COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

September 23, 2008

Appearances:

Bernard Coffey, Q.C. . . . . Commission Co-counsel
Sandra Chaytor, Q.C. . . . . Commission Co-counsel

Rolf Pritchard/Jackie Brazil . . . . Her Majesty in Right of NL

Peter Browne . . . . . Doctors Kara Laing et al

Daniel Simmons/Beth Whalen . . . . . Eastern Regional Integrated
. . . . . Health Authority

Laura Brocklehurst. . . . . Members of the Breast Cancer
. . . . . Testing Class Action

Mark Pike . . . . . NL Medical Association

Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)

LIST OF EXHIBITS

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THE COMMISSIONER:

Q. Please be seated. Mr. Coffey. Oh, Mr. Coffey, before--well, actually some counsel aren't here yet. I'll deal with the small matter I have to deal with at the break, perhaps.

COFFEY, Q.C.:

Q. Break time? Thank you.

DR. LAWRENCE ALTEEN, EXAMINATION BY BERNARD COFFEY, Q.C. (CONTINUED)

COFFEY, Q.C.:

Q. Good morning, Doctor.

DR. ALTEEN:

A. Good morning.

COFFEY, Q.C.:

Q. Exhibit, Registrar, please, Exhibit P-2906? Doctor, this particular exhibit is four pages long. It's three pages of text and the fourth page is a flow chart.

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. As it were. It begins, "Overview of estrogen and progesterone receptor testing." And do you recognize the writing there?

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DR. ALTEEN:
A. That's Mr. Diamond's.
COFFEY, Q.C.:
Q. Mr. Diamond's. And I take it it's referring to yourself?
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. And, Doctor, this--an outline of the situation, I take it, if you look through this, in the fall of 2005. It, as I said, begins with "Overview of estrogen and progesterone receptor testing." And it's kind of a narrative when one looks at it. And then on the second page is a title "Consumer Feedback. The following questions and answers are posted on our web site and form the basis of our response to individuals when they inquire." There's, "What is ER/PR? What is happening now? Why are some results different? I haven't been contacted, what should I do?" And then "Synopsis of feedback received to date. As of October 7, 2005 11 calls have been received regarding ER/PR. All were a patient, family member or friend

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calling to inquire about the status of an individual, ie, if the individual was being retested and when the results will be known." And it goes on to talk about particular instances. And it concludes by saying, "All inquiries concerning patients currently actively being followed by the Cancer Clinic were forwarded to the Cancer Clinic for follow up." Doctor, and then finally, Doctor, on the fourth page of this is a flow chart here entitled, "Retesting Process for Samples Outside the St. John's Area." And it's got a very--flow chart with a number of boxes and arrows and small print. Doctor, do you recall receiving this in the fall of 2005?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. And you would have received it from Mr. Diamond?
DR. ALTEEN:
A. That's the process I'm assuming I got it from, yes.
COFFEY, Q.C.:
Q. And I take it that this, in effect, the first

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three pages of this are a narrative. Would you have understood them to be a narrative provided by Eastern Health?
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. And then the fourth page, the flow chart is to let the other regional health authorities, such as Central, know the process from Eastern Health's perspective?
DR. ALTEEN:
A. Correct. I think at that point in time we were probably--this is probably a synopsis of what we had already been told, probably.
COFFEY, Q.C.:
Q. Told, was it on -
DR. ALTEEN:
A. Told in the various teleconferences and that.
COFFEY, Q.C.:
Q. But it wasn't on paper?
DR. ALTEEN:
A. Wasn't on paper, correct.
COFFEY, Q.C.:
Q. If we could look, please, then, at Exhibit P-2907? Doctor, this is a page of your notes of

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October 7, 2005?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. And it says "Robert Williams, telephone call." And I take it this reflects your notes as to what Dr. Williams was telling you at the time?
DR. ALTEEN:
A. That's right.
COFFEY, Q.C.:
Q. And from time to time then throughout your involvement in this matter as time went on you would speak with Dr. Williams?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. Occasionally and make notes on it. Here it indicates you're told 210 case were sent out so far and returned. 41 conversions. "Letter from Dr. Williams to GPs. Letter from Dr. Gardiner to surgeons." And then "HIROC" you've noted, "didn't want to disclose to patients until we have test results back. This cause unnecessary worry in Labrador last year when patients contacted before results

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available. Will try to arrange teleconference with CEOs, HIROC to discuss." Doctor, this reference to HIROC, I take it this is your account or notes of what Dr. Williams was telling you on the phone?

DR. ALTEEN:

A. That's correct.

COFFEY, Q.C.:

Q. Do you know if this teleconference with the CEOs and HIROC was ever held?

DR. ALTEEN:

A. Unless I have notes that I can't recall specifically, we had HIROC on a teleconference at all.

COFFEY, Q.C.:

Q. Did you, yourself, or anybody from Central, to your knowledge, ever deal with HIROC on this?

DR. ALTEEN:

A. I did not deal with HIROC personally that I recall. Whether someone from the organization. And again, going back to 2005, I do believe HIROC was our insurer at that point in time, although I can't--again, there was a change at one point in time. And I'm sure that somebody in our organization would

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have talked to our insurers at some point during the process.

COFFEY, Q.C.:

Q. And that would be generally somebody from your risk management?

DR. ALTEEN:

A. That's right, yeah.

COFFEY, Q.C.:

Q. Office.

DR. ALTEEN:

A. And certainly Betty Forward was the person who had a lot of experience with dealing with insurers and legal counsel and that, so she may have been the person.

COFFEY, Q.C.:

Q. And here this reference to the note on HIROC, did you have any understanding or obtain any understanding from Dr. Williams on October 7th as to what time frame he was referring to here when HIROC didn't want to disclose to patients until we have the test results back?

DR. ALTEEN:

A. Time frame in terms of?

COFFEY, Q.C.:

Q. Like, when it was that he was saying to you or

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communicating to you HIROC had gotten involved?

DR. ALTEEN:

A. No, I don't recall the specifics of the time frame, no.

COFFEY, Q.C.:

Q. The reference to Labrador, what was that about?

DR. ALTEEN:

A. My recollection of Labrador is that they had an instant, I do believe it was related to sterilization of some gynecological equipment, the year prior. And there was some concerns raised that when you notify people early in the process without having the repeat, the results repeated and back to you, that you'd have people worried and people that obviously, some of these people would not have had a change in their testing. So their concern was that you had people worried unnecessary and now if we do this now, recognizing that if the figures were right and that 25 percent will convert, you got 75 percent of people notified and worried unnecessarily.

COFFEY, Q.C.:

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Q. Okay. And the reference here to 41 conversions, you understood conversion in this context meant what?

DR. ALTEEN:

A. My understanding was that it's a change from a negative to a positive.

COFFEY, Q.C.:

Q. Doctor, from Western's perspective, then, as of October 7th, 2005, in what we've looked at so far yesterday and today I don't believe there's any reference to patients actually being notified up to that point?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. So as of that point, October 7th, to your knowledge was there any plan to tell the patients or contact the patients about this whole matter other than after the results came back?

DR. ALTEEN:

A. My recollection at that point in time, no, that we had not decided which way this was--we had numerous conversations and teleconferences, now recognizing that if we're

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talking between, you know, September 28th and October 7th -

COFFEY, Q.C.:

Q. Yes.

DR. ALTEEN:

A. - if a very short period of time. We're still struggling, I guess, in some ways to make sure we have captured everybody, the notification, I mean, we have to get the information first and then we'll worry about the notification later. But those conversations, multiple conversations were going on over this period of time.

COFFEY, Q.C.:

Q. Exhibit P-2908? Doctor, this is a spreadsheet, the patients' names, their phone numbers, MCP numbers, and in this case the surgical numbers -

DR. ALTEEN:

A. There's a -

COFFEY, Q.C.:

Q. I'm sorry, numbers, Central Western?

DR. ALTEEN:

A. That's the Central West Health Care numbers -

COFFEY, Q.C.:

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Q. Health Care number, it's redacted, the doctors' names are redacted. But certainly the pathology surgical numbers are here, the ER and PR status are here in this document. Whether or not the patient, Tamoxifen, I take it, is an indication this column was to whether or not the patient was taking Tamoxifen or some drug?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Related to hormonal therapy similar to Tamoxifen. And then E-X-P would be?

DR. ALTEEN:

A. Expired.

COFFEY, Q.C.:

Q. Expired, deceased?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And then a comments column, I take it, to pick up comments thought pertinent to relate to the particular patient?

DR. ALTEEN:

A. Correct.

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COFFEY, Q.C.:

Q. And ER/PR status, that would be the original status?

DR. ALTEEN:

A. That's right.

COFFEY, Q.C.:

Q. Doctor, here, as well, is a handwritten note, October 9th, '05?

DR. ALTEEN:

A. My handwriting.

COFFEY, Q.C.:

Q. Yours. So I take it then, Doctor, this would be a spreadsheet as the patients were known at the time and the various pieces of data relating to them?

DR. ALTEEN:

A. That's right.

COFFEY, Q.C.:

Q. Your organization had prepared up to that point. At the bottom on the third page you've noted, "Comments. There 105 patients on this list of which 27 had been treated, 13 deceased and not treated, 14 positive, not treated and not deceased. Therefore 51 patients that need retesting." And the comment "51 that need

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retesting", Doctor, in that--you know, what kind of a category was that here?

DR. ALTEEN:

A. When I was looking at this, and bearing in mind obviously my concern at that point in time was who was treated and who was not treated.

COFFEY, Q.C.:

Q. Yes.

DR. ALTEEN:

A. From a testing perspective you can go back and look at the 27 who have been treated, they may have been ER/PR negative or may have had a lower percentage, there may have been some reason as to why they're put on hormone therapy. From a testing perspective, retesting perspective, that may have been important to Eastern Health, but from my perspective those people, even if they changed, they still had been treated, and I was more concerned about who hadn't been treated who may now change and need treatment.

COFFEY, Q.C.:

Q. And therefore, I take it, this 51 patients here that need retesting -

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DR. ALTEEN:
A. That's ones -
COFFEY, Q.C.:
Q. - would be the patients who were negative originally and had not yet received -
DR. ALTEEN:
A. Received treatment. As far as we can determine by going to -
COFFEY, Q.C.:
Q. And who were still alive?
DR. ALTEEN:
A. That's right.
COFFEY, Q.C.:
Q. So that was kind of a process of elimination at this point in terms of urgency?
DR. ALTEEN:
A. That's right.
COFFEY, Q.C.:
Q. From your perspective?
DR. ALTEEN:
A. Yeah.
COFFEY, Q.C.:
Q. And, in fact, if we were to go through this chart, we'd be able to actually probably ascertain exactly who those 51 were?

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DR. ALTEEN:
A. Yes, with, you know, going back to the information, I'd be able to look at the names and find out which ones.
COFFEY, Q.C.:
Q. Now, Doctor, in terms of--and this particular grouping of patients are the patients from Grand Falls?
DR. ALTEEN:
A. That's from the Central -
COFFEY, Q.C.:
Q. Central.
DR. ALTEEN:
A. - not from--it's from the Central West side, so it's Grand Falls and area, yes.
COFFEY, Q.C.:
Q. Grand Falls and area?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. Basically Grand Falls Hospitals institutions on the way -
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:

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Q. You're referring to. And I appreciate the distinction. But Gander, they were being -
DR. ALTEEN:
A. They were -
COFFEY, Q.C.:
Q. - being compiled by Ms. Forward?
DR. ALTEEN:
A. - we would have another spreadsheet done and compiled with similar information.
COFFEY, Q.C.:
Q. Okay. Doctor, if I could have the Registrar, please, bring up Exhibit P-2617? Doctor, this is a document that's, actually, it's from a journal. The document is entitled, "Assessment of Tissue, Estrogen and Progesterone Receptor Levels. A Survey of Current Practice, Techniques and Quantitation Methods." As well, if I could bring up, please, P-2897? And this is an extract from a journal. The article is "Estrogen Receptor Analysis for Breast Cancer." And you can see the publication date is January, 2005 on the top left-hand side there?
DR. ALTEEN:
A. Um-hm.

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COFFEY, Q.C.:
Q. Doctor, did you, well, after you got involved in this, beginning in late September, 2005, ever obtain any journal articles?
DR. ALTEEN:
A. Myself?
COFFEY, Q.C.:
Q. Yes.
DR. ALTEEN:
A. No.
COFFEY, Q.C.:
Q. Okay. So -
DR. ALTEEN:
A. This would have been received probably through Eastern Health.
COFFEY, Q.C.:
Q. Oh, that's what I was getting--you didn't go looking for them yourself?
DR. ALTEEN:
A. No.
COFFEY, Q.C.:
Q. But were there articles provided to you, journal articles, information?
DR. ALTEEN:
A. Yes.

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COFFEY, Q.C.:
Q. And you received them from Eastern Health?
DR. ALTEEN:
A. From Eastern Health.
COFFEY, Q.C.:
Q. With a view, I take it, Doctor, to at least getting some sense from the literature, medical literature as to the parameters of what you're involved in?
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. To, in effect, educate yourself about it?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. Did you, within your own organization, pass that information on to anybody?
DR. ALTEEN:
A. This was probably shared. Now, I can't say specifically. Sometimes, again, when I'm sending out to people, I will write notes on the top of it to where they were sent. Again, there were a number of us sitting around the table, we all may have received copies of

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that, I wouldn't be sure.
COFFEY, Q.C.:
Q. Exhibit P-2907 again, please? These are your notes again, Doctor, your conversation of October 7th with Dr. Williams. The drugs used for treatment and there are a listing of seven of them, I believe, Tamoxifen only being one. I take it that Dr. Williams was providing you with a list of the various types of hormonal drugs?
DR. ALTEEN:
A. That's right. Some of these I would have been familiar with, others were not something that I would commonly have used in practice. So I just wanted to, again, we're looking through patient charts, making sure we're aware of which drugs were for specific hormonal treatment when we're trying to review that.
COFFEY, Q.C.:
Q. In order to identify who -
DR. ALTEEN:
A. Who was treated.
COFFEY, Q.C.:
Q. Who was treated.
DR. ALTEEN:

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A. Who may have been treated, who wasn't treated.
COFFEY, Q.C.:
Q. Who, for example, would have ended up under the column, "Tamoxifen or some other drug, yes, no," or the drug named?
DR. ALTEEN:
A. That's right, yeah.
COFFEY, Q.C.:
Q. On that exhibit of October -
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. October 9 spreadsheet.
DR. ALTEEN:
A. Yeah.
COFFEY, Q.C.:
Q. Exhibit P-2909, please? Doctor, too, in then packaging up the blocks containing the tissue samples to be sent to St. John's, the 51 patients who were still alive and who had not received treatment, okay?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. You know, and were negative originally?

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DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. That you had identified, were they actually kind of singled out and sent first or were they all packaged together and sent?
DR. ALTEEN:
A. I believe they were all packages together, because I think that had probably been done at that point in time. Specifics of that, like I said, Dr. Dalton would probably have more information around that than I.
COFFEY, Q.C.:
Q. And, Doctor, these are your notes, I take it, of October 11th, 2005?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. And the heading is "Breast Cancer Patient, ER/PR Patient", I believe?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. And then it refers to a teleconference of October 11th, 2005. "Verbal and written

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correspondence." What was that about, Doctor, do you know?

DR. ALTEEN:

A. Can't say right now, no, no. Mr. Coffey, I'll just make a comment.

COFFEY, Q.C.:

Q. Sure.

DR. ALTEEN:

A. Too, is that when I'm writing these notes, you're trying to listen to a conversation, scribble some notes at the same time. Sometimes when you go back and look at it, you wonder why you wrote some things. But it was done in that context, you're trying to pay attention to what you're hearing as well as keep some track with this at the same time. And again, it's challenging.

COFFEY, Q.C.:

Q. Doctor, here the--do you recognize these words here?

DR. ALTEEN:

A. Number of calls to their line.

COFFEY, Q.C.:

Q. Okay, so it's number of calls to their line, consumer feedback line. That would be Eastern

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Health's?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. And consistent message being given out or being received?

DR. ALTEEN:

A. Consistent message being given out.

COFFEY, Q.C.:

Q. And QI people are responsible for that line?

DR. ALTEEN:

A. That's right.

COFFEY, Q.C.:

Q. That would be Eastern Health's?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. "Decided not to respond individually after discussion with oncologist". What was that about, Doctor?

DR. ALTEEN:

A. Again I think at that point in time they may have had some discussion with their medical oncologists, perhaps a radiation oncologist as well, but there were decisions made not to at

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that point in time to phone or to contact each of these people that are being retested.

COFFEY, Q.C.:

Q. And because by that point, this is October 4th, this had been public then for about nine days, October 2nd?

DR. ALTEEN:

A. Since the 11th.

COFFEY, Q.C.:

Q. I'm sorry, October 11th.

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. Been public then for over a week?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. There's a reference then to HIROC discussions, "ongoing discussion".

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. So I take it that--what did you understand then?

DR. ALTEEN:

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A. Again I thought that they were having talks with HIROC in regards to how to do the communications.

COFFEY, Q.C.:

Q. Current talks, ongoing --

DR. ALTEEN:

A. My note is ongoing discussions. They were still talking with HIROC about this.

COFFEY, Q.C.:

Q. And there's an attribution of a comment to George. That would be George Tilley?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Comments, "Each region will identify a contact. That group will decide on the frequency of conference calls, use the Health Care Corporation of St. John's website and consumer line as a point of referral. Will use a global registry". That would be, I take it, a provincial across the province registry?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. "Need to look nationally at inconsistencies in

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ER/PR from pathology as well as oncology perspective". There's a reference here to Pat Pilgrim and a phone number for her.

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. So, Doctor, this was a teleconference involving all the regions?

DR. ALTEEN:

A. The regions.

COFFEY, Q.C.:

Q. And by the time this conference call ended, bearing in mind what you noted about the comments from Mr. Tilley, your understand was what as to who was going to take the lead then? You're a week into this now, just over a week.

DR. ALTEEN:

A. My understanding still I think at that point in time was that Eastern was taking the lead when it came to what we were going to do with patient notification.

COFFEY, Q.C.:

Q. Exhibit P-2910. Doctor, these are minutes of what I'm going to describe as the 10th meeting

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of the Central Regional Integrated Health Authority held Tuesday, October 11th, 2005, at the James Paton Memorial Hospital in Gander. Doctor, if I could ask, please, to look at page four, paragraph 8.7. There's a reference here to ER/PR and breast cancer testing and it says "An article in the Globe and Mail was circulated on ER/PR breast cancer testing. ER/PR testing for the province is conducted by the lab in Eastern Health. A problem with the procedure was identified over the summer and these problems go back as far as 1999. This resulted in some patients from Central Newfoundland testing negative where they should have tested positive. Eastern Health is coordinating testing and contact with patients from the four regions". I take it this was a briefing out of the board at the time?

DR. ALTEEN:

A. Yes, I don't know if you can go back--I'm not sure if that was from me or from Mr. Diamond. If you would just scroll back up, it would --

COFFEY, Q.C.:

Q. Sure, I certainly can.

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DR. ALTEEN:

A. Because I usually would give a report to the board as well. I don't know if that was under my -

COFFEY, Q.C.:

Q. It's page two--actually, page three is redacted here. This is page four. We have the report to board chair, report CEO.

DR. ALTEEN:

A. So this is under the CEO. The CEO gave that report.

COFFEY, Q.C.:

Q. Mr. Diamond.

DR. ALTEEN:

A. I may have provided some commentary as well at the time. The highlights are--I guess our understanding at that point in time was the contact with patients was coming from Eastern Health.

COFFEY, Q.C.:

Q. Doctor, in relation then to Central while you were there as VP, I take it you routinely attended the board meetings?

DR. ALTEEN:

A. Yes.

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COFFEY, Q.C.:

Q. How much, if at all, from your perspective did the board get involved in this matter?

DR. ALTEEN:

A. In this matter, very little, other than informing them what was happening.

COFFEY, Q.C.:

Q. They didn't actually -

DR. ALTEEN:

A. No.

COFFEY, Q.C.:

Q. They were kept apprised of it.

DR. ALTEEN:

A. They were kept apprised and that, but in terms of any other involvement -

COFFEY, Q.C.:

Q. They didn't intervene.

DR. ALTEEN:

A. Just to let them know what was happening provincially with this, so they would again-- because again as a board, they would periodically end up having questions around certain aspects of health care, so mainly to be knowledgeable about this, but --

COFFEY, Q.C.:

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Q. Doctor, Exhibit P-2911, 2911. Doctor, this is another document with some handwriting of October 20th, 2005.

DR. ALTEEN:

A. Mine.

COFFEY, Q.C.:

Q. Yours, and I take it you would make--when you would receive a document from someone else, you kind of had a habit, perhaps not invariable, but you would put some kind of a date on it?

DR. ALTEEN:

A. Particularly when you go into this, you're trying--there's so much information coming in and you're trying to keep it in some sort of chronological order because again, we receive some of these things and they do not have dates on them. And I don't know specifically on the bottom of this, but certainly I--it wasn't uncommon to write a date on it, yes.

COFFEY, Q.C.:

Q. Here is entitled, "A message to breast cancer patients. Retesting for ER and PR receptors, what's it all about, what are ER/PR receptors, and what is happening now". You would have

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received this from Eastern Health?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. And -

DR. ALTEEN:

A. Now if I could just -

COFFEY, Q.C.:

Q. Sure.

DR. ALTEEN:

A. Whether I received that directly, whether that went to our communications, but "we" as an organization received it from Eastern Health.

COFFEY, Q.C.:

Q. Doctor, by this point in time, which would be October 20th, the idea of a message to breast cancer patients, within Central, this would have been utilized where, this sort of a message?

COFFEY, Q.C.:

Q. In our -

COFFEY, Q.C.:

Q. Within your region? Would it be posted on a website, would it be--done what with?

DR. ALTEEN:

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A. Generally with this, it may have been posted on our website. I don't know if it was at the time. Again I think some of this was for our communications people. People did get a phone call, here's where we are at this point in time with this whole retesting.

COFFEY, Q.C.:

Q. Okay.

DR. ALTEEN:

A. So again it was a message that we could--for all of us who were going to be called periodically, that we would be able to respond to any questions that were arising.

COFFEY, Q.C.:

Q. Was there anyone in particular within Central who was acknowledged or identified as being the primary contact person for patient inquiries?

DR. ALTEEN:

A. Most of the time this would have gone through our communications side of the organization. At that point in time, we did not have, and we did--again the time frames are fuzzy, but we did have a complaints department and an officer actually put in that role, but it was

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probably after this. So at that point in time, it probably would go to our communications people and they would pass on messages, and that may be received some of the secretarial staff in the administration office, that they would know to push this on to the communications people who would then bring it to our attention.

COFFEY, Q.C.:

Q. Exhibit P-2932. This is an e-mail, Doctor, from yourself to Ms. Predham, and Jim Hornell and Stephanie Power. Who's Mr. Hornell?

DR. ALTEEN:

A. Mr. Hornell was our--probably our COO at that time. Either that or VP who dealt with, like I said, complaints, communications, and those sort of things. Again there was a change in roles over a period of time, but he was certainly at the VP level at that point in time.

COFFEY, Q.C.:

Q. And it's dated October 23rd, 2005. The attachments are labelled "ER/PR patients, old Central East XLS", which is spreadsheet, and then "ER/PR patients, old Central West XLS",

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and you write, "Hi Heather, I've attached two spreadsheets with the information from our area concerning ER/PR patients. I think we have all the data, but wanted to cross reference it with yours. My calculations suggest that there are probably only 51 from the old Central West, and 32 from central east that are actually of any immediate concern", and, Doctor, I'll stop there. That, I take it, is in relation to people who are still alive who tested negative originally --

DR. ALTEEN:

A. And were not treated.

COFFEY, Q.C.:

Q. And were not on hormonal therapy, to the best of your knowledge?

DR. ALTEEN:

A. That's the way I was looking at this, yes.

COFFEY, Q.C.:

Q. That 51 --

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. Cross-referencing, in fact. Then you'd found when you got the information from Gander,

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Central East, you identified 32 such patients?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. You go on to say then, "I have based that on if ER or PR 30 percent or greater, then there would be no need to retest the patient. I hadn't narrowed this down for patients tested after 2001, but that could be done if it is necessary. I just want to make sure that we have agreement on the final list so that any communication is based on the same base information. Can you review these spreadsheets and let me know if you or others have any changes that they wish us to make. Thanks, Larry". Now, Doctor, you do here refer to this ER/PR and 30 percent or greater?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. And you'll recall that yesterday, in fact, I believe it was on October 7th, you had spoken with--October 6th you had spoken with Dr. McCarthy?

DR. ALTEEN:

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A. Right.

COFFEY, Q.C.:

Q. And she had been talking about the 10 percent, always treat at 10. The reference here to 30 in 2001 --

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Why are you referring to that?

DR. ALTEEN:

A. Again my recollection is that prior to 2001, the 30 percent rule may have been in effect generally. Now again Dr. McCarthy said different people were doing perhaps different things, but we had found, I think, on our list at times there were people who were on that list that may have been sent out that were already at 30 percent, and the question was if they're already considered ER/PR positive, then why were they on a list to be sent out to anybody. We did have some people, I think, that were--that I would have thought were considered ER/PR positive, and may have been on the blocks that were sent out to St. John's and on to Mount Sinai. So I was basing it on

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the premise that prior to 2001, some of the information was that if you were ER/PR greater than 30 percent, you were considered positive at that point in time.

COFFEY, Q.C.:

Q. Greater than 30 or greater than 10?

DR. ALTEEN:

A. Prior --

COFFEY, Q.C.:

Q. Oh, prior.

DR. ALTEEN:

A. Prior to 2001, not after 2001. That what I said, I haven't narrowed it down for patients tested after the 2001 time frame.

COFFEY, Q.C.:

Q. Doctor, from your perspective at the time, okay, your understanding was Central was gathering up and sending anyone who was less than 30, 30 or less?

DR. ALTEEN:

A. Again, I think--again this was somewhat of a moving target and trying to be consistent with my assumption that if they were considered ER/PR negative, and again recognizing that the standards had changed, so I made the

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assumption that we were--because again we were looking for the statistics and there were people who were, you know, 25 percent, you know, 28 percent or whatever.

COFFEY, Q.C.:

Q. At what time frame?

DR. ALTEEN:

A. Pardon?

COFFEY, Q.C.:

Q. At what time frame, what year?

DR. ALTEEN:

A. Again that may have been--some of these may have been prior to 2001, some of these may have been after, because there was some--I certainly--my recollection going through the spreadsheet is that after 2001, there were still people that I would have considered positive by what I understood at that point in time that we're sending out.

COFFEY, Q.C.:

Q. And who was identifying them to have them sent out, who had done that?

DR. ALTEEN:

A. Probably through the lab, probably with Dr. Dalton and with his staff in the lab. They

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were going back and trying to compile all the ER/PR negative. Now I certainly would have been happier having more than missing somebody. So if we had to capture some unnecessary patients that you could argue about after, fair enough, but we wanted to make sure we captured everybody.

THE COMMISSIONER:

Q. Dr. Alteen, I just want to make sure I'm clear on this. It seems to me that what you are saying by implication in this e-mail is that whatever the instructions that came from Eastern Health, for the purposes of gathering together persons within your region, you used what we have been calling a cutoff of 30 percent?

DR. ALTEEN:

A. Yes.

THE COMMISSIONER:

Q. And ignored the business of some people perhaps having changed to a cutoff at 10 at some point?

DR. ALTEEN:

A. That's right.

THE COMMISSIONER:

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Q. Can you tell me then whether or not all of the people whose rest results--whose blocks were sent to Eastern Health for the purpose of them being sent on to Mount Sinai, did you get results back from those people?

DR. ALTEEN:

A. For all those people?

THE COMMISSIONER:

Q. Uh-hm.

DR. ALTEEN:

A. I'm assuming we did.

THE COMMISSIONER:

Q. Okay.

DR. ALTEEN:

A. Because our spreadsheets over time--these spreadsheets evolved over time, so that there's further spreadsheets where the percentages that came--where they came back from Mount Sinai.

THE COMMISSIONER:

Q. You know, the purpose of my question is to determine whether or not to your knowledge Eastern Health would have done any cull of the material that they got from you, or would they just merely send that on to Mount Sinai and

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then they would deal with the results when they came back?

DR. ALTEEN:

A. I don't know that I can say with 100 percent certainty, but I think they were all sent on.

THE COMMISSIONER:

Q. Thank you.

COFFEY, Q.C.:

Q. Doctor, to get some--could you just perhaps make that just a little larger, page two of the exhibit, Registrar. Doctor, this particular part of--I take it this is probably the old Central East?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. James Paton?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. And if we look down through this, it's classified by year.

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

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Q. '97, '98, '99 and so on, and in each year the specimen number, the James Paton Memorial Hospital number is redacted, but it would be in a column here.

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. The name of the patient, MCP number, their address and phone number, and their family physician. Tamoxifen given or not, as the case might be, is listed.

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. Then there's a listing for ER percent and PR percent which would be the original test results, I take it here at this point?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. And if you look down through this, one will see your point here--for example, just to use an example for the Commissioner, looking in 1998, I believe it's specimen number 1967, I believe. It's difficult to follow.

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DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. Come across here, the ER percent is 30, and, in fact, the first entry for 1999, specimen #1135, again the first entry is 30, and this is for ERs, and, of course, when we look under the PR column, there are a number of entries for which the percentages--well, the first entry on the sheet back in 1997 is 40 to 50 percent, and then there is some at 70 and 80 percent and so on. So you were finding that the PRs were on a number of occasions well over 30?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And the ERs at times reached 30?

DR. ALTEEN:

A. Correct. It's interesting just to look at that because again--and recognizing at that point in time, and I don't profess to be an expert in pathology or anything, but even if you look at even the first one, I mean, the ER is zero, the PR is 40/50 percent, that person

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was treated with Tamoxifen. And you go down through this and you see various scenarios. Another one three or four steps down whose PR was 20 percent in 1998, that I perhaps would have considered that a negative test based on what I knew, and again the patient was on Tamoxifen. Now again when I'm going through the spreadsheet now, and I don't know if we clarified it at the point was that patient treated originally on Tamoxifen, was that patient treated some time after. I wouldn't know the answer to that question now.

COFFEY, Q.C.:

Q. Sure. Yes, in terms of this reference to Tamoxifen given doesn't--if it says, yes, you're saying that does not necessarily mean it was given at the time of the original surgery or just after the original surgery?

DR. ALTEEN:

A. Again from our perspective at that time, is the patient treated or not. I mean, obviously as part of this whole process the time frames would be important, but for me at that point in time if the patient was treated, they were less of a concern to me in terms of what we

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had to do.

COFFEY, Q.C.:

Q. Doctor, if we go to page four of this particular exhibit, we have a total of 75 patients, 33 received Tamoxifen, two ER or PR greater than 30 percent, and no treatment, eight deceased, less than 30 percent ER or PR, and not treated.

DR. ALTEEN:

A. So again trying to break down the information the way I was interpreting it at the time.

COFFEY, Q.C.:

Q. And, Doctor, here just because of the way the spreadsheets print, on page five, I take it, under the column patient deceased, there's a listing there, that belongs with the --

DR. ALTEEN:

A. The spreadsheet.

COFFEY, Q.C.:

Q. And it's true for the next page as well?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And the next. Now, Doctor, at page eight of the exhibit, Exhibit 2932, there is a listing

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of what would be patient names, phone numbers, MCP numbers, Central West numbers, pathology specimen surgical number, the ER status and the PR status would be the original status?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. The doctor's names are redacted, and Tamoxifen or some other hormonal therapy drug is listed, and EXP, you indicated, would be the date of death, if known, and then some comments column. Doctor, here--apologize, I'm just going to go back then to page nine, the very end of page nine, and the comments here at the bottom of the spreadsheet is "there are 105 patients on this list, of which 36 have been treated. 11 less than 30 percent ER or PR deceased and not treated. Seven above 30 percent ER or PR not treated and not deceased." So I take it this is just a note as to -

DR. ALTEEN:

A. Yes. The other thing strikes me too, Mr. Coffey, just looking at this now is when we're looking at the deceased, getting that

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information was difficult. Also, when the comment about Vital Statistics and trying to get that information, I think part of our thought process back then too was that you may have had people on this list that may be deceased but may have died of some other illness, motor vehicle accident, whatever, and so Vital Statistics, always their information is not going to tell us exactly what we might want to know. We may make certain assumptions that may not be valid based on that.

COFFEY, Q.C.:

Q. Doctor, when you noted here that the person was deceased and the date of death, were you able--because, if it's noted here, does that mean that the person's death could be attributed to breast cancer or they just died on that day?

DR. ALTEEN:

A. I think most of it is probably attributed to breast cancer, but some of these, some of these may have been elderly people that died from other illnesses. So not all--I can't say with confidence that all of that is breast cancer related deaths, no.

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COFFEY, Q.C.:

Q. Exhibit P-1316, please? Now Doctor, this particular exhibit is an e-mail of October 25th, 2005 from Ms. Predham to Dr. Williams, Patricia Pilgrim and Dr. Cook and others within Eastern Health, and she begins by saying, "I just wanted to give you an update on where we are as of this morning." But then, when we look down through this, and the reason I'm referring you to it is as follows, the third last paragraph, she says "I mentioned the other regions because Larry Alteen sent me his data yesterday to confirm our results with his. In our discussion yesterday, we both felt that we should call the people from his region on our list for consistency, but after reviewing his names last night, we only have a small portion of his patients. I will talk to him today. I think now it may be better if they do all the contacting for their region. How do you feel?"

So Doctor, how then did that work itself out in terms of contacting patients? Because I take it, we look back at this, by this point

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in time, Eastern had begun to contact patients to let them know that, in fact, they were being retested at this point.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. So how then was that handled in Central?

DR. ALTEEN:

A. I think, just--and again, this is the first time I seen this, but I think this highlights to me again, I was still on the impression that Eastern Health was going to handle all this, and I think the problem started when they had phoned people and again, found out that they called and somebody already had been deceased and that was causing obviously some concerns for them. I think subsequent to that, and we may have had other teleconferences with the CEO and medical directors and various people to make a decision, but I think ultimately it came down to that we were contacting the--probably the ER/PR people who were negative and recontacting people after we got information back if they were not changed, but any changes

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would have been done through the medical oncologists and those sort of things and decision made as to how to contact people after that, which may have been done through the medical oncologists, through the surgeon or perhaps through the family physician subsequent to that.

COFFEY, Q.C.:

Q. Doctor, do you know if Central ever arranged to make phone calls to patients just to let them know that they were being retested?

DR. ALTEEN:

A. Again, I think at some point we may have done some of that, but again, the dates are unclear to me right now.

COFFEY, Q.C.:

Q. And if that occurred, who would have done it within your organization?

DR. ALTEEN:

A. I think, again, that Judy Budgell on the west side and Sherry Freake on the east side were the two people that were making those contacts.

COFFEY, Q.C.:

Q. Exhibit P-2914? Doctor, this is--there are

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two e-mails of October 25th and October 26th, 2005, and the first of October 25th, Ms. Predham e-mails yourself and says "we've cross referenced your list with ours. All the patients on our list have been shaded and we've given the way it is reported here, if it is in any way different from yours. For example, yours might say less than five percent and ours says negative. There are a couple that are truly different though. If the comment field is blank, then ours says the same thing. We did note that the MCP number provided for one patient was" the particular number is redacted. "Ours is" again redaction. "As we only have the 'shaded' people on our list, is it your plan to call the rest? I started second guessing our decision we made yesterday for us to call all of yours on our list night," is what it says. "My first call yesterday ended up being to a husband of a lady who died. This was after we had checked the Telegram obituaries and memorials on line and pulled Cancer Clinic charts. After that, I assessed each individual's Meditech record before I called

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and did pick up on two more that had died. I was thinking that if your staff could do that, it would save both them and the person on the other end a lot of torment. Anyway, give it a thought and let me know." And then there are--she's attached here, these two spreadsheets with shaded areas.

And then you responded, Doctor, on the next day saying "I need to understand what the shaded area means. Are the results that you have added the retesting done in Toronto? Also, I need to confirm the patients that are going to be retested from our list. I want to make sure that the lists are the same. I'll call you tomorrow to discuss further."

Now Doctor, do you recall then how that played itself out?

DR. ALTEEN:

A. In terms of calling patients?

COFFEY, Q.C.:

Q. Yes.

DR. ALTEEN:

A. Again, when I go back to Heather's comment that we had decided, I don't think it was myself and Heather had decided how things were

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going to be done. I think this was a decision made at a higher level, in terms of my understanding anyway. I think subsequent to that, there were changes made in the process that Central Health would be responsible for calling patients, and again, my recollection is more around patients who were--who the results came back and had been unchanged. Whether we, in fact, called everybody prior to the testing, I can't tell you right now.

COFFEY, Q.C.:

Q. Exhibit P-2915?

THE COMMISSIONER:

Q. Excuse me, but before we leave this issue. Can you tell me why--what was it about what you had that would make this any less complicated than or more certain, in terms of who you are contacting than what was available to Ms. Predham in the list of things she says that she looked at? She looked at--you know, she had made the call and discovered that there was a lady had already died, and that was after she had checked the obituaries and the memorials online and pulled the Cancer Clinic charts, and after had--she'd gone to

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the Meditech records. So why was--what was it that was in either Grand Falls or Gander that would enable the people who were doing the calls in Grand Falls or Gander to pick up more of persons who might have been deceased?

DR. ALTEEN:

A. Recognizing when she's talking about Meditech, we do not have a provincial Meditech system. So she would only have access to Meditech in St. John's. So, in fact, if a patient had died in our hospital in Grand Falls, I could easily find that on our Meditech system. She would not have access to that.

THE COMMISSIONER:

Q. Okay.

DR. ALTEEN:

A. So that may not be in the Telegram, it may not be in the--I mean, it may not be in the Cancer Clinic information at that point in time, but I would be able to go through Meditech and search in our Meditech. So we don't have a provincial system. That's one of the issues we do have provincially, information sharing is challenging.

THE COMMISSIONER:

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Q. Okay, so that you would have available to you information if the patient had died in your institution?

DR. ALTEEN:

A. In our institution or certainly whether an in-patient or came in through the emergency department and died in our emergency department.

THE COMMISSIONER:

Q. Okay.

DR. ALTEEN:

A. We would also have abilities to, at times, certainly Judy and Sherry at times, would call individual physicians' offices. Most of these people knew most of the physicians around, so they may call the physicians' offices to check and see is this patient -

THE COMMISSIONER:

Q. Okay, the advantage of being in a smaller centre?

DR. ALTEEN:

A. In a smaller centre, plus with Meditech, you have the ability to see if, for example, an individual came in yesterday and had a blood test done, I'd be able to see that they had a

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blood test, so obviously they were still alive.

THE COMMISSIONER:

Q. Yes, okay.

DR. ALTEEN:

A. So you have different ways of accessing information that Heather would not have had access to.

THE COMMISSIONER:

Q. So, and the primary one of that would be the problem, which frankly you're not the first one to mention, all the Meditech system not being province wide.

DR. ALTEEN:

A. We, in Central, I mean, we have two Meditech systems, as we organized in April of 2005. We are still running two separate. So I cannot-- I have to go on a separate Meditech system to access information from the old Gander and east side. So that's not even integrated yet, let alone the province.

THE COMMISSIONER:

Q. Okay, and do you have two within the hospitals? Because sometimes people switch systems and then the old system doesn't

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(unintelligible) the new one. So are you dealing with just two or are you dealing with two plus, down the line?

DR. ALTEEN:

A. Two.

THE COMMISSIONER:

Q. Okay.

COFFEY, Q.C.:

Q. As of today?

DR. ALTEEN:

A. As of today.

COFFEY, Q.C.:

Q. If you were in the hospital in Grand Falls, sitting at a terminal, are you able to access the Meditech in Gander?

DR. ALTEEN:

A. We can. For example, we do, in Grand Falls, have cross coverage with obstetrics at times. So you do have the abilities to access Gander's Meditech system. But it's a separate system, separate password.

COFFEY, Q.C.:

Q. Okay.

DR. ALTEEN:

A. There's no sharing information between those,

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but that's being--that's something that, as part of amalgamation, is being worked on to integrate that, but it may be integrated and there's been a lot of issues around the cost of doing this, but it may be integrated on a go-forward basis as opposed on a retrospective basis. So again, something that happened two years ago, I would still have to go into two different systems and search in both.

COFFEY, Q.C.:

Q. And Doctor, at the time we're talking about here, in 2005/2006, during the time you were VP Medical, I take it it was two separate systems?

DR. ALTEEN:

A. Still two separate systems.

COFFEY, Q.C.:

Q. You had the ability, wherever you--whether you were in Gander or Grand Falls, to access both?

DR. ALTEEN:

A. Access the other.

COFFEY, Q.C.:

Q. Access the other?

DR. ALTEEN:

A. Well, access both, yes.

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COFFEY, Q.C.:

Q. Both, but you would have to log out of one and go back on the other?

DR. ALTEEN:

A. Log into the other, yeah.

COFFEY, Q.C.:

Q. Exhibit P-2915, please? Doctor, these are, I take it, your handwritten notes of November 28th, 2005.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And what is it, d?

DR. ALTEEN:

A. "Discussed with"

COFFEY, Q.C.:

Q. "Discussed with" and it's "re: follow up" and you've noted here, "have no answer to my spreadsheet as to who on our list are actually being retested."

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And what was that about, Doctor?

DR. ALTEEN:

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A. I guess it's still trying to confirm. We had a spreadsheet of people that we had identified, and again, specifics again, I'm just trying to recall all this from looking, but I think, again, are they sending out all of these patients, and my question about if I consider them ER/PR positive, where they're ER/PR positive, are you sending those out or are you not? Are you taking the whole lot and sending them? My assumption was that they were sending all of these things, but no one had really confirmed that was -

COFFEY, Q.C.:

Q. That was the point that the Commissioner just made with you.

DR. ALTEEN:

A. Yes, yeah. I was assuming they were, but again, you're trying to--you know, have you definitely confirmed that we're testing all these individuals.

COFFEY, Q.C.:

Q. So you were identifying--you and--when I say you, yourself and the people involved in this, reporting to you from Central, were identifying people, patient tissue to be sent

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to St. John's.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Or packaging it, cataloguing it, packaging and sending it.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. But up to this point, at the end of November, still didn't know what St. John's had actually done with any one patient's tissue?

DR. ALTEEN:

A. That's right. I assume certain things but making that confirmation is what I was looking for.

COFFEY, Q.C.:

Q. Then you said here, Doctor, number two, "need to know what will be happening with the converters. My understanding," which would be your own -

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. - "is that a panel consisting of surgical

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oncologists, medical oncologists times two," actually, "medical oncologists times two, and pathologists, will review with communication to family doctor and/or attending"?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. So where have you gotten the understanding that there would be this panel?

DR. ALTEEN:

A. Again, this was conversations that had been had between the various organizations and again, this may have been through teleconferences. It may have come through our VP Medical Services meetings. There are various communications that we've had, but that was the understanding that we had been, I guess, at some point in time, been told this is how they're going to panel, what they're going to do with the converters.

COFFEY, Q.C.:

Q. You go on then to say, Doctor, "need to know if all patients being retested have been notified of this. It's my assumption," that's your own, "is that ER IHA," which would be

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Eastern, your assumption was that Eastern "have taken ownership and would be making this contact." So this is the subject matter I was asking about earlier. You were questioning, at the end of November, you needed to know if all the patients who were being retested have yet been notified about it, and you were, at that point, as of November 28th, were assuming that Eastern had notified all patients that they were being retested?

DR. ALTEEN:

A. That's, again, the chronology of things, but that's my notes from that particular time, so that's what I was thinking at that time.

COFFEY, Q.C.:

Q. And you noted that the individual would confirm in writing what the process will be. Doctor, if I could ask, please, Registrar, Exhibit P-2916? Doctor, there's an e-mail here of December 1st, 2005 from Diane Smith to Ms. Predham, Mr. Gulliver and yourself. The subject is "confirmation of a conference call meeting with Dr. Larry Alteen" and she confirms that there'll be a conference call to discuss ER/PR scheduled for December 5th

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between Ms. Predham, Mr. Gulliver and yourself, and it's scheduled to be 45 minutes.

If we could look, please, at Exhibit P-2917? I take it, Doctor, this was a conference call that you wanted probably at that point?

DR. ALTEEN:

A. I think so, at that time. Again, may have been going back to who's being retested.

COFFEY, Q.C.:

Q. These are your handwritten notes relating to that conference call of December 5th?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And the participants are Ms. Predham, Mr. Gulliver and Larry. Criteria for retesting. So I take it you were being advised then of this, the information here generally?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. By these two individuals?

DR. ALTEEN:

A. Yeah.

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COFFEY, Q.C.:

Q. "Criteria for retesting, prior to 2001, ER less than 30 percent considered negative, whatever the PR status." So I take it then that--was that in keeping with your understanding up to that point in time?

DR. ALTEEN:

A. Again, it may have changed a little bit, because I was--I think I recall under some assumption that the PR status made some difference in this, but irregardless now, you're getting some clarity that the PR status we were ignoring. We were just doing if they were less than 30 percent ER, prior to 2001. After 2001, less than ten percent, these were all being retested.

COFFEY, Q.C.:

Q. And after 2001, ER less than ten percent considered negative, whatever the PR status.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. In other words, to ignore the PR status.

DR. ALTEEN:

A. PR status, yes.

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COFFEY, Q.C.:
Q. And for you, at this point, this was really clarification of this?
DR. ALTEEN:
A. I just want, like again, from my perspective, I think prior to that I was probably not clear that we were not always using the PR status.
COFFEY, Q.C.:
Q. And here, St. John's--there's a heading "St. John's, 143 Central West that had been sent to Toronto, 74 Central East that had been sent to Toronto." I take it St. John's was providing these numbers?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. As being the numbers that had come out of Central West and Central East. And there's a note -
THE COMMISSIONER:
Q. So I take it from those numbers that your choice of who was sent--or your choice of who was sent--your choices--sorry, I got diverted in the English language, but would those numbers in fact match the numbers sent from

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Grand Falls or Gander, as the case may be?
DR. ALTEEN:
A. Again, I would have to go back and look at the spreadsheets again to confirm that, because just eyeballing the numbers now, I'd say there probably looks like some disparity between the numbers. Because, again, if I go back and look at this and say, well we were--and again, and appreciate it wasn't just my consideration, it was other people had more expertise in the centre (sic.) region, that if we were considering PR status and that they were positive, then obviously they were only considering ER status and it may change the numbers.
THE COMMISSIONER:
Q. Uh-hm.
COFFEY, Q.C.:
Q. And, Doctor, in relation then to that, by doing such checking, was that done?
DR. ALTEEN:
A. Yes, we would have went back, you know, numerous times reconfirming, checking all the information that--there was a lot of work done by the staff in terms of tracking all this.

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COFFEY, Q.C.:
Q. And then you've noted here, "I confirmed"--which would be, I take it, you're confirming that--"confirmed that we will match lists. St. John's will be contacting all patients being retested." So at this point, December 5th, you're being told by Ms. Predham that St. John's will be doing the contacting of all patients to tell them that they are being retested?
DR. ALTEEN:
A. That's my notes, yes.
COFFEY, Q.C.:
Q. And "All will be recontacted once the results come back."
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. As to the results, presumably.
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. And then "Will be reviewing all converters by panel, Dr. Joy McCarthy, Kara Laing, Dr. Cook and Dr. Kwan."

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DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. You understood -
DR. ALTEEN:
A. That's the panel.
COFFEY, Q.C.:
Q. - to be the panel. And "Past 2004/05 recently done on new system." What's that about, Doctor?
DR. ALTEEN:
A. Again, I'm reading that note, I wouldn't be able to tell you what I was referencing there.
COFFEY, Q.C.:
Q. Exhibit P-1679? Doctor, these are VP Medical Services' minutes of December 22nd, 2005. You're in attendance and you have referred to at times, in your testimony, that Dr. Williams would occasionally raise the matter at such meetings.
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. This is one of those, paragraph 20, "update on screening for breast cancer and Bob Williams

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giving an update on some of the problems incurred with getting results back from Mount Sinai Hospital. It's hoped by the end of January most of the backlog will be eliminated. There was a question raised about what is happening in Nova Scotia. It was understood that Nova Scotia had started to do some of their own testing." Doctor, do you recall what that was about?

DR. ALTEEN:

A. No, I don't.

COFFEY, Q.C.:

Q. But in any case, in terms of the retesting results from Mount Sinai, as of just before Christmas in 2005, it was anticipated that within a month or so, the results would be back?

DR. ALTEEN:

A. They would be back, yes.

COFFEY, Q.C.:

Q. Now what were you doing, Doctor, then in Central to prepare then for the return of the results?

DR. ALTEEN:

A. Again, my understanding was that the results

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come back, people are panelled, Eastern is looking after the converters and my recollection is that the people who came back and who were still negative, our staff would be contacting them and letting them know.

COFFEY, Q.C.:

Q. Exhibit P-2918. Doctor, these are your handwritten notes of January 29th, 2006.

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. And you've noted here "PR/ER, Dr. Robert Williams"--which I presume is the phone call with him, and you note "want us to notify patients that are negative. They will be provided"--which I take it is you will be provided with the list.

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. Of negative patients being panelled. What's that, Doctor?

DR. ALTEEN:

A. That's "all".

COFFEY, Q.C.:

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Q. What does "all" mean here in this context, all patients are being panelled or -

DR. ALTEEN:

A. No, again, I can't say what I was referencing there. Certainly my recollection is that the people are being panelled, all of them are going to be--certainly the people that have converted are all going to be panelled and that be what I was trying to say, but -

COFFEY, Q.C.:

Q. Here, Doctor, you also made a note then, "124"--something, that's probably scribbled out, is it?

DR. ALTEEN:

A. Yeah, I had results, but it was sent to Mount Sinai, it wasn't results -

COFFEY, Q.C.:

Q. "124 sent to Mount Sinai and back." And then there's "49 to be panelled, Larry review." Is that Larry or Laing? Laing review. Do you know what that -

DR. ALTEEN:

A. I think it's Laing.

COFFEY, Q.C.:

Q. Laing, yes. "40 negative. We will"--I

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presume this is 40 you will deal with.

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. Three panelled, I think would be probably to date at that point. "Ten, no results yet or they were ductal in situ."

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. You then came to understand, I take it, that Mount Sinai was not doing any ER/PR tests on DCIS cases?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And then there are 22 deceased.

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. And then there's a note you attribute comments to Heather, "124, Grand Falls, 49 to be panelled. Larry review, 40 negative, Larry to call." Larry would be your organization, I take it?

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DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. "Two panelled already, 22 deceased, 10 DCIS." This is in effect, the same -
DR. ALTEEN:
A. This is the same note from above, yes.
COFFEY, Q.C.:
Q. - same note, but better account of it.
DR. ALTEEN:
A. Confirms too that the 49 up above that we talked about that may have been Laing, looks like Larry.
COFFEY, Q.C.:
Q. Yes, Larry review. And here up to the 124 out of Grand Falls, 71 in Gander, 27 to be panelled, 19 negative, 3 panelled already, 20 deceased, 2 DCIS. So I take it, the St. John's, Heather Predham was in this telephone call breaking down between Central East and West.
DR. ALTEEN:
A. That's what I'd assume, yes.
COFFEY, Q.C.:
Q. Yes, do you know what the Larry review means?

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Would you have reviewed the cases yourself?
DR. ALTEEN:
A. No, again, may have been again going back and just making sure, cross-referencing the list, I certainly would not be reviewing the cases, no.
COFFEY, Q.C.:
Q. Exhibit P-2919. Doctor, this is an e-mail from Ms. Predham to yourself of January 30th, 2006 and the attachment is Central results.xls, it's a spreadsheet. She writes, "Here are the results, if you have any questions at all, don't hesitate to call. Can you e-mail me back to confirm you got this, thanks. Heather." And, Doctor, when we look at the pages here, there's an RS number, specimen number, patient's name, blocks, which is an identification of the block identifier, the region, the original ER result, the original PR result, Mount Sinai ER result and then there'd be, on page 4 of this, would be the Mount Sinai PR result which are in the spreadsheet, this would be the continuation of the first page.
DR. ALTEEN:

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A. Correct.
COFFEY, Q.C.:
Q. Mount Sinai tumour designation as to the type of tumour. IC would be the internal control and fixation or processing, some kind of a comment or key, and then a comment column. Doctor, the results, I'm just going to go to page--they're all Gander's. I take it, Doctor, you would have received the same thing for Grand Falls, in effect.
DR. ALTEEN:
A. I'm assuming, yes.
COFFEY, Q.C.:
Q. Yes. What did you do then, Doctor, with these when you received them?
DR. ALTEEN:
A. With these lists?
COFFEY, Q.C.:
Q. Yes.
DR. ALTEEN:
A. I think at that point in time we probably would have sat down with our group and gone through to confirm, again, we're cross-referencing lists all the time, taking that information, recognized who was being

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panelled. And recognized at the same time that I do believe at various times we were getting individual, the testing results actually coming back from Mount Sinai as well.
COFFEY, Q.C.:
Q. Yes.
DR. ALTEEN:
A. So some of these things, again, we were keeping a database for this. And then you're going down through your list confirming who was back, if they were still negative, then obviously our people would be making those, I guess those contacts to those individuals. The people who were panelled would be going through the Eastern Health's system to notify or certainly decide and then notify patients about treatment changes.
COFFEY, Q.C.:
Q. Exhibit P-2920. Now this is--this handwriting, that's not yours, is it, Doctor?
DR. ALTEEN:
A. No, it's not.
COFFEY, Q.C.:
Q. So I understand is Ms. Predham's. There is a, on the second page of this exhibit, a

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reference to--it's dated February 2nd, 2006 and under the heading "Progress" there's four entries, and a reference to "contact Larry Alteen, nursing home, Lewisporte". There's a patient name redacted here, I gather.

DR. ALTEEN:

A. Uh-hm.

COFFEY, Q.C.:

Q. So, Doctor, I refer you to this, just ask you, I take it then that at times there was contact between yourself and Ms. Predham about individual patients and what was to be done about them -

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. In terms of communications. Exhibit P-1067? Doctor, now these are minutes of the VP Medical Services' meeting of February 2nd, 2006. You are in attendance along with your counterparts and under paragraph G, page 9 of the original document, there's a heading, "ER and PR Recepters." And it's noted that "Bob Williams provided an update on reports being returned from Mount Sinai Hospital. Larry

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advised that there had been no follow up with any of the patients in the Central area. Bob Williams advised that by April, 2006, they hope to start testing patients in Eastern Health, rather than continue to send tests to Mount Sinai Hospital. The difference would be that the report would include interpretation of the slide. It is expected two or three pathologists will do all the work associated with breast cancer. There was some discussion on the type of correspondence that should go to families of patients who are deceased. It was agreed that we need to have a standard letter so that the same information would go to all families." So, Doctor, a couple of questions in relation to this now and this is the beginning of February, February 2, 2006. I take it you, of course, had just received the results a couple of days before this, kind of the great massive results in the spreadsheets from St. John's?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. "He advised there had been no follow up with

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any of the patients in the Centra area." So I take it up to this point, February 2nd, Central had not yet begun contacting patients with the results, that would follow afterward.

DR. ALTEEN:

A. That's right, at that point in time, I can only read the notes and that's why I say at that point in time, so that's where I was at that point in time.

COFFEY, Q.C.:

Q. Doctor, the reference here then that by April, 2006, Eastern will begin, I take it, testing patients for ER/PR again, rather than continuing to send the test to Mount Sinai, and limiting it to two or three pathologists actually doing the work, actually reporting all the results.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. At that point in time, now this is the beginning of February, what was Central's view at that time?

DR. ALTEEN:

A. My view, and again in talking to Dr. Dalton

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and either Dr. Gallagher or Dr. Somers in Gander, we were still sending--and I don't think there's any thought right at that point in time of changing and going back to Eastern Health. And again, pathologists as a group were meeting on regular basis, so they were having discussions. I would not have been intimately involved in that, but again at that point in time we were still sending our samples to Mount Sinai and there was no plans that I understood at the time to change and go back to Eastern Health.

COFFEY, Q.C.:

Q. Doctor, here in the final two sentences, the reference to the contacting the families of the deceased patients who had been retested.

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. Doctor, do I take it that this suggests that as of the beginning of February, 2006, that it was contemplated actual letters would go to the families, is what was envisaged at the time.

DR. ALTEEN:

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A. Yes.
COFFEY, Q.C.:
Q. Doctor, in Central, had there ever been an effort to identify the deceased patients' tissue and not have it retested, to set it aside or originally did Central approach it as no, we're going to gather up everybody's, identify those who are deceased, but send it all into St. John's for retesting.
DR. ALTEEN:
A. All were being sent. I was never under the impression that we were not going to send deceased patient's blocks and that. It was testing everybody.
COFFEY, Q.C.:
Q. Because when you look at Central's, on some of those spreadhsheets we looked at, if you go down through them, there are quite a number of deceased identified.
DR. ALTEEN:
A. Correct, yes. And looking back, you're going back, I mean from 1997 on.
COFFEY, Q.C.:
Q. Sure.
COFFEY, Q.C.:

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Q. Exhibit P-2912? Doctor, this is a spreadsheet, this particular one, you'll notice here, there's a number up here, "Gander, 77", would that be your handwriting?
DR. ALTEEN:
A. Correct. That's my handwriting.
COFFEY, Q.C.:
Q. And these--this is very similar to the spreadsheet we looked at, in fact, it's the same one, another version of it.
DR. ALTEEN:
A. This looks like one that came from Heather, it's not mine.
COFFEY, Q.C.:
Q. Heather. That came out from St. John's with that January 30th e-mail.
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. And exhibit P-2913? There's handwriting here of "Grand Falls, GFW"--these are Grand Falls/Windsor, "142".
DR. ALTEEN:
A. My handwriting.
COFFEY, Q.C.:

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Q. Your handwriting. I take it this is similar information but this actually lists Grand Falls as well--well not as well, it lists Grand Falls.
DR. ALTEEN:
A. Correct, uh-hm.
COFFEY, Q.C.:
Q. Patients, and has all the results under the various headings.
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. And, Doctor, when the information came back, was there ever any analysis to your knowledge done by yourself or anybody within your institution, organization as to percentages of conversions or, you know, based upon which location?
DR. ALTEEN:
A. We may have done a rough calculation, but no, again, our focus at that time had always been the patients and the contact. In terms of the issue with the lab, in terms of the conversions, while of interest to us, the lab issue was not our lab issue per se. It was

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more of an issue of ensuring that our focus at that time and recognizing that you're doing multiple things, our focus was again making sure the patients were dealt with. I think the overall conversion rates, yeah, you had some interest in how much of a change was there.
COFFEY, Q.C.:
Q. Do you recall what they were? Did you ever do any rough calculation?
DR. ALTEEN:
A. I can't remember the calculations, no.
COFFEY, Q.C.:
Q. And one could, I take it, right now just, if we were to sit here with a calculator -
DR. ALTEEN:
A. You could do it, yeah.
COFFEY, Q.C.:
Q. Just go through it. Doctor, throughout your entire involvement in this matter because you were involved certainly until the middle of 2007 in your capacity as VP Medical, in relation to Central Newfoundland, Central Health, did you at any point acquire any understanding as to where Central stood in

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relation to the overall conversions compared to other places?

DR. ALTEEN:

A. I don't remember hearing anything that we were, that there was any difference with ours as compared to others. I certainly didn't-- and I can't recall asking the question if we were out of line, certainly when we talk about things with fixation, you were certainly going back and saying, I mean, has that affected our results? But I didn't hear anything that we were, you know -

COFFEY, Q.C.:

Q. Your region or any other particular region stood out.

DR. ALTEEN:

A. Was up or down compared to, you know, the overall status, no.

COFFEY, Q.C.:

Q. So the impression, I take it, by the time you finished as VP Medical was was that the problem was generally applicable, to the same degree, moreorless, across the entire province? That was your understanding?

DR. ALTEEN:

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A. Yes, and again, if you're going back to this and going back to February of '06, and then again, I can't even say right now that I knew there was an issue with fixation at that point in time, right, so -

COFFEY, Q.C.:

Q. And I'll be coming to that.

DR. ALTEEN:

A. So again, overall, I mean no, there was no-- certainly those questions would have been asked, but in terms of are we outside of a, you know, sort of an outlier? Not that I was aware of, no.

COFFEY, Q.C.:

Q. Certainly no one suggested to you that you were.

DR. ALTEEN:

A. No.

COFFEY, Q.C.:

Q. Exhibit P-2891? Doctor, this is a memo, it's drafted, it appears to be a draft. It's Re: ER/PR Retesting. It's from Dr. S. Somers. Who is Dr. Somers?

DR. ALTEEN:

A. Dr. Somers is the pathologist in Gander and

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again, I don't see a specific date on this.

COFFEY, Q.C.:

Q. No, and it will become apparent, I think, when we look at the text. She writes, "As a result of inconsistencies in ER/PR testing at Eastern Health between 1998 and 2005, the ER negative cases were sent to Mount Sinai Hospital by Eastern Health for retesting. The results of the retest are included as addendums in the patient's report. You may have already been contacted by the Cancer Clinic or Risk Management at James Paton with regards to changes in the management of the patient where required. Sincerely, Dr. Somers, Pathologist." And there's an enclosure. So, I'm sorry, Doctor, I interrupted you, this appears to be what? What sort of a document?

DR. ALTEEN:

A. I just want to go back to Dr. Somers. Dr. Gallagher was the chief in the Department of Pathology on the Gander side of our region at that time and again, I can't say specifically, he would be able to give you that testimony, but at one point he went away for a year and, I don't know, probably a year and a half or

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close to a year and a half and she then was taking a lead in the department. This memo was related to, again we're getting information back, what do we do with this? And I do recall at some point in time, and again, dates, I wouldn't be able to tell you, but I met with Dr. Somers in Gander and we talked about to ensure before we put this on the individual patient record that in fact we know that the patient was notified and/or their family, in the case if there was someone deceased and that. But again, timeframes, Mr. Coffey, I can't be specific about that. But my concern was having it on the chart without, prior to the patient being notified that you, you know, someone saw that, all kinds of questions arise. You want to make sure everyone was notified first before you--but it had to go on the patient record.

COFFEY, Q.C.:

Q. Exhibit P-1091? Speaking of Dr. Somers, this is a memo of, on Eastern Health letterhead, Doctor, from Dr. Donald Cook. It's to a number of individuals. The third entry here and they are all pathologists.

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DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. With the exception of Dr. Williams. The third entry is Dr. S. Somers, Pathology at James Paton Memorial Hospital. Dr. Dalton is listed above her, of course, in Central, that would be Grand Falls/Windsor, so--one would see that Dr. Gallagher is not listed there.
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. The entry for James Paton is Dr. Somers, so this is February 1, 2006 and Dr. Cook is advising all of the physicians that he has received most of the results from Mount Sinai regarding the ER/PR review. The results from Mount Sinai are issued on Excel spreadsheets. I will be"--he will be--"issuing individual reports on patients and submitting these to you at your respective sites. When you receive these reports, please ensure that they are incorporated into your hospital information or laboratory information systems. I expect that you will be receiving the first

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of these reports within the next two weeks." So, Doctor, we look back then at P-2891 please? I take it then, Dr. Somers then, this letter would have been intended to advise, presumably physicians?
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. That she had issued addendums for these individual patients and that would have had to have occurred after the spreadsheets came back.
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. Exhibit P-2921? Doctor, these are your handwritten notes of February 14th, 2006?
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. The heading is "ER/PR" and "number one, note change, call with script, notify family physician with script. Number two, panelled by Eastern Health and then there's "notify family physician with script and surgeon

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oncologist. Follow up with physician to ensure they have gotten letter and have told patient. Wait one month. And deceased, what to do?" So, Doctor, what was this about? Were these questions you were posing or formulating to ask Heather?
DR. ALTEEN:
A. No, I think these were answers.
COFFEY, Q.C.:
Q. There's a note here, "Heather Predham okay with using Eastern Health script, will send to us" -
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. She would be sending it to yourself, "if being panelled, Eastern Health will call. Heather will send a list of all patients being panelled. Grand Falls/ Windsor, 53/57 being panelled are Cancer Clinic patients. And in Gander, 29/31 being panelled are Cancer Clinic patients. HIROC will talk with Betty re: calling." First of all, I'll ask you about that, do you know what that's about? HIROC?
DR. ALTEEN:

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A. Again, this is referencing Betty Forward and I guess I was having a conversation with Betty regards to us calling patients.
COFFEY, Q.C.:
Q. "Talked to Betty Forward about calling the patients in relation to HIROC's position."
DR. ALTEEN:
A. I would assume, yes.
COFFEY, Q.C.:
Q. To check, HIROC had a concern.
DR. ALTEEN:
A. That this is what we are going to do.
COFFEY, Q.C.:
Q. And do you recall what happened or what arose out of that, if anything?
DR. ALTEEN:
A. No.
COFFEY, Q.C.:
Q. And, Doctor, looking at--this reference to 53 of 57 for Grand Falls/Windsor and Gander, 29 of 31, do you recall what that was about?
DR. ALTEEN:
A. You would assume that most patients who had breast cancer will be seen by the Cancer Clinic. For obvious reasons, you may have an

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elderly patient, you may have somebody else that the Cancer Clinic is perhaps not going to do anything with and not all patients who have cancer will be seen by the Cancer Clinic, so obviously there's, in the Grand Falls/Windsor site, there's four people that we could find that were not patients of the Cancer Clinic and the same with two in Gander that weren't patients of the Cancer Clinic. The specifics around why they weren't, you'd have to go back to individual files.

COFFEY, Q.C.:

Q. And I take it then that the ones being--if there was 57 from Grand Falls/Windsor to be panelled and 53 of them were already Cancer Clinic patients, that they would have the charts, St. John's would have the Cancer Clinic charts?

DR. ALTEEN:

A. They would have the Cancer Clinic charts, they wouldn't have the information system or the physical chart in Grand Falls, they are two separate charts.

COFFEY, Q.C.:

Q. Yes. But as for information concerning the

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other four patients, the four out of the 57 who are not Cancer Clinic patients?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. If they were to be panelled, any information about them would have to come from Central -

DR. ALTEEN:

A. They'd have to come from us somehow, that information.

COFFEY, Q.C.:

Q. From Central. And the same thing was true for those two patients from Gander who were not -

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. - already patients of the Cancer Clinic? If we could look, please, at Exhibit P-2899? Doctor, here there's--it's a typed document that says, "ER/PR Retesting Confirmed Negative Script." It says, "Hello, may I speak to" blank, "this is" blank "calling from" blank. "Have you already heard about the retesting of breast tissue for estrogen and progesterone that has been in the news? Your previous test

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results indicated that you were negative for estrogen and progesterone. We are pleased to tell you that we have retested--we have your retested results back and there is no change from what they were originally. Everything remain the same for you so no new treatment is necessary at this time. You will need to continue with your checkups the same as you have been doing all along. If you have any questions about this information later, don't hesitate to call me back. My number is," and there's a number here "256-5926."

DR. ALTEEN:

A. That's a Gander number.

COFFEY, Q.C.:

Q. That would be a Gander number?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. So this is the sort of one that would have been used in Gander?

DR. ALTEEN:

A. On the Gander side.

COFFEY, Q.C.:

Q. It goes on "If a patient" and there's a bold

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heading here, "If a patient asks 'How did this happen?'", the text goes on to say, "Due to discovery of inconsistent results, Eastern Health has been retesting breast cancer patients whose results indicated that they were negative for estrogen receptors. As a result of the test influences treatment, they felt it was important to make sure all the test results were accurate. That's why they are retesting all people who tested negative for ER from 1997 to August, 2005." Now, Doctor, so I take it that was a suggested answer if that question or a similar one was asked?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. The people who were going to use this script. Was this script utilized in Gander and Grand Falls, do you know?

DR. ALTEEN:

A. I can't say specifically. I would assume, perhaps, but I can't say specifically what script they ran from or ran off.

COFFEY, Q.C.:

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Q. And again, this would have been done from the risk management side of your -
DR. ALTEEN:
A. That's right.
COFFEY, Q.C.:
Q. - establishment? Doctor -
DR. ALTEEN:
A. I guess I can go back, I mean, I'm sure I would have probably had some knowledge of the script at the time, but whether it was this one or another one.
COFFEY, Q.C.:
Q. Doctor, your understanding then at the time as to the patients then who were being panelled and the choice for panelling was being made in St. John's?
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. At Eastern, they would be first contacted about the fact that their results were back by whom and when?
DR. ALTEEN:
A. Again, I can't say specific they were being contacted, the results are back, or they're

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being contacted after they were panelled, I don't, I really can't tell you specifically which way it went. I'm making the assumption again that if they were being contacted before they were panelled, they were being done by Eastern Health. My recollection is that we were--they came--and again, there's a lot of change in this over time. But it was the people that came back that were still negative that we were contacting from Central Health.
COFFEY, Q.C.:
Q. And they were to utilize this script or one like it?
DR. ALTEEN:
A. Or one like it, yes. And it may go back to the previous notes from Heather was sending us a script, so this may have been the template that she had, we may have made some changes to it.
COFFEY, Q.C.:
Q. Doctor, the suggested response here to "How did this happen?"
DR. ALTEEN:
A. Um-hm.
COFFEY, Q.C.:

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Q. Does that, in fact, actually explain what caused the problem, the answer doesn't, does it?
DR. ALTEEN:
A. No.
COFFEY, Q.C.:
Q. No.
DR. ALTEEN:
A. No.
COFFEY, Q.C.:
Q. At that time, and this would have been presumably sometime in February, 2006 when this script is first being prepared or certainly by March, 2006, what understanding did you have at that point as to how this had happened?
DR. ALTEEN:
A. Again, my recollection is that the process on their old system, the DAKO system that involved multiple steps and multiple things that can affect--and again, my recollection is there's a 40-step process and various things can affect that process and there's somehow in that whole process that things perhaps broke down. But to say specifically which ones in

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that process, I don't think at that point in time anybody knew for certain what was happening and why they was such a varied response.
COFFEY, Q.C.:
Q. So this 2899, the second page of it, Doctor, here it's again entitled "ER/PR Retesting Confirmed Negative Script." And if one compares it to the page before in the exhibit, it appears to be the same. The only difference is there's a note in bold?
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. Saying, "We have not been leaving messages or voice mail. If we cannot speak with the individual, we just say we will call back later. In certain circumstances we have had to disclose this information to a family member, but we've had to work through the individual circumstances to confirm it is appropriate. And we have to call in the evenings and on the weekends to ensure we have made contact to the individual." So if that was the approach adopted to confirm that in

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Central we have to speak to the risk management people?

DR. ALTEEN:

A. Right. And again, we would--I mean, various people would have had conversations about these things and patient confidentiality obviously is a concern. Leave a message would not be appropriate. I mean, there was always--there was even conversations at times, not necessarily just related to this, but in terms of e-mailing people, but there's huge privacy and confidentiality issues with that.

COFFEY, Q.C.:

Q. Exhibit P-2845?

REGISTRAR:

Q. 2845?

COFFEY, Q.C.:

Q. Yes.

REGISTRAR:

Q. That's (inaudible) up from the witness.

COFFEY, Q.C.:

Q. Okay, I'll--it's just a sample letter, so I'll canvass it with them.

REGISTRAR:

Q. (Inaudible).

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COFFEY, Q.C.:

Q. No, no, that's fine. Thank you, Registrar. Doctor, in terms of letters telling patients the results--I'm sorry. The letters coming from the panel, review panel to the doctors, okay.

DR. ALTEEN:

A. Okay.

COFFEY, Q.C.:

Q. Was Central actually ever involved in that, to your knowledge?

DR. ALTEEN:

A. In terms of the content of the letter or -

COFFEY, Q.C.:

Q. Yes. And, or even the handling of it?

DR. ALTEEN:

A. Not that I recall, no.

COFFEY, Q.C.:

Q. So the communication from the panel, review panel was your understanding would be directly to the physicians dealing, the attending physicians?

DR. ALTEEN:

A. We, I'm sure we were told over times the process, but in terms of the actual letter, I don't think we were involved in that at all.

COFFEY, Q.C.:

Q. Exhibit P-2922? Doctor, this is a series of e-mails of February 21st and 22nd, 2006. February 21st Ms. Predham wrote to Judy Budgell, who you've identified already. And Sherry Freake was?

DR. ALTEEN:

A. Was the risk manager on the east side of our region.

COFFEY, Q.C.:

Q. Be, in effect, in Gander?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. And an e-mail from Ms. Predham on ER/PR. She says, "We finished Grand Falls on Saturday and I've attached the results. I sorted them by outcome. As you can see, there are a few we need more information on. If you can get them to me before Saturday, that would be great. We will be meeting on Thursday and starting Gander. Call me if you want to run through them." And the attachment is labelled "GrandFalls.els." And then Ms. Budgell

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responded the next day, February 22nd, saying "Heather, will attempt to do this for you ASAP. What's going to happen now to the ones you have panelled and treatment changes recommended, such as to treat with Tamoxifen?" And that's a question mark. And then the same day, February 22nd, Ms. Predham responded to both Ms. Budgell and Ms. Freake saying "Glad you asked that because I meant to tell you. A letter will be sent to the most responsible physician, copied to the others listed on the chart, as well as the Grand Falls peripheral clinic. We had a question whether you," that is Dr. Alteen, "would like a copy of the letter for the institution perspective or just the spreadsheet we provided or something else? Could you have that discussion with Larry and let me know? We're open to whatever you would like. Also, in a couple of weeks Nancy and I will be calling all the people who have been sent a letter to verify their receipt and that the patient has been informed." So, Doctor, I don't know if you recall whether or not, or what actually happened then with respect to -

DR. ALTEEN:

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A. I can't say that it did, that we said, yes, we want a copy of the letter. It might have been nice to have, but certainly the spreadsheet gave us, I guess, the information that we wanted to have. So whether we got, we actually received letters, we said yes to that, I'm sure someone can confirm, but I wouldn't be able to tell you for sure, no.

COFFEY, Q.C.:

Q. And here, Doctor, at this point in time, this would be the results, I take it, of the panelling?

DR. ALTEEN:

A. The panelling, yes.

COFFEY, Q.C.:

Q. Doctor, I'm just going to have some documents brought up on the screen here. I'll just ask, Registrar, please, Exhibit P-2894? Doctor, this is a spreadsheet entitled "Estrogen Receptor, Progesterone Receptor Testing." There's some redaction done, but out here to the side it's a I(a).

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

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Q. And go to the 1(b), 2(a), 2(b), 2(a), 3(b). Do you recognize the handwriting?

DR. ALTEEN:

A. No.

COFFEY, Q.C.:

Q. Okay. They relate to, in some instances, to Central Newfoundland. So why I just bring those up, and we have numerous others, and you've already alluded to this, the usage of spreadsheets. I take it that Central throughout this, from the time you got involved, was keeping track of this from numerous spreadsheets?

DR. ALTEEN:

A. I think numerous individuals were--and again, we were, I'm may have been doing spreadsheets, copying them to Judy, to other people and that and then people were making additions to that themselves, but I was trying to keep, again, a spreadsheet myself with all this information.

COFFEY, Q.C.:

Q. Was there any central kind of repository of data within Central, like a central person or office that kind of collect it at all and collated it all?

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DR. ALTEEN:

A. Again, ultimately Judy and Sherry may have done that.

COFFEY, Q.C.:

Q. If they did, they weren't kind of assigned the duty to do that, I take it?

DR. ALTEEN:

A. I don't think so, no.

COFFEY, Q.C.:

Q. Exhibit P-2924? Doctor, these are your handwritten notes of March 17th, 2006?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. Of a teleconference involving ER/PR tests. You've attributed to Heather Predham the following, "A letter to physicians for patients being panelled by Eastern Health." So I take it that she's advising those involved in the teleconference that such a letter was going out to the physicians?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. "Some were brought to panelling group,

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however"--something -

DR. ALTEEN:

A. I think I just scratched out "they were deferred based on" -

COFFEY, Q.C.:

Q. Okay. "However, were deferred based on not having a progress note, full pathology report, consult report or breast consult report," it's either "on" or "or".

DR. ALTEEN:

A. "Or," "or breast pathology."

COFFEY, Q.C.:

Q. "Or breast pathology and current status." I take it here she was telling you that, look, we've panelled some but some were deferred because -

DR. ALTEEN:

A. We need more information.

COFFEY, Q.C.:

Q. We need more information. And then, "All negatives which are still negative, we will be sent script by Eastern Health and we will call patients." That's yourself, Central. "And deceased will be reviewed and panel deceased converted patients." So at that point what

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was anticipated with the deceased patients?
DR. ALTEEN:
A. Again, the people that were still negative, I'm assuming we would have that information, we would make contact with families.
COFFEY, Q.C.:
Q. Of the deceased?
DR. ALTEEN:
A. Of the deceased.
COFFEY, Q.C.:
Q. Yes.
DR. ALTEEN:
A. The people who are converted will be panelled and go through the same process as the people who were alive and panelled and I'm assuming the contact--I don't know, reading this I don't know if that point in time it was decided who was going to make the contact, but obviously one would have to make a decision as to how you're contacting those individuals.
THE COMMISSIONER:
Q. So at that point you were going to do the same thing as you'd been doing for the other patients, it was just that it would be at the end of the line?

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DR. ALTEEN:
A. That was my assumption, yes.
COFFEY, Q.C.:
Q. Exhibit P-2925, and, Doctor, this is a series of e-mails beginning March 31st, 2006 through April 3rd, 2006. The first of them on March 31, 2006, is from Stephanie Power to Ms. Budgell and the subject is reports on deceased patients. It reads, "Judy, Larry raised a concern with me regarding reports that are coming back from Mount Sinai. He wanted to make sure that we aren't coping these reports to the files of deceased patients as we have not talked to their families. I know this is not something that you would do, but I was wondering who you think I should follow up with to ensure that this isn't happening. Are reports from Mount Sinai arriving at our labs". Thank you, signed Stephanie Power, and then there's an e-mail of April 3rd, 2006, to Stephanie Power from Judy Budgell, copied to Ms. Predham, Ms. Freake, and yourself, and Judy Budgell writes, "Stephanie, the process is as follows from what I can understand. Reports are coming to St. John's for review

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and the retesting of the ER/PR clients. I have not copied any of the reports to files as I haven't received any pathology reports. I will check to see if this is happening at the west side and have forwarded this to Sherry, who will be doing all the follow up with this issue. All patient/families will be contacted, but the deceased are at the bottom of the pile and I'm unsure how this is going to be approached. I've taken the liberty of cc'ing this e-mail to Heather Predham for a response". Doctor, do you know what then became of this?
DR. ALTEEN:
A. In terms of --
COFFEY, Q.C.:
Q. In terms of the deceased?
DR. ALTEEN:
A. In terms of contact?
COFFEY, Q.C.:
Q. Yes.
DR. ALTEEN:
A. I can't say specifically, no, and again if we're talking about the deceased converted, no, I don't--I can't give the answer.

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COFFEY, Q.C.:
Q. Exhibit P-1069. Doctor, this is VP of Medical Services meeting minutes of April 10, 2006. You are in attendance, as are some of your counterparts. It's noted you opened the meeting and welcomed everyone and you asked Kara Laing to do an overview of the Cancer Care Provincial Standards Program, and then there's a note here about the presentation by Kara Laing and Christine Power about re; cancer care provincial standards. So, Doctor, you had been involved, I take it, in these VP Medical Services meetings for a number of years up to that point?
DR. ALTEEN:
A. I chaired the group for a number of years, yes.
COFFEY, Q.C.:
Q. Doctor, was this the first such presentation that group had had involving cancer care?
DR. ALTEEN:
A. Kara Laing to our group?
COFFEY, Q.C.:
Q. Yes.
DR. ALTEEN:

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A. I'm trying to think if Kara ever presented. She may have been at a meeting at some point. Again I go back to 1998, so sometime in that she may have been at a meeting prior to that.

COFFEY, Q.C.:

Q. Doctor, in relation then to the communications concerning the ER/PR matter as it unfolded, from your perspective as VP Medical in Central, your primary communication with Eastern Health and generally throughout the province about this was one off contacts at times with Dr. Williams or Ms. Predham, or someone else from Eastern?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Sometimes teleconferences involving just St. John's and yourself, and sometimes everyone throughout the province?

DR. ALTEEN:

A. Sometimes it involved the CEOs, medical directors, from across the province.

COFFEY, Q.C.:

Q. How about contact with the Department of Health, and we will get to one in May of '07?

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DR. ALTEEN:

A. Yeah, I don't recall--until that point in time, I don't recall ever having the Department of Health being part of the conversation.

COFFEY, Q.C.:

Q. Exhibit P-2926. Doctor, this is a series of e-mails. The first of them we looked at before, that February 21st e-mail from Ms. Predham, speaking about finishing the Grand Falls results on Saturday--finishing the Grand Falls and sending the results, and Ms. Predham's e-mail of February 22nd, and then here, Doctor, on the first page of the exhibit is an e-mail from--actually, March 20th, 2006, Ms. Budgell had sent you an e-mail asking, "Do we want a copy of the letters for our files". These would be the panel letters?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And on April 18th, 2006, she responded to Ms. Budgell saying, "I don't know if I responded to this. It may be beneficial to have copies of the letters sent to us for our files. Do you think this is necessary", and then Ms. Budgell sent an e-mail of April 19th to both yourself and Ms. Predham saying, "Hi Heather, is it possible for us to get a copy of the letters that have been sent in follow up with the physician's offices for the ER/PR clients. Have you received the other information that of the charts that I sent to you. Has there been any follow up panelling". Signed, Judy. So I take it, Doctor, then in terms of gathering up information, Ms. Budgell consulted you and then took it upon herself to ask that the panelling letters be sent?

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DR. ALTEEN:

A. Correct, that's the--yes.

COFFEY, Q.C.:

Q. Exhibit P-2927. Did you get the panel letters, do you know, or will we have to ask Ms. Budgell?

DR. ALTEEN:

A. You'll have to ask. I wouldn't be able to tell you.

COFFEY, Q.C.:

Q. If it was being kept track of, it was Ms. Budgell who was doing it?

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DR. ALTEEN:

A. Ms. Budgell, between Ms. Budgell and Ms. Freake, yes.

COFFEY, Q.C.:

Q. Doctor, this is an e-mail of July 9th, 2006, from Ms. Predham to yourself. The attachment is a briefing note, July 4th.doc. She writes, "Hello, Dr. Alteen; Dr. Williams asked me to contact you regarding a development in our ER/PR review. We have determined that there are two categories of patients that require further review and/or disclosure as a result of our retesting. I have attached a briefing note that explains the situation more clearly. As the organization conducting the review, we are asking for direction, in particular, to the DCIS patients. Would you prefer to conduct this review of the previous pathology slides and blocks by the pathology lab in your region, or would you like the review to be conducted by Eastern Health. There are approximately four patients in this category from your region. In the case of the retroconvertors, there is one patient from your region affected and this information will

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have to be disclosed to her. Of course, this situation will require further discussion, and you can contact me" through a particular number, "or you contact Dr. Williams directly". Then, Doctor, here we have attached, July 4th, 2006, memo from Ms. Predham to a number of people within Eastern Health, and the subject is "ER and PR testing, DCIS and retroconvertors, and that first page, paragraph one talks about DCIS, and paragraph two about retroconvertors. Doctor, the subject of DCIS and retroconvertors, is this the first time really it came to your attention in any detailed way?

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. And how then was this handled within Central?

DR. ALTEEN:

A. In terms of the DC --

COFFEY, Q.C.:

Q. DCIS, do you recall?

DR. ALTEEN:

A. Specifically, I do recall myself and--there's one patient I'm trying to think of, she was a

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DCIS--they actually made the determination that she probably was not a cancer diagnosis at all, but there was one, possibly two families, that we had talked to individually and I was involved, myself and Dr. Dalton with one family that sticks in my mind that we met with the patient and the family and disclosed to them the change in her status. There's another family I do believe we met with, and I can't remember if there are others outside of that.

COFFEY, Q.C.:

Q. Now, Doctor, in relation to the entire ER/PR matter, including the DCIS and retroconvertor aspects of the matter, Central Health and its predecessors, I take it, would have had an adverse events or incident report policy?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Do you know if there was ever an adverse events or incident report filed in relation to any aspect of the ER/PR matter in Central?

DR. ALTEEN:

A. I don't recall, no, that there was ever one.

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COFFEY, Q.C.:

Q. Can you tell the Commissioner why not?

DR. ALTEEN:

A. I don't know that I can. Obviously, when it comes to adverse events and incident reporting, I think from--certainly from the medical side, I think nursing are much more trained in terms of reporting adverse events. From the medical side, I think people are still--and there's a lot of work being done with that, I would say, in the last couple of years and certainly information for CMPA and those organizations in terms of how we disclose information and record information. I think from the medical side, there's still a problem with physicians truly understanding what adverse events exactly mean. They look at lot at times at this as being, well, you're pointing out somebody did something wrong versus there's an outcome that is different than perhaps what it should have been, and we need to report those so you can go back and do sort of the follow up on this sort of things. So for most physicians, it's a issue that they are just--it takes a lot of training to get

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them up to speed on how we do this. Specifically, did we--I mean, we were going through this process of working through the ER/PR and reviewing this. So whether you would have actually gone out and just done an adverse event--we were going through the process, anyway, so I guess from our perspective, did it make any difference that you want to report this and have the same people doing what we were already doing. So, I think, in a way, while we didn't fill out a form, we were doing -

COFFEY, Q.C.:

Q. What would be required if a form was filled out?

DR. ALTEEN:

A. What would be required in terms of from our perspective, understanding that the test itself was not--we were interpreting a test, we weren't doing the test.

THE COMMISSIONER:

Q. Mr. Coffey, I think it's time for the morning break, so wherever you can find a convenient spot.

COFFEY, Q.C.:

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Q. Thank you, Commissioner. Exhibit P-2928. Doctor, this is a fax cover sheet and an attachment. It's to Sherry Freake at the James Paton Hospital, from Nancy P, which would be Nancy Parsons, dated October 5th, 2006, and she writes--the subject is the patient list. She writes, "Sherry, as we discussed, we are interested in knowing if all the attached patients have been contacted with their retesting results even if there are no recommendations. Thanks for doing this", and then there's a listing of dates, which presumably is the dates the results came back when you look at them, and then Central, number and--I'm sorry, Central, and a number, 44, and then a doctor, and then a listing of either no treatment change, Tamoxifen, no recommendations, and so on. When we look down through it, the patient's names and the doctor's names are redacted. Do you recall then, Doctor, and there is a similar sheet for Grand Falls, okay, what happened then in the fall of 2006 about this aspect of the matter, this checking from--St. John's is asking Central to check. Do you recall -

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DR. ALTEEN:

A. I don't--like I said, this information generally was going through Ms. Budgell and Ms. Freake. Certainly I would have had conversations periodically with them as where are we with these things, have the patients been notified and so on. Bearing in mind during this period of time the organization had--Mr. Hornell, one of our VPs had left the organization, I think, in early September, and Mr. Diamond had resigned and was leaving the end of October, early November, and the board was asking various members of the senior team to take on responsibilities in terms--also looking at someone to take on the CEO responsibilities in the interim basis. There was a lot of changes going on. So specifically my answer to you is that, look, this was left with Judy Budgell. We would have had, I'm sure, corridor conversations, perhaps phone conversations, but I--until a couple days ago I had never seen this list.

COFFEY, Q.C.:

Q. Thank you, Commissioner. When we come back, I have just two other matters I'd like to

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continue with.

THE COMMISSIONER:

Q. We'll take the morning break. Before we do though, since all counsel are here, there was a point of information I should get to you. You would have all received, this morning, or if you haven't, you will get at some point during the morning, a new CD. I'm sure you're all overjoyed. And that CD carries about, I'm told, approximately 132 new records which Commission counsel have identified as records that they anticipate would be entered during the testimony of a witness who is scheduled to appear tomorrow, that is Ms. Predham. However, what's happened is that the Commission has received, over recent days, additional records from Eastern Health, some of which come from Ms. Predham. Frankly, there just hasn't been sufficient period of time to go through the required process of reviewing those records, redacting patient personal information, getting it out to you so that you have a chance to review it, then getting it back and going through the process of putting it in for use as an exhibit when

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that witness takes the stand.

Frankly, there just isn't that kind of time available to us to do it, even if we had an already stressed staff work around the clock, we just couldn't get it out in time.

With that in mind, I've just concluded that it is inappropriate to proceed with the regularly scheduled list of witnesses and I directed last evening that Ms. Predham be rescheduled to later so that we can get that information out to you and that it's available before she takes the stand. Frankly, I recognize that that may throw a bit of a monkey wrench into our current schedule for, among other things, completion of hearing time, because at this stage in our hearings, it's a lot more difficult than it was earlier to move witnesses around and find somebody who can come in on short notice, etcetera.

However, even weighing all this, in my view, fairness demands that that particular information get out to counsel with standing before Ms. Predham takes the stand. So that was the decision which I had made. You will find, if it hasn't already been done so, that

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shortly there will be a revised schedule up for the week. The reason I wanted to particularly bring it to your attention is that it is possible that we are not going to be able to fill in all of the period of time for this week and you may find, either to your joy or your disappointment, it depends on your particular point of view, that we will not be here for all of the days during this week and there might be a day which will not be filled in. So I'll ask the staff to get the postings up as quickly as we're able to do it, so you can plan your week accordingly. Thank you.

We'll take a 15-minute break.

(BREAK)

THE COMMISSIONER:

Q. Please be seated. Mr. Coffey.

COFFEY, Q.C.:

Q. Thank you, Commissioner. Exhibit P-2929? Doctor, these are a couple of e-mails of November and December 2006. Doctor, the first of them is an e-mail of November 21st, 2006 from Ms. Freake to Heather Predham and someone else in Eastern. It says "Hi, ladies. The sagas goes on for this one. I have a few

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questions that I thought you might be able to help me with. What, if anything, is happening with respect to the patients who are now deceased? What about patients who were positive and are now negative? Were any of them from Central, and who will be contacting them? What about the ones who are panelled but were not on the list you gave Nancy to contact the physicians regarding?" I'm sorry, "you gave me, Nancy, to contact the physicians regarding. These are the ones we sent information--in information from their reports for the panel, but did not receive any specific responses re: the decision. Some are in Nancy's list, but not all of them. I have made contact with most of the ones on the list and those from the Gander area that require treatment were all notified by their doctor, as were most of the ones not requiring any change, but there are a few I have not been able to confirm yet. Still waiting for physicians to reply. I just left a message for Ms. Peckford, Cheryl Peckford, Client Relations Coordinator, as she was doing some for the Grand Falls-Windsor area and she is

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out of the office until Friday. So I'll let you know where she is with it when I hear from her."

Doctor, then, Ms. Freake, on December 5th, 2006, sent an e-mail to Ms. Predham forwarding, in effect, the same e-mail and saying "Hi, Heather. Sorry to be a nag, but do you have any info on this stuff. One of our pathologists is also asking some of these questions," I'm sorry, "as she has been talking to a pathologist at Eastern about claims and liability issues. Thanks, Sherry" who is the regional risk manager for Central Health.

Now Doctor, I'm referring you to both of these e-mails, as well as I wanted to ask you about a presentation which I understand occurred in November of 2006 by Eastern Health involving ER/PR.

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. I'll ask you first of all about that. Were you aware that there was a briefing, as it were, by Eastern Health for various health

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authorities across the province and pathologists, in November 2006?

DR. ALTEEN:

A. I was aware, yes.

COFFEY, Q.C.:

Q. Did you participate in it?

DR. ALTEEN:

A. No, I did not.

COFFEY, Q.C.:

Q. Do you know who, if anyone, from Central did?

DR. ALTEEN:

A. I can't tell you who specifically attended that, no.

COFFEY, Q.C.:

Q. And Doctor, why didn't you participate at the time?

DR. ALTEEN:

A. Again, without going back to my schedule, I think I recall I might have been out of town, out of the--but I don't remember any other specifics as to why I didn't attend.

COFFEY, Q.C.:

Q. And do you have any recollection of what you understood the purpose of that was, at the time? I mean, what was -

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DR. ALTEEN:
A. Again, I think they were just giving an overall briefing to everybody to keep them--to get them up to date as to where they were with the whole ER/PR testing.
COFFEY, Q.C.:
Q. And here, Doctor, in terms of these e-mails, because this is around the same time, late November, early December 2006, this first e-mail of November 21st, 2006 from Ms. Freake to Ms. Predham, "what, if anything, is happening with respect to the patients who are now deceased?" So I take it that, at that point, this was still up in the air as to what was to be done?
DR. ALTEEN:
A. That's what I'm assuming from reading that too, yes.
COFFEY, Q.C.:
Q. And at that point in time, just to reiterate a point I take it you made before we broke, by the fall of 2006, this was left with the risk management people generally within Central to handle?
DR. ALTEEN:

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A. Correct.
COFFEY, Q.C.:
Q. Doctor, we have heard evidence that on December 11th, 2006, Eastern Health held a media technical briefing.
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. And there was then media reporting in the aftermath of that. I wanted to ask you about that generally from, you know, being a resident of Central Newfoundland. How much media play did this get back at that time?
DR. ALTEEN:
A. Again, in Central, I don't have--I can't remember anything about this being either in the local paper or on the local news and that. Obviously, you know, when it comes to some of the local news, obviously there's things feeding in from St. John's, and again, as an organization, I had not had personally had had one question about this from the public or the media. The only contact with individual patients were when we had some test results back and there were some changes made that

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those conversations with people, but other than that, nothing else, and even when it came to physicians, I don't recall many physicians even asking questions about this. Now they would have had the information obviously that came out of St. John's and the family physicians and the specialists would have had that knowledge, but I'm sure it would have come up periodically perhaps at our Medical Advisory Committee, just in terms of information sharing, but very little information in Central around the ER/PR.
COFFEY, Q.C.:
Q. Exhibit P-2756? Doctor, the e-mail we just looked at, before we go on with this, does refer to, in passing, questions being raised or having been raised by a pathologist. "She has been talking to a pathologist at Eastern about claims and liability issues." Was there discussion involving claims and liability issues that you were involved in?
DR. ALTEEN:
A. Not that I recall, no.
COFFEY, Q.C.:
Q. If there was such, were such contacts with

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HIROC or lawyers or whomever, I take it that would be done through risk management?
DR. ALTEEN:
A. Through risk management. In a lot of cases, I mean, if that had happened, I probably would have been involved in that as well.
COFFEY, Q.C.:
Q. If it had happened, you -
DR. ALTEEN:
A. Yeah, now again, certainly we've had--again, we talked with insurance companies and legal counsel about numbers of issues. So whether I was involved with a teleconference with HIROC or any insurance company in regards to this, it's possible that I was involved, but I don't recall the specifics of it.
COFFEY, Q.C.:
Q. And how about the CMPA?
DR. ALTEEN:
A. Would have had no contact with CMPA.
COFFEY, Q.C.:
Q. No contact. Now Doctor, here this is an e-mail of May 24th, 2007 from Denise Dunn who is described as executive assistant to Dr. Oscar Howell, had been to Dr. Williams, and she sent

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an e-mail then to yourself and Ken Jenkins and Michael Jong on the 24th of May, 9:14 a.m. The subject is an urgent conference call and she writes "Dr. Oscar Howell asked that I contact you at the request of the Minister of Health for you, your CEO and head pathologist to participate in a conference call at ten a.m. today, May 24th, re: ER/PR."

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. Now this had become a matter of some public interest, beginning May--public interest in the sense of media exposure on May 15th, 2007. Doctor, can you tell the Commissioner, just again to put this in context for her from your perspective, were you away in May of 2007?

DR. ALTEEN:

A. I was away from, if I remember correctly, probably the 22nd-23rd of April. I was on holidays and had a daughter graduated from university, and I don't think I came back until the 15th, 14th, 15th, 16th, somewhere around that part of May. I was away for that period of time, yes.

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COFFEY, Q.C.:

Q. And you were still the VP Medical at the time?

DR. ALTEEN:

A. Still the VP Medical.

COFFEY, Q.C.:

Q. And Doctor, upon your return then, would there have been work piled up, I take it?

DR. ALTEEN:

A. Work piled up, plus I had a personal health issue that I had to deal with as well.

COFFEY, Q.C.:

Q. So at the time, whatever media play there was or media interest there was in this, I take it, in the period from May 15th until around May 24th, you weren't paying a lot of attention yourself personally?

DR. ALTEEN:

A. No, but again, if something had come through the organization, I mean, we all were attached with Blackberries and laptops and these sort of things, and even away on holidays, I mean, generally you would have access to these sort of things.

COFFEY, Q.C.:

Q. At the time, do you recall being contacted

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before this, this May 24th teleconference?

DR. ALTEEN:

A. No.

COFFEY, Q.C.:

Q. Okay, Doctor, if we could look please then at Exhibit P-2930? Doctor, these are your handwritten notes of May 24th, 2007.

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. Of that teleconference with CEOs and Medical Directors?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And the Department of Health and Community Services, John Abbott, John Rumboldt and Moira Hennessey; Eastern Health, Dr. Howell, Dr. Denic, Heather Predham and Terry Gulliver; Western, Ken Jenkins, Paul Neil; and -

DR. ALTEEN:

A. Risk manager, I didn't get the name of the person, I don't think, at that time, and communications.

COFFEY, Q.C.:

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Q. Communications, and Labrador, Boyd and Dr. Dankwa?

DR. ALTEEN:

A. Correct.

COFFEY, Q.C.:

Q. And I take it then, you were making a list, as best you could, of who was participating?

DR. ALTEEN:

A. What's interesting, I didn't write down who from Central Health.

COFFEY, Q.C.:

Q. Central, do you recall--so yourself, Dr. Dalton would have been part of this, I take it?

DR. ALTEEN:

A. Yes, yeah.

COFFEY, Q.C.:

Q. Do you recall if there was anyone else from Central?

DR. ALTEEN:

A. Again, I'll make--Karen McGrath may have been part of that at that time, but I didn't -

COFFEY, Q.C.:

Q. And who is Karen -

DR. ALTEEN:

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A. She is the CEO that started work in March of '07, I believe, somewhere around there.
COFFEY, Q.C.:
Q. Okay. So she had just--really just getting in the job?
DR. ALTEEN:
A. She had just been on the ground, yeah.
COFFEY, Q.C.:
Q. And then here you've written the issue, and there's a bracket, John Abbott, issue was "all" I take it that is A-L-L?
DR. ALTEEN:
A. That's right.
COFFEY, Q.C.:
Q. "All ER/PR testing was presumed to be done in St. John's since St. John's restarted. However, apparently, this is not the case. Outside St. John's apparently all are still being sent to Mount Sinai." So I take it that's the issue, as framed by Mr. Abbott, the DM of Health.
DR. ALTEEN:
A. That's correct.
COFFEY, Q.C.:
Q. And Doctor, we have heard evidence that

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beginning in February 2007, St. John's resumed ER/PR testing locally.
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. In the St. John's area. Had that come up again as a topic to your attention, up to this point?
DR. ALTEEN:
A. Again, not that I recall, and I believe it, at this meeting, you heard--and again, you talked to Dr. Dalton and Dr. Somers in Gander that we weren't doing this and they had made a decision that they were continuing just to send their specimens out.
COFFEY, Q.C.:
Q. And then there's a note here you've attributed to Terry Gulliver, "only specimens being done in St. John's are those from St. John's. The rest are being sent to Mount Sinai for ER/PR HER2, all breast cancer patients. 300 to 350 patients are being diagnosed each year in Newfoundland." So that's Mr. Gulliver's comment on the current status. And then there's a remark attributed to Nash Denic,

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"doing St. John's patients, trying to ensure quality assurance is in place and standards are met. Mount Sinai would like St. John's to take over ER/PR for all province and may have to send out for HER2/neu as not up to standard yet with new antibodies. Need to ensure that all regions--with all regions," I'm sorry, "that fixation process for preparation of sample is at same standard across the province. Have drafted a recommendation for proper fixation on such tissue to ensure reproducibility. Needs to be fixed within eight to 24 hours"
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. "Have package prepared for each region so that each region understands protocol and ensures that this will be followed. Went through validation process for a year by working with facilities in UK and USA to ensure standards met. By February 1/07 were okay with this and started processing their own samples again." So I take it his account of where he is with it.

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DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. Dr. Denic. And then you go on to note, "Eastern Health are ready to take over ER/PR testing within next month and will send HER2/neu for all province to Mount Sinai until their testing is validated." That would be until Eastern Health's is validated.
DR. ALTEEN:
A. Right.
COFFEY, Q.C.:
Q. "Also suggest a review of DCIS for province." Do you recall what that was about?
DR. ALTEEN:
A. No, don't recall.
COFFEY, Q.C.:
Q. Okay. "Nash got into issue of remuneration of pathologists for taking on extra workload." That would be reviewing breast cancer diagnosis for the province?
DR. ALTEEN:
A. Um.
COFFEY, Q.C.:
Q. And then there's a remark to Terry attributed,

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"in the past, St. John's would do preparation and send back to region for interpretation. In future, would suggest that we send specimens to St. John's after fixing for ER/PR preparation and would also be read in St. John's." And then Doctor, you've made a note attributed to Maurice Dalton, you've written "no issue that we are aware of related to fixation" and then you've made a note, Nash Denic says "fixation was a problem at all sites after the review." And you've said, Larry, you've attributed to yourself, "why wasn't this identified before?" and so Doctor, could you tell us then please about this aspect of the matter, these three entries here? Nash Denic has referred to protocols, fixation, protocols for across the province being available now, and Maurice Dalton apparently spoke up and said, well, this is the first he's heard about this.

DR. ALTEEN:

A. And I think, and again, going from recall, I think Dr. Dalton may have been, around that time, been aware prior perhaps just to this teleconference, he was aware of that, and I'm

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sure he passed that on to me, and again, we were asking the question in a formal process, well, if it's a fixation problem, why weren't we notified that there's an issue with us? Because obviously, if we've got an issue, let's go get it rectified and get on with life. And again, I still--I struggle with the fixation issue because again, if it was a fixation issue, and I've never been fully aware of if it goes off to another organization, it's still a fixed tissue sample, and assuming they're doing slices through the same area, then how does that change the results? And I couldn't understand that myself. But we were never told about a fixation issue during this whole period of time, you know. Why not?

COFFEY, Q.C.:

Q. And what were you told?

DR. ALTEEN:

A. Would you mind -

COFFEY, Q.C.:

Q. I take it, nothing.

DR. ALTEEN:

A. Other than my notes that are written, I mean -

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COFFEY, Q.C.:

Q. So there was--I take it when you posed the question "why wasn't this identified before?"

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. Because Nash had just--you have noted that Nash Denic had just said "well, this is a problem at all sites after the review."

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. The review would be the external reviewers in this context?

DR. ALTEEN:

A. Which was sometime -

COFFEY, Q.C.:

Q. Back in '05?

DR. ALTEEN:

A. Yeah.

COFFEY, Q.C.:

Q. And you, in effect, were saying "well, this is May of '07, why are we hearing of this now for the first time?"

DR. ALTEEN:

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A. Yeah.

COFFEY, Q.C.:

Q. And you didn't get a response?

DR. ALTEEN:

A. Nash -

COFFEY, Q.C.:

Q. Am I correct on that, Doctor?

DR. ALTEEN:

A. That's my general sense of that, and even as we're talking about that now, it sort of strikes me, well, we're sending these samples now off to Mount Sinai and I didn't ask the question at the time, but I would certainly think now, is was Mount Sinai identified any issues with us with our fixation? Because it's been, you know, a year and a half at this point in time that there's been an issue identified and we're doing the same processes, I'm assuming. I do understand--I understand some of the basis of if there's over fixation that may cause issues with the testing, but if we haven't changed anything.

COFFEY, Q.C.:

Q. Doctor, after this teleconference, and I'll continue on in a moment, after this

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teleconference, did you take this issue up with anyone else?

DR. ALTEEN:

A. Again, my recollection is that I think Dr. Dalton was dealing with pathologists in St. John's to have those conversations as to what they're getting at. Do we have problems? If we do, again, they're going to send out information. Let's make sure we fix whatever problems exist.

COFFEY, Q.C.:

Q. And in terms of, so you would have left the actual technicalities end of it, part of it -

DR. ALTEEN:

A. To Dr. Dalton and he would be conversing with Dr. Somers. Dr. Gallagher was probably back in Gander at that time. He would talk with his colleagues in Gander and made sure that we were doing whatever was necessary.

COFFEY, Q.C.:

Q. Doctor, in relation to this whole idea of communicating with yourselves about the existence of fixation problems, were you ever made aware that back, I believe it's January 20th, 2005, but it's thereabouts, sorry, 2006,

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I apologize, January 20th, 2006, that there's an e-mail that Dr. Mullen had sent to Dr. Cook referring to the fixation issues?

DR. ALTEEN:

A. I had never seen or heard of that.

COFFEY, Q.C.:

Q. In fact, when I'm saying it to you now, I take it is the first time you've -

DR. ALTEEN:

A. Yeah, I've not heard of that. Like I said, as an organization, was I aware? I was certainly aware through Dr. Williams that they had an external review, but what happened as part of that.

COFFEY, Q.C.:

Q. So if Dr. Mullen did communicate with Dr. Cook, first nor last, I take it you were never told -

DR. ALTEEN:

A. No.

COFFEY, Q.C.:

Q. - about it while you were VP Medical?

DR. ALTEEN:

A. No.

COFFEY, Q.C.:

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Q. Doctor, here, you go on then on page three on the exhibit to note, you attribute to--after posing the question "why wasn't this identified before?" the following to Terry Gulliver, "if the tissue was over fixed, may cause issues with antigen/antibody and there is new information" and you've noted here, question mark "what year, around this that it will be shared (this is part of quality improvement)" and then there's a note here, "technological advance," I'm sorry, "technological advances have helped with over and under fixation issues."

DR. ALTEEN:

A. Yes.

COFFEY, Q.C.:

Q. So I take it Mr. Gulliver was addressing the issue about over fixation potentially coming into play here.

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. And offering to share that information and he was asserting that changes, technological advances over the years have helped address

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any problems caused by over or under fixation?

DR. ALTEEN:

A. I think he's referencing perhaps too that the new equipment, that the fixation may not be as much of an issue as it was with the old system.

COFFEY, Q.C.:

Q. And then there's a note here then -

DR. ALTEEN:

A. Toys, yeah. (phonetic)

COFFEY, Q.C.:

Q. At the time, did it occur to you, Doctor, that whatever Mount Sinai was doing with the then current cases and had been doing for, up to that point, more than a year and a half -

DR. ALTEEN:

A. Later.

COFFEY, Q.C.:

Q. - almost two years in fact, whatever they were doing may have been compensating for or allowing for or addressing over or under fixation?

DR. ALTEEN:

A. Perhaps, and I do recall, at some point in time, and I can't tell you went, that I do

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believe Dr. Dalton may have had some conversation--he, I think--and again, these are, you know, sort of in his office conversation, but I do believe that he talked with Mount Sinai at some point in time too to try and get some handle on this.

COFFEY, Q.C.:

Q. And then there's a note attributed to Nash Denic, "new studies have suggested that maybe fixation with new technology is not as much an issue. We, however, have recommendation from world renowned pathologist in this area who suggests we need to improve fixating and processing." And then Oscar Howell, you've made a note, "there is a standardization with a package around fixation that has come has"--that would be part?

DR. ALTEEN:

A. Part.

COFFEY, Q.C.:

Q. - part of quality improvement around this review." So Oscar Howell is saying that we've got some kind of a protocol written approach.

DR. ALTEEN:

A. And they were going to obviously share that.

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COFFEY, Q.C.:

Q. Did you ask, at the time, why it was only now, May 24th, 2007, that Eastern Health was going to share this fixation policy or protocol?

DR. ALTEEN:

A. I don't know specifically. Again, go back to the previous comment about, you know, why is this only coming up now? You know, so I guess it's part of that and again, these are not verbatim notes of what was said, but as part of that question, it may have been, you're telling about this now, you know. Why now? Why wasn't it shared? You have information, you know.

COFFEY, Q.C.:

Q. Particularly, in the context here, Doctor, at least, I take it then from your perspective, if they had information, as a tertiary care centre, you were relying upon them, from your perspective to provide it?

DR. ALTEEN:

A. Again, we work in a small province. We all know each other. Generally, there's no problem with us sending this information back and forth.

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COFFEY, Q.C.:

Q. There's a note here then, Terry Gulliver, you attribute the following to, "when a pathologist who was responsible for this left, the reporting of the slides were decentralized. Wish to centralize processing and interpretation again." So this is -

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. This pathologist responsible for this left, and the reporting of the slides were decentralized -

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. - did you know who that pathologist was? I'm going to refer to a gentleman named Khalifa?

DR. ALTEEN:

A. I think, that's my recollection that it was him, and they say, and my notes are talking about decentralization, but I don't remember specifically the time frame around where they were actually doing the processing and the reading of those slides when it came to ER/PR

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positivity negativity.

COFFEY, Q.C.:

Q. You go on to note, Doctor, attribute to Oscar Howell, "data analysis was not done on a regional basis. Other than fixation and subsequent reading, all other processes were done at the Health Care Corporation of St. John's." So Dr. Howell is pointing out that fixation and the interpretation by the pathologists would have been done outside the Health Care Corporation of St. John's, but everything else was done within?

DR. ALTEEN:

A. Right, I think that looks at that whole 40-step process. Those are the two things that were outside of their control, I guess.

COFFEY, Q.C.:

Q. And he's pointing out, this data analysis was not done on a regional basis, I take it to point out to you that, look, Eastern Health has not broken this down.

DR. ALTEEN:

A. Right, and that certainly answers the prior questions about this.

COFFEY, Q.C.:

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Q. Did Dr. Howell ever tell you that there had been any analysis done on a provincial basis?
DR. ALTEEN:
A. Not that I recall, no.
COFFEY, Q.C.:
Q. And then here, there's a note here, Paul, would it be Paul Neil?
DR. ALTEEN:
A. Paul Neil.
COFFEY, Q.C.:
Q. And Nash would be Nash Denic, "December 2000, change from 30 percent to one percent. However, one to ten percent were called low expressors. In the USA, a lot of people were treating at one percent. Others may treat at one to ten percent, depending on other factors." So I take it that this is information coming from Dr. Neil and Dr. Denic?
DR. ALTEEN:
A. Yeah, there was some conversation going on around the changing criteria, I guess.
COFFEY, Q.C.:
Q. And Doctor, at this point, and again, looking back at the--if I could, first page, there are

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no oncologists here, at least noted here.
DR. ALTEEN:
A. That's right.
COFFEY, Q.C.:
Q. Okay, so--and then finally, you've noted here, "technology has changed, but as positive has changed, there are process issues which we need to improve, issues around fixation, new studies." Do you recall what this was about then? The technology has changed, well, that's certainly true. I take it then, coming away from this teleconference, Doctor, this is kind of a summary?
DR. ALTEEN:
A. Yes, and whether somebody summarized that as the salient features or points or whether it was my summarization, I don't recall that either.
COFFEY, Q.C.:
Q. But even up to and including the end of this teleconference, I take it, you, yourself, no one was pointing out to you or highlighting for you the fact that Mount Sinai, which was even then still doing your current cases, was using the DAKO machine?

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DR. ALTEEN:
A. Yeah, I don't believe ever hearing that, to be honest with you.
COFFEY, Q.C.:
Q. And so you're being advised technology has changed, well certainly had a change in St. John's.
DR. ALTEEN:
A. Yes.
COFFEY, Q.C.:
Q. What is positive has changed, which would mean the cut off points?
DR. ALTEEN:
A. Points.
COFFEY, Q.C.:
Q. Process issues which we need to improve, and these process issues would be what, around fixation and tissue processing?
DR. ALTEEN:
A. Around fixation, but again, and I go back to this whole step process, as how things get from fixation through the whole testing process. So they would have process issues, and there's the separate issue as part of process as well, but certainly separate issue

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for the province, in terms of fixation.
COFFEY, Q.C.:
Q. And issues around fixation and new studies. Doctor, fixation itself, I take it, of course, is a process would, in fact, begin in the OR?
DR. ALTEEN:
A. Correct.
COFFEY, Q.C.:
Q. In fact, or the clinic. Were there any steps taken while you were VP medical that you are aware of to address matters involving, like, fixation, the fixation issue all the way back into the OR or into the clinic, and if so, by whom?
DR. ALTEEN:
A. Again, my recollection is that the pathologists at each side did go back and make sure the processes when it came to the point of surgery, to getting the specimen in the lab was done appropriately. And they had conversations with the various surgical specialties and the various individuals, including nursing staff, as well, because, I mean, again, as a surgeon you collect the specimen, that's passed on to somebody else

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which is, again, it's a process. There's some issues around refrigeration, all those sort of things. But those things, they went back and looked to make sure those were done appropriately.

COFFEY, Q.C.:

Q. Exhibit P-0454? Doctor, this is an e-mail from Cathi Bradbury of May 24, 2007. The subject is "Departmental Update, ER/PR testing, May 24th, 2007." It's sent to a number of individuals, including yourself. See you're right there?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. She says, "Please find attached a briefing as provided to the minister and follow up to our teleconference this morning." She asks that it be distributed then to participants within your own region. She didn't have their e-mails, I take it, to the Dr. Daltons of the world?

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

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Q. Would you have done that, sent that on, would you have sent on the e-mail to -

DR. ALTEEN:

A. I'm assuming so. I don't recall this specifically, but obviously it was sent to me, so. And I would have Dr. Dalton and probably Dr. Somer's and certainly the various e-mail addresses.

COFFEY, Q.C.:

Q. Exhibit P-2931? Doctor, here I'm going to refer you to this, I don't think it's controversial at all that I do so. This is an e-mail from Stephanie Power, who we've seen referenced earlier, of July 3rd, 2007 to Barbara Parsons.

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. Do you know who Barbara Parsons is?

DR. ALTEEN:

A. Barbara is the secretary to the CEO.

COFFEY, Q.C.:

Q. Okay. And there are various attachments she has there. And she says, "Barb, Karen," and Karen would be the CEO at the time. "Please

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be advised that the attached briefing note was never used and never--never approved and never used. Also, please be advised that we," Western Health, "did not issue any news releases or do any interviews regarding ER/PR. I have attached the only e-mails I can find in my records regarding this matter." And that would be that briefing note we looked at yesterday.

DR. ALTEEN:

A. Okay.

COFFEY, Q.C.:

Q. I take it, so.

DR. ALTEEN:

A. Right.

COFFEY, Q.C.:

Q. And with that she confirms your recollection that there were no news releases or interviews involving ER/PR done by Western?

DR. ALTEEN:

A. Eastern--or Central.

COFFEY, Q.C.:

Q. Central, I'm sorry, I apologize, at Central. Doctor, your then involvement in this matter ended when?

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DR. ALTEEN:

A. June 22nd, I think it was the 22nd, it was a Friday, anyway, of--that was when I resigned as VP.

COFFEY, Q.C.:

Q. And since that time you've had no involvement in it other than in connection with this?

DR. ALTEEN:

A. No involvement. Now, I mean, obviously with the organization, you're still in the same community, I've had conversation with the CEO about various things, but I've not had any involvement in the whole ER/PR.

COFFEY, Q.C.:

Q. Commissioner, they're the questions I have. Thank you.

THE COMMISSIONER:

Q. Thank you. Mr. Pritchard?

MR. PRITCHARD:

Q. Thank you, Commissioner. I don't have any questions for this witness. Thank you for your evidence, Doctor.

DR. ALTEEN:

A. Thank you.

THE COMMISSIONER:

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Q. Mr. Simmons?
MR. SIMMONS:
Q. I have no questions either, Commissioner.
THE COMMISSIONER:
Q. Mr. Browne?
MR. BROWNE:
Q. No questions. Thank you, Dr. Alteen, for your evidence.
THE COMMISSIONER:
Q. Ms. Newbury?
MS. NEWBURY:
Q. No questions.
THE COMMISSIONER:
Q. Ms. Brocklehurst?
MS. BROCKLEHURST:
Q. Just a couple, Commissioner, thank you.
DR. LAWRENCE ALTEEN, EXAMINATION BY MS. LAURA BROCKLEHURST
MS. BROCKLEHURST:
Q. Good afternoon, Dr. Alteen. My name is Laura Brocklehurst, I'm here with -
DR. ALTEEN:
A. It is afternoon.
MS. BROCKLEHURST:
Q. Yeah, sorry about that.

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THE COMMISSIONER:
Q. Time flies -
MS. BROCKLEHURST:
Q. When you're having fun, right, right. I'm here with Ches Crosbie Barristers representing the class members.
DR. ALTEEN:
A. Okay.
MS. BROCKLEHURST:
Q. And I just have a couple of questions for you regarding the policies and procedures out in Central Health.
DR. ALTEEN:
A. Right.
MS. BROCKLEHURST:
Q. Disclosure. Now, you mentioned a few times that how patients were to be contacted sort of evolved over time and changed throughout the years. Did you ever check to see if what was being done or what Eastern Health was advising you to do conformed with the policies out in Central Health?
DR. ALTEEN:
A. Did I specifically do that?
MS. BROCKLEHURST:

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Q. Yeah.
DR. ALTEEN:
A. I would say no to that.
MS. BROCKLEHURST:
Q. Do you know of anybody else who did?
DR. ALTEEN:
A. Perhaps between Judy Budgell and Sherry Freake, they may have done some work on that. And I, like I said, if someone was to ask me what the policy was at the time, I'd have to go dig it out and see what our policy might have been at that time. As you say, disclosure and that has evolved over times, over time. We did put in place a client relations officer, which certainly that person was involved in doing a lot of these things over time, too. But the time frames and when these people started, I'd have to go back and get records to confirm the dates and everything.
MS. BROCKLEHURST:
Q. Okay, and you also mentioned Central Health's web site a couple of times, that you mentioned posting some frequently asked questions on the web site and the message to breast cancer

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patients, which, Registrar, was P-2911. You said it may have been posted on the web site, you weren't sure. But anyway, certainly it seems that Central Health's web site is something that, you know, you're conscious of and update.
DR. ALTEEN:
A. Again, if we go back to 2005, though, again, we had an evolving organization with people coming and going and we'd taken from an old Central West, Central East web sites, trying to integrate all this stuff, so there's a lot of things that weren't being done as we tried to bring this region together. So can I say the web sites were kept up to date back then? I suggest maybe they weren't kept up to date as much as they could have been.
MS. BROCKLEHURST:
Q. Okay.
DR. ALTEEN:
A. Okay.
MS. BROCKLEHURST:
Q. Do you know if the policies and procedures regarding disclosure are on the web site now?
DR. ALTEEN:

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A. I don't know.
MS. BROCKLEHURST:
Q. Don't know. And you certainly don't know if they would have been a the time then?
DR. ALTEEN:
A. I would think that if we're going back to 2005, that they probably were not on the web site. Whether they are now, I can't tell you.
MS. BROCKLEHURST:
Q. Do you think that those policies and procedures around disclosure are something that should be on the web site?
DR. ALTEEN:
A. I think once you have them, as an organization--if you go back to the whole process of organization, what are we there for, I mean, you have a board, you're providing health care to the population, I mean, people, it's nice for people to have a place to go where they can know what should happen to them as individual patients and how disclosure occurs and that. So overall, at the end of the day, once you have those things in place, is it something that you would keep from people? I don't think there'd be any

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reason to hide it away or not make it public.
MS. BROCKLEHURST:
Q. Okay, so it is something that, you know, you agree would help the patients understand what to expect from Central Health with respect to disclosure?
DR. ALTEEN:
A. Yeah, I think so.
MS. BROCKLEHURST:
Q. Are there any plans now, whether with you or anyone else at Central Health that you know of to put these procedures on the web site if and when they're finalized?
DR. ALTEEN:
A. Since I've been out of the organization from a management perspective, I can't tell.
MS. BROCKLEHURST:
Q. So you don't know. That's fine. Those are all my questions. Thank you.
DR. ALTEEN:
A. Thank you.
THE COMMISSIONER:
Q. Mr. Pike?
MR. PIKE:
Q. No questions for Dr. Alteen. Thank you.

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THE COMMISSIONER:
Q. Mr. Eaton?
DR. LAWRENCE ALTEEN, EXAMINATION BY DAVID EATON, Q.C.
EATON, Q.C.:
Q. Thank you. Dr. Alteen, I'm just going to ask you about the--your views on the necessity of having pathology within the regional health authority at, I think you called it level two hospitals?
DR. ALTEEN:
A. Right.
EATON, Q.C.:
Q. Do you have any thoughts on that?
DR. ALTEEN:
A. I think, as I've talked to pathologists and Dr. Dalton, like I said, has worked with us and I've worked with him since in my capacity as the VP since 1998 and with Dr. Gallagher and Dr. Somers since 2005. We've had numerous conversation and there has been a concern when it come to a regional site that perhaps some of these services could be done elsewhere, ie, all centralized so that all pathology goes to a central location. When you have these conversations, I think you have to bear in

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mind that it depends on what your perspective, pathologists do more than sit all day and look at a microscope or do autopsies. Obviously the general functioning of the lab when it comes general pathology, they're involved in hematology, blood bank and there's lots of other issues that go on. At the same time there are numerous conversations that go on, certainly at our organization whereby there's contact between the surgeons, the dermatologists, even I as a family practitioner there's times I've gone and met with a pathologist about a particular patient who you have some questions about because the history that we give the pathologist and generally for most of us as physicians you tend to have busy lives, sometimes what you put on a particular form that goes with the specimen is very limited, you know, maybe a one liner, sort of thing. And sometimes the pathologists, they're providing a consultation service, they need more information, and sometimes that dialogue has to occur. They could argue, I guess, that that dialogue can occur, you know, we all have

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telecommunications, all kinds of access points, but sometimes that one-on-one conversation, and there's lots that they do in terms of education. They have been doing for a period of time now sort of reviews with the radiology department in terms of breast cancer or breast biopsies that may be done as needle localizations and the correlation between that and the final pathology. So there's lots of interactions that go on. And my fear, personally, is that if this service gets removed from an organization, have you lost something because of that, irrespective and understanding the issues around the quality that we all have to be concerned about and how do you assure appropriate quality at the same time as maintaining some of these other services, those linkages, and it's a challenge. And I think at some point you have to come to the conclusion that there are certain things you would do at a secondary level service and there's other things that are clearly should be done at a tertiary care level.

THE COMMISSIONER:

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Q. Excuse me. What's a level two hospital?

DR. ALTEEN:

A. I guess the terminology has changed. But generally a level two hospital is a hospital that has some specialty services and there's a group of core specialty services that we look at which include pathology, radiology, internal medicine, general surgery, there's six or seven basic core services. A primary care, a level one hospital would be a hospital, if you go around this province, more of the, in our region, more of the Twillingate, Springdales where you have no specialty services on site and generally it's run by a family medicine for the in-patient services. Also, a level two, most level two hospitals by classification have fulltime emergency rooms that are run by casualty officers 24/7 so there's somebody in the premise all day long.

THE COMMISSIONER:

Q. So do I take it there's a level one, a level two and a level three?

DR. ALTEEN:

A. Yes.

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THE COMMISSIONER:

Q. And the hospital at the Health Sciences site would be the level three?

DR. ALTEEN:

A. Level three, that's correct. And they would have more subspecialty services or other types of specialty services that you would not have at a base level two hospital.

THE COMMISSIONER:

Q. And is this a sort of well recognized national method of identifying?

DR. ALTEEN:

A. Well you can say there's national. Certainly within the province it's the way we sort of stratify things in the province when we've talked about these things.

THE COMMISSIONER:

Q. I'll probably be sorry for asking this question, but so when it comes to dealing with the Department of Health, for example, your classification as a one, two or three might impact certain things, I guess?

DR. ALTEEN:

A. Right. And they're certainly, the Department of Health is certainly well versed in terms of

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the types of levels that we have in the province.

THE COMMISSIONER:

Q. I'll resist the temptation to ask what kind.

EATON, Q.C.:

Q. The terminology "tertiary care", does that refer to a level three hospital, generally?

DR. ALTEEN:

A. Generally, yes.

EATON, Q.C.:

Q. Okay, and are there level fours?

DR. ALTEEN:

A. There is. And Dr. Hunt certainly used to be the medical advisor in the department. There's a quaterniary type of service where you do, there may be things in terms of transplants, other types of high level services that you would not be performing that people for this province are sent out for the types of services and that.

EATON, Q.C.:

Q. I won't ask you above level fours.

DR. ALTEEN:

A. None that I know of.

EATON, Q.C.:

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Q. Okay. Okay, that said, you have, I think, a few comments just overall about the process that you've prepared?

DR. ALTEEN:

A. If I can? Thank you for the opportunity to address the Commission. As a health care provider and a previous administrator, it's implicitly understood that the decisions we make ultimately have a significant impact on individual patients. These patients are always somebody's mother, father, brother, sister, child, spouse. And I think for those of us who are involved in health care, we try to treat, generally, these individuals as we would want our own family members treated, with the same care and respect.

The stories that have come out during this process from patients and their families have been, I think, heart wrenching. This is not lost on those of us who have worked in the system for a period of time, either managing the system or trying to be individual care providers. And for those who have been affected by this tragedy, I personally certainly sincerely apologize for what they've

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been through.

We could spend hours, I think, debating the issues around health care in general, but there's a few things that stand out to me and the first is, I think, that probably for the first time this Inquiry has highlighted the importance of what pathologists do in this province and the impact that their work has on the clinical decision making that we all are involved in. For too long the work of pathologists and the lab in general have been taken for granted without understanding that cancer diagnosis, for example, is not always a straightforward yes or no answer. There's process in coming to a specific conclusion. We have for a number of years in this province been struggling to recruit and retain pathologists. We have had some difficulty in the same because, for one, our human resource planning historically has been focused on the quantity of care provided and not necessarily the quality of that care. When we are trying to decide on the appropriate number of individuals, and that could be in pathology or other areas, we have to bear in mind that they

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do, and certainly from the physician's side, their involvement in education, administration, committee work, research, and that's even, we have to deal with that even prior to addressing the whole issue of remuneration. We must now consider changes to improve our health and human resource planning. This would include not just physicians, but nurses, pharmacists, laboratory technologists and so on.

The second thing that stands out to me is that the use of information and technology has not advanced as it should in health care. I'm sure there are a variety of hardware and software systems that can enhance your access to timely and proper information. As a family physician I can tell you that I have no ability, whatsoever, to be able to tell anybody how many cancer patients I have, how many diabetics I have, how many patients with chronic pulmonary obstructive disease that I have, because for many of us we're stuck in this world between a paper environment and the emerging, or perhaps I should certainly say the emerged health--electronic world, and we

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must find some support for improving this as it is vital to providing proper care, but also for quality reviews and research.

While I personally can't say that I've sat down every day and looked at what's gone on at the Inquiry, you do read the news, listen to the news, and it sort of struck me in sort of as preparing for this how often people will answer, well, I don't remember, I don't recall. For me, personally, unless I wrote specific note or something tweaks my memory about a particular incident that may have happened years ago, it's difficult to remember all the exact details. At the same time some of these conversations did occur in corridors, you're on the phone, you're in your car, you're in all kinds of places and the ability to write notes about everything was just non-existent. And currently, as I mentioned previous, a lot of us were struggling with our other roles and responsibilities at the same time. It just struck me that this happens a lot and there's certain, I guess, negative connotations around that. But it is difficult to remember exactly

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how things unfolded over a long period of time. And I do apologize for saying that, as I'm sure for most of the people around here it's apparent this is a given that the memory over time does change.

Finally, I look forward to the recommendations of this Inquiry so that we work towards improving patient health care and restore the trust of people in this province in our public health care system. At the end of the day it's really their health care system. However, with the recommendations will come changes, and what we do, how we do it and where we do it, we can't be afraid of those changes or any changes that are based on evidence. To maintain the status quo is certainly unacceptable. Thank you, Commissioner.

THE COMMISSIONER:

Q. Thank you.

EATON, Q.C.:

Q. Thank you, Commissioner.

THE COMMISSIONER:

Q. Anything arising, Mr. Coffey?

COFFEY, Q.C.:

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Q. No, Commissioner, thank you.

THE COMMISSIONER:

Q. Thank you very much, Dr. Alteen. I do appreciate you coming here. It's always of interest to me to find out what's happening outside of this city in which we live.

DR. ALTEEN:

A. Thank you.

THE COMMISSIONER:

Q. I much appreciated your making your contribution. Thank you. Now, Mr. Coffey, are we ready for the next witness?

COFFEY, Q.C.:

Q. Yes, the next witness is Nancy Parsons.

MS. NANCY PARSONS (SWORN) EXAMINATION-IN-CHIEF BY BERNARD COFFEY, Q.C.

REGISTRAR:

Q. Would you please state and spell your complete name for the Commission?

MS. PARSONS:

Q. Nancy Parsons, N-A-N-C-Y P-A-R-S-O-N-S.

THE COMMISSIONER:

Q. Ms. Parsons, it's about fifteen or twenty minutes before we normally break for lunch, but I thought we'd just as well start. You'll

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get used to how we work and then we can get into perhaps more detailed issues after lunch.

MS. PARSONS:

Q. That's fine.

THE COMMISSIONER:

Q. Mr. Coffey. Any exhibits?

COFFEY, Q.C.:

Q. Yes, I do, Commissioner. Thank you, Registrar. The exhibits, Commissioner, are C-247 through C-261 inclusive, and then Exhibits P-2831 through P-2861 inclusive, omitting P-2862, and then Exhibits P-2863 through P-2882 inclusive.

THE COMMISSIONER:

Q. Entered.

EXHIBIT C-247 THROUGH C-261 MARKED AND ENTERED

EXHIBIT P-2831 THROUGH P-2861 MARKED AND ENTERED

EXHIBIT P-2863 THROUGH P-2882 MARKED AND ENTERED

COFFEY, Q.C.:

Q. Thank you, Commissioner. Ms. Parsons, I'm going to ask you to give the Commissioner an overview of your educational background and your professional life, okay.

MS. PARSONS:

A. Certainly. I'm a registered nurse. I did my

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basic nursing education at the General Hospital School of Nursing. That was a three year program, diploma program leading to RN. I also have a certificate in --

COFFEY, Q.C.:

Q. When did you graduate?

MS. PARSONS:

A. Oh--I was afraid you'd ask, 1969.

COFFEY, Q.C.:

Q. Okay.

MS. PARSONS:

A. I also have a certificate in early childhood education and Bachelors Degree in Vocational Education from Memorial University. My work experience includes hospital staff nurse, nursing team leader in hospital. I've worked in the community as a supervisor in an agency which provided care to clients in their homes, and in 1990, I obtained a position at the Health Sciences Centre as an instructor in staff development. I remained there until March of 1999, when I moved to Quality Initiatives as a quality facilitator. I worked in Quality Initiatives until my retirement which occurred June 30th, 2008.

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For the first--from 1999 until 2002, I was a quality facilitator. From 2002 until my retirement, I was patient relations officer. However, most of that time I worked part time, three days a week.

COFFEY, Q.C.:

Q. What days of the week were they?

MS. PARSONS:

A. I worked every Monday, Wednesday, and Thursday.

COFFEY, Q.C.:

Q. Now again just so the Commissioner has some sense of your own background, Ms. Parsons, you say you worked as a staff nurse at times in your career?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Which hospitals did you work in?

MS. PARSONS:

A. That would have been at the General Hospital here in St. John's.

COFFEY, Q.C.:

Q. And for approximately how long would you have worked at the General/

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MS. PARSONS:

A. Three years.

COFFEY, Q.C.:

Q. So that would be '69 through '72?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And then--did you then leave nursing?

MS. PARSONS:

A. Yes, I became a stay at home mom while my children were growing up. I did a refresher course through the Association of Registered Nurses of Newfoundland when I was ready to return to the workforce, and I have been working since.

COFFEY, Q.C.:

Q. And did you ever go back to staff nursing, floor nursing, as it were?

MS. PARSONS:

A. I did some private duty and casual call back nursing for a short time shortly after I completed my refresher course.

COFFEY, Q.C.:

Q. And so since that time you haven't been actually working as a staff nurse, or a floor nurse, as I'll refer to it?

MS. PARSONS:

A. That's correct.

COFFEY, Q.C.:

Q. Have you been involved in clinical work since that time?

MS. PARSONS:

A. Actually hands-on stuff providing care to patients?

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. Whenever there is a nursing strike, we are called upon to go into the clinical areas and provide emergency services, and I have done that when requested.

COFFEY, Q.C.:

Q. So from time to time over the decades.

MS. PARSONS:

A. There's been little stints, yes.

COFFEY, Q.C.:

Q. But in the main, you've been away from clinical work really for decades?

MS. PARSONS:

A. Yes, I have.

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COFFEY, Q.C.:

Q. Okay. Ma'am, you've indicated that from 1990 to 1999 you worked as an instructor with a staff development department of the Health Care Corporation?

MS. PARSONS:

A. Yes. Well, it was Health Sciences Centre to begin.

COFFEY, Q.C.:

Q. Health Sciences, as it then was --

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. For the first five years or so?

MS. PARSONS:

A. Uh-hm.

COFFEY, Q.C.:

Q. Of that period. What did--what sorts of things did that involve over that nine year period?

MS. PARSONS:

A. I was an instructor in general programs. So that included providing orientation to new staff, support staff, nursing staff, medical staff. We did a lot of CPR training. I

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personally coordinated a course called ACLS, Advanced Cardiac Life Support. This is a course for doctors and nurses offered through the Heart and Stroke Foundation. It was a provincial program, and sometimes we would travel to other parts of the province and offer that course. We provided computer training to staff who needed it to have access to the Meditech System for patient care information. We did a lot of back injury prevention education, and other short in-services as required.

COFFEY, Q.C.:

Q. And Ms. Parsons, you then became what you've described as a--you then joined Quality and Risk Management in 1999?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And whatever the title of that department, remained with that until the time you retired?

MS. PARSONS:

A. That's correct.

COFFEY, Q.C.:

Q. You were a quality facilitator from 1999

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through 2002?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. What is a quality facilitator?

MS. PARSONS:

A. I was one of three people holding that title, and our responsibilities were linked to the programs that were assigned to us. So each of us would have a list of departments and programs that we were resourced to for quality types of matters. We would develop--help the programs, develop goals and objectives and indicators for the programs. For example, what are the areas that we want to focus on this year, how are we going to get there, that sort of thing. We would assist them with collecting data for their annual report, and sometimes formatting the data. We helped the organization prepare for accreditation surveys. All of the occurrence reports for my programs would come to me, and I would review them and trend them, and if I saw something changing, I would repot that back to the program and to the risk manager. I chaired a

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committee called "Consumer Feedback" which has representatives from all the departments within the organization, most of the departments, plus we had two consumer reps from the community sit on that committee to give us feedback as users of our service, and we did chart reviews as requested from the risk manager. We met with families who asked for more information regarding either their own episode of care or their next of kin's episode of care. So there were many things.

COFFEY, Q.C.:

Q. Now at the time, between 1999 and 2002, who was the risk manager, do you recall?

MS. PARSONS:

A. The risk manager was Heather Predham.

COFFEY, Q.C.:

Q. And so you're a quality facilitator. Did anyone report to you?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. And you had two colleagues who held the same position?

MS. PARSONS:

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A. Yes, there were three of us.

COFFEY, Q.C.:

Q. And the three of you then reported to Ms. Predham?

MS. PARSONS:

A. I believe we reported back then to the Director. I'm not absolutely sure.

COFFEY, Q.C.:

Q. Okay, so maybe someone in--so Ms. Predham was the risk manager?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Was there somebody between her and yourselves?

MS. PARSONS:

A. There was no one between her and us, but I'm wondering if we reported to Heather or if we reported directly to the Director of Quality.

COFFEY, Q.C.:

Q. Whom Heather may have reported to as well?

MS. PARSONS:

A. Yes, she would have, yes.

COFFEY, Q.C.:

Q. And you may have--looking back on it, you may have had a dual reporting?

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Structure.
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. Now you've referred to the fact there were three of you. How--you had to cover the entire Health Care Corporation at the time, I take it?
MS. PARSONS:
A. Yes, yes.
COFFEY, Q.C.:
Q. And each of you had departments assigned to you?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. How were they divvied up?
MS. PARSONS:
A. I'm not sure what method was used to decide who, but we each had a list of programs that we linked to, the medicine program, child health, mental health. Whatever was on my

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list was my responsibility.
COFFEY, Q.C.:
Q. Would laboratory medicine have been one of the programs covered by --
MS. PARSONS:
A. Yes, I did have lab for a short time.
COFFEY, Q.C.:
Q. And the times that you didn't have it, someone else--one of your others would have had them?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And I take it at times they would pass off from one to the other?
MS. PARSONS:
A. Things would become reorganized when new people came or needs changed, yes.
COFFEY, Q.C.:
Q. Now in terms of this quality facilitator's role, I ask you if you can just to elaborate on that a bit for the Commissioner, because the word used--the title is two words "quality" and "facilitator", okay.
MS. PARSONS:
A. Uh-hm.

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COFFEY, Q.C.:
Q. The facilitator aspect of it, can you expand upon that for the Commissioner in terms of your own role. For example, during the time that you had the laboratory medicine program during that period that you did have it --
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. As a facilitator, what were you doing, in fact?
MS. PARSONS:
A. For the lab?
COFFEY, Q.C.:
Q. Yes, what would you do?
MS. PARSONS:
A. Actually, the only interaction that I can recall having personally with the lab was helping them with data collection for their annual reports.
COFFEY, Q.C.:
Q. And perhaps you can explain to the Commissioner, annual report by them to whom, and how did you get involved?
MS. PARSONS:

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A. Yes. Well, the lab would be required, as is every other department, to submit an annual repot which eventually went to the board. They would require statistics perhaps, how many occurrences did we have last year, what were the nature of those occurrences. They may need assistance in formatting the actual report because from time to time formats changed. We did go through a period of a narrative report and then we went into a balance score card format, and sometimes people would need assistance with making sure their format was what the board expected.
COFFEY, Q.C.:
Q. And so you do recall in terms of your own interaction with the lab program while you did have it that you certainly helped them on at least one occasion prepare their repot for the board?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. But that would be, I take it, more a clerical or --
MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. Administrative role.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Ms. Parsons, do you ever recall receiving an incident report from the lab at all?
MS. PARSONS:
A. Oh, yes, there were occurrences from the lab.
COFFEY, Q.C.:
Q. So while you did have them as your responsibility --
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. An incident repot, as you described it, would come in.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What sorts of things would--first of all, what is an incident report?
MS. PARSONS:
A. We call them occurrence reports now.

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COFFEY, Q.C.:
Q. Occurrence reports.
MS. PARSONS:
A. It's an event that is unexpected. It can involve patient care, it can involve hospital property, it can involve one of our processes or our departments, you know, like financial services or something like that. So if we could order up a perfect episode of care for a patient, this thing wouldn't be included.
COFFEY, Q.C.:
Q. It wouldn't exist.
MS. PARSONS:
A. Yeah.
COFFEY, Q.C.:
Q. But--and what would you be expected, for example, to do with an occurrence report, and I'll ask you--I'll just give you an example. If a patient's tissue sample was found to have been mislabelled, as an example --
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. That would fall--and was discovered, that would fall within the purview of requiring an

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occurrence report?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What would you be required to do with something like that when it came in as a --
MS. PARSONS:
A. By the time--sorry.
COFFEY, Q.C.:
Q. As a quality facilitator?
MS. PARSONS:
A. By the time the occurrence report came to me, the manager had already seen it, read it, reviewed it, and hopefully initiated some follow up.
COFFEY, Q.C.:
Q. Manager of?
MS. PARSONS:
A. The lab.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. Because the person filling out the occurrence report would take it to his or her manager for review. So sometimes I would have to do

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nothing because it would be already resolved and that information would be included on the follow up from the manager. If it were just a statement of fact that this happened, I would have to contact the manager of the lab, ask him or her what do you know about this, and sometimes we would form what we call a process improvement team, which would trace the process of labelling specimens and step by step, how could this have occurred, what can we do to put in place to prevent this from happening again.
COFFEY, Q.C.:
Q. And while the period that you're a quality facilitator, those three years, do you ever recall any occurrence report or ever becoming made aware that patient care had to be changed because of a change in ER or PR results?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. As a quality facilitator, kind of putting on your hat -
MS. PARSONS:
A. Uh-hm.

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COFFEY, Q.C.:
Q. Quality facilitator's hat. If in the clinical laboratory, a patient's tissue sample was for whatever reason to be retested, and that originally the ER/PR result had been negative and it became positive and required a change in treatment, a change in the approach to the way the patient was dealt with, would you have expected that as a quality facilitator to generate an occurrence report? Is that the sort of thing that might occasion an occurrence report?
MS. PARSONS:
A. That to me would be a sentinel event if it were one patient.
COFFEY, Q.C.:
Q. Yes.
MS. PARSONS:
A. And it would require follow up and investigation in and of itself.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. Not necessarily would that be put on an occurrence report.

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COFFEY, Q.C.:
Q. Okay, was there any other form that would be used in that case?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Okay, so this--if it's a sentinel event, it wouldn't necessarily even be recorded on an occurrence report?
MS. PARSONS:
A. That's correct.
COFFEY, Q.C.:
Q. And to your knowledge while you were a quality facilitator was there any form to be prepared if there was a sentinel event?
MS. PARSONS:
A. We did have a policy and a process to follow for sentinel events, yes.
THE COMMISSIONER:
Q. Mr. Coffey, could we clarify what this witness sees as sentinel events?
COFFEY, Q.C.:
Q. Yes. So what is a sentinel event?
MS. PARSONS:
A. A sentinel event in my opinion is one which is

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important enough to be investigated in and of itself. For example, an unexpected death.
COFFEY, Q.C.:
Q. Yes. And just so I'm clear, would--you would expect that whoever was dealing, the department was dealing with the patient, would pursue why the patient died?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. In an unexpected manner?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. How, if at all, would that then come to the attention of the quality and risk management department?
MS. PARSONS:
A. It is always the practice within the organization that when anything of that nature occurred, the risk manager was notified.
COFFEY, Q.C.:
Q. But notified how?
MS. PARSONS:
A. Perhaps initially by a phone call to say we've

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had this happen, we need to discuss this with you or we need your advice on how to proceed.
THE COMMISSIONER:
Q. I just want to make sure I understand, Ms. Parsons. It's kind of important for me to understand how it works.
MS. PARSONS:
A. Okay.
THE COMMISSIONER:
Q. And what you're describing as a sentinel event, to me has a tone of being something more serious -
MS. PARSONS:
A. Is very serious.
THE COMMISSIONER:
Q. - than something that would generate an occurrence report?
MS. PARSONS:
A. Yes, it is.
THE COMMISSIONER:
Q. So do I understand it correctly that if there is something that on the scale would be considered to be less serious, that generates a report, but if something is more serious, there's no report but there may be a phone

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call to risk management?
MS. PARSONS:
A. Well, there would then follow a process that the risk manager would put in place with that program to follow up on this event.
THE COMMISSIONER:
Q. So, wait now. Now I'm seeing sort of forks in the road.
MS. PARSONS:
A. Okay.
THE COMMISSIONER:
Q. And if it is of a certain level of seriousness, then it gets diverted to risk management and you, in your job, would not thereafter deal with it. You would deal with those kinds of events that would give rise to an occurrence report?
MS. PARSONS:
A. For the most part. Now, the risk manager may draw me in.
THE COMMISSIONER:
Q. Um-hm.
MS. PARSONS:
A. When she went and did her initial meeting with the department involved and found out what the

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situation was, she may come back to me and say, "I need you to help me follow up on this."
THE COMMISSIONER:
Q. Okay.
COFFEY, Q.C.:
Q. Ms. Parsons, certainly during the time that you were quality facilitator from 1999 to 2002, you have no recollection of anyone ever bringing up ER/PR with you?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. In the way that we now have heard about it?
MS. PARSONS:
A. I did not hear of it until 2005.
COFFEY, Q.C.:
Q. 2005, okay. But again, to explore a bit further the role of the quality facilitator because the word "quality" is there, as well, as part of the title, did a quality facilitator have any role in ensuring that, for example, QA activities were actually carried out within the department you were responsible for or departments you were

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responsible for or quality initiatives, quality assurance, external proficiency procedures, if they were applicable, did you have any role at all as a quality facilitator in monitoring whether or not there were any such programs in the departments that reported to you, or I shouldn't say reported to you, you monitored?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. We acted in a consultant role. We did not have authority over the programs. And they, for the mst part, sought us out when they required help with their quality activities.
COFFEY, Q.C.:
Q. What quality activities there were to be or if there were to be any was up to the individual department, and if they wanted help to facilitate in relation to pursuing them, they could consult you if they wished?
MS. PARSONS:
A. When a department or program was added to my

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list, I made myself available to them. I introduced myself, I talked to them about my role and that I was at their service and that they should call me when they needed help.
COFFEY, Q.C.:
Q. And at one point the clinical laboratory program was part of your -
MS. PARSONS:
A. Yes, it was.
COFFEY, Q.C.:
Q. - workload? And did they ever ask you for any assistance other than to prepare their annual report?
MS. PARSONS:
A. I did facilitate a planning day for the lab at one point. I believe it may have been around the time when we were beginning to talk about restructuring and they were having a planning day and asked me if I would come and facilitate the event. My role was to keep them on track. They would divide into discussion groups and come back and report to the larger group, those sorts of things.
COFFEY, Q.C.:
Q. Now, do you recall when it was in your tenure

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as a quality facilitator that you did have the lab medicine program?

MS. PARSONS:

A. Right at the very beginning, I believe.

COFFEY, Q.C.:

Q. Okay. And so 1999, that would be around the time, we understand, that the Grace Hospital was being contemplated being closed?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And moving of the Janeway was also in the picture?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. So the idea of planning for changes involving the lab medicine program in an annual planning day?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. It would be that sort of a meeting?

MS. PARSONS:

A. Yes.

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THE COMMISSIONER:

Q. Mr. Coffey, wherever you want to break for lunch, you can -

COFFEY, Q.C.:

Q. Yes. Thank you, Commissioner. Actually, I will ask that now, we'll come back then and deal with your role as a patient relations officer.

THE COMMISSIONER:

Q. Okay. We'll met at five after two. Thank you.

(LUNCH BREAK)

THE COMMISSIONER:

Q. Mr. Coffey.

COFFEY, Q.C.:

Q. Thank you, Commissioner. Ms. Parsons, just before lunch we were speaking of the occurrence reports in contradistinction to what might happen in the event of a sentinel event, okay. The idea of something called a near miss, are you familiar with that?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Okay. What would you understand by a near miss?

MS. PARSONS:

A. Those would be reported on occurrence reports.

COFFEY, Q.C.:

Q. So it would be required to be reported in an occurrence report and would come through your office?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And a near miss, I take it, would be something or circumstances where it was realized after the fact that there had been some kind of an error made or mistake made, but the patient had not been harmed by it?

MS. PARSONS:

A. Yes, or potentially.

COFFEY, Q.C.:

Q. Or patient could have been potentially harmed by it?

MS. PARSONS:

A. Yes, a close call.

COFFEY, Q.C.:

Q. Close. If, for example, in respect of laboratory medicine program, if an ER/PR test

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was done and at some point in time, for example, 2002 or 2003, and it was repeated a month later or a year later, for that matter, and with a significantly different result, it went from a negative to a positive but there was no change in treatment required for the patient for whatever reason, would that have fallen into the category of a near miss? Would that be something that you would expect would have been reported on an occurrence report?

MS. PARSONS:

A. It does fit the description.

COFFEY, Q.C.:

Q. Description.

MS. PARSONS:

A. However, I know it was not reported on an occurrence report.

COFFEY, Q.C.:

Q. You know it was not actually reported, yes. But it would fall within the category of the things that should have been?

MS. PARSONS:

A. It certainly fits the definition.

COFFEY, Q.C.:

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Q. Definition. I take it, and we'll come to this shortly, in 2005 when you first got involved in this matter, I appreciate by then you were patient relations officer?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. But in terms of when you were involved in it in 2005 and 2006, do you know if any inquiries, to your knowledge, were ever made as to whether or not any occurrence reports had ever been filed in relation to ER/PR?
MS. PARSONS:
A. I never heard it discussed.
COFFEY, Q.C.:
Q. Okay. Ms. Parsons, what does a patient relations officer do?
MS. PARSONS:
A. I take compliments and complaints.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. From people who use our service.
COFFEY, Q.C.:
Q. And you were first appointed to that position

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in 2002?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. At that time was--from the onset there, were you working part-time?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Okay. Could you tell the Commissioner how that worked?
MS. PARSONS:
A. When I joined quality initiatives in 1999, as I've told you, I was a quality facilitator until 2002. With any new thing that comes into an organization, often it takes time for word to get around and for the job to require someone's full attention all the time, so I maintained many of my quality facilitator duties, as well as adding on complaints management to that.
COFFEY, Q.C.:
Q. That was beginning in 2002?
MS. PARSONS:
A. Yes.

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COFFEY, Q.C.:
Q. Okay, yeah. So it's clear, as the instructor from 1999, that was a fulltime job back in-- staff development department?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. That would be a fulltime position?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. When you joined quality and risk management and acted as a quality facilitator between 1999 and 2002, that was a fulltime position?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. But when you became a patient relations officer, now called a client relations consultant, beginning in 2002, initially you were working fulltime?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. But your duties involved a mixture of quality

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facilitator role that you continued on for -
MS. PARSONS:
A. Some of them, yes.
COFFEY, Q.C.:
Q. - a period of time. And as well, though, as time went on, the fact that you were a patients relations officer, I'm sorry?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. When that became known, that took up more and more of your time?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. I have that?
MS. PARSONS:
A. By the fall of 2003 I requested to work part-time. That request was granted. The quality facilitator duties were reassigned to someone else and I became solely responsible for complaints management.
COFFEY, Q.C.:
Q. And that is in your capacity as a patient relations officer?

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And that's the Monday, Wednesday and Thursday?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Work. And who did you report to as a patient relations officer?
MS. PARSONS:
A. The director of quality.
COFFEY, Q.C.:
Q. And at the time that was whom?
MS. PARSONS:
A. In the beginning, in 2002, it was Sharon Smith. There was a period when Heather Predham was acting in that capacity. And currently Pamela Elliott is the director of quality.
COFFEY, Q.C.:
Q. And was there--while you were acting as a patient relations officer, was there anyone reporting to you?
MS. PARSONS:
A. No.

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COFFEY, Q.C.:
Q. Were there any other patient relations officers?
MS. PARSONS:
A. Not in 2002. Since then Central board has one. She did come and spend a week with me seeing how I did my work. I would think that was possibly in 2006.
COFFEY, Q.C.:
Q. I'm sorry, who was that?
MS. PARSONS:
A. Cheryl Peckford was her name and works in Central.
COFFEY, Q.C.:
Q. Okay, she was just there for a week?
MS. PARSONS:
A. Came in to see how -
COFFEY, Q.C.:
Q. Oh, how you were doing, but in terms of -
MS. PARSONS:
A. - a patient relations officer works.
COFFEY, Q.C.:
Q. Have the Health -
MS. PARSONS:
A. And now she is -

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COFFEY, Q.C.:
Q. The Health Care Corporation and Eastern Health effective -
MS. PARSONS:
A. I'm the only one.
COFFEY, Q.C.:
Q. You were the only one, okay. So then throughout the time that you were dealing with ER/PR, and I'll take you to it in a moment, beginning in the middle of 2005, throughout the time as a patient relations officer you were reporting to, initially when this arose?
MS. PARSONS:
A. Heather.
COFFEY, Q.C.:
Q. Heather Predham. And then it became Pam Elliott?
MS. PARSONS:
A. That's correct.
COFFEY, Q.C.:
Q. Ma'am, I appreciate that a patient relations officer takes compliments and complaints, but what in practice does that mean?
MS. PARSONS:
A. My role was to be a central registry for all

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of the complaints that came into the organization. The idea for the patients relations officer role came out of a accreditation survey where in their report the surveyor suggested to us that we might benefit from having some idea of how many complaints we were really getting because prior to the role being created, departments and programs dealt with their own complaints.
COFFEY, Q.C.:
Q. And there was no central?
MS. PARSONS:
A. That's correct.
COFFEY, Q.C.:
Q. Repository of that?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And then how then was that structured in terms of how you would keep track of it?
MS. PARSONS:
A. Well, the role of the patient relations officer was to take the information and then put the person with the problem in touch with someone who could help them. I kept track of

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that by setting up a file in my computer, an Excel file in my computer, but day to day when people called me, I kept a handwritten sheet on each patient.

COFFEY, Q.C.:

Q. And how the record keeping approach and the idea, for example, of keeping a particular sheet for a particular patient for a particular day, that, I take it, was your own?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. You've referred to the fact that a person from Central Newfoundland in 2006 came in to St. John's at least to be able to observe what you were doing?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Your approach. Were you afforded the opportunity, as a patient relations officer, when you first started, to go anywhere else and see how anyone might do this?

MS. PARSONS:

A. No.

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COFFEY, Q.C.:

Q. Like for example, Nova Scotia or Ontario or Pennsylvannia or anything like that?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Okay. Were you given any guidance, Ma'am, at the time when you were setting up as a patient relations officer?

MS. PARSONS:

A. Well, we researched as much as we could from other provinces, found places that had a similar role, asked them if they would share their material with us, and that's what we based our practices on.

COFFEY, Q.C.:

Q. Do you recall who else you consulted or who else you received material from?

MS. PARSONS:

A. I know there was material from Vancouver in the file.

COFFEY, Q.C.:

Q. Pardon me?

MS. PARSONS:

A. In the files, I know there are copies of things from Vancouver.

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COFFEY, Q.C.:

Q. Ma'am, if we could, Exhibit P-0042, please? Just a couple of exhibits here that relate to your testimony this morning. This is a Health Care Corporation of St. John's document implementing a quality plan. It's entitled "Framework Process, Project Teams and Consumer Feedback." It's dated April 1999, and then there's a table of contents, but if we could go, please, to page 81? This is the Quality Initiatives department program/department linkages.

MS. PARSONS:

A. Um-hm.

COFFEY, Q.C.:

Q. And it's indicated to be revised September 14th, 1998. Your name is there in the middle, Nancy Parsons, QI facilitator, and then the third entry, third department is laboratory.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And the other departments and institutions you were responsible for at that time are listed there as well.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Ma'am, could you tell the Commissioner, please, what then you recall about first hearing about ER and PR, how you kind of got involved in all this?

MS. PARSONS:

A. I first heard about it in the late spring early summer of 2005. Heather called us, the staff in Quality, together for a meeting. I'm not sure if it was a regularly scheduled staff meeting or a specially called meeting. She told us that there was something happening in the lab, that she wasn't sure the details yet, but that we could possibly hear more about it as time went on. She mentioned this test and we asked her what that meant, and she explained the test to us, generally.

COFFEY, Q.C.:

Q. The ER/PR test?

MS. PARSONS:

A. The ER/PR test.

COFFEY, Q.C.:

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Q. So before this meeting with Ms. Predham, you had had no information generally about ER/PR? It wasn't something you were familiar with?
MS. PARSONS:
A. Not at all.
COFFEY, Q.C.:
Q. And do you recall, at the time--well, first of all, do you recall when this was? Can you narrow it down any more than you have?
MS. PARSONS:
A. Around the end of May, first, early June, first week in June possibly.
COFFEY, Q.C.:
Q. And what did you understand was the purpose of Ms. Predham bringing the staff in to tell them this?
MS. PARSONS:
A. This was her usual practice. She was acting director at the time and if there was something within the organization that could possibly, in the future, require resources from Quality, she would let us know that it might be coming.
COFFEY, Q.C.:
Q. Do you recall anything more about what you

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were told at the time? Was there any sense of how big the problem or potential problem might be or the ramifications for patients, anything like that?
MS. PARSONS:
A. No, it was a general piece of information. This was one of the tests that we do on breast cancer tumours, and whether it's negative or positive can affect the treatment which a patient can have, and we would know more as time went on.
COFFEY, Q.C.:
Q. At that time, do you recall whether or not you were told about a patient already having had a changed result or patients having had changed results?
MS. PARSONS:
A. I think so. I think Heather did mention that there was a patient who when her specimen was retested, her results were different.
COFFEY, Q.C.:
Q. I'm just going to ask, please, again, so the Commissioner will have some sense of your work environment as a patient relations officer, if we could look, please, Registrar, at Exhibit

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C-0248? Now here, this handwriting, Ms. Parsons, do you recognize that?
MS. PARSONS:
A. That is my handwriting.
COFFEY, Q.C.:
Q. This reads "Nancy Parsons, complaints, November 1, 2004 to May 2006." It's Book Two.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What does Book Two mean?
MS. PARSONS:
A. There would have been a previous book starting in 2002.
COFFEY, Q.C.:
Q. Okay. Just going to--and then we go on to the second page of the exhibit is entitled, message log sheet?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And there's a date, space for--a page, and the page number is not filled in. There's a date and time.
MS. PARSONS:

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A. Um-hm.
COFFEY, Q.C.:
Q. There's a message from column, a telephone number column, and there's a message?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And then there's a space out here for check marks.
MS. PARSONS:
A. Um-hm.
COFFEY, Q.C.:
Q. And just go on through this, and in fact, there are 82 pages in this particular exhibit. Could you explain to the Commissioner then what this sort of a book was used for? I take it this is in the form of a book?
MS. PARSONS:
A. Yes, it is. It's a bound volume. This is the book that I use to record the phone calls that came in to me as the patient relations officer. So on Thursday, October the 6th, at 11:15, there was a call from someone whose name has been -
COFFEY, Q.C.:

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Q. Redacted.
MS. PARSONS:
A. - redacted, giving me information.
COFFEY, Q.C.:
Q. And then there's a second entry. There's some kind of a star to the left-hand side, of course there's redaction. There's a date, June 7th, 1966 and then there's 2002 negative, re: reconstructive surgery, and then there's some names redacted or information redacted. I take it then, Ms. Parsons, that you would-- as you would take phone calls, would record information pertinent to the phone call?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. How then would you utilize that information?
MS. PARSONS:
A. In the case of a call such as this, I know that this is a call with regards to retesting of breast tissue. If the patient were asking me for information, I've written June 7th, 1966 there, I expect that is the patient's birth date.
COFFEY, Q.C.:

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Q. Yes.
MS. PARSONS:
A. We use MCP and birth date as positive identification. I may, as I was talking to her, be able to look in the computer and see whether there was any additional information there that I could give her, or I may have to take the information from her and say "I will check and call you back."
COFFEY, Q.C.:
Q. And so, if you had to do some further checking, you--if you couldn't do it right then and there on the computer screen -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. - you would record information to enable you to go back to the patient?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Contact him or her again, and then make the inquiries you had to and then contact the patient again?
MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. Was there any system you had in place for keeping track of "well, I've cleared this," cleared it in the sense of "I've responded to the particular patient's inquiry or concern"? Did you have any system in place in that regard?
MS. PARSONS:
A. The tick on the left-hand side indicates to me that I did call that patient back or her business was concluded.
COFFEY, Q.C.:
Q. Okay, so looking here, what I'm looking at here, that tick there -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. - this one, that one, that one, this one, if we go down through them, some of them are partially redacted, but we can see.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. So if there's no tick, does that mean that it

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wasn't addressed or what? What does it mean? The absence of a tick here on the left-hand side.
MS. PARSONS:
A. I'm afraid that my system may not have been 100 percent perfect.
COFFEY, Q.C.:
Q. Foolproof.
MS. PARSONS:
A. Foolproof, but that was my aim, and my usual practice to tick when the interaction had been completed.
COFFEY, Q.C.:
Q. And I take it -
MS. PARSONS:
A. The absence of ticks may not mean that it was not though.
COFFEY, Q.C.:
Q. That it was not--does not necessarily mean that it wasn't addressed?
MS. PARSONS:
A. I may have--still may have done it without ticking it.
COFFEY, Q.C.:
Q. In fact, I take it, in effect, this tick

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column on the right-hand side, or the space for the ticks, you just simply didn't utilize that, you utilized one on the left?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. As a personal preference?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. What would happen in relation to phone calls intended for yourself during the days you were not at work, for example, the Tuesdays and Fridays? How did that work?

MS. PARSONS:

A. There was arrangements made with my colleagues in Quality to take the calls that came in.

COFFEY, Q.C.:

Q. And then how would they be handled?

MS. PARSONS:

A. They would respond to them if necessary or they would--if the caller specifically asked to speak to me, they would explain that I was at that number on Mondays, Wednesdays and Thursday, and they could call back or I would

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call them back.

COFFEY, Q.C.:

Q. And did you, in your own position, have an answering machine?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. For your own particular number. So for example, on a Monday, if you were working and the phone rang, you'd take the call?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. If you were away from your desk and a person phoned your number and chose to leave a message, you would check your messages and get back to them accordingly?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. If a phone call came in on a Tuesday, because at this point you were the only patient relations officer -

MS. PARSONS:

A. Yes.

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COFFEY, Q.C.:

Q. - in the middle of 2005, I'm correct on that?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Okay. They would either leave the--on Tuesdays, would the message go or the call go directly to your number?

MS. PARSONS:

A. Still, yes.

COFFEY, Q.C.:

Q. Were your colleagues answering your phone on Tuesdays and checking the phone on Tuesdays or would they kind of pile up until you came in on Wednesday morning?

MS. PARSONS:

A. No, no, the messages were checked.

COFFEY, Q.C.:

Q. And then how did your colleagues then communicate to you about what they did or didn't do on Tuesdays and Fridays?

MS. PARSONS:

A. They would keep notes. They would, next morning, come in and tell me what they had done or what was outstanding for me to follow

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up on.

COFFEY, Q.C.:

Q. And what would happen then to those notes?

MS. PARSONS:

A. Their original notes?

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. I may have written them into my book and discarded the note.

COFFEY, Q.C.:

Q. "My book" is this message log sheet?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Go ahead, I'm sorry.

MS. PARSONS:

A. Or sometimes I kept the actual piece of paper that they gave me. My message on my voice mailbox at the time did say, "You've reached the patient relations officer, I am at this number on Mondays, Wednesdays, and Thursdays. Please leave a message and I'll call you back, or if you need help right away, you can contact my colleagues".

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COFFEY, Q.C.:
Q. Now here, for example, looking at page five of this particular exhibit, C-248, I look here-- and the entry number--well, it's dated Thursday, October 13th, 2005, across the top here. I take it that that--would that signify then whatever happens below relates to that date?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Okay, until you have a new date?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And here on that particular day there's a reference to coordinator, cancer registry, NCRTP, Dr. Paul Neil, Corner Brook, pathology, listing of all breast cancer patients, 1997, 1998, 1999, were not on Meditech.
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. What sort of information does this relate to, would you actually be dealing with Dr. Neil

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yourself?
MS. PARSONS:
A. Sometimes I did speak to him. This may have been something that we were looking for, a list of all the breast cancer patients, and Dr. Neil suggested that I check with the Cancer Centre.
COFFEY, Q.C.:
Q. So at times if one was to go through this, one would see--be able to see a time, say, if they went through it line by line, and there are a number of these exhibits, the interaction at times that you had had with, for example, Dr. Neil, Dr. Cook, I'm pointing at here?
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. Barry Dyer. At times you would record your interaction with people such as them in this book?
MS. PARSONS:
A. Yes, I would. For example, if I wanted to remind myself to call Dr. Cook, I might write it there like that, to call him, or Barry Dyer.

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COFFEY, Q.C.:
Q. And I take it as well, Ms. Parsons, that there would be a number of entries in these books that would have nothing to do with ER/PR?
MS. PARSONS:
A. Oh, yes.
COFFEY, Q.C.:
Q. Quite a number of them. All the other work you were doing, any other complaint, concern, compliment --
MS. PARSONS:
A. Everything is in here.
COFFEY, Q.C.:
Q. That would have been passed through your office would be recorded here in a fashion similar to the ER/PR?
MS. PARSONS:
A. That is correct.
THE COMMISSIONER:
Q. What does the star or the asterisk indicate?
MS. PARSONS:
A. Commissioner, in the beginning when we started recording calls from breast cancer patients, I attempted to keep track of them by indicating with a star that that was a breast cancer

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inquiry.
COFFEY, Q.C.:
Q. That's this star here, for example?
MS. PARSONS:
A. Yes. However, I did not--I wasn't able to keep doing that as the numbers became higher and higher.
COFFEY, Q.C.:
Q. And an asterisk meant what?
MS. PARSONS:
A. An asterisk probably meant I wasn't able to reach the person, I'll call them back, reminding myself that you still haven't reached that person.
COFFEY, Q.C.:
Q. And, for example, here Thursday, October 13th, 2005, at the top of page five of this exhibit, C-248 --
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. Go on to the next page, the next entry is from Monday, which would be your next working day?
MS. PARSONS:
A. Yes.

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COFFEY, Q.C.:
Q. October 17th, 2005, and it goes on from there. So generally, at least in the beginning, we see here on October 17th the--not the first entry, but the next four entries have stars?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Which would be related to ER/PR?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And then there's a number of others below?
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. And we'll come to the screen captures in your notes on those in a little while. If we could, please, bring up Exhibit C-249. This is book three noted there on the first page of the exhibit right there, "Nancy Parsons communications, May, 2006 to May, 2007, message logbook", and I take it then, Ms. Parsons, we just--really just continue on with the narrative?

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. In effect.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And if we could bring up, please, Exhibit C-250. This is noted to be book three continued, this particular portion of the message log sheet, which again, I take it, is just a continuation of your records. C-251, please. Again following--this is book four, May 23rd, 2007, to September 5th, 2007. Similar?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. C-252, please, a message log sheet, book four continued, September, 2007, to February, 2008. If we could look, please, at Exhibit C-260, and these are, I take it--the first entry here on page one--it's 13 pages long, the exhibit, is April 21st, 2008, so again, I take it, it's a continuation?

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And finally C-261. This is book five, February of 2008. So if we intersperse them there, you can actually just kind of lay it out chronologically from beginning to end, a record of your notes?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. As kept in this format?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. You'll be happy to learn that I'm not going to be taking you through it line by line. If we could look, please, at Exhibit P-1929. Ma'am, this is a note, if I recall correctly, this would be Dr. Cook's handwriting. Anyway, he notes, "Nancy Cook Parsons had called on July 14th. Mrs [redacted] felt no need to see us. Nancy called on July 14th, 2005, at 12:01 p.m." So at times, as we looked earlier in the message log, you're dealing with Dr. Cook

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directly?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Barry Dyer directly, Paul Neil, could be anybody involved in this, in effect?
MS. PARSONS:
A. Mostly Dr. Cook.
COFFEY, Q.C.:
Q. Okay, in a clinical sense --
MS. PARSONS:
A. Frequency of interaction with him.
COFFEY, Q.C.:
Q. So Dr. Cook in the main?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Whom else then, the next most frequently?
MS. PARSONS:
A. That I would be talking to?
COFFEY, Q.C.:
Q. Yes.
MS. PARSONS:
A. Heather.
COFFEY, Q.C.:

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Q. Ms. Predham.
MS. PARSONS:
A. And Dr. Cook's secretary, Judy Thomas, because often she would answer Dr. Cook's phone. The people who worked in the pathology labs in the regions, it would often be necessary for me to call them and ask them to check on a patient's original results. It's difficult for me to think about only ER and PR because everything else was happening too. Those are some of the frequent people I would talk to.
COFFEY, Q.C.:
Q. So to return then to the middle of 2005, Heather has gathered you all together.
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. Giving you a heads up.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. After that, do you recall whether there was any discussions amongst the staff as to what was going on here?
MS. PARSONS:

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A. No.
COFFEY, Q.C.:
Q. You were told about it, and left it there for the time being?
MS. PARSONS:
A. She said she would keep us informed.
COFFEY, Q.C.:
Q. And then what happened, what do you next remember happening?
MS. PARSONS:
A. From the notes that I've reviewed, there was a meeting that Heather invited me along to, and I went.
COFFEY, Q.C.:
Q. Do you recall who was at the meeting?
MS. PARSONS:
A. I have seen the note on this, and I believe it was Dr. Williams, Mr. Tilley--there was one meeting where I met Dr. Hunt. I'm not sure if that was the first meeting or not.
COFFEY, Q.C.:
Q. And do you recall--first of all the notes you've seen, do you recall whose notes you saw?
MS. PARSONS:

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A. Dr. Williams.
COFFEY, Q.C.:
Q. And the purpose you understood you were there for was what?
MS. PARSONS:
A. In case there was any decision made about communicating with patients, I was there to hear it firsthand and to know what the plan was.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-0070, and this is an e-mail, July 15th, 2005. It's from Deborah Thomas to Susan Bonnell. She refers to update from Heather Predham. The first bullet is, "Nancy is thinking about how to implement a hotline".
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. See that?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What do you recall about that?
MS. PARSONS:

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A. What I recall is that there was--in the early days in July, there was discussion about whether we would write a letter to patients or whether we would--I think it was writing a letter in the early days was the intention, and it was wondered by the staff whether people getting a letter might have questions.
COFFEY, Q.C.:
Q. Uh-hm.
MS. PARSONS:
A. So I was asked to investigate whether we could set up a 1-800 line where people could call with their questions.
COFFEY, Q.C.:
Q. Did you make such inquiries?
MS. PARSONS:
A. Yes, I did.
COFFEY, Q.C.:
Q. And what happened?
MS. PARSONS:
A. The phone people said it was no problem, did we want a line where someone would be answering it 24/7, or did we want a line where there would be voice mailbox. Those were the two options, and that was the end of my

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involvement with that.
COFFEY, Q.C.:
Q. So you were told that the phone company could do, in effect, whatever you wanted?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. In terms of make the arrangements.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Who did you pass that information on to?
MS. PARSONS:
A. I certainly would have told Heather.
COFFEY, Q.C.:
Q. Do you know if such a hotline was set up at the time?
MS. PARSONS:
A. It was not.
COFFEY, Q.C.:
Q. Were you aware of why it was not?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Exhibit P-2832 please? This is an e-mail from

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Deborah Thomas, Monday, July 18th, 2005 at 2:31 p.m. to yourself. It's copied to Ms. Bonnell and Ms. Predham. The subject is "Letter Draft". And Ms. Thomas writes, "This is just to get us going.....Nancy, your thoughts." Who is Deborah Thomas?
MS. PARSONS:
A. She worked in corporate communications.
COFFEY, Q.C.:
Q. And when we look here at page two of the exhibit, it reads "Eastern Health would like to advise you of a situation which has led to the retesting of your breast tissue sample. This is just an advisory notice, you would not have to do anything. Due to improved technology and the finding of some earlier inconsistent results, Eastern Health has begun retesting a select group of breast cancer patient samples to check for estrogen and progesterone receptors. The presence of these receptors helps determine the most appropriate treatment of breast cancer. Although we are retesting your tissue, this does not mean your treatment has or will change. Retesting will be conducted with existing tissue samples of

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women who are not required to have additional testing and are not required to come to the hospital. Women who do not have to have their treatment altered because of this result, will be contacted by their family doctor or oncologist. If you are not contacted, your result did not change. If you have any questions about this process, please call 1-800 and leave a message. Someone will get back to you promptly. Thank you." Now, Ms. Parsons, why would Deborah Thomas at 2:31 p.m. on July 18th be sending you this letter draft?
MS. PARSONS:
A. The coversheet says for my thoughts, so I expect she was asking whether I had anything that I wanted to add or change in the letter.
COFFEY, Q.C.:
Q. Did you?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. What then happened with respect to this? Did you communicate back to Ms. Thomas that the letter was fine from your perspective?
MS. PARSONS:

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A. I can't recall, but I probably did.
COFFEY, Q.C.:
Q. And then what happened to the idea, I take it this is a letter that's intended to go to patients who were being retested?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What happened with the idea?
MS. PARSONS:
A. There was more than one draft of the letter, there were--that were being circulated. The idea of a letter continued to be discussed until a decision was made much later that we were going to notify patients by phone.
COFFEY, Q.C.:
Q. So this here, covering e-mail as I pointed out, is midway through the afternoon of Monday, July 18th. The idea of sending a letter then, I take it, had come up before?
MS. PARSONS:
A. It must have, yes.
COFFEY, Q.C.:
Q. It came up at some time because "this is just to get us going" and this was not new to you,

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the idea of a letter?
MS. PARSONS:
A. I had heard it before.
COFFEY, Q.C.:
Q. You heard about this before.
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. You would have understood you were being asked for your input or thoughts.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. But it wouldn't have been the first you heard of it?
MS. PARSONS:
A. No, but it may have been the first draft that I saw.
COFFEY, Q.C.:
Q. And we do look here, it does refer to potential for a 1-800, which would be, in effect, a hotline.
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:

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Q. And you had been checking, according to that e-mail we just looked at back on Friday, July 15th, late the week before you were inquiring into implementing a hotline.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. So, Ms. Parsons, like as of the end of the week of July, the week that ended July 15th and began July 18th, those two weeks -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. On that weekend and going into the week of July 18th, from your perspective what did you understand was contemplated would happen at that point?
MS. PARSONS:
A. That patients who had been identified as needing retesting would be notified in a letter.
COFFEY, Q.C.:
Q. And where did you get that understanding from?
MS. PARSONS:
A. From these draft letters that were

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circulating, from the discussion at the meeting regarding how are we going to contact the patients.
COFFEY, Q.C.:
Q. And, I take it, that would be one of the purposes of having a hotline at all, which you had been asked to look into.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. As part of your role in this would be -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. People would have to know about it generally or at least somebody would have to know about it for there to be any use for a hotline at all?
MS. PARSONS:
A. That's correct.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-0926? This is two e-mails of July 19th, 2005. One at 8:22 a.m. from Ms. Predham to a number of individuals. The subject is "Information from

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HIROC" and the Commissioner has seen this a number of times before because a number of other witnesses have been referred to it. At the top of the page in the exhibit, there's an e-mail at 8:36 a.m. on the same day from Ms. Predham to Debbie Parsons and Nancy Parsons, Deanne Emberley, David McCormack, Pamela King-Jesso and Janet Laidley, same subject matter, is "Information from HIROC" and in fact, she's forwarding the e-mail she had sent at 8:22 to yourself and others. These individuals, who are they, up here at the top of the page?
MS. PARSONS:
A. That is the staff of the Quality Department.
COFFEY, Q.C.:
Q. Who would have reported to Heather Predham at the time?
MS. PARSONS:
A. No--well yes, if she were in the director's -
COFFEY, Q.C.:
Q. If she was still in the acting director's role.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:

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Q. And she has written here in relation to the e-mail below here, "The plot thickens....". And in this e-mail, the one of 8:22, ma'am, she refers to the Labrador situation--what we now know to be Health Labrador situation class action lawsuit, disclosing to patients, sending letters to patients and she concludes by saying "This leads to our situation, it's not that they don't want us to disclose, they just don't want us to disclosure until we are sure of our facts. I've had a quick voice mail from Dan after my chat with HIROC, they contacted him after they hung up with me, reiterating this and that they will be in touch again in the morning. So I guess we will have to re-evaluate where we are before we plan to send those letters, et cetera. Should we chat about this face to face? Signed Heather." And I appreciate she's sending this to senior people within Eastern Health, but she did copy it to yourselves, the staff.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

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Q. Was there any discussion then about this within the Quality Department?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Had you discussed this at all with anybody?

MS. PARSONS:

A. We all read the e-mail and said, well, there's still no decision made about notifying the patients. We will have to wait and see.

COFFEY, Q.C.:

Q. And what did you next hear then about that issue about notifying the patients? What did you next hear?

MS. PARSONS:

A. It was an ongoing dialogue about the letters and how we were going to get the contact information for all the patients and things like that and the next definitive thing that I can remember is Heather coming back from a meeting and saying to me, we are going to be phoning all the patients to inform them that they're being retested.

COFFEY, Q.C.:

Q. Do you recall when that would have been?

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MS. PARSONS:

A. Oh much later, probably October.

COFFEY, Q.C.:

Q. Okay, that's the fall of 2005.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. So in the meantime, there is--the week before July 18th, the week before that, you're asked to check on a hotline and you do it.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Monday, July 18th you're asked to comment upon a letter to a patient, a draft of a letter to patients.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Then you get an e-mail, you're copied on an e-mail or forwarded an e-mail saying there is some concern about communicating with patients by letter.

MS. PARSONS:

A. Yes.

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COFFEY, Q.C.:

Q. Raised by the insurer and the next, other than a general, sometimes a discussion about it or a comment upon it, the next you hear about communicating with patients is in October from Ms. Predham?

MS. PARSONS:

A. The next specific thing I can remember, I was away for the month of August. There may have been lots being discussed in August that I am not aware of.

THE COMMISSIONER:

Q. Ms. Parsons, I just want to make sure I understand, now you're saying that by October, some point in October at any rate, Ms. Predham indicated to you that a decision had been made to phone the patient and I understand that up until the point of this particular exhibit in mid July, the plan of action included writing the patients.

MS. PARSONS:

A. Yes.

THE COMMISSIONER:

Q. So between July, mid July and this point in October when a decision is made to phone them,

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is it a case of letters being off the table and people looking at other considerations or what sort of happened between those two periods of time, if anything, that you can remember?

MS. PARSONS:

A. What I can remember, Commissioner, about September is the letter is still being discussed, but along with that, there are the pros and cons being considered. Would it be better if we talked to the patients because then they would have an opportunity to ask us questions then an there, or is it better to give them something that they can refer to and call us back when they've had a moment to digest the information.

THE COMMISSIONER:

Q. Uh-hm.

MS. PARSONS:

A. And that's the way it went.

THE COMMISSIONER:

Q. Okay, so really between mid July and some point in October, there's just an ongoing dialogue continuing about what the best way is to communicate.

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MS. PARSONS:

A. Yes.

THE COMMISSIONER:

Q. And do you know what you were going to communicate? Sorry, Mr. Coffey, am I getting ahead of things?

COFFEY, Q.C.:

Q. No, no, you go ahead.

MS. PARSONS:

A. We were going to inform the patients who needed retesting that we would be retesting their sample.

THE COMMISSIONER:

Q. Okay, so the plan at that point was to communicate about the fact that there would be retesting. All right, thank you.

COFFEY, Q.C.:

Q. You were gone, I take it, Ms. Parsons on vacation all of August?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Of 2005. Prior to going on vacation, what, if any, understanding did you have about how many patients had been retested, how many if any of them had been told about the results already? In effect, I'm asking you how much were you in the loop before you went on vacation?

MS. PARSONS:

A. I was only aware of the index case and possibly two others.

COFFEY, Q.C.:

Q. And in relation--without naming those two patients, what would you have been told about the two others?

MS. PARSONS:

A. Just that there was one patient, the index case was the start and then there were two other patients who, their physicians requested their samples be retested as well and they had also changed.

COFFEY, Q.C.:

Q. And did you have any understanding about what else, if anything, was going on?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Like how much retesting was going to be done, where it was going to be done, anything like that?

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MS. PARSONS:

A. In the middle of July?

COFFEY, Q.C.:

Q. Yes, before you went on vacation, because that would be the point at which--and I will ask you this, while you were on vacation, I take it you weren't in contact with Eastern Health?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Okay, when you went on vacation, you went on vacation.

THE COMMISSIONER:

Q. Lucky you.

COFFEY, Q.C.:

Q. Yes, you were able to. But what I'm getting at, ma'am, is when you went no vacation, up to that point you were aware of the index patient, two others, perhaps retested, the hotline, the letter draft and that e-mail then about the plot thickens, and there's another one I'm going to refer you to now of Q & A's, but in terms of what Eastern Health was doing or planned to do in terms of actual retesting, where it was going to be done, you weren't

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privy to that?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Before you went on vacation, had anyone alerted you to the fact that, well some patients do know, you knew about three, but there were others, in fact, apparently had been told their retest results. Were you alerted to the idea or notion that you might get a call asking you about it?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. That someone else, because you would be the person, I gather, who people would be directed to initially.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And on that point I wanted to ask you within Eastern Health at the time, this is the middle of 2005 and before you went on vacation, what sorts of matters would people within the organization understand should be referred to

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you?
MS. PARSONS:
A. It varied a great deal. Some managers were very good with dealing with their own problems and others preferred to refer to a third party for the initial encounter, if you will.
COFFEY, Q.C.:
Q. With the patient.
MS. PARSONS:
A. Yes. So and individual's comfort levels with confrontation is different, so your question was?
COFFEY, Q.C.:
Q. What was the understanding within Eastern Health as to what sorts of matters were to be referred on to you, in your capacity?
MS. PARSONS:
A. When I began the role, I give little education sessions to anyone who would allow me to come and talk to them about the new role and the purpose of it and how I could help them and how they could help me by--I didn't necessarily need to be the first person to hear about a problem or a complaint, but I would appreciate when they had it all sorted

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out to send it over to me, so I could file it as resolved, or if they prefer, they could refer the person to me as a sort of uninvolved third party, if you will, and I would initiate the investigation.
COFFEY, Q.C.:
Q. And I take it there was no hard and fast rule within Eastern Health or the Health Care Corporation before and now Eastern Health, as to certain things are to be referred to Ms. Parsons?
MS. PARSONS:
A. No, there was a great deal of variety and the severity of the complaints that I dealt with.
COFFEY, Q.C.:
Q. In that regard then, if a manager was of the disposition or of the sort that was prepared to deal directly with a complaint -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And it came directly to that manager, then you might never heard about it first nor last?
MS. PARSONS:
A. Hopefully they would tell me afterwards, but I

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would have no way of knowing if they chose not to.
COFFEY, Q.C.:
Q. And there was no requirement or rule that they tell you?
MS. PARSONS:
A. It was, when I went and explained my role -
COFFEY, Q.C.:
Q. Oh yes.
MS. PARSONS:
A. It was part of the process that the information would eventually end up with me.
COFFEY, Q.C.:
Q. So they would have understood -
MS. PARSONS:
A. For registering the complaint.
COFFEY, Q.C.:
Q. Okay, so they would have understood that protocol required that even if they dealt with it, that they were supposed to pass it on to you?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Exhibit P-0510 please? Ms. Parsons, this is

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an e-mail of Tuesday, July 19th at 10:05 a.m. from Ms. Predham, that same Tuesday. It's to a number of individuals within Quality, including yourself. The subject is "Questions", the attachments are labelled faq.doc. She writes, "I've attached the questions and some answers I came up with yesterday. Before I send them elsewhere, look them over and let me know what needs to be added or deleted. Signed Heather." If we look here on page two of the exhibit, there's a series of questions in bold print, the first of which was "I was tested for ER/PR receptor between 1997 and 2004, what does this mean to me?" And then there's a response. There's a question, "I was tested for ER/PR receptor before 1997, what does this mean to me?" And there's no response drafted here. It goes on down through this, okay?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Do you know if you responded to this? Did you ever provide any -

MS. PARSONS:

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A. I had certainly seen it before. Whether or not I had input, I can't remember.

COFFEY, Q.C.:

Q. One of the questions posed here is, six from the bottom is "How did this happen?"

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And I see there's no answer here, suggested here. As of July 19th, I take it you would not have known the answer to that? "How did this happen?"

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Did you ever learn yourself the answer to that question or a possible answer to it?

MS. PARSONS:

A. The explanation that I gave to patients who asked me that question was that we don't really know. This is a complicated test, there are many steps to it and we are checking to see whether something went wrong in the lab and until we have the answer, we don't know either.

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COFFEY, Q.C.:

Q. And when did you first formulate that answer?

MS. PARSONS:

A. When I started getting calls from patients.

COFFEY, Q.C.:

Q. Which would be in October, I believe, of 2005?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And did you continue to give that answer as the years went on?

MS. PARSONS:

A. Pretty much.

COFFEY, Q.C.:

Q. And who did you get that understanding from?

MS. PARSONS:

A. From the information that I had heard at the meetings or talking to Heather or -

COFFEY, Q.C.:

Q. Did anyone approve of you giving that answer?

MS. PARSONS:

A. I'm sure I said to Heather, my boss, this is what I've been saying to patients.

COFFEY, Q.C.:

Q. When it was breaking in the media on October

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2nd, October 3rd, that week, you would have understood that you were about to get such questions, you anticipated them.

MS. PARSONS:

A. Yes, yes.

COFFEY, Q.C.:

Q. And you would have told her at the time, this is what I am going to say or I just said this morning and I am going to repeat, unless you tell me otherwise, I take it that was the sort of -

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Did she have any problem or express any reservation with you doing that?

MS. PARSONS:

A. She didn't say if she did.

COFFEY, Q.C.:

Q. She didn't tell you she had any problem with it?

MS. PARSONS:

A. That's right.

COFFEY, Q.C.:

Q. Did anyone ever explain to you what had

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happened here or how did this happen? Anyone, for example with some--who would be in a position to know and I'll name Dr. Cook, Dr. Carter, Dr. Williams, Ms. Predham, probably Patricia Pilgrim, there's a number of different people I could kind of name off, did any of them ever tell you, explain to you how did this happen?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Did you ever ask any of them point blank and bluntly how did this happen, because I'm having to tell the patients the answer to that question. Did you ever ask anybody that?

MS. PARSONS:

A. I may have asked Heather, do we know what happened?

COFFEY, Q.C.:

Q. Do you recall when that was in the whole of the scenario?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. What did she respond?

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MS. PARSONS:

A. We still don't know.

COFFEY, Q.C.:

Q. And from the perspective of, you know, kind of fielding calls that might be coming to the Eastern Health as an institution, beginning in October of 2005, certainly, this is the first of these calls and we're going to see some now in a moment, from that point until you retired, you would have been the, probably the most frequently contacted person, wouldn't you?

MS. PARSONS:

A. By patients?

COFFEY, Q.C.:

Q. By patients, at least initial contact.

MS. PARSONS:

A. Yes, my colleagues and I would be, but the majority would have been me because I was there three days.

COFFEY, Q.C.:

Q. While I'm thinking of, and you mentioned your colleagues, when you would keep their notes, make a note of a phone call they had fielded while you were gone, while you were off on your regular time off, would these notes be maintained or kept in any particular spot?

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MS. PARSONS:

A. The notes that they gave me?

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. I may not keep them if I transcribed the information onto my own sheet in my own handwriting, I would have discarded the original.

COFFEY, Q.C.:

Q. How about the ones you wouldn't have discarded, would they have been kept?

MS. PARSONS:

A. Sometimes my colleagues wrote directly into my book in their own handwriting, so that would still exist.

COFFEY, Q.C.:

Q. And how about any notes that were not transposed into your book or handwritten by them into your book, they gave you a sheet of paper with something written on it?

MS. PARSONS:

A. Um-hm.

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COFFEY, Q.C.:

Q. And you didn't transcribe it, what would happen to the note?

MS. PARSONS:

A. I would staple it to my pages in my book.

COFFEY, Q.C.:

Q. And so in effect these message log sheets were your filing system, in one sense?

MS. PARSONS:

A. A record of the calls.

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Did you have any other record keeping system?

MS. PARSONS:

A. I kept a sheet on each patient.

COFFEY, Q.C.:

Q. Yes. And we will see that's this computer screen capture?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And we'll look at those.

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MS. PARSONS:
A. And at the end of every month I entered the calls that I received into an Excel file in my computer.
COFFEY, Q.C.:
Q. And what about the call, what would be entered about a particular call, what would you put in the Excel spreadsheet?
MS. PARSONS:
A. It would identify the patient by name and MCP number, the date of the complaint, the area that the complaint was about, whether it was the lab or emergency, the nature of the issue. So with these calls from patients regarding breast cancer retesting, I labelled them communication, so the nature of the issue was communication. I would say whether it was resolved or ongoing, what I did in follow up to it, very, very -
COFFEY, Q.C.:
Q. Cryptic.
MS. PARSONS:
A. - briefly. You know, "FU Dr. Cook" would mean Dr. Cook is following up. And then I would say at the end whether it was resolved or

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ongoing, as I said, and I would give it a severity rating.
COFFEY, Q.C.:
Q. And could you explain that to the Commissioner?
MS. PARSONS:
A. Early on I realized that there was a great deal of variety in the seriousness of the complaints that I was getting, if you like. Some of them were very minor, people calling me just to vent and when I asked them if--what I could do to help them, they said, nothing, I just wanted to you to know this is what happened and I'm a little annoyed, but I don't need you to change anything or do anything about it. And from that up to very serious complaints. So I categorized them one through, well, type one was in the mildest form. Type two meant I needed to go and talk to the staff, get the other side of the story, call the patient back, apologize, if necessary. Type two, we really needed to look at our practices within a particular area because if what this patient has told me is really happening, we need to change that.

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Type four meant -
COFFEY, Q.C.:
Q. That was type three, I take it?
MS. PARSONS:
A. That was type three.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. Type four crossed over more than one department. It might be an issue affecting the emergency department and the women's health service. They need to work together, I would help them resolve this issue that they had. Type 5 the patient called and said, "I just want you to know I've retained a lawyer and we're suing you because of the way I was treated or my family member was treated." So I gave the breast cancer retesting complaints the classification of three.
COFFEY, Q.C.:
Q. Exhibit P-2833? Now this is, if we look, Ms. Parsons, at this, that's that e-mail Heather Predham sent at 10:05 on July 19th with the attached frequently asked questions document. And then there's a response from Pamela King-

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Jesso to Ms. Predham and other--and yourself and others. She says, "Hi Heather, looks good. I also thought of these, one, what if my results come back positive, what does this mean to me, what can I expect, does this mean I received the incorrect treatment? And two, my family member has died, would, could her outcome have been different if she was actually positive." Signed, "Pam." I take it Ms. King-Jesso was simply adding to the potential questions?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What, if anything, happened in respect of this frequently asked questions document?
MS. PARSONS:
A. This was a document that was being prepared in anticipation of patients calling us after they got the proposed letter and we wanted to have consistency in how we answered the questions.
COFFEY, Q.C.:
Q. And I take it then as the sending out of the letter got delayed, there was no urgency to complete the frequently asked questions

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because there'd be no questions as there was no letter?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What then do you next recall--this is July 19th, Tuesday, July 19th, 2005. What do you next recall about ER and PR?
MS. PARSONS:
A. I recall in--and I believe it was in September some retesting had taken place and results had returned.
COFFEY, Q.C.:
Q. Yes.
MS. PARSONS:
A. Heather invited me and Deanne Emberley to go with her to the Cancer Clinic where we sat down with Dr. Laing in her office, we were at a round table. Heather had the list of the retesting results and she and Dr. Laing went through the list.
COFFEY, Q.C.:
Q. Um-hm.
MS. PARSONS:
A. And my memory tells me that they were

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separating the confirmed negatives from the people who had changed and making a short list to give to Deanne and myself to call the patients who were confirmed negative from this group of retesting.
COFFEY, Q.C.:
Q. Um-hm.
MS. PARSONS:
A. And occasionally Dr. Laing would recognize a patient who she knew was coming to see her in a short period and would say "I will tell--I will give this patient her results."
COFFEY, Q.C.:
Q. The results of patients who were negative still?
MS. PARSONS:
A. I don't know.
COFFEY, Q.C.:
Q. Oh, she just whatever -
MS. PARSONS:
A. I would -
COFFEY, Q.C.:
Q. - whatever the classification -
MS. PARSONS:
A. "I will communicate with this patient."

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COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. She did say that once or twice.
COFFEY, Q.C.:
Q. So did you leave that meeting with a list?
MS. PARSONS:
A. I did not have it physically in my hand, but we left with a list of confirmed negatives that we were going to call and give their results to. We needed contact information for the patient and Chris Power was the nurse at the Cancer Centre was going to get that information for us, so we left the meeting and we were waiting for the information to contact the patients.
COFFEY, Q.C.:
Q. What then happened?
MS. PARSONS:
A. I think the next thing that happened was that a decision was made to call all the patients to tell them they were being retested. So simultaneously with waiting to get this contact information to call patients with their results, we were also then having to get

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ready to call all the patients to say your sample will be retested.
COFFEY, Q.C.:
Q. So we have heard already, I believe, that the--and I apologize if I don't have the exact dates, but probably September 26th Brendan Mullen e-mailed Dr. Cook with the first of the results and September 27th, it's in that range. So you're meeting then with Dr. Laing and Ms. Predham would have been, presumably, shortly after that, this meeting you just referred to?
MS. PARSONS:
A. That sounds about right.
COFFEY, Q.C.:
Q. And then you had your list but no contact information, you had to wait then -
MS. PARSONS:
A. We were waiting -
COFFEY, Q.C.:
Q. - for -
MS. PARSONS:
A. Chris Power.
COFFEY, Q.C.:
Q. Chris Power to get back to you with it. So I

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take it, Ms. Parsons, then that up to that point no concrete arrangements had been made to identify or provide contact information for the patients who were being retested?

MS. PARSONS:

A. That's my understanding, as well.

COFFEY, Q.C.:

Q. So they'd been all gathered up, the blocks, the tissue samples sent off, spent time in Ontario being retested and reported, and it was only after they got back that you were involved and you were waiting, I appreciate, you're going to make the calls you're asked to do. But up to that point no information, no real planning had gone into this?

MS. PARSONS:

A. I hesitate to say no real planning because I'm not aware of any.

COFFEY, Q.C.:

Q. Well, when you got the list, there were no phone numbers next to it or readily available?

MS. PARSONS:

A. There were no--there was no contact information on the list Heather had with the results.

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COFFEY, Q.C.:

Q. How long passed before you got the contact information?

MS. PARSONS:

A. A week or two maybe.

COFFEY, Q.C.:

Q. Exhibit P-1941 - I'm sorry, I apologize, 1491. This, Ms. Parsons, are some e-mails of October 34rd, 2005, and the one at the top of the page there is from Heather Predham, 11:38 a.m., Monday, October 3rd, to yourself and others. You're listed there, and the attachment is "Breast Screening, The Independent, October 2nd, 2005.pdf". She says, "Hi, in case you didn't see it, stay tuned to NTV tonight". The Independent article of October 2nd is there. When did you first learn that this was going to go public, the publication of a story by The Independent?

MS. PARSONS:

A. After it had happened.

COFFEY, Q.C.:

Q. I take it, probably by this e-mail?

MS. PARSONS:

A. Monday morning when I went to work. Now you have to appreciate I would not have been at work on Friday.

COFFEY, Q.C.:

Q. Sure.

MS. PARSONS:

A. I didn't know it had happened, and when I went to work on Monday morning, Heather invited me to come to a meeting with her.

COFFEY, Q.C.:

Q. And what happened, who did you meet with, and what happened?

MS. PARSONS:

A. There was Dr. Laing, Mr. Tilley, Dr. Williams, and Heather, and Susan Bonnell. It's hard to remember every single person, and the discussion at the meeting was mainly around the article.

COFFEY, Q.C.:

Q. Do you recall what was said about it?

MS. PARSONS:

A. The only thing I can recall definitely is that Dr. Laing was quoted in the article and she was talking about that.

COFFEY, Q.C.:

Q. What did she say about how she was quoted in the article?

MS. PARSONS:

A. Just that she was quoted.

COFFEY, Q.C.:

Q. Up to that point, had you received any phone calls in your capacity as patient relations officer in relation to ER/PR?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Had the meeting that you referred to where you sat with Ms. Predham and Dr. Laing, and broke the group down into -

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Spreadsheet, and two groups.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Had that already occurred?

MS. PARSONS:

A. Before this?

COFFEY, Q.C.:

Q. Yes.

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Oh, so that would have been probably the week before, and then you had--you go to work Monday morning and this is what you come in to?
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. Was there any discussion then at that time about what might be expected of you?
MS. PARSONS:
A. I realized that now that people are aware, they will be interested in information about themselves, I'm sure.
COFFEY, Q.C.:
Q. So that thought crossed your mind?
MS. PARSONS:
A. Uh-hm.
COFFEY, Q.C.:
Q. What did you do, if anything?
MS. PARSONS:
A. I went to my office and waited.
COFFEY, Q.C.:

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Q. Okay. Did you seek any information internally within Eastern Health, seek further information as to--that you might supply to people?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. How well briefed at that point did you feel?
MS. PARSONS:
A. I didn't have an in depth understanding of the problem, however, I was aware that we were looking at more and more test results and I, as an individual, was not aware of the extent of the problem.
COFFEY, Q.C.:
Q. For example, in terms of just the sheer number of retests?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. How many were expected to convert or might anticipate might convert --
MS. PARSONS:
A. Or require a retesting.
COFFEY, Q.C.:

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Q. How many might require a change in treatment as a result of a converted result, you weren't made aware of any of that at that point?
MS. PARSONS:
A. No.
THE COMMISSIONER:
Q. Sorry, I wasn't sure I understood what you had said, Ms. Parsons. You said you were aware that they were looking at one more at this stage? So you just--The Independent story has just broken, you've been to the meeting. As you say, you went back to your office and waited because quite reasonably you were expecting that people would start calling?
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. And then at that point, as I understand it, you're saying I didn't have an in depth understanding of the problem, and I thought you said I was aware that we were looking at one more, perhaps group of tests?
MS. PARSONS:
A. Well, the group of tests that the results were back from, I would have been aware of them by

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now.
THE COMMISSIONER:
Q. Okay.
MS. PARSONS:
A. And waiting for contact information to call them with their confirmed negative result.
THE COMMISSIONER:
Q. Okay.
MS. PARSONS:
A. But I was not aware of the numbers that we were going to be dealing with. I had no information about that.
THE COMMISSIONER:
Q. So it was possible that--I mean, was it that you didn't know how many--you knew that there would be more retesting, but you just didn't know how many of those people there would be, or were you thinking this group that had been discussed by Dr. Laing and Ms. Predham in the meeting you had attended, were the people who were going to be retested, period?
MS. PARSONS:
A. I thought it was possible that that was all, but then again it didn't--it wasn't outside my realm of reality to think they may continue

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looking.
THE COMMISSIONER:
Q. Okay.
COFFEY, Q.C.:
Q. We had seen, I recall--could we look again, Exhibit P-0510. This draft FAQ, frequently asked questions.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. On October 3rd, 2005, and as that week went on, were you provided with any frequently asked questions and responses?
MS. PARSONS:
A. I don't know, Mr. Coffey, when I would have--you mean, if I did in a script?
COFFEY, Q.C.:
Q. Yes.
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Any script or at least a chit sheet, as it were, in the sense of like here?
MS. PARSONS:
A. I would have seen this, and it probably was

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available to me had I looked for it.
COFFEY, Q.C.:
Q. I appreciate that because this passed through your hands back in the middle of July.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. As a recipient of the e-mail. What I'm asking about is when you're alerted to this on October 3rd, and go back to await the phone calls, were you provided with a fuller version of this because a lot of these questions are not answered, there's not even a draft answer, and what I'm asking you is--to prep you for this, I take it, you not only weren't told anything in particular to brief you fully on it, but not even given answers to what does this, "I was tested for ER/PR receptor before 1997; what does this mean to me".
MS. PARSONS:
A. There was no formal answers provided, no.
COFFEY, Q.C.:
Q. Even informal answer at that point?
MS. PARSONS:
A. No, if I--if a question occurred to me, I

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would ask, Heather, what about this, what about that.
COFFEY, Q.C.:
Q. I take it if you were asked a question by a patient on the phone and didn't know the answer, you'd say you'd get back to them and go looking for it?
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. So I take it from what you have said that, for example, if a patient had called up and asked that very question, "I was tested for ER/PR receptor before 1997; what does this mean to me", you would have had to say, "I don't know, I'll have to get back to you"?
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. And the same thing for if somebody had, in fact, talked about it in the context of 2004?
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. Thank you.

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COFFEY, Q.C.:
Q. Exhibit P-0606. Now there is a couple of e-mails of October 3rd, 2005. You at 2:57 that afternoon wrote to Ms. Bonnell saying, "All patients who had breast cancer had been tested for the presence or absence or estrogen and progesterone receptors. The presence or absence of ER and PR helps determine the most appropriate treatment of breast cancer. One treatment option is hormone therapy and the other is chemotherapy. Due to improved technology and the discovery of inconsistent results, Eastern Health has begun retesting a select group of breast cancer patients whose results indicated they were negative for ER and PR. We are using previously collected tissue samples, so patients are not required to come to the hospital or have any additional testing. Patients who have breast cancer and are concerned about their previous test results and treatment may wish to contact their oncologist, surgeon, or family doctor. Patients who are not being followed by a physician may call the patient relations officer at Eastern Health", and then give the

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number. "She will attempt to answer questions and link patients with someone who can help them". Why did you send--well, first of all, who created the text of that e-mail?

MS. PARSONS:

A. This looks to me like part of the text that was in one of the draft letters.

COFFEY, Q.C.:

Q. Yes, and in fact I was about to refer back to P-2832, or some version of it.

MS. PARSONS:

A. Yes. I don't know why I would be sending it to Susan Bonnell unless she asked me for it, and possibly it was for me to add the contact information at the end, my phone number, and that people could call me if they had questions.

COFFEY, Q.C.:

Q. And there's a --

MS. PARSONS:

A. The other possibility, Mr. Coffey, is that there may have been a statement on the Health Care Corporation website.

COFFEY, Q.C.:

Q. Yes.

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MS. PARSONS:

A. And I'm not sure if this might have been that information.

COFFEY, Q.C.:

Q. So wherever it was, you got it from an earlier draft of a letter or the website, or some other document that you'd seen and added the contact information?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And forwarded it to Susan Bonnell?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Exhibit P-0087, please. These are Dr. Williams notes. They're originally handwritten. This is a typed version of them for October 4th, 2005, which is a Tuesday, actually. It says, "This refers to a conference call with other regional boards" and it lists the boards and participants. Under the General site, yourself, Ms. Predham, Pat Pilgrim, Dr. Cook, and Dr. Williams are listed. Do you recall participating in this?

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MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. And if you did, I take it, it would have been on a day that you would normally have been off?

MS. PARSONS:

A. Uh-hm.

COFFEY, Q.C.:

Q. Were you ever asked to come in on days you were off?

MS. PARSONS:

A. Oh, yes.

COFFEY, Q.C.:

Q. Okay, I take it because it was perceived that you were needed at the time?

MS. PARSONS:

A. Yes, there were a few occasions when I worked full time when workload demanded.

COFFEY, Q.C.:

Q. Exhibit P-2835, please. This is an e-mail from Elizabeth Strange-Hollett to yourself and Ms. Predham, October 5th, 2005, at 4:14 p.m. and the attachment is "False results at Newfoundland and Labrador lab. CBC, October

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5, 2005.doc", she says for your information. She described it as being Corporation Communications, Eastern Health. If we look here at page two of the exhibit, there is a printout of a website story, I suspect, looking at that, entitled "Newfoundland Cancer Lab Produces False Results", last updated Wednesday, October 5th, 2005. Why would Ms. Strange-Hollett be sending this to you?

MS. PARSONS:

A. Corporate communications sent me clippings of any patient related issue that they felt I might get a call about.

COFFEY, Q.C.:

Q. Would you have read this at the time you received it?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Here, in the middle of the text of the story, they quote Dr. Williams here in that paragraph about percentages, and they go on to say "he said about ten percent of the tests performed over the past seven years may show conflicting results."

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MS. PARSONS:
A. Um-hm.
COFFEY, Q.C.:
Q. "Discrepancies were in tests for breast cancer. The Authority receives seven or eight such samples each week" and they go on to talk about then, "the reason for the conflicting results is not known, but last year the facility brought in a new fully automated system for detecting hormone receptors in breast tissue. An older system required more steps in the testing process." I have two questions in relation to this, Ms. Parsons. One is, the reason for the conflicting results is not known, but then there were--it's asserted there, but then there's a reference to this new machinery.
MS. PARSONS:
A. Um-hm.
COFFEY, Q.C.:
Q. And the older system requiring more steps. Your information about what the potential causes, I take it, would have come from these sorts of things?
MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. This sort of--what Eastern Health was releasing publicly?
MS. PARSONS:
A. Yes. I seem to recall as well that Heather did give us a little summary report at one of our staff meetings about the history of ER and PR testing, DAKO, Ventana, you know, general descriptive terms and words that we hadn't heard before.
COFFEY, Q.C.:
Q. Here, the reference to "ten percent of the tests performed over the past seven years may show conflicting results," did you have any understanding as to how many tests were expected to convert?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. You never did.
THE COMMISSIONER:
Q. Mr. Coffey, wherever you can find a spot, we'll break for the afternoon break.
COFFEY, Q.C.:

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Q. Do you recall why it was that you took part in that conference call of--or I should, you're listed as having taken part in the conference call.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Do you recall why?
MS. PARSONS:
A. No. Often Heather would invite me to things that I would not normally have attended, in case there was information regarding communicating with patients.
COFFEY, Q.C.:
Q. And Commissioner, here is a good time. Thank you.
THE COMMISSIONER:
Q. We'll take the afternoon break.
(BREAK)
THE COMMISSIONER:
Q. Please be seated. Mr. Coffey.
COFFEY, Q.C.:
Q. Thank you, Commissioner. If we could bring up, please, Exhibit P--I'm sorry, C-0248? It's already open, I believe. And this is

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October 5th, 2005, continued, noted here, and then there's a--this then, I take it, would indicate that the immediate--the calls here immediately at the top of the message log sheet relate to October 5th?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. So this is early days, as it were, in terms of your dealing with the public on this.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Would have been a Wednesday. 2003 diagnosis, information redacted, Dr. Laing's patient, sister, cell number, on three month checks end of November, currently actively followed, and this is one of those with the star.
MS. PARSONS:
A. Right.
COFFEY, Q.C.:
Q. And a check mark. So again, without naming the patient or identifying the patient in any way, what sort of activity, if any, would this have involved by you?

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MS. PARSONS:
A. I can tell from the information that the patient or the caller said the patient was diagnosed in 2003, that she is Dr. Laing's patient and being followed every three months. The caller was probably inquiring about the ER and PR status.
COFFEY, Q.C.:
Q. And if that was, your inference there is correct, what, if anything, then would you have been required to do, if anything, in this regard?
MS. PARSONS:
A. I would need to try and find out whether this patient was a candidate for retesting. I could look in the computer and see whether she had existing results there and whether she was initially ER and PR negative. I would check to see whether she already had been identified for retesting. I would call her back and give her whatever information I could find out regarding that.
COFFEY, Q.C.:
Q. Now how physically would you go about doing each of those things? If you could take the

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Commissioner through that, how would you do that?
MS. PARSONS:
A. There was a list generated which was--I saw it after our initial interview, Mr. Coffey. I did not remember, but there was a list called "retesting results" and it listed the patients who were being retested. I could look at that and see whether the patient's name was on that list.
COFFEY, Q.C.:
Q. So this list was alphabetical?
MS. PARSONS:
A. Yes. I could look in the computer to see whether there was previous pathology results for this patient that I could access and if that report was there and it included ER and PR original testing, I could tell the patient, "yes, you were negative originally, so you will be retested." If I was not able to get the information that way, I could call the Cancer Centre. She's told me she's Dr. Laing's patient, so I know she's being followed and I would ask Dr. Laing's secretary if she or the appropriate person could check

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their records to see whether they had ER and PR information on this patient, or I could call Dr. Cook and ask him whether he knew of this patient or could find information on her.
COFFEY, Q.C.:
Q. Now your ability, from your workstation--where were you physically located?
MS. PARSONS:
A. In the Miller Centre, in the Southcott Hall.
COFFEY, Q.C.:
Q. On Forest Road?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And your work environment, from your workstation, you could access what sorts of computer information?
MS. PARSONS:
A. I could access pathology results on patients who had their pathology done within the Health Sciences Centre or St. Clare's or the Grace Hospital.
COFFEY, Q.C.:
Q. So on Meditech, you could go in and -
MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. And to access a patient's information on Meditech, you needed what information?
MS. PARSONS:
A. I needed their MCP number. I would ask them for their date of birth, just to confirm that I had the right person.
COFFEY, Q.C.:
Q. You're talking to the patient on the phone, their name, date of birth, MCP number and then go to the computer and bring it up?
MS. PARSONS:
A. Sometimes when a patient was on the phone, I would say "just a minute now, I'll look you up."
COFFEY, Q.C.:
Q. Sure.
MS. PARSONS:
A. And I could say "yes, I can see here that you were tested in 2003 and you were indeed negative at that time. So you will be one of the patients who requires retesting," or not, if I couldn't find it.
COFFEY, Q.C.:

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Q. Up to this point, October 2005, had you ever-- I mean, routinely, at least in your work as a patient relations officer, would you routinely access or be called upon to access pathology reports?

MS. PARSONS:

A. Yes, there have been instances when family members may have called seeking information about a loved one who was deceased and we were arranging a meeting. I would access the pathology report, print it, put it in a file and then if I was attending the meeting, I would have that information. I would not be competent to discuss the pathology, but I would have my copy, because often people will call back later and ask for more clarification, what did the pathologist say about certain things, and I will say "well, I have it here that" whatever the information was.

COFFEY, Q.C.:

Q. Now in the context of ER/PR, how did you know what to go looking for, in terms of determining whether someone was ER or PR negative or positive?

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MS. PARSONS:

A. Well, it would say sometimes negative or positive.

COFFEY, Q.C.:

Q. Okay.

MS. PARSONS:

A. But sometimes it would give a number value.

COFFEY, Q.C.:

Q. Yes, and say if it gave a number value?

MS. PARSONS:

A. It's difficult for me to remember what I knew when.

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. But I now know, and I have known for sometime, that up until 2000, the year 2000, there was the less than 30 percent and less than ten percent cut offs that I've heard discussed recently.

COFFEY, Q.C.:

Q. When did you first, do you think, become aware that these cut offs were being used?

MS. PARSONS:

A. I don't know.

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COFFEY, Q.C.:

Q. Would you have known what the cut offs were on October 5th, do you think?

MS. PARSONS:

A. That was very early days.

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. I would think not.

COFFEY, Q.C.:

Q. And so at least in the early stages, I take it you're telling the Commissioner, that in the early stages, unless it said negative or positive -

MS. PARSONS:

A. Or zero.

COFFEY, Q.C.:

Q. Or zero, that you would interpret as negative?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. If it gave another number other than perhaps 100 -

MS. PARSONS:

A. Um-hm.

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COFFEY, Q.C.:

Q. - which you would interpret as positive, but I take it, I'd be correct on that, would I?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Yes, but if it was ten or 15 or 20 and in terms of the years, '98, 2001, you weren't familiar, in the early stages, as to what criteria would have been utilized by Eastern Health?

MS. PARSONS:

A. I did not always know that information, no.

COFFEY, Q.C.:

Q. Understand. At some point though, as time went on, you did acquire it?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And in searching then the pathology module, pathology records, you would have been able to tell well, this is the figure?

MS. PARSONS:

A. Um-hm.

COFFEY, Q.C.:

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Q. So you could search the pathology records and respond to the patient immediately or by calling them back?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Were you in any way able yourself to determine whether the patient was already on hormonal therapy?
MS. PARSONS:
A. I would ask them.
COFFEY, Q.C.:
Q. Okay, yourself. Would they always know or understand whether they--what they--whatever treatment they were on was a form of hormonal therapy?
MS. PARSONS:
A. Most people were familiar with Tamoxifen.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. They knew the name of that drug and they would--I would ask them that specifically, or any other similar drug, and sometimes they would say "I was on Tamoxifen and I couldn't

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tolerate it, so I've now switched to another."
COFFEY, Q.C.:
Q. But in terms of accessing medical records in that regard, I take it you couldn't do that from your -
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Because we've seen references to, I believe it's the OPUS system, and that's the Cancer registry records.
MS. PARSONS:
A. Yes, I did not have access.
COFFEY, Q.C.:
Q. You didn't have access to those?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. And you didn't have access to those, I take it, at any time in your--as a patient relations officer?
MS. PARSONS:
A. No, there was a very brief period this past spring when Heather went on holiday and she did have access to it on her computer in her

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office, and she transferred that or arranged for me to have that ability while she was away, but that was two weeks.
COFFEY, Q.C.:
Q. And that was in 2008?
MS. PARSONS:
A. In April, I believe, yes.
COFFEY, Q.C.:
Q. And then if you wanted to know or ascertain information from--that might be recorded in the Cancer Centre chart or records, you'd call them?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. You'd have to call them. Now in the early stages, were you checking for their ER and PR status or just their ER status, and what -
MS. PARSONS:
A. Both.
COFFEY, Q.C.:
Q. Both, so you would tell them what? The ER status and their PR status?
MS. PARSONS:
A. Yes, both.

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COFFEY, Q.C.:
Q. If you could find it?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. In the early stages, in early October 2005, did you have any understanding about what retest criteria were being used by Eastern Health?
MS. PARSONS:
A. I'm sorry?
COFFEY, Q.C.:
Q. Did you understand what retest criteria were being used?
MS. PARSONS:
A. You mean the percentage of positivity?
COFFEY, Q.C.:
Q. Well, not only--okay, I'll deal first of all with the percentage of positivity. Did you understand that at the time, in the early stages?
MS. PARSONS:
A. At some point, I did acquire that information.
COFFEY, Q.C.:
Q. But that was after, as we got into this?

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. After October 5th?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. How about in terms of the fact that they were only concentrating on ER and were ignoring PR, did you understand that?
MS. PARSONS:
A. I didn't realize that at the time, but I have since learned that.
COFFEY, Q.C.:
Q. When do you think you might have first understood that?
MS. PARSONS:
A. It was fairly recently, I would think within the past year when patients were self-identifying, and they would have a patient with a positive PR, but ER zero, and the criteria, I was told then, that we had used originally to identify patients was negative ER.
COFFEY, Q.C.:

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Q. So then a patient in that category then should be on some retest this summer?
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. Ms. Parsons, what about the person who was calling, was not a client of Eastern Health?
MS. PARSONS:
A. I would have to contact my colleagues in the regions, Commissioner, and ask the people in pathology whether the patient had been previously tested and whether they could forward us a copy of their original ER and PR results.
THE COMMISSIONER:
Q. So you dealt with the inquiry, you just had to go a greater distance to get the information?
MS. PARSONS:
A. I explained to the patient that I was not able to access their records from where I was and ask them where did they have their surgery. They would tell me. I would call and then refer that inquiry to Dr. Cook.
COFFEY, Q.C.:
Q. So Ms. Parsons, in the early stages, if a

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patient called you and you looked up her records, in the main it would be a her, and were told or you found that the person was PR positive, ER negative, would you have told the patient they were part of the retesting, in the early stages? If you looked up and it was, say, zero 50 or zero, 90?
MS. PARSONS:
A. I would probably have to go and ask someone that, in the early stages.
COFFEY, Q.C.:
Q. And that would be, in this context, either Heather or Dr. Cook?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Heather Predham or Dr. Cook. Now you've referred to a spreadsheet of people who were being retested. You just were telling the Commissioner about that.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. You've come to realize since, been reminded that in fact you had such a thing.

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MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Was that a print out -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. - or was it electronic?
MS. PARSONS:
A. It was a print out.
COFFEY, Q.C.:
Q. Print out, and who would have provided that to you?
MS. PARSONS:
A. It would have come from Heather.
COFFEY, Q.C.:
Q. And was it updated from time to time, do you know?
MS. PARSONS:
A. Not to my knowledge.
COFFEY, Q.C.:
Q. So we understand that there was probably no full master sheet such as they were, until after--it would have been after October 5th.
MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. Because there were still things coming in from outside St. John's to be shipped off to Toronto.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. So this sheet, with the listing of retest patients, are you able to give the Commissioner some idea of when you would have first had that?
MS. PARSONS:
A. It would have come to me after we had made the initial calls to the patients that they were being retested.
COFFEY, Q.C.:
Q. Okay.
MS. PARSONS:
A. They were--it was a different set of information than we used initially to call the patients.
THE COMMISSIONER:
Q. I'm sorry, okay, just want to make sure I understand this. You're saying that at some

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point, someone produced a list which was created to enable you to phone patients to say "you are being retested"?
MS. PARSONS:
A. Initially, yes.
THE COMMISSIONER:
Q. Okay, and then sometime after that -
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. - you had a spreadsheet of people who were retested, which was provided by Ms. Predham?
MS. PARSONS:
A. Yes.
THE COMMISSIONER:
Q. And what would be on that spreadsheet?
MS. PARSONS:
A. It would be the patient's name and MCP number, probably their place of residence, and their original pathology hormone receptor status. It was meant to be everyone who was negative and needed retesting.
THE COMMISSIONER:
Q. But it did not contain the retest results?
MS. PARSONS:

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A. I'm not sure, Commissioner, it may have.
COFFEY, Q.C.:
Q. Ms. Parsons, in your capacity as patient relations officer, did you ever receive any phone calls from attending or treating physicians or family physicians?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Asking you for just information, period, about ER/PR?
MS. PARSONS:
A. Mostly they were calling on behalf of a patient, for specific patient information, but there was one physician who called because he had a patient with--who had had her original hormone receptor testing done by the old biochemical assay method, and he was asking me how reliable was that method. Of course, I wasn't able to answer, so I referred him to Dr. Cook and Dr. Cook did call him and discuss.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-1954? This is, of course--there's a large part of

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this page redacted and then there's some handwriting below it. I take it this is your handwriting?
MS. PARSONS:
A. Yes, it is.
COFFEY, Q.C.:
Q. And I'm going to take you just through this one as an example. It's dated October 5th, 2005 and there's a reference here to lab communication, and we'll deal with that in a moment. But here, I take it what's redacted here would be what's--what has been redacted is what I'll refer to as a screen capture?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Which is a print out of what's on a computer screen?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. So if you just--because in some of these exhibits, there are numerous of these here.
MS. PARSONS:
A. Yes.

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COFFEY, Q.C.:
Q. Could you tell then the Commissioner, please, what sort of information, computer information, you would be looking at on the screen?
MS. PARSONS:
A. Demographic information regarding the patient's name, address, phone number, date of birth, age. I don't think next of kin is there. And then underneath, there would be a listing of the most recent episodes of care that that patient had with us at Eastern Health but that information was not important for this purpose. I printed it so that I could avoid having to rewrite name, address, telephone number, every time.
COFFEY, Q.C.:
Q. So when you would bring--a patient would call or the patient's relative would call, identify him or herself to your satisfaction, you would then go into the computer and bring up the patient's demographic information?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:

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Q. And it would have their name, address and phone number?
MS. PARSONS:
A. MCP.
COFFEY, Q.C.:
Q. MCP number.
MS. PARSONS:
A. Um-hm.
COFFEY, Q.C.:
Q. And you would then print that off?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. With the printer that was nearby?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And then utilize that as a sheet to make notes on in relation to that particular patient?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. What then would be done with this sheet?
MS. PARSONS:
A. I would keep it in my file.

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COFFEY, Q.C.:
Q. And is this the sheets, I take it, that at the end of each month, you would -
MS. PARSONS:
A. Transfer the information from into the Excel data.
COFFEY, Q.C.:
Q. Which you've -
MS. PARSONS:
A. Used for reporting.
COFFEY, Q.C.:
Q. - you've told us about earlier.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. This particular one is dated October 5th, 2005 and you've written "this woman had breast cancer, 1979. She states she was ER negative and PR positive. She 'had to ask for Tamoxifen' and took it for five years. She now wonders if her specimen will be retested. She feels her diagnosis could impair -
MS. PARSONS:
A. Impact.
COFFEY, Q.C.:

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Q. - impact," I'm sorry, I apologize, "her daughter. Discussed this case with Dr. Cook. Patient's family doctor is" and it's redacted. "I spoke to Dr. Cook. We will retest this patient."
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And you've written lab communication. Now what does this mean here on the bottom right-hand corner?
MS. PARSONS:
A. Those were my classifications that we talked about earlier. This would be a lab for the-- the program or the department involved in this inquiry, I would say it was the lab, and the issue was communication. I did give them all a rating of three, and I neglected to write it there, and then I would say "ongoing" because none of them were resolved.
COFFEY, Q.C.:
Q. And why would you categorize this as communication? What possible categories were there?
MS. PARSONS:

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A. Well, complaints come in many categories. Access to services, quality of care. From my perspective, it was a communicating information to the patient. That was my role.

COFFEY, Q.C.:

Q. So the characterization here as a communication was because of the nature of your involvement?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Did you understand at the time that what was going on here overall in the retesting could have an impact on quality of care?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Was any thought ever given to classifying the ER/PR matter under quality of care?

MS. PARSONS:

A. Actually, I started out that way, I think. I believe if you look, you will see that one or two had quality of care. But I quickly realized that there were already many people involved in this and aware of the situation,

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so it was not a matter of the patient relations officer having to correct this problem. It was, for my purposes, recording the interactions.

COFFEY, Q.C.:

Q. Now here, in particular, when discussing this matter with Dr. Cook, where you had been told she was ER negative--by the patient she was ER negative and PR positive -

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Would you have understood at the time that, based upon the retest criteria, that she was going to be retested anyway, or at this point in time, would you have not have known?

MS. PARSONS:

A. I would not have known that on October the 5th.

COFFEY, Q.C.:

Q. Because she had said PR positive to you -

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. - you kind of would have wondered well, she is

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positive, at least on one category. I wonder is she being retested or will she be retested, and you would have contacted Dr. Cook then?

MS. PARSONS:

A. For his opinion.

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. I may not have been able to look her up, which--and he could have done that.

COFFEY, Q.C.:

Q. And then having been told by Dr. Cook that Eastern will retest this patient, what, if anything, would you have done then?

MS. PARSONS:

A. Called her back and told her "yes, you're being retested." The other piece of information there is her family doctor. I would always ask the patients, when they called, "do you have a doctor that you can talk to, to answer your questions?" and this patient actually gave me the name of her family doctor and I would say to her, "if you have questions about this, you know, you could talk to your doctor any time."

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COFFEY, Q.C.:

Q. And the fact, record the fact that you had called her back, is there any record of that kept?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Okay.

MS. PARSONS:

A. There may be a tick in my phone log book next to her name.

COFFEY, Q.C.:

Q. And in order to do that, we'd have to look at -

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. - unredact it and look back and forth.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. But your system, such as it was, would be to make a tick or at times even to note?

MS. PARSONS:

A. Oh yes.

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COFFEY, Q.C.:
Q. Sometimes here, and we'll look at some of these.
MS. PARSONS:
A. Many times I did go back and write "called her back" especially if there was anything else I wanted to add to that note. At the time, I felt these notes were adequate for my needs, but -
COFFEY, Q.C.:
Q. And you've told the Commissioner already that at the time, as of this, at that point in time, in the first week of responding to patients, you didn't really have a handle on how many might be involved in this yourself.
MS. PARSONS:
A. That's right.
COFFEY, Q.C.:
Q. Those characterizations or ratings you've used there, the communication or patient care, are they used for any other purpose or any purpose at all? I mean, you pick communications or quality of care. Are they catalogued in some way and then added up at the end of the year?
MS. PARSONS:

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A. Yes, the Excel file that I use, there's a column for nature of the complaint, and that's where I would put communication, in this case, but I would also put access to services, quality of care, whatever the case might be, and at the end--I used to give a monthly report. Then it switched to quarterly reports, but the report and then annually, we'd put it all together and they are added up at the end, yes.
COFFEY, Q.C.:
Q. And so these reports go to whom?
MS. PARSONS:
A. The director of quality.
COFFEY, Q.C.:
Q. Do you know what she does with them?
MS. PARSONS:
A. Yes, she is required, as the director of a department, to compile a report to the board. Plus, she would meet with a group called quality council, I believe, and present information from her department at regular intervals.
COFFEY, Q.C.:
Q. So in respect of the entire ER/PR matter

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within Eastern Health there would be a considerable number of entries for communication in relation to ER/PR?
MS. PARSONS:
A. Yes, under "lab."
COFFEY, Q.C.:
Q. Under "lab." If anyone was to look back now, they'd find not a whole lot for 2003 or 4 or even '05 until the fall of '05 and then they'd find this big ballooning of lab communications?
MS. PARSONS:
A. For the last three months of 2005, yes.
COFFEY, Q.C.:
Q. And same thing in '06?
MS. PARSONS:
A. Continuing on in '06 -
COFFEY, Q.C.:
Q. Into '07. But in terms of keeping track of things, quality of care as an issue, and that was the first thing that occurred to you, as you indicated, is the quality of care issue, they would find nothing or no such entries in relation to ER/PR other than the first couple?
MS. PARSONS:

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A. That's--they wouldn't be categorized as such.
COFFEY, Q.C.:
Q. And did you speak to anybody about the change in your characterization of this?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. So the change from communications to--I'm sorry, from quality of care to communications was your own?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Did anyone ever ask you about that, about the way you--or speak to you about the way you were categorizing it?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. About the fact that, you know, when you got your first report at the end of October, you know, which would have compiled these, the fact that there are an awful lot of lab communications -
MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. Only one or two lab quality of care and we were involved in this large lab quality of care problem, no one took that up with you?
MS. PARSONS:
A. No. I think it was obvious what it might have been by the people who would get my report.
COFFEY, Q.C.:
Q. This quality council you referred to, who is that, do you know?
MS. PARSONS:
A. I don't know.
COFFEY, Q.C.:
Q. Ms. Predham would know that, I take it?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. The rating of one through five which you told the Commissioner about, are they kept track of, the numbers of three, the numbers of fours?
MS. PARSONS:
A. I summarize the results at the end of my report and say there were a total of 27

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complaints this month, four were type four and seventeen were type two and so on, yes, it's broken down.
COFFEY, Q.C.:
Q. And can I take it that's for the risk manager's purposes and then for the board's purposes?
MS. PARSONS:
A. I report to the director.
COFFEY, Q.C.:
Q. Director, I apologize, director. Are there any consequences, to your knowledge, of like having so m any threes or so many fours or so many fives?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. No. Why did you choose three?
MS. PARSONS:
A. I felt it was something that perhaps would result in a change of practices.
COFFEY, Q.C.:
Q. Okay. That's probably a fair assumption at the time, even based upon what you knew. Four, though, involved different departments?

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MS. PARSONS:
A. More than one area involved.
COFFEY, Q.C.:
Q. More than one area. From your perspective did you ever have any understanding that this involved potentially more than the lab?
MS. PARSONS:
A. No, I felt it was a problem in the lab.
COFFEY, Q.C.:
Q. For example, the idea that fixation issues, you understand now what fixation of tissue means?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Were involved, that that might extend all the way back into the OR?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And the transport from the OR to the lab. As you acquired that, you didn't change your rating system, your understanding that this extends out from the lab out into potentially into the OR, you didn't?

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MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-0625? This is several e-mails of October 6th, 2005. Ms. Bonnell early that day sent an e-mail to yourself and Ms. Predham saying, "For your information. Have you got all the information on Clarenville you need?" And then Ms. Predham responded four minutes later saying, "I am here with Nancy waiting for a conference call and we were wondering what this cryptic message means." And then Ms. Bonnell apologizes for being cryptic and speaks about having been contacted by Ms. Coish-Snow from Clarenville and speaks about it being mentioned in executive yesterday that she would like to forward patient inquiries on the ER/PR issue to Nancy, that would be yourself, "so one message reaches all." And then she refers to the fact that at Clarenville, apparently, since 1998 she would have to verify that had been sending its results or have been sending samples to Mount Sinai since 1998. What I wanted to ask you about was is

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this, in relation to this, what then happened in relation to inquiries coming in to you from various regions in the province? I take it initially, of course, you had signed on for, as an Eastern Health employee, to handle the Eastern Health's inquiries. Did this change then as time went on, that you were getting inquiries from outside the city?

MS. PARSONS:

A. Yes, I did get inquiries from all the regions. It seemed as if the regions would mention to their patients that if they had additional questions, they could call me.

COFFEY, Q.C.:

Q. And the reference here is is to this lady from Clarenville wanted to--would like to forward patient inquiries on this issue to you so that one message reaches all. So and the one, the idea of one message reaching all through yourself, did anyone ever discuss with you in detail what that message was to be?

MS. PARSONS:

A. No. I think it's a reflection of the people in the regions and their comfort level with the topic and that perhaps we at Eastern

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Health might know more than they about this situation.

COFFEY, Q.C.:

Q. And there's a reference here to "When she called me this morning," that is Ms. Coish-Snow, "she asked me if Nancy was aware of the situation with Clarenville. I informed her that she should, given that all the issues were discussed on the conference call two days ago." Which would be, this is the 6th, that would have been the conference call we looked at earlier of October 4th. So apparently you--this suggests that you were on that conference call at the time.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. What do you recall being told about Clarenville?

MS. PARSONS:

A. That Clarenville had been sending their samples away to Mount Sinai for testing all along and so their patients' samples would not need retesting.

COFFEY, Q.C.:

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Q. And here in this series of e-mails, the first of these, actually, that initiated these is one of October 6th, 2005. It's from Ms. Pat Coish-Snow to a number of individuals, I suspect that they are in the Clarenville area and it's copied to Ms. Bonnell. It says, she writes to people in, out in Clarenville way, "For your information, if we get any patient inquiries, we can also direct them to Nancy Parsons, patient relations officer" at your particular phone number. So as early as this you would have understood that patient calls were going to be redirected to you?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Did you ever have any misgiving about that, based upon, like, the amount of knowledge you did or didn't have?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Okay. Could you tell the Commissioner about that, I mean, what, you know, at times you felt?

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MS. PARSONS:

A. It was a very stressful experience for me. The patients who were calling were very brave. They were calling seeking information. And often I couldn't--I didn't know the answers and I would have to go away and try to find it. And I had to rely on my colleagues to provide the information that they were seeking, and often due to their workloads, there may be a delay in getting the information back. And they would keep calling me and I would say, "well, I've asked so and so to check on that for you, but I've heard nothing back." And I just found that a little difficult.

COFFEY, Q.C.:

Q. If we could look, please, at Exhibit P-0639? These are the minutes of a meeting of the senior management of the Newfoundland Cancer Treatment and Research Foundation. The agenda, in fact, is to be held October 13th, 2005. When we look at the second page, we'll see the actual minutes. Do you see there?

MS. PARSONS:

A. Yes.

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COFFEY, Q.C.:
Q. And present are Doctors Gardiner, Ganguly, Laing, Ms. Pilgrim, Ms. Chris Power and Ms. Michelle Gregory, the recording secretary. And here under "Business Arising" 3.1, "ER/PR testing." There's a note, "Dr. Laing provided a brief update on the ER/PR testing. Results for the ER/PR testing are coming back and patients are being notified. Dr. Laing and Dr. Ganguly will be attending a tumour board rounds meeting this afternoon to review cases and discuss appropriate actions. It was noted that this is not a cancer clinic issue, but a lab issue. However," I'm sorry, which affects our patients. Any calls that staff review" I'm sorry, that should probably be "receive regarding ER/PR testing and reporting should be directed to Nancy Parsons at quality initiatives." So even within Eastern Health and even within the Cancer Clinic people were being directed, if there were any calls about ER/PR, to redirect them to you?
MS. PARSONS:
A. Yes. In fact, I did have a call from an oncologist letting me know that a patient was

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in and was upset and had been referred to me.
COFFEY, Q.C.:
Q. Do you recall at what stage in this process that was?
MS. PARSONS:
A. '05 or '06.
COFFEY, Q.C.:
Q. Now, if we could look, please, at Exhibit P-2836? Do you recognize--well, this is obviously a telephone message form here on the top right-hand side.
MS. PARSONS:
A. Um-hm.
COFFEY, Q.C.:
Q. The date is October 14th, 2005. The time is there, it's to Nancy Parsons, and it's "While you were out" obviously there's a patient name. The DOB is redacted, phone number. Mastectomy, 2002, November. Doctor's name is redacted. I take it that this sort of phone message, do you recognize the initials there?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Who is that?

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MS. PARSONS:
A. Debbie Parsons.
COFFEY, Q.C.:
Q. She's one of your colleagues?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. This is the sort of phone message, I take it, you were referring the Commissioner to a note?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. That you might be given while you were off, concerning a phone call while you were off or away from your desk?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And you would be expected to then contact the patient and -
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. - follow through? And again, we look down here. Here I suspect is the back of it, "Just

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wanted general info. Is seeing some doctor anyway."
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. And then there's another phone call noted here at the bottom of the page, same date. And it reads, "Diagnosed January, 2001. Biopsies, lumpectomy. Dr. Kwan." And again, there's certain amounts of information about the patient?
MS. PARSONS:
A. Right.
COFFEY, Q.C.:
Q. Pertinent information. And I refer to that just as an example of the sort of information that you might, upon your return to work, from time to time receive this?
MS. PARSONS:
A. Be given these papers which I would use to return the calls.
COFFEY, Q.C.:
Q. Exhibit P-0647? This is an e-mail from Dr. Cook of October 17th, 2005. I shouldn't say it's an e-mail, it's a notification of a

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meeting, I suspect. The required attendees are Dr. Cook, Ms. Predham, yourself, Susan Bonnell, Dr. Williams, Chris Power, Dr. Laing. And he's written here, "Start media campaign and information for public." Number two.

MS. PARSONS:

A. Um-hm.

COFFEY, Q.C.:

Q. Why would you be required to attend such a meeting?

MS. PARSONS:

A. I don't know.

COFFEY, Q.C.:

Q. Now, we've seen references, the Commissioner has, at times, to, like, the team, and sometimes actually it's written in quotes, there's a quote around "the team" or--from your perspective how did you fit into, or what was your role, if any, in the group that was managing this?

MS. PARSONS:

A. I was not a member of the team.

COFFEY, Q.C.:

Q. Of the team.

MS. PARSONS:

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A. I was--I worked closely with Heather, close proximity physically.

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. Office wise, and she communicated with me daily and I reported to her. I would say I was on the periphery of -

COFFEY, Q.C.:

Q. Kind of one step removed -

MS. PARSONS:

A. - in the picture -

COFFEY, Q.C.:

Q. - from the team?

MS. PARSONS:

A. Certainly, yes.

COFFEY, Q.C.:

Q. You wouldn't have identified yourself as a member of the team?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Ms. Predham would have been, I take it, from your perspective?

MS. PARSONS:

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A. Yes.

COFFEY, Q.C.:

Q. Yes. Who else would have been on the team?

MS. PARSONS:

A. Perhaps the individuals here with the exception of Chris Power. Chris would probably be in the same category as myself.

COFFEY, Q.C.:

Q. And were you ever asked yourself for any input, did the team or members of the team ever ask you for your views on--this particular case involves information for public in starting the media campaign that's referred to here as two of the possible subject matters. But were you ever asked for any--your views on how this matter should be proceeded with?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. I'm not, of course, limiting my question to this point, early on, it's throughout the whole of this. You were never actually asked for your own views on a particular course of action, letters to patients, phoning patients,

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whether it's wise or not, those sorts of things?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Would your colleagues in Eastern Health, do you think, have understood that you probably had more contact with individual patients alone than everybody else--I'm sorry, than everybody else?

MS. PARSONS:

A. Yes. Heather was certainly aware of my patient contacts and the stress levels.

COFFEY, Q.C.:

Q. Who would have known that?

MS. PARSONS:

A. I beg your pardon?

COFFEY, Q.C.:

Q. Who would have known that, who amongst your colleagues would have known that?

MS. PARSONS:

A. Oh, the other quality facilitators who filled in for me on days when I was not there. They would be glad to see me when I came back the next day.

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COFFEY, Q.C.:
Q. Yes. And would Ms. Predham have known that you were under stress?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Would Ms. Elliott have known, Pam Elliott?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Would Dr. Williams have known, do you think?
MS. PARSONS:
A. I expect Heather would have discussed things generally. We were all aware of each other's stress levels. I had the advantage of getting a break two days a week to not have to be exposed on a fulltime basis as everyone else was.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-1494. Ms. Parsons, again this is -- there are numerous e-mails, I'm not going to take you through them all, but I just pick this because it's within the first two weeks, and I will refer you to others, but this was within the

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first two weeks and it'll give the Commissioner some sense of what you were dealing with. A lot of this is redacted for confidentiality reasons. It's sent, Saturday, October 15th, at 10:28 a.m. It's to Ms. Bonnell, Susan Bonnell. The subject is "breast cancer" and the sender's name and e-mail address are redacted. It reads, "My wife", and the name is redacted, and the DOB, I suspect as well was redacted, "was diagnosed with breast cancer in", and it's redacted. "Is she one of the people who is having her hormone receptor findings reexamined". On Monday, October 17th, at 8:51, Ms. Bonnell forwarded that to somebody -- I'm not sure why that's redacted, but it's copied to yourself, and it's say -- actually, it's to the patient, the response to the patient. It's copied to you saying, "I'm forwarding your e-mail to Nancy Parsons, our patient relations officer. She will make contact with you", or your relative, I suspect, is there, "as soon as possible", and then there's a response to Ms. Bonnell from the original contact on October 17th saying, "Please have her contact me", and

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the contact number is there. Then Ms. Bonnell at 9:09 on Monday morning forwards all this to you saying, "For your information". So I take it then that in terms of dealing with the spouse of this patient, you would be expected to follow up on this?
MS. PARSONS:
A. Yes. Sometimes people would get the Corporate Communications Department identified as where to call for information since it was Communications.
THE COMMISSIONER:
Q. Ms. Parsons, the original contacts with patients to tell them that they were going to be retested, would you have done all of those yourself, or would there have been a team?
MS. PARSONS:
A. There were four people who called, Commissioner.
THE COMMISSIONER:
Q. And in that case, was there a script as to what should be said to these persons?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:

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Q. If we could, please, on that point, Commissioner, P-0095. This is an e-mail of October 26th, 2005, from Ms. Predham to Dr. Williams and Patricia Pilgrim. It's copied to Ms. Dunn and Ms. Smith, but she says, "Here are the latest numbers for the ER/PR contacting. I just want you to know that Nancy Parsons, Janet Laidly, and Deanne Emberley have done a tremendous job with this task. It was extremely draining and they have done all this notification in the day and in the evenings with the utmost of compassion and professionalism", and she goes on then to talk about the numbers involved, okay.
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Could you tell the Commissioner about what went on then in the days just before October 26th about contacting people to tell them that they were being retested? Who first told you that you were going to be involved in that and how did it unfold?
MS. PARSONS:
A. Heather came to my office and said we would be

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calling the patients to notify them that they were being retested and the lab was compiling a list of people to contact, and when we had the names we would begin.

THE COMMISSIONER:

Q. Who would be the fourth person?

MS. PARSONS:

A. Heather did some of the calling as well.

COFFEY, Q.C.:

Q. Now who provided the script or the text?

MS. PARSONS:

A. That was a script that was created in the quality office. I hesitate to say any one person. Perhaps more than one had input.

COFFEY, Q.C.:

Q. And what was the nature of what they were told?

MS. PARSONS:

A. The information in the script was so that we would all use the same language when talking to the patients. So it just -- basically, it told people who we were, why we were calling, and then we waited for them to ask us anything that they wanted to know.

COFFEY, Q.C.:

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Q. And I take it, if you could tell them the answer, you did, and if you couldn't --

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. You would do what?

MS. PARSONS:

A. It was amazing to me that the majority of the women were very calm when I called to say, hello, this is Nancy Parsons calling you from Eastern Health, are you a patient who had -- you know, by the name of who had breast cancer in 2004, and -- but I later found out from the women that they were concealing their anxiety very well, and they told me later that they didn't hear much else of what I said after that.

COFFEY, Q.C.:

Q. After you identified them as being a patient?

MS. PARSONS:

A. After -- yeah, with breast cancer. So we would talk about the test and try to explain what it was, and that it was one of the tests that was done on breast cancer tumours to help determine what treatment a patient would require, and they would ask how long will I have to wait, and we at that time thought four to six weeks. So we're calling in October. I said to them we'll have the news before Christmas.

COFFEY, Q.C.:

Q. At the time, and you got that understanding from whom?

MS. PARSONS:

A. Most of the information that I received, I got from Heather, but I'm sure it didn't originate with her.

COFFEY, Q.C.:

Q. And so -- and this is the middle, toward the end of October this would have been occurring, and you indicated you had understood internally it would be four to six weeks, so you would tell people before Christmas because that's what you thought at the time?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Were records kept of the fact that particular patients were contacted?

MS. PARSONS:

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A. Yes. We used a list that was generated in the lab and it was an alphabetical list of patients names, MCP numbers, place of residence was there, contact information, phone numbers, and original ER and PR results, I'm pretty sure.

COFFEY, Q.C.:

Q. And when you would contact patients at the time, would you tell them what their original ER/PR results were?

MS. PARSONS:

A. No, no, not unless they asked.

COFFEY, Q.C.:

Q. If they asked --

MS. PARSONS:

A. We would say, you know, you were diagnosed in 2004 with breast cancer, we wanted to let you know that we are sending away your sample which we've kept to have it retested for one of the tests that we do on breast tumours, which can determine treatment.

COFFEY, Q.C.:

Q. And would you routinely tell these patients what might happen if the test result came back different? Would that come up?

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MS. PARSONS:
A. If they asked me.
COFFEY, Q.C.:
Q. Okay, so it wasn't part of the script, but if they asked, what would you tell them? If it comes back positive, what would you tell them?
MS. PARSONS:
A. I would say that we will be in touch with you with your results.
COFFEY, Q.C.:
Q. And generally if a patient -- you've indicated that records would be kept. I mean, I take it they would be checked off or --
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Somehow recorded on a particular date and time a particular patient was contacted?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Is there any record kept of your perception of the patient's reaction; the patient was calm, the patient was upset, did you make any notes?
MS. PARSONS:

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A. Not initially, no. When I was calling patients later with results, I did record their reaction.
COFFEY, Q.C.:
Q. And your memory of the contact with the patients in the initial group in October to tell them they were being retested or are being retested, your memory of it is that int he main the patients took it calmly?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. At least across the phone to you?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Did you communicate that to -- like, the reactions that you were getting, to anybody within your office?
MS. PARSONS:
A. Yes, we would comment to each other that, you know, did the patients ask many questions. Sometimes somebody might say one lady seemed upset, so I made sure that she understood she could call back and ask questions, and we

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always left our number for them to call back after we'd spoken to them if they needed to when they had time to think about it.
COFFEY, Q.C.:
Q. And would you have passed -- to your knowledge, the information about the reaction of patients have been made available to Ms. Predham, would she have been aware of the general understanding of patient's reactions?
MS. PARSONS:
A. Yes, generally.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-2837. This is an e-mail from Ms. Predham -- I'm sorry, it's from yourself, I apologize, ti's for Ms. Predham, and it's a message -- the subject is "Message for Heather". It's October 26th, 2005, and you write, "I spoke to Deborah Wurtzfeld today". That's a doctor?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. "She called to inquire about the pathology results that she has been getting under breast cancer patients who were retested. Dr. W.

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wanted to know who would be giving these patients the results and asked if the Cancer Clinic is getting in touch with them. I told her the Cancer Clinic will contact the patients who are currently being actively followed. Dr. W. said it would be a lot of work to find out which of her patients are and who isn't being followed, so she wants us to know that she won't be doing that". I take it that she was, in effect, telling you she didn't have the resources to do it?
MS. PARSONS:
A. That's correct.
COFFEY, Q.C.:
Q. That's your understanding. Why would you have passed this on to Heather Predham?
MS. PARSONS:
A. Well, it was my understanding that if patients results changed, their physician would be the one to communicate that to them. Patients with results that had not been confirmed negative would need to go before a panel and a letter would be written to the physician. In this case, Dr. Wurtzfeld is talking about a pathology report on her patients. So I wanted

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to let Heather know that we shouldn't assume that the physician will notify the patient when he or she gets that report.

COFFEY, Q.C.:

Q. The pathology report?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. A report that would have been generated based upon the spreadsheets that were -- that had started to come back from Mount Sinai?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And what type of a physician is Dr. Wurtzfeld, do you know?

MS. PARSONS:

A. I believe she's one of the gyne oncs.

COFFEY, Q.C.:

Q. Gyneoncologist.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. So you would have understood that she at some point in her practice would have been getting,

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if not as a primary recipient, copied the pathology report with the new results?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And did you speak to Heather further about this afterward?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Or the subject matter, the idea that some doctors, just because they got a copy of the pathology report, might not actually contact the patient?

MS. PARSONS:

A. We may have commented to each other. This group of patients would be patients who were being notified by their doctors, and they were not the patients that I dealt with primarily. I was calling patients who had been confirmed negative.

COFFEY, Q.C.:

Q. Exhibit P-2838. Here in an e-mail of October 27, 2005, under the subject matter, "ER/PR, what else", and you got a question mark. I

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take it that in framing it in that manner as of October 27th, 2005, in an e-mail to Heather Predham, that the ER/PR subject matter was occupying --

MS. PARSONS:

A. It was all I talked to her about.

COFFEY, Q.C.:

Q. By that point in time.

MS. PARSONS:

A. Uh-hm.

COFFEY, Q.C.:

Q. And you write, "I don't mean to freak you out, but if a patient was retested at Mount Sinai, MS, Mount Sinai, should her name be on our "retesting results" list. I checked with Judy Thomas, Dr. Cook's secretary, and she said [redacted name, MCP redacted] was retested and her results confirmed negative, but I don't see her on our list anywhere. Mrs [redacted] died" in a particular year. "Her husband called. I told him someone would call him when the results are available. Curiouser and curiouser". What did you mean, ma'm, by curiouser and curiouser?

MS. PARSONS:

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A. That is just an expression that I use, Mr. Coffey, when something surprises me.

COFFEY, Q.C.:

Q. What surprised you?

MS. PARSONS:

A. I couldn't find her on the list, and I called Judy Thomas and she said, yes, she was retested, but the piece of information that I overlooked or didn't take into consideration was that Heather had created a deceased patient's list, and that's where the lady's name was. So when I sent her this e-mail, she said, yes, I know about her, she's on the deceased list.

COFFEY, Q.C.:

Q. But this was your first indication after Heather got back to you in response to your e-mail -- this was the first time you knew there was such a thing as a deceased list?

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. So up to that point you'd been thinking that your retesting results list is it?

MS. PARSONS:

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A. Yes.
COFFEY, Q.C.:
Q. And you're operating on that premise?
MS. PARSONS:
A. And I had been made -- I had been made aware that some deceased patients had inadvertently been sent away earlier on.
COFFEY, Q.C.:
Q. For retesting?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. But some time in October, 2005, presumably you were given a retesting results list, as you describe it?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. You thought, well, that's it?
MS. PARSONS:
A. That's everybody.
COFFEY, Q.C.:
Q. To date, this is everybody?
MS. PARSONS:
A. Uh-hm.

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COFFEY, Q.C.:
Q. And it was only after this e-mail here of October 27th that you were told by Ms. Predham,, well, no, actually there's another list of people we understand to be deceased?
MS. PARSONS:
A. That's correct.
COFFEY, Q.C.:
Q. And you'd have to then look at both lists. Did you get a copy of the other list, the deceased list, do you know?
MS. PARSONS:
A. I believe so.
COFFEY, Q.C.:
Q. Exhibit P-2839. This is an e-mail of November 9th, 2005, from yourself to Ms. Predham. The subject is ER/PR, and you said, "Hi, I don't know if you're keeping track of calls we get from relatives of deceased patients. If so, the husband of the late", the name is redacted, MCP number is redacted, "called today. I told him her tissue sample would be tested, but probably not until the new year". So I take it that as of November 9th, you didn't know whether Ms. Predham was actually

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keeping track of inquiries about the deceased?
MS. PARSONS:
A. No.
COFFEY, Q.C.:
Q. Were you actually keeping track of them other than your general way of keeping track of those?
MS. PARSONS:
A. No, they were just given a sheet like every other call.
COFFEY, Q.C.:
Q. And where had you gotten the understanding that the deceased tissue samples would be retested later?
MS. PARSONS:
A. Initially when we started making contact and talking to patients who called us, somehow I had the information that the living patients would be retested first, and once that had been completed, the deceased would be tested then, and we thought at those early stages that the process would be completed in a short time and I felt it was safe to say the new year because that's 12 months.
COFFEY, Q.C.:

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Q. I'm sorry, that's?
MS. PARSONS:
A. I said I thought it was safe to say the new year, I didn't commit to a month in the new year.
COFFEY, Q.C.:
Q. I see.
MS. PARSONS:
A. It was November of '05 that the inquiry was made, so I thought surely sometime in '06 this would be done.
COFFEY, Q.C.:
Q. Exhibit P-0687? This is an e-mail from Deborah Thomas-Pennell of Friday, December 2nd, 2005 at 8:23 a.m. and it's to a number of individuals and then copied, though, to Ms. Predham, yourself and others. And the subject matter is "On CBC Radio news this a.m., cancer testing. Note: cancer patients frustrated with test wait times." You've already referred to the idea that at times you were copied or sent copies of media clippings, as it were.
MS. PARSONS:
A. Yes.

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COFFEY, Q.C.:
Q. For the purpose of just keeping you apprised of what was going on in the media.
MS. PARSONS:
A. Yes.

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anticipated then?
MS. PARSONS:
A. I didn't know.
COFFEY, Q.C.:
Q. Did you ask anyone within your organization?
MS. PARSONS:
A. Yes.
COFFEY, Q.C.:
Q. Who did you ask?
MS. PARSONS:
A. Most of the communication that I would have around things like that would be with Heather and to my memory, she wasn't able to give me an expected date either or when the results would be available.
COFFEY, Q.C.:
Q. And how would patients react to being told "I don't know"?
MS. PARSONS:
A. They were frustrated, they were always very courteous to me, but they were confused, they were angry sometimes and they were discouraged. They would say things like this is, you know, I've been waiting and worrying and now I still have to wait longer.

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COFFEY, Q.C.:
Q. And I've skipped over a number of them that were sent to you before this, the idea that cancer patients were frustrated with the test wait times by early December, had you encountered that in the phone calls?
MS. PARSONS:
A. Oh yes, patients were calling me throughout November seeking their results.
COFFEY, Q.C.:
Q. And what would you tell them?
MS. PARSONS:
A. I'm sorry -
COFFEY, Q.C.:
Q. I'm sorry, what did you tell them?
MS. PARSONS:
A. I told them, I'm sorry, there's no results back.
COFFEY, Q.C.:
Q. Okay. Did you explain when they were

COFFEY, Q.C.:
Q. Did you communicate the frustration you were hearing at times from patients who were contacting you to anyone? Did you pass that on to anyone?
MS. PARSONS:
A. Oh yes.
COFFEY, Q.C.:
Q. Whom?
MS. PARSONS:
A. I would talk about it at staff meetings within our department. We each had a turn to go around the table and talk about our work or anything that we wanted to share with our colleagues and I would talk about the volume of calls and the nature of the calls and the general information that patients were giving me.
COFFEY, Q.C.:
Q. Now, Ms. Parsons, did anyone within the department you were working in or anyone else in Eastern Health, ever ask at any time until this Commission of Inquiry got underway, to review the notes that you had made in respect of the patient contacts? And what I'm getting

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at is this, I appreciate at staff meetings you would pass on kind of the general tenor of what you were hearing from time to time.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Now, in terms of somebody, kind of, systematically sitting down and reading. To your knowledge -

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. - no one ever came to you and said, Nancy, can you give me the calls to date or the calls from last month so I can get some sense of what you are dealing with?

MS. PARSONS:

A. During this '05/'06 period?

COFFEY, Q.C.:

Q. Yes.

MS. PARSONS:

A. No.

COMMISSIONER:

Q. Mr. Coffey, it's getting near the break time, so whenever -

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COFFEY, Q.C.:

Q. Yes. At any time, did anyone ever?

MS. PARSONS:

A. Within 2007 when more attention was being paid, provincially, to the issue, people would want to be informed of any communication that we had with patients.

COFFEY, Q.C.:

Q. Okay. And that was after the announcement of the Commission of Inquiry.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. Since then--sometimes people have asked you, well -

MS. PARSONS:

A. Provincial database being -

COFFEY, Q.C.:

Q. Sure. If we could look, please, at Exhibit P-2841? This is an e-mail of December 12th, 2005, from yourself to Ms. Predham. You write, "Hi Heather, a patient named"--it's redacted, the MCP number is redacted--"called me on November 17th, said she had lobular CIS in 1997 and inquired whether she had ever had

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ER/PR testing done and if not, could she please be tested now. Dr. Cook agreed to send her specimen and her results are now back positive. I guess she will need to be 'panelled'. I do not know if a doctor has been in touch with her. The original surgery was done by Dr. Gardiner, but Dr. Kwan saw her in July of this year." Why then, I'm going to ask you about this, is that you obviously had had a note still that November 17th this patient had contacted you and now, on December 12th, you are aware of the results -

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And how would the fact that her test results were back have been brought to your attention?

MS. PARSONS:

A. Perhaps Dr. Cook would have called me to tell me.

COFFEY, Q.C.:

Q. Because this was a particular request.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

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Q. And so you would have understood, that if her results were now positive, that she would be panelled, need to panelled.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. That was your understanding. And your purpose then in doing this was to bring this to Heather's attention, to have her deal with it however it was appropriate, from her perspective?

MS. PARSONS:

A. Yes. Whenever I heard from a patient who, when I looked her up, it appeared to me as if she required to go before the panel, I would let Heather know that information, that this patient had called, she, for whatever reason, whether she was seeking her results or whatever the reason she was calling me, I would let Heather know that this patient obviously requires to be panelled and ask her if she had any idea when that might happen.

COFFEY, Q.C.:

Q. And would you then communicate that back, if you were told that the patient would be

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panelled shortly, would you communicate that to the patient?

MS. PARSONS:

A. No.

COFFEY, Q.C.:

Q. Okay, it was just for your own information?

MS. PARSONS:

A. Most of time what would happen then is if there was a patient who had contacted us and self identified, we would perhaps panel her at the next panel. She was calling and inquiring and looking for information.

COFFEY, Q.C.:

Q. So her case would be brought ahead, as it were, to be dealt with at the next available opportunity.

MS. PARSONS:

A. Yes.

COFFEY, Q.C.:

Q. And here in respect of this particular patient, lobular CIS in 1997, actually had this patient been tested in 1997?

MS. PARSONS:

A. I don't know and I can't tell from here.

COFFEY, Q.C.:

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Q. Okay. Commissioner then, if we could, tomorrow?

THE COMMISSIONER:

Q. Tomorrow morning? All right, we'll meet again at 9:30. Thank you.

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CERTIFICATE

I, Judy Moss, hereby certify that the foregoing is a true and correct transcript in the matter of the Commission of Inquiry on Hormone Receptor Testing, heard on the 23rd day of September, A.D., 2008 before the Honourable Justice Margaret A. Cameron, Commissioner, at the Commission of Inquiry, St. John's, Newfoundland and Labrador and was transcribed by me to the best of my ability by means of a sound apparatus.

Dated at St. John's, Newfoundland and Labrador this 23rd day of September, A.D., 2008

Judy Moss

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