

OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

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

Employer,

and

International Association of
Machinists and Aerospace
Workers,

Petitioner.

Place: Buffalo, New York (via Zoom videoconference)

Dates: September 22, 2021

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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 DAHLHEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, New York 14202-2465, on **Wednesday, September 22, 2021, 9:35 a.m.**



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A P P E A R A N C E S

On behalf of the Employer:

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I N D E X

<u>WITNESS</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>	<u>VOIR DIRE</u>
Samuel Estes	398	428			
Tamara Day	451,455	459	489	490	
Adam Kotecki	493	508			
Tara McGrain	520				
Valerie Clifford	527	545			
Leah Walker	564	576,584			



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E X H I B I T S

<u>EXHIBIT</u>	<u>IDENTIFIED</u>	<u>IN EVIDENCE</u>
Petitioner:		
P-1	544	544
P-2	545	545



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P R O C E E D I N G S

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

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

MR. STANEVICH: Thank you, Michael.

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

MS. STEPP: Good morning.

HEARING OFFICER DAHLHEIMER: Good morning.

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

MR. HALLER: Thank you.

The Union calls Sam Estes as our first witness.

HEARING OFFICER DAHLHEIMER: Good morning, Mr. Estes.

Please raise your right hand.

Whereupon,

SAMUEL ESTES

having been duly sworn, was called as a witness herein and was



1 examined and testified, telephonically as follows:

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

4 THE WITNESS: Samuel Estes, S-A-M-U-E-L E-S-T-E-S.

5 HEARING OFFICER DAHLHEIMER: Okay.

6 Mr. Haller, go ahead.

7 MR. HALLER: Thank you.

8 **DIRECT EXAMINATION**

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

10 A Pathway Veterinary Alliance.

11 Q Okay. What work location?

12 A The VSES strictly.

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

14 A I'm a ultrasound technician.

15 Q Are you full-time in that capacity?

16 A Correct.

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

19 A So I -- I went to Alfred State and got my associates in
20 veterinary technology, and I was hired as a new graduate to
21 VSES, and I've worked there since -- since 2008. I was hired
22 on as an emergency technician; I -- I went to overnights for a
23 little bit, then I went to days, then I went back to -- to
24 evenings, which is a 4 to 2:30 shift, when I was -- I was
25 promoted to team leader at that time, and then a year pri --

1 after that I was promoted to supervisor on -- on the evenings.
2 I was in that position for -- it's -- it's a long time ago and
3 so it's hard for me to remember exactly, probably -- probably
4 four or five years. And then after that I was -- I was moved
5 into a surgical supervisor position at VSES to -- to supervise
6 the surgery department, and I -- I did that position for
7 roughly five years; and then the last two I've been an
8 ultrasound technician.

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

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

20 Q Okay.

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

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

24 A Yep.

25 Q What's that?



1 A Standard operating procedures for -- for the buildings and
2 capacity.

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

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

11 Q Where did you go for that training?

12 A I went to Guelph, Canada.

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

14 A Yeah.

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

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

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

24 A Correct. She is a board-
25 certified specialist in -- in radiology.

1 Q Okay. Okay. Let me ask you some questions about VSES
2 generally. What departments are at VSES?

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

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

8 A For --

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

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

13 Q Um-hum.

14 A But generally, there's, I would say, three -- three to
15 four technicians per shift. So for as far as technicians go,
16 there'd be the day shift, the evening shift, and the overnight
17 shift. So I'd say there's -- there's 12 techni -- technical
18 shifts, and I'd say two to three³ ACAs per shift, so there's
19 six -- six to nine.

20 Q Okay.

21 A So we're looking like 18 there.

22 Q All right.

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

25 Q Understood. So we're talking about the ACAs and the LVTs?

- 1 A Right.
- 2 Q And that was emergency you were just discussing?
- 3 A Correct.
- 4 Q How about surgery?
- 5 A Surgery schedules, they -- they have -- when I was
6 supervisor, we had six technicians and five ACAs, and they're
7 generally scheduled -- they -- they were generally scheduled
8 Monday through Thursday with -- with a slight rotation of
9 Friday and Monday.
- 10 Q That's three shifts or one shift?
- 11 A There's -- there's just one shift; they generally work
12 7 -- 7 to 6.
- 13 Q Now, you don't work in internal medicine. Do you have any
14 knowledge about how many folks they have over there?
- 15 A Not -- not precisely. I -- I can try to figure it out.
- 16 Q That's all right. We'll get it through another witness.
- 17 A Okay.
- 18 Q Okay. As an ultrasound technician, what department are
19 you in?
- 20 A Imaging.
- 21 Q Okay. Imaging is another department, okay.
- 22 A Well, yeah, so it -- it's radiology imaging; it's --
23 it's -- they're interchangeable.
- 24 Q Okay. So how many folks are -- how many shifts are
25 slotted in -- in imaging radiology?

1 A There's five -- there's five employees total right now --

2 Q Okay.

3 A -- and we're not there all at the same time.

4 Q Okay.

5 A There's -- there's overlap, and -- and we -- we -- some --
6 the -- we have an ACA that works the weekend. If my schedule
7 is Monday, Tuesday, Thursday, Friday, this other ultrasound
8 technician works Sunday to Wednesday, so there's -- there's
9 variation.

10 Q Okay. Is that mostly just day shift?

11 A Correct.

12 Q Okay. Okay. Throughout the course of this proceeding,
13 there's been testimony about the ability and practice of
14 employees throughout the Monroe Medi -- Medical Group I guess
15 it is now formally the Monroe Vet -- I'm sorry -- Monroe
16 Veterinary group, formally Monroe Veterinary Associates, to
17 pick up extra shifts at other facilities than their home
18 facility. Have you ever picked up an extra shift at any other
19 MVA Monroe facility other than VSES?

20 A Yes, I have.

21 Q Okay, tell us about that.

22 A It was a shift about probably seven years ago, because I
23 know when I bought my house and I was living here, so it was
24 about -- I picked up two shifts at East River Veterinary
25 Hospital, which is -- is -- has been closed since then.

1 Q Okay. That was one of the general practices?

2 A Correct.

3 Q That's the only sh -- that's the only extra shifts you
4 picked up outside of VSES?

5 A Correct.

6 Q Okay. To the extent you know, and I know you might not,
7 how many employees from other MV -- Monroe facilities are
8 working at VSES on any normal, like, nonholiday work day?

9 A I -- I can't speak to specific numbers; I -- I feel like
10 it's -- it's low overall. I know when I was surgery supervisor
11 we never -- we never had anybody pick up a shift in the surgery
12 department from a -- from a general practice.

13 Q So that's in the five years you were surgery team
14 supervisor?

15 A Correct.

16 Q Okay. Now, I know you probably don't know as much about
17 the customer service representatives. Do any customer service
18 representatives at other facilities ever pick up work at Monroe
19 Group? I'm sorry. Other facilities pick up work at VSES?

20 A I -- I believe they do, but I don't -- I don't interact
21 with them that much that I could speak to numbers or --

22 Q Okay, fair enough.

23 A -- the frequency on that.

24 Q All right. Let me shift gears a little bit. Oh, you
25 testified about surgery while you were -- so you were emergency

1 evening shift supervisor for, what, several years?

2 A Correct.

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

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

6 Q Okay.

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

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

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

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

25 A No, there's no difference at all. We still need a -- we

1 still need -- we que -- we need -- we have to have a referral
2 before we perform the ultrasound. We have them fill out -- if
3 they haven't been in the building before, we have them fill out
4 an admission form and a -- and a -- and a account is created
5 for them and the referral is attached to that -- that medical
6 record.

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

12 A The -- the request is the same.

13 Q Okay.

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

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

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

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

23 A Correct.

24 Q Okay. How about imaging records? Is it the same for
25 imaging records?

1 A The -- the X-rays are -- are shared on a -- on a community
2 tech system, so -- so it's actually taken at Pittsford, and the
3 other general practices can be seen by VSES.

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

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

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

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

22 Q And for the patients that are not coming from an MVA
23 facility or not being referred by one of the Monroe general
24 practices, there's no input whatsoever from the general
25 practices, right?

1 A Correct. We -- we still might request a -- a -- a history
2 from the -- like a general medical history from the -- from the
3 nonMonroe Group practices, but that would be the same.

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

6 A Correct.

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

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

13 Q Um-hum.

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

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

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

1 discharged from there.

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

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

5 Q Okay.

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

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

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

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

20 A Yes.

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

23 A Yes.

24 Q Okay. Is the staff larger at VSES than any in the general
25 practices?

- 1 A Yes.
- 2 Q VSES is a -- is a 24/7 operation; is that correct?
- 3 A Correct.
- 4 Q Are any of the general practices 24/7 operations?
- 5 A No.
- 6 Q Okay. Are there any special differentials or other forms
7 of extra pay that only VSES staff get? And again, I'm talking
8 about nonveterinary (sic passim) stuff -- non -- nondoctors of
9 veterinary medicine staff.
- 10 A Yeah, so -- so the VSES staff is recognized for shift
11 differentials, so we have an evening shift differential and an
12 overnight shift differential.
- 13 Q Okay.
- 14 A And there's also the -- the 75 cents that every employee
15 at VSES also -- also gets for working within the parameters of
16 VSES.
- 17 Q All right. Just to be clear, the 75 percent -- 75 cents a
18 year, 75 cents a day, 75 cents an hour?
- 19 A 75 cents an hour.
- 20 Q Okay. Okay. Are there any services offered at VSES that
21 are not available at any of the other general -- I -- I keep
22 saying "other". VSES is not considered a general practice; is
23 that correct?
- 24 A Correct.
- 25 Q Okay. Are there any services offered at VSES that, to

1 your knowledge, are not available at any of the Monroe Group
2 general practices?

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

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

8 A Correct.

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

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

16 Q Okay.

17 A -- surgery.

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

20 A Correct.

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

22 A Correct.

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

25 A Not currently.

1 Q Okay. All right. Are there any di -- diplomates --
2 veterinarians that are diplomates at the -- at the general
3 practices, to your knowledge?

4 A Not that I -- not that I'm aware of.

5 Q Okay. To the extent you know, are there any additional
6 skills required of support staff? And by that, I mean the LVTs
7 and the ACAs when they're assisting in a neurosurgery.

8 A Well, the -- the anesthesia itself is quite a bit
9 different because they're -- they're drilling into the -- on --
10 into the spine of the dog and trying to get down to decompress
11 the discs, so the level of anesthesia that you need to keep
12 them under, we're running -- we're running constant infusions
13 for of -- of pain medications during those procedures. We have
14 patients on ventilators during those procedures, and sometimes
15 we'll have to run pressors, which is -- is -- help stabilize
16 the patient through the -- through the procedures depending on
17 the severity of -- of what's going on anesthetically.

18 Q Okay. All right. Let me ask you about some of that.
19 Ventilators. Are ventilators always used in surgeries at VSES
20 or used for some surgeries?

21 A Gen -- generally, every patient that's getting general
22 anesthesia in -- in a surgical OR is on a ventilator.

23 Q Are there any ventilators at any of the general practices,
24 to your knowledge?

25 A Not that I'm aware of. There -- there are certain

1 patients that are too small for the ventilator so they have to
2 go on what's called a -- on a nonrebatative (phonetic) system
3 because the -- the volume of air which they can move is not --
4 not enough, so they'd essentially just be breathing in their
5 own breath and not being able to -- to stay anesthetized.

6 Q Okay.

7 A Just to clarify.

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

10 A Correct.

11 Q Okay. Does that require any special skill set?

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

16 Q Okay.

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

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

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

24 Q Okay. I think yesterday we heard testimony from a Kathy
25 Sercu. Does she fall in that category?

1 A I don't know if Kathy would be comfortable. I believe
2 the -- the other witness, Jen Gargan, would have been.

3 Q Okay.

4 A And there's a -- there's a couple other employees that
5 have -- have left the surgery department that are working in GP
6 that would feel comfortable.

7 Q Other than the folks you've mentioned, are you familiar
8 with other people who are now working at the general practice
9 that have that kind of surgical experience at VSES?

10 A I don't -- could you state the question again?

11 Q Yeah, I'm sorry. Other than the two individuals you just
12 mentioned, how many other folks are there working at general
13 practices now that have that kind of surgical experience at
14 VSES?

15 MR. STANEVICH: Objection. Lack of foundation.

16 Q BY MR. HALLER: To the extent you know.

17 HEARING OFFICER DAHLHEIMER: I'm sorry, what was the basis
18 of the objection?

19 MR. STANEVICH: Lack of foundation. There's been no wi --
20 no testimony that this witness knows the qualifications of
21 employees who work at 17, 18, 19 other locations. In fact, he
22 testified before that he's only worked at one location, and
23 he's not familiar with the operations in the general practice.
24 This is just pure speculation at this point.

25 HEARING OFFICER DAHLHEIMER: Mr. Estes, do you have any

1 foundation for your knowledge that -- for the knowledge about
2 that?

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

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

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

10 MR. HALLER: I certainly can.

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

12 A This is correct.

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

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

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

21 A Yeah, so -- so for the advanced skills of anesthesia,
22 we -- we consistently run CRIs -- we have multiple -- we'll run
23 fentanyl, ketamine, sometimes we'll run (audio interference)
24 which is not always, but sometimes we will. And -- and
25 those -- those CRIs are all -- all adjusted based on our level

1 of comfort with the patient and how they're doing throughout
2 anesthesia. So -- so we might incr -- in -- and these are
3 mostly judgments that the technician makes with the -- they --
4 they'll notify the doctor of, hey, I'm going increase this; and
5 they say, okay; or we just do it just to keep the patient
6 adequately enough to tie us through the procedure. So there's
7 a lot of -- a lot of judgment call on us to make sure that
8 we're keeping the patient stable and in a adequate plane of
9 anesthesia. Because when you -- when you put the patients on
10 isoflurane, which is the inhalant gas that -- that we deliver
11 to most patients, it causes a decrease in their blood pressure
12 due -- due to vasoconstriction, and so we try to keep them on a
13 lower amount of that as possible, and then we increase our CRI
14 rates to try to -- to try to combat that -- that effect -- that
15 side effect of the inhalant gas.

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

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

21 Q Okay.

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

1 that's -- that's about the extent of that.

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

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

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

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

16 Q Okay. All right.

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

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

21 A Yes.

22 Q Okay. We've heard testimony from the group's medical
23 director that any orthopedic surgery involving, I think,
24 anything with a plate or a screw is only done at VSES. Is that
25 your understanding?

1 A That -- that is correct.

2 Q Okay. All right. The staff that LVTs and ACAs assisting
3 with that sort of ortho -- orth -- orthopedic procedure, are
4 there any specialized skills that they have to have in order to
5 assist in such a surgery?

6 A I think that just coincides with the other physical skills
7 as -- as like, the neurosurgery; it's -- it's -- it's pretty --
8 pretty much across the board with the surgical team of how they
9 perform anesthesia.

10 Q Okay. So let me ask the general question -- I think I may
11 already asked and you may have already answered, I'm not
12 sure -- in your five years as a surgical team leader, did any
13 GP -- people who regularly work at the GP ever perform any of
14 these duties assisting in surgery at VSES?

15 A Not unless they left the -- the -- the surgical team.
16 They -- they -- if they -- if they didn't have prior physical
17 experience in the surgical department, they would have not been
18 utilized in the surgi -- on the surgical team.

19 Q Okay.

20 A So -- so I can't say exactly. There might have been one
21 instance or two, but I can't say that there wasn't any.

22 Q Okay. Could you say it would've been an extremely unusual
23 circumstance?

24 A Yeah, like -- like when one of the surgery techs got
25 married or something, we tried to get coverage for -- so we all

1 could go and -- and on call was covered.

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

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

9 Q Okay.

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

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

16 A That -- that's the CT machine.

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

18 A Correct.

19 Q Okay. Do any surgeries ever involve endoscopic
20 procedures?

21 A Yep, the surgeons will do -- they'll do joints -- joint
22 endoscopic -- what do they call it? They'll do arth --
23 arthroscopy, so they'll -- they'll go in and they'll -- if
24 there's a -- a hip or an elbow or something, they'll go in and
25 try to debride some of the -- the affected joint away so it --

1 it's a much more smoother -- smoother surface. And then we'll
2 also do laparoscopic -- spays -- at -- at VSES. They'll do
3 laparoscopic biopsies, too, GI biopsies, and that's a -- that's
4 about all I can think of for that.

5 Q Okay. Just for health care and veterinarian care for
6 dummies, what's endoscopic refer to, and what's laparoscopic
7 refer to?

8 A En -- endosc -- endoscopy is more like an internal
9 medicine term; so laparoscopic would be a surgical term.

10 Q Okay.

11 A So -- so into -- internal medicine perform -- per --
12 performs endoscopes, and then surgery would perform a
13 laparoscopic procedure.

14 Q Okay. Just explain, just -- just for the record briefly,
15 what's the difference?

16 A So laparoscopic would have to do with -- with the abdomen.

17 Q Okay.

18 A And then --

19 Q And so it involves some surgical invasion of the body?

20 A Correct, they ju -- they just don't make a, you know,
21 pubic to sternum incision; they make -- they make little holes
22 and put the endoscope in there and they can look around, and
23 then they have another hole that -- that they put a instrument
24 into, and then they can coordinate them together and -- and do
25 what they need to do in there.

1 Q Okay. And I've got a weak stomach, so I won't go into
2 great detail, but endoscopy's where you're sticking a probe in
3 some existing orifice?

4 A Correct. Correct, either -- either -- either -- either
5 one end or the other.

6 Q Okay. Okay. Let me ask about imaging and radiology.
7 I've got a few questions in addition to what I asked before.
8 There's been testimony about ultrasound available at the
9 general practices. To your knowledge, is that the same as the
10 ultrasound available at VSES?

11 A So we do have the same Sonosite ultrasound machines on the
12 emergency floor that are used for AFAST and TFAST and
13 cystocentesises (sic), but we also have a Xario ultrasound
14 machine that -- that I use on -- on a daily -- a daily basis in
15 my position that is able to provide diagnostic images to -- for
16 the radiologist for interpretation.

17 Q Okay. What -- what's that first machine you mentioned, a
18 Sonosite?

19 A Yeah, they're -- they're like a small, portable ultrasound
20 machine. They're -- they're -- they're good for like, growth
21 interpretation of -- of, you know -- they're -- they're --
22 they're looking for like, big -- big ticket items, so free
23 fluid in the abdomen, free fluid in the chest or -- or
24 pericardium masses. They're not looking at the -- the -- the
25 small details of the -- that the Xario can collect.

1 Q Okay. Are -- are the Sonosite machines on site at some of
2 the general practices, to your knowledge?

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

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

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

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

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

13 Q Diagnostic quality images that a radiologist could
14 consult?

15 A Right.

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

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

22 Q All right.

23 A And the -- so I -- so I wish -- I -- I have been trained
24 in ultrasound, and I'm able to locate all of the -- it sounds
25 silly, right, but -- but some of the organs are hiding, but

1 I -- I'm able to locate all of the organs and take a -- a good
2 general overview of -- of what the abdomen looks like, and at
3 the general practices they -- they do not. They -- they do
4 not -- they're just looking at specific small, like -- sorry.
5 They're looking at general overall, like, is there a mass in
6 here, what does the bladder look like? They'll use it for
7 cystos, but they're not trying to get a whole picture of what's
8 going on in the abdomen.

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

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

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

17 A No.

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

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

24 Q Okay.

25 A My position is not -- is not at any other general

1 practice.

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

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

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

11 A Correct. Correct.

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

14 MR. STANEVICH: Objection. Lack of foundation.

15 Q BY MR. HALLER: To your knowledge.

16 HEARING OFFICER DAHLHEIMER: Sustained.

17 Can you rephrase, please?

18 MR. HALLER: I'll move on.

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

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

25 Q Okay. And you have such a license?



1 A Correct.

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

4 A Correct.

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

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

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

16 Go ahead.

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

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

23 A Probably eight or nine.

24 Q Okay. You were in charge of assigning the staff in those
25 departments in those years you were supervisor, right?



1 A Yes.

2 Q Did you ever assign anyone from any of the general
3 practices to perform any duties in those departments while you
4 were supervisor?

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

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

18 A So I think like, simple procedure type things. They can
19 obviously do catheters because we're all taught that in school.
20 If it's a simple, stable anesthesia that -- that's like, a big
21 dog, little dog bite wounds -- that's something that I would
22 feel comfortable as most -- as long as they had previous
23 experience as a GP. I think, you know, if -- if there's like,
24 sub-Q fluids or something like that, I'd feel comfortable, but
25 as far as like, advanced patient care in the ICU, they --

1 that -- I would -- I would not feel comfortable putting them in
2 there or -- or any of the advanced procedures that we perform
3 at VSES.

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

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

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

23 A Thank you.

24 HEARING OFFICER DAHLHEIMER: Mr. Stanevich, are you
25 prepared to proceed on cross?

1 MR. STANEVICH: Yes, I am.

2 **CROSS-EXAMINATION**

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

4 A Good, how are you?

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

13 A Okay.

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

17 A Correct.

18 Q Okay. And that's because the LVTs who generally provide
19 care in the ICU may have just additional experience and
20 additional skills from working at VSES?

21 A Yes, ski -- skills and knowledge, yes.

22 Q Okay. But in order to work and to -- in the ICU as a vet
23 tech, you don't need any additional certifications or licenses
24 from the state of New York, do you?

25 A No, that -- that's correct, you don't.



1 Q Okay. And the fact you don't even have any additional
2 certifications or license from the state of New York, right?

3 A Correct.

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

5 A Yep.

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

9 A Correct.

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

11 A Correct.

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

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

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

18 A No. No, that's correct.

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

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

24 Q But there are LVTs at VSES that would need additional
25 training before you would staff them in the ICU, right?

1 A Unless -- so if they were -- if they were a new -- new
2 hire, yes. If they're not a new hire, then -- then no, there
3 wouldn't be any additional training for them.

4 Q Okay. But there are LVTs at EV -- I'm sorry -- at VSES
5 who do not perform any work in the surgical suite, correct?

6 A That -- that is correct.

7 Q Okay. And before you were talking about, you know,
8 advanced skills that may be needed for anesthesia. All vet
9 techs are taught on how to apply anesthesia when they go
10 through school, correct?

11 A Yeah, that's a -- that's a basic school -- school
12 expectation that -- that they should know how to do.

13 Q All right. And in fact, all LVTs, after graduation, when
14 they work in -- in a -- whether it's a general practice or at
15 VSES, that's a basic expectation that they can apply
16 anesthesia, right?

17 A Correct.

18 Q And when they apply anesthesia, they're following a
19 doctor's orders, correct?

20 A Correct. I -- I do believe they are using some of their
21 own judgment, skills, and knowledge to -- to -- to assess the
22 level of anesthesia that the patient's on so they can
23 communicate effectively with the doctor.

24 Q All right. But the doctor would prescribe what level of
25 anesthesia to provide, correct?



1 A I -- I don't think you understand. Sorry. The -- the
2 level of anesthesia changes throughout the -- the surgery, so
3 you need to constantly be checking the depth of -- of the
4 patient's anesthetic and making adjustments based on your
5 assessment, so necessary -- the doctor isn't always necessarily
6 directly involved in that.

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

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

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

15 A Yep.

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

18 A No.

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

21 A Correct.

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

24 A Correct.

25 Q You worked as an LVT for a number of years?

1 A Yep.

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

5 A Yeah, that -- that seems correct.

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

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

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

11 A Correct.

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

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

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

19 A Correct.

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

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

1 diagnostic ability.

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

4 A Yeah, they have a Sonosite.

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

6 A Correct.

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

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

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

14 A Th -- that's correct.

15 Q Is that Dr. Shaikh?

16 A Yep.

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

18 A I don't know what her contract is.

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

21 A I -- I'm not aware.

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

25 A Correct. I'm a technician, and I'm not able to -- to

1 interpret or -- or diagnose.

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

5 A Correct.

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

8 A Yes.

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

12 A Yep.

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

17 A Yes.

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

21 A Correct.

22 Q Okay. Any special skills required to do that?

23 A I mean, you have to go to school and be an LVT to do it.
24 But yes, LVT skill.

25 Q That's a fair point there, Sam. I meant -- and so all

1 LVTs are expected to be able to insert an IV catheter?

2 A Correct.

3 Q And that's a pretty routine procedure?

4 A Yep.

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

6 A Yep.

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

9 A Yeah, I did.

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

12 A Correct.

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

15 A Correct.

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

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

23 Q But you would agree with me that all LVTs have the ability
24 to administer medication, based upon a doctor's orders, in the
25 ED?

- 1 A Correct.
- 2 Q Okay. Likewise, there may be times where an LVT has to
3 draw blood from a patient in the ED, correct?
- 4 A Right.
- 5 Q Okay. And you would agree with me that all of the LVTs
6 should be able to do that?
- 7 A I would hope so.
- 8 Q Okay. No specialized training required, specific to
9 drawing blood at VSES, is there?
- 10 A Not -- not just drawing blood, no. And this -- there will
11 -- we'll draw blood out of a triple lumen catheter, which --
12 which does require some additional knowledge. But generally,
13 as -- as just poking a vein is poking a vein.
- 14 Q Okay. And unfortunately, I assume there are times where a
15 vet tech would have to provide CPR to a patient in the
16 emergency department?
- 17 A Daily.
- 18 Q Daily. And that's work that's expected to be performed by
19 any LVT, correct?
- 20 A Correct.
- 21 Q All right. Likewise, work related to endotracheal tubes.
22 That's work that LVTs are expected to perform, right?
- 23 A Like intubation?
- 24 Q Correct.
- 25 A Yes.

1 Q Okay. And nothing specific of VSES that requires
2 specialized training to do that type of work, is there?

3 A No.

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

6 A Correct.

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

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

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

13 A It's fine.

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

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

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

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

1 conversation, but.

2 Q And you were involved in completing performance
3 evaluations?

4 A Correct.

5 Q You share those performance evaluations with human
6 resources?

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

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

11 A When -- during my time as supervisor?

12 Q Yes.

13 A Mary Czech.

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

15 A Mary -- Mary Czech was my primary resource.

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

18 A I believe she did.

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

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

25 Q Let me ask you a slightly different question. Are you



1 aware of customer service representatives at VSES that came
2 from other general practices?

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

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

10 A Assistant.

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

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

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

16 MR. HALLER: But which are you asking about?

17 MR. STANEVICH: I will ask.

18 MR. HALLER: Okay. I'm sorry.

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

21 A Yes.

22 Q Okay. What titles come to mind? And I know you've been
23 there a long time, and memories fade, but just to the best of
24 your recollection, what titles have permanently transferred to
25 VSES?

1 A Like, which specifically -- what departments they were
2 hired into?

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

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

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

15 A No.

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

18 A I don't know her either.

19 Q Janelle Komsonkeo? I'm sure I pronounced that correctly.

20 A I -- I know Janelle. She works in -- she now works in
21 surgery, yes.

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

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

25 Q What's her job in the surgical department?



1 A I -- I don't really know. I know she works there, but I
2 don't know if she's scheduled in the prep room or scheduled on
3 appointments. Or -- so I'm not sure.

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

7 A I don't know where she came from.

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

10 A That's correct.

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

14 A Yes.

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

17 A Yes.

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

20 A Right.

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

24 A Correct. It's recognition of the hours that are being
25 worked.

1 Q Thank you. And then the -- you mentioned there's a
2 general differential of 75 cents an hour for employees at VSES,
3 right?

4 A Correct.

5 Q And that differential would apply to LVTs, right?

6 A That -- the 75 cents are you --

7 Q 75 cents.

8 A It applies to all job categories.

9 Q Okay. And -- and you would agree with me that when an
10 employee from the general practice picks up a shift at VSES,
11 they're also getting that 75 cents an hour differential?

12 A I believe so, but I -- I don't know. It's been a long
13 time since I, like -- I don't know what they're getting paid.
14 So I don't know if they're getting that extra bump or not.

15 Q You were asked some questions about a medical record
16 system. What system does VSES use?

17 A For -- for the medical records, it's Infinity. We also
18 use a Instinct program.

19 Q Okay. And the Infinity system's also used at the general
20 practices, right?

21 A Correct.

22 Q Okay. And it's your testimony that you just cannot access
23 their records, right?

24 A Correct.

25 Q But there are times where you will need information from

1 the general practice, correct?

2 A Correct.

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

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

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

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

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

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

14 Q Do you know who sends the information over?

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

17 Q Okay. But you would --

18 A I stay off the phone.

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

22 A Yes. I -- I agree to that.

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

25 A Uh-huh.

1 Q And the post-op care would be provided at VSES, right?

2 A Correct.

3 Q And so if the surgery is being performed at the general
4 practice -- any understanding of how the patient gets from the
5 general practice to VSES?

6 A I -- I believe most of the time the client brings them
7 over.

8 Q Are there any other -- that may happen most of the time?
9 Are there other ways where the patient, who just had surgery,
10 gets transported to post-op care at VSES?

11 A Yeah. I'm sure there's incidents where there's critical
12 patients who aren't recovering well, and the general practice's
13 doctors are concerned about just having the owner bring them
14 over while they're recovering, because recovery can be terrible
15 and rough at times. So I'm sure there's times when -- when
16 the general practice doctor will bring them over, too. I think
17 it's less -- less frequent.

18 Q And in those situations where the general practice doctor
19 has performed the surgery at the general practice, the patient
20 comes over. The care that's provided to the patient at that
21 point is -- it's observation, right?

22 A Correct. It would be observation and support. And then
23 depending on, you know, disease processing and why they
24 transferred it over, it might need some intervention at some
25 point.

1 Q Okay. And there are situations where the patient then
2 returns to the general practice, correct?

3 A Yeah. I would believe so.

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

7 A Yeah, that -- that happens.

8 Q Okay. And does it happen because of workflow?

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

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

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

21 Q All right. To just unpack that a little bit. You said
22 that the -- there may be cost concerns. So the work would be
23 shifted back to a general practice, because it could be -- the
24 same work that can be done at a lower cost; is that what you
25 mean?



1 A Correct. If the client has financial concerns, sometimes
2 the general practice can do surgery at a -- at a cheaper rate.

3 Q Okay. And then there may be times where VSES is just --
4 the operating room is fully booked, so the surgeries have to be
5 done elsewhere?

6 A Correct.

7 Q Okay. And we heard some testimony yesterday that some of
8 the general practices perform ACL surgery. Are those surgeries
9 also performed at VSES?

10 A The -- that's -- yes. They -- they will fix ACLs at VSES.
11 But the procedure that is performed is completely different
12 from what they perform at -- at the general practices. So
13 it's -- it's not similar.

14 Q All right. And you -- you haven't performed or been
15 involved in any ACL procedures at, say, The Animal Hospital in
16 Pittsford, for example, right?

17 A I've never worked there.

18 Q Okay. Have you done surgeries with Dr. Wihlen before?

19 A I've never worked with Dr. Wihlen at any general practice.

20 Q Okay. Have you done any surgeries in Perinton at all?

21 A No.

22 Q Have you done any surgeries with Dr. Scheider at all?

23 A No.

24 Q Okay.

25 A I do understand the surgical technique that they use,

1 because our -- our surgeons will rarely use that technique.

2 Q Do you also perform -- or does VSES also perform FHO
3 surgeries?

4 A We do.

5 Q Okay. And what -- and just tell us what an FHO surgery
6 is.

7 A So basically, they're just cutting off the head of the
8 femur of -- of the patient, because they're -- their hips are
9 so degenerative that -- that they -- it's -- it's more
10 comfortable for the patient to -- to just cut it off than to
11 walk around with it still in there. But that's -- that's also
12 size dependent on if the surgery is appropriate for the
13 patient.

14 Q And are you aware of whether Dr. Wihlen or any other
15 physician has performed those surgeries at the general
16 practices?

17 A I believe he stated yesterday he does.

18 Q Okay. Amputations. Are amputations done at VSES?

19 A Yes, they are.

20 Q Okay. Growth removals, they're -- they're done at VSES as
21 well, right?

22 A Yes. But the -- the -- usually their way of (audio
23 interference) if you're talking about taking off like a 2
24 centimeter growth removal (audio interference) a 12 centimeter
25 growth removal, there's a lot different in surgical approach.

1 Sometimes there's a skin graft that needs to happen over that,
2 which would be handled by -- by the surgeons.

3 Q TPU surgeries are performed at VSES, right?

4 A Correct.

5 Q And that's a pretty complicated surgery, from what I
6 understand?

7 A Yes.

8 Q And can you just explain to us what that is?

9 A So basically, they're going to shorten the urethra of the
10 male cat. Basically they cut off the end of his penis and make
11 it shorter to make it further down the -- the urethra. So then
12 it's a wider opening. So they're less likely to become
13 instructed with a stone.

14 Q Okay. And you're aware that that type of work has been
15 performed by veterinarians at our general practices, correct?

16 A Dr. Wihlen stated that, yes.

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

19 A Correct.

20 Q All right. Intestinal surgeries. Those surgeries are
21 done at VSES, right?

22 A Correct.

23 Q And they're also done at the general practices, based upon
24 your knowledge, right?

25 A Yes.

1 Q Okay. You mentioned a term before CRI. Does that stand
2 for contrast rate infusion?

3 A Constant.

4 Q Constant?

5 A Yes. Constant rate infusion. So if -- if -- you
6 generally put on a syringe pump and it's -- and it delivers
7 opioid, or whatever you have, in there at a consistent rate for
8 the patient.

9 Q So this is anesthesia-related work?

10 A Not always. We use them for antibiotic delivery also. So
11 anything -- anything that we don't want to just bolus a large
12 volume to the patient we -- we will use that. But -- but as --
13 as the reference for earlier, we use them during surgery
14 with -- it -- and so anything can be a, like, a constant rate
15 infusion. The -- like, the -- so it's just surgical. It
16 depends on what you're putting on -- in the syringe.

17 Q So it could be anesthesia, it could be antibiotics?

18 A Correct. And it --

19 Q There's no --

20 A -- (Indiscernible, simultaneous speech) only give it,
21 like -- like 20 minutes. So it's not -- so it's just
22 delivering it at a certain rate so you're not causing nausea or
23 anything for the patient.

24 Q Okay. And the doctor would provide instruction as to what
25 rate to provide this CRI?

1 A Yeah. We have a -- we have a CRI sheet that we make up
2 that -- they -- they would put that on the protocol about the
3 CRIs.

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

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

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

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

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

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

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

22 A No problem.

23 HEARING OFFICER DAHLHEIMER: Mr. Haller, do you have
24 anything on recross -- or redirect?

25 MR. HALLER: I have no redirect for Mr. Estes, thank you.

1 HEARING OFFICER DAHLHEIMER: Okay. Mr. Estes, thank you
2 so much for your testimony and cooperation this morning. You
3 are dismissed.

4 THE WITNESS: Thank you.

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

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

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

11 Whereupon,

12 **TAMARA DAY**

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

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

17 THE WITNESS: Tamara Day, T-A-M-A-R-A D-A-Y.

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

20 **DIRECT EXAMINATION**

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

23 A Pathway.

24 Q Okay. And what's your work location?

25 A Veterinary Specialists and Emergency Service.



1 Q And what's your job title at VSES?

2 A I am the imaging team lead.

3 Q Is that a full-time position?

4 A It is.

5 Q Okay. Tell me, just -- just briefly, your history in
6 veterinary health care; your work history.

7 A I started out at a nonMVA practice as a CSR, and then
8 applied for and got a job at Suburban Animal Hospital as a CSR.
9 Cross-trained to an ACA. Applied for and received a position
10 at VSES as a radiology ACA. Then, I applied for and received a
11 position as radiology/imaging coordinator. And most recently,
12 I became the imaging team lead.

13 Q Okay. So how long have you worked for the Monroe Group or
14 Pathway in total?

15 A Seven years.

16 Q Okay. All right. You said you started out at Suburban?

17 A I did.

18 Q Okay. How did you end up at VSES?

19 A I wanted to expand my skill set and have more
20 opportunities to do more, and wanted the excitement of working
21 in an emergency hospital versus a general practice.

22 Q So it was on your initiative that you applied for a job at
23 VSES?

24 A Correct.

25 Q Did you apply for an opening at VSES or were you



1 transferred by the Employer to VSES?

2 A I applied for an opening.

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

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

6 Q Okay.

7 A -- and then a working interview.

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

10 A I did.

11 Q Okay. How many times did you do that?

12 A I believe three times, maybe four.

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

15 A I did.

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

18 A I was a CSR.

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

22 A Yes.

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

25 A We did.



- 1 Q Was that training you didn't have at Suburban?
- 2 A Correct.
- 3 Q Okay.
- 4 A You have to know what qualifies as a stat emergency versus
- 5 a nonstat.
- 6 Q Okay. Ms. Day, did you say stat, or non -- okay.
- 7 A Stat versus nonstat.
- 8 Q And what does that mean in not -- in layman's terms?
- 9 A Something that needs immediate care versus something that
- 10 can wait to be triaged.
- 11 Q Okay. I guess everybody that watches hospital shows knows
- 12 the meaning of that. But -- I don't watch any hospital shows.
- 13 All right. Okay. And you cross-trained as an animal care
- 14 assistant at some point, right?
- 15 A I did when I was still at Suburban.
- 16 Q Still at Suburban. Okay. Did that job require
- 17 restraining animals?
- 18 A Yes.
- 19 Q Okay. And did you also work as an animal care assistant
- 20 when you came to VSES?
- 21 A I did.
- 22 Q Was there any difference in the level of restraints you
- 23 had to utilize? Was there any additional training when you
- 24 came to VSES?
- 25 A Yes, to both of those questions. We -- the level of

1 restraints at VSES is more intense than that a general
2 practice.

3 Q How so?

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

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

11 A Yes.

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

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

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

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

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

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

24 **RESUMED DIRECT EXAMINATION**

25 Q BY MR. HALLER: Okay. Tamara, I was asking you questions



1 about restraints, and you described some differences in the
2 kind of restraints you usually have to handle between two
3 facilities. Are the bulk of the patients at the general
4 practice there for wellness visits?

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

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

8 A Correct.

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

12 A It's just more frequent at VSES.

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

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

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

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

23 Q Okay.

24 A -- than I had experienced at Suburban.

25 Q Okay. All right. In your current -- well, tell us

1 briefly what you do as imaging team lead.

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

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

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

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

16 A Yes.

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

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

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

1 practices in MVA?

2 A There is no difference at all.

3 Q When a -- when a --

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

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

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

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

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

13 Q Okay.

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

17 Q Okay. Is Instinct something that the GPs use?

18 A No.

19 Q To your knowledge?

20 A To my knowledge.

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

24 A I am.

25 Q On -- on an animal patient?



1 A Correct.

2 Q Okay. When did you receive that training?

3 A When I started at VSES.

4 Q Did you receive that training when you were at Suburban?

5 A No.

6 Q Okay. After you became an animal care assistant at
7 Suburban, you did not receive CPR training?

8 A I never received CPR training at Suburban Animal Hospital.

9 Q Okay.

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

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

14 **CROSS-EXAMINATION**

15 Q BY MR. STANEVICH: Good morning, Ms. Day. How are you
16 today?

17 A I'm good. How are you?

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

24 A Okay.

25 Q So if I understand your background correctly, you first



1 started with the system at Suburban Hospital, right?

2 A Correct.

3 Q Okay. And Suburban is still part of the Pathway system?

4 A Correct.

5 Q Okay. And it's -- it's a general practice hospital,
6 right?

7 A Yes.

8 Q And you were there for about three or four years?

9 A I was there for two years.

10 Q Two years. You started in 2014?

11 A I started in 2014, yeah.

12 Q Okay. And when did you move over to VSES, sometime mid-
13 2017?

14 A I think it was 2016.

15 Q Okay. Now -- and your position was CSR, correct?

16 A Yes.

17 Q And prior to working at Suburban, had you worked in any
18 other animal care settings?

19 A I did. I worked at a general practice that was not part
20 of MVA.

21 Q Okay. And what was your position at that general
22 practice?

23 A I was also a CSR there.

24 Q Okay. And how long were you in that position?

25 A I think I was there for a year and a half, or two years.



1 Q Okay. So eventually you moved over from Suburban to VSES.
2 How far apart are those locations?

3 A About ten minutes down the road.

4 Q Okay.

5 A Because of traffic.

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

8 A At Suburban?

9 Q Yes.

10 A Yes.

11 Q Were there veterinarians at that location?

12 A Yes.

13 Q Okay. Were there licensed vet techs there?

14 A Yes.

15 Q Animal care assistants?

16 A Yes.

17 Q Kennel attendants?

18 A Yes.

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

21 A Yes.

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

25 A No.

1 Q And do you know if any of your colleagues did?

2 A I don't know.

3 Q Okay. And likewise, I understand there was a crematorium
4 that's part of the system. Did you ever interact with the
5 crematorium as well?

6 A When I worked at Suburban, the crematorium was located at
7 Suburban.

8 Q Okay. And so did you interact with the crematorium, if --

9 A Yeah.

10 Q -- if a patient had passed? What was your -- what type of
11 reaction --

12 A I'm sorry.

13 Q -- what type of reaction -- I'm sorry -- what type of
14 interaction did you have with the crematorium?

15 A Well, because we worked in the -- out of the same
16 location, we had normal, everyday interactions. But other than
17 that, it's the normal -- we have to prepare the body by bagging
18 them, getting them ready for cremation, doing paw prints if
19 that is required.

20 Q And do you know what positions would prepare the body?

21 A I believe all ACAs and LVTs.

22 Q Okay. And I know you were cross-trained as an ACA while
23 you were there. Did you do any of that work yourself?

24 A Yes.

25 Q Okay. And do you know if the other GP locations use that



1 crematorium?

2 A It -- to my knowledge, yes. Unless the client asked to
3 use somebody else.

4 Q Okay. And did you help the other general practices
5 coordinate use of the crematorium at Suburban?

6 A No.

7 Q Okay. Did VSES make use of the crematorium?

8 A To my knowledge, yes.

9 Q Okay. And your -- your responsibilities as a CSR, did you
10 have to obtain any special certification, license, registration
11 from the State of New York?

12 A No.

13 Q Any accreditation at all needed?

14 A No.

15 Q Okay. And what -- what's your educational background?

16 A I have a bachelor's degree from SUNY Bradford.

17 Q Okay. And do you know if there's a bachelor's degree
18 requirement for the CSR position?

19 A Not my knowledge.

20 Q Okay. Ms. Day, can you walk us through the types of
21 responsibilities you had as a customer service rep while you
22 were at Suburban?

23 A Answering phones, scheduling appointments for clients,
24 cashing people out, checking people in, communication with the
25 doctor, sending records if necessary. Some basic hospital



1 maintenance, stocking, filling prescriptions, cleaning rooms.

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

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

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

11 A Yes.

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

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

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

17 A Yes, I would email them over.

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

21 A Yes.

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

23 A Correct.

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

1 Hospital?

2 A No, that was not in the realm of my duties.

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

5 A I believe the doctors did.

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

8 A That was not part of my duties.

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

12 A Stocking and cleaning rooms, cleaning the waiting area.

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

14 A Yes.

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

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

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

23 A Yes.

24 Q What -- what titles, Ms. Day?

25 A It's really a requirement of everyone who works at VSES to

1 help with the maintenance of the hospital and stocking of the
2 hospital to make sure everyone has what they need.

3 Q So would that include the hospital assistants?

4 A Yes.

5 Q Would that include LVTs?

6 A LVTs. CSRs, I believe, have to stock their area, clean
7 their area. LVTs, EVS, ACAs.

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

11 A Only holidays.

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

15 A Correct.

16 Q Okay. And that -- that was a requirement?

17 A That was a requirement.

18 Q Okay. And was there -- did you ever voluntarily pick up a
19 shift at VSES?

20 A I think I did, once, if I remember correctly.

21 Q So you would agree that there were opportunities there if
22 you wanted to pick up a shift, you could?

23 A Correct.

24 Q Okay. And when you did go over and pick up a shift to
25 cover a holiday, you performed CSR work, customer service rep

1 work, while you were at VSES, right?

2 A Correct.

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

6 A Correct.

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

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

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

12 A Correct.

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

15 A Skill set, no.

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

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

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

22 A Correct.

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

24 A Correct.

25 Q Okay. And likewise, when you were at Suburban, they would



1 call, and they were seeking some form of medical services,
2 right?

3 A Correct.

4 Q It just may be where on the continuum of medical services,
5 right?

6 A Yes.

7 Q Okay. When you were at Suburban, were there surgeries
8 performed at that location?

9 A Yes.

10 Q Okay. And some of the phone calls you had, as a customer
11 service rep at Suburban, were to coordinate and schedule
12 surgeries, right?

13 A Occasionally, yes.

14 Q Okay. And then those few shifts you picked up as a
15 customer service rep at VSES, I assume you were doing the same
16 thing?

17 A No. I never scheduled at VSES when -- before I worked
18 there.

19 Q Okay. And when you were doing customer service rep at
20 VSES, did you have to transmit records anywhere?

21 A I don't believe so, because I only worked holidays.

22 Q Okay.

23 A So GPs weren't open at that time.

24 Q Fair point. So what type of customer service rep did you
25 work, you know, on the holidays you were at VSES?



1 A Usually, GP CSRs were put in what they call the phone
2 bank. So all we did was answer phones.

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

5 A I'm not sure what you mean.

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

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

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

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

22 Q And where would that blue sheet go?

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

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

1 Infinity?

2 A Yes.

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

5 A Yes.

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

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

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

12 A Yes.

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

15 A Correct.

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

18 A No.

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

21 A Yes.

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

24 A I learned some basic animal handling, some monitoring. I
25 learned to record vitals during an OAT procedure, so a dental.

1 Preparing vaccines for the doctors, drawing them up in some
2 syringes, but not actually administering any of them. Talking
3 to the clients prior to the doctor going in, and then reviewing
4 everything with the client after the doctor.

5 Q And in performing those duties, did you interact with
6 other positions, like, licensed vet techs?

7 A Yes.

8 Q Okay. And was there any overlap in your duties when
9 you're being trained as an animal care assistant with some of
10 the work that was being done by the techs?

11 A I mean, techs can do all of those things, plus other
12 things.

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

15 A Yes.

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

18 A Yes.

19 Q Okay. So you have seen techs take vitals at both
20 locations?

21 A Yep.

22 Q You've seen techs prepare vaccines at both locations?

23 A We don't have vaccines at VSES, except rabies.

24 Q Okay. Have you seen vet techs administer medication at
25 both locations?

1 A Yes.

2 Q Have you seen techs draw blood at both locations?

3 A Yes.

4 Q Have you seen techs insert or provide anesthesia at both
5 locations?

6 A Yes.

7 Q And you mentioned as an ACA when you're being cross-
8 trained, you would -- you would talk to the clients, you know,
9 before treatment and after treatment. Just, can you give us
10 some examples of the types of things you would talk to a client
11 about before treatment?

12 A What brought them in that day. So if they were looking
13 for vaccines, we would try to know ahead of time what their
14 patient was due for, and then review that with them. Talk
15 about their patient's current health, what their nutrition was,
16 any questions that they had for the doctor.

17 Q Okay. And then what about post treatment?

18 A Review any recommendations that the doctor had for that
19 client. Like, if they've recommended preventatives that day,
20 we would go over that option.

21 Q And likewise, you testified that there's some surgery --
22 surgeries were conducted at Suburban. Did you have
23 conversations with the clients prior to a surgery and then also
24 after the surgery?

25 A No. That was all done by a technician.

1 Q Okay. And now I -- we -- we've heard testimony that there
2 are surgeries done at VSES. You know, do technicians talk to
3 the clients before surgery?

4 A Yes. At VSES they do.

5 Q Okay. And do they do it after surgery as well?

6 A Yes.

7 Q Okay. So I understand the surgeries may be different, but
8 you know, the interaction with -- with the clients may be the
9 same, that it's being handled by the techs?

10 A I would say it's similar, not the same.

11 Q Okay. And when you came over to VSES, this is the first
12 time you were officially in the animal care assistant position,
13 right?

14 A Full time, yes.

15 Q Full time. You cross-trained earlier, but this was --
16 this was now your job -- job?

17 A Correct.

18 Q Okay. And -- and as an animal care assistant, you -- you
19 would assist with outpatient restraints?

20 A I would.

21 Q Okay. And you had some experience with restraints already
22 when you were at Suburban?

23 A I did.

24 Q Okay. And you testified there's some differences in
25 restraints. Did the organization, you know, have to send you

1 to any school or program to get additional training outside of
2 Monroe?

3 A Nope, it was all on the floor.

4 Q Okay. And who provided that type of training to you?

5 A Experienced ACAs and techs.

6 Q And the reason that we would provide patient restraints --
7 and that's to safely and humanely restrain the animals for the
8 exams, correct?

9 A For their safety and our safety, yes.

10 Q And so that would be, you know, even if it's an ultrasound
11 procedure, whether it's a surgical procedure, there are times
12 where the patient has to be restrained?

13 A Correct.

14 Q Okay. And the level of restraint would depend on the type
15 of procedure, correct?

16 A It depends on the type of procedure, but also the type of
17 pet that you're dealing with. Some cats are more fractious
18 than others. Some dogs (audio interference) are more difficult
19 to restrain than others.

20 Q Okay. And are you aware that -- or would you agree with
21 me that the system has provided restraint training for -- for
22 new hires?

23 A Yes.

24 Q Okay. And VSES staff attend that animal restraint
25 training, correct?

1 A As far as I know, yes.

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

5 A I don't know.

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

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

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

13 A Yes.

14 Q Ultrasound machines?

15 A Yes.

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

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

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

21 A They had one X-ray machine.

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

23 A At Suburban?

24 Q Yes.

25 A I have no idea.

1 Q Okay. And there -- there are a number of exam rooms at
2 Suburban Hospital, right?

3 A There are.

4 Q Okay. About six or so?

5 A When I was there, there were five.

6 Q Okay. And I understand it's been a few years since you've
7 been there. And just going back to -- I'm sorry, I didn't mean
8 to interrupt you there. You were giving us an overview of your
9 experiences as ACA in radiology. The last thing you mentioned
10 was -- was X-rays.

11 A Yeah.

12 Q Okay. Anything else that you do?

13 A At that time, we also had to be cross-trained. So I spent
14 a week with surgery ACAs, and two weeks on emergency medicine
15 as well.

16 Q Okay. And currently you're within -- you're the imaging
17 team lead?

18 A I am.

19 Q Okay. You said you have a RAD tech; is that correct?

20 A I do.

21 Q Who is that?

22 A Kim Turk.

23 Q Okay. Has Kim worked in any general practices?

24 A No to my knowledge.

25 Q Okay. You said you have a RAD ACA, who is that?



- 1 A Hazel Bonet.
- 2 Q My daughter's name is Hazel.
- 3 A It's a good name.
- 4 Q It's a -- it's a very good name. Hazel the handful. Has
5 Hazel worked anywhere else within the system, as far as you
6 know?
- 7 A She did. She started at Suburban as well.
- 8 Q Okay. What -- what was her position at Suburban?
- 9 A She worked in the kennel.
- 10 Q So she was a kennel attendant?
- 11 A Yes.
- 12 Q Okay. And are you familiar with the responsibilities
13 of -- of that position?
- 14 A Not enough to speak about it, no.
- 15 Q Okay. I mean, I -- I know you may not understand all of
16 the duties and responsibilities of the kennel attendant, but a
17 general understanding what a person did?
- 18 A Yes. They made sure that the patients were clean, fed,
19 walked, all of that.
- 20 Q Okay. Is there someone who does that kind of work at
21 VSES?
- 22 A Everyone does.
- 23 Q Okay. And when you say "everyone," I just want to get a
24 list of titles from you so --
- 25 A Sure.

1 Q -- we're -- we're on the same page there.

2 A Yes.

3 Q So go ahead, Ms. Day.

4 A Well, I guess everyone wouldn't be quite true. ACAs and
5 LVTs do. Occasionally, doctors take them out. I have seen
6 Andrea take patients out. I've seen Sheryl and Andrea cleaning
7 cages.

8 Q And just so we're clear, when you say Sheryl, that's
9 Sheryl Valente --

10 A Yes.

11 Q -- the director of ecosystems. Andrea, Andrea Battaglia,
12 the hospital administrator?

13 A Correct.

14 Q Okay. All right. And you know, that type of work was
15 done by a -- a kennel attendant at Suburban?

16 A Yes.

17 Q Okay. Did you do any of that type of work yourself when
18 you were an animal care attendant, or cross-trained as one at
19 Suburban?

20 A I did.

21 Q Okay. So no special skill set for this type of work. In
22 fact, everybody jumps in as necessary?

23 A Correct.

24 Q Okay. And is there a specific kennel attendant position
25 at VSES, or is it just that system you've outlined where

1 everybody helps?

2 A No, we don't have a kennel -- kennel attendants.

3 Q Okay. All right. So we -- we covered Hazel was at
4 Suburban. Do you know how long she was there as a kennel
5 attendant?

6 A I don't.

7 Q Do you recall approximately when she came over to VSES?

8 A Shortly after I did.

9 Q And did she have to obtain any special certification or
10 educational requirements to be an ACA?

11 A No.

12 Q Do you know what her educational background is?

13 A I do not.

14 Q Okay. So we've had Sam testify already. The sonographer,
15 who -- who was that?

16 A So Sam is one of the sonographers, and Blanca Leal is the
17 other one.

18 Q And I'm sorry. Blanca, what was her last name?

19 A Leal, L-E-A-L.

20 Q Okay. And do you know how long Blanca's been in her
21 current position?

22 A Just over a year.

23 Q Okay. And I -- I know that her -- her work title is
24 sonographer. Do you know whether she's a vet tech? Is she an
25 animal care attendant? A different position?

1 A She is not

2 Q Okay. Okay. And so she's been in this position for about
3 a year. Where was she before then?

4 A She moved from Chicago. She used to be a human
5 ultrasonographer, and then I believe she went into the
6 veterinary field about nine years ago.

7 Q Okay. Do you know whether she's ever worked in a general
8 practice setting?

9 A Not to my knowledge, but I don't know.

10 Q Okay. Are -- are you aware of any customer service reps
11 who have moved over from a general practice to take a position
12 at -- at VSES?

13 A Yes.

14 Q Okay. And can you -- can you give me a list of names?

15 A I -- I don't think I can provide a list of names. I just
16 know that there -- there is that crossover.

17 Q Okay. Are you familiar with the name of -- are you
18 familiar with a gentleman by the name of Brittany Miller?

19 A No.

20 Q Okay. And Krystal Contestable? I'm not sure if I'm
21 pronouncing that correctly.

22 A No, I don't know her.

23 Q Okay. Are you familiar with someone by the name of
24 Abigail Verna?

25 A No.



1 Q Okay. Kendra Clemons?

2 A Kendra, I -- I am familiar with her.

3 Q Okay. And -- and she recently came to VSES from a general
4 practice, right?

5 A Yeah.

6 Q Okay. And she -- she's a hospital tech, or hospital
7 assistant?

8 A I don't know what her position is.

9 Q Okay. And she came to VSES from -- from the Animal
10 Hospital in Pittsburgh, correct?

11 A I believe that's true.

12 Q Okay. And do you know what our position was that
13 location?

14 A I do not.

15 Q Just bear with me for a moment.

16 A Um-hum.

17 Q To go to your current imaging work, I -- I believe you
18 testified one of the things that you do is schedule patient
19 appointments?

20 A I do.

21 Q Okay. And tell me, what -- what type of appointments do
22 you schedule, and where are they scheduled?

23 A I schedule outpatient imaging appointments. Those are the
24 only types of appointments that I schedule. I do not crossover
25 into internal medicine or surgery appointments. They have

1 their own coordinators.

2 Q Okay. And the -- these outpatient appointments, are they
3 at VSES, or are they elsewhere?

4 A No, they're at VSES.

5 Q Okay. So -- so this is, kind of, some customer service
6 work, where you would call the client to schedule their
7 appointment?

8 A So a general practice will send a referral to our
9 hospital, I'll review the referral, and then call the client to
10 schedule (audio interference).

11 Q Ms. Day, you just went on mute.

12 A There it goes.

13 Q Oh, okay.

14 A Sorry.

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

18 A Yeah.

19 Q -- from general practice and then it cut out.

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

24 Q Okay. So there's kind of a -- a continuum of care, it
25 sounds like, that an animal may go to the -- a GP. The GP then

1 reaches out to you at VSES, right?

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

3 Q Okay.

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

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

9 A Correct.

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

11 A On occasion, I will.

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

14 A Correct.

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

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

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

21 A Typically.

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

23 A It does.

24 Q It is fair to say that you're in touch with the general
25 practice on a daily basis?

1 A I don't know if I call our general practice every day, but
2 multiple times a week.

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

6 A Sure.

7 Q -- explain it again?

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

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

12 A Yes.

13 Q Okay.

14 A Into Infinity.

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

16 A Infinity.

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

18 A Yes.

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

21 A There are.

22 Q All right. LVTs do that work, right?

23 A I believe so.

24 Q Okay. Animal care assistants can do that work?

25 A To my knowledge.

1 Q A customer service rep certainly could do that work,
2 right?

3 A Yes.

4 Q The information that may be entered, is that the same or
5 is it different?

6 A It's similar, certainly, not the same. The charges at the
7 VSES are quite different than most of the charges at a GP.

8 Q But the process for entering the data into Infinity,
9 that -- that would be the same, right?

10 A The process is similar, yes.

11 Q Okay. And we had some testimony earlier today about Dr.
12 Shaikh. Do you have to consult with Dr. Shaikh at -- at all,
13 the radiologist?

14 A I do.

15 Q Okay. So you would send the scans over to Dr. Shaikh and
16 she would interpret the scans?

17 A Correct.

18 Q Okay.

19 A She reads most of our advanced imaging.

20 Q Okay. And are you aware of the fact that she does that
21 for the general practices as well?

22 A Not to my knowledge.

23 Q Okay. When you apply for different positions, obviously
24 you've moved from Suburban to VSES, any contact with human
25 resources at all?

1 A Yes.

2 Q Okay. And -- and who did you conta -- have contact with?

3 A I believe at that time it was Mary Czech.

4 Q Okay. And that would have been when you moved from a CSR
5 to an ACA position at -- at VSES?

6 A Correct.

7 Q Okay. And then since you've been at VSES, I -- I know
8 you've moved through a coup -- a couple different positions.
9 Have you interacted with HR at all?

10 A Not to move those positions, no.

11 Q Okay. Did -- did your benefits -- did you participate in
12 the company's benefit plan?

13 A I do.

14 Q Okay. And did your benefits change at all when you moved
15 from your CSR position at Suburban to VSES?

16 A No.

17 Q Okay. Same -- same benefit plan, correct?

18 A Correct.

19 MR. STANEVICH: Okay. Well, Michael, I don't think I have
20 any further questions, but could we just take a five-minute
21 break before I conclude?

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

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

25 HEARING OFFICER DAHLHEIMER: Okay. Mr. Stanevich, do you



1 have any further questions for the witness?

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

4 **RESUMED CROSS-EXAMINATION**

5 Q BY MR. STANEVICH: Ms. Day, I know you were an animal care
6 assistant for a few years at V -- at VSES. Are you familiar
7 with an employee by the name of Nicole Polachak?

8 A No.

9 Q Okay. Are you familiar with an em -- employee by the name
10 of Meghan Bouwens?

11 A Yes.

12 Q Okay. And Meghan is an -- an animal care assistant at
13 VSES, right?

14 A She is.

15 Q Okay. And she formerly worked as an animal care assistant
16 at Fairview; is that correct?

17 A I have no idea. I don't know her background.

18 Q Okay. Do you know an animal care attendant by the name of
19 Bridget Callard?

20 A I do not

21 Q Okay. How about Heather Shattuck?

22 A No.

23 Q Okay. Carly Raspante?

24 A I think I know who Carly is, but I'm not 100 percent sure.
25 We have quite a few Carllys.

1 Q I -- I -- okay. Are -- are you familiar with the Carly
2 that formerly worked as a kennel attendant at Perinton prior to
3 coming to VSES?

4 A I don't know their background. I'm sorry.

5 Q That's okay. And then just one more thing. Going back to
6 medical record systems. Infinity, that's the official patient
7 medical record, correct?

8 A Correct.

9 Q Okay. And the Instinct system is more of whiteboard
10 technology to help track patients across the hospital while
11 they're there?

12 A It is our treatment sheets. It's all electronic treatment
13 sheets.

14 Q Okay. And it's -- it's primarily used to manage the
15 volume, right?

16 A I'm not sure I understand that.

17 Q Well, let me ask you a different way. It's not the
18 official medical record for patient, because that's Infinity?

19 A It's part of their official medical record.

20 Q Okay. Is it linked to Infinity at all?

21 A No.

22 Q Okay. And are you familiar with a -- a -- a Carly who has
23 helped out in ultrasound?

24 A I -- yes.

25 Q Okay.

1 A I'm trying to think of which Carly you're talking about,
2 so yes.

3 Q Okay. Are there -- are there more than one Carlys who
4 have helped out in ultrasound?

5 A There's a surgery tech by the name of Carly that has
6 helped in ultrasound, and there's an ACA that worked part time
7 who has helped.

8 Q Okay. All right. Thank you, Ms. Day.

9 MR. STANEVICH: Nothing further.

10 HEARING OFFICER DAHLHEIMER: Mr. Haller, any redirect for
11 the witness?

12 MR. HALLER: Just a couple.

13 **REDIRECT EXAMINATION**

14 Q BY MR. HALLER: Ms. Day, Mr. Stanevich asked you some
15 questions about your -- the restraint training you received.
16 When did you first receive restraint training?

17 A When I was at Suburban.

18 Q Was that when you were becoming cross-trained as an ACA?

19 A Correct.

20 Q Okay. Did you receive any further restraint training when
21 you came to VSES?

22 A I did.

23 Q Was it the same thing, or different, or what was it -- why
24 did you get more restraint training?

25 A It's slightly different at VSES in a general practice

1 because we're seeing more healthy patients or less ill
2 patients. You can use, like, a treat system with them. So
3 peanut butter and a spoon, or biscuits, or sometimes even toys
4 to help with restraint, and that is not something that you can
5 use at the VSES because they are usually more critically ill.

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

11 A I did.

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

14 A No.

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

16 HEARING OFFICER DAHLHEIMER: Mr. Stanevich, any recross?

17 MR. STANEVICH: Sure.

18 **RECROSS-EXAMINATION**

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

22 A I can't remember exactly how long the training lasts. I
23 think it was based on how quickly you picked up on things, but
24 having to restrain something that is actively seizing, that has
25 been hit by a car, actively dying, things like that require a

1 different amount of restraint, so you have to know how to best
2 restrain for the animal to be safe and for your tech and doctor
3 to be safe.

4 Q And this training was provided right after you came over
5 to VSES?

6 A Correct.

7 Q And do you recall who provided the training to you?

8 A I don't.

9 Q Did you receive any study materials?

10 A We did.

11 Q Okay. And was this is a multiday training course, or did
12 you just go through this as you were faced with a particular
13 patient?

14 A It -- our training lasted over a couple of weeks, so it
15 was all on the job training.

16 Q Okay. But understanding that you've a couple of weeks
17 training, but when you say a couple of weeks, was that just on
18 restraints?

19 A No, it was all mixed together, so it was just part of the
20 training period.

21 Q Okay. Approximately how much time do you think you spent
22 learning additional restraint procedures?

23 A I don't -- I can't answer that. I don't know.

24 Q Less than one day?

25 A I don't believe so. It's usually based on when patients

1 come in, so you can't predict how you're going to have to
2 restrain until a patient is in the hospital, and then, that is
3 taught to us as we're working.

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

7 A Correct.

8 MR. STANEVICH: Nothing further. Thank you.

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

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

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

14 MR. HALLER: So be it.

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

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

18 MR. HALLER: Yes.

19 HEARING OFFICER DAHLHEIMER: Mr. Kotecki, is --

20 MR. KOTECKI: That's me.

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

23 MR. HALLER: Petitioner calls Adam. Adam Kotecki.

24 MR. KOTECKI: Yep.

25 HEARING OFFICER DAHLHEIMER: Good morning, Mr. Kotecki.



1 MR. KOTECKI: Good morning.

2 Whereupon,

3 **ADAM KOTECKI**

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

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

8 THE WITNESS: It's Adam Kotecki. That's A-D-A-M, and
9 Kotecki is K-O-T-E-C-K-I.

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

11 **DIRECT EXAMINATION**

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

13 A VSES.

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

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

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

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

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

1 and that experience much more than a general practice, which at
2 that point, I transferred to VSES.

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

5 A Yes.

6 Q You had to interview?

7 A Oh, yes.

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

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

14 Q Okay.

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

17 Q Okay. So you started in emergency?

18 A Yes.

19 Q And when was that?

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

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

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

25 A Okay. If you know, tell me how many shift slots there are

1 in a typical day in internal medicine for staff. That's non --
2 nonveterinarian staff.

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

6 Q Okay.

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

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

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

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

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

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

21 A It's more of an example.

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

25 A Um-hum.



1 Q -- affiliated with Monroe Group?

2 A Yep. Some come from Monroe Group. Others come from even
3 Buffalo.

4 Q Okay.

5 A If they're not affiliated with Monroe Group.

6 Q All right. Do you have any idea what the proportion is
7 between Monroe-affiliated and nonMonroe-affiliated patients?

8 A Percentage-wise? No, I -- I really don't know.

9 Q Okay. Any difference in how patients are handled, or how
10 their records are handled, or anything else?

11 A Well -- well, when we get a referral from -- regardless,
12 it doesn't matter which general practice it is, MVA or nonMVA
13 Groups, they'll send a referral, and then myself or one of the
14 technician, or a coordinator will call that practice and ask
15 for all the records, and then they email that, and then we link
16 it to their records here.

17 Q Okay. And getting the records -- asking for and getting
18 the records is no different if they're an MVA practice or a
19 nonMVA practice?

20 A Nope, no different.

21 Q Okay. Okay. Let me ask you about some procedures that
22 may or may not be performed at -- in internal medicine at VSES.
23 You mentioned scopes. We're talking about endoscopies?

24 A Yep.

25 Q Okay. All right. Is that something that your department



1 regularly performs?

2 A Yes.

3 Q Okay.

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

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

8 A To my knowledge, there is not, no.

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

11 A Sometimes, yes.

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

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

17 Q Okay. Okay. What's a rhinoscopy?

18 A A rhinoscopy -- well --

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

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

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

25 A Well, there's different type of scopes. So there's, like,



1 foreign body scopes. They do scopes so they can see, like,
2 what's going on in the inside of the patient, you know?

3 Q Um-hum.

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

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

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

16 Q Okay. And they are performed at VSES?

17 A Yes.

18 Q What's an endotracheal wash.

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

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

25 A Yeah, because we need to kind of like figure out what's

1 going on. So like, if a patient goes to, like, a general
2 practice, and he's sick, he's coughing, and you know, the
3 general practice can't figure out what's going on, they'll send
4 him up to internal medicine to kind of figure out what is going
5 on.

6 Q Is an endotracheal wash a diagnostic or a treatment
7 procedure?

8 A I guess it could be considered both.

9 Q Okay. Is that something that's done at the general
10 practices, to your knowledge?

11 A To my knowledge, no.

12 Q Okay. And they are performed at VSES?

13 A Yes, their internists.

14 Q Okay. What's a bronchoscopy?

15 A It's basically a scope of the yeast bronchitis area.

16 Q Performed at VSES?

17 A Yes.

18 Q I should say VSES internal medicine; that correct?

19 A Yes.

20 Q Okay. What's a cystoscopy?

21 A I'm not really familiar.

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

23 A Yeah.

24 Q What's that?

25 A So it's a tube that goes from the nose to the stomach.

1 It's just for like feeding purposes or to focus on the stomach.

2 Q Okay. Is that performed at VSES internal medicine?

3 A Yes.

4 Q Is it performed at the Monroe general practice itself?

5 A To my knowledge, I do not know.

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

9 A Yes.

10 Q Okay. Is there any -- to your knowledge, is any
11 chemotherapy performed at any of the Monroe Group general
12 practices?

13 A I do not know.

14 Q Okay. Do you know what a PEG tube is?

15 A I do not.

16 Q Okay. All right. Can you think of any other sorts of
17 diagnostic or treatment procedures done by internal medicine at
18 VSES that, to your knowledge, aren't performed at the general
19 practices?

20 A No, not really. I mean, to my knowledge, I don't really
21 know what a lot of the general practices do. I can't imagine
22 they do a lot of this stuff that internal medicine does because
23 otherwise they wouldn't be transferring over to us.

24 Q Yes, exactly the question I was going to ask you. Can you
25 think of any reason why the general practice would be referring

1 it to VSES if it was something they could do themselves?

2 A No.

3 MR. STANEVICH: Objection. La -- lack of foundation.
4 This witness is not qualified to answer medical-related
5 questions.

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

9 HEARING OFFICER DAHLHEIMER: I'm going to --

10 MR. HALLER: -- doing it themselves?

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

13 You may -- you may answer the question.

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

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

16 A (Indiscernible, simultaneous speech) --

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

22 A I do not know.

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

25 A Yes.

1 Q If there's some work that the general practice can do,
2 they've actually been trying to do that to relieve the workload
3 on VSES; isn't that correct?

4 A Yes.

5 Q Okay. All right. Okay. There's been some testimony
6 already -- already but let me ask you so we make sure we've got
7 all this on the record. To your knowledge, are there certain
8 pay differentials that you get as a VSES employee that other
9 people in the Monroe Group don't get?

10 A Yes.

11 Q And what are they, to your knowledge?

12 A Obviously, you get on top of the 75 cents that everyone
13 gets at VSES because it's work -- working into the building,
14 there's a \$2 differential for evening staff. There's a \$4
15 differential for overnight staff, and there's also a new
16 differential for, I believe, overnight staff, which is also an
17 extra \$2 for staff that worked there a minimum of at least two
18 days a week, and if they continue with that work for two years,
19 they get to keep that \$2 regardless if they move down to days
20 or evenings.

21 Q There's been some testimony about some kind of computer
22 program called insight; do you know what that is?

23 A Instinct?

24 Q I'm sorry, Instinct. Insight, Instinct, what's the
25 difference? Instinct, sorry.

1 A Yeah.

2 Q What is Instinct?

3 A So Instinct would be our treatment sheet. So basically,
4 you -- when we get a patient in, we start the treatments or the
5 doctors put up their orders, you know, and every, like --
6 depending on, you know, the patient, so like every two to four
7 hours, we would do its treatments on, like, its vitals, its
8 fluid nodes. If a patient needs medications, obviously, the
9 doctor would put down that this patient needs medications every
10 8 or 12 hours, depending on the medication or patient. And
11 it's just basically there to ensure that those treatments are
12 done.

13 Q Okay. To your knowledge, do any of the other Monroe Group
14 facilities have Instinct?

15 A To my knowledge, they do not.

16 Q Okay. There's been testimony, quite a bit of testimony,
17 about the holiday shift requirement --

18 A Uh-huh.

19 Q -- for staff members that are outs -- at the outs --
20 outside facilities, the general practices --

21 A Yep.

22 Q -- at -- at VSES. You're -- you're aware -- you're aware
23 that on holidays, some non-VSES staff are -- are assigned or at
24 least on call?

25 A I sure do.



1 Q Okay. Based on your experience and observations, what are
2 those kind of staff members -- and we're talking about LVTs and
3 ACAs, what are they --

4 A Uh-huh.

5 Q -- generally assigned to do in internal medicine because
6 that's where you've been.

7 A Internal medicine is not on holidays, so like --

8 Q Oh, I'm sorry.

9 A -- (indiscernible, simultaneous speech).

10 Q (Indiscernible, simultaneous speech).

11 A No, no, no. It -- it's (audio interference) on holidays,
12 but I like to pick up a lot of holiday shifts because why not.

13 Q Were you in -- well, let me see. Were you in -- were you
14 in emergency for a while?

15 A Yes, for a long time.

16 Q Okay. The holiday -- the holiday duty folks, what --

17 A Uh-huh.

18 Q -- do they do in emergency on the holidays?

19 A So like, we have this in, like, groupings. You know, we
20 have, like, the intermediate section now. We have the ICU. We
21 have receiving, and we have procedures. Generally speaking,
22 people who come in from general practices are often put on
23 procedures, and they try to knock out some of the procedures or
24 also intermediate section. They definitely try to clear them
25 from not going into, like, the ICU or even triaging.

1 Q And why is that?

2 A The ICU is actually dealing with a lot of critical
3 patients, so you try to have people -- you know, try to put
4 people in those -- in that block, people that are very
5 experienced, and they know that they've been dealing with
6 critical patients, so they can tell, like, hey, this patient is
7 not doing well, and we kind of like anticipate things, and so
8 just a skill that people learn on the job while working at VSES
9 and -- and ICU. Triage-wise, the skillset for triaging, can't
10 necessarily say for general practice as much, but obviously, we
11 see a lot of sicker patients and patients -- you know, people
12 bring in patients that you don't want to bring in to VSES, so
13 we don't really see many healthy things, and it's our job to,
14 you know, triage them, get the vitals, get a history, and kind
15 of determine, like, how stable is this patient. So like, if
16 this patient is stable, you know, we let the owners know.
17 Like, if a patient's really sick, well, we tell the owners, you
18 know, like, we can try to bring them in you know, into a
19 treating room. I would like to take a look at him, but
20 otherwise, try to triage them away, and that's based on our
21 experience that we've learned in the experience at VSES that
22 many of the general practice, those people just don't have.

23 Q All right. Based on your experience, are folks at the
24 general practice likely to have less exposure to triage
25 situations?



1 A Yes, for, like, sicker patients. You know, I mean, they
2 do have a pretty good volume of patients that come in for,
3 like, routine exams, so when they tirage their patients, like,
4 they very well know what's going on with that patient because
5 he's there's for, like, his routine examination kind of a deal.
6 Whereas in many cases, all we know is that this dog got hit be
7 a car or this dog's just vomiting having -- or having diarrhea.
8 Other than that, we don't really know much of the history on
9 that patient.

10 Q Okay. Let me shift gears a little bit. Back -- back to
11 the holiday mandatory shifts --

12 A Uh-huh.

13 Q -- that the outside folks have to work, are holiday
14 shifts, at least just the openings, the staffing posted in
15 advance?

16 A Yes.

17 Q How far in advance?

18 A At least half a year. A lot of those shifts, you know,
19 they are like regular VSES people might be covered for the
20 whole year, so like, when they -- when, like, someone comes up
21 with the schedule, like, you know, like, you have to work this
22 holiday and like, this Christmas or this New Year's ahead of
23 time.

24 Q So would everybody at VSES know what the holiday -- what
25 the holiday staffing is like for the upcoming, like,

1 Thanksgiving, Christmas, that sort of thing?

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

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

9 A Uh-huh.

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

12 A Yes.

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

15 A Uh-huh.

16 Q -- are --

17 A So we have like --

18 Q -- scheduled per holiday?

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

21 Q Okay.

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

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

25 A Usually between, like, four to six. A lot of the outside

1 folks also take on-call shifts, which count as one of the
2 requirements.

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

6 A Yes.

7 Q -- correct?

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

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

18 THE WITNESS: Sure. Thank you. Hi, Jason.

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

21 **CROSS-EXAMINATION**

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

23 A Wonderful.

24 Q Good, good. Just a few short questions for you. You
25 worked as a kennel attendant at Perinton for --

- 1 A Yes.
- 2 Q -- a few years, unless --
- 3 A No, no. Wouldn't have been years. I think it was mostly
4 just like months, maybe under a year.
- 5 Q You started in 2014, late 2014?
- 6 A Probably, yes.
- 7 Q And you moved over to the VSES around maybe mid-2016?
- 8 A I guess, if that's what your records says, then yeah. I
9 don't really keep track.
- 10 Q Okay. And your -- your position at the time was kennel
11 attendant, right?
- 12 A Yes. Yeah.
- 13 Q And that's the only position you've held at a non-VSES
14 location, right?
- 15 A Yes.
- 16 Q Okay. And you haven't worked at the general -- the
17 general practices?
- 18 A No.
- 19 Q Okay.
- 20 A Other than at Perinton, right.
- 21 Q Right. Right, other than Perinton. And then as a kennel
22 attendant, can you give us an overview of your duties and
23 responsibilities?
- 24 A So as a kennel person, obviously, they have -- Perinton
25 has boarding, so you know, people would bring in their pets to

1 board. We would check them in. We would set them up in cages,
2 and then basically make sure that they had food and water.
3 They'd be -- if they wanted to, like, playtime, we would take
4 the patients, our -- the boarding pets down to a -- the -- the
5 basement area, where we have a -- a little playtime pen.

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

8 A Oh, no.

9 Q Okay. Any college education requirements?

10 A No.

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

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

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

17 A LVTs, yeah.

18 Q -- a licensed vet tech --

19 A Yeah.

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

21 A Yes, yeah.

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

24 A Yes.

25 Q Okay. And we -- we've heard some testimony earlier today

1 that the kennel assistant position does not exist at VSES; is
2 that right?

3 A It does not, no.

4 Q Okay. And -- and some of the work that you described the
5 kennel assistant performs at Perinton, who performs that type
6 of work at VSES?

7 A A lot of those. Like, what do you mean?

8 Q Any of those examples of work performed at VSES.

9 A As a kennel person?

10 Q Yeah.

11 A So the only thing that I would do at the kennel that I
12 would do at VSES is, like, clean cages. So like, at VSES, I
13 did clean cages. You know, occasionally, I would, like, sweep
14 and mop the floor, you know, and ace -- other ACAs at VSES do
15 it. L -- LVTs do it. Andrea has done it, cleanup time, as
16 well, and so has Sheryl.

17 Q Okay. How -- how --

18 A (Indiscernible, simultaneous speech) --

19 Q -- often do you clean cages at VSES?

20 A Regular basis. I mean, we have patients come in and going
21 all the time, so once we take a patient in, and then that
22 patient gets discharged, then you know, leaves the kennel, his
23 cage at the VSES, that cage needs to be cleaned by myself or
24 someone else relatively quickly because we're probably going to
25 be bringing something else in shortly.

1 Q Sure. And in terms of, you know, providing food and water
2 to the dogs at VSES, have you done that work, as well?

3 A Yes.

4 Q Okay. And I assume there are times you have to walk
5 the -- the pets, right?

6 A Uh-huh, yeah.

7 Q Okay. And so some of that, the kennel attendant work that
8 you did, same type of work at VSES, right?

9 A For walking and cleaning cages, yeah.

10 Q Yeah. And you've done that as an animal care assistant,
11 right?

12 A Yes.

13 Q Other animal care assistants at VSES have done that work?

14 A Yes.

15 Q LVTs have done that work, correct?

16 A Yes, correct.

17 Q Okay. And then, at some point, when you were at Perinton,
18 you -- you had applied for an animal care assistant position at
19 VSES, right?

20 A Yes.

21 Q And you talked to Kathy Sercu about that?

22 A Yes. Because I would also -- while, you know, doing
23 kennel, kind of like (audio interference) -- make my way
24 towards the -- the treatment room at Perinton. I would help
25 Kathy and some of the other positions there with restraining

1 the patients, and that's when we -- Kathy suggested that VSES
2 would probably be a better and more plain fit for myself
3 because she's into -- I really like to do a lot of the patient
4 care stuff which --

5 Q (Indiscernible, simultaneous speech) --

6 A -- at that point --

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

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

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

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

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

19 A That I do not remember.

20 Q Okay.

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

25 Q Okay. You applied for the position?

1 A I did.

2 Q And how -- how did you do so?

3 A I filled out one of the internal applications, and then a
4 courier took it to whichever HR building we have, and then two
5 weeks later, I got a phone call from one of the HR people.

6 Q Okay. And -- and where did you get that internal
7 application?

8 A Kathy gave it to me.

9 Q Okay. And then the HR building, is -- is that over at,
10 like, 524 White Spruce Boulevard by the hospital?

11 A Yes. I don't know if they were there when I transferred
12 of if they were in Pittsford because at that point, I really
13 had no idea that the emergency group, they even existed.

14 Q Okay. And do you recall who from HR you spoke to about
15 this position?

16 A I do not know.

17 Q Okay. And you interviewed. Who did you interview with?

18 A I interviewed with Evelyn (phonetic). Honestly, cannot
19 remember her last name. I don't think she works there anymore.
20 I know she went on leave during COVID and since hasn't come
21 back.

22 Q Okay. And -- and -- and actually, if I recall, HR was
23 over at the Animal Hospital of Pittsford at the -- for a while,
24 right?

25 A I believe so, yes.

1 Q Okay. And that -- that --

2 A But I do not know.

3 Q But you know of that location, right?

4 A Animal Hospital of Pittsford? Yeah.

5 Q That's another general practice location?

6 A Yep.

7 Q Okay. And actually, let's go back to your -- your kennel
8 attendant duties.

9 A Uh-huh.

10 Q Did you have to chart or keep track of, you know, bowel
11 movements for the pets?

12 A Yes. I believe so, yeah.

13 Q And what was the process for recording that information?

14 A Just on, like, a sheet of paper that's, like, printed out
15 with, like, the -- you know, the little squares on it and
16 charts. We would mark it off that this person has -- or this
17 patient has defecated or urinated or ate or drank food, and the
18 kennel attendant --

19 Q And then that --

20 A -- (indiscernible, simultaneous speech) check mark.

21 Q And that same process is -- is followed at VSES, right?

22 A Yes. Yeah, now, it's for the past few years, it's
23 electronically, but yes.

24 Q And -- and you testified you were -- you worked in the
25 emergency department at VSES --

1 A Yes.

2 Q -- for a few years?

3 A Yeah.

4 Q Okay. And you would work side by side with LVTs, I
5 assume?

6 A Yes.

7 Q Okay, and there are times where LVTs from the general
8 practices would work in the emergency department, as well,
9 right?

10 A That's true.

11 Q They -- they would pick up holiday shifts there?

12 A Yes.

13 Q And they would also be able to pick up other open shifts,
14 correct?

15 A They would be, yes.

16 Q Okay. And some of the work that would be performed in the
17 emergency department, that -- that would include inserting IV
18 catheters, right?

19 A Yes.

20 Q And licensed vet techs from -- regardless of their
21 location, they would have the ability to insert an IV catheter?

22 A Yes. Yeah, but to my -- in my experience, as it happens,
23 the catheter placement varies differently by different animal
24 and also with severity of the sickness. So like, if we get a
25 patient at VSES that's really sick or you know, like, they're

1 cold, the catheter placement is a lot harder to put in than it
2 is in a animal that's healthy.

3 Q But you don't perform that work yourself, right?

4 A I do not, no. The --

5 Q Okay.

6 A -- I hold off to the veins and --

7 Q All right --

8 A -- you know, but --

9 Q And in fact, you can't perform that work because you're
10 not a licensed tech, correct?

11 A Nope, that's true.

12 Q Okay. And the LVTs would administer medicine in the
13 emergency department?

14 A Yes.

15 Q Okay. And that's work that you're unable to do, as well,
16 right?

17 A Depends what kind of medicine.

18 Q Okay. So there's certain medicine that you can provide,
19 certain medicine that you cannot?

20 A Yes. Yeah, so noncontrolled medications, I can give. If
21 noncontrolled and non-, like, IV medications, so.

22 Q Okay. You testified a little bit about endoscopy,
23 rhinoscopies. You don't perform those services, right? You
24 more assist with the cleaning and setting up the equipment,
25 right?

1 A And setting up, yep.

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

4 A Yes.

5 Q Okay. And there's also --

6 A Yeah.

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

10 A Yeah, there is.

11 Q Okay. You mentioned end -- endio -- endotracheal wash.

12 That -- that work is done by the general practices, too; is it
13 not?

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

15 Q Okay.

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

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

18 A Yeah.

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

20 MR. STANEVICH: Okay, I have nothing further.

21 HEARING OFFICER DAHLHEIMER: Mr. Haller, any redirect?

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

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

25 THE WITNESS: Okay.



1 HEARING OFFICER DAHLHEIMER: -- this morning. You're
2 dismissed.

3 THE WITNESS: All right. Yep, good day.

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

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

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

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

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

21 MR. HALLER: A matter of indifference to me.

22 HEARING OFFICER DAHLHEIMER: Mr. Stanevich, any
23 preference?

24 MR. STANEVICH: It -- it's the same. Maybe we go through
25 this witness, and then reconsider the lunch break.

1 HEARING OFFICER DAHLHEIMER: Sounds good to me. If you --
2 Mr. Haller, if you'd please call your next witness?

3 MR. HALLER: Petitioner calls Tara McGrain.

4 HEARING OFFICER DAHLHEIMER: Good morning.

5 MS. MCGRAIN: Good morning.

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

8 Whereupon,

9 **TARA MCGRAIN**

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

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

14 THE WITNESS: Tara McGrain, T-A-R-A M-C-G-R-A-I-N.

15 HEARING OFFICER DAHLHEIMER: Mr. Haller, your witness.

16 MR. HALLER: Thank you.

17 **DIRECT EXAMINATION**

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

19 A Pathways (sic) at -- at VSES.

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

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

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

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

25 Q Okay. Would that be an ACA II?



- 1 A Yes --
- 2 Q Okay.
- 3 A -- it could be.
- 4 Q Are you full time?
- 5 A Yes.
- 6 Q Okay. Tell me about your background in, you know, animal
7 health care.
- 8 A This job is it. I started it in May of 2016. This is my
9 first veterinary job.
- 10 Q Okay. Were you hired as an animal care assistant?
- 11 A Yes, I was.
- 12 Q Okay. At VSES?
- 13 A Yes, and in the surgery department.
- 14 Q Okay. Have you ever picked up voluntary shifts at other
15 Monroe Group locations?
- 16 A I did once in my first year at Companion Animal Hospital.
17 I picked up a Saturday shift --
- 18 Q Okay.
- 19 A -- and then, a couple years later, I picked up a few
20 shifts at the urgent care.
- 21 Q Where's that located?
- 22 A At Animal Hospital of Pittsford.
- 23 Q Okay.
- 24 A And at that point, it was just Sundays.
- 25 Q Anything in recent years?

1 A No.

2 Q Okay. Were those all shifts that you voluntarily picked
3 up yourself?

4 A Yes.

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

7 A I'm in surgery again.

8 Q Okay, that's right.

9 A I did a brief stint in imaging.

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

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

16 Q What does -- what does --

17 A So --

18 Q -- that mean --

19 A -- meaning --

20 Q -- employed by the --

21 A -- like --

22 Q -- surgery service?

23 A -- I have -- there's, I think, right -- currently five
24 other animal care assistants that work only for the surgery
25 department --

1 Q Uh-huh.

2 A -- and we have about six or seven technicians, LVTs, that
3 works only for the surgery department.

4 Q Employees whose home, their regular assigned work location
5 is one of the general practices outside VSES, to your knowledge
6 and your experience in -- in surgery, are they ever assigned to
7 surgery?

8 A No, I have never experienced one working in surgery.

9 Q Okay. That -- would that include somebody working on a
10 holiday shift as well as taking a voluntary shift?

11 A Correct.

12 Q Okay. Okay. Patients in surgery, are you aware of
13 whether patients come from -- you know, are referred by a non-
14 Monroe Group facility or a Monroe Group facility?

15 A I don't typically see the referrals, so I'm -- I know some
16 do come from outside. My mother's dog was -- had to come in
17 not that long ago for a consult with one of the surgeons, so --
18 and her veterinarian is not within the Monroe Group.

19 Q Okay.

20 A So I know --

21 Q So would --

22 A -- well, they come from both.

23 Q So would it be safe to -- okay, you just answered the
24 question. Does it make any difference in how the patients are
25 handled, either the patient themselves or the paperwork,

1 whether they're referred by another Monroe Group practice or
2 not?

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

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

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

12 Q All right.

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

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

18 A Not that I'm aware of.

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

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

24 Q Okay.

25 A -- Veterinary Hospital, and when I have a bill from the --



1 you know, from pe -- Perinton, I get a bill from Perinton, not
2 from any centralized location.

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

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

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

9 A I've taken my cat.

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

11 A Yes, a pet, yeah.

12 Q Okay. And the bill came from Perinton?

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

16 Q This had something to do with your employee discount?

17 A Yes.

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

20 A Yes.

21 Q Who did you have to talk to?

22 A I first emailed Sheryl Valente --

23 Q Uh-huh.

24 A -- who referred me to sa -- Kathy Sercu, who is the
25 hospital manager at Perinton.

1 MR. HALLER: Perinton, okay. All right. I want to skip
2 over some of these questions because they've been covered with
3 multiple other witnesses. Okay. Matter of fact, just a
4 second, I want to make sure I've covered everything. Okay,
5 that's all I have. Thank you. Thank you, Tara.

6 THE WITNESS: Sure.

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

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

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

13 THE WITNESS: Thank you.

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

16 MR. HALLER: Let's see. Yes.

17 HEARING OFFICER DAHLHEIMER: Okay.

18 MR. HALLER: Yes, she is.

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

21 MS. CLIFFORD: Hey.

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

24 MR. HALLER: Petitioner calls Valerie Clifford.

25 HEARING OFFICER DAHLHEIMER: Hi, good morning, Ms.

1 Clifford. Please raise your right hand.

2 Whereupon,

3 **VALERIE CLIFFORD**

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

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

8 THE WITNESS: Valerie Clifford, V-A-L-E-R-I-E
9 C-L-I-F-F-O-R-D.

10 HEARING OFFICER DAHLHEIMER: Mr. Haller, your witness.

11 MR. HALLER: Thank you.

12 **DIRECT EXAMINATION**

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

14 A Pathway Vet Alliance.

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

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

18 Q Okay. What's your job title?

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

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

23 A My time line is long, like Sam's, so I'll try to get all
24 the dates right. So I started out as kennel in 2006 at
25 Irondequoit Animal Hospital, and I stayed there throughout



1 college as I went to get my vet tech degree at Delhi. I got my
2 associate's in 2010, and I was just seasonal at Irondequoit. I
3 got my bachelor's in science and veterinary technology from
4 Medaille in 2012, and then, that's when I came back to
5 Rochester to work at VSES.

6 Q So are you a licensed veterinary technician?

7 A Yes.

8 Q Licensed by the State of New York?

9 A Correct.

10 Q Okay. Okay. So you've been full time with the Monroe
11 Group since 2011?

12 A Yes, 2012 or 2011, yeah.

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

16 A Correct.

17 Q Okay. When did that -- so pre -- well, you've probably
18 already answered this, but let me ask it anyway: Have you
19 always been part time or did that come about at a certain
20 point?

21 A So I just went over to Greece last September, actually. I
22 just checked my one-year mark there. I've worked a couple
23 different jobs at VSES.

24 Q Okay. Well, tell us about the jobs you've had at VSES
25 when you were full time at VSES.

1 A I started out as an emergency technician, and then after a
2 couple years, I think three, I transferred to internal
3 medicine, and I was full time with internal medicine for about
4 five years, and then I took a part-time clinical educator job
5 where I did half clinical educator and half internal medicine,
6 and then I transferred from clinical educator to blood bank
7 administrator, keeping the part-time internal medicine. I've
8 always worked with the blood bank, but until then, it didn't
9 become an official job position, and then last year, I left
10 internal medicine but kept the blood bank.

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

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

24 Q Okay. So the moving part time to Greece was initiated by
25 you?

1 A Yes.

2 Q And you had to apply and interview for that position?

3 A Correct.

4 Q Do you think your application process was any different
5 than somebody hired off the street?

6 A I'm not sure because they kind of helped me facilitate
7 things a little bit quicker since they just had the offer from
8 the other hospital, so I didn't fill out an application, but I
9 did interview with Dr. Hubbard (phonetic), and Amanda
10 (phonetic) was the hospital manager at that time.

11 Q Okay. There hasn't -- there -- if there's been any
12 testimony about the blood bank so far, it hasn't been much.

13 Tell us about the blood bank.

14 A So we have an inhouse blood bank at VSES. It's grown
15 tremendously since 2019 when we purchased the centrifuge to be
16 able to process inhouse blood products. So before that, we had
17 some employee pets that were blood donors for whole blood
18 transfusions and we would order blood components, so just red
19 cells or just plasma, and now, we can produce those inhouse for
20 our patients.

21 Q All right. And where do you get the blood from?

22 A From our screened blood donors. We have 12 cats at the
23 moment, and I believe about 45 dogs, screened blood donors.
24 They have to apply to be a blood donor. We do an initial
25 screening which includes an exam, inhouse bloodwork, an



1 infectious disease panel that goes out to NC State University,
2 and then they become official donors. No pet can just walk in
3 that we don't know and donate blood. We make sure it's a safe
4 product.

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

7 A Some enjoy it more than you would think.

8 Q Okay.

9 A Some need some help.

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

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

24 Q Now, let me see if I understand that. If a blood tran --
25 transfusion is required for a procedure, that pet would usually

1 be referred to VSES from elsewhere in Monroe?

2 A Yes.

3 Q Okay, all right.

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

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

16 A Chelsea Whittemore.

17 Q Yeah, she's a CSR?

18 A Uh-huh.

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

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

25 Q Okay. In the various positions you've worked at VSES,



1 have you had -- had the opportunity to observe folks -- staff
2 that is nonveterinarian staff from the other Monroe Group
3 facilities that are doing their mandatory holiday shifts at
4 VSES?

5 A Yes. Yeah, over the time, I've worked a lot of holidays.

6 Q Okay. What typically are the LVTs and ACAs assigned to
7 do?

8 A They're usually assigned -- I can speak more to
9 technicians. I'm not sure where the ACAs are assigned to, but
10 I know the technicians are usually assigned to assist
11 procedures. They're usually in the blue block, never in the
12 ICU. I think sometimes they do triaging. Non-VSES ACAs don't
13 do triaging on holidays. But when I was on procedures,
14 frequently with another general practice technician, I would
15 kind of tag team procedures with her because you need an extra
16 set of hands to hold the patient for drawing blood and stuff,
17 so it's easier -- easier for them and obviously, we need an
18 assistant to kind of get things done together.

19 Q Okay. You mentioned a -- a blue something, a blue area,
20 blue zone. What was that?

21 A Yeah, sorry. It kind of goes with our triage block. It
22 talks about, like, the yellow can wait. Green is, like, it's
23 broken toenail or ear infection that will just be triaged away.
24 Red is ICU. Blue is things like your blocked cats that needs
25 to be monitored but aren't in critical condition and don't

1 require eyes on them at all times, maybe some seizure patients
2 depending on how severe it is, some toxicities, more minor
3 treatments, nothing too invasive.

4 Q Less critical care involved than the ICU patients?

5 A Yes, significantly.

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

9 A Yes.

10 Q Why is that?

11 A Lately. Just because of the nature of the emergency room.

12 Q Okay. Is that because there's -- the emergency room
13 routinely sees patients that are in severe distress and may
14 actually need CPR?

15 A Absolutely. It can be hospitalized patients or something
16 just walking through the door.

17 Q Okay. So who's trained to do CPR at VSES?

18 A The ACAs, LVTs, and the doctors.

19 Q Okay. Are -- to your knowledge, are folks at the gen --
20 outlying general practices trained in CPR?

21 A Not generally. Since I do work part time at Greece, I did
22 give them some CPR training because they had an emergency on a
23 day that I wasn't there, so they asked me for that
24 specifically, but before that, they had not had any CPR
25 training.

1 Q How long ago was that?

2 A Within six months.

3 Q Has there been any instances of anybody having to do CPR
4 at Greece since then?

5 A No.

6 Q Okay, hold on a second. Okay. Is drawing blood something
7 that a technician needs to know how to do?

8 A Yes.

9 Q Okay. Is there any difference in the type of situations
10 you'd likely to see where you're required to draw blood as a
11 technician at VSES as opposed to the general practices?

12 A I would say the big one is dealing with a spot when you
13 think a patient might have low platelets or a bleeding
14 disorder. If anything has bruising or a bleeding nose or
15 anything like that, we never want to draw blood from the
16 jugular. I'm not sure that's common knowledge at general
17 practices just from some of the patients we've seen that have
18 transferred over with these problems, and you can see clearly
19 that they have bruises on their necks from an inappropriate
20 blood draw.

21 Q Okay. Okay. Let me switch gears a little bit. Do the
22 LVTs have some kind of career ladder system in place?

23 A Yes, there's a career ladder at VSES. It goes LVT level 1
24 through 4. When you're first hired -- I'm not sure if it's
25 all -- all new hires regardless of experience or if it's just



1 new grads, but when you come in as a level 1, you're expected
2 to quickly be trained and be able to function as a level 2
3 technician, and all LVTs are expected to at least be level 2.
4 You cannot apply for level 3 status, which comes with a pay
5 bump, but you have to be able to prove that you have advanced
6 skills, advanced knowledge, and you can perform advanced
7 procedures with your doctors, and some of them are department-
8 specific.

9 I applied for level 3 when I was with internal medicine,
10 and I -- chemotherapy was on there, NG tube placement was on
11 there. Obviously, of course, I can't think of any of the big-
12 ticket ones right now, but more the advanced procedures that we
13 don't do so often. There are some that are on there for
14 everyone, like jug caths, indwelling catheters, female urinary
15 catheters, which are especially tricky if you don't know.

16 Q And I don't know.

17 A Yeah. And -- and then I'm sure surgery has their own
18 specific list, too. I'm just not familiar with what's on it.
19 And then level 4 technician, there is only about four or five
20 of us that are level 4, myself and Sam are one of them, and you
21 have to go above and beyond that, and you have to either be a
22 VTS, so a veterinary technician specialist, or like in my -- in
23 my case with the blood bank, I write standard operating
24 procedures. I contribute to the hospital. I've been a part of
25 the standards of care committee, and I run the blood bank

1 meetings and committee, and I kind of help everybody. I do
2 trainings, things like that, kind of going above and beyond for
3 the hospital, so that's the top tier of the career ladder.

4 Q Okay. So tier 1 is sort of a training module --

5 A Uh-huh.

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

8 A Correct.

9 Q And 3 and 4 are advanced -- advanced skills required?

10 A Uh-huh.

11 Q Okay. Is there any comparable stepped career program for
12 LVTs at the general practices?

13 A To my knowledge, the career ladder is only available at
14 VSES, so I believe all the GP technicians would be level 2,
15 technically. I'm sure some of them do have level 3 abilities,
16 but I don't -- I can't say about level 4.

17 Q Okay. And you don't know whether they get -- there may be
18 some people that actually get that pay bump at the GPs?

19 A I think it's only for VSES.

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

22 A Yes.

23 Q How long?

24 A Six years.

25 Q And you were a LVT?

1 A Correct.

2 Q Okay. And let me -- let me jump back for a second. You
3 talked about these levels of LVTs.

4 A Uh-huh.

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

7 A Correct.

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

10 A Yes. Yes, the VTS certification.

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

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

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

19 A Uh-huh.

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

24 A I think the only one that I would consider a treatment
25 would be a foreign body scope because you're actually solving

1 the problem; you're removing that foreign body. The rest of
2 them, whether it's an upper GI, a lower GI, a rhinoscopy that
3 goes up the nose, a cystoscopy goes through the urethra into
4 the bladder, those are all diagnostic because you're taking
5 biopsies and then you're sending them off to the pathologist.

6 Q Right.

7 A I do know that GP hospitals do do trach washes sometimes
8 because that is not done with a scope. It's called a BAL, a
9 blind alveolar lavage, so you're putting fluid down into the
10 trachea through a sterile endotracheal tube, and then you're
11 suctioning it back up into a specimen container, and then
12 that's sent out to -- to the pathologist. The thing that's
13 special, not only with the scope equipment, but it's being
14 interpreted -- the results from the pathologist are being
15 interpreted by the internist.

16 Q Uh-huh. Okay. Based on your knowledge as an LVT at VSES
17 and Greece and whatever other experience you have working at
18 the outlying facilities, of the procedures you've been talking
19 about, how many of them, if any, are performed at the outlying
20 general practices of the Monroe Group?

21 A Only the trach wash. Our hospital, VSES, is the only one
22 with the -- the scopes and the -- the tower, which is -- it
23 looks like a giant VCR that the scope plugs into. There is
24 different size scopes, but we're the only one that has the full
25 equipment.

1 Q Okay. Okay. And there's been testimony about the \$0.75
2 wage differential ex -- that's only at VSES. You're familiar
3 with that?

4 A Yes.

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

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

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

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

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

20 A No.

21 MR. STANEVICH: Objection. Lack of foundation.

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

23 MR. STANEVICH: Then lay it.

24 MR. HALLER: Yeah?

25 HEARING OFFICER DAHLHEIMER: Overruled. Then let him --



1 let him get to it. Go ahead.

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

4 Q BY MR. HALLER: Okay. Who'd you learn that from?

5 A From Jen Bidwell. I know it was 2014 or 2015 we received
6 an email with that information from our hospital manager. Jen
7 Bidwell was the manager before Andrea came.

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

10 A Correct.

11 Q Okay. Do you still have that email?

12 A I do.

13 Q Okay. Do you have it on your phone?

14 A Uh-huh.

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

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

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

22 MR. HALLER: Frankly, no, I wasn't planning to introduce
23 it because I was concerned the Employer is going to claim that
24 we're, you know, using their internal documents and shouldn't
25 be introduced in as evidence.



1 MR. STANEVICH: Well, we -- we could've had that
2 discussion. We didn't, and if there's a document, I may not
3 have an objection of putting it into evidence, but I'd prefer
4 to see a document than have someone read it where I don't have
5 the ability to see what that email says and whether it's
6 accurate or not.

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

9 MR. STANEVICH: Go off the record.

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

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

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

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

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

22 MR. HALLER: Okay.

23 **RESUMED DIRECT EXAMINATION**

24 Q BY MR. HALLER: All right, Valerie, I'm going to do this
25 in a slightly different way. Okay. All right.



1 Valerie, did you get an email from Jen Bidwell on December
2 9th, 2015, at 8:59 a.m.?

3 A Yes --

4 Q Okay.

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

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

9 A She was the --

10 Q -- at the VSES?

11 A -- hospital manager.

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

13 A Correct.

14 Q Okay. And who was this email sent to?

15 A All staff.

16 Q In -- including yourself, apparently, right?

17 A Yes.

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

20 A Uh-huh. "In October of 2014, an LVT incentive was
21 implemented at VSES. This incentive was created in recognition
22 of the advanced skillset and knowledge base necessary to meet
23 the minimum standard of care at VSES, as well as the additional
24 responsibilities of mandatory on call and the demands of
25 working at a -- in a 24-hour facility.

1 Q Okay. What's this L -- what's this LVT incentive that
2 she's referring to? What is it?

3 A That's the 75 cent pay differential for working at the
4 VSES.

5 Q Okay. At some point, that was expanded to the rest of the
6 staff at VSES?

7 A Yes.

8 Q Is that what's -- is that what's referred to in the rest
9 of the text of this email?

10 A It's that, yeah. And the paragraph under that one, it was
11 decided to increase the base pay rate for ACA CSRs, and LVTs.

12 Q Okay. So the increase in base pay rate for those other
13 groups, that -- that's the 75 cents we're talking about?

14 A Yes.

15 Q Okay.

16 MR. HALLER: Petitioner moves the admission of this
17 document as, I guess, Union Exhibit 1 -- or Petitioner Exhibit
18 1.

19 MR. STANEVICH: No objection.

20 HEARING OFFICER DAHLHEIMER: For the record.

21 **(Petitioner Exhibit Number 1 Received into Evidence)**

22 MR. HALLER: Okay.

23 Q BY MR. HALLER: Were there any attachments that were
24 transmitted that you received along with this email, Valerie?

25 A Yes. There's two. One of them is a more official memo



1 stating the same. Let's see. I guess my phone's trying to
2 open up. And then the other one looks like the meeting, again,
3 they would put up a power point. That would -- that looks like
4 what this is.

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

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

11 Q BY MR. HALLER: Is this one of the attachments you were
12 referring to, Valerie?

13 A Yes.

14 Q Okay.

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

17 MR. STANEVICH: No objection.

18 HEARING OFFICER DAHLHEIMER: Petitioner 2 is received.

19 **(Petitioner Exhibit Number 2 Received into Evidence)**

20 MR. HALLER: I have no further questions for Valerie.
21 Thank you.

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

24 **CROSS-EXAMINATION**

25 Q BY MR. STANEVICH: Good afternoon, Ms. Clifford. How are



1 you today?

2 A Good. How are you?

3 Q Good. My name's Jason Stanevich. I'm counsel for the
4 Employer. And I'll just have a -- a few short questions for
5 you.

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

8 A Correct.

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

11 A Yep. It's pretty even.

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

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

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

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

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

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

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



1 another general practice?

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

5 Q Okay.

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

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

12 A Yes.

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

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

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

24 A Um-hum.

25 Q All right. And so there are CSRs in Greece?



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

1 Q And would -- did you have separate benefits through Greece
2 and V -- VSES, or did you have to participate in the benefits
3 program as a whole?

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

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

8 A Correct.

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

11 A Yes.

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

13 A Yes.

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

16 A Yes.

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

19 A Yes.

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

22 A Um-hum.

23 Q About six or so exam rooms?

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

25 Q Okay. And there -- there are certain radiology equipment

1 at -- at Greece Animal Hospital as well, right?

2 A Yes. There is X-ray capability.

3 Q Okay. And there's an ultrasound machine?

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

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

7 A Just one.

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

10 A Yes.

11 Q And what is that?

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

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

21 A They do.

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

24 A Yes.

25 Q And they also have the opportunity to voluntarily pick up

1 shifts at VSES, right?

2 A Yes.

3 Q And when they do, they get that 75 cent -- cent
4 differential, right?

5 A Correct.

6 Q And just a little bit about the blood bank. I -- I
7 believe you testified, most of that is used for procedures at
8 VSES; is that fair to say?

9 A Yes.

10 Q And -- but there are some situations where blood would be
11 transferred to the general practice?

12 A Rarely.

13 Q Okay. But there are some?

14 A Yes.

15 Q Okay. And that would be where, I believe you said there
16 may be an extraordinary circumstance?

17 A Um-hum.

18 Q Or there may be, I believe you said a patient in the
19 operating room?

20 A Um-hum.

21 Q Okay. So there are operating rooms at the other general
22 practice locations?

23 A Yes.

24 Q Okay. Are you aware of which ones have operating rooms?

25 A They all should have a specific room dedicated for the OR.

1 Q Okay. And so you would agree with me that veterinarians
2 perform surgeries outside of VSES?

3 A Yes.

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

7 A Yes.

8 Q And what's her position?

9 A She's an LVT.

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

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

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

17 A Pavlina.

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

19 A Yes. Yeah.

20 Q What's her position?

21 A Currently, I believe she's the ICU technician.

22 Q Okay. And are you --

23 A But she was the clinical educator.

24 Q And are you aware of whether she's provided CPR training
25 to any location?

1 A Again, I know she's done it at VSES. But I can't -- I
2 don't about other locations.

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

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

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

22 And then, if I am scheduled on surgery, that's my main
23 focus for the day. I'll do -- I'll sedate the patients, put in
24 their catheters, and then, set them up with anesthesia and
25 assist the doctor for the procedure, and recover them.

1 Q Thank you. And you've probably shortcut a number of
2 questions that I was going to ask you.

3 A Oh, gosh. Okay.

4 Q But let me just back it up a little bit, because you did
5 provide us a lot of information. What type of surgeries have
6 you been involved with while at Greece?

7 A I've been involved in spays, neuters, one foreign body
8 surgery, splenectomy, and a cystotomy.

9 Q What's a splenectomy?

10 A Removal of the patient's spleen.

11 Q And what was that last procedure?

12 A Cystotomy. I think I'm saying that right. So removal of
13 bladder stones from the patient's bladder.

14 Q Okay. And have you been involved in those types of
15 procedures at VSES?

16 A No.

17 Q Okay. Do you know if any -- if any LV -- I'm sorry, let
18 me back it up. Do you know if any cystotomies are performed at
19 VSES, even if you've not been involved?

20 A Yes. I'm sure they are.

21 Q Okay. What about --

22 A I've never worked on the surgery department.

23 Q Okay. And what about spleen removal, are you aware of
24 whether that happens at VSES as well?

25 A Yeah, frequently.

1 Q And in your role as a licensed vet tech, you -- you would
2 help with administering whatever medications is prescribed at a
3 veterinarian?

4 A Yes.

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

6 A Yep.

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

9 A Um-hum.

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

13 A Yes, frequently.

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

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

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

24 A Correct.

25 Q And do you know if other general practice hospitals also

1 take advantage of the lab?

2 A Yes, they do.

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

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

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

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

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

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

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

19 A Yes.

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

22 A Yes, I process bodies.

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

24 A After the owner is finished visiting with them, we'll make
25 their paw prints, either ink or clay paw prints, remove

1 collars. We have special cadaver bags. And then, they're
2 labeled appropriately. And then, the courier picks them up as
3 well.

4 Q And do you know if the other general practice locations
5 utilize the crematorium?

6 A I'm sure they do.

7 Q Okay. Does VSES use -- utilize the crematorium?

8 A Yes.

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

12 A I do.

13 Q Okay. And she works at Greece, I believe?

14 A Yes. Um-hum.

15 Q And her position at Greece, what is that?

16 A She's a CSR, client service representative.

17 Q Okay. And I -- I know you haven't worked as a CSR, but do
18 you know what -- what -- what Ms. Whittemore's responsibilities
19 are like at Greece?

20 A Their main job function would be answering the phones,
21 scheduling appointments, checking clients in, and then, some --
22 I know they clean the exam rooms. And they do a lot of record
23 keeping for us, scanning, and things of that nature.

24 Q Okay. And I believe you testified that she picks up a lot
25 of shifts at VSES, right?

1 A She does, yeah.

2 Q And when she goes over to VSES, I -- I assume she's
3 picking up shifts within the customer service department?

4 A Yes.

5 Q Do you happen to know what she does when she's in the
6 customer service department at VSES?

7 A I don't specifically. I know she works a lot of evenings
8 and overnights. So I think that would mostly consist of
9 answering the phones, and then, checking patients in and
10 assisting with that, getting what we have our -- our five to
11 seven forms for stats and things like that.

12 Q Oh, so as far as you know, it's pretty similar customer
13 service-based work, right?

14 A Similar, yes.

15 Q Okay. And anything that requires additional skills to the
16 extent that you know?

17 A Not specifically skills, but you definitely need to be
18 able to handle a different level of clients at emergency
19 hospital. You know, they're all having the worst day of their
20 lives. They're in crisis. Not everyone is equipped to handle
21 that.

22 Q Okay. When you're at Greece, do you wear a particular
23 type of uniform?

24 A Scrubs.

25 Q Scrubs? And the other LVTs wear -- wear scrubs at Greece?



- 1 A Yes.
- 2 Q Okay. Is it a particular color?
- 3 A Not at Greece, no.
- 4 Q Okay. Do the animal care assistants wear any type of
5 uniform at Greece?
- 6 A They also wear scrubs.
- 7 Q Okay. And kennel attendants, do they wear any type of
8 uniform?
- 9 A They don't have any kennel attendants currently. They do
10 have one hospital assistant that also wears scrubs.
- 11 Q Okay. The LVTs at VSES wear scrubs?
- 12 A Yes.
- 13 Q The animal care assistants, they wear scrubs?
- 14 A Yes. And those are color coordinate.
- 15 Q Okay. And -- and just -- just to go back to -- to Ms.
16 Whittemore -- Whittemore for a moment. You mentioned something
17 when you discussed her testimony called an open shift list.
- 18 A Um-hum.
- 19 Q What is an open shift list?
- 20 A Our workforce manager will put together a list of all the
21 open shifts. I believe she has separate ones for ACAs, LVTs,
22 and CSRs. And then, the people from either VSES or other
23 hospitals are welcome to fill in those shifts, if they're
24 available and want to.
- 25 Q And that workforce coordinator, is that Chris West?

1 A Yes.

2 Q Okay. And where is this open list? Is it posted? Is it
3 distributed? How does it make its way out to different
4 employees?

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

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

14 A Um-hum.

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

17 A Yes.

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

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

22 Q I'm not actually.

23 A Oh.

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

25 A Oh, sorry.



1 Q Let's track up so we're clear. I -- I may have been less
2 than clear there. So the open-list shift, that would be an
3 opportunity for a VSES employees to pick up shifts at VSES?

4 A Yes.

5 Q Okay.

6 A I'm not sure how it gets distributed, or if and when it
7 gets put out to other hospitals.

8 Q Okay. And on that point, do any of your LVT colleagues in
9 Greece pick up shifts at VSES?

10 A No.

11 Q Okay. You mentioned that Chelsea would sign up for the
12 open shift list.

13 A Um-hum.

14 Q Chelsea is a customer service representative at Greece,
15 right?

16 A Yes.

17 Q And that's her home location, right?

18 A Um-hum.

19 Q Any understanding how Chelsea obtains that open shift
20 list?

21 A I know she has frequent communications with Corey. Since
22 she does pick up so many shifts, I think he might reach out to
23 her directly. And I know she has contacted him and asking what
24 he has available.

25 Q And Corey's the customer service manager at VSES?



1 A Yes.

2 Q And so it's your testimony that he would reach out to Ms.
3 Whittemore at Greece to see if she would like to work at VSES,
4 right?

5 A Yes. I'm not sure if that's the only way she's ever
6 picked up shifts. But I know she's told me that before.

7 Q Okay. And I believe you said Corey calls to ask other
8 employees to see if they're interested in shifts; did -- did
9 you testify to that?

10 A I just mentioned Chelsea. But I'm --

11 Q Okay.

12 A -- sure he does.

13 MR. STANEVICH: I have nothing further.

14 Thank you, Ms. Clifford.

15 THE WITNESS: Thank you.

16 HEARING OFFICER DAHLHEIMER: Mr. Haller, redirect?

17 MR. HALLER: Might I have a -- a few minutes? I may not
18 have anymore. But if I could have a little break?

19 HEARING OFFICER DAHLHEIMER: Yeah, that's fine. About how
20 long you need?

21 MR. HALLER: Prob -- I probably don't need it, but I'd
22 like to ask for ten minutes.

23 HEARING OFFICER DAHLHEIMER: Sure. Let's -- let's call it
24 14 -- we'll -- we'll resume at 2 p.m. Is that satisfactory?

25 MR. HALLER: Sure. Thank you.



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

3 MR. BAKER: Off the record.

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

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

7 Mr. Haller, it's still your witness.

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

10 HEARING OFFICER DAHLHEIMER: Okay.

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

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

14 Mr. Baker, please take us off the record.

15 MR. BAKER: Off.

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

17 MR. BAKER: On the record.

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

20 MR. HALLER: The Petitioner calls Leah Walker.

21 HEARING OFFICER DAHLHEIMER: Good afternoon, Ms. Walker.

22 MS. WALKER: Good afternoon.

23 HEARING OFFICER DAHLHEIMER: Raise your right hand.

24 Whereupon,

25

LEAH WALKER



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

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

5 THE WITNESS: Leah Walker, L-E-A-H W-A-L-K-E-R.

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

7 **DIRECT EXAMINATION**

8 Q BY MR. HALLER: Ms. Walker, who do you work for?

9 A Pathway Pet Alliance with Veterinary Specialists and
10 Emergency Services.

11 Q Okay. And what's your job title at -- at Pathway?

12 A I'm a CSR educator and a referral coordinator.

13 Q Okay. Tell us then -- it -- it can be very brief, your
14 work history at the animal healthcare.

15 A I worked at general practice for about three years in
16 2016, '17, '18. I took a break to have my first child,
17 returned to Suburban Animal Hospital, which is part of the
18 Monroe Group, for about eight months, in which I took another
19 leave to have my second child, and returned to Veterinary
20 Specialists as a CSR in 2016. I've been there currently this
21 whole time.

22 Q Okay. I don't think it's particularly significant, but I
23 think we got the dates wrong. When did you first start working
24 for any Monroe Vet -- Vet Alliance supporter?

25 A I believe, if I recall correctly, I worked at Suburban in



1 2010, if I remember correctly.

2 Q Okay. All right.

3 A For about eight months.

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

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

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

12 A Customer service representative, correct.

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

14 A Yes, at Veterinary Specialists.

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

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

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

23 A General practice within the Monroe Group, correct.

24 Q Okay. Specifically with regard to the holiday training,
25 which includes outside people who want to pick up extra shifts,



1 tell us briefly about the -- the training program for CSRs?

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

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

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

24 We have a blue sheet as well, where we document all of
25 that phone conversation, doctor recommendation, and that paper



1 needs to be placed in the correct area for when the patient
2 arrives.

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

5 A Okay.

6 Q You -- it was okay, but he'll yell at us if we do it
7 again, okay?

8 A Yep.

9 Q All right. Okay. Okay. In addition to training CSRs, do
10 you have any role in scheduling CSRs for holidays?

11 A I do not currently at this time. I was heavily involved
12 in previous years, as far as scheduling their holiday training.

13 Q Okay. Does that involve any assessment of their pre-
14 existing skill level that's going to affect where they get
15 placed when they're actually on holiday shift?

16 A Correct.

17 Q Tell us about that.

18 A So to elaborate on the previous statement, a CSR with less
19 experience, less holiday commitment, they have worked previous
20 years at Veterinary Specialists, they would maintain what we
21 call a tier 1, working primarily in our phone bank only, not
22 client facing.

23 If they've had a significant number of holidays worked at
24 Veterinary Specialists with additional years' experience at
25 general practice, we would put them into our tier 2, where they



1 would be client facing. They receive additional STAT training
2 to make sure they can quickly assess STATs, both phone or
3 client facing.

4 If they have been there for several, several years, have
5 worked several holidays, and/or maybe worked those extra open
6 shifts, and have knowledge of our workflow, they receive their
7 additional euthanasia training, which we call a tier 3, and can
8 primarily work in any area of the front desk, receiving
9 clients.

10 Q Okay. I think you may have already answered this
11 question, but somebody who's worked -- someone from the outside
12 who's worked a good deal at VSES on voluntary shifts, sounds
13 like they'd be likely slated at one of the higher tiers?

14 A Correct.

15 Q There -- there's been testimony, I think her name is
16 Whittemore, a CSR at Greece, who apparently regularly works at
17 VSES; are you aware of her or -- or how she's rated?

18 A Yes, I am.

19 Q Okay. Is she in one of the higher ratings?

20 A Yes, she is.

21 Q Okay. Tell us just briefly, for example, like the -- the
22 triage; what -- what is it about -- and we're talking about the
23 CSR role in triage. What's different about triage at VSES as
24 opposed to the typical general practice?

25 A So a lot of phone conversation with a client at general



1 practice is scheduled, planned; I need my next vaccination, I
2 need my annual examination, my dog's experienced some mild
3 vomiting or diarrhea, how are they doing today, let's make a
4 plan going forward.

5 With emergency, you're oftentimes receiving a duressed
6 client, screaming, yelling, sometimes you can't even understand
7 them. With patients that are critically and actively dying,
8 and/or maybe are on that brink of needing veterinary
9 intervention immediately, we need to make sure we can ask those
10 questions and document proper answers from that client before
11 we take it to an emergency doctor for recommendation. How's
12 the patient's breathing, respiratory rate? What is the
13 contents of their vomit? What is the frequency that they're
14 vomiting, or the frequency of diarrhea? How long has it been
15 going on? What have you tried at home, so on and so forth.

16 Q These are -- these are triage questions that the CSRs
17 would ask?

18 A Correct.

19 Q And what do they do with that information, af -- when
20 they're at -- triaging at VSES?

21 A They document it onto our blue sheet. They have to get up
22 and go find an emergency doctor to get their medical
23 recommendation on whether a patient needs to be seen, or can be
24 referred to one of our outsources, or follow up with their
25 regular veterinarian at a later date.

1 Q All right. How, if at all, does that differ from the --
2 well, let me --

3 MR. HALLER: Strike that.

4 Q BY MR. HALLER: Let me ask you a different question.
5 Based on your testimony, I understand a good deal of the
6 general practice work is nonemergency; it's people scheduling
7 routine wellness appointments, et cetera. There are some
8 emergencies that you're going to encounter at a general
9 practice, right?

10 A Yes, you have your standard, what we call, illness or
11 minor injury, things that are not critically painful or life-
12 endangering, in which the general practice do ask those
13 questions and schedule accordingly, and I'm sure they see an
14 influx of that now more than ever before. But they have a good
15 balance of client scheduling, anticipated need of vaccinations,
16 annual exam, blood work, procedures, such as spay and neuter.

17 Q Does -- when a call comes in or a -- or a client comes
18 directly into the general practice, as opposed to VSES, how
19 would -- and it's a, I guess, as a layperson, the client is
20 claiming their -- their -- their pet has an immediate need for
21 medical attention, so I don't know what you'd officially call
22 it, but it sounds like a de facto triage situation, somebody's
23 got to figure out, you know, what slot do they fall into. What
24 role would the CSR play at a general practice when that's
25 happening?



1 A So I can't speak specifically as to how they triage
2 something that could potentially be more emergent than what
3 they can handle on a daily case load. I don't know their in-
4 house triage process.

5 Q All right. And obviously, only answer questions if you --
6 if you know the answer. Do CSRs, as part of their jobs at the
7 general practices, involve the veterinarians directly like they
8 do in triage at VSES, or is that different?

9 A To the best of my knowledge, not on a regular basis. They
10 have very standard, everyday questions and scheduling,
11 answering clients' regular preventative questions, confirming
12 maybe a medication that was previously dispensed. Not needing
13 that doctor's medical recommendation for every phone call they
14 are taking.

15 Q Okay. And when a -- when a CSR is performing triage --
16 well, triage-related duties at VSES, am I correct in
17 understanding that just about every client contact is going to
18 result in the CSR then seeking out and talking directly to a
19 veterinarian?

20 A Correct. Any call that deems to be an emergency client,
21 not a specialty client, that information must be run past a
22 medical professional. About 95 percent of the time, it is a
23 doctor. On occasion, we are allowed to speak with our LVTs,
24 our licensed veterinary technicians.

25 Q Okay. And have you been involved with training of CSRs



1 for these VSES procedures?

2 A Correct, for a number of years.

3 Q Okay. What's your experience with the CSRs from the
4 outlying practices on dealing with this triage procedure that
5 they use at VSES?

6 A It's a very high-anxiety atmosphere for them. It's
7 definitely outside of their normal, and there can be -- I
8 don't -- confusion or pause in the process, because they're not
9 certain what they need to do next when they are actually having
10 to function in that workflow area. A little apprehension,
11 scared, nervous to go find a doctor, interrupt their process,
12 because that's not what they do on a regular basis in their
13 hospital.

14 Q Any contact at all with either the -- the holiday training
15 or holiday scheduling for other staff, other than CSRs?

16 A Overall, no. In my beginning phases of CSR educator and
17 trying to become more consistent amongst each department, we
18 did meet CSR educator, LVT educator, ACA educator, to
19 collaborate, to make sure our communications to general
20 practice, expectations, tier levels, were consistent in
21 addressing general practice staff coming into Veterinary
22 Specialists.

23 Q Okay. Based on that experience, what's your understanding
24 with regard to other staff, that is, LVTs and ACAs; do they
25 kind of get slotted based on their experience as well?



1 A I would say yes.

2 Q Okay. Now, you may already have testified about this, I'm
3 not -- I don't think -- I'm not sure. Do you -- when you're
4 assessing the outside general practice CSRs for work, either on
5 holiday or extra shifts, is there a process where you rank them
6 based on what you believe they're prepared to do when they're
7 at VSES?

8 A We do in the CSR department, correct.

9 Q So tell us about that.

10 A So your tier 1 is usually based around the number of
11 holidays they've already previously worked, as well as the
12 years' experience at general practice. Typically speaking,
13 your tier 1's have upwards of anywhere from brand new, to up to
14 three years' experience at a general practice, with that added
15 into the number of holidays.

16 So you have staff that enjoy emergency and maybe would
17 volunteer to work additional holiday; they're going to be a
18 little more comfortable. You have a very large handful that
19 say I'm only working what you're mandating me to, so they tend
20 to stay in that tier 1 a little bit longer. That's several
21 rotations, like I said, six to eight holidays.

22 We move into a tier 2, typically speaking, three years and
23 up in general practice, experience, as well as additional
24 holiday experience in their comfort level. I've worked with
25 staff that have been with general practice for 8, 10 years, and



1 do not enjoy emergency in any way, shape, or form. I need them
2 to be productive and proficient when they're working a holiday,
3 so if they're comfortable at phones and tier 1, that's where we
4 tend to keep them, because we don't want them to inhibit
5 patient care or client service.

6 Q Okay. And then, is there -- how many -- so we've got two
7 tiers; is there a third tier?

8 A We have a tier 3. Tier 3 tend to be staff that work --
9 maybe pick up open shift, or work very regularly, have been
10 with Veterinary Specialists or Monroe Group for eight-plus
11 years, and again, have several, several years of holiday work
12 experience under their belt. They also perform our euthanasia,
13 and a majority of our client-facing interaction.

14 Q Okay. So you slotted somebody at tier 1; what are they
15 doing, the phone bank?

16 A The phone bank, answering the phone, correct.

17 Q So no in-person client contact?

18 A Correct. Very, very little, if at all.

19 Q Okay. And tier 2, what are those folks slotted to do?

20 A So those tend to be a combination of phone and client
21 interaction, primarily checking out clients. Some receiving if
22 they know what's coming -- what's coming towards them is maybe
23 less critical, less emergent, or less dramatic, based on the
24 client's behavior. Comfortable checking in, receiving, paging
25 triage, so on and so forth.

1 If they are a little shy, they tend to sit off to the
2 side, which means they deal with more of clients' check out,
3 and answer any client conversation, if they're addressed at --
4 at the desk. They do help with phones as well.

5 They -- tier 2 people tend to receive -- or not tend to --
6 excuse me -- do receive our STAT training overview, if they had
7 not received it previously.

8 Q And tier 3, what are they slotted to do?

9 A They essentially should be able to function solely by
10 themselves at the desk, with no VSES staff support, which means
11 they need to be able to identify STATs, take phone calls,
12 perform our -- a -- assessment 5 to 7 form (phonetic), as well
13 as euthanasia. Again, they should be able to perform at the
14 desk without any Veterinary Specialists staff supporting them.

15 Q Okay. Not to be flippant, but make the record clear, the
16 euthanasia duty does not involve euthanizing the animal?

17 A Correct. CSRs do not euthanize the actual animal; we
18 process all of the paperwork, charges, and aftercare decisions
19 of the client.

20 Q Right. And -- and universally, it's going to be people
21 who are upset, you're dealing with there?

22 A Correct.

23 Q Although, I have encountered a few pet owners that weren't
24 so unhappy when their pet had to be euthanized, but that's
25 neither here nor there.

1 A So typically if it's end-of-life, it's not always
2 dramatic, it doesn't -- we usually don't see those scheduled,
3 planned, understanding end-of-life --

4 Q Yes, yes, I've -- I've had experience with them as well,
5 yes. Okay, enough of my flippant remarks.

6 MR. HALLER: I don't have any further questions for Ms.
7 Walker.

8 MR. STANEVICH: Can we just take a five-minute break,
9 please?

10 HEARING OFFICER DAHLHEIMER: Sure. We are adjourned until
11 2:57.

12 Mr. Baker, please take us off the record.

13 (Off the record at 2:53 p.m.)

14 HEARING OFFICER DAHLHEIMER: Okay. The Employer -- if the
15 Employer would like to cross-examine the witness?

16 MS. MASTRONY: Thank you.

17 **CROSS-EXAMINATION**

18 Q BY MS. MASTRONY: Good afternoon, Ms. Walker; how are you?

19 A Good, how are you?

20 Q I'm good. So you worked at Suburban, right, for three
21 months?

22 A Okay, correct.

23 Q Okay. And you were a CSR there, right?

24 A Correct.

25 Q And what types of duties did you have there as a CSR?



1 A Answering the phones, checking the client in, and help
2 checking clients out, scheduling appointments.

3 Q Okay. And -- and you left there in 2011, correct?

4 A That sounds accurate.

5 Q Okay. So you -- you haven't been a CSR at Suburban in
6 quite a few years, right?

7 A Correct.

8 Q Okay. And you didn't work at any other of the GPs before
9 you resumed at VSES in 2018 -- I'm sorry, '16?

10 A Not affiliated with the Monroe Group, correct.

11 Q Okay, all right. And you do their CSR training now?

12 A Correct.

13 Q Okay. And -- and when's the last time you trained someone
14 at VSES?

15 A Actively training them today --

16 Q Yes.

17 A -- yesterday.

18 Q And -- and prior to that, when's the last time you trained
19 someone there?

20 A I've held the CSR educator role for the last approximately
21 three years, and I am involved in every CSR's onboarding and
22 training, and personally meeting with them and training with
23 them.

24 Q Okay, but that doesn't really answer my question. When
25 was the last time you trained someone prior to the training



1 that you claim you did yesterday?

2 A I touch base with a new hire every shift I'm in the
3 office. So twice a week. So prior to yesterday would be last
4 Thursday.

5 Q So when you touch base with new hires, that's the same
6 thing as training them?

7 A No.

8 Q Okay. All right. So do you know when the last time was
9 you did a training prior to yesterday?

10 A I would say approximately two or three Thursdays ago.

11 Q Okay. You mentioned that the training for folks who
12 are -- who are working there as two to three hours; is that
13 right?

14 A That's -- I don't understand your question.

15 Q You -- you had testified, I thought, that the training for
16 CSRs coming over to work there was two to three hours; is that
17 right?

18 A Coming over from a general practice?

19 Q Yeah.

20 A Correct, for a tier 1.

21 Q Okay. And what about a new hire training?

22 A New hire training, they are actively receiving classroom
23 and on-the-floor training for anywhere from 60 days on,
24 depending on how quickly they retain the information and
25 demonstrate their ability.

1 Q Okay. And then, there are certain employees who come over
2 just to work the holiday from another GP, right?

3 A Correct.

4 Q And that training's only about what, an hour?

5 A Depending on their skill level and their tier.

6 Q (Audio interference) have a split tier system. Do you
7 guys actually still use that tier system?

8 A As far as I'm aware, yes, we do.

9 Q Okay, when -- when you said as far as you're aware, what
10 does that mean?

11 A So I've been not made aware of it being removed, how about
12 that?

13 Q Okay. So when you have a -- an employee who's coming to
14 work for a shift, do you perform the assessment as to what tier
15 they're in?

16 A So I ask how long they've been employed, or how many
17 holidays they've worked. And we see names come frequently, so
18 you get to know people.

19 Q Okay. So do you make the determination as to what tier
20 they're going to be?

21 A I do not.

22 Q Okay. Who makes that determination?

23 A Generally speaking, the client service manager should be
24 making that determination, or --

25 Q Okay.



1 A -- Wes (phonetic throughout), the hospital scheduler.

2 Q Okay. And who's the client service manager?

3 A Corey Hafler.

4 Q Okay. So you would relay to him, hey, this person has
5 worked X number of shifts here before, and they've been at the
6 GP for X number of years, so you make the determination?

7 A I do not make the determination.

8 Q I'm sorry, I realize that probably didn't come out the
9 right way I meant it. So you would say to Corey, I talked to
10 this person, they've worked X number of shifts here, they have
11 worked X number of years at a GP, so Corey, let me know what
12 their tier is?

13 A Corey would be communicating that to myself or Sarah
14 Midden, who also has a strong hand in our holiday training.
15 I'm your CSR educator.

16 Q All right. So when -- when you determine the tier of the
17 employee, you look at the number of years they've been at -- at
18 a GP, right?

19 A I do not, no. I ask for the communication of information.

20 Q Okay. Well, according to you, the way that the tier
21 system is evaluated, whoever is making a determination will
22 look at the number of years they've been in -- at a GP, right?

23 A Correct.

24 Q Okay. Because the skills from the GP translate to their
25 ability to work at VSES, right?

- 1 A Overall, they can be, yes.
- 2 Q Okay. So just the number of shifts they've worked at VSES
3 alone does not determine what tier they're put into, right?
- 4 A Correct.
- 5 Q Okay. All right. So you talked about various duties that
6 you had as a CSR at Suburban, right? You told us that you --
7 you would check in a client, right?
- 8 A Correct.
- 9 Q You would check out a client?
- 10 A Correct.
- 11 Q You would schedule a client?
- 12 A Correct.
- 13 Q Okay, so you'd have client communication?
- 14 A Correct.
- 15 Q Okay. Are those all duties that you perform at VSES, as
16 well, as a CSR?
- 17 A Yes, we do.
- 18 Q Okay. So then you talked about, you know, the differences
19 between what you do at VSES, as opposed to what a CSR would do
20 at a GP, right?
- 21 A Correct.
- 22 Q Even though you haven't actually worked at a GP since
23 2011, right?
- 24 A Correct.
- 25 Q Okay. So as a -- a CSR at VSES, you're -- you're still

1 talking to clients, right?

2 A Yep.

3 Q You -- they might be a little bit more frantic because of
4 the state of their pet, but it's still a client, right?

5 A Correct.

6 Q Okay. And you know, you're -- you're familiar with
7 medical terminology, right, as a -- a CSR at VSES, right?

8 A Correct.

9 Q And you would have to be familiar with that medical
10 terminology as a CSR dealing with clients and patients at a GP,
11 right?

12 A Correct.

13 Q And you still have to ask clients -- you ask clients
14 questions as a CSR at VSES related to the state of their pet,
15 right?

16 A Agreed.

17 Q And you would have to do the same thing as a CSR at a GP,
18 right?

19 A Yep.

20 Q Okay. And you said, you know, you might need to talk to
21 an LVT about the state of a pet at VSES, right?

22 A It is our process, all emergency phone calls. CSRs are
23 not allowed to give medical advice. It must run that call past
24 a medical doctor or an LVT.

25 Q Right.



- 1 A That's not an option.
- 2 Q And so if you are a CSR at a GP, wouldn't there be
3 instances where you might have to consult an LVT, or even a --
4 a DVM about the state of a pet, based on a client's call?
- 5 A Typically speaking, instances, yes, far and few between.
- 6 Q Okay. And does every call you get from a client at VSES
7 as a CSER -- CSR require that you consult a doctor or an LVT?
- 8 A Our emergency calls only.
- 9 Q Okay. So there are sometimes calls that come in that
10 don't require consultation with an LVT or a DVM, right?
- 11 A Correct.
- 12 Q All right. So when you're assessing whether an employee
13 coming over belongs in tier 1, tier 2, what have you, you're
14 not actually looking at their skill level are you; you're
15 looking at their knowledge base?
- 16 A Both.
- 17 Q Okay. Well, it's -- they're very similar skills, right,
18 to -- to take a call, right?
- 19 A Correct.
- 20 Q To -- to talk to a client, right?
- 21 A Correct.
- 22 Q To ask the client questions, right?
- 23 A Correct.
- 24 Q And to schedule appointments for the client?
- 25 A Correct.



1 Q Okay.

2 MS. MASTRONY: Okay, if I could just have one minute.

3 HEARING OFFICER DAHLHEIMER: Sure.

4 Mr. Baker, take us off the record, please.

5 MS. MASTRONY: Thanks.

6 (Off the record at 3:10 p.m.)

7 HEARING OFFICER DAHLHEIMER: Okay. Please pro -- please
8 proceed.

9 MS. MASTRONY: Sure.

10 **RESUMED CROSS-EXAMINATION**

11 Q BY MS. MASTRONY: Ms. Walker, I just have one more
12 question. You no longer do the holiday training for the CSRs,
13 do you?

14 A I maintain all of the material and communicate with Sarah.

15 Q Okay. But you no longer actually train the employees
16 coming over, do you?

17 A Correct.

18 Q Okay.

19 MS. MASTRONY: I have no further questions.

20 HEARING OFFICER DAHLHEIMER: Mr. Haller, redirect?

21 MR. HALLER: I -- I don't have any re -- redirect, thank
22 you.

23 HEARING OFFICER DAHLHEIMER: Okay. Ms. Walker, thank you
24 very much for your testimony and cooperation this afternoon.

25 You are dismissed.



1 THE WITNESS: Thank you.

2 HEARING OFFICER DAHLHEIMER: We're going to go off the
3 record quickly, okay, Mr. Baker?

4 THE COURT REPORTER: Off the record.

5 (Off the record at 3:11 p.m.)

6 HEARING OFFICER DAHLHEIMER: A few intermissions ago, the
7 parties conferred on the issue of deferral -- or adjournment of
8 the procedure until Friday morning. The Employer made the
9 request based on their schedule, their work schedule for
10 tomorrow, and availability of witnesses being called on
11 rebuttal this afternoon. Union counsel had no objection to
12 this. I have no objection to this, and grant the adjournment.

13 The proceeding will commence again Friday morning,
14 September 24th, at 9:30 a.m. Until that time, we will be
15 adjourned. Thank you all for your cooperation today.

16 Mr. Baker, you can take us off the record.

17 **(Whereupon, the hearing in the above-entitled matter was**
18 **recessed at 3:14 p.m. until Friday, September 24, 2021 at 9:30**
19 **a.m.)**

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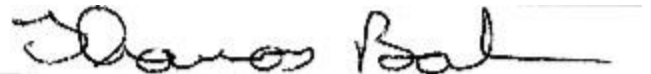
24

25



C E R T I F I C A T I O N

1
2 This is to certify that the attached proceedings before the
3 National Labor Relations Board (NLRB), Region 3, Case Number
4 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists
5 & Emergency Services and International Association Of
6 Machinists And Aerospace Workers, held at the National Labor
7 Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630,
8 Buffalo, NY 14202-2465, on September 22, 2021, at 9:35 a.m. was
9 held according to the record, and that this is the original,
10 complete, and true and accurate transcript that has been
11 compared to the reporting or recording, accomplished at the
12 hearing, that the exhibit files have been checked for
13 completeness and no exhibits received in evidence or in the
14 rejected exhibit files are missing.

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16
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18 

THOMAS BAKER

Official Reporter