlap there?

A So all the ACAs and LVTs within the hospital are -- most of them are cross-trained with most of the duties. So is specific to the LVTs, they are able and allowed to do most of what the other technicians can do within the hospital. So again, venipuncture, anesthesia, administering, as well as monitoring during, and all of the nursing care. The ACAs can absolutely talk to clients, help with appointments, and then assist with nursing care as well.

Q And then, is there a supervisor team in VSES?

A There is.

Q And what does that consist of?

A So the supervisory team consists of LVTs who have their own list of people who directly report to them, and we have one supervisor who's an ACA, and she is the supervisor of the surgery area. One of the supervisors.

Q We've heard testimony about numerous other hospitals within this Monroe group. Are you familiar with the other hospitals?

A Yes.

Q And -- and how so?
A So -- well, we refer to them as our sister hospitals. We do a lot of collaboration as a group of managers to discuss many different things. So whether it's sharing how we're going to approach certain situations, how we approach management of the team, and then any information that's coming in that will benefit the entire group is something else that we collaborate on.
Q And are you familiar with the types of services that the other hospitals provide?
A Yes.
Q And what -- what would that be generally?
A So the other services provide general veterinary services. And when you define what general services, it -- it is usually wellness visits. Also, they'll certainly help with patients that are sick. So like we do, needing maybe some basic fluid therapy for recovery, or maybe it's a surgery for a foreign body. Those are things that overlap a little bit. We -- there are -- most of the general practices will do dental procedures, too, which is something we do not do. So vaccines is part of the wellness that they offer.
Q Okay. What are the real differences between services that VSES offers and the services that the other hospitals offer?
A So VSES offer the services that the general practices may not be able to. So if their patient ends up becoming

critically ill or injured that exceeds their ability to assist, they will send to us. So that would include, let's say, any multi-trauma victim that needs more specialized surgical care for the repair of the bone, that -- that would gome -- come to us. Also, if they're in need of some special imaging. So we have the capability to provide special imaging services, like MRI, CT. And then we do offer an ultrasound service as well.

Q Okay. You mentioned a -- a -- pet may have -- you know, require special surgery. What -- what would be the reason why the surgery could only be done at VSES, as opposed to one of the other hospitals?

A So at VSES, we have specialists. So surgeons who are capable of doing the actual procedure; they have the skill set and the knowledge base to do that actual procedure. And also the equipment. So I -- I refer to bones because it -- it might be easier to conceptualize. But fracture of a bone, depending on what that bone is, and -- and where it's located, may require certain types of drills and plates, and something a general practice certainly wouldn't have in stock. Or the surgeon at the general practice would not have the ability to do the surgery just because it's very specialized.

And not to mention imaging. There's sometimes the imaging is required, CTs and MRIs, that are required to identify where exactly these -- what surgery is needed.

Q And what types of positions exist at the other hospitals,

other than VSES?

A So the types of positions for support staff would include licensed veterinary technicians and animal care attendants. They have what is referred to as a kennel attendant, which we don't have. Our -- the closest form that we have would be an ani -- a hospital assistant. And they also have CSRs.

Q You touched on this a little bit, but can you just tell us, generally, what types of equipment are available at VSES?

A We have a variety of monitoring equipment, which would include your blood pressure, pulse oximeters, multi-parameter monitors. We have anesthetic equipment. So your anesthetic machines, including ventilators. We have our imaging equipment; so that would be our ultrasound, CTs, MRIs. We do have a telemetry system, which is unique for the area. And then we do have syringe pumps, so those are things -- syringe pumps and fluid pumps that assist with the actual delivery of fluid therapy.

Q And what types of equipment are available at the other hospitals?

A I would say, again, they have monitoring equipment. It depends on what level of monitoring that they do, but probably very similar to what we have. They -- some do have some syringe pumps and fluid pumps. We have shared those at times, if they -- if they need it for one reason or another. I would say just they have dental instrumentation, anesthetic machines.

So most everything that we have, they would have, except the higher scale items, like your telemetry system, which is your ECG or the mot -- the imaging equipment. They do have X-ray and some may have ultrasound, but there isn't any other facility that has CT or MRI.

Q You mentioned previously that you interact with the other hospitals. How do you do that?

A So we have weekly meetings with the entire management team of the other hospitals. So that is one interaction that we have. We also -- and certainly since COVID, we've had frequent interactions, and exchanging ideas in how we're dealing with the influx of the large load of cases that we're seeing. But also one thing that they assist us with, and we consistently weekly have interactions with, how are we going to deal with the client load, and if they can help us with either maybe a surgery that comes in that we're not able to do for the fact that we have don't have the staffing, or the surgeons not available. Or just general appointments, so they provide us with urgent care spots that we can send our clients to. Which is very unique, and we're very thankful we have that option.

Q So let me just go back for some of what you just said. You said that you meet weekly. Who do you meet with?

A So the management team of the practice managers from all the sister hospitals will meet on Wednesdays every week.

Q Okay. And what -- what do you guys discuss at those

meetings?

A So usually the agenda contains updates from Pathways. So anything that we need to learn. If there's a new platform that we need to learn to help manage the team, or if there's any information that we need to provide the team that comes through those team meetings.

The other agenda items would include any ideas or shared programs that we're doing for one hospital that could transfer well to another. And then there is times that it's just an -- an exchange of ideas and supports.

Q Okay. Then you also mentioned in terms of interactions with the other hospitals, that occasionally you will have interchange of staff due to shortages. Can you tell us about that?

A So we do have open shift lists that are accessible to other staff members at different hospitals so that they sign up when they can, and that specific to staffing. The other thing that we do is the holiday schedule. So there is a specific requirement for staff from other hospitals to assist us during holiday shifts.

Q Okay. Do you know off the top of your head what those requirements are for the holidays?

A It depends on years of service. So if I remember correctly, it's if you have one to three years with MVA, then your holiday -- your holiday requirements is two holidays per

year. If you have over, I think, three to five years, and please, I -- again, I'm not going on a document, so I'm not exactly sure. But it -- depending on years of service, is -- will depend the number of holidays that are required. So if you -- if it's over three to five years, then you're only required one year or one holiday. And then those staff members that are -- that had employment five years and over, they're only required to do one holiday every other year.

Q Okay. I'm going to -- if that's correct, I'm going to share my screen. Does that work?

A Um-hum.

Q Can you see the document?

A Yes.

Q Okay.

A I remember.

Q So I'm showing you a document that has been marked as Employer's 81. Can you tell us what that is?

A So that is the requirements for holiday, and it's based on whether or not you're full time or part time. But yes, that is what I just shared.

Q Okay.

A Depending on years of service, then it is what your holiday commitment would be depending on the years of service.

Q Okay. Was this requirement ever shared with the employees?

A It was shared. First of all, they did share it through an MVA newsletter, but then also the supervisors would share it throughout.

MS. MASTRONY: Okay. I'd like to enter Employer's 81.

HEARING OFFICER DAHLEIMER: I'm sorry. Employer Number what?

MS. MASTRONY: 81.

HEARING OFFICER DAHLEIMER: As in 8-1?

MS. MASTRONY: Yes.

HEARING OFFICER DAHLEIMER: Okay.

MR. HALLER: Maura, is -- are you going to transmit a copy of that to me?

MS. MASTRONY: Yes. I just realized --

MR. HALLER: Okay.

MS. MASTRONY: -- that I never sent this, because it was not with our stuff yesterday. Do you want it right now? I can do it --

MR. HALLER: No, no. It doesn't need to be right now.

MS. MASTRONY: All right. Good. Then I -- I guess I will.

MR. HALLER: Well, if it makes it more difficult for you, I want it right now.

MS. MASTRONY: Yes.

MR. HALLER: No, I'm kidding. We have no objection to 81.

MS. MASTRONY: Okay, great.

HEARING OFFICER DAHLEIMER: Okay. And this is received as Employer Exhibit 81.

(Employer Exhibit Number 81 Received into Evidence)

Q BY MS. MASTRONY: Okay. Then I'm going to show you what we have marked as Employer's 82. Can you see that, Andrea?

A Yes, sorry.

Q All right. Can you tell us what that document is?

A So this is -- it's MVA newsletter, so it's a Monroe Veterinary Association team newsletter. We would receive these monthly as just some updates going forward for all the hospitals.

Q Okay. Does this reflect anything regarding the shift requirements?

A Yes. On the right-hand side. The column; it's three sections down. It talks about the holiday shift update.

MS. MASTRONY: Okay. And we'd like to enter this as Employer's 82, and I owe you copy of that as well.

MR. HALLER: I -- I have to kind of squint at it. Hold on a second.

MS. MASTRONY: Hold on. Let me -- how's that?

MR. HALLER: Oh, much better. Thank you. Yes, no objection.

HEARING OFFICER DAHLEIMER: All right. Employer Exhibit 82 is received.

(Employer Exhibit Number 82 Received into Evidence)

MS. MASTRONY: Thank you.

Q BY MS. MASTRONY: Okay. So when the employees do have to work at the VSES to cover holiday shifts, do they have to receive any training to do that?

A They do come in. It's more of an orientation to the VSES, because the employees that are coming in, they are already either licensed veterinary technicians, or animal care attendants, or CSRs who've already -- they're -- they're established in their own hospital, and their skill set transfers perfectly to what the VSES needs. So what they need when they come in for training is really just an overview of what our -- what we refer to as our electronic signature sheets.

So we use a program called Instinct, which no other is using at this time. So we'll have to educate them on how to use Instinct, and then also just where things are located in the VSES, the receiving process of emergency as most end up on the procedure side, so they need to know how to -- how to receive patients. And then for the CSR side, just what the verbiage is that we use for emergency clients.

Q Okay. And I'm going to go to VSES holiday training.

A Yes.

Q All right. I'm just going to scroll through, woah, every page before I ask you about it, just so we can all be on the same page. All right. Can you --

MR. HALLER: Hold on. This is an exhibit, isn't it?

MS. MASTRONY: What's that?

MR. HALLER: This is the one we got already, isn't it?

MS. MASTRONY: Yes, that's the one you have.

MR. HALLER: Do you know what number it is?

MS. MASTRONY: Yes, 43.

MR. HALLER: Okay, thank you.

MS. MASTRONY: Sure.

Q BY MS. MASTRONY: So Andrea, can you just tell us what this document is?

A So this is just the PowerPoint training that is provided before the person comes on to their holiday shift, and it provides just an overview of say things that we want to cover, and that's really what it is.

Q Okay. I'm just going to scroll through. Can you tell us what this block system is?

A So this is just how our patient care is set up. It allows people to know where they need to report to, but also to find what types of patients are within those blocks. So when you look at red, that's where our intensive care unit is located, so our very critically ill or injured patients are in this red block or the ICU.

Intermediate care, or what's also referred to as blues, is where your stable -- metabolically stable patients are kept. And they're located in specific area in treatment, which is the

blue area. But also, we've put feline ward and the isolation unit in there as well.

Emergency receiving is the purple. It indicates that that person will be on procedures for emergency receiving, which means any patient that's coming in on the emergency service that needs stabilization or outpatient procedures, that's what that person will be managing. And then triaging, again, is -- is that duty that we have. The ACAs primarily do the triaging, but the LVTs can also assist. And that's where we're going out and we're determining whether or not the patient needs our services and then how quickly. So really sorting through and prioritizing.

Q Okay. All right. And in this next slide has to do with triaging?

A Yes. It's -- it's honestly like I just mentioned before. It's really sorting through those patients and what levels, so they are there arriving. So the green being that patient it might -- maybe it has a lameness that there isn't anything else going on with it, it can wait. So the wait time maybe longer, or they maybe triaged away. Blue is that patient that is stable at this point, but really a watcher, so we have to make sure that it doesn't decline and become a red. Which are those patients that we're immediately trying to save lives when they arrive.

Q Okay. So this is training is related to workflow it seems

like?

A Um-hum. Yes.

Q And --

A Workflow, and I would say communication.

MS. MASTRONY: Okay. I'd like to enter that as Employer's 43.

MR. HALLER: No objection to 43.

HEARING OFFICER DAHLEIMER: Employer 43 is received into evidence.

(Employer Exhibit Number 43 Received into Evidence)

MS. MASTRONY: All right. Thank you.

Q BY MS. MASTRONY: So Andrea, you also mentioned that you will -- that the different hospitals will exchange staff; there's an open shift list. How do the different hospitals make each other aware when they need additional staff to cover?

A A variety of ways. We -- we have a very open method in communication. We use teams, which is something that many of the managers will just put out a notice. Help. We have these shifts open. If you have anybody who's interested, please give us a call. Our workforce manager, Chris West, she will also call people individually to see if they're interested. She has a list of LVTs that she knows commonly would like some overtime, and enjoys coming in to work emergency occasionally. So she'll call them directly. Or we'll put out just a general email stating that these are the hospitals that need support.

Q And how often would you ask for the and do have staff from the other general practice hospitals come to work at the VSES to fill in for shifts?
A I would for say for a client service representatives, weekly.
Q Okay.
A Very frequently. LVTs more so on holidays, and occasionally they'll pop in, but I would say for LVTs and ACAs, probably a couple of times a week, or a couple of times a month, but the CSRs definitely weekly we're seeing them support.
Q Okay. And do you ever have employees on VSES go work at other hospitals to fill in shifts?
A I -- yes, we do.
Q Okay. And how often would you say that occurs?
A I don't have that information on frequency. I just know that it does occur.
Q Okay. Do you ever have transfers occur where an employee from VSES transfers to a permanent position at another hospital or vice versa?
A Absolutely.
Q Okay. And -- and how does that occur?
A So we still use the same recruitment platform, but also the same process in hiring, so the employee given from other hospitals will go ahead and apply as an outside candidate will

apply. We do the same thing for internal candidates, and once they apply, they receive an interview. And then that person is brought in to have a shadow experience with the team that they could potentially be working with, so that they know that this could potent -- this would be a great opportunity for them. And then once the offer is given to the employee, and the employee accepts, we will notify the practice manager.

But before any of that happens, I do need to mention we don't just go and steal the other employees. The practice managers from the other hospitals are fully aware that their employee has shown interest in coming to our hospital, so that -- so then there's an open line of communication there as well.

Q Are there any differences in the way that you might hire through a transfer than the process through which you would hire someone who is not an internal transfer from one of the other hospitals?

A No. So the -- so the outs -- the applicants from the outside and the internal application process we've maintained as being the same. So we do have them go through the job fight and apply.

Q Okay. And what about the job shadowing experience. Do you offer that to external candidates as well?

A Yes.

Q All right. You also talked about how often there will be

interchange with scheduling patients. So can you explain that?

A Are you referring to just the open appointments for us here? Okay.

Q You had mentioned that.

A We have a couple of things that we do. Thankfully, the general practices have shared with us, and this happens daily, they share with us open appointments that they have that we can then -- if we have a client that calls in and the condition of the pet is not something that we can deal with at that point, because we're dealing with very critically ill or injured animals, or our receiving status is at the point where we cannot see anything more, we will go ahead and schedule them in one of those open appointment spots. And once we schedule them, we just send the hospital a team message and say, heads up, this -- this one is coming through. Provide them with a name, the number of the client, and then the condition of the pet. So that's one thing that the general practices have assisted us lately with helping us decrease our case load.

But then the other thing that is not as formal of a process is when we have a case that arrives that needs surgery, and one of the general practices that we already know what their capabilities are, because we've worked closely together, one of the general practices will be able to do the surgery on that case. And the way that we alert the general practice is that we'll just -- I will go ahead or one of the other managers

will go ahead and send a message out to all of the managers at the hospital and say hey, heads up. We have this specific patient, what the condition is, what the status of that patient is, and find out if anyone can do the surgery that day. And we usually get a very positive response from a couple of the hospitals, and then the pet is transferred over.

Q How frequently would you say that occurs where you reach out and say hey, can anyone do this surgery for us?

A Sometimes, multiple times a week. But weekly, I could safely say regularly.

Q Okay. Let me share -- can you see that spreadsheet?

A Yes.

Q All right. Actually, let me make this a little bigger. How's that?

A That's better, yes.

Q Can you tell us what that is?

A So what this is is just a weekly schedule that provides us with the times that the individual hospitals have provided us with open slots, and then which hospital it is that has that open spot. So for example, on Tuesday, this is December 28th, at 10 a.m. and at 10:30 a.m., Greece provided us with two -- or is providing us with two open slots that we can put a patient or send a patient to for an urgent care visit.

Q Okay. And this what you were referring to?

A Yes.

MS. MASTRONY: All right. I'd like to enter this as Employer's 40.

MR. HALLER: This is 40?

MS. MASTRONY: Yes.

MR. HALLER: Okay. Hold on. Sorry, and you offered it into evidence?

MS. MASTRONY: I just did, yes.

MR. HALLER: Okay. No objection.

HEARING OFFICER DAHLEIMER: Okay. Employer 40 is received into evidence.

(Employer Exhibit Number 40 Received into Evidence)

MS. MASTRONY: Thanks.

Q BY MS. MASTRONY: Andrea, this for the week of December 27th, of 2021. So that's in a few months. How often are these schedules done; is it every week? Is it on occasion?

A Its -- we have a schedule every single day updated, so --

Q Do you ever share equipment with the other hospitals? I know -- I think you mentioned sharing some equipment previously; could you tell us about that?

A So we do when we can. So we will have requests to share equipment. Most recently it was an incubator, and if we can we absolutely will. We want to be able to help them out. Syringe pumps and fluid pumps have been shared in the past. It's not something that we've allowed recently, because of our case load. And then more often, and I think probably weekly, we

share what we refer to as consumable supplies. So that is injectables, or medication. Maybe a filter that the general practice doesn't have.

Q Okay. And what -- why do you share that stuff?

A Primarily because the other general practices don't have the equipment, or they don't have the medication that's -- that their requesting. Most of these medications have to be bought in bulk, and as an emergency critical care specialty facility, we will tend to use them more frequently. So we'll -- we will purchase large volumes, and then the general practices will come to us and ask us to -- if they can have what we have. So --

Q All right. And how often would you say that occurs with respect to you know, sharing medication?

A Medication, I would say at least weekly.

Q All right. I'm putting up what we've marked as Employer's 39. All right, so I'm just going to scroll through. This is a two-page document. All right. Can you tell us what that document is?

A So that's just sharing what drugs, and it looks like we've also sent out some parvo tests. So I didn't mention that. The lab portion, but yes, this is just listing the consumables that we have shared with other hospitals, and the list of hospitals are indicated in the left-hand column.

Q Okay. So like for example the first one says Bayview. Is

that name of the hospital?

A Correct.

Q Okay. And then we have -- I think that's the date, 7/6?

A Yes.

Q And that indicates what?

A And that indicates either the drug or the item that they have procured from us. That's the item.

Q So that looks like a drug?

A Um-hum. So those are all drugs, and then you have a parvo cite test, 716 is the type of diagnostic that we use for infectious disease. Yes.

MS. MASTRONY: All right. I'd like to enter Employer 39.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 39 is received.

(Employer Exhibit Number 39 Received into Evidence)

Q BY MS. MASTRONY: All right. What about when you hire new employees? You kind of touched on this a bit when we were talking about transfers, but what's the process for that?

A We use a platform. It's -- it's called Jobvite. And what happens is when an applicant applies on either one of the recruitment platforms, like in Indeed, Monster, any of those, it will go into this Jobvite platform. We -- we the hiring manager, and there are three at the VSES, will go into our Jobvite and pull any of the applicants that have applied, review the resumes, determine whether or not they meet the

criteria that we need to even bring them in for an interview.

I'll do a screening interview, which includes either Zoom or a phone call, and then if I think that they are a fit for the job, I'll invite them to come in for a face to face interview with the team that they'll work with, as well as an opportunity to visit the hospital and shadow. If I find that I'm interviewing someone and they do have a skill set that may benefit one of the GPs, the general practices, I'll go ahead and contact their hiring manager and -- and just refer them to that general practice.

Q Do you know if the other hospitals, the GPs, also use that same system Jobvite to obtain applicants?

A Yes. We actually had a training together, and I had managers come to the facility so that I could help them through the process, and show them how to use it.

Q Okay. And are you able to see in that system if an applicant has applied to say VSES and one of the other hospitals?

A You can toggle between the menus, and you can see that. We will absolutely be able to see all the positions that they've applied to.

Q Okay. And if you see that applicant has applied to multiple hospitals, do you ever try to coordinate with the practice manager at another hospital?

A I will do that only if I see that this applicant probably

won't be a match for VSES. We absolutely -- the applicants may at times will apply to multiple positions within VSES, and we'll coordinate depending on what will fit their skill set.

Q Okay. Do you have any standard operating procedures that you adhere to at VSES?

A Yes.

Q All right. And do you ever share those with other hospitals?

A Yes.

Q All right. Can you just give us some examples?

A So during COVID, we shared quite a bit. Especially in regards to workflow and operations and how we were going to manage through. So one of the specific documents was in regards to mask usage, and how people should be and when they should be wearing masks. That was one. I did receive a request for some documents that involved infectious disease control, and how we do it at VSES. And if they could incorporate some of what we do at VSES in their own hospitals. So that I know specifically there was leptospirosis was one, and how we deal with MDRs, which is a multi-drug resistant organism.

Q Al right. I'm going to show you what we've marked as Employer's 38. Can you tell us what this is?

A So this is one of our standard SOPs, is one of our medical SOPs, and it involves in how to manage a patient with a multi-

drug resistant organism.

Q All right. And it says your name there as prepared. Did you prepare this procedure?

A Yes.

Q Okay. And did you ever share it with any of the other hospitals?

A I shared it with the Animal Hospital of Pittsford.

Q Okay. And why did you share it with them?

A Sheila was requesting some assistance what they were doing and how to manage certain patients with infectious disease, and how could they better have their biosafety measures implemented. So --

Q Okay. Just for the record, can you tell us who Sheila is?

A Sheila Casler. She is the manager of the Animal Hospital of Pittsford.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's 39 -- I'm sorry, 38.

MR. HALLER: Just one second. No objection

HEARING OFFICER DAHLEIMER: Employer 38 is received.

(Employer Exhibit Number 38 Received into Evidence)

Q BY MS. MASTRONY: All right. I'm going to show you a document that's marked as Employer 37, Ms. Battaglia. This is just a one-page document. Can you tell us what that document is?

A This document is just sharing with the team on how to

handle a patient that comes in with the potential of having leptospirosis, which is another infectious disease, which is actually zoonotic in nature. So I want to make sure that the team knows what type of PPE, or personal protective equipment, they should be wearing, and how to handle the patients so that they don't become cross-contaminated with it.

Q And did you prepare this protocol?

A Yes.

Q And do you ever share it with any of the other hospitals?

A This was another one that I did share with Sheila for reference to see if she could use for her team.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's Exhibit, Employer's 37.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Employer 37 is received.

(Employer Exhibit Number 37 Received into Evidence)

Q BY MS. MASTRONY: All right. Does VSES use a blood bank at all?

A Yes, we do.

Q Okay. And what kind of services do they offer there?

A So we have a blood bank that provides all related products for the patients in -- in the hospital. So the blood bank and the people who manage the blood bank are the ones that will coordinate having people bring their pets in. So we refer to them as the donor animals. And then they'll go ahead with the

procedure of obtaining the blood, and then spinning it down to have different components. So a very crucial piece for how to care for critically ill or injured pets.

And then also -- what else was I going to share regarding the blood bank? I completely drew a blank. So it's for the donor animals -- and oh, and they also just maintain a stock supply of our blood components, which sometimes includes reaching out to the outside services and suppliers so -- and procuring the products when we don't have enough.

Q So do you know if the other hospitals use the services of the blood bank as well?

A They don't use the services in the blood -- of the blood bank. And there have been times when outside hospitals have requested certain components, but most of those patients that need these products will be brought to Veterinary Specialist and Emergency Service. We do have people within those hospitals, though, that do have their pets come to donate the blood.

Q Okay. And where is the blood bank located? Is it within VSES, or somewhere else?

A It is within VSES.

Q How many employees work the blood bank, if you know?

A Well, we have it -- so we have a Blood Bank Committee, and then the primary people that are in charge of managing the blood bank are two employees, and they're both LVTs.

Q Okay. And do they work there full time?
A One works full time; one works part time.
Q Okay. Does the one who works part time work anywhere else, to your knowledge?
A Yes. She works at another hospital within the Monroe Group.
Q Okay. And do you know what her role is at the other hospital that she works at?
A The other hospital is a general practice, and she works there as an LVT.
Q Okay. I do not have any further questions. Thank you, Andrea.
A Thank you.
MR. HALLER: Just a moment, folks.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Battaglia, I'm Bill Haller, representing the Union, and I have a few questions for you.
A Hi, Bill.
Q Hi.
MR. HALLER: May I proceed, Michael?
HEARING OFFICER DAHLEIMER: Yes.
MR. HALLER: Okay.
Q BY MR. HALLER: And apologize in advance, it's the nature of cross-examination I'll be -- I'll be jumping around and kind of scattershot. And it's just based on things I jotted down

during the testimony. You'd agree, won't you -- would -- wouldn't you that most patients are at VSES because they require procedures and care that aren't available to general practices; isn't that correct?

A Correct.

Q Okay. In your job, you do not have any managerial responsibilities for the other facilities in the Monroe Medical -- Medical Group; is that correct?

A Correct.

Q Okay. And that would include the general practices, as well as the laboratory, and the crematorium?

A Correct?

Q Okay. Are routine vaccines administered at VSES?

A No. The only vaccine that's administered routinely is rabies vaccine.

Q In fact, you don't even have those vaccines in stock at VSES, do you?

A No. Not the routines. The rabies, yes.

Q Okay. Just rabies?

A Correct.

Q Okay. The Employer asked the earlier witness about, if a dog needed to have its anal glands expelled, a dog requiring that sort of procedure wouldn't be seen at VSES, would it?

A At times we actually have them come to VSES, because the owners indicated that they're uncomfortable, and they feel that

it it's an emergency for the owner. So there are cases that definitely could be seen by a general practice but we will see based on what the owners need.

Q That's not normally a procedure that would be done at VSES, even in an emergency, is it?

A Not routinely, no.

Q And if it was a routine sort of expression that was required of a particular patient, you might just send them to a general practice, wouldn't you?

A Correct.

Q Okay. In fact, there are a number of more routine procedures that if those patients are presented at the emergency room, at VSES, depending on your caseload, those folks will be referred to the general practice to have the procedure performed, wouldn't they?

A Yes.

Q Okay. Okay. Earlier Ms. Mastrony asked you about equipment possessed by the outlined general practices, and you prefaced your answer by saying, "I would say".

A Um-hum.

Q Is that because you don't really know what equipment the general practices have?

A I have not visited any of the general practices. I'm basing that on my experience of working in a general practice, and I guess that would be the reason.

Q Okay. So if I went down the list of general practices as part of Monroe Medical Group --

A Uh-huh.

Q -- you would be unlikely to be able to tell me what equipment they do and don't have, wouldn't you?

A Correct.

Q Isn't it true that a considerable portion of the patients seen at VSES are not referred from other Pathway-owned facilities and not other Monroe Medical Group facilities?

A I don't have the numbers of how many cases are referred from the Monroe Group, but I know it's a large number.

Q Let me see if I understand. Of the patients seen each day at VSES --

A Uh-huh.

Q -- some of them are not referred by other facilities in the Monroe Medical Group; isn't that correct?

A There are some outside of the Monroe Group that come to our facility, correct.

Q All right. So it's not exclusively referrals from the other general practices in the Monroe Medical Group?

A Not exclusively.

Q Okay. You testified about open shifts where employees at one Monroe Group facility can work -- I guess pick up shifts at other facilities; is that correct?

A Yes.

Q That's all voluntary, right? That's not something mandated?
A No, not mandated.
Q So if someone wants to pick up some more hours, they can -- they can try and work -- get in time at another facility?
A Yes.
Q Okay. And other than the required holiday shifts you testified about, that the general practice staff have to be prepared to do at VSES, there's no mandated shifting from one facility to another, is there?
A Correct.
Q Okay. Now, with regard to the mandated holiday shifts that must be performed by the folks at the outlying general practices, and you went through a list that was introduced in evidence. If they have, I think, one to three years, they have to do up to two holidays a year.
A Uh-huh.
Q Now they have to be available to work on two holidays at VSES, that doesn't mean they're actually going to work two holidays; isn't that correct?
A It's the required expectation, depending on years of service.
Q My question is, do they actually have to work two holidays, or do they have to be ready to work two holidays?

A Well, they -- they are scheduled to work two holidays.
Q Okay. The folks for the outlying facilities that do holiday shifts at VSES, do they perform all of the duties that regular VSES personnel perform?
A I would say most.
Q They're never assigned do triage work, are they?
A It depends on their skill set and their knowledge of the hospital. That would have to be determined once we determine who that person is.
Q Most of the people in the general practice don't have the requisite triaging skills, do they?
A Some of the LVTs that I've worked with do.
Q And most of them don't; isn't that correct?
A The LVTs? I would say most of them do.
Q Okay. Is being on call on a holiday count as meeting one's expectation for that holiday shift requirement?
A For VSES employees?
Q No, I'm sorry. Let me rephrase the question, because I wasn't clear. For the folks at the outlying general practices, they have this requirement that they have to perform so many holiday shifts. Does being on call on one of those holidays count as meeting that requirement?
A So outside VSES employees aren't on call.
Q So it's your testimony that none of the people that are listed as on call for a holiday are the outside and general

practice employees?
A No, that is -- that's incorrect. There are some outside employees for the scheduling that are on call. I don't know if that is considered require -- or would be considered part of their holiday commitment. That would be something that I would have to talk to the workforce manager about to clarify.
Q Okay. If you don't know, you don't know. That's fair enough. Okay. You also testified about employees that have transferred from one Monroe Medical Group facility to another. And I believe you testified that those folks have to go through the same steps, and are treated just the same as somebody who's applied off the street and outside the Monroe Medical Group; isn't that correct?
A That's how we've been working it through Jobvite, yes.
Q Okay. So if someone at Greece, or any of the other outside facilities, wants to apply for a job at VSES, they go through all the same steps, including an interview, and walk around the facility, just like somebody off the street, right?
A Yes.
Q So there's an assumption there that somebody from the outside facilities usually is not intimately familiar with -- with the physical layout, or the operation of VSES; isn't that correct?
A Are you referring to the outside -- the internal candidates or the outside candidates?

Q Let me rephrase it.
A Okay.
Q Once, again, I'm not -- I'm not clear. With reference to someone who works for one of the outlying general practices --
A Uh-huh.
Q -- of the Monroe Medical Group --
A Yes.
Q -- if someone wants -- one of those folks, in that universe, wants to apply for a job at VSES, they're giving a -- they're given a walkthrough just like someone off the street would be given, right?
A We will actually provide them with a tour. But also the purpose is really to shadow with the team that they are hoping to join, because they want to make sure that they are making the right move.
Q Okay.
A A very different environment.
Q That sounds reasonable. VSES is a very different environment from the general practices, right?
A Well, it's a different hospital environment, as all the general practices are a different environment, yeah.
Q And the outside person is unlikely to be familiar with the staff they're going to be working with at VSES; isn't that correct?
A Most likely, yes.

Q Yeah. You testified about scheduling surgeries, and sometimes the general practice locations will take on a surgery that's been scheduled at VSES. Do you remember that testimony?
A Yes.
Q Okay. That's only the less complex surgeries because the general practices aren't capable of handling most of the surgeries at VSES; isn't that correct?
A Well, we know what type of equipment, what type of abilities that they would have to handle certain patients. So we know that they'll have an anesthesia machine; we know that they will have the ability to monitor. In regards to an animal that has a foreign body, as long as they are stable enough to move, then, yes, we will send them to one of the hospitals, depending on their abilities, and depending on what they have, equipment-wise.
Q And those surgeries that are rescheduled at the general practices are, in general, going to be less-complex procedures --
A Absolutely.
Q -- isn't that correct?
A Correct.
Q Okay. Okay. You also testified about sharing equipment, and it was, I think Employer Exhibit 39, introduced to that effect. All of the equipment shared is in one direction from VSES to the general practices; isn't that correct?

A But there have been occasions when we've had -- and you're referring to equipment, and there is the consumables. So the list referred to the consumable. So VSES rarely needs to share equipment, except that we've had a centrifuge that's broken down. We've been able to share -- they've been able assist us with centrifuges.

The other thing was our autoclave failed and we were able to bring our equipment to a facility so that they could sterilize equipment for us. So I think those are the only two occasions when -- I would say scenarios that we have done this sharing.

The consumables were the list that we shared with you. And there have been times if we've run out of something, that we've been able to contact one of the hospitals to see if they've had it. So it has gone both ways.

Q But it's overwhelmingly from VSES and the general practices, right?

A Oh, yes. We -- we would -- I would say that we absolutely provide more on that level, yes.

Q When there's a new hire -- and this would be -- include folks hired off the street, as well as people that have applied from another Monroe Group facility. Any such individuals hired for a job at VSES or at the other particular general practice, right?

A Yes.

Q They're not hired and said, you're just going to be working for Monroe Medical Group and we'll tell you tomorrow where you're working that day, that's --

A Correct.

Q -- isn't that correct?

A Yes, that is correct.

Q All right. When you were talking about reviewing applicants, you said there may be times when you become aware, I guess, through the software, that an applicant has applied to more than one Monroe Medical Group facility, and you may kind of pass them along to the other facility where they're not a -- not a -- not a match, I think was the word you used, for VSES; is that correct?

A Correct. Uh-huh.

Q That's because their skills at VSES and their skills required at the general practices are not fungible, are they?

A They transfer well. So the match, defining match, they might have less years of experience as an LVT, or as not -- as an ACA. So their skill set, in fact, are transferable; it depends on what we're looking for, and what position we're looking for.

Q You'd like a more experienced LVT, or a more experienced ACA at VSES, wouldn't you?

A Depending on the position. So it is very dependent on the position. Some of the positions may require a different type

of skill set, or more years of experience.

Q Now, I have to apologize because I'm not very good at the screen sharing thing. This technology we're using on these Zoom calls. Do you have the documents in front of you, Ms. Battaglia?

A Yes, I do.

MS. MASTRONY: Do you want me to put something up? I can do it.

MR. HALLER: And I apologize. I should know how to do it.

MS. MASTRONY: Not a problem.

MR. HALLER: But I don't.

MS. MASTRONY: Oh, yeah.

MR. HALLER: Exhibit -- just put up Exhibit 38, would you?

MS. MASTRONY: Yeah, give me one --

MR. HALLER: I appreciate it.

MS. MASTRONY: Sure.

MR. HALLER: Littler can send me a bill.

MS. MASTRONY: I will. All right, all right. All right. Is that what you're looking for?

MR. HALLER: Yeah.

MS. MASTRONY:

Q BY MR. HALLER: Okay. This is Employer Exhibit 8. You testified about this earlier, Ms. Battaglia?

A Um-hum.

Q This was an operating procedure that you developed, right?

A Yes.
Q Okay. It was developed for VSES, right?
A Correct.
Q And then I guess on -- on request you shared it with some of the other outlying facilities?
A Yes.
Q Okay. Okay. And we're moving on now to the topic of the blood bank. You testified that this blood bank exists for patients, quote/unquote, in the hospital. By in the hospital, you meant VSES, didn't you?
A Correct. Uh-huh.
Q Okay. And you also testified that rarely, if ever, does any blood go out from that blood bank to the general practices because they don't have need for that -- that service.
A I would -- I would say infrequently, yes.
Q Infrequently. All right. When you testified about the employees that work on the blood bank, you said one is part time at another hospital.
A Uh-huh.
Q And that individual is Valerie Clifford; is that correct?
A Yes.
Q Okay. She used to be full time at VSES, right?
A Yes.
Q And she -- well, for her own personal reasons, applied for a part-time position over at the Greece facility; isn't that

correct?

A I believe that -- I was not aware if it was part time or full time, but she did apply to Greece.

Q But she works part time at Greece now, and part time at VSES, right?

A Yes.

Q Okay. And she would have had to have applied and interviewed, just like somebody off the street, over at Greece, right?

A I'm not sure of Greece's procedures; I would think so.

Q Okay. And the full-time employee -- you also referred there was a full-time employee. That's a full-time employee that -- that individual's full-time job is not to handle the blood bank, right?

A Correct. Uh-huh.

MR. HALLER: I think I might be done. Hold on a second, folks. I think that's all the questions I have.

Thank you, Ms. Battaglia.

THE WITNESS: You're welcome. Thanks.

HEARING OFFICER DAHLEIMER: Do you have redirect?

MS. MASTRONY: Sorry. Yes, just briefly.

HEARING OFFICER DAHLEIMER: Okay.

REDIRECT EXAMINATION

Q BY MS. MASTRONY: Ms. Battaglia, if you were in a -- admittedly -- I don't know -- probably not likely a situation,

of having all of your employees at VSES out for a day, would you be able to use employees from the other GPs to run the hospital?

A We would absolutely pull in other people if that situation was to occur, and --

Q And the hospital would be able to function?

A Limited services, yes.

MS. MASTRONY: All right. I don't have any other questions.

MR. HALLER: I have nothing further.

HEARING OFFICER DAHLEIMER: Thank you very much for your testimony today.

THE WITNESS: Thank you.

HEARING OFFICER DAHLEIMER: I have about quarter till. Are we good with a half an hour break for the lunch?

Start with the Union -- or Petitioner?

MR. HALLER: I think we can live with that.

HEARING OFFICER DAHLEIMER: Okay. And Employer counsel, any objections to a half hour lunch period?

MR. STANEVICH: Can we do -- can we do 45 minutes? We just want to make sure we track down the next witness in time.

HEARING OFFICER DAHLEIMER: Sure. So we'll resume at 2:30.

MR. STANEVICH: Thank you.

(Off the record at 1:45 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Employer, please call your next witness.

MS. MASTRONY: Hi. We call Sheryl Valente.

Hi, good afternoon. Hi. Good afternoon. Thank you for joining us. Please raise your right hand.

Whereupon,

SHERYL VALENTE

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

HEARING OFFICER DAHLEIMER: Please state your name and spell it for -- you can put down your hand. Thanks. Please state your name and spell it for the record.

THE WITNESS: Sheryl Valente, S-H-E-R-Y-L; Valente is V-A-L-E-N-T-E.

HEARING OFFICER DAHLEIMER: Okay. Your witness, Employer.

MS. MASTRONY: Thank you.

DIRECT EXAMINATION

Q BY MS. MASTRONY: Good -- I was going to say good morning. Good afternoon, Ms. Sheryl. How are you?

A Hi, good. How are you?

Q All right. Are you currently employed?

A Yes.

Q And by whom are you currently employed?

A Pathway Vet Alliance.

Q Okay. And what's your position with Pathway?

A It's director of Ecosystems.
Q And can you just tell us what that position is and what it entails?
A I oversee the 15 general practice hospitals, as well as the crematorium, the lab, and the ER specialty hospital.
Q Okay. And are they part of a system?
A Yes. So they were previously MVA; they're called the Monroe Group. So I work with all of the hospitals on operations, workflow, and financial performance.
Q All right. How long have you been in that position?
A In this particular position, about three months.
Q Okay. Can you just give us a brief overview of your educational background?
A I have a master's degree in Health Care Administration.
Q Okay. And if you can tell us about your -- your career prior to being the director of Ecosystem here.
A Oh, I spent about 23 years in human medicine before transitioning over to a managing director role at VSES as -- as a -- in vet med.
Q Okay. What did you do at VSES?
A I was the managing director.
Q Okay. And what did that role involve?
A So it was day-to-day operations, workflow, working with the doctors, working with the team, financial performance.
Q Did you have any responsibilities for the other hospitals

in the system?
A Not at that time, and the --
Q Okay. And --
A Oh, you know that -- I think that it wasn't my oversight responsibility; however, we would interact periodically just for workflow issues and operational issues.
Q Okay. And who would you interact with at the other hospitals?
A It was either the -- sometimes it was the medical directors, or the shareholders, or the practice managers.
Q All right. Is there a reporting structure in place for your position now?
A Yes.
Q All right. Can you see the document here?
A Yeah.
Q All right. I'm showing you what we have marked as Employer's Exhibit 30. I'm just going to scroll so you can see. There are two pages. All right, now let's go back there. Okay. Can you tell us what this document is?
A The org chart for the Monroe Group.
Q All right. So can you just explain what's here? So all the way down -- can you see my little cursor?
A Uh-huh.
Q All the way on the left here, who's that?
A Dr. Wihlen is the regional medical director.

So all of the medical directors at the GP hospitals and the ER specialty hospital report up to him.

Q Okay. And is there a medical director at the -- at each of the hospitals?

A Yes.

Q The next over is Andrea Battaglia; can you tell us who she is?

A She's the hospital administrator for the ER specialty hospital.

Q All right. And that's VSES?

A Yeah.

Q And then, there's VSES below that. And below that is Corey; who is Corey?

A So Corey is a manager over the administrative team at VSES, and then he also oversees the rehab facility.

Q All right. And then, we'll go next to the practice/office managers; who are they?

A Those are the -- all of the hospital managers and office managers at the GP hospitals.

Q All right. And this says "see detail below". So I'm going to scroll down to page 2. That looks really hard to see. How's that? All right. So is that you up top?

A Yeah.

Q All right. And then underneath, can you tell us who these folks are?

A So Sheila oversees AHOP and Companion, two -- so there is multiple people that oversee two hospitals which are located in different geographical locations. So Sheila oversees AHOP and Companion. Sean's at Canandaigua and Stone Ridge. Tess does just Animal Junction. Jeannine is Bayview and Irondequoit. Gina, Cats and Critters and Fairview. Kristy has Greece. Kathy (phonetic throughout), Perinton. Cyndy, RCAC. And Tracy (phonetic throughout), Suburban (phonetic throughout).

Q All right. So are those all the practice managers for the -- the GPs?

A Yes.

Q Okay. All right. Let's go back here. Well, that's too big. All right. Then, we have Paula Hilling; who is that?

A She's the director of the lab.

Q Okay, and what's the lab?

A That's a lab that is actually geographically located at the VSES. But it services all of the GP hospitals within the Monroe group and outside of the Monroe group.

Q Okay. And what's underneath there, VLR?

A Those are the -- the Veterinary Lab of Rochester employees report up through her.

Q And then, the next is Dustin (phonetic throughout). Who is Dustin?

A Dustin is a supervisor, and he oversees the courier group. They work through either the lab, the crematorium, or just

general couriering between the hospitals. And then, he also oversees the VSES environmental services team and the crematorium team.

Q All right. And then, admin?

A So that's just any administration team that's here. We have two facilities people, leadership and development, admin.

Q Okay. And so all these folks right under you report directly to you?

A Yes.

Q All right. So you told us that some of --

HEARING OFFICER DAHLHEIMER: Sorry to interrupt. Is the Employer going to enter that into evidence?

MS. MASTRONY: Oh, I'm sorry. Yes, thank you. I would like to enter it as -- that was Employer's 30.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Okay. Employer 30 is entered -- is received into evidence.

(Employer Exhibit Number 30 Received into Evidence)

MS. MASTRONY: Thank you.

Q BY MS. MASTRONY: Sheryl, you had mentioned that some of the practice managers are over multiple hospitals; why is that?

A I -- it depends on the -- the volume, the revenue, the number of doctors, number of staff, and whether there's, in certain instances, there's good synergy between the hospitals. Just to better able to -- to support, there's times that staff

are shared between different hospitals.

Q Okay. I'll show you another exhibit. All right. This is an exhibit we have marked as Employer's 46; are you able to see that?

A Yes.

Q All right. I'm just going to scroll down so we all see. This is a two-page documents. Can you tell us what this is?

A So this is a list of all of the locations, their address, and then the number of supervisors and staff and doctors at each.

MS. MASTRONY: I'd like to enter that as a full exhibit as Employer's 46.

MR. HALLER: No objection.

HEARING OFFICER DAHLHEIMER: Employer's 46 is received.

(Employer Exhibit Number 46 Received into Evidence)

Q BY MS. MASTRONY: All right. Can you tell us generally what types of services are offered at each of the locations?

A For the GP locations, you have your wellness, vaccines, surgery, spay, you know -- spay and neuter, sick visits, urgent care.

Q Okay, and for VSES?

A VSES has, you know, urgent care, emergency, surgery. They do do spay and neuter, advanced imaging. Radiographs are also actually offered at all of the locations.

Q All right. So let me show you an exhibit. All right.

This is an exhibit we've marked as Employer's 79. Are you guys able to see the whole thing?

A Yes.

Q Ms. Valente? Okay. So you can see from column A through R? Sheryl, can you see A through R?

A Yeah, yeah.

Q Okay. Can you tell us what this document is?

A So this is a list of all of the different services offered at the different locations.

Q All right. And so down under column A, are those all of the different hospitals?

A Yes.

Q Okay. So I'm, you know, looking at those, and obviously, with no knowledge -- what -- what would say the differences are in the services that are often at the general practices as opposed VSES?

A The emergency specialty hospital doesn't do wellness, vaccines, preventative care. And then, you have a percentage of things like advanced imaging, so MRI and CT won't be at the general practices. So there's -- there's the differences there. You have different things, like behaviors only, you know, operate at Companion; laser therapy at Stone Ridge. So you have some -- some different things at some of the different hospitals offered.

Q Okay. What's the similarity between or among the services

offered at the various hospitals, including VSES?

A They're going to see -- all sick visits. They're going to see, you know -- spay and neuter is done more routinely in the GP with the surgeons, and -- and on occasion, the emergency doctors will do it at VSES. You know, radiographs are -- are the same. The internal medicine piece, while it's -- it's a little, you know -- there's an advancement at VSES, but that's also offered at all of the GPs, and then surgeries.

MS. MASTRONY: Okay. I'd like to enter Employer's 79 as a full exhibit.

MR. HALLER: No objection.

MS. MASTRONY: All right.

HEARING OFFICER DAHLHEIMER: Employer 79 is received.

(Employer Exhibit Number 79 Received into Evidence)

MS. MASTRONY: Get rid of this. Okay. All right.

Q BY MS. MASTRONY: Do you ever have occasion to -- to meet with any of the other hospitals?

MS. MASTRONY: Do we --

I'm sorry, one second.

Do we know what that noise is? It keep -- there's, like, a beep every, I don't know, minute.

THE WITNESS: I don't know. I don't know if it's actually my emails coming through. I'm going to try to -- I just closed that. Maybe that's it, so I'm going to close my emails.

UNIDENTIFIED SPEAKER: Okay. I suspect it was someone's

email coming through.

THE WITNESS: Yeah, okay.

UNIDENTIFIED SPEAKER: So if we close that, that should take care of it.

THE WITNESS: Yeah, I closed it, so let me know.

UNIDENTIFIED SPEAKER: Okay.

THE WITNESS: So meeting with the team, I meet briefly weekly.

No, are you still hearing it?

MS. MASTRONY: Yeah.

THE WITNESS: I don't think I have -- oh. All right. Let's see if that works.

So I meet weekly with all of the managers from all of the hospitals. We have a call that happens every week. The group gets together. Every quarter, we try to do in person where they're all, we're all, together, and then I have one-on-ones with the various managers.

Q BY MR. MASTRONY: And with respect to the meetings when everyone is together, what's discussed at those meetings?

A Right now, we talk about workflow changes, processes that are being changed. With the Pathway transition, there's been some changes to the hospitals as far as OSHA, controlled drugs handling, so that's discussed. We talk about updates from each of the hospitals that will potentially impact other hospitals. So for example, if somebody is opening or closing boarding at

one hospital, that's communicated out to the other -- all of the other hospitals, update status on the VSES as far as volumes and -- and what's happening. And then, usually, there's an update on urgent care and what's happening there at AHOP.

Q Okay. And are employees from VSES in attendance at these meetings?

A Yes, Andrea and Corey I attend every week.

Q All right. And then, you also said you meet one-on-one with the practice managers?

A Um-hum.

Q And -- and how often do you do that?

A Every other week, we have a half-an-hour one-on-one.

Q Okay. And who was at those meetings?

A So that would be each of the practice managers, any -- any of my direct reports. So Andrea, I meet with her, and then each of the managers that were listed in that org chart, Dustin, Paula.

Q Okay. To your knowledge, is there any interchange among employees at the various hospitals in VSES?

A Yes.

Q Okay. And can you just tell us about that?

A So we -- there's open shifts that go out to all of the hospitals in the Monroe group for, actually, all of the hospitals, so VSES and the GP, that employees can pick up

shifts, whether it's CSR, ACA, or LVT. So we have that. And then, there is a holiday -- we call it the holiday commitment for -- staff at the GP hospitals are required to work a holiday at VSES.

Q Okay. Any other times when employees might work at a hospital that's not their -- their permanent assignment?

A There's times where if -- if one of the hospitals has somebody going on vacation or a planned leave (audio interference) hospital in the event of -- we have last-minute emergency situations with a number of callouts. And we pull from other hospitals to cover the different hospitals.

Q All right. And what about the -- the doctors? Do they ever go to different hospital?

A Yeah, there's a GP DVM assigned to VSES on call every weekend, and then they're also assigned to holidays. They have a certain commitment.

Q Okay. Let me share -- all right. I'm showing you what we have marked as Employer's 47; can you see this?

A Yes.

Q All right. Let me just scroll down so we can see what we're -- whoa, I'm sorry -- what we're talking about. All right. Can you tell us what this document is?

A So that's a schedule, a weekly schedule, of the GP DVMs. So --

Q Okay. Oh, go ahead.

A So it will show, on the left, the hospital, and then the doctors and -- and the shift that they're scheduled. And then, it includes who is scheduled at urgent care, and then who is scheduled at VSES.

Q All right. So for instance, over here where it says "urgent care"?

A Um-hum.

Q Are these the doctors assigned there?

A Yeah, those doctors have, like -- Quinlan's home hospital is Companion, but she's assigned to urgent care on that -- that -- those two shifts.

Q Okay.

HEARING OFFICER DAHLHEIMER: And for the record -- I'm sorry to interrupt. For the record, we're referring to a column B, rows 18 and 19?

THE WITNESS: Yes.

HEARING OFFICER DAHLHEIMER: Sorry, I got it.

MS. MASTRONY: That's okay. Thank you.

Q BY MS. MASTRONY: And then, underneath here, column A, row 20, says "VSES on call backup". And then, in the next column, is that a doctor?

A Yes, he's normally at -- he's -- his home hospital is AHOP.

MS. MASTRONY: All right. I'd like to enter this as a full exhibit. This is Employer's 47.

Bill, you're muted.

MR. HALLER: Excuse me. Give me just a second on this document.

MS. MASTRONY: Sure.

MR. HALLER: I have an objection to the admission of this document. It deals entirely with the scheduling of people who everybody admits aren't in the bargaining unit.

MS. MASTRONY: Yeah, it just shows our argument that there is interchange among the various hospitals.

MR. HALLER: Interchange among people who aren't in the bargaining unit. I object to this document.

MS. MASTRONY: It's with people who are in the bargaining unit.

MR. HALLER: There's not a single person in the bargaining unit on this document.

MS. MASTRONY: No, because these are doctors who are not in the bargaining unit, but they deal with people in the bargaining unit at the various hospitals.

MR. HALLER: I -- I maintain my objection.

HEARING OFFICER DAHLHEIMER: As we have not gotten to any objection at this point, I'm just going to give you my spiel right now for all objections going forward. Unless there is something that is abhorrent to the purpose of this proceeding, I'm going to let the Regional Director, the Acting Regional Director, in her wisdom, determine what is and is not relevant.

And I'm going to overrule that objection on this instance.

(Employer Exhibit Number 47 Received into Evidence)

MR. HALLER: Thank you.

Q BY MS. MASTRONY: All right, let's put this down. And I'll go into what has been marked as Employer's 32. All right. All right. I'm going to scroll. This is a one-page document. Sheryl, can you tell us what this is?

A This is the holiday schedule for the DVMs for emergency and urgent care.

Q Okay. So we're concerned here in the first row, "AES (phonetic throughout), 8 to 5, Wylie". Can you tell us what that indicates?

A Okay. So Dr. Wylie, who is -- her home hospital is Stone Ridge -- is going to be scheduled to work the holiday, July 4th holiday, at -- at VSES.

MS. MASTRONY: Okay. I'd like to enter this as a full exhibit. It's Employer's 32.

MR. HALLER: I realize it'll be admitted, but I have the same objection as I had to the previous.

MS. MASTRONY: I thought you might.

HEARING OFFICER DAHLHEIMER: Could we esta -- what -- what is the relevance of the documents -- of these documents that have no bargaining unit members on them?

MS. MASTRONY: Right, so they are the doctors who are not in the bargaining unit. But it shows the integration of the

various hospitals because they work with all the staff who are in the bargaining unit. So they are dealing with folks at VSES, but also dealing with folks at their own hospitals. So it shows the integration of the system.

HEARING OFFICER DAHLHEIMER: For the same reason as previously mentioned, I'm going -- I'm going to admit it. I'm going to overrule the objection and admit it. Yeah, so 32 is received.

(Employer Exhibit Number 32 Received into Evidence)

MS. MASTRONY: Thank you. All right.

Q BY MS. MASTRONY: Now, were there ever referrals of patients across the different hospitals?

A Yeah, routinely. Pretty much every day the GPs will -- for a variety of reasons, whether it's their own volume or not having the right equipment or facilities to manage a case, will refer to VSES. VSES will also then refer back to a GP, whether it's done at triage or they're discharged from the hospital and then transferred back to a GP.

Q Okay. And why would a patient who is discharged from VSES be transferred back to, or referred back to, a GP?

A Whether it's for ongoing care, or if it's something that the GP just couldn't -- because of volume, maybe, short staffing, couldn't deal with on a particular day, they're sent back. Maybe, the -- the next day is easier for them to be able to manage that case.

Q Okay. With respect to -- you also said that VSES will sometimes refer patients over to the other hospitals, outside of this instance where they're referring back after a surgery. What -- what would be the reason for that?

A You mean to -- to send them -- so when -- there's times where the -- the clients actually will prefer that it's managed by their GP. And there's times where the GPs can accommodate and perform whatever has to be done for that client. But they could do it either cheaper, quicker, or they just have a relationship with their GP and they would rather the GP manage it.

Q Okay. And does VSES ever refer cases due to workload?

A Yes. So if they're just too busy to -- to manage a case, a lot of times, there's -- whether it's a surgery, we'll send out either a Teams message, texting, calling the other GP hospitals to see who can take particular cases. Because we just can't manage it with the existing staffing or doctors.

Q Okay. How about with respect to training the employees at the various hospitals in VSES? What type of training is required for these folks?

A When they come over for holidays?

Q No, just in general?

A Just in general, what's -- oh, training at VSES?

Q Start with there?

A Oh, so we have -- we have two trainers that will -- also

will provide training at all of the GP hospitals and VSES for LVT staff and CSRs. And then, there's, you know -- you would set up somebody with a mentor to be trained at VSES. And it -- and it depends on the different service that you're on to what that training might look like.

Q Okay. Are you talking about, like, clinical training here?

A Yes. Well, clinical training, you know, it depends on, again, what position you are hired into. So you might need some more advanced training. But a lot of times, the training, especially around the holidays, is, you know, where things are. So any time you go into a new hospital, you know, you just need to know where to -- where to get your supplies. What is that particular workflow for discharge? What is the communication with the doctors? A lot of the training is around those sorts of things.

Q Okay. Is there any training required that's not either clinical or about, like, hospital operation that's required?

A So are these for when staff, like, pick up shifts and do holidays or brand-new employees?

Q I -- I guess it could be either an established employee or a brand-new employee. Like, is there any nonclinical training that they have to do?

A Oh, yeah. Yeah, there's, I mean, the mandatory trainings that we have every year that everybody goes through, so your

OSHA, your risk management, that all of the -- the Monroe group has to complete. And then, there's trainings that -- for processes, you know. And -- and you have, like, the handbook that applies to all of the employees, so making sure everybody's familiar and comfortable with, you know, those sorts of policies.

Q Okay. So just back to the training you mentioned, OSHA, risk management; do the employees at VSES have to go through that training?

A Yes.

Q And what about the employees at the GPs?

A Yes.

Q All right. And then, you mentioned the handbook; is that applicable to the employees at VSES?

A Yes.

Q And what about the employees at the GPs?

A Yeah.

Q Any other policies you can think of offhand that might be applicable to the employees in the entire Monroe group?

A I would say those are the -- those are the big ones.

Q Okay. Did the -- did the Monroe group enact any policies related to the pandemic that were applicable across the board?

A Oh, yeah, the COVID -- COVID policies. So masking, social distancing, curbside protocols, those applied to everybody.

Q All right. I'm going to show you what's been marked as

Exhibit -- Employer's Exhibit 31; can you tell us what this is?
A That's the PPE use during COVID, so utilizing masks.
Q All right. I'm just going to scroll down so we see the whole thing. All right, so this one looks like it was prepared by Andrea, right?
A Yeah.
Q Was this policy applicable across the board, though, to all of the GPs in addition to VSES?
A Yes.
MS. MASTRONY: All right. I'd like to enter this as Employer's 31.
MR. HALLER: No objection.
HEARING OFFICER DAHLHEIMER: Employer's 31 is received.
(Employer Exhibit Number 31 Received into Evidence)
Q BY MS. MASTRONY: Okay. Do the hospitals have a system for -- an electronic system for medical records?
A Yes.
Q And what's that?
A Infinity.
Q All right. And is this used at all the hospitals?
A Yes.
Q Okay. You had mentioned, before, the lab. Can you tell us what types of services the lab provides?
A So they run blood samples from any -- any draws taken at the GPs or at VSES, so CBC, Chem-A (phonetic throughout), that

sort of thing.

Q Okay. And where is the lab located?

A It's located right at the same geographical location as VSES.

Q Okay. But you said the other hospitals use the services there, as well?

A Yeah.

Q And -- and what employees work in the lab?

A So there -- there's a combination of LVTs and ACAs that are in the lab.

Q And then, you also mentioned the crematorium previously; can you tell us what that is?

A So that's a facility where bodies are cremated.

Q Okay. And where is that facility located?

A That's out in Perinton; it's its own separate facility.

Q Okay. So it's not part of any other hospital, right?

A Right.

Q All right. And which hospitals use the services of the crematorium?

A All of them, and then some non- -- nonMonroe group hospitals, too.

Q Okay. All right, and what types of employees work there?

A They're just not -- the nonclinical employees. So there's a supervisor and then another employee.

Q Okay.

MS. MASTRONY: All right. I do not have -- actually -- no, I didn't ask that. I don't have any further questions.

HEARING OFFICER DAHLEIMER: All right. Mr. Haller, your witness.

MR. HALLER: Thank you, just a moment. Okay.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Valente, I don't know if you've been -- if you've been tuning in earlier in the hearing. If you haven't, my name is Bill Haller. I'm representing the Union in this proceeding. I have a few questions. Unfortunately, they'll be rather scattershot because they're based on my notes that were taken during your testimony.

VSES is called VSES for a reason; isn't that correct?

A I -- I'm not sure what you're asking.

Q It's called Veterinary Emergency and Specialty -- I'm sorry, now I'm going to get it wrong. Veterinary Emergency and Specialty --

A Veterinary Specialty and Emergency Services.

Q Oh. Thank you. Veterinary Specialty and Emergency Services. It's called that because it provides emergency and specialty services not generally available at the general practices; isn't that correct?

A Well it provides -- yeah, we have board-certified specialists and emergency services.

Q So it is, in fact, correct, that VSES provides specialty

and emergency services that are not available generally at the general-practice facilities; isn't that correct?

A Well the general practice, I guess, it depends on how you define specialty. So we have laser therapy at Stone Ridge. There's -- you know, we have a rehab facility. Urgent care is provided at Animal Hospital of Pittsford. Behavioral services are provided at Companion. And all of the general practice hospitals see emergency visits. So you'll have sick, walk-ins, urgent sort of visits at the general practices as well.

Q Okay. Let me ask the question again, because I don't believe you've answered it. Aren't there in fact numerous specialty, as well as emergency services, provided at VSES that are not available to the general practice facilities?

A There are -- yes, there are some.

Q Some or many?

A Well, I guess that's a relative question.

Q Okay. Let me ask it a different way. Don't you think the customers would prefer one-stop shopping? There would be one facility where they can get all the services they need for their pets.

MS. MASTRONY: Objection. I think that lacks -- to lack foundation for that.

MR. HALLER: I think she's been working in this field for many years.

HEARING OFFICER DAHLEIMER: Can you please rephrase the

question?

Q BY MR. HALLER: As a long-time professional in veterinary care, don't you think the customers would prefer one-stop shopping?

MS. MASTRONY: Same objection.

HEARING OFFICER DAHLEIMER: Overruled. I'm not going to have her speculate what customers might prefer. Do -- do you have a specific question you'd like her to answer that's not about hypothetical preferences?

MR. HALLER: Okay. I think you sustained the objection. You said it was overruled. I'll move on.

HEARING OFFICER DAHLEIMER: It's sustained, yes.

Q BY MR. HALLER: Okay. If VSES shut down tomorrow, what services would be unavailable to Pathway customers in the Rochester area?

A If it -- if it closed. So let's say there was a fire and it was completely closed. Advanced imaging. We wouldn't be able to do MRI, CT, ultrasound. And then, we do have telemetry and ICU.

Q Anything else?

A Yeah. I said ultrasound, right?

Q Yes.

A Ophthalmology. That's all I can think of.

Q Okay. How about surgery that requires blood transfusions? That's only available at VSES, right?

A Right. Yep.
Q How about endoscopic procedures?
A Yep.
Q Have we covered the universal procedures that are only available at VSES?
A To my knowledge.
Q How about chemotherapy?
A Yep. That would not be able to be provided.
Q How about oncology services, generally?
A Well, that would be chemotherapy.
Q Okay. Okay. Are there oncological services outside of chemotherapy?
A That's not something that I -- I know.
Q Okay. How about orthopedic surgeries?
A There is -- there are some doctors that do some orthopedic surgery.
Q Outside of VSES?
A Uh-huh. Yes.
Q Are most of them done at VSES?
A Yes. But there's other GP hospitals in the area, as well as within the Monroe Group that does orthopedic. And I can't speak to other hospitals outside of the Monroe Group.
Q Okay. How about surgical procedures that require oxygen cages or oxygen therapy?
A Well oxygen is -- is able to be provided at other GP

hospitals.

Q Okay. Are there any board-certified surgeons at the other GP locations?

A Outside of the Monroe Group in the Rochester area, yes.

Q At any -- any Pathway-owned facility in the Rochester area?

A Not to my knowledge.

Q All right. How about complex fracture surgery repairs?

A I -- I can't answer that. I don't know that. There is a board-certified surgeon that works in the Rochester area.

Q But not -- not at a Pathway facility?

A No, but she works out of a GP hospital.

Q Is it a Pathway-owned GP hospital?

A No.

Q Okay. All right. You testified earlier about medical records, and there's an electronic program known as Infinity Systems, I guess, in which medical records are contained?

A Yep.

Q Okay. In the Infinity System, VSES staff are unable to access directly records from the other Monroe GP practices; isn't that correct?

A Yes.

Q And the other GP practices in the Monroe Group are unable to access VSES directly; isn't that correct?

A Yes.

Q Okay. You testified about the -- the laboratory and the crematorium. Both of those entities are separately supervised from VSES; isn't that correct?

A Yes. The crematorium, the supervisor for the crematorium is also the supervisor for the VSES environmental services team.

Q VSES environmental services team works at VSES, right?

A Yes.

Q And the crematorium is located, what, several miles away?

A Yes.

Q Okay. And the VSES staff has no involvement in the cremation of bodies, does it?

A Well, they -- they're involved in the body prep. So there's usually a lot of interaction with the crematorium, because the VSES staff prepares the body for cremation. And then the couriers, who also report to Dustin, log the bodies in and then transport them to the crematorium.

Q Okay. So the preparation of bodies you're talking about, that's a -- that's a function performed exclusively by the VSES staff?

A Yes.

Q And the crematorium staff performs -- actually the crematorium function as well as the courier function?

A Yes. The one courier is actually listed up under the crematorium.

Q Okay.

MR. HALLER: If everybody will bear with me.

Q BY MR. HALLER: Ms. Valente, I'm sorry to use you as a guinea pig, but I'm trying to -- I'm trying to master this screen share function. All right. How do I do this?

A Oh, I hope you're quicker than I am, because I think it took me about six months before I mastered it.

Q Did I do it?

HEARING OFFICER DAHLEIMER: You did.

MR. HALLER: Wow.

THE WITNESS: Yeah.

HEARING OFFICER DAHLEIMER: Good.

MR. HALLER: Is it showing Exhibit 30, or is it showing something I don't want you to see?

HEARING OFFICER DAHLEIMER: It shows Exhibit 30.

MR. HALLER: Okay. Hooray. I've entered the early 21st Century. I've been dwelling somewhere in the second half of the 20th century all this time.

Q BY MR. HALLER: Okay. Ms. Valente, you were asked some questions about this document earlier. So on the flow -- on this chart is Andrea Battaglia. She reports directly to you; is that correct?

A Yes.

Q Okay. And then Corey Hafler is also listed on here. And he reports directly to Andrea Battaglia; is that correct?

A Yes.

Q Okay. I believe that's all I had. Thank you.

MR. HALLER: I have no further questions.

MS. MASTRONY: Okay. I have some brief redirect.

HEARING OFFICER DAHLEIMER: Okay.

MS. MASTRONY: You want to stop sharing, Bill? I mean, you can leave it up if you want to, but --

MR. HALLER: Now you're going to tax my abilities again.

MS. MASTRONY: That big red button that says stop sharing.

MR. HALLER: Yeah, but now it's all like down at the bottom of my screen. Why is that? I don't know.

MS. MASTRONY: Why don't we take a five minute break while you sort that out.

MR. HALLER: Okay. And I apologize.

MS. MASTRONY: Oh, no worries. All right. Just give us five minutes?

HEARING OFFICER DAHLEIMER: We're off the record.

MS. MASTRONY: Thanks.

(Off the record at 3:18 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Ms. Mastrony, your witness.

MS. MASTRONY: All right. Thank you.

REDIRECT EXAMINATION

Q BY MS. MASTRONY: Sheryl, so opposing counsel went through some various procedures that are performed at VSES that are not

performed at the other hospitals. For instance, you know, you testified that there were certain surgeries that can only be done at VSES. So why are there certain surgeries that can only be done at VSES?

A There may be things, like, that if -- if it will require, or has a high potential to require, a blood transfusion, or going to be, you know -- require significant ICU care, certain -- certain surgeries. But I am probably not the best to speak to that. That is really more of a clinical -- I would say somebody with a clinical background can speak to it better than I.

Q Okay. Do you know, though, if, you know, the inability to perform a surgery at another hospital that has to be performed at VSES has anything to do with whether the CSRs are able to handle it?

A No -- no. It's not -- it would not be a -- a staffing issue. It would really come down to potentially a -- a equipment issue -- resource issue.

Q Okay. So it wouldn't have anything to do with whether the ACAs could handle the procedure?

A No.

Q Or what about the LVTs?

A No.

Q Okay. Would you say the same thing for something like chemotherapy, that can only be performed at the VSES?

A No. I mean, if -- if one of the internal medicine doctors wanted to start doing or providing chemotherapy services at a GP hospital, they would certainly be able to do that.

Q Okay. All right. And you know, you testified previously that often folks will, from other hospitals, pick up shifts at VSES, including for the holidays. Do they have to be trained to pick up shifts at VSES?

A Not -- not with clinical skills. The only training that they go through is basically on where things are and specific workflow processes. So they know when the board changes to purple, that means it's ready to be discharged, that sort of thing.

Q Okay. And I think you talked about Corey Hafler before. Can you tell us again what his position is?

A He's the manager for the administrative team at VSES, as well as the rehab facility across the street.

Q So what employees does he supervise at VSES?

A The front desk; the CSR employees.

Q Okay. And then, at the rehab facility, who does he oversee?

A The -- the clinical team there, which is ACAs, and the team that does the rehab services.

Q All right. And then, you also talked about -- and I'm sorry, the rehab facility is located where?

A It's across the street from VSES.

Q Okay.
A Separate building.
Q Okay.
A Yeah.
Q And I believe you talked about Dustin as well. Can you tell us his position again?
A He is a supervisor. So he's over three different departments: the crematorium, the EVS team at VSES, and the couriers.
Q I'm sorry, the?
A The couriers.
Q Oh, okay. And what employees are at the crematorium; what -- what positions are there?
A I don't actually know their actual titles. But they are -- she -- I would say, the equivalent of, like, a CSR, but they actually perform the cremations.
Q Okay. Do those employees have any interaction with employees at VSES?
A Actually, one of them used to be a CSR at VSES and will occasionally come back to VSES and help out, pick up shifts, at the front desk. But then, as far as there's usually communications between the two regarding processes. We have changed up the body-prep process for VSES and working with that team. So there's -- there's always crossover there.
Q All right. And what about -- do the employees of the

crematorium have any interaction with employees at the other G's?

A Yeah. So all of the -- the GPs also send to the crematorium. So they'll have interactions. If there's any issue, or concern, or problem with how the body was prepped, they'll have interactions that way.

Q All right. You mentioned the couriers before. What locations do they -- would they go to?

A So they would go to all of the Monroe Group GPs, and then the -- the crema -- the cremation -- the crematorium courier will also do all of that. And then for the lab, they'll do pickups outside of the Monroe Group as well.

Q Okay. Do they go to VSES?

A Yes.

Q Okay.

A VSES, the admin, pretty much all of the locations.

Q Okay. And the employees at -- who work at the rehab, do they interact with the employees of GPs?

A Does rehab interact with the GPs?

Q Yeah.

A Yeah. The -- the staff there was actually shared for a period of time, between the GP and -- and rehab. And the referrals from -- for rehab, a significant amount come from GP.

Q Okay. And do the employees of the rehab facility interact with employees at VSES?

A Yes.

Q Okay.

A Yeah. There's a -- actually a -- a tight workflow there, between the two. As far as scheduling the -- the first initial consult, the team at VSES will share some rehab material and information with the client at their -- the discharge for their surgery visit.

MS. MASTRONY: Okay. I don't have any other questions.

MR. HALLER: I have just a few on -- on recross, if I may?

HEARING OFFICER DAHLEIMER: Please.

RECROSS-EXAMINATION

Q BY MR. HALLER: Ms. Valente, the -- the rehab facility staff, they've got a different job skill -- skill set than anybody at VSES, don't they?

A It's a little -- it's slightly different, but it's kind of interesting, because I just had a meeting with them. The training of an ACA is -- is very minimal, and we routinely will just schedule somebody to cover over there when somebody's out or on vacation.

Q You schedule folks from VSES to work over there?

A Yeah. To -- to help cover for an ACA if they're out.

Q Okay. Have you ever worked in a position involving patient care, or any -- any sort of clinical position in animal health care?

A No.

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

MR. HALLER: No further questions.

MS. MASTRONY: I don't have any redirect or --

HEARING OFFICER DAHLEIMER: Okay. So Ms. Valente, thank you very much for your testimony this afternoon.

THE WITNESS: Thank you.

HEARING OFFICER DAHLEIMER: The Employer may call their next witness. Do you have someone ready or do you need a minute?

MS. MASTRONY: Yeah. So we went a little more quickly than I anticipated. We do have another witness who will probably be our last witness for the day. I'll see if I can get her earlier. But we had planned on 4:00 with her. So do we want to just wait until 4? I think we should be able to finish her. I can see if I can get her earlier, but I -- I don't know.

HEARING OFFICER DAHLEIMER: Can -- can you call quickly and see if she's available sooner before -- so before we break, if we're going to break for half an hour, just see if you can get her sooner. And if not we'll -- we'll take a break until 4.

MS. MASTRONY: Yes. Give me one sec.

(Off the record at 3:34 p.m.)

HEARING OFFICER DAHLEIMER: Okay. Employer, your witness.

MS. MASTRONY: All right. We shall -- we have -- we call

Sheila Casler.

HEARING OFFICER DAHLEIMER: All right. Good afternoon, Ms. Casler. My name's Mike Dahleimer. I'm the hearing officer. I work for the National Labor Relations Board. Please raise your right hand.

Whereupon,

SHEILA CASLER

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

HEARING OFFICER DAHLEIMER: Okay. You can put down your hand. All right. Can you please state your name and spell it for the record?

MS. CASLER: Sheila Casler. First name, S-H-E-I-L-A; last name, C-A-S, as in Sam, L-E-R.

HEARING OFFICER DAHLEIMER: Okay. Employer, your witness.

DIRECT EXAMINATION

Q BY MS. MASTRONY: All right. Good afternoon, Sheila. How are you?

A Hi. Good, thanks.

Q All right. Are you currently employed?

A Yes.

Q All right. Can you tell us by whom you are employed?

A Pathway Vet Alliance.

Q All right. And what is your position?

A I am hospital administrator. I manage three businesses,

two locations; Animal Hospital of Pittsford, Animal Urgent Care located out of Animal Hospital Pittsford, and Companion Animal Hospital.

Q All right. Can you just tell us briefly what your position is at the various hospitals entails?

A Sure. So I oversee daily operations of each location, manage any issues that come up. Basically in charge of the team.

Q And can you just give us a brief overview of your educational background?

A Sure. My educational background?

Q Yes.

A I graduated from high school and have a few years of college.

Q Okay. And how about your -- your career path prior to your present position?

A Sure. So I worked -- I've worked in the veterinary industry for over 20 years. I started out at a hospital about two hours east of here, where I worked for 17 years, 10 of which were in management. And I have worked for my current location, Animal Hospital of Pittsford, since February 29th, 2016.

Q Okay. And what positions have you held there?

A I was hired on as hospital manager. And then I have -- I helped with the launching of Animal Urgent Care. And then I

also took over Companion Animal Hospital, managing there. When we launched our rehabilitation center, I was -- I managed that initially and helped to launch that location as well.

Q Okay. So can you tell us the types of services that are provided at, you know, the three different hospitals that you manage. I know you mentioned AHOP, Urgent Care, which I know is part of AHOP, and Companion. So let's start with AHOP. What types of services are provided there?

A Sure. So as a general practice, we perform a range of services, including surgery, dentistry, wellness protocols. We treat illness. We have diagnostic testing, both in-house and send-out capability, X-ray, ultrasound, as well as an in-house lab and an external lab that we're able to offer. And we also do medical boarding.

Q Can you tell us what you mean by medical boarding?

A Sure. So patients that board with us that might be diabetics, or have, like, heart patients that need extensive medical care or monitoring.

Q All right. And what about at Companion, what types of services are provided there?

A Very similar. So general practice, diagnostics. We have X-ray, surgery. We have an in-house lab. And we're also able to do external lab. I said surgery, dentistry, you know, wellness and illness. So very similar.

Q All right. And then what type of care is provided at

Urgent Care?

A Okay. So Urgent Care is a little bit different, in the sense that we offer sort of a step down from the emergency hospital. And I would equate it to kind of, in human medicine, an urgent care facility. So it's kind of more about what we can treat and street. So anything that wouldn't require hospitalization, intensive care, or surgical intervention during those times. And so Animal Urgent Care, we operate that business on the weekends and holidays when other locations are closed.

Q And so when is Urgent Care open? You mentioned they operate on weekends and holidays. Are those their only -- the only time that it's open or --

A Yeah. So it's open Saturdays from 2 to 8 p.m., Sundays from 9 a.m. to 5 p.m., and holidays from 8 a.m. to 6 p.m.

Q Okay. What about Companion and AHOP, when are they open?

A Our hours are 7:30 a.m. to 7p.m., Monday through Thursday, 7:30 a.m. to 5 p.m. on Friday, and 8 a.m. to 2 p.m. on Saturday.

Q And what types of equipment are available at AHOP?

A We have an in-house X-ray. We have ultrasounds. We have several in-house laboratory machines. So we have a CBC and chemistry machine. I'm trying to think, I'm sorry. And then, I mean, in addition to the other kind of equipment that we use, such as our surgical equipment. We have laser. And then

any of your basic drugs and medical supplies that we would need to -- to treat patients.

Q Okay. And what about the equipment available at Companion?

A Very similar. While sometimes we differ in some of the -- so for instance, Animal Hospital Pittsford has a laser machine. Companion Animal Hospital doesn't have a laser machine, but everything else is very similar.

Q Okay. And then what about the equipment available for urgent care?

A It would be the same because Animal Urgent Care is housed out of Pittsford Animal Hospital, so the same equipment is available.

Q Is urgent care actually a separate location, or do they just operate out of AHOP at the times when AHOP is not operating?

A That's -- the -- the second thing you said is correct. So it's the same location, it's just a different business that operates out of the same location.

Q Okay. All right. Let's move to the services that are provided at Companion and AHOP -- AHOP as opposed to the services provided at VSES. How are those services different?

A So Veterinary Specialists and Emergency Services -- sorry -- or VSES, as we love to call them, they have some -- they have board certified surgeons and specialists that we

don't have, so our veterinarians don't have board certification, and they have more intensive equipment to be able to handle, like more intensive hospitalizations or surgical cases. They also have CT, MRI, and advanced diagnostic capabilities.

Q Okay. And what does the board certification mean in terms of the -- the doctors?

A So those veterinarians who have -- who are board certified, it's kind of -- again, I would equate it to sort of human medicine, so they have gone to school longer to learn more about that specialty. So for instance, if you were a board certified surgeon, you would have gone to school longer and done like, a surgical rotation, so it's several more years of schooling, and then you also have to pass a boarded exam for that specialty.

Q All right. With respect to the staff, what types of positions are there at AHOP?

A We have a -- we have veterinarians, and then our licensed veterinary technicians, animal care assistants, and our client service representatives. And we also have some administrative team members that handle things such as inventory, ordering, and some other administrative clerical things -- billing, things like that.

Q Okay. So can you tell me what the LVTs do at AHOP?

A Sure. So I would -- again, if I'm comparing to human

medicine, your licensed veterinary technicians are kind of like your registered nurses, so they have gone to school to complete a degree in veterinary technology, and then they have passed an exam that tests their skills and knowledge. So they are able to assist the veterinarians with things like monitoring patients while they're under anesthesia, you know, they're allowed to also kind of be dental hygienists: they scale and polish teeth, they will give injections to patients. So they're a lot about patient care and kind of assisting the veterinarians with making sure that their orders get carried out for their patients.

Q Okay. What about the animal care assistants? What do they do?

A And again, I'm going to sort of relate everything to human medicine. They are kind of like your nursing assistants, so their main role is to assist the veterinarians and the doctors with patient care, they do a lot of client education, they're doing a lot of treatments on pets -- they're allowed to do oral medications, restraint -- you know, kind of helping hold animals, take them outside for walks, et cetera, care for their kind of basic needs.

The difference between the animal care assistants and our license technicians is because they are not licensed in New York State. There are things they're not allowed to do; so they cannot give injections, vaccinations, they can't monitor

pets under anesthesia, they cannot perform diagnostic tests such as X-rays or blood work or anything like that.

Q Okay. And what about the customer service reps at AHOP? What do they do?

A Sure. So I kind of like to call them the client liaison. They really are the person that is in contact with the client and kind of helping the client navigate through things that are going on at the hospital. So they'll take messages and relate those to the -- back and forth between the doctor and the client or the rest of the medical team, they're scheduling appointments, they're the ones that are kind of preparing clients for what happens when you come in for an appointment, answering some basic questions, and just all over like the -- the client's representative while they're -- while they're here or on the phone.

Q Okay. And what types of positions are at Companion?

A The same.

Q All right. And do they have the same duties?

A Yes.

Q All right. And what about urgent care?

A The same.

Q The same types of employees?

A Yeah -- yes. Yes.

Q And do they have the same duties at urgent care?

A Yes.

Q Okay. And do you have any EDS (phonetic) employees at AHOP or Companion?
A Do you mean -- I'm sorry.
Q Environment -- sorry, environmental services employees.
A Oh, okay. No, we --
Q Sorry.
A -- do not.
Q Okay. And who cleans at those hospitals?
A Combination of some of the team members, and we have an outside cleaning service also.
Q How about the shifts of the staff at AHOP?
A It varies. So sometimes people might have a 12-hour shift, they may work from 7:30 a.m. until 7:00 p.m.; sometimes people may work, you know, half a shift or varying things throughout the day. It really depends on what kind of coverage is needed and when we have the most patients coming into the -- to the hospital.
Q Okay. And is that similar for Companion?
A Yes.
Q Okay. What about for urgent care? How is that staffed?
A We use a similar model, but because of the different hours, most team members end up working -- especially on Saturday because it's 2 to 8 -- so that entire shift.
Q Okay. Do any staff who are primarily at a different hospital come and work at Companion or AHOP or urgent care?

A Yes. So let's talk about -- let me just separate Com -- or AHOP and Companion, and then talk about urgent care, because there's a little bit of a difference there. But for Pittsford and Companion, we do have -- we do share a lot between those two locations, partially because we are closely located in proximity to each other, and also because I manage both locations. So frequently we share team members between the two hospitals, and occasionally when we need coverage -- more so at Companion -- but we may reach out to our group -- our Monroe group, to get someone to help fill in if there's a gap.

And urgent care is a little bit different because we are open holidays. So part of -- any team member that joins our group is kind of communicated -- and when I say "our group", I mean our group of hospitals plus the emergency hospital, so anyone that works for the Monroe group as part of Pathway is made to understand that there will be a holiday commitment. So each team member, dependent on whether they're full time or part time, has a certain number of holidays that they're required to work per year, and so for those, because urgent care is open for holidays, they're staffed, many times, by people that work at other locations.

Q And the holiday commitment, is that a holiday commitment for urgent care, and then a separate holiday commitment for VSES, or is it the same holiday commitment which you can ful -- fulfill by working at VSES or urgent care?

A It's the same holiday commitment. So employees can indicate what their preference is. If they prefer to work urgent care -- especially because it's more closely related to the general practice, or they can choose to work at -- they can't choose, I'm sorry. They can indicate a preference for working at VSES or urgent care, and we take that into consideration when we're doing the scheduling, when we can.

Q Okay. And -- okay. And do you -- do you have to coordinate with VSES to ensure the holiday coverage?

A Yeah. So Chris West, who is the staffing coordinator for -- she does the holiday schedule for all of the Monroe group. So generally, she and I will be in communication about what the needs are at urgent care. And I'll let her know, say, we need three technicians and two animal care assistants and one CSR, for example, and then she will look at, you know, kind of taking into consideration people's preferences for who might want to work an urgent care shift, and then she schedules all of the Monroe group and lets me know who will be coming to work at urgent care.

Q Okay. Does your staff ever work at other hospitals -- or at VSES, rather?

A Yes.

Q Okay. And when does that occur?

A So many times, especially lately given staff shortages just throughout our industry right now, VSES will reach out for

staffing support. And so I do have several team members that will pick up shifts, if they can, in addition to their shifts at other -- at -- at their home hospital.

Q Okay. And you said -- said that was due -- that would be due to staff shortages?

A Yes.

Q Okay.

A So we kind of have a little Teams group where we'll reach out to each other, the managers, or other hospitals, and someone might indicate that there is a staffing shortage at one location, or send an email or something, and so sometime -- you know, we let our teams know that there is a shortage, and oftentimes, team members will opt to pick up those shifts.

Q How often would you say that occurs where someone from one hospital is reaching out to the group to ask about coverage?

A It definitely has increased more be -- since the pandemic just because there is a huge need right now. There's a lot of pets that need care, and unfortunately, not enough hospitals and locations to care for them, so it's happening more often now, and I would say it's usually a few times a week at least.

Q All right. I'm going to share my screen for a sec. Okay. I'm showing you what has been marked as Employer's 36. Are you able to see that?

A Yes.

Q All right. And can you tell us what that document is?

A Sure. So these are different examples from, I think, a few different people, but I'm -- yeah, so it looks like Corey has written some, and possibly Chris, so just kind of indicating some of these are emails and some of them might be Teams messages -- so reaching out for support for VSES.

Q All right. And were you part of or among the recipients?

A Yes.

Q Okay. I'm going to scroll through -- it's one, two -- we have three pages here. So are these the Teams messages and/or emails to which you were referring that people will send out when they need assistance?

A Yes.

Q Okay.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's 36.

MR. HALLER: No objection.

MS. MASTRONY: All right.

HEARING OFFICER DAHLEIMER: It's received.

(Employer Exhibit Number 36 Received into Evidence)

MS. MASTRONY: Thank you.

HEARING OFFICER DAHLEIMER: Just a quick follow-up. Is this -- is this document some sort of compilation then since it contains both emails and the -- and when you say "Teams", are you referring to Microsoft Teams?

THE WITNESS: Yes.

HEARING OFFICER DAHLEIMER: Okay. And so this is just someone had copied and pasted into, like, a Word document, Teams messages and emails? Is that what this --

THE WITNESS: Correct.

HEARING OFFICER DAHLEIMER: Okay. Understood.

Q BY MS. MASTRONY: All right. How about transfers -- permanent transfers among the hospitals? Has that ever happened?

A Yes.

Q How often would you say that occurs?

A It's hard for me to judge that, but it does happen on a regular basis.

Q All right. Have you ever had someone transfer either from one of your hospitals to VSES or from VSES to your hospital -- hospital?

A Yes. I have currently two technicians that have transferred from VSES to Pittsford, and I have one employee that just transferred from Pittsford to VSES.

Q Okay. And how do those transfers occur?

A I'm sorry, could you repeat that?

Q How do the transfers occur?

A So when an employee is interested in changing locations or home hospital, they would have -- so okay, let me just go back for one second because the transfer process just recently changed as we changed umbrellas. But since we have been with

Pathway, which would be May 15th, employees would have to know that there was an opening at another hospital, so they would find that out via either Indeed or any kind of internal documentation or notification that we would give to employees. And once they know that there is an opening, they could just apply for that position and just discuss with their supervisor that they're looking to make a change and possibly interested in pursuing a position at another location.

And then they would go through the same or a similar kind of hiring process that an outside applicant would go through: they would be interviewed, et cetera. And then once they determined -- other locations determined -- so say it was someone coming from Pittsford to go to VSES. If VSES decided to take that person on, then they would contact me, as a practice manager, and say, this person -- we're going to take this person on. How do we coordinate when their first day can be and what that schedule looks like?

Q Okay. And you mentioned -- you mentioned that, I think you said, two of -- two employees from VSES came over to Pittsford, and one of your employees went over to VSES. What positions were those?

A So the two employees that came from VSES were both licensed veterinary technicians, and the other employee was a kennel supervisor here but got her technician's license, so she transferred into a licensed veterinary technician position at

VSES.

Q Okay. In terms of hiring new applications, is -- how do obtain -- or hiring new employees, how do you obtain applications?

A We use something called Jobvite. It's a third-party tool. So any openings that we have, we list them in Jobvite, and we have a regional recruiter that works with the Monroe group that will kind of go through and review our applications and give us any feedback on, you know, job descriptions or other things, and then they post it, and that gets posted to a lot of different online application places like, Indeed, Glassdoor -- I don't know all of them, but I think there's about 10 or 12.

Q All right. And -- and do -- if you -- if you know, do all of the hospitals in Monroe group use Jobvite to obtain applicants?

A Yes.

Q And you mentioned the recruiter. Does that recruiter service all of the hospitals in the Monroe group?

A Yes.

Q And that includes VSES?

A Yes. We have --

Q Okay.

A -- one recruiter that does all of the support staff, and then we have a recruiter that does all of the DVMs for our group -- for the doctors.

Q And do you ever coordinate with the other hospitals regarding applicants?

A Yes. So sometimes if -- and when I say -- when you ask about coordination, it would be mostly the managers that would do that -- would be in contact about, say, if we have an applicant that we really like but then we don't have an opening any longer, or if we interview two different people and we think they're both really good candidates, but we only have one opening, we'll generally communicate with each other about, hey, you know, this person applied, and we interviewed them, and they were really great, but we don't have a spot at our hospital, could you -- you know, could someone utilize them?

Q And does that coordination happen with the folks at VSES as well?

A Yes, and sometimes people may indicate that they're looking for something more, you know, fast-paced or more -- they want more emergency exposure, so we would let them know that there was that opportunity.

Q Okay. You had mentioned previously that you had oversight over the rehab facility, right?

A Yes, for -- yes, for a time. I no longer do that, but yes, I did.

Q Okay. And where's the rehab facility located?

A They are at 580 White Spruce Boulevard. So they're next to the emergency hospital.

Q Okay. So not actually in VSES; a separate location?
A Correct.
Q Okay. And what types of employees are there? What positions?
A They have one veterinarian, and then there are several animal care assistants.
Q Okay. And which hospitals in the Monroe group use the rehab facility?
A So any of us would refer patients to the rehab facility if there was a need, but the majority of patients come from -- that they're looking for rehab after a surgical procedure, so many of them come from VSES.
Q Okay.
A Post-surgery.
Q Okay. And what do those -- what do those employees do there? What are their job functions?
A They are kind of almost a cross between a CSR -- or client service representative, and an animal care assistant, so they are coordinating the clients and patients as far as scheduling and answering phones, they're also assisting with their care and doing a lot of the -- the treatments on patients. So they're not getting injections, but they're getting things like underwater treadmill, manual exercises, laser therapy. So those are all things that our animal care attendants will -- will perform under the order of a doctor.

Q Okay. And do the employees at the rehab facility ever have to coordinate with employees at VSES or one of the other GTs with respect to providing care to the patient?

A Yes, they're in close contact with each other via Microsoft Teams about patients that might be having surgery that need care. They do share a document, kind of like a spreadsheet of animals that are -- have surgery scheduled -- orthopedic surgery specifically, so that the rehab team knows when these patients will be -- are scheduled to have surgery and when they'll be going home so that they can schedule their follow-up rehabilitation services.

Q Okay. With respect to scheduling appointments for patients, do you have an electronic system by which you do that?

A Yes, our batch management system is called Infinity, and everyone in our group uses that same system.

Q And that's VSES as well?

A Yes.

Q Are you able to access the other hospitals' schedules for patients?

A Not at this time, no.

Q Okay. Is that in the works?

A When we -- we are looking to incorporate a new price management software, and when that gets introduced, it will be possible for us to have insight in -- into other locations'

medical records.
Q Okay. And do you ever schedule patients at one of your hospitals that was supposed to be at VSES?
A Can --
Q Want me to rephrase?
A Yes.
Q Sure. So do you ever schedule a patient at your hospital that was initially scheduled to be at VSES?
A We -- well, so VSES is not really a scheduled thing, but I guess yes and no. So no in the sense that because they don't really do schedule esp -- except for the specialty hospital -- and those would be mostly services that we don't offer, but there are times when they cannot take in patients, and so we offer them spots in our schedule -- "them" meaning VSES -- and they're able to schedule patients for us.
Q Okay. Let me show you what we've marked Employer's Exhibit 40. Are you able to see that?
A Yes.
Q All right. So this is a one-page doc. Can you tell us what this is?
A Sure. So we have a shared spreadsheet between VSES and all of the hospitals, because again, so since the pandemic and VSES being very overwhelmed with patients and their load, and I'm trying to focus on taking critical patients only, the general practices have worked together to -- with VSES -- to

kind of come up with some solutions to that, and part of what we're trying to offer our ill pets to get seen at the hospitals that we maybe would have transferred before -- that we can handle, so that they're freed up to see critical cases.

So we created this kind of shared document, and hospitals will put on there when they're able to offer, and they kind of set aside time and days that they're able to offer appointments, and VSES -- the VSES team actually schedules clients into those spots, and they will send us a message via Microsoft Teams just letting us know this is the information, this is who you have coming in, and this is why.

Q Okay. Are there ever any other times when VSES might send a patient to one of your hospitals?

A Yes. So because again, of the huge volume that we're all seeing right now, they -- VSES has sometimes had difficulty being able to manage some of their surgical load. So they may have times when they don't have a surgeon available, or they don't have the support team, or a client indicates that they may have a financial burden, so. And a general practice can do the surgery for a lower cost, they'll reach out and say, you know, hey, we have this patient that needs, say, a foreign body surgery, or cystotomy, or generally it's something that the patient needs surgical intervention immediately or it will get sicker or potentially die.

Q Okay. How does VSES let the other hospitals kn --

hospitals know that it needs some assistance with some of these patients?

A Generally because those communications are more urgent, they will -- VSES will send a message via Microsoft Teams. We have two different channels set up in Teams, so one is between VSES and Pittsford -- generally because of urgent care on the weekends, and we're kind of in constant contact about where each of us are at as far as capacity and load, and then there's one between VSES and all the other Monroe locations. So generally, VSES will post something in that group that goes to all the different hospitals and say they have, like I said, a foreign body or a pet that needs pyometra or something and they cannot accommodate, can anyone take -- take that on?

Q Okay. I'm going to share my screen. (Audio interference) document?

A Yes.

Q Okay. All right. I'm just going to scroll down to the bottom; you can see this is one page. Can you tell us what this document is?

A Sure. So these -- this is just a representation of some communications from VSES where they're reaching out for surgical or appointment support.

Q All right. So look at the top here -- let me make it a little bit bigger. BSR-103 (phonetic throughout), do you know who that is?

A So that would be VSES. Their -- their workstations are numbered, so that's why they have the 101 through 108, I think it is.

Q So it says here at the top, "Does anyone have an urgent care appointment left for today? It's for a German Shepherd with glass embedded in her paw." And the response here from Animals Hospital Pittsford is "Scheduled at Pittsford". So that would have been someone from one of your hospitals?

A Yes.

Q Okay. And acknowledging -- or confirming that they can take the -- the patient?

A Yes.

Q Okay. And this is from August 31st. Do you know what year this is on?

A This year.

Q Okay.

MS. MASTRONY: I'd like to enter this as a full exhibit, Employer's 35.

MR. HALLER: Just a moment.

THE WITNESS: Excuse me.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Okay. Employer 35 is received.

(Employer Exhibit Number 35 Received into Evidence)

Q BY MS. MASTRONY: Okay. So you said that the -- the GPs

will keep spots open for VSES; is that right?
A Yes. Yes.
Q And do they keep the appointments open for specific procedures or is it just in general?
A So it's mostly for appointments. So I'm going to go back to sort of our -- each of us kind of has a triage guide that we use that was developed by Dr. Wihlen, who is our regional director, and Dr. Kirk, who's the medical director at VSES, where we utilize that to just kind of determine, based on a pet's symptoms, how urgent it is for that pet to need medical care.
Q Okay.
A And so we set aside -- we keep appointments open to help with the things that we can see in order to take a little bit of the load off of VSES. Typically -- things have shifted a lot, so typically, VSES would have been seeing -- we categorize them into, like, red, which is critical, yellow, which is urgent, and green, which is minor -- so typically, prior to the pandemic, VSES would have seen critical and urgent cases, but because of volume, they're really only focused on the critical cases, so the general practices have taken on more of the yellow or urgent cases in addition to those green minor things.
Q Okay. What type of cases would the yellow ones be?
A Sure. So how we categorize those is -- like, green minor things are -- I know you didn't ask that, I'm sorry -- are

like, things that are itching, that are annoying but can wait a few days. Yellow urgent cases would be things like vomiting, diarrhea, not eating for several days, a urinary tract infection, maybe an upper respiratory infection, things that kind of need intervention or they will get sicker.

Q Okay. And I know you said previously that they will refer surgeries to -- that VSES will refer surgeries to other hospitals. What types of surgeries would they refer?

A Mostly they're referring to things that need surgical intervention more quickly, so possible -- possibly like a foreign body injection -- or ingestion, sorry -- pyometra, which is an infection of the uterus that can become fatal; something where you had a male cat that was blocked, can't urinate; a cystotomy, which would be like a stone removal; so things that the pet -- again -- could get sicker or die if it didn't have intervention quickly.

Q And are those surgeries that V -- VSES does handle on occasion?

A Yes.

Q Okay. And they're referred to your hospital in what circumstances?

A So if a client indicates that they cannot afford services at VSES because they have specialty and board certified surgeons, their prices are higher, they're able to offer a higher level of -- of care -- intensive care, or if there is --

if they're at capacity and they could not perform the surgery due to staffing or not having a surgeon, they would refer those out to see if anyone else could handle those.

Q Okay. All right. We had testimony previously that the practice managers meet on a weekly basis with Sheryl. Do you attend those meetings?

A Yes.

Q Okay. And then who else attends the meeting?

A So it would be everyone in the manager's group. So anyone that is a practice manager or office manager or hospital administrator for any of our general practice locations as well as VSES.

Q Okay. What's discussed at this meeting?

A I'm sorry you cut out. Could you repeat that?

Q Sure. Sorry. What's discussed at this meeting?

A We would go over any things that are related to the whole group, so things like when you talked about recruiting, because we all use the same system, so we may talk about that. We generally touch on what is going on at the emergency hospital just to see kind of volume and capacity and things like that. We'll talk about anything that we have to know that's upcoming that would affect all of us, such as changes to general operations.

Q All right. I'm going to share my screen here. Are you able to see this document?

A Yes.
Q We've marked this as Employer's 20. Can you tell us -- actually, let me just scroll. Sorry, it's just one page. Can you tell us what this is?
A Sure. So these are hospital manager meeting notes.
Q Okay.
A So every -- we have meetings every week, and generally, I take notes and distribute them out to everyone afterwards so that if anyone's missing, they have an idea of what was talked about in there; they have the information they need.
Q Okay. And did you take these notes?
A Yes.
Q All right.
MS. MASTRONY: I'd like to enter this as Employer's Exhibit 20, a full exhibit.
MR. HALLER: No objection.
MS. MASTRONY: All right.
HEARING OFFICER DAHLEIMER: Employer's 20 is received.
(Employer Exhibit Number 20 Received into Evidence)
MS. MASTRONY: Thank you.
I do have a series of these; I'm just going to put each one up, run through it, and have her identify it, and put them in.
HEARING OFFICER DAHLEIMER: Before you do that, Maura, can I ask what the relevance is of what appears to be numerous sort

of duplicative documents?

MS. MASTRONY: So just showing that -- what's discussed at these meetings. They're not all the same; just showing the various issues that they cover, as she will testify to.

HEARING OFFICER DAHLEIMER: All right. They seem to me as pretty tangential relevance, but okay.

MS. MASTRONY: Okay.

Q BY MS. MASTRONY: Moving up what we have marked as Employer's 21; this is two pages. And Sheila, can you di -- identify what this is?

A Yeah, so this would be our manager meeting notes from June 16th.

Q Okay. And that's from this year?

A Yes.

Q All right.

MS. MASTRONY: Okay. I'd like to enter this as Employer's 21, full exhibit.

MR. HALLER: I'm tempted to object, but no, no objection.

HEARING OFFICER DAHLEIMER: If you want to object, feel free, because I do note the objections on the way that I track these.

MR. HALLER: Okay. It's all right.

HEARING OFFICER DAHLEIMER: So the fact that I'm going to overrule you should not be a -- should not determine whether or not --

MR. HALLER: My feelings get so hurt every time you do that that it's difficult for me. No, it's all right, they -- these can come in.

HEARING OFFICER DAHLEIMER: Okay. Employer 21 is received.

(Employer Exhibit Number 21 Received into Evidence)

MS. MASTRONY: All right.

Q BY MS. MASTRONY: Next one we've marked as Employer's 22. All right. Let's scroll through this; there's three pages. All right. Sheila, can you tell us what this is?

A This would be our meeting notes from July 20th of '21.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's 22 as full exhibit.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: (Audio interference).

(Employer Exhibit Number 22 Received into Evidence)

MS. MASTRONY: All right.

Q BY MS. MASTRONY: This we've marked as Employer's 23. I'm just going to scroll; it is two pages. Sheila, can you tell us what this is?

A Manager meeting notes from July 20th, 2021.

HEARING OFFICER DAHLEIMER: Were there separate meetings on that --

THE WITNESS: I think --

HEARING OFFICER DAHLEIMER: -- day?

THE WITNESS: I was going say, I think that we already did this one, or it might be a repeat.

MS. MASTRONY: Yeah, this could be duplicative.

All right. Let me hand you that one.

Let's go to Employer's 24.

Q BY MS. MASTRONY: Sheila, can you tell us what this is?

A Sure. So those are manager meeting notes from July 28th, 2021.

Q All right.

MS. MASTRONY: And I'd like to enter this as a full exhibit, Employer's 24.

MR. HALLER: No -- no objection.

Q BY MS. MASTRONY: Okay. Sheila --

HEARING OFFICER DAHLEIMER: Employer's 24 is received.

(Employer Exhibit Number 24 Received into Evidence)

MS. MASTRONY: Thanks.

Q BY MS. MASTRONY: Sheila, can you just look at that third little point down, and tell us what that's addressing?

A Sure. So kind of what I have talked about before, but the high volumes at VSES and just having all of our locations use a triaging guide to determine what pets are considered critical, trying to see more of those minor green cases and yellow urgent cases ourselves instead of referring them to VSES because they're concentrating on the more critical cases.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's -- oh, no, sorry, we already did that. Sorry. Let's go to the next one. Well, this one, this is two pages.

Q BY MS. MASTRONY: All right. Sheila, can you tell us what this is?

A Sure. So that's our manager meeting notes from August 11th, 2021.

MS. MASTRONY: (Audio interference) as full exhibit, Employer's 25.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 25 Received into Evidence)

Q BY MS. MASTRONY: All right. Sheila, look at that second bullet point down. Can you tell us what that's about?

A The OSHA training one? Is that what --

Q Yep.

A -- you're referring to? Sorry, I have to read it.

Q Yeah.

A Yes, so we had a new OSHA training that was released through Workday that was for all team members to complete -- and when I say all team members, I mean everyone in our Monroe group -- so we are just kind of giving notification to the managers that that would be coming out and to make sure that their team members were aware so they could get those

completed, and also updating our OSHA binders with the new information from SharePoint for Pathway.

Q Share what we've marked as Employer's 26; it's a one-pager. Can you tell us what this is?

A Our manager meeting notes from August 18th, 2021.

Q Okay.

MS. MASTRONY: If we could enter this as full exhibit, Employer's 26.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 26 Received into Evidence)

Q BY MS. MASTRONY: All right. And Sheila, if you look at the eighth bullet point down, can you see my little cursor? Can you tell us what that's about?

A Yes. So because VSES was reaching out more often for surgical support, we were trying to encourage hospitals to possibly save some surgical spots in addition to what we talked about with saving appointment spots so that we can schedule pets into that and get them the care that they need.

Q All right. And (audio interference) we have as Employer Exhibit 27. Let's see. This is two pages; I'm just scrolling down. Sheila, can you tell us what this is?

A Our manager meeting notes from August 25th, 2021.

Q All right.

MS. MASTRONY: And I'd like to enter this as Employer's

27.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 27 Received into Evidence)

MS. MASTRONY: Thank you.

Q BY MS. MASTRONY: Sheila, we also had testimony previously that the practice managers meet with the medical directors. Do you attend those meetings?

A Yes.

Q All right. And how frequently do those occur?

A Once a month.

Q All right. Can you tell us what -- I'm going to scroll; this is three pages. All right. Can you tell us what this document is?

A Sure, that is meeting notes from the medical director/manager meetings from July 21st, 2021.

Q Okay. And who's present at these meetings?

A So it would be the same group that is present at the manager's meeting. So office managers, practice managers, hospital administrators of all the locations, including VSES, as well as the medical directors of all the general practices, and VSES.

Q All right. And do you know who took these notes?

A It was me.

Q All right.

MS. MASTRONY: I'd like to enter them as Employer's 28, full exhibit.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 28 Received into Evidence)

Q BY MS. MASTRONY: Only one more. All right. Let's scroll to this one; this is also three pages. Sheila, can you tell us what this is?

A Sure, it's a sa -- meeting notes from the same type of meeting: medical director/manager meeting from August 17th, 2021.

Q And did you take these notes as well? Sheila, did you take these notes as well?

A Oh, I'm sorry. Yes, yes, I did.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's 29, a full exhibit.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 29 Received into Evidence)

Q BY MS. MASTRONY: All right. Switching gears for a moment: inventory at the hospital. How is the inventory managed?

A Each location has either a person or multiple people that do the ordering and get drugs and medical supplies into their

hospital. And we all use a system mostly called -- and I say mostly because mostly everything that we get comes from our system called Vetcove.

Q Okay. Is -- is there any procedure or protocol for managing the inventory?

A Yes, we have an inventory handbook.

Q All right. And to whom is that handbook applicable?

A It would be anyone that is doing the ordering or getting drugs and medical supplies into that location.

Q Is it applicable to all the hospitals in the Monroe group?

A Yes.

Q And what we've marked as Employer's 75; this is a 23-page document. All right. Can you tell us what this is?

A Sure. So this is the inventory handbook that was developed for Monroe Veterinary Associates. Monroe Veterinary Associates was recently absorbed under the Pathway umbrella, so prior to that our general practices and emergency hospital were identified as Monroe Veterinary Associates.

Q Okay. And is this the handbook that you're talking about now that the hospitals abide by?

A Yes, though some things in there have changed under the Pathway umbrella.

Q Okay.

MS. MASTRONY: I'd like to enter this as Employer's 75 as a whole exhibit.

MR. HALLER: Is there going to be testimony about what's changed?

MS. MASTRONY: You can certainly ask her.

MR. HALLER: Well, I'm not sure I want to -- I'm going to object to this document if it doesn't reflect what's going on now.

HEARING OFFICER DAHLEIMER: May I ask for the relevance of this document?

MS. MASTRONY: Sure. This is the rules -- or the procedures and protocols that the hospitals abide by with respect to inventory, and Sheila testified that it is the applicable handbook, however, some things changed, apparently. I'm happy to have her testify as to what might have changed in the handbook.

HEARING OFFICER DAHLEIMER: Union, does that resolve your issue at all?

MR. HALLER: No, because they didn't present any testimony on what's different here. They're presenting a handbook, which they're telling us right now doesn't -- doesn't reflect what's actually going on now. I realize this will come in, but I object to it.

HEARING OFFICER DAHLEIMER: Okay. In the event that -- that you not present evidence on it, I'm going to ask about what has changed.

I'm going to overrule the objection and receive it.

(Employer Exhibit Number 75 Received into Evidence)

MS. MASTRONY: All right.

Q BY MS. MASTRONY: Sheila, can you tell us what has changed about the inventory procedures and protocols since Pathway took over?

A Sure. So what has changed is the system in which we get things into our hospital. So prior to our Pathway acquisition, we used to have a centrally-located stockroom, and so things would get ordered into our stockroom, and then they would come from the stockroom to the different locations. And so what has changed is that now we -- each location orders their own supply of things, though we do still share those between locations on occasion when needed.

Q Okay. Has anything else changed with respect to the inventory procedures and protocols since Pathway took over?

A Yeah. So we now use a central ordering structure like I talked about; it's called Vetcove. So prior to that when we were Monroe Veterinary Associates, our orders were placed by our administrative department that was centrally located, and now we place our own orders through -- through Vetcove, which is kind of an umbrella for all of our major drug and medical suppliers such as Covetrus, MWI, Midwest, et cetera.

Q Okay. Any other changes to the inventory procedures and protocols?

A Not that I can think of.

Q Okay. Talked about ordering supplies. Do you ever share supplies with other hospitals?

A Yes.

Q Okay. And why -- or under what circumstances would you do that?

A So I'll give you an example. Companion Animal Hospital, that I manage, is very small, and they have -- they're a one-doctor practice; they have a lower volume. So for instance, feline leukemia and FIV tests are something that possibly Companion might only run five to ten of a year. However, the way that they are sold to you is in a unit of, say, 50. So because it would be cost prohibitive for them to buy 50 when they're only going to use 5, many times, some of the smaller locations will reach out to the larger locations to see if they can get a small amount of something that they're not able to order directly. So Companion may reach out to Pittsford and -- because Pittsford will go through a higher volume of those tests, and ask to just transfer over a small amount.

That frequently happens with VSES as well, so because they are, again, a high-volume hospital, so they're able to get things in bulk and provide some of those drugs and medical supplies to a location that may not go through as many. We also sometimes will reach out if they're -- if we're out of something and there's an urgent need and we know that we can't get something for several days.

Q All right. Okay. Are there any training manuals in existence for the physicians at the hospital that you've mentioned before?

A Yes, there are -- there is a client service representative training manual, there's an administrative client service representative manual, there is an animal care assistant training manual.

Q Okay. And are these manuals applicable to the -- those physicians at both the GPs and VSES?

A Yes.

Q All right. Let me share my screen. All right. This is a 165-page document; I'll just scroll down to the end. All right. Sheila, can you tell us what this is?

A Sure. So that's the administrative customer service representative manual.

Q Okay. And this manual is applicable to CSRs at both VSES and the GPs?

A This particular one is the administrative CSR manual. So not every location has someone in that position, so it would --

Q Okay.

A -- only be for those locations that have that particular job title.

Q Okay. Do -- does either of your hospitals have an admin CSR?

A Yes, Pittsford does.

Q Okay. Does -- do you know if VSES has an admin CSR?
A They do not.
Q Okay. Are there other hospitals in the Monroe group that have an admin CSR?
A Yes, several.
Q Okay.
MS. MASTRONY: I'd like to offer this as Employer's 76.
MR. HALLER: No objection.
HEARING OFFICER DAHLEIMER: Received.
(Employer Exhibit Number 76 Received into Evidence)
MS. MASTRONY: All right. Okay. This is a 119-page exhibit that we've marked as Employer's 44. I'm just going to scroll down to the bottom.
Q BY MS. MASTRONY: All right. Sheila, can you tell us what this is?
A Sure. That's our animal care assistant training manual.
Q Okay. Is this training manual applicable to animal care assistants in all of the Monroe group hospitals?
A Yes.
Q Okay. Including VSES?
A There would be some things in there such as wellness protocols that would not be applicable at VSES.
Q Because they don't do wellness, right?
A Correct.
Q Okay. But the other sections of the manual would be

applicable to VSES --

A Yes.

Q -- ACAs?

A Yes.

Q All right.

MS. MASTRONY: I'd like to enter this as Employer's 44.

MR. HALLER: No objection.

HEARING OFFICER DAHLEIMER: Received.

(Employer Exhibit Number 44 Received into Evidence)

MS. MASTRONY: Okay. I do not have any further questions for Sheila.

HEARING OFFICER DAHLEIMER: Okay. Mr. Haller.

MR. HALLER: May I?

HEARING OFFICER DAHLEIMER: Please.

CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Casler, if you've been viewing, you -- you -- you know who I am. If you haven't been -- from prior witnesses -- I'm Bill Haller. I'm counsel for the Union. I'll have a few questions for you. First, I want -- just briefly, I want to ask you about your screen background. I grew up in Syracuse, and Syracuse looks like your screen background oh, for about six weeks of the year, so it reminds me of my bygone days. I'm hoping that's not a live picture.

A It is not.

Q There were times when I was growing up that I would have

thought maybe it was. Okay. Okay. Let me ask -- and these questions are going to be probably kind of sort of in reverse order of the questions you were asked on direct examination.

A Sure. Can you -- I'm sorry, let me just turn up my volume a little bit because I'm having --

Q Okay.

A -- a little difficulty hearing you. Okay. Go ahead.

Q Okay. All right. Let me first ask you about inventory --

HEARING OFFICER DAHLEIMER: Well --

Q BY MR. HALLER: -- which you've testified about.

HEARING OFFICER DAHLEIMER: -- one second, please.

Mr. Baker, are we having any issues?

THE COURT REPORTER: Just a small issue. I'm just about out of the recording time on my -- on my -- the Twilio that we use on my phone. Can I just hang up and call back in real quick?

HEARING OFFICER DAHLEIMER: Yeah, let's -- so we're going to pause briefly, and we're going to go off the record to -- to allow --

THE COURT REPORTER: Okay.

HEARING OFFICER DAHLEIMER: -- Mr. Baker to rejoin us.

MR. HALLER: Okay.

(Off the record at 4:48 p.m.)

HEARING OFFICER DAHLEIMER: Mr. Haller, your witness.

MR. HALLER: Thank you. Give me just a second.

RESUMED CROSS-EXAMINATION

Q BY MR. HALLER: Ms. Casler, I'm going to ask you a few questions about inventory that you testified about --

A Sure.

Q -- a few moments ago. Isn't it true that each facility within the Monroe group has its own budget for inventory?

A Yes.

Q Okay. Okay. Are medications ever transferred between -- I guess -- medication inventory, is it ever transferred back and forth between facilities within the Monroe group?

A Yes.

Q Is there any accounting for cost that goes along with that?

A Yes.

Q Okay. So if $10,000 worth of drugs goes from A to B, then B is debited for $10,000, I guess, out of its inventory budget?

A Yes.

Q Okay. Okay. Just a second. Okay. From -- from your earlier testimony, it sounds like the inventory procedures have become more decentralized since Pathway became the owner; is that correct?

A I guess when you say "decentralized", what -- what do you mean?

Q Well, let me rephrase the question. Prior to the acquisition by Pathway, there was a central inventory stock

room for the Monroe group, correct?
A Yes.
Q And now there is no centralized stock room for Monroe group --
A Correct.
Q -- correct? Okay. Okay. If we could, I'm going to take another attempt at screen sharing. I'm not very good at this, so. There we go. All right. Ms. Casler, you should see in front of you Employer's Exhibit 35, which you testified about earlier.
A Yes.
Q Okay. So these were -- I guess these are some sort of electronic texts or something where manager locations are offering to take work from VSES emergency, which is overloaded; is that correct?
A I think in all of these examples -- again, I would have to scroll down and look, but at least the first two, it's VSES reaching out for support with cases, yes.
Q Okay. So let's -- let's take a look at the -- a few of them. The first one, August 31st at 12:12 p.m. from CSR-103 (phonetic throughout): Does anyone have an urgent care appointment left for today? It's for a German Shepherd with glass embedded in her paw. And Pittsford agreed to take that, that's correct?
A Yes.

Q Okay. Now, obviously for the German Shepherd, that was procedure that needed to happen, but in the realm of -- on the -- in the realm of surgery, that's a minor surgery; is it not?

A So this is not a surgical support; that would be an appointment support.

Q Okay. So it's not --

A The procedure is the same.

Q -- even considered surgery, okay.

A So this -- sorry.

Q I'm sorry, I interrupted you. I apologize. Go ahead.

A The second one is a surgical support.

Q Okay. FB surgery; what is that?

A Foreign body, so a pet has ingested something that isn't food, so potentially a toy or sometimes it's pantyhose, socks, carpet, anything that is creating a blockage in either their stomach or intestines and not allowing them to get nutrients.

Q Okay. I re -- recently learned that dental floss is dangerous for pets; that was a new one for me. My -- my daughter found that out at great expense to her when her cat ingested some dental floss. All right. So and looks like Perinton said they might be able to take it on. Is that what -- the gist of what we're seeing here?

A Yes.

Q Okay. That's because depending on the details, it looked

like the kind of -- a kind of procedure or surgery, if necessary, that Perinton could handle; is that correct?

A Yes.

Q Okay. And same with the first one: removing glass from embedded in paws -- probably something -- and I realize there may be some particulars, but that's probably something that most of the general care facilities would be able to handle; is that correct?

A Yes.

Q I'm scrolling down. It looks like the rest of the instances are not citing specific pet needs, they're -- they're talking about VSES being down. In those cases, based on your earlier testimony, my understanding is that the kind of case that would be fer -- referred to the general practices would be ones in the green and yellow categories, right?

A Yes.

Q Thank you. Okay. You testified earlier about when clients had financial trouble, sometimes it might be more cost effective to have a surgery done at one of the general practices, and you cited that the surgery might be done by a -- I guess if it's at a general practice, it would almost certainly be done by a nonbird -- nonboard certified surgeon; is that correct?

A Yes.

Q Okay. There are lots of surgeries you wouldn't want to

have done by a nonboard certified surgeon; isn't that correct?
A Correct.
Q All right. And in fact, you, in your earlier testimony, stated several times that the veterinary practice in some ways is comparable to human care. You wouldn't want your general practitioner doctor performing a lot of complex surgeries, would you?
A No.
Q Okay.
A But there are -- there is a little bit of a difference between human medicine and veterinarians when it comes to what they're taught in school. So we kind of joke about how your veterinarian is really a cardiologist and nutritionist and all of those things, so while they're not board certified, they do have training in all those other areas and they're able to, so it is a little bit different than a general medical doctor.
Q Not to mention the fact that working on multiple species.
A Yes.
Q Which does blow my mind. Okay. All right. Other than the surgeon not being board certified, what other reasons would the cost be lowered to general practice?
A So if sometimes, depending on what the surgery is, the client, because they have financial constraints, we might offer to do something where we would not hospitalize as long or we would not offer as intensive hospitalization as would be at

VSES.
Q Okay. In other words, the pet's getting some less degree of care?
A Yes.
Q Switching gears slightly, there -- there's a job category called "patient care coordinator". Does -- does that job category exist at the general practices?
A No.
Q Okay. Is that only at VSES?
A Yes.
Q Okay.
A They tend to have more hospitalized cases than the general practices.
Q All right. I guess, do patient care coordinators deal with pa -- patients with complex situations?
A Yes.
Q Okay. What kind of surgeries do your -- does -- does two general practices that you manage have the capacity to perform?
A I'm sorry, you said "what kind of surgeries", and then I didn't hear the rest.
Q Oh, I'm sorry. With -- let me rephrase it. With regard to the two general practices that you manage, Pittsford and Companion --
A Um-hum.
Q -- what kind of surgical procedures do those facilities

have the equipment and manpower to perform?

A Sure. So foreign body surgeries, pyometra, spays and neuters; we call them OATS, but those are oral assessment and treatments, so dentistry's with extractions; cystotomies, growth removals -- I'm sorry, I'm trying to think. We might do a urinary blockage, like a surgery to unblock a kitty. Well, there's probably many others that I'm not able to name off of the top of my head.

Q Right, and I understand. It's a -- it's a incredibly open, broad question I'm asking you, so I -- I'm sure it would be almost impossible to answer it exhaustively.

A And some orthopedic procedures: leg amputations, cruciate -- cruciate surgery.

Q What is that?

A So an animal might -- it's kind of almost, like, when humans -- when they tear their ACL. So it's their cruciate ligament. Quite frequently, an animal will tear that, especially your larger bleed -- breeds, and it needs to be surgically repaired.

Q Okay. All right. Now, I'm going to ask the same kind of question, but understanding that it's impossible to, you know, answer the entire universe.

A Sure.

Q What kind of surgeries wouldn't -- would you not recommend or would your facilities not be able to perform?

A Well, that's kind of a loaded question. So I'm going to tell you that when we do a cruciate repair, there's a difference between the cruciate repair that we would do at a general hospital and that -- the -- a board-certified surgeon would do. So their repair is going to be a different procedure, and it is a more intensive surgery.

Q Okay. And the -- your questioner here is a complete and total layman with regard to healthcare in general, and certainly veterinary care, but would it -- would it be reasonable for a layman to suggest that, you know, if the -- if the animal hasn't torn up its ligaments quite as bad, it might be able some -- something that could be handled at the GP, and if it was torn up real bad, you'd need to send it to a board-certified people down at VSES?

A No. There's really only that it's torn or it's not torn

Q Okay.

A If it's torn and it needs surgical repair, then it could be done by either, but gold standard would be to have it done by a board-certified surgeon.

Q Okay. All right. What's trauma surgery?

A I'm not sure I understand the question.

Q Okay. I'll -- I'll -- I'll withdraw it then. Okay. Just a moment. That's all I have. No more questions. Thank you.

A Thank you.

HEARING OFFICER DAHLEIMER: Go ahead with redirect, if you have any.

MS. MASTRONY: Yes. Can I just have five minutes? You're muted.

HEARING OFFICER DAHLEIMER: Yeah.

MS. MASTRONY: Okay. Thanks.

HEARING OFFICER DAHLEIMER: I'm -- I'm all right with that. Yeah, five minutes is fine. We'll come back at about 10 after. We'll make (indiscernible, simultaneous speech) --

MR. HALLER: (Indiscernible, simultaneous speech) --

HEARING OFFICER DAHLEIMER: Okay.

MS. MASTRONY: Thank you.

HEARING OFFICER DAHLEIMER: We're off the record. Thanks.

(Off the record at 5:06 p.m.)

HEARING OFFICER DAHLEIMER: Ms. Mastrony?

MS. MASTRONY: Yes. Just some brief redirect. Thank you.

HEARING OFFICER DAHLEIMER: Sheila, you're muted.

THE WITNESS: Sorry.

MS. MASTRONY: No worries. I think we all do that, like, twice a day, at least.

REDIRECT EXAMINATION

Q BY MS. MASTRONY: All right. So let me just bring up this exhibit. So this is Employer's Exhibit 35 that you were asked a question about from opposing counsel; that first example with the German Shepherd who had glass embedded in her

paw. Is that a procedure or appointment that VSES would -- would normally take but referred it out due to staff shortage?

A So we have changed -- again, I'm going to keep coming back to the pandem -- pandemic. We have kind of changed the way that we have been able to operate. So generally, we -- the general hospitals would've focused more on wellness care and seen some sick things but referred things like this to VSES for care, because we did not have capacity to handle those cases. So because of the volumes, what we'll -- what the general practices are trying to do is save more spots for the sick animals so that we can help them with cases that normally would have gone to VSES.

Q Okay. So that is something that VSES could have addressed?

A Yes.

Q All right. All right. And with respect to the foreign body surgeries, are those surgeries that VSES is capable of doing?

A Yes.

Q Are those surgeries that VSES would have done had they not had -- or that VSES would do if they weren't experience -- you know, experiencing such a high volume?

A Yes.

Q Okay. But it's also a surgery that the GPs can do?

A Correct.

Q All right. So you were also asked about some surgeries that, you know -- like, the -- I forget how you -- the cruciate, is that what you said?
A Yes.
Q I'm thinking, like, ACL, right?
A Yes.
Q So let's just call it that. So some type of an ACL surgery that would be performed at VSES, you know, by a board-certified surgeon, it could be performed at the other hospitals, right, but typically it's done at VSES?
A Yes. And --
Q Okay.
A Yes. It's a -- it's a different technique, like I said, that VSES would use than the general practices would use.
Q Okay. And the different technique that's done at VSES for that surgery, does that relate in any way to how the LVTs perform their work with respect to that surgery?
A I -- I'm sure there are some differences in what -- how they prep or assist with those cases, but for the most part, it would probably be the same.
Q Okay. What about with the way that the ACAs would deal with those surgeries? Is there any difference for when they're done at VSES as opposed to at a GP?
A Only in the sense -- so you're talking about, because it's a completely different procedure -- I mean, technique-wise that

there may be some slight differences in how they would handle those, but for the most part, it would be the same --

Q Okay.

A -- as far as monitoring anesthesia and you know, assisting with prep and aftercare, et cetera.

Q Okay. But the technique used, is that something that relates to the -- the doctor doing the procedure?

A Yes.

Q Okay. So would it affect the way a CSR would handle the procedure?

A No, and I think, again, if you're -- if I'm understanding what your question is, what you really want to know -- because it could be individual for each patient. So two different dogs could have the same surgical procedure performed, but there might be slight differences in how the LVT/ACA would handle one as opposed to the other, based on what the doctor's orders were.

Q Okay. So does it have anything to do with the -- the skills of the ACA or the LVT, or is it related to the directions of the doctor performing the surgery?

A It would be related to the doctor and the patient.

Q Okay. I don't have any other questions.

RECROSS-EXAMINATION

Q BY MR. HALLER: Ms. Casler, you don't have any background in direct patient care or clinical care, do you?

A Yes, only in the sense that I have helped in different areas and worked in different areas. But I am not a licensed technician, if that's what you're asking.

Q Okay. Have you ever worked in the emergency room at VSES?

A Yes, I have.

Q Now, if they're using more advanced procedures, more advanced equipment, more complex anesthesia on -- on a patient undergoing ACL -- what we're calling ACL surgery at VSES as opposed to some kind of simpler procedure at the GPs, all of that's going to affect what the technicians do, isn't it? It's not just affecting the veterinarian.

A So every single surgery that we perform is different. I can tell you that -- so I'm just going to equate this to general practice, because that's my home. But if we do a spay -- so we could be doing ten different spays in a week, and we could have ten different doctors doing those spays. So each doctor might use different instruments; might use different anesthetic protocols; might have a different follow-up care for that pet, such as, you know, this one gets treatments this often and we're doing these medications and treatments, or -- and this one gets treatments and medications this often, and there are these treatments and medications. So in the sense that -- I mean, we really rely on all of our team members to be flexible to that. Once they have the education and background, it can really translate to whatever we need them to -- to do.

Q In a general practice?
A And also on an emergency basis. You know, we have a lot of instances of that when we have team members that go and pick up shifts or work patient care at an emergency hospital on holidays. You know, they would be expected -- those technicians are acting just the way that the emergency technicians would.
Q You have any idea what the technicians from your facilities are doing when they're doing holiday work at -- at VSES?
A I know there are different assignments that they might be doing. So they're assigned sometimes to patient care or to intake. It really depends on, I think, their level of experience and comfort.
Q If the technicians at VSES say that the outside technicians assigned to holiday shifts are routinely assigned to less-skilled tasks, you don't know whether that's true or not, do you?
A I do not.
Q Because you don't work there and you're not a technician; isn't that correct?
A I do not work there on a regular basis. I have worked there, and no, I am not a technician.
Q You -- you've never worked there in surgery, have you?
A No.

Q Okay. So when Ms. Mastrony asked you if there's any difference between the general practice performing a procedure and VSES performing, maybe, a different procedure for the same medical problem, you're not really qualified to answer that question, are you?

A I disagree, but I understand where you're coming from.

Q Okay. So why do you disagree?

A You're asking me to testify whether there's a difference, and again, yes, I don't work there, so I don't know all the intricacies of the VSES. But if we're going to, you know, equate that to, say -- some of our veterinary technicians, even between hospitals -- like, Perinton Animal Hospital sees exotics. So some of our technicians are more trained in handling those pets. But we will have technicians visit us from other hospitals that may have to handle exotic pets. They have gone to school to do that. They have information about it, and they're directed by the doctors, so they're able to perform those tasks, even though they may not be subject matter experts, per se.

Q Okay. And I should say, I don't mean to disparage you or your skill set in any way, Ms. Casler. You are a health care facility administrator. I most certainly couldn't do what you do. I don't have the skills. I don't have the experience. But likewise, you're not a licensed veterinary technician, and you've never worked in surgery, so I don't understand how you

can -- how you have the skill set to honestly answer the questions about the differences in the skills required of LVTs at VSES versus at general practices.

MS. MASTRONY: Objection. I don't think she testified to that, and -- and in fact, she clarified where she was unsure. So I think that's mischaracterization of her testimony.

MR. HALLER: Fair enough.

HEARING OFFICER DAHLEIMER: I'm sorry. What was that, Mr. Haller?

MR. HALLER: I -- at this point, I don't think there's any question pending. I -- I don't know what to say.

HEARING OFFICER DAHLEIMER: I -- I'm -- I'm going to overrule and let it into the record, again, under the -- under the assumption the Regional Director will determine whether or not it's relevant.

MS. MASTRONY: Well, I don't --

MR. HALLER: (Indiscernible, simultaneous speech) --

MS. MASTRONY: -- he actually asked a question, so I'm not sure what we would be letting into the record, other than his testimony, which wouldn't be appropriate.

MR. HALLER: But I mean, the question was answer -- answered and responded to.

MS. MASTRONY: I --

HEARING OFFICER DAHLEIMER: Yeah, I -- I believe the question was responded to. We'll take this up with other

witnesses.

MS. MASTRONY: Okay.

MR. HALLER: I don't have any further questions.

HEARING OFFICER DAHLEIMER: Okay. All right. Ms. Casler, thank you very much for your testimony this afternoon.

THE WITNESS: Thank you. I'm -- I'm dismissed, then?

HEARING OFFICER DAHLEIMER: You're dismissed. Thank you.

THE WITNESS: Thank you.

MS. MASTRONY: Thank you, Sheila.

HEARING OFFICER DAHLEIMER: No -- there will be -- the Employer is putting on no more witnesses today; is that correct?

MS. MASTRONY: That is correct. That was our last witness of the day.

HEARING OFFICER DAHLEIMER: Okay. And we're doing, perhaps, four tomorrow, the Employer believes?

MR. STANEVICH: Anywhere between four and six tomorrow.

HEARING OFFICER DAHLEIMER: Okay. 10:00 their time. That -- that works for everyone?

MR. STANEVICH: We'd be open to starting at 9:30, if that works for everyone.

HEARING OFFICER DAHLEIMER: I have no objection to that.

Mr. Haller, thoughts on 9:30 versus 10?

MR. HALLER: I -- I think that's fine.

HEARING OFFICER DAHLEIMER: Mr. Baker, does that work for

the court reporting agency, 9:30?

Very good. The invitation for this will remain open. You can just join the meeting at 9:30 tomorrow morning. Like today, the meeting will be open, you know, probably 15 or so minutes beforehand. If there are any questions or thoughts for me before the meeting, feel free to give me a call this evening or before the meeting tomorrow.

MR. HALLER: Thank you all.

HEARING OFFICER DAHLEIMER: Yep. And any other thoughts or questions at this time? Nope?

MS. MASTRONY: Nope.

HEARING OFFICER DAHLEIMER: Okay. I will just speak to you all in the morning. Thank you all.

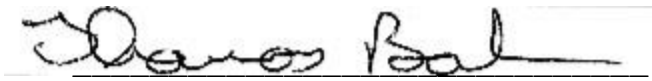
MS. MASTRONY: Thank you.

HEARING OFFICER DAHLEIMER: Bye.

(Whereupon, the hearing in the above-entitled matter was recessed at 5:24 p.m. until Tuesday, September 21, 2021 at 9:30 a.m.)

C E R T I F I C A T I O N

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 20, 2021, at 10:02 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