

<p style="text-align: center;">COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING</p> <p style="text-align: center;">BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER</p> <p style="text-align: center;">September 30, 2008</p> <p>Appearances:</p> <p>Bernard Coffey, Q.C. Commission Co-counsel Sandra Chaytor, Q.C. Commission Co-counsel</p> <p>Rolf Pritchard/Jackie Brazil Her Majesty in Right of NL</p> <p>Peter Browne/Jane Hennebury Doctors Kara Laing et al</p> <p>Daniel Simmons Eastern Regional Integrated Health Authority</p> <p>Laura Brocklehurst. Members of the Breast Cancer Testing Class Action</p> <p>Mark Pike NL Medical Association</p> <p>Jennifer Newbury Canadian Cancer Society (NL Division)</p> <p>Blair Pritchett. Central, Western and Labrador-Grenfell Regional Integrated Health Authorities</p>	<p style="text-align: center;">THIS PAGE ONLY REVISED NOVEMBER 18, 2008</p> <p style="text-align: center;">LIST OF EXHIBITS</p> <p>EXHIBITS P-2958 AND P-2959 Pg. 49</p> <p>EXHIBITS P-2961 THROUGH P-2964 Pg. 49</p> <p>EXHIBITS P-2974 THROUGH P-2977 Pg. 49</p> <p>EXHIBIT P-2978 REVISED NOVEMBER 18, 2008</p> <p>EXHIBIT P-2982 Pg. 49</p> <p>EXHIBITS P-3039 Pg. 49</p> <p>EXHIBIT P-3058 Pg. 49</p> <p>EXHIBIT P-3074 Pg. 49</p> <p>EXHIBITS P-3076 AND P-3077 Pg. 49</p> <p>EXHIBITS P-3079 THROUGH P-3081 Pg. 49</p> <p>EXHIBIT P-3092 Pg. 49</p> <p>EXHIBIT P-3098 Pg. 49</p> <p>EXHIBIT P-3100 Pg. 50</p> <p>EXHIBIT P-3105 Pg. 50</p> <p>EXHIBITS P-3120 THROUGH P-3208 Pg. 50</p>
<p style="text-align: center;">TABLE OF CONTENTS</p> <p>MS. MARIA TRACY - RESUMES THE STAND</p> <p>Examination by Bernard Coffey, Q.C. Pgs. 4 - 27</p> <p>Examination by Daniel Simmons Pgs. 27 - 48</p> <p>MS. PATRICIA PILGRIM - SWORN</p> <p>Examination by Bernard Coffey, Q.C. Pgs. 48 - 417</p> <p>Certificate</p>	<p style="text-align: right;">Page 4</p> <p>1 MS. MARIA TRACEY, EXAMINATION BY BERNARD COFFEY, Q.C.</p> <p>2 (CONT'D)</p> <p>3 THE COMMISSIONER:</p> <p>4 Q. Please be seated. Mr. Coffey.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Yes, Commissioner. Ms. Tracey, a couple of</p> <p>7 different matters. I wanted to ask you, were</p> <p>8 there any occurrence reports that you're aware</p> <p>9 of or whatever the term one would use -</p> <p>10 MS. TRACEY:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. - regarding fixation issues or improper</p> <p>14 handling of specimens, not in the sense of</p> <p>15 mislabelling the specimens, because I</p> <p>16 understand that would occur from time to time,</p> <p>17 but in terms of the quality of the tissue</p> <p>18 specimen?</p> <p>19 MS. TRACEY:</p> <p>20 A. What time period?</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. Well, in relation to, in particular, 1998</p> <p>23 through 2005 really?</p> <p>24 MS. TRACEY:</p> <p>25 A. I'm not aware of any. I think that the</p>

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1 feedback came informally to the managers
 2 directly, if there was issues with fixation.
 3 COFFEY, Q.C.:
 4 Q. So it would be verbal?
 5 MS. TRACEY:
 6 A. Verbal.
 7 COFFEY, Q.C.:
 8 Q. It wouldn't have been in written form?
 9 MS. TRACEY:
 10 A. The lab has formalized the process since and
 11 they do fill out occurrence reports.
 12 COFFEY, Q.C.:
 13 Q. But that's since 2005?
 14 MS. TRACEY:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Okay. If we could look, please, at Exhibit P-
 18 3084? I just wanted to clarify something
 19 about this. We looked at this yesterday, Ms.
 20 Tracey. This is the October 4th, 2005 OR
 21 information session.
 22 MS. TRACEY:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Recall that, and in particular we looked at

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1 the second paragraph on the second page.
 2 Which facility would this have been occurring
 3 in?
 4 MS. TRACEY:
 5 A. St. Clare's site.
 6 COFFEY, Q.C.:
 7 Q. This is St. Clare's, and if we could look then
 8 at Exhibit P-2884? This is the November 22nd,
 9 2005 staff meeting, the notes on that, and we
 10 looked at number nine at the bottom of the
 11 page there, in particular. This is what site?
 12 MS. TRACEY:
 13 A. St. Clare's.
 14 COFFEY, Q.C.:
 15 Q. St. Clare's. Do you know if a similar meeting
 16 was held at the General site?
 17 MS. TRACEY:
 18 A. Yes, weekly in-service is provided at the
 19 General site in the same manner and any issues
 20 that are of concern are discussed at in-
 21 service. There's an information session and
 22 then once a month there's a staff meeting.
 23 COFFEY, Q.C.:
 24 Q. And was there any written record of the one at
 25 the General Hospital, do you know?

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1 MS. TRACEY:
 2 A. I couldn't find it.
 3 COFFEY, Q.C.:
 4 Q. But you would have expected that in having
 5 distributed that letter to--if I could,
 6 Exhibit P-1939? Deanne, Dorothy and Shirley?
 7 MS. TRACEY:
 8 A. Dianne, Dorothy and Shirley. Dianne is the
 9 manager of surgical daycare, was, she's
 10 retired.
 11 COFFEY, Q.C.:
 12 Q. Pardon me?
 13 MS. TRACEY:
 14 A. She was the manager of surgical daycare,
 15 Dianne Sullivan.
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. TRACEY:
 19 A. She's retired since.
 20 COFFEY, Q.C.:
 21 Q. Yes. So, and she was at the General site?
 22 MS. TRACEY:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. And you would have expected her to bring it up

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1 -
 2 MS. TRACEY:
 3 A. Absolutely, and Dorothy in the operating room.
 4 COFFEY, Q.C.:
 5 Q. In the General?
 6 MS. TRACEY:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Okay, so do you have--there's no written
 10 record of it like there is at St. Clare's,
 11 have you checked with them -
 12 MS. TRACEY:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. - as to whether or not this was discussed?
 16 MS. TRACEY:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And it was discussed and the nursing staff
 20 were made aware of it?
 21 MS. TRACEY:
 22 A. The nursing staff were aware of it.
 23 COFFEY, Q.C.:
 24 Q. The practice change?
 25 MS. TRACEY:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. Now with respect then to some other matters,
 4 P-1582. This is a memo of June 17th, 2004.
 5 The Commissioner saw it in passing yesterday
 6 when Dr. Kwan was testifying. It's a memo
 7 from him to, I'm sorry, all surgeons at the
 8 Health Sciences site, and would that cover
 9 which hospitals, would that be -
 10 MS. TRACEY:
 11 A. That just covers the Health Sciences site.
 12 Dr. Felix looked after the St. Clare's site,
 13 because I discussed the--actually, in one of
 14 my memos there's a note that I discussed it
 15 with Dr. Felix, that he would bring it to the
 16 attention of the surgeons. We also asked the
 17 OR nurses to remind the surgeons, but really,
 18 the directive had to come directly to the
 19 surgeons first. But the OR nurses were aware
 20 of the fact that the history was required, so
 21 it was a gentle reminder to the surgeons when
 22 they're filling out the pathology report.
 23 COFFEY, Q.C.:
 24 Q. And "I have also advised the OR nurses to
 25 remind all physicians to do this or the

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1 specimen will not be leaving the operating
 2 suite unless the clinical history has been
 3 completed."
 4 MS. TRACEY:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Now in relation to this, I wanted to ask you,
 8 could there be situations where--well, first
 9 of all, I'll ask you, was this rigidly
 10 enforced, to your knowledge?
 11 MS. TRACEY:
 12 A. OR nurses can't enforce this. This is a
 13 surgeon practice. So the surgeons have to
 14 change their practice. But I understand the
 15 lab, yes, rigidly enforced it and actually
 16 would call for the history or call and advise
 17 that the history was inadequate, if it was in
 18 the pathology requisition.
 19 COFFEY, Q.C.:
 20 Q. No, I appreciate that, in terms of actually
 21 forcing a doctor to sit down and write
 22 something. I'm not asking you about that.
 23 MS. TRACEY:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. I'm asking about the portion of this related
 2 to "will not leave the operating suite,"
 3 that's--now was that rigidly enforced?
 4 MS. TRACEY:
 5 A. No. It is not within the mandate of the OR
 6 nurses to refuse to send specimens to the
 7 laboratory. So whatever the surgeon--and they
 8 do not critique what the surgeon fills out in
 9 his requisition. That's not their role. So
 10 the specimens would have gone to the
 11 laboratory, but the feedback from the
 12 laboratory was rigid after that.
 13 COFFEY, Q.C.:
 14 Q. In the context of what the Commissioner is
 15 inquiring into here, in particular, did the
 16 enforcement of this ever result in, to your
 17 knowledge, any specimen being delayed in
 18 getting down to the lab?
 19 MS. TRACEY:
 20 A. Not that I'm aware of. One other comment I
 21 would like to make is that, you know, we had--
 22 I guess the nurses are always the persons
 23 front line in position and when the laboratory
 24 would call any time to the OR saying that the
 25 history was incomplete, we asked them to

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1 actually address their concerns to the
 2 surgeons. You know, we didn't want to be
 3 intermediaries in this. We felt that it was
 4 the surgeon behaviour had to change.
 5 COFFEY, Q.C.:
 6 Q. And if I could, and again, just to clarify
 7 something we were discussing toward the end of
 8 your evidence yesterday, if we could look,
 9 please, at Exhibit P-3088? This is the
 10 specimen care operating room policy manual
 11 sheet.
 12 MS. TRACEY:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Okay, and it was revised March of '07, up
 16 there.
 17 MS. TRACEY:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. 2007, and now is this the one that's currently
 21 in place?
 22 MS. TRACEY:
 23 A. Yes, it is.
 24 COFFEY, Q.C.:
 25 Q. In your facility?

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1 MS. TRACEY:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. I'm sorry, in your--in the perioperative
 5 program in St. John's?
 6 MS. TRACEY:
 7 A. Yes, in the two adult sites.
 8 COFFEY, Q.C.:
 9 Q. In the two adult sites?
 10 MS. TRACEY:
 11 A. Yes, but as I reminded you yesterday, the
 12 number three, we actually use the lab policies
 13 that were recently put into practice.
 14 COFFEY, Q.C.:
 15 Q. And I take it that what you're saying is that
 16 this one is still in place, except that people
 17 have been told to read in here at number
 18 three, the applicable lab policies?
 19 MS. TRACEY:
 20 A. Yes, and the clinical educator sent out e-
 21 mails to all the staff to make them aware of
 22 that. It was education done by the lab on the
 23 policies.
 24 COFFEY, Q.C.:
 25 Q. And are the operating room policy manual

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1 documents all kept in a particular place?
 2 MS. TRACEY:
 3 A. There are copies of them in each operating
 4 room.
 5 COFFEY, Q.C.:
 6 Q. And right now, are there copies of the lab,
 7 applicable lab guidelines?
 8 MS. TRACEY:
 9 A. They're in our policy manual immediately after
 10 this.
 11 COFFEY, Q.C.:
 12 Q. After this?
 13 MS. TRACEY:
 14 A. In the place--well, we have to keep the
 15 guidelines for the management of specimens
 16 because cytology, bacteriology haven't
 17 released their policies yet. So it was the
 18 pathology policies had to be followed. But
 19 we're in the process of revising this and
 20 we'll get it revised this month, at least will
 21 in October, so that it will read--you know,
 22 the guidelines will be, I guess, the exact
 23 what policy has to be followed. The nurses
 24 have been informed and they have been educated
 25 on the policies.

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1 COFFEY, Q.C.:
 2 Q. And when did that occur?
 3 MS. TRACEY:
 4 A. I'm not exactly sure. It would have been
 5 during early summer, late summer, you know,
 6 during the summer period.
 7 COFFEY, Q.C.:
 8 Q. Of this year?
 9 MS. TRACEY:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And -
 13 MS. TRACEY:
 14 A. I believe St. Clare's was at the beginning of
 15 the summer and the General site was a little
 16 bit later.
 17 COFFEY, Q.C.:
 18 Q. In relation then to this, you've indicated to
 19 the Commissioner that there are e-mails that
 20 exist concerning telling the staff about this.
 21 MS. TRACEY:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. If I could ask that they be passed on, copies
 25 of them obtained and passed on to Mr. Simmons

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1 to be passed on to -
 2 MS. TRACEY:
 3 A. Sure.
 4 COFFEY, Q.C.:
 5 Q. - the Commission? Thank you. And in effect,
 6 anything, any documentation related to the
 7 staff actually, like if there are, for
 8 example, notes like we looked at in relation
 9 to 2007, those notes we just looked at from
 10 St. Clare's.
 11 MS. TRACEY:
 12 A. Sure.
 13 COFFEY, Q.C.:
 14 Q. If there's any similar documentation or
 15 related documentation in existence relating to
 16 the current state of affairs and how you've
 17 arrived at it, okay, current status, if you
 18 could pass those on to Mr. Simmons, we'd
 19 appreciate that.
 20 MS. TRACEY:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. Thank you. Now I wanted to ask you, why is it
 24 that apparently there's a certain amount of
 25 lag time, as you pointed out, or delay in

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<p>1 getting the actual written policies changed?</p> <p>2 Why is that?</p> <p>3 MS. TRACEY:</p> <p>4 A. Because it takes time to develop the policies</p> <p>5 and get them approved and put them in place.</p> <p>6 Practice is usually changed before the</p> <p>7 policies, if it's time sensitive.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And what contributes to the lag time? Why is</p> <p>10 -</p> <p>11 MS. TRACEY:</p> <p>12 A. During the summer time, the clinical educators</p> <p>13 are on vacation and the managers are on</p> <p>14 vacation. It's usually just a reality, it's</p> <p>15 difficult to get the committee together and</p> <p>16 the practice can be changed easily, but the</p> <p>17 policies just come behind, but they do get</p> <p>18 changed.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And the impetus to change in this regard, to</p> <p>21 adopt the lab policies, first arose when?</p> <p>22 MS. TRACEY:</p> <p>23 A. When the policies were in service for the</p> <p>24 staff, they became aware of them.</p> <p>25 COFFEY, Q.C.:</p>	<p>1 the first time that the lab's new policies</p> <p>2 came to the perioperative program's attention,</p> <p>3 to be adopted by the perioperative program,</p> <p>4 was this past summer?</p> <p>5 MS. TRACEY:</p> <p>6 A. Was in the spring, I believe, the first</p> <p>7 discussion of it.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Spring 2008?</p> <p>10 MS. TRACEY:</p> <p>11 A. Yeah.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. And I take it then that as the written</p> <p>14 policies haven't yet caught up with the actual</p> <p>15 practice, how do you ensure that all staff are</p> <p>16 aware of them? Like for example, in</p> <p>17 particular, new staff.</p> <p>18 MS. TRACEY:</p> <p>19 A. How do we ensure new staff are aware of all</p> <p>20 policies?</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. Well, and ones that are recently brought in.</p> <p>23 MS. TRACEY:</p> <p>24 A. Well, new staff would be in the same--they</p> <p>25 would be educated in the same way as the older</p>
<p>1 Q. And when was that?</p> <p>2 MS. TRACEY:</p> <p>3 A. As I mentioned, St. Clare's were in-serviced</p> <p>4 earlier in the summer and I think the general</p> <p>5 site and the surgical daycare departments were</p> <p>6 later in the summer.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. This summer?</p> <p>9 MS. TRACEY:</p> <p>10 A. Yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. Okay, and why I raise that is that we have</p> <p>13 seen changes in fixation policy or at least</p> <p>14 drafts of them dating back to May of 2007.</p> <p>15 We've seen them here.</p> <p>16 MS. TRACEY:</p> <p>17 A. Yes. Now we would not introduce draft</p> <p>18 policies belonging to the lab in the operating</p> <p>19 room.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. No.</p> <p>22 MS. TRACEY:</p> <p>23 A. We would get the signed off policies.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Okay, so this is what I was asking about. So</p>	<p>1 staff. The information is brought to in-</p> <p>2 service. Then policies or practices are</p> <p>3 posted on the notice board in the lounge and</p> <p>4 staff sign off on them when they--if they</p> <p>5 haven't been at in-service and educated on</p> <p>6 them. Also, the educators have a distribution</p> <p>7 group, which is the OR nurses and send out any</p> <p>8 information they want them to have, you know,</p> <p>9 and any practice that need to be changed. And</p> <p>10 also, if there's something like the recent</p> <p>11 practice of not putting notices--or at least</p> <p>12 not putting specimens in formalin in the</p> <p>13 fridge, well the notice is put on the fridge</p> <p>14 as well.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Okay.</p> <p>17 MS. TRACEY:</p> <p>18 A. And as well as that, each operating room has</p> <p>19 three nurses in it. There's the service</p> <p>20 coordinator, who is a senior nurse. She's a</p> <p>21 nurse two, and she pretty well directs the OR</p> <p>22 case for the day and practice within that room</p> <p>23 and, you know, ensures that standards and</p> <p>24 practices and policies are adhered to. So</p> <p>25 even though there's a junior person in the</p>

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1 room, there are also senior nurses with that
 2 person.
 3 COFFEY, Q.C.:
 4 Q. Now, Ms. Tracey, if you could, please, we
 5 spoke yesterday about what you recall about
 6 the summer 2005 when you first became aware of
 7 this, and then generally what's happened
 8 afterward, but could you take the Commissioner
 9 through what changed since the summer of 2005
 10 and the steps of the process through which
 11 things changed in the perioperative program,
 12 in relation to this ER/PR matter and fixation?
 13 MS. TRACEY:
 14 A. The process for specimens not being left--
 15 breast specimens, mastectomy specimens had to
 16 be sent to the laboratory immediately and -
 17 COFFEY, Q.C.:
 18 Q. That began in the summer, early fall of 2005?
 19 MS. TRACEY:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. Okay.
 23 MS. TRACEY:
 24 A. With the letters that were generated.
 25 COFFEY, Q.C.:

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1 Q. And how about after that?
 2 MS. TRACEY:
 3 A. Then, in particular, I'm not sure what you're
 4 looking for.
 5 COFFEY, Q.C.:
 6 Q. Well, what I'm getting at is that well, we've--
 7 -you just told the Commissioner about well, in
 8 2008, the actual--there was an in-service.
 9 Did anything change in the intervening time
 10 frame, that you recall?
 11 MS. TRACEY:
 12 A. Well, the practice changed that the specimens
 13 were sent immediately to the operating room,
 14 which was from--the impetus came for that from
 15 the letters from Dr. Cook and Dr. Fontaine.
 16 COFFEY, Q.C.:
 17 Q. And then in -
 18 MS. TRACEY:
 19 A. And--yes, sorry, go ahead.
 20 COFFEY, Q.C.:
 21 Q. I'm sorry. It wasn't then until 2008 that you
 22 got the new lab written policies?
 23 MS. TRACEY:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. And there was these in-service that you just
 2 referred to?
 3 MS. TRACEY:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. And in the meantime, the practice, to your
 7 knowledge, had changed that they would go down
 8 immediately?
 9 MS. TRACEY:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. The breast specimens.
 13 MS. TRACEY:
 14 A. Yes, and the fixation, also staff were very
 15 focused on the amount of formalin being added
 16 to the breast specimens or all specimens
 17 actually, that there was an adequate amount.
 18 There was a lot of in-service and education
 19 done on that, and reminders to staff.
 20 COFFEY, Q.C.:
 21 Q. Have there been any concerns expressed by the
 22 lab, to your knowledge, about specimens since,
 23 in relation to fixation issues?
 24 MS. TRACEY:
 25 A. Breast specimens, no, I don't believe there

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1 was, except that now, we're no longer putting
 2 the specimens in a fridge, because I
 3 understand that slowed the process.
 4 COFFEY, Q.C.:
 5 Q. And other -
 6 MS. TRACEY:
 7 A. The fixation.
 8 COFFEY, Q.C.:
 9 Q. - other than that?
 10 MS. TRACEY:
 11 A. With fixation, I'm not aware of issues, and
 12 again, these would be brought front line to
 13 the manager, unless there was an epidemic of
 14 them or a trend or pattern.
 15 COFFEY, Q.C.:
 16 Q. And non-breast tissue, okay, I take it, is
 17 still handled in the same way that other
 18 pathology specimens were before?
 19 MS. TRACEY:
 20 A. Yeah.
 21 COFFEY, Q.C.:
 22 Q. They go on the regular central porter run?
 23 MS. TRACEY:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. And could remain overnight or over the weekend
 2 depending upon the timing?
 3 MS. TRACEY:
 4 A. Yes. One thing we are developing is a quality
 5 improvement committee with the lab because we
 6 felt that we could work closely with them to
 7 ensure that we had a forum where we could have
 8 open discussion on any issues. So we met
 9 briefly in the summer and actually we have a
 10 meeting scheduled for Friday to discuss any
 11 ongoing issues and to make--for them to have
 12 feedback mechanism for us and for us to be
 13 able to make them aware of any concerns we've
 14 had.
 15 COFFEY, Q.C.:
 16 Q. In the summer, that was just -
 17 MS. TRACEY:
 18 A. 2008.
 19 COFFEY, Q.C.:
 20 Q. '08?
 21 MS. TRACEY:
 22 A. Yeah, I believe it was in July probably.
 23 COFFEY, Q.C.:
 24 Q. They're the questions I have, Commissioner.
 25 Thank you.

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1 THE COMMISSIONER:
 2 Q. Thank you. Mr. Pritchard?
 3 MR. PRITCHARD:
 4 Q. Thank you, Commissioner. I don't have any
 5 questions for this witness. Thank you, Ms.
 6 Tracey.
 7 THE COMMISSIONER:
 8 Q. Thank you. Mr. Browne?
 9 MR. BROWNE:
 10 Q. No questions. Ms. Tracey, thank you for your
 11 evidence.
 12 THE COMMISSIONER:
 13 Q. Mr. Pritchett?
 14 MR. PRITCHETT:
 15 Q. No questions, Commissioner, thank you.
 16 THE COMMISSIONER:
 17 Q. Ms. Newbury?
 18 MS. NEWBURY:
 19 Q. No questions, thank you.
 20 THE COMMISSIONER:
 21 Q. Mr. Pike?
 22 MR. PIKE:
 23 Q. No questions, thank you.
 24 THE COMMISSIONER:
 25 Q. Mr. Simmons? Feel like the Speaker of the

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1 House some days.
 2 MS. MARIA TRACEY, EXAMINATION BY MR. DANIEL SIMMONS
 3 MR. SIMMONS:
 4 Q. Good morning, Ms. Tracey.
 5 MS. TRACEY:
 6 A. Good morning, Mr. Simmons.
 7 MR. SIMMONS:
 8 Q. A few things I wanted to follow up on with
 9 you. First of all, picking up on something
 10 Mr. Coffey asked you about a moment ago about
 11 communicating policies and procedures to new
 12 staff who joined the perioperative service,
 13 can you explain a bit about the process of
 14 orienting new nursing staff to the operating
 15 room, how long it takes, what sort of things
 16 are involved and what that process is, please?
 17 MS. TRACEY:
 18 A. The actual orientation to the operating room
 19 is the most extensive orientation provided to
 20 any service because of the complexity of the
 21 area. The orientation ranges from 16 weeks at
 22 St. Clare's site, a minimum of 16 weeks to
 23 actually almost six months at the General site
 24 because there are more services for a staff
 25 member to become familiar with at the General

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1 site. There's a classroom component first
 2 which is three to four weeks and following
 3 that the staff are orientated for two weeks in
 4 each service. They are mentored by the Nurse
 5 II in the service. After the first six weeks
 6 orientation is complete there is an
 7 examination, preliminary examination, to make
 8 sure the staff member has the initial skills
 9 of an operating room nurse. Towards the end
 10 of their orientation, the clinical educators
 11 review their clinical skills and make sure
 12 they're at a level they should be, but there's
 13 ongoing monitoring by the clinical educators
 14 of all new staff members in each service, and
 15 they get continuous feedback from the Nurse
 16 II's and they actually spend time in the
 17 operating room observing the progress and
 18 progression of the skills of the person. The
 19 operating room is a very complex area. The
 20 policies and procedures are very rigid. Staff
 21 have to be familiar with all of them and they
 22 have to follow - the practice is very much
 23 delineated and there cannot be any deviation.
 24 So that's the way we ensure that all our
 25 patients receive safe care, that we always

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1 have the right patient getting the right
 2 surgery and that things go well for our
 3 patients. It's a very rigid process. At the
 4 end of the orientation period there is an
 5 examination and the pass mark is 80 percent,
 6 and if there are any concerns experienced with
 7 the staff person, the orientation can be
 8 prolonged. There are times when we, after
 9 intensive support to people, recognize that
 10 they are really not appropriate and will never
 11 have the skills required by an operating room
 12 nurse. It's a very rigid process.

13 MR. SIMMONS:
 14 Q. And you've told us about a number of things
 15 that clinical nurse educators have done
 16 through this process. It sounds like they
 17 have an important role in the orientation of
 18 their staff.

19 MS. TRACEY:
 20 A. Very.

21 MR. SIMMONS:
 22 Q. And you've also mentioned the regular weekly
 23 in-service meetings. Can you tell me
 24 something more about what a clinical nurse
 25 educators role is in your program, and whether

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1 this is a full time position that they fill?
 2 MS. TRACEY:
 3 A. There are actually three clinical educators in
 4 the perioperative program. They have a vital
 5 role within our program. There are two for
 6 the operating rooms, and the third clinical
 7 educator, her expertise is in the recovery
 8 room and she oversees the care delivery in the
 9 pre and post-operative care in surgical day
 10 care, which is a different expertise
 11 altogether from the OR clinical educators.
 12 The OR clinical educators provide all the
 13 orientation for new staff. They coordinate
 14 the weekly in-service, sometimes deliver the
 15 in-service, sometimes coordinate experts in
 16 whatever area they want the staff to be
 17 advised in, they coordinate that and they
 18 schedule the in-services. They also are
 19 really responsible for the development of
 20 policies and procedures within the operating
 21 room and they monitor the quality of care.
 22 They coordinate the audits that are
 23 continuously done within the perioperative
 24 program within the OR's. So this is an
 25 auditing of the care that is delivered. The

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1 audits are actually done by the frontline
 2 staff, but the audit tools are prepared by the
 3 clinical educators and the results compiled
 4 and brought to the staff meetings, so that the
 5 staff are aware of any issues or concerns.

6 MR. SIMMONS:
 7 Q. How long has the perioperative program had
 8 these three clinical nurse educator positions
 9 available to it?

10 MS. TRACEY:
 11 A. The clinical educators for the operating room
 12 have been in position way before my time. So
 13 they're in place - I've worked in the OR since
 14 1994, so they were both in place before then.

15 MR. SIMMONS:
 16 Q. Yes.

17 MS. TRACEY:
 18 A. The clinical educator for surgical day care
 19 and recovery room has been put in place three
 20 or four years ago.

21 MR. SIMMONS:
 22 Q. How important are those positions to being
 23 able to carry quality assurance type
 24 activities in perioperative care?

25 MS. TRACEY:

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1 A. They are vital, actually. Their role is
 2 absolutely vital because they are the people
 3 who have the expertise to go in and monitor
 4 the care that that's delivered in the
 5 operating room and to make sure that policies
 6 are being adhered to, and through their
 7 observation they recognize areas of concern
 8 and bring them to the attention of staff at
 9 in-service weekly.

10 MR. SIMMONS:
 11 Q. Okay. You've told us about the policies and
 12 procedures that were in place regarding the
 13 transport of specimens to the laboratory prior
 14 to 2005 and the changes that were made
 15 afterwards, and I understand that prior to
 16 2005 you've told us that a specimen that
 17 became available late in the day might not go
 18 to the lab until the next morning, and late on
 19 a Friday might not go until after the weekend?

20 MS. TRACEY:
 21 A. That's correct.

22 MR. SIMMONS:
 23 Q. Unless it was one of those that was in a
 24 category where there was a special arrangement
 25 in place to transport it immediately. I think

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1 you've also told us that breast surgeries are
 2 elective surgery?
 3 MS. TRACEY:
 4 A. Yes, they are.
 5 MR. SIMMONS:
 6 Q. They're scheduled.
 7 MS. TRACEY:
 8 A. They're usually scheduled.
 9 MR. SIMMONS:
 10 Q. As such -
 11 MS. TRACEY:
 12 A. Rarely would be done after hours.
 13 MR. SIMMONS:
 14 Q. Can you give me any indication of, considering
 15 those facts, how common or uncommon you might
 16 expect it to be for breast specimens to be
 17 ones that would be left overnight or left over
 18 the weekend?
 19 MS. TRACEY:
 20 A. Well, because breast surgery is scheduled, it
 21 would be very unlikely that they would be left
 22 overnight or on the weekend, but it could
 23 happen, I guess.
 24 MR. SIMMONS:
 25 Q. It could happen, but -

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1 MS. TRACEY:
 2 A. It's unlikely.
 3 MR. SIMMONS:
 4 Q. It would be unlikely?
 5 MS. TRACEY:
 6 A. Yes. The probability would be that it would
 7 go to the OR - to the laboratory during the
 8 day.
 9 MR. SIMMONS:
 10 Q. And that was - this is before 2005 we're
 11 talking about?
 12 MS. TRACEY:
 13 A. Oh, yes.
 14 MR. SIMMONS:
 15 Q. Now you were asked - you were shown the 2003
 16 policies that were developed and put in place,
 17 and I understand those were ones that were put
 18 in place for both sites, St. Clare's and the
 19 General?
 20 MS. TRACEY:
 21 A. That's correct.
 22 MR. SIMMONS:
 23 Q. As a result of the effort to standardize the
 24 policies that had previously existed at both
 25 of those sites, is that right?

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1 MS. TRACEY:
 2 A. That's correct.
 3 MR. SIMMONS:
 4 Q. While those polices were in the process of
 5 being developed and approved, did each site
 6 continue to have its own policies in place
 7 addressing the same issues?
 8 MS. TRACEY:
 9 A. Yes, it did.
 10 MR. SIMMONS:
 11 Q. They did?
 12 MS. TRACEY:
 13 A. Yes.
 14 MR. SIMMONS:
 15 Q. Did those policies continue to be followed
 16 during that time period until the new one came
 17 in?
 18 MS. TRACEY:
 19 A. Up until - yes, it did.
 20 MR. SIMMONS:
 21 Q. Did the new polices that came in in 2003
 22 represent any substantial change to the way
 23 things were done either at St. Clare's or at
 24 the Grace?
 25 MS. TRACEY:

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1 A. It's difficult for me to recollect exactly
 2 what the policies were at that time, but it
 3 would be - I wouldn't expect that they would
 4 have been a substantial change.
 5 MR. SIMMONS:
 6 Q. Okay.
 7 MS. TRACEY:
 8 A. Practice evolves, so it's rarely dramatically
 9 changed.
 10 MR. SIMMONS:
 11 Q. Yes. Concerning again the getting specimens,
 12 breast specimens, in particular, to the
 13 laboratory, we've heard mention along the way
 14 that the laboratory may receive a copy of the
 15 operating room list. Do you know if that's
 16 part of the regular practice?
 17 MS. TRACEY:
 18 A. The operating room actually receives the OR
 19 schedule every single day.
 20 MR. SIMMONS:
 21 Q. Yes.
 22 MS. TRACEY:
 23 A. It's automatically printed to their printer.
 24 MR. SIMMONS:
 25 Q. That's the lab?

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1 MS. TRACEY:
 2 A. At the pathology department.
 3 MR. SIMMONS:
 4 Q. The pathology department in the lab?
 5 MS. TRACEY:
 6 A. Yes.
 7 MR. SIMMONS:
 8 Q. Do you know what use is made of that at the
 9 lab?
 10 MS. TRACEY:
 11 A. The pathology - the pathologists and the
 12 pathology assistants review the list and
 13 actually anticipate specimens coming to them
 14 for the day then.
 15 MR. SIMMONS:
 16 Q. Right, and are you aware of whether or not
 17 there would be occasions when breast surgeries
 18 would be not scheduled and would not appear on
 19 that list? Is that - would that be a common
 20 practice?
 21 MS. TRACEY:
 22 A. It would be very unusual.
 23 MR. SIMMONS:
 24 Q. It would be very unusual.
 25 MS. TRACEY:

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1 A. Yes. Breast surgery is elective surgery, so
 2 it would be - I can't recall ever seeing it on
 3 the emergency list.
 4 MR. SIMMONS:
 5 Q. Okay.
 6 MS. TRACEY:
 7 A. And then the - in relation to evening now,
 8 before the pathology assistants leave, they
 9 look for any specimens that they were
 10 anticipating receiving, but hadn't come to
 11 them, and at times they would come to the OR
 12 to collect them or they'll call asking what
 13 time they can suspect the specimen will
 14 arrive.
 15 MR. SIMMONS:
 16 Q. And the last thing I wanted to do, Mr. Coffey
 17 asked you about current policies and where
 18 they are found, and I understood you to say
 19 that the current lab policy for fixation is
 20 actually inserted into your operating room
 21 policy binders?
 22 MS. TRACEY:
 23 A. That's correct.
 24 MR. SIMMONS:
 25 Q. Which are in each of the operating suites?

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1 MS. TRACEY:
 2 A. Rooms, yes. We actually debated should be
 3 have a separate manual for the laboratory, but
 4 we felt that that would be cumbersome for
 5 staff, that we wanted them to be able to if
 6 they wanted - because staff are very conscious
 7 of - if they're not sure of a process or
 8 practice, to go look it up in the policy, and
 9 we felt it would be more convenient and user
 10 friendly for them to have the policies in one
 11 place.
 12 MR. SIMMONS:
 13 Q. You also said that there had been in-servicing
 14 done on these lab policies. Who did that?
 15 MS. TRACEY:
 16 A. The actual lab experts did the in-service for
 17 us.
 18 MR. SIMMONS:
 19 Q. Okay.
 20 MS. TRACEY:
 21 A. We felt that would be more appropriate and
 22 would - it could bring things that were
 23 important that they wanted to highlight to our
 24 staff where we probably - we may not recognize
 25 them.

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1 MR. SIMMONS:
 2 Q. Okay.
 3 MS. TRACEY:
 4 A. In the same way.
 5 MR. SIMMONS:
 6 Q. Thank you very much. That's all the questions
 7 I have.
 8 THE COMMISSIONER:
 9 Q. Thank you, Mr. Simmons. Mr. Coffey, anything
 10 arising?
 11 COFFEY, Q.C.:
 12 Q. Yes, Commissioner. Just to clarify, Ms.
 13 Tracey, this orientation practice that Mr.
 14 Simmons asked you about in relation to the 16
 15 weeks and then up to six months -
 16 MS. TRACEY:
 17 A. Uh-hm.
 18 COFFEY, Q.C.:
 19 Q. How long has that been in place?
 20 MS. TRACEY:
 21 A. The orientation practice has been in place for
 22 as long as I've been Program Director. So
 23 before my time.
 24 COFFEY, Q.C.:
 25 Q. Before your time?

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<p>1 MS. TRACEY: 2 A. Yes, and it's an assessment of staff 3 competencies through the orientation. 4 COFFEY, Q.C.: 5 Q. Oh, yes. 6 MS. TRACEY: 7 A. So it is extended to whatever it needs to be 8 to make sure the staff are competent, and 9 sometimes staff need extra mentoring, but you 10 can tell that they are doing well, but they 11 just may take a little bit of extra time. 12 COFFEY, Q.C.: 13 Q. So the second point was the practice of the OR 14 list getting printed to the clinical 15 laboratory printer. 16 MS. TRACEY: 17 A. The pathology laboratory. 18 COFFEY, Q.C.: 19 Q. Pathology, particularly the pathology end of 20 it. 21 MS. TRACEY: 22 A. Yes. 23 COFFEY, Q.C.: 24 Q. When did that first start? 25 MS. TRACEY:</p>	<p>1 receiving. 2 COFFEY, Q.C.: 3 Q. And would be able to anticipate that we 4 haven't received certain specimens at all? 5 MS. TRACEY: 6 A. That's correct, yes. 7 COFFEY, Q.C.: 8 Q. And if the operation in question went ahead - 9 MS. TRACEY: 10 A. Yes. 11 COFFEY, Q.C.: 12 Q. We don't have a specimen yet to match. 13 MS. TRACEY: 14 A. And they call us. 15 COFFEY, Q.C.: 16 Q. But I take it during the time period during 17 which, for example, the breast specimens could 18 have been left overnight or over the weekend, 19 presumably one wasn't getting a call about it? 20 MS. TRACEY: 21 A. The practice wasn't to send specimens 22 immediately. So this is a change in practice. 23 COFFEY, Q.C.: 24 Q. And you told Mr. Simmons just now that it 25 would be unlikely for a breast specimen to</p>
<p>1 A. I'm not sure. Again that's been in place a 2 very long time, years and years. It's not 3 current - it's not something new that 4 happened. 5 COFFEY, Q.C.: 6 Q. So this goes back years perhaps to before you 7 were director? 8 MS. TRACEY: 9 A. Could have been, yes. 10 COFFEY, Q.C.: 11 Q. Could have been. 12 MS. TRACEY: 13 A. I don't remember us introducing it, so I very 14 well feel comfortable it's been there for a 15 long time. 16 COFFEY, Q.C.: 17 Q. And the point being on this that it was being 18 printed in the pathology lab, the OR list. 19 The pathology lab, whoever was reading it - 20 MS. TRACEY: 21 A. Yes. 22 COFFEY, Q.C.: 23 Q. Would have been able to tell - 24 MS. TRACEY: 25 A. Would anticipate the specimens they should be</p>	<p>1 have been left in the OR overnight or over the 2 weekend. 3 MS. TRACEY: 4 A. Uh-hm. 5 COFFEY, Q.C.: 6 Q. Why do you say it would be unlikely? 7 MS. TRACEY: 8 A. Because the specimens that usually go into the 9 evening are emergency cases. 10 COFFEY, Q.C.: 11 Q. Example, if the last central porter run is 12 three o'clock, if it was - 13 MS. TRACEY: 14 A. Uh-hm. 15 COFFEY, Q.C.: 16 Q. If it was, but you don't know the actual 17 timing - 18 MS. TRACEY: 19 A. Well, it's after three. 20 COFFEY, Q.C.: 21 Q. Say, 3:30, in terms of that. 22 MS. TRACEY: 23 A. That's right, uh-hm. If a specimen came out 24 after that, then it would be left. 25 COFFEY, Q.C.:</p>

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1 Q. And breast surgery tends to be relatively
 2 short in time duration.
 3 MS. TRACEY:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. A typical breast surgery would take how long?
 7 MS. TRACEY:
 8 A. An hour and a half.
 9 COFFEY, Q.C.:
 10 Q. So if it was the last thing scheduled for the
 11 day and they were finishing up towards five
 12 and you slot it in -
 13 MS. TRACEY:
 14 A. Well, actual elective surgery finishes at
 15 four.
 16 COFFEY, Q.C.:
 17 Q. Four?
 18 MS. TRACEY:
 19 A. Yes, quarter to four.
 20 COFFEY, Q.C.:
 21 Q. It's scheduled to finish at four?
 22 MS. TRACEY:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Routinely it would go beyond that, wouldn't

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1 it?
 2 MS. TRACEY:
 3 A. For certain cases. I wouldn't expect breast
 4 cases to go beyond that because they're not
 5 complex, and the OR cannot have all rooms
 6 running late, so the shorter cases are done
 7 early.
 8 COFFEY, Q.C.:
 9 Q. So if it was the last surgery of the day -
 10 MS. TRACEY:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. As an elective, it would tend to finish -
 14 MS. TRACEY:
 15 A. 3:30, quarter to four.
 16 COFFEY, Q.C.:
 17 Q. Quarter to four, and if the last porter run
 18 had already gone -
 19 MS. TRACEY:
 20 A. Yes, it would be left.
 21 COFFEY, Q.C.:
 22 Q. And I take it has any analysis been done of
 23 how often, like, looking back on it, that
 24 probably happened?
 25 MS. TRACEY:

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1 A. No.
 2 COFFEY, Q.C.:
 3 Q. Thank you, Commissioner.
 4 THE COMMISSIONER:
 5 Q. Ms. Tracey, I just want to make sure I'm clear
 6 on the point you are making on this business
 7 of what was accepted procedure, and that is to
 8 leave the specimen if it was not available for
 9 the porter at 3:30, you left it until the next
 10 morning.
 11 MS. TRACEY:
 12 A. Yes.
 13 THE COMMISSIONER:
 14 Q. And it seems to me that what you're saying is
 15 while the pathology laboratory might have
 16 known that they should get, say, five breast
 17 samples on a particular day, if they only got
 18 four, then both the OR and the pathology lab
 19 would not be concerned about this because
 20 everybody accepted it would be picked up the
 21 next morning?
 22 MS. TRACEY:
 23 A. Prior to 2005, yes, that was the practice.
 24 THE COMMISSIONER:
 25 Q. All right. That wasn't seen as anything out

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1 of the ordinary?
 2 MS. TRACEY:
 3 A. No.
 4 THE COMMISSIONER:
 5 Q. Oka, thank you. Thank you very much for your
 6 contribution to the inquiry. Now are we ready
 7 for the next witness, Mr. Coffey.
 8 COFFEY, Q.C.:
 9 Q. Yes, Commissioner, Patricia Pilgrim.
 10 MS. PATRICIA PILGRIM (SWORN) EXAMINATION BY BERNARD
 11 COFFEY, Q.C.
 12 REGISTRAR:
 13 Q. Can you please state and spell your full name
 14 for the record?
 15 MS. PILGRIM:
 16 A. Patricia Pilgrim, P-A-T-R-I-C-I-A P-I-L-G-R-
 17 I-M.
 18 COFFEY, Q.C.:
 19 Q. Good morning, Ms. Pilgrim.
 20 MS. PILGRIM:
 21 A. Good morning.
 22 COFFEY, Q.C.:
 23 Q. Commissioner, I have a long list of exhibits
 24 I'm going to ask to be entered and ask that
 25 you bear with me because at times the

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1 numbering kind of skips over certain numbers,
 2 so I'm going to read down through them.
 3 THE COMMISSIONER:
 4 Q. Okay.
 5 COFFEY, Q.C.:
 6 Q. They're exhibit P-2958, 2959, 2961, 2962,
 7 2963, 2964, 2974, 2975, 2976, 2977, 2982,
 8 3039, 3058, 3074, 3076, 3077, 3079, 3080,
 9 3081, 3092, 3098, 3100, 3105, 3120, I believe,
 10 Commissioner, inclusive through 3208.
 11 THE COMMISSIONER:
 12 Q. 3208?
 13 COFFEY, Q.C.:
 14 Q. 3208, yes.
 15 EXHIBITS P-2958 AND P-2959 MARKED AND ENTERED
 16 EXHIBITS P-2961 THROUGH P-2964 MARKED AND ENTERED
 17 EXHIBITS P-2974 THROUGH P-2977 MARKED AND ENTERED
 18 EXHIBIT P-2982 MARKED AND ENTERED
 19 EXHIBITS P-3039 MARKED AND ENTERED
 20 EXHIBIT P-3058 MARKED AND ENTERED
 21 EXHIBIT P-3074 MARKED AND ENTERED
 22 EXHIBITS P-3076 AND P-3077 MARKED AND ENTERED
 23 EXHIBITS P-3079 THROUGH P-3081 MARKED AND ENTERED
 24 EXHIBIT P-3092 MARKED AND ENTERED
 25 EXHIBIT P-3098 MARKED AND ENTERED

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1 EXHIBIT P-3100 MARKED AND ENTERED
 2 EXHIBIT P-3105 MARKED AND ENTERED
 3 EXHIBITS P-3120 THROUGH P-3208 MARKED AND ENTERED
 4 THE COMMISSIONER:
 5 Q. Entered.
 6 COFFEY, Q.C.:
 7 Q. If we could, Registrar, Exhibit P-3120, and
 8 Ms. Pilgrim, is this your curriculum vitae?
 9 MS. PILGRIM:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. I'm not going to take you through it line by
 13 line. I'm going to ask you, please, to tell
 14 the Commissioner - give an overview of your
 15 educational background and your professional
 16 background, okay.
 17 MS. PILGRIM:
 18 A. I've been around quite a while actually. I
 19 started my career - my professional background
 20 is nursing, and I started my career in the
 21 early 70s, worked for about six years as a
 22 nurse, having graduated by the General
 23 Hospital School of Nursing with a diploma in
 24 nursing. From there I went and I did a
 25 Bachelors Degree in Nursing at Memorial

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1 University, and went into nursing education.
 2 I had about three years as a faculty member in
 3 the General Hospital School of Nursing, and
 4 then went from there into a management
 5 position in staff education at what was then
 6 the General Hospital, stayed there for a few
 7 years, and was in and out of that doing
 8 projects, but left that, I guess, after about
 9 two years and went as a quality assurance
 10 coordinator for nursing at the General
 11 Hospital, and that would have been a first in
 12 terms of the General having someone in that
 13 type position. Then I went from there -
 14 COFFEY, Q.C.:
 15 Q. If I could, Ms. Pilgrim -
 16 MS. PILGRIM:
 17 A. Sorry, yes.
 18 COFFEY, Q.C.:
 19 Q. When was that, when would that have been?
 20 MS. PILGRIM:
 21 A. That would have been back in the early 80s. I
 22 don't even know if I have it on that.
 23 COFFEY, Q.C.:
 24 Q. Okay, we'll just scroll around to the end
 25 because it's in reverse order, of course, and

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1 '82 to '84, you have here staff development
 2 training officer.
 3 MS. PILGRIM:
 4 A. Yeah.
 5 COFFEY, Q.C.:
 6 Q. And then -
 7 MS. PILGRIM:
 8 A. Here we are.
 9 COFFEY, Q.C.:
 10 Q. March of 1984 through April of 1985, quality
 11 assurance coordinator?
 12 MS. PILGRIM:
 13 A. Right.
 14 COFFEY, Q.C.:
 15 Q. And you have here for the - underneath that
 16 title, there is - I take it this is a
 17 description, you would call it?
 18 MS. PILGRIM:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Of your duties at the time. Looking back on
 22 it, and I appreciate this is more than 20
 23 years ago, this period, does this succinctly
 24 and accurately describe your memory of the
 25 duties at the time?

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1 MS. PILGRIM:
 2 A. Yes, I think so, very much - then we talked
 3 about quality assurance, it was very much
 4 almost the way that they did accreditation at
 5 the time. It was very structure oriented. So
 6 did you have polices and procedures in place,
 7 and your quality assurance was really audit,
 8 you know, you did a lot of audits of
 9 processes. You had very little concentration
 10 of focus on outcomes of patient care. So it
 11 was very much a very structure process thing,
 12 and my job was to improve that within the
 13 General Hospital at the time.
 14 COFFEY, Q.C.:
 15 Q. And in terms of that because again this will -
 16 in terms of tracking your career, the
 17 Commissioner can get some sense historically,
 18 at least locally, what happened in relation to
 19 this.
 20 MS. PILGRIM:
 21 A. Uh-hm.
 22 COFFEY, Q.C.:
 23 Q. And here it does say you're responsible for
 24 the development and implementation of the
 25 quality assurance program?

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1 MS. PILGRIM:
 2 A. Right.
 3 COFFEY, Q.C.:
 4 Q. Suggesting that, as you just pointed out,
 5 there wasn't one before in any kind of formal
 6 sense?
 7 MS. PILGRIM:
 8 A. Well, there were, but this was really trying
 9 to put a structure to make sure we had some
 10 standardization of what that looked like.
 11 COFFEY, Q.C.:
 12 Q. And this would be just within the General
 13 Hospital as it was at the time?
 14 MS. PILGRIM:
 15 A. Absolutely, yes. We didn't know anything
 16 about the Grace Hospital, didn't even know the
 17 people who worked there at that time, or St.
 18 Clare's.
 19 COFFEY, Q.C.:
 20 Q. And this would not have brought you into
 21 contact, particularly?
 22 MS. PILGRIM:
 23 A. Ever. Didn't even know who they were.
 24 COFFEY, Q.C.:
 25 Q. And it goes on, you note here, in this

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1 position you were "directly involved with all
 2 levels of the staff within the organization in
 3 a consultative and resource capacity"?"
 4 MS. PILGRIM:
 5 A. Right.
 6 COFFEY, Q.C.:
 7 Q. "Duties included coordinating of quality
 8 monitoring audit."
 9 MS. PILGRIM:
 10 A. Right, and we had bought one from a vendor, so
 11 we had actually bought an auditing tool that
 12 we put in that was semi-automated. So it was
 13 my job to make sure there were schedules out
 14 there and make sure people were doing the
 15 audits to make sure that the results of the
 16 audit showed up at staff meetings, people were
 17 talking about them and that there were action
 18 plans based on any deficiencies that were--but
 19 remember, most of that would have been, you
 20 know, well, did you see inefficiencies in the
 21 charting, for example, in the patient record.
 22 But I think for the first time during this
 23 period we actually started talking to
 24 patients. That was a part of the audit which
 25 was new and improved at that time, that you

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1 would actually talk to a patient and ask them
 2 about the care as a part of your audit.
 3 COFFEY, Q.C.:
 4 Q. And you conclude here by saying you "were
 5 involved in the revision of all levels of
 6 manuals."
 7 MS. PILGRIM:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. "Revision of the process of documentation."
 11 MS. PILGRIM:
 12 A. Right.
 13 COFFEY, Q.C.:
 14 Q. "Monitoring of workload measurement system and
 15 monitoring and controlling certification
 16 procedures."
 17 MS. PILGRIM:
 18 A. Right.
 19 COFFEY, Q.C.:
 20 Q. And this would be, I take it, all aspects of
 21 the hospital, up level -
 22 MS. PILGRIM:
 23 A. Well, it was mainly with nursing because this
 24 is where most of this was going on.
 25 COFFEY, Q.C.:

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<p>1 Q. Okay, yeah. So it was -</p> <p>2 MS. PILGRIM:</p> <p>3 A. Mainly with nursing. But you did spread out</p> <p>4 into the other areas.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Now, with respect to that and this, you're in</p> <p>7 this position for just over a year?</p> <p>8 MS. PILGRIM:</p> <p>9 A. Yeah.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Did you have any assistance or staff working</p> <p>12 for you in that context?</p> <p>13 MS. PILGRIM:</p> <p>14 A. I had access to a secretary. And I worked</p> <p>15 with, I guess it was like an advisory group or</p> <p>16 a team that worked with me.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Did your work in this regard extend to the</p> <p>19 clinical laboratory at that time? Because</p> <p>20 you've referred to nursing and I gather there</p> <p>21 are not a whole lot of nursing staff in the</p> <p>22 lab?</p> <p>23 MS. PILGRIM:</p> <p>24 A. No. I do remember, though, that I did have</p> <p>25 consultation with people in the lab. They</p>	<p>1 another one was responsible for the</p> <p>2 administrative and facility side and then the</p> <p>3 other person, who was me, was really the</p> <p>4 person who was responsible for the clinical</p> <p>5 side. And our job was really to close the</p> <p>6 Grace Hospital at some point and to move the</p> <p>7 Janeway from where it was, to move the</p> <p>8 Children's Rehabilitation Centre into the</p> <p>9 Janeway and to decide when the dust settled</p> <p>10 around it how many beds we were going to have,</p> <p>11 how many adult beds, the services that were</p> <p>12 moving out of the Grace, where were they going</p> <p>13 to move, what was going to the General, what</p> <p>14 was going to St. Clare's. So that was our</p> <p>15 job, and that was really a job of consultation</p> <p>16 constantly, day and night, meeting with people</p> <p>17 and trying to come up with consensus what this</p> <p>18 would look like.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. So, Ms. Pilgrim, just looking at your CV here,</p> <p>21 page three of it, in effect, between 1986,</p> <p>22 down here, June of '86 and January of 1995</p> <p>23 you, as you pointed out, were--well, actually,</p> <p>24 I'll go back a bit. Between April of '85 and</p> <p>25 March of '89, an effective four-year period,</p>
<p>1 would call me about certain things. But, you</p> <p>2 know, I never went down into the lab, no, I</p> <p>3 never went around checking what their policies</p> <p>4 and procedures were like. This was mainly a</p> <p>5 nursing initiative.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Okay, and if you could take up then your</p> <p>8 career then?</p> <p>9 MS. PILGRIM:</p> <p>10 A. Then I went from there into management and</p> <p>11 really was the director of nursing for all of</p> <p>12 the units on the fourth and fifth floors of</p> <p>13 the General Hospital at that time. And</p> <p>14 different titles, things change, but basically</p> <p>15 from there until when we became Eastern Health</p> <p>16 just before we became Eastern Health people</p> <p>17 had--not Eastern Health, Health Care</p> <p>18 Corporation, people had moved out of their</p> <p>19 jobs and I think I had a little stint as the</p> <p>20 administrator of the General Hospital for a</p> <p>21 period of time. And then when we were moving</p> <p>22 into Health Care Corporation, we actually put</p> <p>23 a transition team in place which consisted of</p> <p>24 three categories of people, one who was</p> <p>25 responsible for the human resource side,</p>	<p>1 you were in charge of patient care, you were</p> <p>2 patient care manager on the fourth and/or</p> <p>3 fifth floor?</p> <p>4 MS. PILGRIM:</p> <p>5 A. And, fourth and fifth.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. It ended up being the fifth, too, you'll</p> <p>8 notice here.</p> <p>9 MS. PILGRIM:</p> <p>10 A. Yeah, right, yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. It comes up. At the General Hospital?</p> <p>13 MS. PILGRIM:</p> <p>14 A. Right.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. On the Health Sciences Centre site?</p> <p>17 MS. PILGRIM:</p> <p>18 A. That's correct.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Then you pointed out that, I wanted to ask you</p> <p>21 about this, between March of '89 and January</p> <p>22 of 1995 you were the director of nursing?</p> <p>23 MS. PILGRIM:</p> <p>24 A. I was.</p> <p>25 COFFEY, Q.C.:</p>

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<p>1 Q. At the General Hospital?</p> <p>2 MS. PILGRIM:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Health Sciences site?</p> <p>6 MS. PILGRIM:</p> <p>7 A. Um-hm.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And then you pointed out a brief period,</p> <p>10 depending what you view as brief, January of</p> <p>11 '95 to September of 1995, which is eight</p> <p>12 months?</p> <p>13 MS. PILGRIM:</p> <p>14 A. Right.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Eight to nine months, you were the assistant,</p> <p>17 acting assistant administrator for the General</p> <p>18 Hospital?</p> <p>19 MS. PILGRIM:</p> <p>20 A. Right. That was the transition, very much</p> <p>21 that transition time.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And there you were responsible for the</p> <p>24 direction of all divisions of the department</p> <p>25 of nursing?</p>	<p>1 Q. Between September of '95 and October of '96?</p> <p>2 MS. PILGRIM:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Then if you could take us then -</p> <p>6 MS. PILGRIM:</p> <p>7 A. I left that then because the Health Care</p> <p>8 Corporation was starting to form and the jobs</p> <p>9 were being, they had decided to go with the</p> <p>10 program management structure for their</p> <p>11 clinical program. And they were advertising</p> <p>12 the clinical programs and I wanted to be on</p> <p>13 the clinical side of that operation, so I</p> <p>14 applied for and got the director of the</p> <p>15 medicine program, stayed in that position</p> <p>16 until -</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. That's October, '96 through February of 2002?</p> <p>19 MS. PILGRIM:</p> <p>20 A. Yeah. After the HAY review and when HAY</p> <p>21 review came in and reviewed us and as you've</p> <p>22 heard, that was very much a financial review</p> <p>23 and indicated that we had all kinds of</p> <p>24 efficiencies that we needed to be looking at,</p> <p>25 so Mr. Tilley at that time asked me--we were</p>
<p>Page 62</p> <p>1 MS. PILGRIM:</p> <p>2 A. Yes.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. As well as other, and they're listed out here?</p> <p>5 MS. PILGRIM:</p> <p>6 A. Right.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. But amongst the departments listed is not the</p> <p>9 lab?</p> <p>10 MS. PILGRIM:</p> <p>11 A. No.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. I'll just note that in passing.</p> <p>14 MS. PILGRIM:</p> <p>15 A. No, I didn't have responsibility for the lab.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. You've pointed out then in--you were part of</p> <p>18 this three-member transition team?</p> <p>19 MS. PILGRIM:</p> <p>20 A. I was.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. Planning transfer team, it's called?</p> <p>23 MS. PILGRIM:</p> <p>24 A. It was.</p> <p>25 COFFEY, Q.C.:</p>	<p>Page 64</p> <p>1 actually eliminating some of the programs and</p> <p>2 some of the program management positions as a</p> <p>3 part of what HAY had recommended, and I was</p> <p>4 asked if I would move out of the program</p> <p>5 management and become, he put a title on it</p> <p>6 but it was a senior director of clinical</p> <p>7 efficiency, but I think that was just to get</p> <p>8 me to do it, actually, he put a fancy title on</p> <p>9 it. And so my job then was to really be the</p> <p>10 guru or the witch or other names that I've</p> <p>11 been called to actually put in place some of</p> <p>12 these efficiencies. So I became very much the</p> <p>13 person who was pushing us to--and this was on</p> <p>14 the in-patient side of the operation. So it</p> <p>15 was very much getting patients out of the</p> <p>16 emergency departments quickly, getting them</p> <p>17 through their acute stay and on to some</p> <p>18 alternate level of care very quickly, talking</p> <p>19 to doctors, sending them reports about what</p> <p>20 their utilization steps looked like, etcetera,</p> <p>21 etcetera. So you can imagine I was a very</p> <p>22 popular person within Health Care Corporation</p> <p>23 at that time.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. So, and just so in terms of this, so the</p>

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<p>1 Commissioner has an appreciation for kind of 2 what skill set you may have brought to that, 3 that particular position, between October of 4 '96 and February, 2002 you were the program 5 director for the medicine program? 6 MS. PILGRIM: 7 A. Yes. 8 COFFEY, Q.C.: 9 Q. For the Health Care Corporation of St. John's? 10 MS. PILGRIM: 11 A. Um-hm. 12 COFFEY, Q.C.: 13 Q. According to this. And the medical divisions, 14 and they're listed out here, it's quite a long 15 list, actually. 16 MS. PILGRIM: 17 A. Um-hm. 18 COFFEY, Q.C.: 19 Q. And it goes on to say then "Responsible for 20 217 in-patient beds." 21 MS. PILGRIM: 22 A. Right. 23 COFFEY, Q.C.: 24 Q. "As well as ambulatory and diagnostic services 25 to support the divisions including," and</p>	<p>1 A. - first when Health Care Corp started it would 2 have been Eric Parsons and then it would have 3 been Bob Williams and then Oscar Howell. 4 COFFEY, Q.C.: 5 Q. So the lab - 6 MS. PILGRIM: 7 A. Prior to that, back in the General Hospital 8 days, the lab actually did report to an 9 administrative person, Mr. John Harnett. 10 COFFEY, Q.C.: 11 Q. But that's before - 12 MS. PILGRIM: 13 A. That was before Health Care Corp. 14 COFFEY, Q.C.: 15 Q. Yes. And now in this period, Ms. Pilgrim, 16 between October of '96 and February, 2002, 17 that's a five and half years and it covers the 18 beginning of the period, certainly, that the 19 Commissioner, in particular, is asked to look 20 into. 21 MS. PILGRIM: 22 A. Um-hm. 23 COFFEY, Q.C.: 24 Q. What was the situation in relation to quality 25 assurance, you know, in the Health Care</p>
<p>1 there's a listing of those? 2 MS. PILGRIM: 3 A. Right. 4 COFFEY, Q.C.: 5 Q. Did the clinical laboratory come within that? 6 MS. PILGRIM: 7 A. It did not. 8 COFFEY, Q.C.: 9 Q. Okay. Who at that time, between October of 10 '96 and February, 2002, who would have been 11 your counterpart who would have--under whose 12 purview would have fallen the clinical lab, or 13 would there have been? 14 MS. PILGRIM: 15 A. The vice president of medical services, now 16 whatever--I don't think that title has changed 17 over the years, but that would have been where 18 the lab reported. 19 COFFEY, Q.C.: 20 Q. That would be Bob Williams? 21 MS. PILGRIM: 22 A. Would have been, yeah - 23 COFFEY, Q.C.: 24 Q. Back then - 25 MS. PILGRIM:</p>	<p>1 Corporation at that time, like who, if anyone, 2 was responsible for it? 3 MS. PILGRIM: 4 A. Quality assurance at that time would have 5 reported to George Tilley when he was the 6 senior vice president, when Sister Elizabeth 7 was there. And then when Sister Elizabeth 8 left and it--did she leave--no, George left 9 first, and then Pam Elliott was hired and that 10 reported to Pam Elliott then. 11 COFFEY, Q.C.: 12 Q. And that was for a period of time, I take it? 13 MS. PILGRIM: 14 A. Yes, it was, yeah. 15 COFFEY, Q.C.: 16 Q. She was--for a number of years? 17 MS. PILGRIM: 18 A. For a number of years, yes. 19 COFFEY, Q.C.: 20 Q. And would you have--or what, if any, 21 interaction, because you're responsible for 22 these 217 in-patient beds and a number of 23 medical services? 24 MS. PILGRIM: 25 A. Um-hm.</p>

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1 COFFEY, Q.C.:

2 Q. And a number of these medical services would

3 have been supported by or relied upon the

4 clinical lab results?

5 MS. PILGRIM:

6 A. Absolutely, yes.

7 COFFEY, Q.C.:

8 Q. Would--including, for example, I'm just

9 looking at here and see the cursor?

10 MS. PILGRIM:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. Medical and radiation oncology?

14 MS. PILGRIM:

15 A. Right.

16 COFFEY, Q.C.:

17 Q. Which is your ER/PR results?

18 MS. PILGRIM:

19 A. Um-hm.

20 COFFEY, Q.C.:

21 Q. We've heard they certainly relied upon those.

22 How much, if any, interaction during your time

23 as the program director of medicine program

24 did you have with Ms. Elliott, who was

25 responsible for the quality assurance end of

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1 things, in relation to quality assurance as it

2 might affect these services?

3 MS. PILGRIM:

4 A. Well, we had a model, I guess, or a framework

5 that we followed whereby I was responsible for

6 the quality of care. I, plus my clinical

7 chief, within the medicine program and all of

8 the divisions, we would meet with our division

9 chiefs and division managers on a regular

10 basis and deal with any of the issues that

11 they brought forward. So we would--you know,

12 if there was an issue that was brought forward

13 in relation to the lab or x-ray, we wouldn't

14 go to Ms. Elliott with that issue, we'd go

15 directly to our counterparts in the lab or in

16 the x-ray department. You know, you kind of

17 worked horizontally across those lines. If

18 there was--but if there was an issue that we

19 filled out an occurrence report on or wrote a

20 letter or in some way reported to the person

21 that I reported to, well, then it would more

22 than likely make its way then to the quality

23 committee. And there was a quality committee

24 at that time which was really consisted of

25 some key physicians, all of the executive team

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1 and some other directors. So, you know, if

2 you're asking me were there issues about the

3 lab that came to my attention at that time,

4 the answer is, no, not that I can recall,

5 never an issue with the lab that I can recall.

6 COFFEY, Q.C.:

7 Q. And if there was and it impacted upon the

8 services you were responsible for -

9 MS. PILGRIM:

10 A. Right.

11 COFFEY, Q.C.:

12 Q. - or potentially impacted upon it, you would

13 have expected it to come to your attention?

14 MS. PILGRIM:

15 A. Yes.

16 COFFEY, Q.C.:

17 Q. One way or another.

18 MS. PILGRIM:

19 A. The only thing I can remember that was an

20 issue over the years would be the lab calling

21 me, so it would be, you know, Vern Whelan,

22 about labelling of specimens and because every

23 time a mislabelled specimen went to the lab,

24 there was an occurrence report generated and I

25 would receive a call about that because that

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1 was, you know, a significant error.

2 COFFEY, Q.C.:

3 Q. And you'd have to make inquiries and take

4 remedial action?

5 MS. PILGRIM:

6 A. We would.

7 COFFEY, Q.C.:

8 Q. Okay.

9 MS. PILGRIM:

10 A. We would. But it was always the other way. I

11 never -

12 COFFEY, Q.C.:

13 Q. And that's what I'm getting at.

14 MS. PILGRIM:

15 A. Yeah.

16 COFFEY, Q.C.:

17 Q. In terms of--now, again, so the Commissioner

18 has an appreciation for this, you've referred

19 to your clinical chief at the time?

20 MS. PILGRIM:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. Because it would have been you were the

24 program director?

25 MS. PILGRIM:

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<p>1 A. Um-hm. 2 COFFEY, Q.C.: 3 Q. The non-physician? 4 MS. PILGRIM: 5 A. Right. 6 COFFEY, Q.C.: 7 Q. Involved in the clinical medicine program? 8 MS. PILGRIM: 9 A. Right. 10 COFFEY, Q.C.: 11 Q. Over the period here on the screen, the bottom 12 of the screen are October, '96 to February, 13 2002, do you recall who the clinical chiefs 14 were? 15 MS. PILGRIM: 16 A. Oh, yes. I started off with Dr. Nigel Duguid, 17 the physician at St. Clare's, and Nigel 18 resigned from the position whenever the stint 19 was up, I think it was about three years, and 20 then we had Dr. John Harnett, who came into 21 the program with a dual role, really he was 22 the clinical chief of the program and he was 23 also the academic chair of medicine in the 24 university setting, as well. And they had a 25 lot of interaction. Every one of those</p>	<p>1 A. Um-hm. 2 COFFEY, Q.C.: 3 Q. Now, during this period you reported to whom? 4 MS. PILGRIM: 5 A. I reported to Dr. Eric Parsons, I think, for 6 most of this period. He left the organization 7 and then I reported to Pam Elliott. 8 COFFEY, Q.C.: 9 Q. So and Dr. Parsons' title was or position was, 10 do you recall what? 11 MS. PILGRIM: 12 A. Oh, he was vice president of medical services. 13 COFFEY, Q.C.: 14 Q. Okay, so VP medical services? 15 MS. PILGRIM: 16 A. Yes. Had the medicine program reporting to 17 him, as well. 18 COFFEY, Q.C.: 19 Q. So that would be the equivalent of Dr. 20 Williams? 21 MS. PILGRIM: 22 A. Yes. 23 COFFEY, Q.C.: 24 Q. Okay. 25 MS. PILGRIM:</p>
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<p>1 divisions you see there had a divisional 2 chief. 3 COFFEY, Q.C.: 4 Q. Which would be a physician? 5 MS. PILGRIM: 6 A. Yeah, and a division manager which would be, 7 they weren't all nurses but most of them were. 8 COFFEY, Q.C.: 9 Q. Now, in relation then to that and this in time 10 frame, did all of those divisional managers 11 report to you, all the ones - 12 MS. PILGRIM: 13 A. Yes, they did. 14 COFFEY, Q.C.: 15 Q. - for these services? 16 MS. PILGRIM: 17 A. Yeah. 18 COFFEY, Q.C.: 19 Q. And the physician heads of those services 20 would have reported to the clinical - 21 MS. PILGRIM: 22 A. Nigel or John, yes. 23 COFFEY, Q.C.: 24 Q. Nigel or John at the time? 25 MS. PILGRIM:</p>	<p>1 A. Yeah. 2 COFFEY, Q.C.: 3 Q. At that time? 4 MS. PILGRIM: 5 A. That's right. 6 COFFEY, Q.C.: 7 Q. And now, so your memory, at least, between 8 five and a half and six years period there was 9 that occasionally the lab would complain or 10 you'd become aware of complaints about the lab 11 labelling issues? 12 MS. PILGRIM: 13 A. Um-hm. I would always become aware of them. 14 COFFEY, Q.C.: 15 Q. Yes. And you'd make inquiries. But other 16 than that, in terms of the clinical lab system 17 you don't recall, like, anybody coming to you 18 and complaining about or raising issues about 19 the quality of anything that the clinical 20 laboratory was turning out? 21 MS. PILGRIM: 22 A. No, nothing. The only other interaction I 23 would have had with the laboratory at that 24 time was within the hematology area, which was 25 really an oncology service, we were--we</p>

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1 commenced or started a stem cell transplant
 2 program and that was very much a partnership
 3 between medicine and the laboratory, so we
 4 worked very closely with the hematology part
 5 of the laboratory there with that. But, yeah,
 6 there was never any issues with the lab that I
 7 can recall. And I think I probably would
 8 recall them if they came to my attention.
 9 COFFEY, Q.C.:
 10 Q. And the route by which, for example, in
 11 relation to ER/PR, we have, there are a number
 12 of pathology reports that the Commissioner has
 13 seen where in 2002, 2003 there are some,
 14 anyway, that for one reason or another there
 15 were retests.
 16 MS. PILGRIM:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. And the ER results changed.
 20 MS. PILGRIM:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. And you would understanding, certainly, now
 24 the significance, potentially, of that?
 25 MS. PILGRIM:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. And the route, if there was concern about
 4 that, about the fact that someone was retested
 5 a month later or a year later, in 2002, 2003
 6 and the results changed or the status, hormone
 7 receptor status changed, how would you have
 8 expected that, if there was a concern about
 9 it, to be brought to your attention, what
 10 route would you anticipate in this context it
 11 would have taken?
 12 MS. PILGRIM:
 13 A. Well, we had--I wasn't on the executive team
 14 at this time, so we had program meetings where
 15 Sister Elizabeth and George would have all of
 16 the program directors once every two weeks, we
 17 would come in this big room and we would be,
 18 there would be a lot of communication to us
 19 things that we needed to know to go forth and
 20 spread through the organization. But then we
 21 had the opportunity, as well, to go around the
 22 table and that was where we aired a lot of our
 23 concerns as directors. And you know, I would
 24 have heard it there, I would think, because
 25 don't know if it was Vern or Terry, I guess it

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1 was both of them sometime during this period.
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 MS. PILGRIM:
 5 A. They would have had an opportunity and, you
 6 know, we did bring issues forward, so it
 7 certainly would have been there. That would
 8 have probably been where I would have heard
 9 it.
 10 COFFEY, Q.C.:
 11 Q. And I pass on then to this period where you've
 12 described, to use your own phrase -
 13 MS. PILGRIM:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. Here from February 2002 to November 2003, you
 17 were the senior director of clinical
 18 efficiency.
 19 MS. PILGRIM:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. Which is the title you've indicated you were
 23 given and you described to the Commissioner
 24 what that function was.
 25 MS. PILGRIM:

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1 A. Absolutely. And I learned in that role how
 2 easily doctors could evade you. If they
 3 didn't want to see you coming with a piece of
 4 paper, they ducked and went somewhere else.
 5 COFFEY, Q.C.:
 6 Q. And here then, could you take up then--before
 7 I leave this because this period of February
 8 2002 to November 2003, in the meantime, you
 9 had been replaced by whom? Who was it down
 10 here?
 11 MS. PILGRIM:
 12 A. In the Medicine Program, Louanne Kinsella.
 13 COFFEY, Q.C.:
 14 Q. Louanne took over and -
 15 MS. PILGRIM:
 16 A. Uh-hm, remember we had decreased the number of
 17 programs and so Louanne was moved from--she
 18 had been in the emergency area. She was moved
 19 from there to medicine.
 20 COFFEY, Q.C.:
 21 Q. And she was beginning, in early 2002, she
 22 would have taken over as program director?
 23 MS. PILGRIM:
 24 A. Right, a couple of months after Christmas this
 25 all happened.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And then here -</p> <p>3 MS. PILGRIM:</p> <p>4 A. The other thing I would just like to mention</p> <p>5 to you, when we talk about the period '96 to</p> <p>6 2002 and, you know, if we're thinking at all</p> <p>7 about ER/PR, we had a medical radiation</p> <p>8 oncology service that was certainly, you've</p> <p>9 heard about the turn over and things like</p> <p>10 that, so that was a very--not a stabilized</p> <p>11 service at all, different people, they would</p> <p>12 come, they wouldn't stay and, you know, that</p> <p>13 was a hot spot for us, I guess, in the program</p> <p>14 in terms of really trying to--and at that time</p> <p>15 we did have young Newfoundlanders out there</p> <p>16 who were starting to come back and you've seen</p> <p>17 many of them here now, you know, Joy McCarthy,</p> <p>18 Kara Laing, Jonathan Greenland, and we were</p> <p>19 really looking forward to that because we knew</p> <p>20 if we could get them back here, they were</p> <p>21 coming because they wanted to be here and</p> <p>22 there was a good chance we could start to</p> <p>23 build a stable service there. So I was aware</p> <p>24 of that instability in there; I wasn't aware</p> <p>25 as much of the instability with pathologists</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. So and again, bearing in mind we're taking up</p> <p>3 the narrative here overall, in particular the</p> <p>4 Commissioner, around the middle of the 1990's.</p> <p>5 MS. PILGRIM:</p> <p>6 A. Uh-hm.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. So October '96, through February of 2002, you</p> <p>9 were actually, physically at St. Clare's, your</p> <p>10 office?</p> <p>11 MS. PILGRIM:</p> <p>12 A. I was, yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. During your period as a senior director of</p> <p>15 clinical efficiency?</p> <p>16 MS. PILGRIM:</p> <p>17 A. St. Clare's.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. St. Clare's as well. And as the senior</p> <p>20 director of clinical efficiency, did you have</p> <p>21 any interaction with the clinical laboratory?</p> <p>22 MS. PILGRIM:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Because here it does say "implementation of</p>
<p>Page 82</p> <p>1 and things. They were hidden away in the</p> <p>2 basement and we didn't think very much about</p> <p>3 them.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. And, again, unless they were looking for you</p> <p>6 to complain about, Mr. French or Mr. Gulliver</p> <p>7 to complain about a mislabelling, that was -</p> <p>8 MS. PILGRIM:</p> <p>9 A. Well I knew them very well, but you know, the</p> <p>10 only interaction I had from an operational</p> <p>11 point of view was they were usually coming</p> <p>12 with concerns to me, that's right.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. And here during this timeframe, while you're</p> <p>15 program director of the Medicine Program, your</p> <p>16 office was located where?</p> <p>17 MS. PILGRIM:</p> <p>18 A. At the Health Sciences Centre.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And really in effect, certainly from then on</p> <p>21 you were at the Health Sciences Centre, you've</p> <p>22 been at the Health Sciences -</p> <p>23 MS. PILGRIM:</p> <p>24 A. Oh no, wait now. When I was in the Medicine</p> <p>25 Program, I was at St. Clare's, sorry, sorry.</p>	<p>Page 84</p> <p>1 the work plan, involved extensive</p> <p>2 collaboration with the clinical programs."</p> <p>3 MS. PILGRIM:</p> <p>4 A. Right. Yes, the interaction, I guess my focus</p> <p>5 for the organization then would have been</p> <p>6 appropriate use of resources. So even though</p> <p>7 the biggest mandate I was given was in-patient</p> <p>8 beds, I was looking at ambulatory alternatives</p> <p>9 to in-patient care, so some of the ambulatory</p> <p>10 alternatives that we were looking at, for</p> <p>11 example, you know, anti-coagulation clinics</p> <p>12 where patients would be actually treated at</p> <p>13 home, rather than come in as in-patients and</p> <p>14 have Heparin drips and things set up on them.</p> <p>15 We certainly would have been having a lot of</p> <p>16 discussion with the lab about how we might set</p> <p>17 that up, how we would resource it, doing a</p> <p>18 proposal for that. And for a period of there,</p> <p>19 we actually had a physician, Dr. Dick Barter,</p> <p>20 who came on with us because he really thought</p> <p>21 he could do something to improve some of the</p> <p>22 efficiencies, as far as medical practice went,</p> <p>23 and he was working with family physicians and</p> <p>24 people from the lab in trying to look at some</p> <p>25 tests that were probably being inappropriately</p>

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<p>1 ordered and that was going on there as well.</p> <p>2 So there was some interaction, but it was that</p> <p>3 type of interaction.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. And it didn't have to do with the quality or</p> <p>6 any concerns about the quality of the output</p> <p>7 of the lab?</p> <p>8 MS. PILGRIM:</p> <p>9 A. No, absolutely not. It had to do with why are</p> <p>10 the GPSs ordering this many of these tests and,</p> <p>11 you know, it was getting out with the message</p> <p>12 about that.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Now during this period, February 2002 to</p> <p>15 November, 2003, which would cover a number of</p> <p>16 the pathology reports the Commissioner has</p> <p>17 seen where there were retests -</p> <p>18 MS. PILGRIM:</p> <p>19 A. Uh-hm.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. At least some retests and changed results for</p> <p>22 ER certainly, as well it would cover the</p> <p>23 period of April and May and June of 2003.</p> <p>24 MS. PILGRIM:</p> <p>25 A. Yes.</p>	<p>1 world in one sense.</p> <p>2 MS. PILGRIM:</p> <p>3 A. Uh-hm.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Are you able to assist the Commissioner, like</p> <p>6 looking back on it and explaining perhaps why-</p> <p>7 -what's referred to in Dr. Ejeckam's memos in</p> <p>8 2003, that whole subject matter, could occur</p> <p>9 with a suspension of service, which he pointed</p> <p>10 out -</p> <p>11 MS. PILGRIM:</p> <p>12 A. Uh-hm.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. And the reasons for and the exchange of the</p> <p>15 language he uses, that that could occur and</p> <p>16 yet someone, for example in your position, and</p> <p>17 I appreciate by that point you were the senior</p> <p>18 director of clinical efficiency, which brought</p> <p>19 you into contact with an awful lot of</p> <p>20 departments, but you had been for almost six</p> <p>21 years or five and a half years, the program</p> <p>22 director for the Medical Program, how is it</p> <p>23 that someone such as yourself, in the milieu</p> <p>24 of that institution could not hear about it?</p> <p>25 Like how is it--and I'm not suggesting at all</p>
<p>1 COFFEY, Q.C.:</p> <p>2 Q. What are now referred--that period involves</p> <p>3 the Dr. Ejeckam memos.</p> <p>4 MS. PILGRIM:</p> <p>5 A. Uh-hm.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Was there, at that time, while you were the</p> <p>8 senior director of clinical efficiency, did</p> <p>9 you hear anything at all in relation to the</p> <p>10 subject matters of what is now in Dr.</p> <p>11 Ejeckam's memos?</p> <p>12 MS. PILGRIM:</p> <p>13 A. I did not, no.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Ms. Pilgrim, I'll ask you about this now. St.</p> <p>16 Clare's itself is not that big of a building,</p> <p>17 it's a large building, but it's not that big a</p> <p>18 building in the greater scheme of things, and</p> <p>19 the actual working parts of the General</p> <p>20 Hospital, in terms of the medical end of it -</p> <p>21 MS. PILGRIM:</p> <p>22 A. Uh-hm.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. - including the lab, again is, you know,</p> <p>25 there's a cafeteria, it's a relatively small</p>	<p>1 that you did, I'm just asking you, how--what</p> <p>2 is it about the structure at the time that</p> <p>3 could have allowed that to occur and yet</p> <p>4 someone, as plugged in as yourself, not to</p> <p>5 become aware of it? You must have given it</p> <p>6 some thought since?</p> <p>7 MS. PILGRIM:</p> <p>8 A. Well, I guess I wasn't that shocked that I</p> <p>9 didn't hear about that, you know, within the</p> <p>10 hospital setting in particular, and I guess</p> <p>11 now the community setting, I mean, things</p> <p>12 happen on a day-to-day basis and the program</p> <p>13 leadership team, the management group there</p> <p>14 with the physicians, they make decisions about</p> <p>15 how they're going to handle this and that</p> <p>16 happens all the time. So I wouldn't hear</p> <p>17 about a lot of things that go on. This was</p> <p>18 something that, you know, in my mind I</p> <p>19 wouldn't have known what it meant if I had</p> <p>20 heard about it, unless somebody made a big</p> <p>21 issue of it and said, well this is awful, look</p> <p>22 what's happening in the lab. Obviously the</p> <p>23 leadership team that was there didn't--Dr.</p> <p>24 Ejeckam had identified an issue, he had</p> <p>25 suspended tests with those, those reagents and</p>

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<p>1 then he, you know, about a month later he 2 started up again and said things were okay. 3 You know, I would say that you would see 4 things like that happening that wouldn't be 5 that infrequent. Now, if that happened in my 6 program, at one of my division levels, I 7 probably, you know, I probably would have 8 heard about it. As a program director I 9 probably would have heard about it. Would I 10 have spoken to my vice-president about it? It 11 depends on how important I thought it was or 12 how fixable I thought it was, like you 13 wouldn't be running off to your vice-president 14 about everything because there's many things 15 that go on every day. So from, you know, when 16 I look at this, I'm not surprised that that 17 didn't come to the attention of other 18 directors in the organization. It was handled 19 by the program leadership of the lab who were 20 responsible for, I guess, highlighting and 21 flagging things that they felt they should 22 bring further.</p> <p>23 COFFEY, Q.C.: 24 Q. If we could bring up, please, P-0113? Ms. 25 Pilgrim, this is the exhibit that contains</p>	<p>1 Q. And then an assertion by pathologists that 2 that was so, okay.</p> <p>3 MS. PILGRIM: 4 A. Uh-hm.</p> <p>5 COFFEY, Q.C.: 6 Q. And it's not qualified by way of timeframe, 7 just have remained and unspecified as to how 8 long.</p> <p>9 MS. PILGRIM: 10 A. Uh-hm.</p> <p>11 COFFEY, Q.C.: 12 Q. And then this is the reinstatement of service 13 memo, May 2nd, but when we look at the June 14 19th, 2003 memo to Mr. Gulliver and it's sent 15 by Dr. Ejeckam to--it's copied to Desmond Robb 16 of the discipline, chair of lab medicine; Dr. 17 Cook, the clinical chief at St. Clare's at the 18 time; Dr. Parai, the site chief at Health 19 Sciences Centre; and Mr. Dyer, the manager of 20 histopathology. When we look--I'll just begin 21 here at the first page, an assertion that 22 "despite the fact the problem seems to have 23 been arrested"--your point, which is one 24 month, he's got the ER/PR at least 25 reinstated, "the state of immunostain"--this</p>
<p>Page 90</p> <p>1 those three 2003 memos from Dr. Ejeckam and 2 you'll see there in the third line, "these 3 eight stains have remained unreliable, erratic 4 and therefore unhelpful for diagnostic 5 purposes."</p> <p>6 MS. PILGRIM: 7 A. Uh-hm.</p> <p>8 COFFEY, Q.C.: 9 Q. Now, I appreciate by this point, April of '03, 10 you are no longer the program director, you're 11 trying to get people into hospital beds as 12 efficiently as possible and get them out of 13 hospital beds as efficiently as possible.</p> <p>14 MS. PILGRIM: 15 A. I am.</p> <p>16 COFFEY, Q.C.: 17 Q. I appreciate that. But you had been, not too 18 long before this, responsible for medical and 19 radiation oncology service, medical service as 20 program director and these certainly, you 21 know, there's a lot of evidence that they 22 would have relied upon this ER/PR result.</p> <p>23 MS. PILGRIM: 24 A. Uh-hm.</p> <p>25 COFFEY, Q.C.:</p>	<p>Page 92</p> <p>1 is a general statement--"at the General 2 Hospital, Department of Lab Medicine and 3 Pathology is still unsatisfactory." And then 4 he goes on to list why, his concerns. And to 5 conclude in the third page of this by saying 6 that "Results of immunostains are extremely 7 important in histopathological diagnosis", 8 particular in relation to lymphomas and 9 determination of whether certain lesions are 10 benign or malignant and for, example, 11 prostrate biopsies, and then "diagnosis based 12 on inappropriate immunostain will surely 13 jeopardize patient care and may even expose 14 the Health Care Corporation of St. John's to 15 litigation. And it will be ill-advised to 16 operate an unreliable and erratic 17 immunohistochemical procedures in our lab." 18 And he asked that a hard look be taken at it, 19 at his suggestions. So, now it's in that 20 context where--and this is not just a 21 conversation in passing, this is somebody who 22 has taken the time to put it in writing and 23 sign his name to it, okay, and it is a 24 pathologist who, apparently was seen as having 25 the authority to actually suspend this</p>

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1 testing.
 2 MS. PILGRIM:
 3 A. Uh-hm.
 4 COFFEY, Q.C.:
 5 Q. And to decide whether it should be
 6 reinstated. You're not--even now, looking
 7 back and I appreciate you weren't aware of
 8 this at the time, but looking back, you're not
 9 surprised that something stated in those
 10 terms, this particular memo after the two
 11 earlier memos, and in particular this memo
 12 goes to some fairly senior people within the
 13 organization, the June 19th one.
 14 MS. PILGRIM:
 15 A. Right.
 16 COFFEY, Q.C.:
 17 Q. You're not surprised that that wouldn't be
 18 brought to the VP Medical or to senior
 19 management generally? I mean, that's the sort
 20 of, certainly that's the sort of milieu that
 21 existed.
 22 MS. PILGRIM:
 23 A. Yes. It is the kind of a memo that it
 24 wouldn't be unusual to see that go to the VP
 25 level because you are looking at resources

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1 there. I mean, there are resources being
 2 talked about here and most, you know, most
 3 times a director will talk to their vice-
 4 president about that. Whether it would go any
 5 further than that, you certainly don't bring
 6 all of these--if there's things that you're
 7 working on and you have, you know, a plan to
 8 work these things out, for example, as a VP, I
 9 wouldn't go talking to George Tilley about
 10 that on, you know, unless it was something
 11 that--what I want to know is talking to the
 12 people who know about this because, I guess
 13 when this all came about, you know, I don't
 14 know, Dr. Williams probably wouldn't have
 15 known what ER/PR meant, most of us didn't. We
 16 had no idea about that, so, you know, you--as
 17 a senior manager, you have issues coming to
 18 you all day long and what you're looking for
 19 is for the people who have the expertise in
 20 the area to be giving you some indication of
 21 the gravity that the see here and also what
 22 they are going to do about it. And if they're
 23 coming to you and saying "I don't know what to
 24 do about this, I'm at a loss", well certainly
 25 then as a vice-president or something, that's

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1 when you would get other people to come in and
 2 help them. So again, it wouldn't be unusual
 3 for that to be brought to the vice-president
 4 level, but I'd say it would be unusual for it
 5 to come up to the CEO's level.
 6 COFFEY, Q.C.:
 7 Q. Despite the assertions in paragraph six.
 8 MS. PILGRIM:
 9 A. Whereas, we're going to be in litigation?
 10 COFFEY, Q.C.:
 11 Q. Yes, and the reference to "surely jeopardize
 12 patient care"?
 13 MS. PILGRIM:
 14 A. And again, we get, you know, we get many, many
 15 letters with that and we have to talk to these
 16 people and get a feel for ourselves about just
 17 what it is that we're dealing with here and
 18 what are the risks and how quickly can we--
 19 like it's not unusual to get letters from
 20 physicians talking about care being
 21 jeopardized and possible litigation and,
 22 because physicians, you know, I haven't met
 23 one yet that wasn't really, really interested
 24 in the patient. So they will put things in
 25 writing and they will bring them to your

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1 attention and then it's up to you then to dig
 2 further into that and see what needs to be
 3 done about it. So I wouldn't see that this
 4 memo was being ignored by the leadership team,
 5 you know, and the reason that they didn't
 6 bring it forward, you know, again, whether it
 7 was a misjudgment or not, they felt, I think,
 8 that they were going to be able to deal with
 9 that in the lab.
 10 COFFEY, Q.C.:
 11 Q. And in the milieu of the day, the fact that,
 12 at least within the circle that you moved in
 13 and had contact with in the Health Care
 14 Corporation, it certainly didn't come up.
 15 MS. PILGRIM:
 16 A. No, nothing. Now remember, I was the bad
 17 witch at this time, so I wasn't really hooked
 18 into a lot of the meetings that I used to go
 19 to. I wasn't talking with clinical people, et
 20 cetera, so you know, even if it had come up
 21 somewhere, I would have had less chance to
 22 hear about it.
 23 THE COMMISSIONER:
 24 Q. Excuse me, Mr. Coffey, Ms. Pilgrim, when you
 25 talk about getting letters of this type, I

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1 assume what you're talking about is letters
 2 with language that perhaps to those outside
 3 the system might indicate something quite
 4 serious -
 5 MS. PILGRIM:
 6 A. Uh-hm.
 7 THE COMMISSIONER:
 8 Q. Do I take it from your response that what
 9 you're saying is if you get a letter which
 10 suggests that maybe patient care might be
 11 jeopardized or there might be a risk of
 12 litigation or something of that nature, as a
 13 person more senior to the one who is sending
 14 you the letter -
 15 MS. PILGRIM:
 16 A. Uh-hm.
 17 THE COMMISSIONER:
 18 Q. It's your job to assess whether that is the
 19 case?
 20 MS. PILGRIM:
 21 A. It would be my job, Commissioner, to--well if
 22 I got a letter from a doctor, for example or
 23 anybody else, the first thing that I would do
 24 would be to go to the leadership team and talk
 25 about this. Have you seen this? Lots of

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1 times I would having to ask, like in a letter
 2 like that, what does this mean? I don't even
 3 know what these things are. So I would try to
 4 get some idea from the leadership team about
 5 how grave or risky they felt that this was.
 6 And then you go from there. Then you speak to
 7 the physician and you really get into, you
 8 know, in health care we get, I guess there's
 9 so many demands on us and oftentimes the
 10 demands could be because we don't have enough
 11 space to do something, so then you have to get
 12 in and say, okay, well how is that
 13 jeopardizing patient care? Is there an
 14 infection control issue that might be going
 15 on? You know, you've got to dig into it and
 16 see on the list of priorities that we have,
 17 are we going to act on this one right now, or
 18 do we say okay, we're going to put a plan in
 19 place and we want to have this rectified in
 20 the next three months. You have to try and
 21 prioritize the issues that are coming to you.
 22 So you will always, you know, when you see
 23 anything about jeopardizing patient care, this
 24 is effecting patient safety, the first thing
 25 that I want to do is dig into that and find

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1 out for myself what that means.
 2 COFFEY, Q.C.:
 3 Q. And so I take it then, in just responding to
 4 the Commissioner's question, that if you
 5 describe if you had been the program director
 6 of this particular program at the time, I
 7 appreciate you weren't Mr. Gulliver, but if
 8 you had been, you would have anticipated that
 9 that's the sort of process that one would be
 10 involved in, if you saw this, you would make
 11 inquiries and make some--try and arrive at
 12 some informed conclusion about how serious it
 13 was?
 14 MS. PILGRIM:
 15 A. If I had been the VP?
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. PILGRIM:
 19 A. Yeah, that's what you would do and you'd start
 20 with the leadership team and the person who
 21 wrote you the letter. Because if I got a
 22 letter that was copied to them, I would be
 23 thinking well obviously if it's coming to me,
 24 it's not a new issue, or whatever, so the
 25 first person that--I would want to talk to the

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1 leadership team to give me the background on
 2 this. And I certainly don't want to leave the
 3 impression here that I'm minimizing a doctor
 4 saying patient care is in jeopardy. I just
 5 want to say that in most things in health
 6 care, whether it's space or whatever it is,
 7 there is the potential that patients will be
 8 impacted, so you really have to look into that
 9 closely.
 10 COFFEY, Q.C.:
 11 Q. And as a program director which you had been
 12 for a number of years, you've received this
 13 and I appreciate you would not have the
 14 expertise to deal with the lab issue, but if
 15 it had been a similar sort of thing had been
 16 framed to you in something that you were
 17 responsible for, what do you, as a program
 18 director, how do you think you would have
 19 responded if this was coming, you got this
 20 sort of a memo from a physician who had
 21 suspended one of the services that you were
 22 responsible for?
 23 MS. PILGRIM:
 24 A. You mean, would I have gone forward with it?
 25 COFFEY, Q.C.:

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<p>1 Q. Yes, we can kind of look at your resume and 2 look around -</p> <p>3 MS. PILGRIM:</p> <p>4 A. I probably would have, but I can't say for 5 sure. Again, you know, I look at that now 6 with all that I know and I think, oh yeah, 7 absolutely I would have, but at the time, you 8 know, again if it was something that I knew 9 about and if I really felt that that's 10 something I need to let--like lots of times 11 you will let your vice-president know because 12 it's probably something you want to give him a 13 heads up, it might be something that's going 14 to come up somewhere else and you want to let 15 him know what you're doing about it.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Well would this involve--the first of those 18 two memos are directed to physicians outside 19 the Health Care Corporation entirely.</p> <p>20 MS. PILGRIM:</p> <p>21 A. Right.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. It's all across Newfoundland, so -</p> <p>24 MS. PILGRIM:</p> <p>25 A. Yeah.</p>	<p>1 patient care, would you respond in writing to 2 the physician?</p> <p>3 MS. PILGRIM:</p> <p>4 A. Sometimes I would.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Sometimes you wouldn't?</p> <p>7 MS. PILGRIM:</p> <p>8 A. It's a good practice to respond in writing, so 9 you'd have a record that you've responded.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Yes.</p> <p>12 MS. PILGRIM:</p> <p>13 A. But sometimes I would talk to the physician, 14 phone them, go meet with them, depending on-- 15 but you would always respond, you know, you 16 would always acknowledge that you got the 17 letter and usually, if you're in a vice- 18 president position, obviously you're working 19 with your leadership team and your program to 20 resolve the issue, so yeah, usually you would 21 give a written response, but not all the time. 22 I've know of cases where I didn't respond in 23 writing, but I responded.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Exhibit P-3120 again please? Ms. Pilgrim, you</p>
<p>Page 102</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. You would know as a program director, wait 3 now, they're sending this to Grand Falls and 4 Corner Brook?</p> <p>5 MS. PILGRIM:</p> <p>6 A. Uh-hm, right.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. So certainly your VP would have to be advised, 9 wouldn't he or she?</p> <p>10 MS. PILGRIM:</p> <p>11 A. You know, it's hard for me to tell you, Mr. 12 Coffey, what I would do because I'm sure 13 there's things that come out of the lab all 14 the time that go out to other labs that we 15 wouldn't know about, things that they're 16 trying to change, some issue that they have. 17 I mean, the only thing that I can say to you 18 is it wouldn't be the kind of letter that I 19 wouldn't bring to my vice-president, but I 20 can't say a hundred percent that I would.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And was it your practice if you got, over the 23 years as program director a letter from a 24 physician dealing with patient care or 25 relating to patient care or concerns about</p>	<p>Page 104</p> <p>1 then left the position of senior director of 2 clinical efficiency and went where? Could you 3 take us then -</p> <p>4 MS. PILGRIM:</p> <p>5 A. I went then to the Janeway. They were looking 6 for a program director for children's and 7 women's health and at the time I was in 8 clinical efficiency, but they were having 9 difficulty finding someone to fill that 10 position and once again, I had a conversation 11 with Mr. Tilley and he asked me would I be 12 interested in that position because they were 13 looking for someone to fill it.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. So Mr. Tilley had been the one who convinced 16 you to become senior director of clinical 17 efficiency.</p> <p>18 MS. PILGRIM:</p> <p>19 A. Well he didn't convince--oh he did, yes, yeah, 20 but then they were looking for someone there 21 and I'm more a kind of person who likes the 22 operational type jobs, rather than the project 23 type jobs and I hadn't even been thinking 24 about applying for that and I said, you know 25 what, I'd really like to go there. So I</p>

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<p>1 applied for it and I got it and I was there 2 until we became Eastern Health. 3 COFFEY, Q.C.: 4 Q. Now in relation to this, I wanted to ask you 5 about this, between November 2003 and June 6 2004, which is six months - 7 MS. PILGRIM: 8 A. Uh-hm. 9 COFFEY, Q.C.: 10 Q. You're program director of Children's and 11 Women's Health Program? 12 MS. PILGRIM: 13 A. Right. 14 COFFEY, Q.C.: 15 Q. What is the Women's Health Program? 16 MS. PILGRIM: 17 A. You have all the Janeway services and the 18 children's rehabilitation, so that's 19 children's. 20 COFFEY, Q.C.: 21 Q. Sure. 22 MS. PILGRIM: 23 A. And women's health is obstetrics and the case 24 room, you know, all of the case rooms, the 25 nursery, obstetrics. You have the in-patient</p>	<p>1 and George didn't advertise the job, he 2 actually asked us if we would--for directors 3 to express interest in the job, so I expressed 4 interest in the job and I got that job. So I 5 moved into that in an acting capacity. 6 COFFEY, Q.C.: 7 Q. And you were there, in effect, for a year? 8 MS. PILGRIM: 9 A. I was there until I became chief operating 10 officer with Eastern Health, yes. Those were 11 the last days of the Health Care Corporation. 12 COFFEY, Q.C.: 13 Q. And here, this describes "functioning as a 14 member of the executive management team 15 responsible for setting strategic directions 16 for the Health Care Corporation of St. 17 John's." Well, of course, at that point it 18 was, I take it, somewhat known earlier on in 19 that year you spent in that position that the 20 Health Care Corporation was going to disappear 21 per se? 22 MS. PILGRIM: 23 A. Absolutely. 24 COFFEY, Q.C.: 25 Q. "The prime areas of responsibility include</p>
<p>Page 106</p> <p>1 unit where women come in as in-patients and 2 you also have the clinics that go with that. 3 And there's a part that I'm missing--oh, 4 gynecology as well, an in-patient gynecology 5 floor, which is really an in-patient surgical 6 floor. 7 COFFEY, Q.C.: 8 Q. And then it indicates here that in June of 9 2004 to May, 2005 in the Health Care 10 Corporation of St. John's, you were the vice- 11 president in Quality and Clinical Services? 12 MS. PILGRIM: 13 A. That's right. 14 COFFEY, Q.C.: 15 Q. Acting. 16 MS. PILGRIM: 17 A. Yeah. 18 COFFEY, Q.C.: 19 Q. Could you tell us please how that came about? 20 Because that's prior to the Eastern Health. 21 MS. PILGRIM: 22 A. It is. I had just moved over to the Janeway, 23 I wasn't there a year and then Pam Elliott 24 left, she was a vice-president, that was her 25 job, actually. She left to take a year off</p>	<p>Page 108</p> <p>1 children and women's health program"?) 2 MS. PILGRIM: 3 A. Um-hm. 4 COFFEY, Q.C.: 5 Q. Which you had anyway, "mental health program, 6 rehabilitation/continuing care program" and 7 then "the department of quality and systems 8 improvement and clinical efficiency services," 9 which had come back to you, I take it, 10 clinical efficiency? 11 MS. PILGRIM: 12 A. Right, it did. Sharon Smith was there then. 13 COFFEY, Q.C.: 14 Q. And she was the director of clinical 15 efficiency services? 16 MS. PILGRIM: 17 A. She was, yes. 18 COFFEY, Q.C.: 19 Q. In the meantime, the director of quality and 20 systems improvement, I'm sorry, the department 21 of quality and systems improvement - 22 MS. PILGRIM: 23 A. That was the name that was on it then. 24 COFFEY, Q.C.: 25 Q. Okay. Could you describe then what that was?</p>

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1 This had been Ms. Elliott's department before?
 2 MS. PILGRIM:
 3 A. It was.
 4 COFFEY, Q.C.:
 5 Q. Or she'd been responsible for that and these
 6 other services.
 7 MS. PILGRIM:
 8 A. Yeah.
 9 COFFEY, Q.C.:
 10 Q. When you went there as VP then, quality and
 11 clinical services, what did this group here
 12 do?
 13 MS. PILGRIM:
 14 A. That group pretty much did whatever they did
 15 before. That was where you had your risk
 16 management functions, your claims management,
 17 your complaints management, and your quality
 18 facilitator group. So you did your quality,
 19 risk, claims, complaints were out of that
 20 department.
 21 COFFEY, Q.C.:
 22 Q. So just take you through then, complaints,
 23 deal with those first. What group dealt with
 24 those?
 25 MS. PILGRIM:

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1 A. Complaints management was, I guess, every
 2 program, there was a policy about complaints
 3 management, trying to give some guidelines and
 4 standardization to, you know, if you had a
 5 complaint, how you should respond and give it
 6 some time lines, trying to be as responsive to
 7 the public as we could be, and you actually
 8 had--well, you met her here, Nancy Parsons.
 9 She was our patient relations officer. We put
 10 that position in, and again, that was a person
 11 who was on a patient relations line who would--
 12 we tried to channel most of the complaints
 13 through Nancy, so they would be recorded. She
 14 was the one who set up a lot of the
 15 disclosures that went on in the organization.
 16 So if there was a lot, you know, an incident
 17 where you really needed a team to sit down and
 18 disclose to a particular patient, Nancy was
 19 the person who set those things up and went to
 20 them, usually, and certainly talked to the
 21 team about how we're going to do this and
 22 making sure everybody was ready for that.
 23 COFFEY, Q.C.:
 24 Q. This would be disclosure, I take it, of an
 25 adverse event?

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1 MS. PILGRIM:
 2 A. Of an adverse event, yeah.
 3 COFFEY, Q.C.:
 4 Q. Okay, go ahead.
 5 MS. PILGRIM:
 6 A. And then, so that was really kind of the
 7 complaints management, and then we had
 8 complaints was certainly one of the indicators
 9 that we followed, but it--you know, what we
 10 followed was the type of complaints and the
 11 number of complaints and also, was there
 12 something done about the complaint, you know,
 13 so that the loop was closed.
 14 Then you had risk management and at the
 15 time, we had a risk manager, Heather Predham.
 16 She had been the risk manager for the Health
 17 Care Corporation and this department now was
 18 still a department of Health Care Corp,
 19 because we hadn't gone into Eastern Health.
 20 So Heather retained that position.
 21 COFFEY, Q.C.:
 22 Q. So in the first year you're there, she's a
 23 risk manager?
 24 MS. PILGRIM:
 25 A. Yes, she's a risk manager.

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1 COFFEY, Q.C.:
 2 Q. Did anyone else work in risk management at the
 3 time?
 4 MS. PILGRIM:
 5 A. Well, I guess you could say everybody in
 6 health care is in risk management, you know,
 7 in the broader sense, but Heather's job was
 8 more to--you know, she would put her lens on
 9 issues, incidents that were occurring, making
 10 sure that a structure was set up to deal with
 11 them. It was--you know, Heather had expertise
 12 that some of us didn't have. She had
 13 experience in doing things like root cause
 14 analysis and various tools that you use to
 15 investigate complaints and issues and
 16 incidents, and her role was proactive in that,
 17 you know, Heather would always be the one who
 18 would say--I know when we were bringing in,
 19 for example, a new program, Heather is the one
 20 who would caution, "okay, so have you got the
 21 right people around that? I hope it's not
 22 just the lab bringing that in and the medicine
 23 program. I hope you've got infection control
 24 there. I hope you've got that there." So she
 25 was your person who really had the lens on

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<p>1 trying to minimize and anticipate where you 2 could have risk in the organization. She was 3 the voice of that, and she was also the 4 liaison with the insurance company. She had 5 the main liaison with them, our insurers. 6 COFFEY, Q.C.: 7 Q. From whoever they were from time to time? 8 MS. PILGRIM: 9 A. Yes, yeah. 10 COFFEY, Q.C.: 11 Q. And in that context or in that role, would she 12 have had contact with the insurer's lawyers? 13 MS. PILGRIM: 14 A. Oh yes, yeah. 15 COFFEY, Q.C.: 16 Q. Okay, so - 17 MS. PILGRIM: 18 A. From time to time, um-hm. 19 COFFEY, Q.C.: 20 Q. And in relation to that, because HIROC--well, 21 HIROC is one insurer and would have been an 22 insurer before that, presumably going back 23 over the years. 24 MS. PILGRIM: 25 A. Yes.</p>	<p>1 COFFEY, Q.C.: 2 Q. And when you say "you" I'm not speaking about 3 the insurer's lawyers. 4 MS. PILGRIM: 5 A. No, no, our own separate lawyers. 6 COFFEY, Q.C.: 7 Q. Your own lawyers, own separate law firm that 8 you'd hire if you wanted a legal opinion. 9 MS. PILGRIM: 10 A. We did, yeah. 11 COFFEY, Q.C.: 12 Q. Okay. 13 MS. PILGRIM: 14 A. We used a couple actually most of the time. 15 COFFEY, Q.C.: 16 Q. And so the insurer's lawyers, throughout this, 17 have been Stewart McKelvey or the predecessor 18 firm. I think it's probably Stewart McKelvey 19 in this context, HIROC's lawyer? 20 MS. PILGRIM: 21 A. Yes, yeah, that's the one that I'm familiar 22 with, yeah. 23 COFFEY, Q.C.: 24 Q. And the outside firm or firms that were the 25 Corporation's lawyers were who, which law</p>
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<p>1 COFFEY, Q.C.: 2 Q. And they would have had a--hired a law firm or 3 law firms? 4 MS. PILGRIM: 5 A. Right. 6 COFFEY, Q.C.: 7 Q. She'd have contact with the lawyer or lawyers 8 from time to time. 9 MS. PILGRIM: 10 A. Um-hm, insurance adjusters. 11 COFFEY, Q.C.: 12 Q. Insurance adjusters and the people 13 representing the insurers. 14 MS. PILGRIM: 15 A. Right. 16 COFFEY, Q.C.: 17 Q. Did the Health Care Corporation have its own 18 lawyers? 19 MS. PILGRIM: 20 A. No. We used outside--we do now, but we used 21 external lawyers at that time. 22 COFFEY, Q.C.: 23 Q. And - 24 MS. PILGRIM: 25 A. And we still do.</p>	<p>1 firm? 2 MS. PILGRIM: 3 A. Which law firm? 4 COFFEY, Q.C.: 5 Q. Or firms, yes. 6 MS. PILGRIM: 7 A. Well, I know the names of people, but I don't 8 know - 9 COFFEY, Q.C.: 10 Q. Okay. Perhaps you could tell us the names of 11 the lawyers then, it's easier? 12 MS. PILGRIM: 13 A. Well, we had Gus Bruce. I know that Gus would 14 be there, and now I'm going to forget the 15 names of them. We're dealing with one now. 16 Now they're gone out of my head. 17 COFFEY, Q.C.: 18 Q. Okay, that's fine. It'll come back to you. 19 MS. PILGRIM: 20 A. I can see them, but I can't remember their 21 names. How could I forget them? But anyway. 22 COFFEY, Q.C.: 23 Q. And so, Heather then, when you took over as 24 the acting VP here, Heather was the one who'd 25 have primary contact with law firms?</p>

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1 MS. PILGRIM:
 2 A. No.
 3 COFFEY, Q.C.:
 4 Q. No, no, with respect to the insurer's law
 5 firm?
 6 MS. PILGRIM:
 7 A. Insurer's law firms, but the other lawyers,
 8 like Gus Bruce, who I can remember now, but I
 9 can't remember the others, he--a lot of times
 10 you would see--it could be anybody. It could
 11 be Steve Dodge with Human Resources dealing
 12 with an issue with them. It could be Dr.
 13 Williams with an issue. That wouldn't have
 14 been Heather, and she probably wouldn't have
 15 known about that, a lot of that.
 16 COFFEY, Q.C.:
 17 Q. And so would Heather have any other role then
 18 as risk manager?
 19 MS. PILGRIM:
 20 A. Geoff Benson is another one.
 21 COFFEY, Q.C.:
 22 Q. Geoff Benson, yes.
 23 MS. PILGRIM:
 24 A. Faces.
 25 COFFEY, Q.C.:

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1 Q. Would she have any other role as risk manager?
 2 You've described her duties and her function,
 3 any other -
 4 MS. PILGRIM:
 5 A. Well, she functioned also, because she was in
 6 the Quality Department, I mean, she had--you
 7 know, it's hard to separate risk management
 8 from quality, but she also had a quality
 9 function. She would have departments that she
 10 was responsible for, in terms of facilitating
 11 the quality that was going there, educating,
 12 did a lot of education of staff on not only
 13 risk management but quality, would take on--
 14 because Heather was one of our senior people,
 15 she would certainly take on projects from time
 16 to time. You know, if we were bringing a new
 17 way of operating into the organization,
 18 Heather would be--so she was very much quality
 19 and risk management rolled into one.
 20 COFFEY, Q.C.:
 21 Q. And, I'm sorry, so that's risk, complaints,
 22 what else?
 23 MS. PILGRIM:
 24 A. Claims management was something that was done
 25 usually through Heather. Again, back in the

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1 Health Care Corporation, it was done through
 2 the risk manager and the quality facilitators,
 3 but there were a lot of people into claims
 4 management and, you know, where were these
 5 claims, what was happening with them. So when
 6 we--I'm gone beyond this now, but when we got
 7 into Eastern Health, we actually hired
 8 somebody into a claims management position and
 9 that person really keeps all of these files
 10 and ensures that we're moving through the
 11 process, and you know, tries to move the
 12 process forward as much as they can, but also
 13 is kind of a central clearing house where we
 14 can all go and ask questions about where we
 15 are with things.
 16 COFFEY, Q.C.:
 17 Q. So you described it, I believe it was four
 18 aspects, complaints, risk, claims would be,
 19 and what was the fourth part of -
 20 MS. PILGRIM:
 21 A. Quality.
 22 COFFEY, Q.C.:
 23 Q. Quality.
 24 MS. PILGRIM:
 25 A. Quality assurance, quality--continuous quality

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1 improvement. The name changes as time goes
 2 on.
 3 COFFEY, Q.C.:
 4 Q. You used the word facilitators.
 5 MS. PILGRIM:
 6 A. Yes. We had--I mean, the role of the quality
 7 department was to put a quality structure in
 8 place, you know, to propose a quality
 9 structure. The quality structure would be
 10 implemented and then they support that.
 11 They're not responsible for quality, but they
 12 support quality.
 13 COFFEY, Q.C.:
 14 Q. Are they responsible for ensuring that there
 15 was at least some kind of a quality assurance
 16 program?
 17 MS. PILGRIM:
 18 A. They would--we had a process whereby we had, I
 19 guess, a template by which we reported and we
 20 reported out of our programs on a yearly
 21 basis. So that would be -
 22 COFFEY, Q.C.:
 23 Q. To whom?
 24 MS. PILGRIM:
 25 A. To the this quality committee, and onto the

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1 board, and at that time, the board would meet-

2 -each of the programs when they would submit

3 their quality report, the board would actually

4 meet with the leadership teams and have a

5 discussion with them about "so what are your

6 issues?" you know, and they'd ask them things

7 like "so do you think you can--you're given

8 the resources and you're given the know how to

9 be able to deliver safe care where you are, in

10 the service that you give?" those kinds of

11 questions, and just have a face-to-face

12 conversation.

13 So the quality facilitator would more be

14 helping the director put together this report,

15 helping them pull out some statistics or

16 indicators that they needed to be tracking

17 and, you know, I have no problem telling you

18 that that is still where we struggle is with

19 what indicators we should be tracking. Most

20 program directors don't have a problem about

21 what they should be tracking in their own

22 programs, but then rolling that up to that

23 level and then rolling it up again is--we're

24 still tweaking that and trying to improve

25 that. So they're very much support and

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1 facilitation.

2 COFFEY, Q.C.:

3 Q. As opposed to auditors?

4 MS. PILGRIM:

5 A. They're not auditors, no.

6 COFFEY, Q.C.:

7 Q. Auditors in the sense of -

8 MS. PILGRIM:

9 A. No.

10 COFFEY, Q.C.:

11 Q. - do you have a quality assurance program

12 within a particular program, is it

13 appropriate?

14 MS. PILGRIM:

15 A. Right, yes.

16 COFFEY, Q.C.:

17 Q. Are you complying with it?

18 MS. PILGRIM:

19 A. Yes.

20 COFFEY, Q.C.:

21 Q. You know, that sort of question is still not

22 being asked?

23 MS. PILGRIM:

24 A. Oh, still not being asked within programs?

25 COFFEY, Q.C.:

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1 Q. Well, I'm just--at the time -

2 MS. PILGRIM:

3 A. Are we talking--are we gone over into Eastern

4 Health now?

5 COFFEY, Q.C.:

6 Q. Okay, no, okay, at the time this was going on,

7 when you arrived in June of '04, and before

8 Eastern Health came into being -

9 MS. PILGRIM:

10 A. Right.

11 COFFEY, Q.C.:

12 Q. - that was--what you've just described now is

13 the state of affairs that existed at that

14 time?

15 MS. PILGRIM:

16 A. Yes.

17 COFFEY, Q.C.:

18 Q. Okay. There was kind of no auditing function?

19 MS. PILGRIM:

20 A. There were audits going on all over the place.

21 COFFEY, Q.C.:

22 Q. No, I appreciate that, but was it a function

23 of the department of quality and systems

24 improvement -

25 MS. PILGRIM:

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1 A. No.

2 COFFEY, Q.C.:

3 Q. - to ensure that those audits were going on?

4 MS. PILGRIM:

5 A. No.

6 COFFEY, Q.C.:

7 Q. Okay.

8 MS. PILGRIM:

9 A. No, no, I mean, they couldn't make a program

10 do that. Now if they were having--you know,

11 if they were working with a program and saw

12 absolutely nothing happening, as far as

13 quality in the program, certainly they would

14 have a route then through their director to go

15 talk to that program director about their

16 concerns.

17 COFFEY, Q.C.:

18 Q. Now in relation to the clinical laboratory,

19 okay.

20 MS. PILGRIM:

21 A. Yes.

22 THE COMMISSIONER:

23 Q. Excuse me, Mr. Coffey, but just before you

24 move on from that point, I just want to make

25 sure I'm understanding. The descriptions that

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1 I have gotten so far, at least up--not
 2 necessarily just from you, but from others.
 3 MS. PILGRIM:
 4 A. Um-hm.
 5 THE COMMISSIONER:
 6 Q. At least up to 2005, would lead me to believe
 7 that that quality program was a resource that
 8 was available to other divisions to assist in
 9 the development of quality programs in any way
 10 that they could, if asked. Was kind of out
 11 there, if you wanted to make a move yourself,
 12 but it wasn't pushing you to do it. Is that
 13 correct, or have I got that all wrong?
 14 MS. PILGRIM:
 15 A. Yeah, I think you've got a fair--it was
 16 different in different programs.
 17 THE COMMISSIONER:
 18 Q. Okay.
 19 MS. PILGRIM:
 20 A. And I can tell you, when I was in the medicine
 21 program, for example, Heather Predham was my
 22 quality facilitator at that time, I didn't--
 23 Heather didn't do very much in my program
 24 other than I had her--you know, she didn't
 25 need to get into my reports or anything, but I

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1 had her doing projects where I had issues that
 2 I wanted to have looked at. So you could kind
 3 of--you know, they were your resource in your
 4 program, but the one job they did have was we
 5 did want some standard structure around, so
 6 everybody was at least reporting certain
 7 things, and that was their job to work with
 8 the programs to get that in place, and also,
 9 we had picked out certain organizational wide
 10 indicators that we wanted to be looking at and
 11 oftentimes it was the department of quality
 12 that would bring those forward. For example,
 13 infection rates would be something you'd want
 14 to be looking at and it was often the quality
 15 person, one of them was assigned to get those
 16 reports and bring those indicators forward.
 17 So did I answer your questions?
 18 THE COMMISSIONER:
 19 Q. I think you answered it. I'm not sure that
 20 it's any clearer what exactly was going on,
 21 and it seems to me what you said was, with the
 22 exception of some things that were specified
 23 to be organizational wide, what was going on
 24 vis-a-vis quality depended on where you were
 25 and what the person who was above you wanted

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1 to accomplish.
 2 MS. PILGRIM:
 3 A. That would be a part of it, but I did try to
 4 explain, but there was a component which had
 5 to be there which was how you were going to
 6 report. You know, that you had to have some
 7 indicators that you were tracking. You could
 8 decide what they were. You know, it's what
 9 the program--quality wouldn't come and tell me
 10 in medicine what I should be tracking, but it
 11 would be to have that discussion with me and
 12 with my clinical chief to say "have you
 13 thought about what it is that you do in this
 14 program which is important and it's important
 15 for you to know how well you do it." That's
 16 the kind of a discussion they would have with
 17 you, and from that then, you would develop
 18 your indicators that you were going to track.
 19 THE COMMISSIONER:
 20 Q. All right.
 21 COFFEY, Q.C.:
 22 Q. Which would be passed on to the Board
 23 committee?
 24 MS. PILGRIM:
 25 A. Yes, yeah.

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1 COFFEY, Q.C.:
 2 Q. To be passed on to the Board?
 3 MS. PILGRIM:
 4 A. Yes, and we also had quality--there was a
 5 quality presence on a lot of committees as
 6 well, and they also had a big role in the
 7 Health Care Corporation in administrative
 8 policy development, policy that was
 9 organization wide. So you know, if you were
 10 developing a new consent policy, for example,
 11 or a disclosure policy, for example, it more
 12 than likely quality would be taking the lead
 13 on that.
 14 COFFEY, Q.C.:
 15 Q. Now with respect to what's really germane
 16 here, the pathology end of the clinical
 17 laboratory program, okay.
 18 MS. PILGRIM:
 19 A. Uh-hm.
 20 COFFEY, Q.C.:
 21 Q. Was there actually any quality assurance
 22 program in place in pathology during the
 23 period June, 2004, to May, 2005, that you're
 24 aware of?
 25 MS. PILGRIM:

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<p>1 A. There would have been a quality program in 2 place for the laboratory, but I would not be 3 able to tell you about one particular division 4 of the laboratory. 5 COFFEY, Q.C.: 6 Q. Have you ever made an inquiry about that? I 7 appreciate if you couldn't tell me now, you 8 wouldn't have known at the time, but since 9 then, since this all really came to the fore 10 in May of 2005, have you made any inquiries 11 about, well, during my first year there, have 12 you inquired of Mr. Gulliver was there any 13 quality assurance program in place? 14 MS. PILGRIM: 15 A. Well, I think we've had many discussions about 16 what kind of quality you should have in place 17 in the lab and what was in place. 18 COFFEY, Q.C.: 19 Q. What was. 20 MS. PILGRIM: 21 A. Yeah. 22 COFFEY, Q.C.: 23 Q. Was there anything in place, really? 24 MS. PILGRIM: 25 A. Well, there were. I mean, the lab - and again</p>	<p>1 A. Well, as this happened, you know, I can tell 2 you - 3 COFFEY, Q.C.: 4 Q. Beginning in May and June of '05, I take it, 5 onward? 6 MS. PILGRIM: 7 A. Absolutely, yeah, and I can tell you my - my 8 knowledge of the laboratory was it's a place 9 where you send blood specimens, it's a place 10 where you get blood bottles, bags for 11 patients. I knew they did autopsies down 12 there, and I knew that they did specimens, but 13 I didn't really know what pathologists did, 14 and you never saw them ever. I mean, you'd 15 see them sometimes in the cafeteria. That was 16 me now at a senior level, very little 17 interaction with them. So, you know, it - 18 COFFEY, Q.C.: 19 Q. In relation to that, though, but you had been 20 at a more junior level over the years too. 21 MS. PILGRIM: 22 A. Oh, yes, still didn't know what they did. 23 COFFEY, Q.C.: 24 Q. So all the way through your career - 25 MS. PILGRIM:</p>
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<p>1 I would have to - you know, if it were 2 somebody like me back then, my knowledge of 3 the laboratory was very, very small, and when 4 I think now - like, when I think back at how 5 the laboratory evolved and I think of the 6 resources that we had in other programs, I 7 guess it doesn't amaze me, but I think, you 8 know, how did that happen. We had, for 9 example, in nursing, and I think you probably 10 heard from Maria Tracey this morning, one of 11 the things early on that we had in nursing 12 because managers really couldn't manage to do 13 everything that we had them doing, we had 14 clinical educators, nurse specialists, all of 15 these resources put in. Wherever there were 16 nurses, in operating rooms, emergency rooms, 17 case rooms, you had these people, and the 18 reason you had them was they enabled - they 19 enabled the manager, and we didn't have any in 20 the lab. There were none of these people in 21 the lab. 22 COFFEY, Q.C.: 23 Q. And that absence first came to your attention 24 when? 25 MS. PILGRIM:</p>	<p>1 A. Still didn't know what they did. 2 COFFEY, Q.C.: 3 Q. Okay. 4 MS. PILGRIM: 5 A. And, you know, I mean, it's shocking for me to 6 say it, but I have to tell the truth, and I 7 didn't know what they did, and when I - if I 8 had - I remember I had always thought of the 9 lab as that's the place where you have quality 10 control up to your ying yang because I always 11 thought it was machines that did the work, 12 never thought of the people component of the 13 lab. So, you know, any discussion we would 14 have had about the lab, it was machines, and 15 surely they have all these controls built into 16 machines. So - you know, I certainly feel 17 that as I look back over my career and any 18 time I've been in a position to think about 19 the lab, we never - you know, we didn't 20 resource them at all like we did other areas. 21 COFFEY, Q.C.: 22 Q. Commissioner, if we could break here. 23 THE COMMISSIONER: 24 Q. Before we do, could I just ask one question 25 while it's in my head. Ms. Pilgrim, you</p>

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1 referred to the interaction with the board
 2 committee on quality.
 3 MS. PILGRIM:
 4 A. Yes.
 5 THE COMMISSIONER:
 6 Q. Can you give me your opinion or your
 7 perspective on the value or otherwise to an
 8 organization having that level of board
 9 interest in quality?
 10 MS. PILGRIM:
 11 A. Well, at the time - now we really changed how
 12 we do business now with the board.
 13 THE COMMISSIONER:
 14 Q. Uh-hm.
 15 MS. PILGRIM:
 16 A. But at the time, the board - you know, we had
 17 an agenda, they would come forward, they would
 18 get reports, and they would get a full report,
 19 like, probably a 40 page report from a
 20 program, and I think it was important for the
 21 board, it was interesting for them to get to
 22 know about what went on in the organization
 23 and things like that, but I never did think it
 24 was useful in terms of - as useful as it could
 25 have been in terms of if the board is really

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1 responsible for monitoring quality in this
 2 organization, are they really getting what
 3 they need from this structure that we have in
 4 place.
 5 THE COMMISSIONER:
 6 Q. And what about now with the new system?
 7 MS. PILGRIM:
 8 A. Well, with the new system, I certainly feel
 9 that we have to put a lot more - the board, as
 10 you know, they function through policy
 11 governance. So they focus on ends, not means,
 12 and you've heard that. They focus on the
 13 ends, not the means, but they put limitations
 14 around the means. So they say, you know,
 15 you're going to have - you know, one of the
 16 things might be you're going to have an
 17 effective quality culture, or whatever, and
 18 then - and that's all they will give, and then
 19 they will say to the CEO, and these are the
 20 things you can't do, anything else you can,
 21 but you can't have staff functioning without
 22 proper policies and procedures, but they put
 23 some limits around what you can't do. Then
 24 it's up to the CEO to interpret then what that
 25 means to him, and what kind of indicators he's

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1 going to give the board. So I find through
 2 that process it has become much more focused
 3 on - the board is not really interested that
 4 we have policies and procedures really, that
 5 you have books or manuals somewhere on a
 6 shelf. They are interested, you know, you
 7 tick that off once, yes, you've got them, but
 8 what they're asking us and what policy
 9 governance does is that you have to tell them,
 10 well, do you monitor that staff actually
 11 comply with these policies and procedures, and
 12 how do you do that, and how do you prioritize.
 13 So in my mind, it's become a much more
 14 meaningful exposure of the board to the
 15 organization, and a much more putting them in
 16 the place where they are actually getting a
 17 feel for the quality that has been--a quality
 18 of our services.
 19 THE COMMISSIONER:
 20 Q. You, as I understand your response, are
 21 talking about that process as a conduit to the
 22 board of useful information.
 23 MS. PILGRIM:
 24 A. Yes, we have a board committee.
 25 THE COMMISSIONER:

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1 Q. Uh-hm.
 2 MS. PILGRIM:
 3 A. A committee of the board which is called the
 4 Safety And Quality Improvement Committee, and
 5 then they will report through, and for each of
 6 our - we have to write reports, monitoring
 7 repots, and the monitoring reports have what
 8 we interpret the board to mean by what they
 9 have said the CEO will do, and how we've
 10 measured it, the evidence that we can give to
 11 show that this is actually happening.
 12 Sometimes the CEO will have to write on one of
 13 those reports "full compliance", and sometimes
 14 they will have to write "partial compliance",
 15 because there's a part of this that we're
 16 still working on.
 17 THE COMMISSIONER:
 18 Q. What about the other - in the other direction
 19 in the sense of is the fact that this
 20 particular committee exists in the board of
 21 any assistance to those who are interested in
 22 quality and making progress?
 23 MS. PILGRIM:
 24 A. You mean, someone like me?
 25 THE COMMISSIONER:

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1 Q. Yes.
 2 MS. PILGRIM:
 3 A. Oh, yeah, well, I would say it certainly keeps
 4 you on your toes. They do ask very - because
 5 of how we work now, they do ask very good
 6 questions. You know, they really kind of come
 7 back, I mean, they read - when it goes to the
 8 full board, they get something which is
 9 concise, it has some matrix there that they
 10 can see, and they're very engaged in asking
 11 questions and wanting questions to go back.
 12 So from an accountability point of view, I
 13 think we're seeing something that we've never
 14 seen before in terms of that.
 15 THE COMMISSIONER:
 16 Q. Okay.
 17 MS. PILGRIM:
 18 A. And also they will make suggestions, you know,
 19 well, why hasn't this program started that, or
 20 what have we done then to try to help them.
 21 So, yeah, I think it's two way, but I
 22 certainly feel that it's more effective. Now
 23 this is my opinion -
 24 THE COMMISSIONER:
 25 Q. Uh-hm, I understand that, that's what I asked

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1 for.
 2 MS. PILGRIM:
 3 A. Based on my experience, yeah.
 4 THE COMMISSIONER:
 5 Q. Because it seems to me that there are reports
 6 to a board, and then there are reports to the
 7 board. You can do a ritualistic dance when
 8 you report to a board.
 9 MS. PILGRIM:
 10 A. Oh, yeah, yeah.
 11 THE COMMISSIONER:
 12 Q. But it sounds to me that that's not what
 13 you're talking about.
 14 MS. PILGRIM:
 15 A. No.
 16 THE COMMISSIONER:
 17 Q. At least in the present context.
 18 MS. PILGRIM:
 19 A. Certainly my experience so far with the work
 20 that we've put in, and the commitment from our
 21 board, is that they are getting better
 22 information than ever they got before.
 23 THE COMMISSIONER:
 24 Q. Thank you.
 25 COFFEY, Q.C.:

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1 Q. If I could, just on that point, Commissioner,
 2 before we break, has the board ever asked how
 3 many patients have we harmed in this ER/PR
 4 matter?
 5 MS. PILGRIM:
 6 A. The board has certainly been given numbers.
 7 You know, there have been - when the technical
 8 briefings and things came out from the
 9 department, they have been made available to
 10 the board. I think we probably even brought
 11 copies of some of that to our board committee,
 12 but they're certainly available, and there's
 13 been many discussions at the board table
 14 around ER/PR.
 15 COFFEY, Q.C.:
 16 Q. I'll be taking that up -
 17 MS. PILGRIM:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. So the subject matter I wanted to explore
 21 before we break is that this process in a
 22 general way, that you've described, this
 23 applies to everything.
 24 MS. PILGRIM:
 25 A. Uh-hm.

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1 COFFEY, Q.C.:
 2 Q. That Eastern Health is involved in, I take it.
 3 In particular, there has been information gone
 4 up to the committee and to the board in terms
 5 of ER/PR, and they've asked questions coming
 6 back the other way?
 7 MS. PILGRIM:
 8 A. Yes, they do, yeah.
 9 COFFEY, Q.C.:
 10 Q. Thank you, Commissioner.
 11 THE COMMISSIONER:
 12 Q. Take fifteen minutes.
 13 (BREAK)
 14 THE COMMISSIONER:
 15 Q. Mr. Coffey.
 16 COFFEY, Q.C.:
 17 Q. Thank you, Commissioner. Now I believe 1340
 18 was your CV.
 19 THE COMMISSIONER:
 20 Q. 1320.
 21 COFFEY, Q.C.:
 22 Q. I apologize.
 23 THE COMMISSIONER:
 24 Q. Sorry, I got the transposition working again,
 25 3120.

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1 COFFEY, Q.C.:

2 Q. 3120, yes. Ms. Pilgrim, looking down through

3 this, if we could, this took us from June 2004

4 to May 2005, and then you became, I take it,

5 the Chief Operating Officer for the Eastern

6 Regional Integrated Health Authority?

7 MS. PILGRIM:

8 A. That's correct.

9 COFFEY, Q.C.:

10 Q. Just some questions about the anticipation of

11 the change over from the Health Care

12 Corporation to Eastern Health, that period.

13 MS. PILGRIM:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. When did you first realize or understand as a

17 member of the executive of the Health Care

18 Corporation that it was going to disappear and

19 become Eastern Health?

20 MS. PILGRIM:

21 A. Oh, I guess there were rumblings of

22 restructuring - again I wasn't in the loop

23 that other people might have been in, but

24 certainly a year and a half, a year before,

25 and one indication would be that when Pam

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1 Elliott left, George Tilley didn't fill her

2 job permanently because restructuring was in

3 the wind at that time, and we knew it was

4 coming, the decision just hadn't been made.

5 COFFEY, Q.C.:

6 Q. There's a reference in some of the minutes, in

7 fact, to the fact when you're being appointed.

8 MS. PILGRIM:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. And that she's taking a leave of absence -

12 MS. PILGRIM:

13 A. Right.

14 COFFEY, Q.C.:

15 Q. To the effect that she would not be in all

16 likelihood returning to that position the

17 position wouldn't exist any more.'

18 MS. PILGRIM:

19 A. That's right.

20 COFFEY, Q.C.:

21 Q. Because of the restructuring.

22 MS. PILGRIM:

23 A. That's correct, yes.

24 COFFEY, Q.C.:

25 Q. So certainly by the time you went into the

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1 position in June of '04, it was acknowledged

2 generally within the organization that the

3 structure would change?

4 MS. PILGRIM:

5 A. Yes.

6 COFFEY, Q.C.:

7 Q. In relation to that, prior to April, 2005, Ms.

8 Pilgrim, again looking back on it, how much

9 actual preparation were you involved in

10 yourself for the change over? Were you asked

11 to be involved?

12 MS. PILGRIM:

13 A. Very little.

14 COFFEY, Q.C.:

15 Q. Yes.

16 MS. PILGRIM:

17 A. And after -

18 COFFEY, Q.C.:

19 Q. Looking at all the documentation, I'm not

20 surprised to hear you say that because there's

21 not a whole lot in the documentation about

22 that.

23 MS. PILGRIM:

24 A. There was - I think George was appointed

25 shortly after Christmas because they had done

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1 the interviews just before Christmas, and then

2 George spent probably six to eight weeks

3 getting his head around he was going to put a

4 team in place. I think the board went in at

5 that time. No, we weren't - I wasn't

6 involved, but now, you know, I was on the

7 executive team as a newcomer. Even though I

8 had been in health care for a hundred years, I

9 hadn't been at the executive.

10 COFFEY, Q.C.:

11 Q. Uh-hm.

12 MS. PILGRIM:

13 A. So, you know, he might have been asking other

14 people to be doing things that he wasn't

15 asking me to do.

16 COFFEY, Q.C.:

17 Q. But certainly yourself, you weren't asked at

18 the time to be involved in any particular

19 preparations?

20 MS. PILGRIM:

21 A. No, I was not, no.

22 COFFEY, Q.C.:

23 Q. How then did you come to have the position or

24 to fill the role of chief operating officer?

25 Was it advertised and you applied for it?

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1 MS. PILGRIM:
 2 A. Oh, yes, he advertised several jobs. Now I
 3 should go back. He did ask us to look at - we
 4 did get a look at the various models he was
 5 coming up with, with how he was going to put
 6 the organization together. So that would be
 7 the only input that we had. So he advertised
 8 jobs for vice presidents and chief operating
 9 officers, and I applied for a couple of the
 10 chief operating officer jobs.
 11 COFFEY, Q.C.:
 12 Q. And so in your resume here it, on page two,
 13 Eastern Health Regional Integrated, I'm sorry,
 14 Health Authority, Chief Operating Officer, so
 15 is this any particular chief operating officer
 16 COO or is it chief operating officer at large?
 17 MS. PILGRIM:
 18 A. No, no, no. When Eastern Health came, I was
 19 given--there were two chief operating
 20 officers, I guess, that were--with services,
 21 some of which were in the formal health care,
 22 like city-based chief operating officers that
 23 had to do with acute care and rehabilitation.
 24 So I had, in my portfolio, the children's and
 25 women's health program, the cancer care

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1 program, which had been an entity onto itself
 2 and had its own board and its own executive
 3 team, that was integrated within Eastern
 4 Health, rehabilitation and continuing care,
 5 nursing professional practice, well, I had all
 6 of professional practice, actually, at that
 7 time, not just nursing, and the Centre for
 8 Nursing Studies.
 9 COFFEY, Q.C.:
 10 Q. And when you say all professional, those
 11 indicated here to be nursing?
 12 MS. PILGRIM:
 13 A. We have, yeah, we have two directors for
 14 professional practice.
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MS. PILGRIM:
 18 A. And we have one for allied health, physio,
 19 psychologists, and one for--and, well, more
 20 than one for nursing.
 21 COFFEY, Q.C.:
 22 Q. And you were responsible for, as the COO of
 23 all of those?
 24 MS. PILGRIM:
 25 A. I was the COO that had professional practice

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1 reporting to me, yes.
 2 COFFEY, Q.C.:
 3 Q. Now, we have heard reference to, I'll take you
 4 to the top part of this in a moment, we've
 5 heard reference to, from Ms. Parsons, to scope
 6 of practice of a nurse.
 7 MS. PILGRIM:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Okay. In particular, in relation to whether
 11 or not she felt she could convey information
 12 about a changed test result with possible
 13 implications for a change of care being
 14 required, treatment being required. She felt
 15 that she, as a nurse, was not able to convey
 16 that, it would have to be a physician.
 17 MS. PILGRIM:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. Do you have any familiarity with that, with
 21 the idea of scope of practice?
 22 MS. PILGRIM:
 23 A. Yes, I certainly do have familiarity with
 24 nursing scope of practice.
 25 COFFEY, Q.C.:

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1 Q. Yes, and that's what I was -
 2 MS. PILGRIM:
 3 A. And, you know, I would take that in the
 4 context--I didn't hear all of Nancy's
 5 testimony. But a nurse, it's not that it's
 6 not within the scope of practice to give, just
 7 give somebody a number and if that's all you
 8 had to do, but you know that that number then
 9 will be followed right up with questions about
 10 what that means to me, is this going to affect
 11 my treatment and that's really where a nurse
 12 can't go. You know, a nurse can give
 13 generalities about that because certainly
 14 nurses know how patients are treated. But
 15 Nancy Parsons would not have been anyone with
 16 a background in oncology and so, you know,
 17 within the scope if she went any further, she
 18 would have gotten questions that she really
 19 couldn't answer and would not have been within
 20 her scope to answer.
 21 COFFEY, Q.C.:
 22 Q. And then here -
 23 THE COMMISSIONER:
 24 Q. I'm sorry, Mr. Coffey, I got to bump in again.
 25 COFFEY, Q.C.:

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1 Q. I'm sorry.
 2 THE COMMISSIONER:
 3 Q. Are you suggesting that if Ms. Parsons had had
 4 a number of years' experience in the cancer
 5 clinic, for example, she would have been able
 6 to answer the questions that patients might
 7 raise? Because you talk about her not having
 8 had that -
 9 MS. PILGRIM:
 10 A. I think if we--you know, certainly I know of
 11 situations where you have nurses in the cancer
 12 centre who work with groups of patients and
 13 they work in teams with physicians and they
 14 know patients. I mean, you can't say it's not
 15 within the scope of nursing practice to talk
 16 to somebody about their results, you know. A
 17 nurse could do that, but, you're there, you're
 18 backed up by physicians in the clinic. In
 19 this case this was not that kind of a
 20 situation. This was really a stranger who was
 21 really talking to a patient and the role that
 22 we had given them was that you--we want you to
 23 get in touch with the patient, or if the
 24 patients calls in, this is what you say. And
 25 really, they didn't feel comfortable going any

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1 further with this. I mean, these were not
 2 even nurses who worked in the area of
 3 oncology. So it's not that, you know--other
 4 people might disagree with me, but certainly
 5 very senior nurses who work with patients and
 6 know patients can certain get into discussions
 7 about the results of their blood work or
 8 whatever and talk to them about it and they
 9 can even talk to them about, well, yeah, this
 10 might affect your treatment this way or that,
 11 but they wouldn't be able to decide what your
 12 treatment is going to be, that's the
 13 physician. But in this case you weren't going
 14 to get into those kind of discussions.
 15 COFFEY, Q.C.:
 16 Q. Now, in relation to that, fast forward to this
 17 past year.
 18 MS. PILGRIM:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Okay. There has been some discussion about
 22 how the families of deceased patients in the
 23 ER/PR matter would be informed about the
 24 results, particularly changed results?
 25 MS. PILGRIM:

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1 A. That's correct.
 2 COFFEY, Q.C.:
 3 Q. And we'll be getting to that shortly. But
 4 correct me if I'm wrong, there was some
 5 discussion initially that maybe an oncologist
 6 might be involved and then there was a
 7 difficulty with that? You're nodding yes?
 8 MS. PILGRIM:
 9 A. It is, yes.
 10 COFFEY, Q.C.:
 11 Q. And then, though, Sharon Smith, I believe, was
 12 asked or tasked with perhaps being the person
 13 to speak to the families about that?
 14 MS. PILGRIM:
 15 A. Initially we did have any calls that would
 16 come from next of kin of the deceased were
 17 going to be going directly to the cancer care
 18 program. And Sharon Smith was usually on the
 19 end of that phone and was in the position
 20 where she would be giving people results and
 21 then -
 22 COFFEY, Q.C.:
 23 Q. Including results that changed?
 24 MS. PILGRIM:
 25 A. Um-hm.

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1 COFFEY, Q.C.:
 2 Q. Okay.
 3 MS. PILGRIM:
 4 A. Yeah, they were giving results. But again,
 5 because we could not--I mean, we initially,
 6 when we were going to talk--well, we had many
 7 plans for how we were going to communicate
 8 with the next of kin of the deceased, but
 9 ideally, you know, if we could have done it
 10 such that an oncologist would be following up
 11 with--you know, we could say, okay, your
 12 results are back and your next of kin's
 13 results are back and you will get a call from
 14 this position. But we really, that was not
 15 feasible and we couldn't make that happen.
 16 COFFEY, Q.C.:
 17 Q. And we'll be discussing.
 18 MS. PILGRIM:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. I'll take you through that. What I'm getting
 22 at, when that--when it became apparent that
 23 that was not feasible, Ms. Smith, I take it,
 24 was the one who was being asked?
 25 MS. PILGRIM:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. To take those calls?
 4 MS. PILGRIM:
 5 A. Right.
 6 COFFEY, Q.C.:
 7 Q. And she is a nurse by training?
 8 MS. PILGRIM:
 9 A. She is, she got a background in oncology.
 10 COFFEY, Q.C.:
 11 Q. Yes, and she, exactly, that was just the
 12 point, in fact, the Commissioner raised with
 13 you.
 14 MS. PILGRIM:
 15 A. Right.
 16 COFFEY, Q.C.:
 17 Q. That Ms. Smith, I take it, in the absence of
 18 an oncologist in the circumstances that now
 19 exist is perceived to be perhaps the best
 20 situate, in terms of her experience, to be
 21 able to discuss this with families who call?
 22 MS. PILGRIM:
 23 A. She would still be limited.
 24 COFFEY, Q.C.:
 25 Q. Yeah, I appreciate that.

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1 MS. PILGRIM:
 2 A. But very well connected with physicians and
 3 certainly would have access to them very
 4 readily. If she ran into a situation where a
 5 patient was really upset and she thought, you
 6 know, we really need to get somebody to talk
 7 to this patient, Kara Laing's office is right
 8 across from her and she'd go down over a few
 9 steps and I'm sure knowing Sharon she'd find
 10 some oncologist who would speak to the
 11 patient.
 12 COFFEY, Q.C.:
 13 Q. Patient. Or the patient's relative, for that
 14 matter?
 15 MS. PILGRIM:
 16 A. Yeah, whomever was calling in.
 17 COFFEY, Q.C.:
 18 Q. Right now.
 19 MS. PILGRIM:
 20 A. Yeah.
 21 COFFEY, Q.C.:
 22 Q. And the point being that with her background
 23 and her experience in oncology she is in and
 24 would have been in a much better position to
 25 speak to a patient's relative or a patient

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1 about changed results than Ms. Parsons would
 2 be and would have ready access, Ms. Smith
 3 would have had ready access because of her
 4 personal experiences to Dr. Laing who was just
 5 down the corridor -
 6 MS. PILGRIM:
 7 A. Yes, that's correct.
 8 COFFEY, Q.C.:
 9 Q. - or Dr. McCarthy or whomever?
 10 MS. PILGRIM:
 11 A. That's correct, yeah.
 12 COFFEY, Q.C.:
 13 Q. Okay. So I will revisit that. But the idea
 14 that in terms of scope of practice, which
 15 you've referred to and you just said, well,
 16 Ms. Parsons wouldn't have the experience in
 17 oncology, but certainly Ms. Smith, who does?
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. In the circumstances that exist now has been
 22 approached about and has taken on, agreed to
 23 be involved in, if necessary, answering
 24 queries from patients about changed results
 25 and patients' relatives?

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1 MS. PILGRIM:
 2 A. Right.
 3 COFFEY, Q.C.:
 4 Q. And the scope, nursing scope of practice being
 5 limited, would not inhibit her in doing so as
 6 long as she was comfortable in what she's
 7 saying?
 8 MS. PILGRIM:
 9 A. Yeah, she would have a greater capacity answer
 10 questions.
 11 COFFEY, Q.C.:
 12 Q. Sure. If we could, here the most recent or to
 13 almost the present you have "Work experience,
 14 September, 2007 to the present, Eastern
 15 Regional Integrated Health Authority, Chief
 16 Operating Officer." Same title as the May,
 17 '05 to September, '07 one. What does this,
 18 your current position involve? Because
 19 apparently, according to this, it changed
 20 around September of '07?
 21 MS. PILGRIM:
 22 A. Oh, yes. Oh, gosh, sorry, I was looking at
 23 that and thinking is this mine. Yes. When--
 24 before George Tilley left the organization he
 25 was--he did talk to me and several other

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1 people. He was thinking about changing the
 2 responsibilities of some of the executive team
 3 and the main area that he wanted, he wanted to
 4 have someone who was focusing more on quality
 5 and risk management as more of a bigger part
 6 and not as many other things. So he had
 7 talked to me about, you know, if I were to
 8 change this, how would be the best way to
 9 change it, what kind of things could be under
 10 your portfolio if you were the one to take
 11 that, etcetera, etcetera. So he left before
 12 he got a chance to do that, but Louise Jones,
 13 who was in the interim position, you know,
 14 sometime last fall, it was early, probably in
 15 the summer, decided that we were going to make
 16 some change there. I was going to be spending
 17 a fair amount of my time tied up with
 18 preparing the organization for the Commission
 19 of Inquiry and also more of a focus on quality
 20 and risk management. And as a result of that
 21 a big program which I had, which was
 22 children's and women's health, was moved to
 23 Bev Clarke and rehabilitation was also moved.
 24 COFFEY, Q.C.:
 25 Q. And you took on -

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1 MS. PILGRIM:
 2 A. I took on quality and risk management.
 3 COFFEY, Q.C.:
 4 Q. And you had--that had been come off or passed
 5 off from Dr. Howell's office?
 6 MS. PILGRIM:
 7 A. That was, yes. George always wanted that
 8 under the VP of medical services, felt that
 9 there were many reasons he wanted that there.
 10 But then when Dr. Williams was leaving and
 11 Oscar Howell was coming into the organization
 12 who certainly didn't have the experience in
 13 management in health care that Dr. Williams
 14 had, the switch was made that I would take
 15 quality and risk management and Oscar
 16 certainly expected that at some point it would
 17 come back to him.
 18 COFFEY, Q.C.:
 19 Q. And this what is now here described as quality
 20 and risk management, what does--how does that
 21 compare with -
 22 MS. PILGRIM:
 23 A. It's a region wide -
 24 COFFEY, Q.C.:
 25 Q. - quality and systems improvement down here?

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1 MS. PILGRIM:
 2 A. What I had before was a department that really
 3 worked within the confines of the Health Care
 4 Corporation and what I have now is a
 5 department that works within the, you know,
 6 the whole of Eastern Health, so has regional
 7 responsibility, which is very -
 8 COFFEY, Q.C.:
 9 Q. Same job, larger geographical location?
 10 MS. PILGRIM:
 11 A. Absolutely.
 12 COFFEY, Q.C.:
 13 Q. And more types of institutions?
 14 MS. PILGRIM:
 15 A. And more diverse programs.
 16 COFFEY, Q.C.:
 17 Q. Yes. Now, can you tell us, please, why
 18 quality initiatives and risk management are in
 19 the same department?
 20 MS. PILGRIM:
 21 A. Well, the first answer to that would be that
 22 they always were there. That's not a good
 23 answer. There are models across the country
 24 with have everything from the risk manager
 25 being in, and the claims manager being in the

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1 legal department of the hospital to all kinds
 2 of--you know, there's no one model that you
 3 could go with, but certainly indication out
 4 there that the best model is, or one of the
 5 best models is to have risk management and
 6 quality combined. And that is the model that
 7 we went with. It's the model that we had
 8 traditionally, I think, in all of our legacy
 9 organizations that you had quality and risk
 10 together. And when we put our model in place
 11 for Eastern Health, we, Dr. Williams and Pam
 12 Elliott, at the time, went around the country
 13 and they looked at some models and they liked
 14 the one they saw in Calgary, so we really
 15 fashioned ours after the Calgary model.
 16 COFFEY, Q.C.:
 17 Q. What advantage or advantages might there be to
 18 having them not in the same department?
 19 MS. PILGRIM:
 20 A. Well, the advantages, I can tell you about the
 21 advantages of having them in the same
 22 department. The advantage of having them in
 23 the same department is that people who have
 24 separated them and I've talked to people in
 25 other organizations and also read this, it's

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1 really important for the risk manager to be
 2 connected with claims management and with the
 3 quality department. They tend to get isolated
 4 sometimes if they're over just in a legal
 5 department and they're not abreast of or kind
 6 of involved in what's happening with claims
 7 management and complaints and quality on the
 8 other end. So it's, I guess it's a richer
 9 experience for your risk manager, plus your
 10 risk manager certainly assists and educates
 11 the people in those departments, so--but, you
 12 know, there's no one best model, Mr. Coffey,
 13 in my experience.
 14 COFFEY, Q.C.:
 15 Q. Is there a potential for conflict, in effect,
 16 a conflict of interest to arise at times?
 17 MS. PILGRIM:
 18 A. Well, there are -
 19 COFFEY, Q.C.:
 20 Q. Because the interest of an insurer is to
 21 minimize the amount of a pay out.
 22 MS. PILGRIM:
 23 A. That's been talked about, certainly, that
 24 sometimes the risk manager can be put in a
 25 difficult position. It's like a dual role

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1 sometimes.
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 MS. PILGRIM:
 5 A. I don't see it that way, but some people do,
 6 is that, you know, they are the person who are
 7 connected with the insurer, so they're talking
 8 to the insurer about a particular issue, but
 9 then so when they come in to the quality part
 10 and the disclosure, are they coming in with
 11 the insurer's hat on or with the
 12 organization's hat on.
 13 COFFEY, Q.C.:
 14 Q. Yes.
 15 MS. PILGRIM:
 16 A. So that is the controversy, I think, that
 17 exists there that certainly I've read about or
 18 heard about. In my experience that hasn't
 19 been a problem with risk manager in our
 20 organization. They're very much a part of
 21 quality, seen as a very senior person within
 22 quality and that job, you know, it's like you
 23 can't do one without the other. But they do
 24 have that connectedness with the insurer.
 25 COFFEY, Q.C.:

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1 Q. For example, in terms of disclosure, you just
 2 referred to it?
 3 MS. PILGRIM:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. And that's disclosure of adverse events or
 7 potential adverse consequences.
 8 MS. PILGRIM:
 9 A. Um-hm.
 10 COFFEY, Q.C.:
 11 Q. And certainly here at times the insurer,
 12 through Ms. Predham, had input into disclosure
 13 issues here, didn't they?
 14 MS. PILGRIM:
 15 A. Heather would talk to, yeah, she'd talk to Dan
 16 Boone, usually.
 17 COFFEY, Q.C.:
 18 Q. And she would pass on, in fact, we're going to
 19 see documents that relate to that?
 20 MS. PILGRIM:
 21 A. She would, yeah, um-hm.
 22 COFFEY, Q.C.:
 23 Q. And at times the insurer was or the insurer's
 24 representative was suggesting to Eastern
 25 Health that certain modes of disclosure not

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1 occur, for example, sending a letter in
 2 October of 2005?
 3 MS. PILGRIM:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. That there be no letter sent or no letters
 7 sent. You will see that shortly.
 8 MS. PILGRIM:
 9 A. Some of it I was involved in and some I
 10 wasn't.
 11 COFFEY, Q.C.:
 12 Q. Yes, and I'll be asking you about that. What
 13 I'm getting at is that the idea that there
 14 could be a difference in interests in terms of
 15 an interest in disclosing and adverse event
 16 and disclosing it in a way that is recorded on
 17 paper.
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. Might, in some circumstances, be contrary to
 22 the insurer's views or interest?
 23 MS. PILGRIM:
 24 A. Um-hm.
 25 COFFEY, Q.C.:

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1 Q. And that was recognized within the
 2 organization?
 3 MS. PILGRIM:
 4 A. That could be, yes.
 5 COFFEY, Q.C.:
 6 Q. Okay, so I will be coming back to that.
 7 MS. PILGRIM:
 8 A. But--yeah. Well, I guess I'll get--I was just
 9 going to make a comment that when you're into
 10 any of these discussions, if I'm the CEO, the
 11 buck stops with me about what I'm going to do
 12 or not going to do and there will be many and
 13 were many, many diverse opinions coming in at
 14 that time about any of this, but we'll talk
 15 about that later.
 16 COFFEY, Q.C.:
 17 Q. Yes. Now, Ms. Pilgrim, patients relations
 18 officers report to whom?
 19 MS. PILGRIM:
 20 A. The patient relations officer would report to
 21 the director of quality and risk management, I
 22 think.
 23 COFFEY, Q.C.:
 24 Q. That would be Pam Elliott -
 25 MS. PILGRIM:

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1 A. I'm just trying to think here now.
 2 COFFEY, Q.C.:
 3 Q. - in this context it would be Pam Elliott?
 4 MS. PILGRIM:
 5 A. Yes, yes.
 6 COFFEY, Q.C.:
 7 Q. In this context?
 8 MS. PILGRIM:
 9 A. Yeah.
 10 COFFEY, Q.C.:
 11 Q. Nancy Parsons would be reporting to Pam
 12 Elliott?
 13 MS. PILGRIM:
 14 A. Right.
 15 COFFEY, Q.C.:
 16 Q. And who reported, Ms. Elliott reported to you
 17 in this context?
 18 MS. PILGRIM:
 19 A. Does now.
 20 COFFEY, Q.C.:
 21 Q. Yes.
 22 MS. PILGRIM:
 23 A. Yes. Did since November of 2005.
 24 COFFEY, Q.C.:
 25 Q. Yes, that's--and prior to that she would have

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1 reported to?
 2 MS. PILGRIM:
 3 A. Prior to that she wasn't in the organization.
 4 I was in her job.
 5 COFFEY, Q.C.:
 6 Q. But the person in--without--actually, we'll go
 7 back to '04, because she -
 8 MS. PILGRIM:
 9 A. She left.
 10 COFFEY, Q.C.:
 11 Q. - came back in November of '05?
 12 MS. PILGRIM:
 13 A. Yes, yeah.
 14 COFFEY, Q.C.:
 15 Q. Yes. So but the person in that role reported
 16 to the COO?
 17 MS. PILGRIM:
 18 A. Right.
 19 COFFEY, Q.C.:
 20 Q. Whoever was there at the time.
 21 MS. PILGRIM:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Why is the patient relations officer in the
 25 quality and risk management department?

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1 MS. PILGRIM:
 2 A. Because a lot of what the patient relations
 3 officer does is--and again, there's no right
 4 model for this, could be in communications,
 5 could be somewhere else. We find that a lot
 6 of--and we actually have a nurse as our
 7 patient relations officer; not every
 8 organization does that, either. But a lot of
 9 the calls that comes in are really patients
 10 calling with concerns and often times they are
 11 the first indication you have that a patient
 12 has a complaint or there has been something,
 13 some type of incident or adverse event that
 14 has occurred or that people are dissatisfied
 15 with some aspect of their care. So it's
 16 certainly one of the ways that we monitor
 17 quality, obviously, within the health care
 18 setting is through consumer feedback, patient
 19 feedback, client feedback. And so therefore
 20 we felt that it fit quite well there because
 21 she's got easy access to quality facilitators
 22 who could--today, for example, if you phoned
 23 in and talked about your mother's care in
 24 surgery, she would talk to you, she would tell
 25 you that someone would get back to you, she

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1 would probably go to the quality facilitator
 2 right there in her department who would then
 3 go into the program and review the chart, talk
 4 to the people there and get into investigating
 5 the complaint. So it's a good fit in that
 6 way.
 7 COFFEY, Q.C.:
 8 Q. Now in relation to that, Ms. Elliott returned
 9 to the organization and she is currently, her
 10 title is what?
 11 MS. PILGRIM:
 12 A. She's currently the director.
 13 COFFEY, Q.C.:
 14 Q. Director of -
 15 MS. PILGRIM:
 16 A. Of quality.
 17 COFFEY, Q.C.:
 18 Q. - of quality department?
 19 MS. PILGRIM:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. She returned to the department in November,
 23 2005?
 24 MS. PILGRIM:
 25 A. She did.

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1 COFFEY, Q.C.:
 2 Q. Prior to that the acting director had been Ms.
 3 Predham?
 4 MS. PILGRIM:
 5 A. She had.
 6 COFFEY, Q.C.:
 7 Q. Whether it was Ms. Predham before November of
 8 '05 or Ms. Elliott since, they both report to
 9 you?
 10 MS. PILGRIM:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. In that department?
 14 MS. PILGRIM:
 15 A. There was -
 16 COFFEY, Q.C.:
 17 Q. Director?
 18 MS. PILGRIM:
 19 A. Yes. The summer of 2005, we're into the ER/PR
 20 time.
 21 COFFEY, Q.C.:
 22 Q. Yeah.
 23 MS. PILGRIM:
 24 A. Heather Predham was there and she would have
 25 reported to me. Then in the fall of 2005 that

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1 would have transferred to Dr. Williams because
 2 -
 3 COFFEY, Q.C.:
 4 Q. When Ms. Elliott came on?
 5 MS. PILGRIM:
 6 A. Yes. It was during that fall, I think it was
 7 November, that switch would have occurred. He
 8 had part of it reporting to him because he's
 9 the one who actually did the interviews and
 10 that for the job of the quality person, I
 11 didn't. So I was kind of holding the fort
 12 until he was getting it set up under him,
 13 getting a new director in place. And then
 14 there was a year when I didn't have it and
 15 then when quality came back to me again.
 16 COFFEY, Q.C.:
 17 Q. And quality came back to you again in?
 18 MS. PILGRIM:
 19 A. In 2006. 2006, is that when Dr. Williams
 20 left? Yes.
 21 COFFEY, Q.C.:
 22 Q. Yes, he left in September, 2006, at that
 23 point.
 24 MS. PILGRIM:
 25 A. Yes, so I would have gotten quality back again

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1 then.
 2 COFFEY, Q.C.:
 3 Q. At that point?
 4 MS. PILGRIM:
 5 A. Yeah.
 6 COFFEY, Q.C.:
 7 Q. And throughout the whole of that period, going
 8 back to, say, the summer of 2005, even to the
 9 present day, the patient relations officer,
 10 Ms. Parsons up until the time she retired?
 11 MS. PILGRIM:
 12 A. Right.
 13 COFFEY, Q.C.:
 14 Q. And whoever is doing the position, in the
 15 position right now, replaced her, throughout
 16 that would have reported to Ms. Elliott?
 17 MS. PILGRIM:
 18 A. Right.
 19 COFFEY, Q.C.:
 20 Q. And whoever Ms. Elliott reported to?
 21 MS. PILGRIM:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Or before Ms. Elliott, Ms. Predham?
 25 MS. PILGRIM:

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1 A. Right.
 2 COFFEY, Q.C.:
 3 Q. Now, the risk manager throughout this whole
 4 scenario, from the summer of '05 onward, okay,
 5 the risk manager was Heather Predham?
 6 MS. PILGRIM:
 7 A. She was.
 8 COFFEY, Q.C.:
 9 Q. She was either the acting director?
 10 MS. PILGRIM:
 11 A. Um-hm.
 12 COFFEY, Q.C.:
 13 Q. Or she reported to Ms. Elliott after Ms.
 14 Elliott -
 15 MS. PILGRIM:
 16 A. She did.
 17 COFFEY, Q.C.:
 18 Q. - got the directorship.
 19 MS. PILGRIM:
 20 A. That's right.
 21 COFFEY, Q.C.:
 22 Q. So in effect then the patient relations
 23 officer, Ms. Parsons, and the risk manager,
 24 Ms. Predham, always reported to, certainly
 25 since November of '05, reported to Ms.

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1 Elliott?
 2 MS. PILGRIM:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And then if a--in that context, then, if Ms.
 6 Parsons then took a phone call from a patient
 7 and recorded what the patient was saying?
 8 MS. PILGRIM:
 9 A. Right.
 10 COFFEY, Q.C.:
 11 Q. In particular in relation to ER/PR, in theory,
 12 at least, anyway, that would be reported to
 13 Ms. Elliott?
 14 MS. PILGRIM:
 15 A. Right.
 16 COFFEY, Q.C.:
 17 Q. If it was any kind of a question or concern?
 18 MS. PILGRIM:
 19 A. Right.
 20 COFFEY, Q.C.:
 21 Q. And she was the same one who Heather Predham
 22 was reporting to and Ms. Predham was dealing
 23 with the insurer?
 24 MS. PILGRIM:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. Okay. So the point being, here's what I'm
 3 getting at, Ms. Pilgrim, is is this, in Ms.
 4 Elliott's person or in her position whatever
 5 the patients were saying to the patient
 6 relations officer and were being recorded by
 7 the patients relations officer in relation to
 8 their condition or what they were told or not
 9 told at particular points in time, ended up in
 10 Ms. Elliott's office, at least in theory, and
 11 also whatever Ms. Predham was dealing with in
 12 relation to the insurers, she also reported to
 13 the same individual within your organization?
 14 MS. PILGRIM:
 15 A. They both reported to Pam, yes.
 16 COFFEY, Q.C.:
 17 Q. To Pam. So within Pam Elliott, in theory,
 18 whatever the patient said to Ms. Parsons could
 19 end up, through Ms. Predham, out with the
 20 insurer?
 21 MS. PILGRIM:
 22 A. Well -
 23 COFFEY, Q.C.:
 24 Q. Is that a possibility?
 25 MS. PILGRIM:

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1 A. Well, I think that the way it worked actually
 2 was at that time Heather was really taking the
 3 lead when it came to communication with
 4 patients.
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. PILGRIM:
 8 A. It was Heather who was the lead person there.
 9 So Nancy, in essence, would have been doing a
 10 lot of back and forth with Heather.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. PILGRIM:
 14 A. Probably not as much with Pam, although she
 15 certainly had the opportunity to talk to Pam
 16 and Pam was just up the corridor from here.
 17 But even though she organizationally she
 18 reported to Pam for the, I guess, the project
 19 or the process of talking to patients or
 20 communicating with patients, she certainly had
 21 a closer link with Heather at that time.
 22 COFFEY, Q.C.:
 23 Q. And these same patients, if they were to
 24 pursue a claim against Eastern Health, in
 25 effect, then, were dealing with Ms. Predham,

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<p>1 who was dealing directly with the insurer?</p> <p>2 MS. PILGRIM:</p> <p>3 A. Yes. Well, Heather was doing some of the</p> <p>4 calling of the patients. She was actually</p> <p>5 doing something with the communication.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. And the idea or notion that there might be</p> <p>8 conflicting interest involved, potentially,</p> <p>9 here, in the context of ER/PR in terms of</p> <p>10 patient contact, was that discussed?</p> <p>11 MS. PILGRIM:</p> <p>12 A. No.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Did it occur to you at all?</p> <p>15 MS. PILGRIM:</p> <p>16 A. Would not be something that we were concerned</p> <p>17 about at all with Heather in that position,</p> <p>18 no.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Now, Ms. Pilgrim, I'm going to ask you then, I</p> <p>21 think you've already referred to this earlier</p> <p>22 today, that before the middle of 2005 ER and</p> <p>23 PR are something you didn't know about at all?</p> <p>24 MS. PILGRIM:</p> <p>25 A. No, didn't know there was such a test.</p>	<p>1 MS. PILGRIM:</p> <p>2 A. Ms. Predham's office was at the Miller Centre.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. Okay. Do you recall was it just she stuck her</p> <p>5 head in to tell you or -</p> <p>6 MS. PILGRIM:</p> <p>7 A. Oh, no, she came in.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. She came by to purposefully speak to you about</p> <p>10 this?</p> <p>11 MS. PILGRIM:</p> <p>12 A. Yes. She was reporting to me at the time,</p> <p>13 right, at that time.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. And the purpose then in, your understanding of</p> <p>16 her purpose in telling you this was what?</p> <p>17 MS. PILGRIM:</p> <p>18 A. To inform me about what she was doing, because</p> <p>19 this was going to take a fair amount of her</p> <p>20 time and because she did report to me, this is</p> <p>21 certainly something that she would come to</p> <p>22 talk to me about, to let me know, because it</p> <p>23 was going to take a lot of her time, as well,</p> <p>24 but also it was something that she felt that I</p> <p>25 should know.</p>
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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And could you tell us, please, then about how</p> <p>3 you first got introduced to this issue, who</p> <p>4 first made you aware of it?</p> <p>5 MS. PILGRIM:</p> <p>6 A. The first time I heard about it would have</p> <p>7 been through Heather Predham coming into my</p> <p>8 office and telling me that we had an issue in</p> <p>9 the lab that they were investigating and women</p> <p>10 that could possibly got wrong results, telling</p> <p>11 me that it didn't have anything to do with the</p> <p>12 diagnosis of the patient, but it had to do</p> <p>13 with hormonal therapy. I can remember her</p> <p>14 telling me that. And that would have been,</p> <p>15 you know, probably July or August of 2005.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And where was your office at the time?</p> <p>18 MS. PILGRIM:</p> <p>19 A. My office was at the Health Science Centre.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. Health Science Centre?</p> <p>22 MS. PILGRIM:</p> <p>23 A. Yeah.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. And Ms. Predham's office was, at that point?</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. Did she tell you at the time how long she'd</p> <p>3 known about this?</p> <p>4 MS. PILGRIM:</p> <p>5 A. Oh, I don't remember, I don't remember her</p> <p>6 telling me that. My first memory of it is</p> <p>7 Heather telling me about the issue and me</p> <p>8 asking, you know, what is that, I never heard</p> <p>9 of that, that kind of a conversation.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. And then what happened? So did you contact</p> <p>12 anybody, let anybody know about it or speak to</p> <p>13 anybody about that?</p> <p>14 MS. PILGRIM:</p> <p>15 A. Oh, yes, I would have, I definitely talked to</p> <p>16 Dr. Williams about it and Dr. Williams--like,</p> <p>17 I don't know exactly when it would have been</p> <p>18 that summer, but I remember talking to Dr.</p> <p>19 Williams, I remember going to a few meetings</p> <p>20 that were being held, you know, being at</p> <p>21 meetings where Dr. Kwan was, where some of the</p> <p>22 oncologists were. I remember issues that were</p> <p>23 going on. But the first person probably after</p> <p>24 Heather would have been going and talking to</p> <p>25 Bob and saying, so what do you think it is,</p>

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<p>1 you know, the usual conversation I would have 2 with him, how are you doing, is there anything 3 I can be doing to help you, I know you've got 4 Heather, you know. And that would have been 5 the conversation I would have had. 6 COFFEY, Q.C.: 7 Q. And was that shortly after Heather first spoke 8 to you? 9 MS. PILGRIM: 10 A. Oh, I would say, yeah, probably the same day. 11 I might have gone over right then to see if he 12 was in his office. 13 COFFEY, Q.C.: 14 Q. And your purpose in doing that would be what? 15 MS. PILGRIM: 16 A. Well, if this would be, could be a quality 17 issue for the organization, could turn out to 18 be--I didn't know, at that point, that it was 19 going to be as big as it was because I had no 20 idea how many patients, because those 21 decisions hadn't been made, not that I 22 remember being told. And obviously trying to 23 give some support to a colleague of mine who I 24 knew that he would be struggling with this, 25 especially if this was going to become any</p>	<p>1 about how much in the loop you'd be kept by 2 her? 3 MS. PILGRIM: 4 A. Again, Heather would keep--this was, because 5 of how we'd basically operated, I guess, with 6 quality, this would definitely be a quality 7 issue within Bob's portfolio. And I would 8 expect my involvement to be, at this point, if 9 there was anything I could do in terms of 10 helping to resource what he was trying to do 11 or anything that I could take on for him as a, 12 you know, a part of this that he needn't be 13 bothered with that I could do. So I would be 14 very much, I guess, on the sidelines, whether 15 I should have been or not, at that point I 16 would have been on the sidelines knowing that 17 one of the senior people within quality was 18 certainly very much tied up in this issue. 19 COFFEY, Q.C.: 20 Q. So and this would have been in the spring or 21 early summer of 2005? 22 MS. PILGRIM: 23 A. It would have been in the summer of 2005. 24 COFFEY, Q.C.: 25 Q. Summer of 2005. We'll look at some documents</p>
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<p>1 kind of a big issue for the organization. 2 COFFEY, Q.C.: 3 Q. Was there anything about it at that initially 4 that you thought or lead you to believe that 5 it might become a large issue? 6 MS. PILGRIM: 7 A. No, other than I can remember Bob was worried. 8 You know, he was a very serious kind of a man 9 and he was really anxious to get to the bottom 10 of this, like, to find out what was going on 11 here. And I think my memory is almost every 12 day your view of it would change. This is my 13 memory, you know. 14 COFFEY, Q.C.: 15 Q. Sure. 16 MS. PILGRIM: 17 A. You know, this day it's, oh, my gosh, this 18 could be big, and then tomorrow this is, no, 19 it's not so bad. And I would have probably 20 been getting reports like that from Heather, 21 as well. 22 COFFEY, Q.C.: 23 Q. In terms of that then, you know, having 24 Heather first having spoken to you about, what 25 was the understanding between you and Heather</p>	<p>1 in a moment. 2 MS. PILGRIM: 3 A. Yeah. 4 COFFEY, Q.C.: 5 Q. But at that point who was responsible for 6 quality? 7 MS. PILGRIM: 8 A. Me. 9 COFFEY, Q.C.: 10 Q. Yourself? 11 MS. PILGRIM: 12 A. Um-hm. 13 COFFEY, Q.C.: 14 Q. And you would remain responsible for it until 15 November of 2005? 16 MS. PILGRIM: 17 A. I would. 18 COFFEY, Q.C.: 19 Q. For the next four or five months, in effect? 20 MS. PILGRIM: 21 A. That's right. 22 COFFEY, Q.C.: 23 Q. And Heather was one of the more senior people 24 in your own department? 25 MS. PILGRIM:</p>

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1 A. Um-hm, yes.
 2 COFFEY, Q.C.:
 3 Q. And so in relation then to Heather's reporting
 4 to you, was she supposed to keep you apprised
 5 of this as the summer wore on, July and August
 6 and September?
 7 MS. PILGRIM:
 8 A. Yes. She would have been giving me updates,
 9 but I would have also been talking to Bob.
 10 And there were times when I was invited to
 11 meetings and times when I wasn't and times
 12 when I would invite myself to meetings and
 13 times that I didn't.
 14 COFFEY, Q.C.:
 15 Q. And just again to put some of this in context
 16 for the Commissioner, if we could look,
 17 please, at Exhibit P-0030, page 39? Now,
 18 there are in amongst the exhibits that have
 19 been filed, Ms. Pilgrim, we're now looking at
 20 corporate quality initiatives committee.
 21 MS. PILGRIM:
 22 A. Um-hm.
 23 COFFEY, Q.C.:
 24 Q. The minutes of June 24, 2002. You're the
 25 chairperson?

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1 MS. PILGRIM:
 2 A. Right.
 3 COFFEY, Q.C.:
 4 Q. Ms. Predham is a member of the committee as is
 5 Sharon Smith and others. And there are a
 6 number there present that particular day and
 7 there are a number of regrets from people,
 8 including Dr. Dick Barter, you referred to.
 9 We've heard Norma Baker mentioned here, Dr.
 10 John Harnett has been mentioned, Steve Dodge
 11 is being mentioned, Louise Jones is listed
 12 there, Dr. Bob Williams is mentioned and there
 13 are others. There are a number--I'll just let
 14 you know, there are a number of quality,
 15 corporate quality initiatives committee
 16 minutes filed.
 17 MS. PILGRIM:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. There were quite a number filed. I'm not
 21 going to take you through them all because it
 22 would go on for quite some period of time.
 23 But this particular one is June 24, 2005. If
 24 we could look, please, at page 45? Paragraph
 25 8, "Reporting structure committee says with

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1 the transition to the new ERIHA," which is
 2 Eastern Health, "the reporting structure of
 3 the committee has changed. A board quality
 4 initiatives committee no longer exists.
 5 Copies of the corporate quality initiatives
 6 committee will continue to be submitted to the
 7 president and CEO Eastern Health." So I take
 8 it then, Ms. Pilgrim, that with the creation
 9 of Eastern Health the board committee known as
 10 the board quality initiatives committee
 11 vanished, the committee itself vanished?
 12 MS. PILGRIM:
 13 A. It did. It was no longer a board, that board,
 14 they were gone.
 15 COFFEY, Q.C.:
 16 Q. But in the meantime your corporate qualities
 17 initiatives committee which you had chaired
 18 for a period of time, when we look back
 19 through it, you were going to continue,
 20 though, to submit your reports to the
 21 president and CEO, Mr. Tilley?
 22 MS. PILGRIM:
 23 A. That's right.
 24 COFFEY, Q.C.:
 25 Q. Okay. And if we could look, please, at

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1 Exhibit P-0486.
 2 MS. PILGRIM:
 3 A. This was very much in the transition stage at
 4 this time.
 5 COFFEY, Q.C.:
 6 Q. Yes, I appreciate that.
 7 MS. PILGRIM:
 8 A. Right, so.
 9 COFFEY, Q.C.:
 10 Q. And -
 11 MS. PILGRIM:
 12 A. What was gone and what was coming wasn't there
 13 and we were in the in between.
 14 COFFEY, Q.C.:
 15 Q. And if we could look, please, at -
 16 REGISTRAR:
 17 Q. 46 -
 18 COFFEY, Q.C.:
 19 Q. 4086, I apologize, 486, page 18, please, these
 20 are minutes of the executive management
 21 committee meeting held 5th July, 2005. You'll
 22 notice that Mr. Tilley is present. Dr.
 23 Williams is present, yourself and of course, a
 24 host of others, and we've just redacted the
 25 first page here, and in fact, the second page

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1 is there, material redacted, reference to a
 2 meeting with Department of Health officials on
 3 June 29th, or 28th, I'm sorry, draft minutes
 4 of that, and various redactions to the end of
 5 paragraph 1.5, and here, when one looks at the
 6 originals of these, the unredacted version,
 7 there's no reference to ER/PR, okay, in the
 8 executive management committee meetings.
 9 Now up to this point, the beginning of
 10 July 2005, there were executive management
 11 committee meetings going on weekly, and in
 12 fact, twice weekly at times. Would that be
 13 correct, in the early days?
 14 MS. PILGRIM:
 15 A. Are you talking about the new executive?
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. PILGRIM:
 19 A. Eastern Health, yes.
 20 COFFEY, Q.C.:
 21 Q. Yes, this is Eastern Health at this point.
 22 MS. PILGRIM:
 23 A. Um-hm, yeah. There were meetings that had an
 24 agenda which was really an agenda which
 25 focused on integration.

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1 COFFEY, Q.C.:
 2 Q. But there were numerous such meetings
 3 routinely going on?
 4 MS. PILGRIM:
 5 A. Oh yeah. The first meeting we had, we had to
 6 introduce ourselves to each other.
 7 COFFEY, Q.C.:
 8 Q. Yes. Now with respect to this, prior to you
 9 hearing this from Heather, this reference to
 10 ER/PR, this had not been raised in executive
 11 management?
 12 MS. PILGRIM:
 13 A. No.
 14 COFFEY, Q.C.:
 15 Q. And I'm going to suggest to you, it was a
 16 period of time afterward before it was raised,
 17 wasn't it?
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. Before it was actually brought to the
 22 executive?
 23 MS. PILGRIM:
 24 A. Probably, yes, to the executive, yes.
 25 COFFEY, Q.C.:

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1 Q. As a group?
 2 MS. PILGRIM:
 3 A. And you know, certainly, in hindsight, that
 4 was something that we noted after, the
 5 executive were not really updated throughout
 6 this whole process, like normally they would
 7 have been.
 8 COFFEY, Q.C.:
 9 Q. Now, if we could, please, Exhibit P-0502?
 10 Yes, P-0502. 0502, I apologize, I'll look at
 11 you, Registrar, and speak up. These are
 12 meeting notes of July 14th, 2005. Ms. Predham
 13 is present, along with Dr. Cook, Dr. Williams
 14 and Mr. Gulliver. The issue discussed is
 15 ER/PR receptor results and priorities are
 16 "identify all people who had ER and PR
 17 receptors, ones who were negative for ER and
 18 PR receptors, recheck receptors with new
 19 methodology, meet with the surgeons and
 20 oncologists, assess current standing--current
 21 testing standards cross-referencing with
 22 another lab, advise the public, and assess the
 23 quality of the service at the laboratory level
 24 once we have information on the magnitude of
 25 the problem and relevant time frames. This

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1 will involve external technical consultation."
 2 So is this the sort of--if Ms. Predham
 3 did attend this meeting and these are the list
 4 of priorities coming out of that, is this the
 5 sort of thing that she would have let you know
 6 about, kept you in the loop, as it were?
 7 MS. PILGRIM:
 8 A. Yeah, she probably would. She would--you
 9 know, I would have been meeting with her
 10 throughout this time and she would have been
 11 keeping me up to date as to what was going on,
 12 as much as she could.
 13 COFFEY, Q.C.:
 14 Q. Now, Ms. Pilgrim, it certainly seems, at that
 15 point, that there was some thought being given
 16 to advising the public about the existence of
 17 this issue?
 18 MS. PILGRIM:
 19 A. Yes, in July.
 20 COFFEY, Q.C.:
 21 Q. In the middle of July, and of course, if one
 22 was going to advise the public, presumably one
 23 would advise the patients as well.
 24 MS. PILGRIM:

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<p>1 A. Um-hm. 2 COFFEY, Q.C.: 3 Q. Simultaneously or just--or advise the patients 4 just before, that was the initial plan. 5 MS. PILGRIM: 6 A. Yes. 7 COFFEY, Q.C.: 8 Q. And then, if we could look, please, at Exhibit 9 P-1931? Go to page two and this is an e-mail 10 from Ms. Predham at 8:22 a.m. on Tuesday, July 11 19th. It's to a number of individuals, but 12 you are one of those that's copied on it and 13 the information from HIROC, and the Commission 14 has seen this before. Ms. Predham refers to 15 "a long conversation with representatives from 16 HIROC yesterday evening" and then refers, by 17 way of background, to the class action law 18 suit against Health Labrador. "Apparently the 19 aspect of this law suit on which they were 20 most vulnerable was the method the people were 21 informed," and goes on then to detail what Mr. 22 Crosbie had alleged in his statement of claim 23 there involving Labrador, and then there's an 24 assertion "the organization felt the need to 25 disclose publicly, ran it by their legal</p>	<p>1 MS. PILGRIM: 2 A. Yeah, they were, they were drafting them, 3 yeah. 4 COFFEY, Q.C.: 5 Q. Yes. What is your recollection then of the 6 state of affairs on the morning of July 19th, 7 2005? What was the plan before that and then 8 what happened? 9 MS. PILGRIM: 10 A. Don't know if I can tell you exactly July 11 19th, but my understanding of--you know, my 12 memory of what was going on here, there'd been 13 a lot of discussion about--are you talking 14 particularly about this from Heather? 15 COFFEY, Q.C.: 16 Q. Yes, because it captures--that particular e- 17 mail, I'm going to suggest to you, because of 18 its reference to letters, you know, we have to 19 rethink that. 20 MS. PILGRIM: 21 A. Right. 22 COFFEY, Q.C.: 23 Q. We've seen documentation, there were draft 24 letters. 25 MS. PILGRIM:</p>
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<p>1 counsel, and then wrote letters to every 2 person affected and sent out a news release 3 (sound familiar)" followed by three question 4 marks. "Their vulnerability comes from the 5 lack of weighing out the risk for the exposure 6 versus the anxiety of being told about it. In 7 this case, the risk from the exposure was very 8 small." That was in the Labrador case. She 9 continues "this leads to our situation. It's 10 not that they don't want us to disclose. They 11 just don't want us to disclose until we are 12 sure of our facts. I've had a quick voice 13 mail from Dan. After my chat with HIROC, they 14 contacted him after they hung up from me 15 reiterating this and that they will be in 16 touch in the morning. So I guess we will have 17 to reevaluate where we are before we plan to 18 send those letters, etcetera. Should we chat 19 about this face to face?" Signed Heather. 20 Now Ms. Pilgrim, the Commissioner has 21 seen reference to, in fact, drafts of these 22 letters that were to go out--or a letter to go 23 out to patients that existed already, and in 24 fact, as of July 19th, there were draft--there 25 were one or more draft press releases.</p>	<p>1 A. Yes. 2 COFFEY, Q.C.: 3 Q. They were - 4 MS. PILGRIM: 5 A. And it wouldn't be - 6 COFFEY, Q.C.: 7 Q. - informing the public the day before. 8 MS. PILGRIM: 9 A. Right. 10 COFFEY, Q.C.: 11 Q. Which would be through the media, which would 12 be a press release. 13 MS. PILGRIM: 14 A. Right. 15 COFFEY, Q.C.: 16 Q. We've seen drafts of those. So, a capture of 17 moment in time, on the morning of July 19th, 18 before you went to work that morning, your 19 understanding would have been what about what 20 was planned? 21 MS. PILGRIM: 22 A. We were going to be--again, I don't know if 23 I'm in my mind, July 19th, but there was a 24 point at which the plan was to send letters to 25 the patients. The letters were being drafted</p>

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1 and revised and being put together and there
 2 was a press release being put together, and
 3 they were happening at the same time. We just
 4 hadn't decided how we were going to do--you
 5 know, at what point we were going to do it.
 6 Some patients had already been retested at
 7 this point.
 8 COFFEY, Q.C.:
 9 Q. Yes.
 10 MS. PILGRIM:
 11 A. So you know, the word was out there through
 12 some patients that had already received their
 13 results. It wouldn't be unusual--I mean,
 14 Heather would usually check with the insurer
 15 and it wouldn't be unusual to get a letter. I
 16 mean, this is my opinion of how this works.
 17 You would often get the insurer or the
 18 solicitor giving you some advice, based on
 19 what they were dealing with, and that was one
 20 piece of advice that you weighed along with
 21 all the other pieces of advice that were going
 22 on. I don't remember if it was as early in
 23 this that we had a discussion, because there
 24 was--at some point, there was a meeting with
 25 the clinicians and then it became very clear

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1 that the clinicians did not want us telling
 2 anybody anything until we had something to
 3 tell them. I think that might have been after
 4 this.
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. PILGRIM:
 8 A. Yeah. So I guess my understanding, you know,
 9 to go a bit further, I guess, my memory, I can
 10 almost remember the time that we decided not
 11 to send the letter is, you know, Dr. Williams
 12 just said "we're going to contact the
 13 patients." He just made a decision, "we're
 14 going to contact the patients."
 15 COFFEY, Q.C.:
 16 Q. Well, that was -
 17 MS. PILGRIM:
 18 A. "We're going to start to call the patients,"
 19 was -
 20 COFFEY, Q.C.:
 21 Q. Well, that's in -
 22 MS. PILGRIM:
 23 A. That's further ahead, further ahead, because
 24 this letter was still going back and forth and
 25 wasn't dropped for a long time, but nothing

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1 was done about it for a while.
 2 COFFEY, Q.C.:
 3 Q. And your understanding about why nothing was
 4 done about it was what? What, if anything,
 5 intervened is what I'm asking you.
 6 MS. PILGRIM:
 7 A. Well, I don't think--I would say to you, I
 8 don't think this from Mr. Boone would have had
 9 that big an impact on our decision to make--
 10 you know, we've ignored lots of stuff that
 11 have come from lawyers before and you know,
 12 with all due respect to lawyers, you do give
 13 a--you give a perspective, and we weigh that
 14 in with the other things, but oftentimes we do
 15 the opposite of what the lawyer will tell us
 16 to do in a patient situation.
 17 COFFEY, Q.C.:
 18 Q. Did you -
 19 MS. PILGRIM:
 20 A. So I wouldn't say--in my opinion, that didn't
 21 have a big impact on our decision making.
 22 COFFEY, Q.C.:
 23 Q. Did you have any understanding yourself about
 24 the potential consequences of proceeding and
 25 ignoring the lawyer, the HIROC's advice or the

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1 lawyer's advice, what the potential
 2 consequences might be for insurance coverage?
 3 MS. PILGRIM:
 4 A. I don't know if I thought a lot about that. I
 5 mean, if I had sat down and thought about it,
 6 I would have been able to come up with what
 7 the consequences were, but I don't think I
 8 thought about it at the time. I mean, that's
 9 always something, if you sat down, you'd know
 10 what they were, that you know, you could make--
 11 there could be greater liability here and--
 12 but -
 13 COFFEY, Q.C.:
 14 Q. And I appreciate that, you might be creating a
 15 cause of action.
 16 MS. PILGRIM:
 17 A. Right.
 18 COFFEY, Q.C.:
 19 Q. But if you went ahead and created a cause of
 20 action, having been advised that you shouldn't
 21 do it, did you have any understanding about
 22 whether the insurance would still cover you,
 23 at the time? Did you have any understanding
 24 about that?
 25 MS. PILGRIM:

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1 A. Didn't even think about that at the time.
 2 COFFEY, Q.C.:
 3 Q. Okay.
 4 THE COMMISSIONER:
 5 Q. Sorry, I just want to make sure I understand
 6 your recollection of the sequence of events.
 7 It seems to me that what you're saying, in
 8 short, is that there were discussions about a
 9 letter and a press release. Everybody was
 10 aware that some patients had already received
 11 their results.
 12 MS. PILGRIM:
 13 A. Um-hm.
 14 THE COMMISSIONER:
 15 Q. At some point, the clinicians put in their two
 16 cents worth with a particular view and your
 17 view is that no decision was made until Dr.
 18 Williams made one at some point later than the
 19 middle part of July?
 20 MS. PILGRIM:
 21 A. Yeah, that's my memory of when the decision
 22 was actually made that we're going to call the
 23 patients.
 24 THE COMMISSIONER:
 25 Q. Okay.

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1 MS. PILGRIM:
 2 A. He kind of made that decision, like this is
 3 enough, this is what we're doing.
 4 THE COMMISSIONER:
 5 Q. And you remember that as being Dr. Williams'
 6 decision?
 7 MS. PILGRIM:
 8 A. Again, my memory is, after hearing--this would
 9 have been gone on for weeks and weeks now
 10 about what we were going to do or what we
 11 weren't going to do. I think he did make that
 12 decision, as the executive lead there, yeah.
 13 Again, that's my memory of how it transpired.
 14 I guess, Mr. Coffey, I don't know if this
 15 is a good place to--but if I could, I'd like
 16 to bring you back a little bit now in time,
 17 inside of Eastern Health, at this point in
 18 time, because you did ask me a question about,
 19 well, you know, why did it take so long or
 20 whatever, and I think if you come back with me
 21 in time, you're in the summer of 2005. We've
 22 just become a brand new organization which has
 23 gotten much bigger and the diversity, you
 24 know, and I guess the heterogeneity of this

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1 organization now is like nothing any of us had
 2 ever seen before.
 3 So we, in my opinion, looking back, this
 4 couldn't have happened to us at a worst time,
 5 as an organization, in terms of our ability to
 6 deal with this in the most effective manner,
 7 and if we were wondering why, during these few
 8 months, things might not have been being
 9 decided upon, I think a great deal of that had
 10 to do with our ability to focus on this issue
 11 with all of the other things that we were
 12 dealing with at the time, and you know, in
 13 looking back, I think that was a huge thing
 14 that was impacting us during the summer. We
 15 had Mr. Tilley, I remember, I don't--I think
 16 we said here at one point that he was on
 17 holidays, but he never took any holidays that
 18 summer, and as the summer went on and we began
 19 to understand the gravity of the situation, we
 20 still tried to deal with it in terms of what
 21 you sometimes hear people refer to off the
 22 corner of people's desks. They're dealing
 23 with this while they're dealing with
 24 everything else in the organization, and I
 25 would definitely say to you that it definitely

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1 impacted how we responded, in terms of where
 2 we were with this very unstable organization
 3 at this time. So if we say why wasn't it
 4 dealt with faster, I would say that it was
 5 being dealt with probably as fast as it could
 6 be at that time.
 7 COFFEY, Q.C.:
 8 Q. Bearing in mind the problematic nature of the
 9 relationships in the organization at the time.
 10 MS. PILGRIM:
 11 A. The problematic nature meaning?
 12 COFFEY, Q.C.:
 13 Q. Of the relationships because you were still
 14 trying to figure out who's who and how this is
 15 all going to work.
 16 MS. PILGRIM:
 17 A. Well, we were all off in our--I remember that
 18 summer, I was over dealing with sending
 19 patients out of the province for radiation
 20 therapy. I mean, we were all--it was a very
 21 unstable time. I'd never want to live through
 22 it again. But on top of that, we had the
 23 biggest thing that ever happened to an
 24 organization that I've been in, in my whole
 25 career, and it turned out to certainly be the

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1 biggest, at the time when we were the least
 2 able to respond to it in an effective way. So
 3 I think anything that we guess--because I, you
 4 know, obviously you know that we've certainly
 5 reflected our eyes back on that summer and
 6 into that fall, and I have memories of Dr.
 7 Williams, Don Cook, all these very busy
 8 people, you know, running into meetings 15
 9 minutes late and it was just horrendous. So
 10 it did impact how we functioned in responding
 11 to this, for sure. And I just wanted to say
 12 that because you asked me, you know, why
 13 didn't we have that decision made.
 14 COFFEY, Q.C.:
 15 Q. And as the summer of 2005 wore on, and the
 16 parameters of what the organization was
 17 dealing with in relation to ER/PR were
 18 becoming better known?
 19 MS. PILGRIM:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. Into the early fall, September of 2005, I take
 23 it that you, in dealing with Ms. Predham,
 24 would have had a sense or an understanding of
 25 "look, this is big. There's a lot of people

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1 involved in this. There are going to be a lot
 2 of test results change."
 3 MS. PILGRIM:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. There are going to have to be a lot of
 7 patients dealt with in relation to that, and
 8 so on, okay.
 9 MS. PILGRIM:
 10 A. Absolutely, yeah, as time went on.
 11 COFFEY, Q.C.:
 12 Q. Yes, and I appreciate -
 13 MS. PILGRIM:
 14 A. You kept adding to it as time went on.
 15 COFFEY, Q.C.:
 16 Q. Did it ever occur to you to bring up with, for
 17 example, your fellow executor, Mr. Tilley,
 18 that there's just not enough resources to go
 19 around here?
 20 MS. PILGRIM:
 21 A. I don't even think--no, it didn't, at that
 22 time. When I look back and when you all will
 23 see when Heather--you've seen, but when you
 24 see what Heather Predham did over that summer
 25 and into that fall, the horrendous workload

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1 that she did, you know, obviously we needed
 2 to--we did not put a structure around this.
 3 We didn't stop and say okay, this is going to
 4 be very big. We need to put a team around
 5 this. We need to take people out of what
 6 they're doing. I don't know if we could have
 7 done it, but we should have had that
 8 conversation. We need an executive lead here.
 9 We need some kind of a project person here.
 10 We need IMT support here. In hindsight, I can
 11 look back and say that's what we need.
 12 COFFEY, Q.C.:
 13 Q. In relation to that aspect of the matter, were
 14 you ever made aware, in the summer or fall of
 15 2005, of an offer by John Ottenheimer to Mr.
 16 Tilley on July 21st, 2005 to provide resources
 17 if they were needed? You're a member of the
 18 executive at the time, and we've heard
 19 evidence to the effect involving Mr.
 20 Ottenheimer that he did canvas with Mr.
 21 Tilley, in the early stages of this, whether
 22 resources were--extra resources might be
 23 needed. Were you ever made aware of that
 24 offer?
 25 MS. PILGRIM:

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1 A. I don't remember, but it doesn't mean that
 2 George didn't say that to us.
 3 COFFEY, Q.C.:
 4 Q. Do you ever recall having a discussion with
 5 George Tilley about whether or not extra
 6 resources were needed to deal with this matter
 7 in '05?
 8 MS. PILGRIM:
 9 A. I don't ever remember having a conversation
 10 where I went and asked George Tilley for extra
 11 resources.
 12 COFFEY, Q.C.:
 13 Q. Well, how about having a conversation with him
 14 about whether or not extra resources were
 15 needed?
 16 MS. PILGRIM:
 17 A. No. I mean, we talked about ER/PR a lot. We
 18 talked about the demand that was being placed
 19 on our staff. I know at one point--yeah, I
 20 think we did talk about whether extra
 21 resources are needed, but we didn't actually
 22 stop and say--it was more than just extra
 23 resources. I mean, you know, the Department
 24 of Health could have come and given us five
 25 million dollars at this point. There was

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<p>1 nothing that we could do with them. We needed 2 the people that we had there dealing with it, 3 but we could have engaged in having, you know, 4 computer information management support and 5 things. So we talked about it, but again, I 6 guess to say it to you as clearly as I could, 7 this was one of many, many things that we were 8 dealing with that summer and it certainly was 9 not given the focus that it should have been 10 given from putting a structure around it.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. Did you attend a meeting on July 19th, 2005 in 13 relation to ER/PR? Heather is suggesting a 14 meeting in this e-mail we just looked at, 15 "should we chat about this face to face?" and 16 there's a series of e-mails involving Ms. 17 Bonnell and others concerning setting up such 18 a meeting. Do you recall if you attended any 19 such meeting?</p> <p>20 MS. PILGRIM:</p> <p>21 A. I don't recall any particular meeting. I know 22 that I would have been at meetings where we 23 discussed -</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. This would have been one where Dan Boone was</p>	<p>1 Q. Okay, and here, when we look at these, there's 2 a series of notes beginning on the first page 3 here. I think it's July--well, there's 4 something written, new system, and--it's hard 5 to tell, positive or strongly positive, more 6 favourable, and then there's a date, July 20th 7 or 21st '05, and it goes on from there, and it 8 goes on, quite a number of dates. How did you 9 come to obtain Mr. Tilley's telephone logs? 10 How'd you go about that?</p> <p>11 MS. PILGRIM:</p> <p>12 A. We had them sent over to us. That was me now 13 in my role coordinating with the Commission.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Yes, for the Commission.</p> <p>16 MS. PILGRIM:</p> <p>17 A. So anything, we were trying to have things 18 come through my office, so they would have 19 been couriered over or delivered over to my 20 office.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. These particular telephone logs, and we looked 23 through these, are these excerpts from the 24 telephone logs?</p> <p>25 MS. PILGRIM:</p>
<p>1 present.</p> <p>2 MS. PILGRIM:</p> <p>3 A. I don't recall being at a meeting with Dan 4 Boone at that time.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And you're here, you're cc'ed on this. You're 7 not one of the primary recipients of these, 8 this series of e-mails.</p> <p>9 MS. PILGRIM:</p> <p>10 A. No, she's just keeping me in the loop.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. Yes. So if we could, please, Exhibit P-0326? 13 Just this is--it's described as Volume 4, 14 source Pat Pilgrim, Tab 1, telephone log 15 George Tilley," and telephone log GT. Did you 16 type this on this or have somebody type this?</p> <p>17 MS. PILGRIM:</p> <p>18 A. They would have come from my office.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Yes.</p> <p>21 MS. PILGRIM:</p> <p>22 A. So either one of the secretaries in corporate 23 office or my assistant would have typed that 24 on there.</p> <p>25 COFFEY, Q.C.:</p>	<p>1 A. Copies of them, yes.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Photocopies?</p> <p>4 MS. PILGRIM:</p> <p>5 A. Yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Okay. So this is, for example, looking at 8 page three, this is the way page three would 9 have looked when you photocopied it?</p> <p>10 MS. PILGRIM:</p> <p>11 A. Right.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Was there any particular telephone log kept 14 for ER/PR?</p> <p>15 MS. PILGRIM:</p> <p>16 A. No, not that I know of.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. So when you were asked--I'll be coming to 19 this. When you were asked, in terms of your 20 involvement with the Commission of Inquiry in 21 preparing for this, to get material involving 22 Mr. Tilley -</p> <p>23 MS. PILGRIM:</p> <p>24 A. Right.</p> <p>25 COFFEY, Q.C.:</p>

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1 Q. - you asked for his telephone logs. They sent
 2 them over and -
 3 MS. PILGRIM:
 4 A. Well, there was a box or a couple of boxes of
 5 things that were there belonging to George at
 6 corporate office, so we had them all brought
 7 over and we looked through them and then we
 8 copied things off.
 9 COFFEY, Q.C.:
 10 Q. Now here, page three, it's July 22nd probably
 11 or 20 something '05, reference to several
 12 names and statements and then there's August
 13 1st '05 and a reference to a name and a time
 14 and August 2nd. The point being that this is
 15 the logs such as you found Mr. Tilley had
 16 kept?
 17 MS. PILGRIM:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. And this happens to all relate to ER/PR, as it
 21 turns out. So, okay -
 22 MS. PILGRIM:
 23 A. When you were talking to George on the phone,
 24 you knew he was scribbling down what you were
 25 saying.

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1 COFFEY, Q.C.:
 2 Q. As it turns out, apparently he was, at least
 3 in terms of the logs that you got, there were
 4 gaps in dates.
 5 MS. PILGRIM:
 6 A. Yeah. Well, we got what was there in
 7 corporate office that had been gathered up
 8 from when he was in that office.
 9 COFFEY, Q.C.:
 10 Q. Yes. If we could look please, at 0328, page
 11 one? And again, this is Volume 3, source Pat
 12 Pilgrim, Tab 8, briefing notes. I wanted to
 13 ask you about this. Is this something that
 14 you had originally yourself or is this
 15 something that, in the course of your dealing
 16 with the Commission of Inquiry, you gathered
 17 up, do you recall?
 18 MS. PILGRIM:
 19 A. Something I would have gathered up. Now I
 20 would have seen that somewhere along the line,
 21 but I wouldn't have been one of the first
 22 recipients of that.
 23 COFFEY, Q.C.:
 24 Q. This particular briefing note?
 25 MS. PILGRIM:

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1 A. I don't think so, no.
 2 COFFEY, Q.C.:
 3 Q. And in fact, this -
 4 MS. PILGRIM:
 5 A. I mean, you can appreciate there's been many,
 6 many.
 7 COFFEY, Q.C.:
 8 Q. - this one has the dear patient letter, a
 9 draft of it.
 10 MS. PILGRIM:
 11 A. That was the draft, yeah. There were many
 12 drafts of that.
 13 COFFEY, Q.C.:
 14 Q. And occasionally they would come into your
 15 possession, I take it?
 16 MS. PILGRIM:
 17 A. Well, I would see them, yeah, or I'd be asked
 18 sometimes, "what do you think of this?" or
 19 "what do you think of that?" I mean, the
 20 letter was started very early in the game and
 21 it changed, as you know, if you send them out
 22 to 50 people, 50 people will have a different
 23 way of saying something.
 24 COFFEY, Q.C.:
 25 Q. So if we could look, please, at Exhibit P-

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1 0523. This is some handwritten notes of Mr.
 2 Tilley, July 24th, 2005, laboratory medicine,
 3 Williams, Tilley, Gardiner, Cook, Gulliver,
 4 Thomas, Bonnell, Boone, Predham, Laing, and
 5 Kwan are all named here, and - of course,
 6 you're not named, suggesting that you wouldn't
 7 have been in attendance, but I wanted to ask
 8 you about this, for example, in this sort of a
 9 meeting where apparently Ms. Predham was
 10 present, was it the practice in the summer of
 11 2005 of her having attended this sort of a
 12 meeting and she'd come back to talk to you
 13 about it, or at least let you know what had
 14 gone on?
 15 MS. PILGRIM:
 16 A. Not all of them, no. Now I should note, I
 17 guess, and you probably know this, but at this
 18 point in time Heather is very much functioning
 19 as the project leader here for certain parts
 20 of this.
 21 COFFEY, Q.C.:
 22 Q. Yes.
 23 MS. PILGRIM:
 24 A. Right.
 25 COFFEY, Q.C.:

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1 Q. She has by that point taken on the role of
 2 information coordinator certainly?
 3 MS. PILGRIM:
 4 A. She has, yeah, and a core group is starting to
 5 evolve here in terms of who's meeting most of
 6 the times about this.
 7 COFFEY, Q.C.:
 8 Q. Were you involved initially in that core
 9 group?
 10 MS. PILGRIM:
 11 A. No, no, I wasn't. I would be - because I had
 12 cancer care, obviously I was invited to some
 13 meetings and there were things then I was
 14 directly involved in, for example, when Dr.
 15 Paul Gardiner had to write a letter to
 16 physicians and things like that. So I had
 17 some direct involvement, but most I was on the
 18 periphery.
 19 COFFEY, Q.C.:
 20 Q. And if we could look, please, at Exhibit P-
 21 0551.
 22 THE COMMISSIONER:
 23 Q. Excuse me, Mr. Coffey, but since we're on the
 24 subject, perhaps the witness could tell us who
 25 she believed were the core group at that

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1 point?
 2 MS. PILGRIM:
 3 A. Well, the people that I always saw going off
 4 into meetings, there were Bob Williams, Don
 5 Cook, Heather Predham, Susan Bonnell, Kara
 6 Laing.
 7 THE COMMISSIONER:
 8 Q. And could we know what - I know you just
 9 talked about Ms. Predham's role as a project
 10 leader.
 11 MS. PILGRIM:
 12 A. She certainly evolved into a very important
 13 person in this whole - you know, I would call
 14 her, yeah, the project leader. Now obviously,
 15 she wasn't resourced to be the project leader,
 16 but that's what she -
 17 THE COMMISSIONER:
 18 Q. That was her function?
 19 MS. PILGRIM:
 20 A. Very much. I mean, she was -
 21 THE COMMISSIONER:
 22 Q. And what does a project leader do?
 23 MS. PILGRIM:
 24 A. Working much - very, very closely with Dr.
 25 Williams at that point.

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1 THE COMMISSIONER:
 2 Q. But what as a project leader would you expect
 3 - when you say she was a project leader, what
 4 is it about what she did that gives her that
 5 sort of title in your mind?
 6 MS. PILGRIM:
 7 A. Well, she had her hands in almost all parts of
 8 this, except for the laboratory, which is
 9 where the testing was going on. The results
 10 were coming to her, she was meeting with the
 11 physicians. They were doing the panel
 12 meetings, she was at the panel meetings, her
 13 secretary was taking the panel minutes, they
 14 were responsible for getting the letters out.
 15 She was in charge of all the communication,
 16 making decisions, all of that, with her staff
 17 in quality, and communicating with other
 18 departments. You know, she was - she had her
 19 hand in a lot that was going on, except for
 20 the actual testing, and, of course, Dr.
 21 Williams would have been very involved, and
 22 Don Cook would have been the lab piece, and
 23 Kara Laing would have been giving her advice
 24 as they went along, and Susan Bonnell, of
 25 course, was the communication piece.

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1 COFFEY, Q.C.:
 2 Q. Exhibit P-0551, the second page. These are
 3 Dr. Williams notes typed on the second page,
 4 August 5th, 2005. Attendees include yourself,
 5 Dr. Laing, Ms. Predham, Dr. Gardiner, Dr.
 6 Cook, and Dr. Williams, and - now here, Ms.
 7 Pilgrim, when one reads through this, bearing
 8 in mind what else one can garner from other
 9 testimony and exhibits, this is kind of a
 10 snapshot of where things were at the time,
 11 "All patients seen in the clinic since April,
 12 2003, that are negative are being retested,
 13 and patients with metastatic disease and with
 14 lobular cancer, all negatives at 10 percent or
 15 less since March 31, 2003, to be retested,
 16 plus infiltrating lobular and tubular cancers.
 17 Heather Predham will identify all patients and
 18 blocks will be pulled to send out. Having
 19 consultants coming in September to review the
 20 system. All tests, new and retesting, at
 21 Mount Sinai. Blocks being pulled. Ten to
 22 eleven patients who have converted have been
 23 told. Dr. Laing said retest online. Patients
 24 can confirm with cancer registry. Patients
 25 reactions have been good to date. They have

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<p>1 been told there was a problem with the testing 2 and we don't know why yet". Now, Ms. Pilgrim, 3 this is August 5th. Did you have any sense by 4 that point in - by this point in time - first 5 of all, did you know anything about Dr. 6 Carter's involvement in this, and the nature 7 of her involvement prior to August 5th? 8 MS. PILGRIM: 9 A. I knew that she was a breast - she was someone 10 who had more expertise in breast pathology, 11 and that she had gotten herself involved in 12 terms of she was going to be doing some 13 quality testing. 14 COFFEY, Q.C.: 15 Q. Yes. 16 MS. PILGRIM: 17 A. She was involved with that. I knew some time 18 after that that she had pulled herself out of 19 that and she had stopped doing that. 20 COFFEY, Q.C.: 21 Q. Were you told why, or her explanation? 22 MS. PILGRIM: 23 A. I remember asking Dr. Williams - I remember 24 actually asking him why she had withdrawn from 25 that, and his response was really that she</p>	<p>1 could have been having a conversation up the 2 other end. There were a large number of 3 people in the room. I don't know if it was 4 that meeting. I think it probably was where 5 George was - I think he was described by 6 someone as having to try to calm the waters or 7 whatever at the meeting. 8 COFFEY, Q.C.: 9 Q. So you were at that meeting? 10 MS. PILGRIM: 11 A. Oh, yes, I remember, yeah, uh-hm. 12 COFFEY, Q.C.: 13 Q. And the tenor of that meeting, were there any 14 arguments or discussions between different 15 types of professionals about who was 16 responsible for this, who should have known 17 about this? Do you recall any kind of 18 conversation like that? The point being if 19 Mr. Tilley had to calm something, there had to 20 be something to be calmed. 21 MS. PILGRIM: 22 A. I remember tension in the room. 23 COFFEY, Q.C.: 24 Q. There had to be something - 25 MS. PILGRIM:</p>
<p>Page 222</p> <p>1 just didn't want to be involved in it at that 2 time. He didn't go into any detail with me 3 about what that was all about. I didn't know 4 Dr. Carter. I think I had met her once up to 5 that point. 6 COFFEY, Q.C.: 7 Q. So I'll ask you this, do you recall whether or 8 not you had attended the meeting of August 9 1st, 2005, a large meeting? Mr. Tilley was 10 there and others, where there was an exchange 11 between Mr. Gulliver and Dr. Carter. I'm not 12 suggesting you were there. I'm just asking 13 you. 14 MS. PILGRIM: 15 A. I remember being at a large meeting where 16 George Tilley was. 17 COFFEY, Q.C.: 18 Q. Yes. 19 MS. PILGRIM: 20 A. And there were - you know, I think people were 21 very concerned. I can remember that at that 22 meeting. I don't remember an altercation 23 between Bev Carter and Terry Gulliver. I've 24 heard about it since, you know, but I don't 25 remember that. I mean, that could be - I</p>	<p>Page 224</p> <p>1 A. People, if they were feeling it, they weren't 2 saying it, but you could feel it. The room 3 was - there was tension in the room. 4 COFFEY, Q.C.: 5 Q. What did Mr. Tilley have to calm? 6 MS. PILGRIM: 7 A. Well, you know, he had to - people were 8 talking all at once and he had to bring us all 9 back, I think. I can remember him saying, you 10 know, well, this is really all about us 11 working together for the patient, and, you 12 know, but I don't remember anybody actually 13 saying anything to anybody, but the tension 14 was there for sure in the room. 15 COFFEY, Q.C.: 16 Q. So the point being, Ms. Pilgrim, that by 17 August 1st, because that's the date of that 18 meeting, 2005, within Eastern Health, and 19 there was a large meeting, a lot of senior 20 people there - 21 MS. PILGRIM: 22 A. Yeah. 23 COFFEY, Q.C.: 24 Q. From all kinds of different professions. 25 MS. PILGRIM:</p>

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<p>1 A. Doctors. 2 COFFEY, Q.C.: 3 Q. Doctors, different types of doctors. 4 MS. PILGRIM: 5 A. Administrative people, yeah. 6 COFFEY, Q.C.: 7 Q. By that point in time, there was no doubt 8 within Eastern Health senior people that this 9 was a large problem? 10 MS. PILGRIM: 11 A. I don't know if anyone knew quite how large at 12 that time, but we certainly knew this was a 13 significant issue that we were dealing with 14 here. 15 THE COMMISSIONER: 16 Q. Mr. Coffey, when you can find a convenient 17 spot. 18 COFFEY, Q.C.: 19 Q. Yes. One further point because this 20 particular meeting is just four days later, 21 Ms. Pilgrim. The last bullet here on this 22 August 5th one says, "They have been told", 23 that's the patients have been told, "there was 24 a problem with the testing and we don't know 25 why yet", okay.</p>	<p>1 COFFEY, Q.C.: 2 Q. That list of observations by Dr. Carter and 3 Cook they told the Commissioner about - 4 MS. PILGRIM: 5 A. Right. 6 COFFEY, Q.C.: 7 Q. Do you think you'd remember that in terms of, 8 well, wait now, Cook and Carter are saying 9 this, yet we're telling patients we don't 10 know? 11 MS. PILGRIM: 12 A. Yeah, well, I mean, obviously my knowledge of 13 pathology would have been - depending on what 14 people were saying to me, I wouldn't know how 15 important that was, but if a doctor was 16 saying, well, you know, we reviewed ten slides 17 and all of them were misinterpreted, I would 18 know what that meant. If they talked to me 19 about fixation at the time, I don't know if I 20 would have known how important that was, or 21 what these machines did. I remember hearing, 22 you know, about these 40 steps of this test 23 and a lot of the advances had been to really 24 take the human factor out of doing this test 25 because it was so convoluted or complicated to</p>
<p>Page 226</p> <p>1 MS. PILGRIM: 2 A. Uh-hm. 3 COFFEY, Q.C.: 4 Q. That's what apparently you were being told or 5 was discussed at this meeting in Dr. Williams 6 minutes or notes. By August 5th, had anyone 7 told you about what Dr. Cook and Dr. Carter 8 had discovered in July of 2005 in their review 9 of this, in particular in relation to problems 10 with a lack of quality assurance measures, 11 problems with fixation of tissue, problems 12 with absence of internal controls, problems 13 with internal controls being there and not 14 staining? Did anyone bring that to your 15 attention? 16 MS. PILGRIM: 17 A. Not that I remember at that time, no. 18 COFFEY, Q.C.: 19 Q. If they had, and on August 5th somebody was 20 saying that the patients were being told that 21 there was a problem with the testing and we 22 don't know why yet, and yet you'd already 23 heard what I've just described here -- 24 MS. PILGRIM: 25 A. Uh-hm.</p>	<p>Page 228</p> <p>1 do, but, yeah, you know, I don't remember - I 2 remember at around this time Bob saying to me 3 one day, you know, I don't know if people 4 really know how big this is going to be. That 5 was around this time. 6 COFFEY, Q.C.: 7 Q. Did you - 8 MS. PILGRIM: 9 A. So he obviously had a much better feel for it 10 than, I guess, I did at the time, although I 11 had a pretty good feeling that, you know, 12 there were going to be a lot of patients, this 13 was going to be fairly big. 14 COFFEY, Q.C.: 15 Q. And about, though, why there was a problem at 16 all? 17 MS. PILGRIM: 18 A. Well, again I don't ever remember hearing 19 about what Dr - the results at that, but I 20 certainly know I was aware that we had a new 21 machine, and it was probably too sensitive. I 22 remember that, and I think that was what they 23 thought initially when they were - when they 24 first started doing the testing, but as to 25 what had actually happened in the lab and who</p>

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<p>1 knew what, I don't remember when I heard that.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. That's the final question I was going to ask</p> <p>4 you. When is your - what's your recollection</p> <p>5 of when you first began to understanding that,</p> <p>6 no, this is not just simply, you know, a more</p> <p>7 accurate machine?</p> <p>8 MS. PILGRIM:</p> <p>9 A. I think when the peer review - I shouldn't</p> <p>10 probably call them that now, but whatever, the</p> <p>11 quality reviews came back.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. What we'll do is, if we could, we'll take that</p> <p>14 up after - so that would be the fall of '05?</p> <p>15 MS. PILGRIM:</p> <p>16 A. Yeah.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Commissioner, after lunch then.</p> <p>19 THE COMMISSIONER:</p> <p>20 Q. All right then. We'll meet at 2:15.</p> <p>21 (BREAK)</p> <p>22 THE COMMISSIONER:</p> <p>23 Q. Mr. Coffey.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Thank you, Commissioner. Ms. Pilgrim, just</p>	<p>1 Q. And how about within Eastern Health itself,</p> <p>2 like, you know - and what I'm getting at is</p> <p>3 this, around August 1st, you attended a very</p> <p>4 large meeting?</p> <p>5 MS. PILGRIM:</p> <p>6 A. Right.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. And you've indicated that you would have - you</p> <p>9 understood at the time that some patients had</p> <p>10 been retested internally?</p> <p>11 MS. PILGRIM:</p> <p>12 A. Uh-hm.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. They'd been told.</p> <p>15 MS. PILGRIM:</p> <p>16 A. Right.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Certainly of change results had been told.</p> <p>19 MS. PILGRIM:</p> <p>20 A. That's right, uh-hm.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And was any thought given at that time given,</p> <p>23 do you recall, to letting people within the</p> <p>24 organization know what's going on, I mean,</p> <p>25 generally, as opposed to those who happened to</p>
<p>Page 230</p> <p>1 before we broke for lunch, you were telling</p> <p>2 the Commissioner about what you initially</p> <p>3 understood, very imperfect understanding in</p> <p>4 the beginning, as to why this might have</p> <p>5 happened the 40 steps, new machinery and so</p> <p>6 on, and you pointed out that, when I asked</p> <p>7 you, well, that perhaps began to change when</p> <p>8 these external review results came back, and I</p> <p>9 will take up with you in a moment that, okay,</p> <p>10 that aspect of the matter.</p> <p>11 MS. PILGRIM:</p> <p>12 A. Uh-hm.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. But in the meantime, in the summer of 2005,</p> <p>15 you've told the Commissioner that we were</p> <p>16 going to send letters to the patients, we're</p> <p>17 going to tell the public through a media</p> <p>18 release. Did you have any understanding about</p> <p>19 the government, how much the department knew,</p> <p>20 or when they were being brought into this</p> <p>21 yourself?</p> <p>22 MS. PILGRIM:</p> <p>23 A. I wouldn't have been involved with that part</p> <p>24 of it.</p> <p>25 COFFEY, Q.C.:</p>	<p>Page 232</p> <p>1 be sitting around on August 1st?</p> <p>2 MS. PILGRIM:</p> <p>3 A. Not that I know of. There was nothing that I</p> <p>4 was involved in at that time.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Yes.</p> <p>7 MS. PILGRIM:</p> <p>8 A. And, I guess, you know, I was kind of on the</p> <p>9 periphery. There may have been, but in my</p> <p>10 involvement, not that I know of at that time,</p> <p>11 no.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. And what I'm getting at here, Ms. Pilgrim, is</p> <p>14 that, of course, within an organization such</p> <p>15 as Eastern Health, in particular, hospital</p> <p>16 buildings -</p> <p>17 MS. PILGRIM:</p> <p>18 A. Uh-hm.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. There was the potential, I'm going to suggest</p> <p>21 to you, for rumour, speculation about what was</p> <p>22 going on in the lab, as it were, and, in</p> <p>23 particular, for example, pathologists as a</p> <p>24 group.</p> <p>25 MS. PILGRIM:</p>

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1 A. Uh-hm.
 2 COFFEY, Q.C.:
 3 Q. There was no discussions that you recall
 4 about, you know, should we keep them in the
 5 loop; if so, how?
 6 MS. PILGRIM:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. No.
 10 MS. PILGRIM:
 11 A. Not that I would have been involved in.
 12 COFFEY, Q.C.:
 13 Q. Now within your own shop, as it were --
 14 MS. PILGRIM:
 15 A. Quality.
 16 COFFEY, Q.C.:
 17 Q. Quality, a relatively small organization.
 18 MS. PILGRIM:
 19 A. Summer of 2005, yes.
 20 COFFEY, Q.C.:
 21 Q. Yes, at that time -
 22 MS. PILGRIM:
 23 A. Yes, just still really the old Health Care
 24 Corp.
 25 COFFEY, Q.C.:

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1 Q. And in terms of that, while I'm on it, we had
 2 looked at - one moment, please, Commissioner.
 3 Did you have any understanding around July
 4 18th or 19th that not only was Ms. Predham
 5 telling yourself and certain other members of
 6 the executive about the HIROC conversation she
 7 had the evening before, July 18th, on the
 8 19th, but she also distributed that to the
 9 people within her own office. In fact, she
 10 did so by saying the plot thickens, and it was
 11 distributed to a number of individuals, Ms.
 12 Laidley, and others. Were you aware that
 13 people within Heather's office were being kept
 14 apprised of this?
 15 MS. PILGRIM:
 16 A. I wouldn't be surprised that they were, but I
 17 don't know if I was particularly aware. I
 18 wouldn't have been unless she copied it to me.
 19 COFFEY, Q.C.:
 20 Q. Okay, and she didn't, that part of the e-mail
 21 is not copied to you.
 22 MS. PILGRIM:
 23 A. No.
 24 COFFEY, Q.C.:
 25 Q. Now before lunch we spoke about the idea of

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1 letting patients know that the retesting was
 2 going on. You recall that, and you've told
 3 the Commissioner, well, in October, Bob
 4 Williams told you that we're contacting the
 5 patients by phone. You remember that.
 6 MS. PILGRIM:
 7 A. I can remember, yes, that the decision was
 8 made to do it by phone. That's my memory.
 9 COFFEY, Q.C.:
 10 Q. Now before that, going back to the summer of
 11 2005, were you aware that there was
 12 discussions involving the Minister of Health,
 13 the Deputy Minister of Health, George Tilley?
 14 MS. PILGRIM:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. And perhaps others, about whether or not
 18 patients should be told in the middle of July,
 19 and then again discussed in August, 2005?
 20 MS. PILGRIM:
 21 A. Yes, I was aware.
 22 COFFEY, Q.C.:
 23 Q. What did you know about that?
 24 MS. PILGRIM:
 25 A. I knew there had been meetings where George

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1 and Dr. Williams would have been there. I
 2 remember one, in particular, but that was
 3 farther on where Kara Laing actually went to
 4 talk with the Minister, but in July, certainly
 5 my memory or my understanding of it was that
 6 the department did want us to go public as
 7 soon as possible with this, and we were making
 8 preparations to do that, but now, you know,
 9 the timing around why we did what, I don't
 10 know, but I do know that certainly the message
 11 that was coming from the department was they
 12 wanted us to get out there as quickly as
 13 possible.
 14 COFFEY, Q.C.:
 15 Q. Were you asked for your own views on this?
 16 MS. PILGRIM:
 17 A. I would have been involved in meetings. There
 18 were many discussions about this. I remember
 19 being involved in a particular meeting where
 20 the oncologist - I know Kara Laing was there,
 21 I think Joy McCarthy might have been there.
 22 They were, you know, very opposed to - knowing
 23 what we knew, they were still very opposed to
 24 going out to tell patients that something had
 25 happened in the lab and we're going to be

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1 retesting, but we don't know any more than
 2 that to tell you, and really don't even know
 3 when we'll get results back, but we did have
 4 some idea of the time frame at that point.
 5 The doctors were very passionately expressing
 6 their views on that. My memory is that there
 7 was never any questions in Dr. Williams mind
 8 that we were going public with this, the
 9 question was when we were going to do it, and
 10 at some point, I guess with everything that
 11 was going on, you were going to at some point
 12 make a decision about this, and get on with
 13 it. I remember being at that meeting and
 14 certainly I was agreeing with what Kara Laing
 15 and - you know, the various people who were
 16 putting forward that position, that we should
 17 really wait until we have something to tell
 18 patients. Obviously, I was agreeing with that
 19 position and supporting it.
 20 THE COMMISSIONER:
 21 Q. You indicated you were persuaded by what Dr.
 22 Laing and Dr. McCarthy had said, or that had
 23 been your position prior to this?
 24 MS. PILGRIM:
 25 A. Well, I guess we were all talking around the

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1 corner - around the corner - around the table,
 2 and it certainly influenced - you know, what
 3 they were saying made sense to me, that, you
 4 know, it certainly kind of rang with what I
 5 was thinking that how can you do this to these
 6 people who have already been through so much
 7 with this disease, and now you're going to go
 8 out, they don't know which ones have been
 9 affected by it, and we can't tell them any
 10 more than what we could tell them at that
 11 time. So I - they certainly didn't influence
 12 me. What they said really rang well in my
 13 ears, Commissioner. I agreed with that. That
 14 was the way I was thinking at the time as
 15 well.
 16 COFFEY, Q.C.:
 17 Q. If we could bring up, please, Exhibit P-0558.
 18 This is two e-mails of August 8th, 2005. The
 19 first of them is from Ms. Predham to a number
 20 of individuals, including yourself. She
 21 begins by referring to the database, and if
 22 you look down through this, there's a bullet
 23 there, "ER/PR status is indicated as 1,230
 24 people with an overall ER positivity rate of
 25 55 percent". See that?

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1 MS. PILGRIM:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. Suggesting that the ER negative would be
 5 retested. So 45 percent, at least at that
 6 point, of those 1,230 people would end up
 7 being retested?
 8 MS. PILGRIM:
 9 A. Uh-hm.
 10 COFFEY, Q.C.:
 11 Q. That would have been understood?
 12 MS. PILGRIM:
 13 A. Uh-hm.
 14 COFFEY, Q.C.:
 15 Q. And the overall positivity rate by year is set
 16 out there, and they're rough figures, she
 17 indicates.
 18 MS. PILGRIM:
 19 A. She's just looking at St. John's there, right?
 20 COFFEY, Q.C.:
 21 Q. Yes.
 22 MS. PILGRIM:
 23 A. Not the province.
 24 COFFEY, Q.C.:
 25 Q. And would you have understood at that time

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1 that St. John's would have been between 50 and
 2 60 percent of the province?
 3 MS. PILGRIM:
 4 A. Yes. Well, we are for everything else, so -
 5 COFFEY, Q.C.:
 6 Q. So it would be - if Ms. Predham at the end of
 7 the first week of August is telling yourself
 8 and others, look, there's 1,230 in St. John's
 9 area, we can kind of multiply that times two,
 10 2,400 to 2,500 patients in all might be
 11 involved in this, and we're going to end up
 12 retesting about 45 percent of them.
 13 MS. PILGRIM:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. At that point in time, from just looking at
 17 these rough figures. You would have
 18 understood that that would take a certain
 19 amount of time?
 20 MS. PILGRIM:
 21 A. Right.
 22 COFFEY, Q.C.:
 23 Q. To get that done, because even if one within
 24 St. John's could get St. John's' blocks
 25 retested within four to six weeks, outside St.

Page 241	<p>1 John's it would have taken perhaps months</p> <p>2 because they'd have to get them in to St.</p> <p>3 John's to be sent off to Mount Sinai?</p> <p>4 MS. PILGRIM:</p> <p>5 A. Um-hm.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. So at that point in time, August 8th, did you</p> <p>8 have any understanding about whether, if at</p> <p>9 all the centres outside St. John's were even</p> <p>10 sending the material in?</p> <p>11 MS. PILGRIM:</p> <p>12 A. I don't know when I became -</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Or were you concentrating -</p> <p>15 MS. PILGRIM:</p> <p>16 A. - aware of that. I know that it was a part of</p> <p>17 the discussions that our pathologists were</p> <p>18 contacted. I know that Dr. Williams had had</p> <p>19 conversations with the other VP medicine at</p> <p>20 some point, so I certainly understand fairly--</p> <p>21 understood fairly early in the game that this</p> <p>22 was a provincial retesting we were getting</p> <p>23 into.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Yes, and it would involve about 2500 patients,</p>	Page 243
Page 242	<p>1 about half the 2500 patients?</p> <p>2 MS. PILGRIM:</p> <p>3 A. That would have to be retested?</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Or just under half?</p> <p>6 MS. PILGRIM:</p> <p>7 A. Um-hm.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. So and would take, therefore, a period of time</p> <p>10 before results, certainly for the outside St.</p> <p>11 John's?</p> <p>12 MS. PILGRIM:</p> <p>13 A. Right.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Patients to get back -</p> <p>16 MS. PILGRIM:</p> <p>17 A. Now, I had, really didn't have any idea of</p> <p>18 what it meant or what it took to get these</p> <p>19 things done. I'm just, I just started</p> <p>20 learning about blocks and slides and all of</p> <p>21 that, so, you know, the fact that you had to</p> <p>22 go to the backs of these labs and dig all this</p> <p>23 stuff out, I wouldn't have had a good</p> <p>24 understanding of that at the time.</p> <p>25 COFFEY, Q.C.:</p>	Page 244
Page 241	<p>1 Q. Again, looking at here, Ms. Predham does say</p> <p>2 "rough numbers from the combined database."</p> <p>3 She refers to 4510 people overall. And she</p> <p>4 notes, "The cancer registry does not identify</p> <p>5 almost 2100 of them who had ER/PR testing.</p> <p>6 Current status, living or deceased, is only</p> <p>7 identified in 1245 of the people. It's going</p> <p>8 to be difficult to determine this for the rest</p> <p>9 of the individuals." So I'm going to suggest</p> <p>10 to you, Ms. Pilgrim, that by the end of the</p> <p>11 first week of August yourself and the other</p> <p>12 senior people involved in this would have</p> <p>13 understood that this is going to be</p> <p>14 problematic even identifying people who's</p> <p>15 living, who's not, their status on ER/PR?</p> <p>16 MS. PILGRIM:</p> <p>17 A. Um-hm.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. This is going to be a monumental task?</p> <p>20 MS. PILGRIM:</p> <p>21 A. Um-hm.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Fraught with difficulty?</p> <p>24 MS. PILGRIM:</p> <p>25 A. Um-hm.</p>	Page 244

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1 Q. Here the next paragraph, "Also will we be
 2 informing GPs of this issue?" And there's a
 3 reference to Kara Laing suggested that the
 4 letter use working "like you will be notified
 5 by the physician following your cancer." This
 6 would be the patient would be notified?
 7 MS. PILGRIM:
 8 A. This is when we were still thinking about
 9 sending the letter.
 10 COFFEY, Q.C.:
 11 Q. Yes. So then in the middle of the summer 2005
 12 there's thought being given to, well, you
 13 know, the department is pushing to go public,
 14 public announcement?
 15 MS. PILGRIM:
 16 A. Um-hm.
 17 COFFEY, Q.C.:
 18 Q. Letters to patients?
 19 MS. PILGRIM:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. Related to that, letters to GPs to tell them
 23 about the fact that you've sent letters to
 24 patients?
 25 MS. PILGRIM:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. Hotlines the patients could call?
 4 MS. PILGRIM:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. Up to that point and even after in the
 8 immediate aftermath of receiving that e-mail
 9 did you express any reservation to anybody
 10 about telling the patients at that -
 11 MS. PILGRIM:
 12 A. I don't -
 13 COFFEY, Q.C.:
 14 Q. That you recall?
 15 MS. PILGRIM:
 16 A. I don't remember if I did or if I didn't at
 17 that point.
 18 COFFEY, Q.C.:
 19 Q. Okay. Exhibit P-0563, please? Now, Ms.
 20 Pilgrim, these are notes of George Tilley
 21 which you gathered up, I thank you for that,
 22 and forwarded them to the Commission. These
 23 are dated August 10, 2005. You'll note that
 24 you're listed there in the middle of the
 25 attendees. If we could look at P-0564,

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1 please? These are Dr. Williams' notes for the
 2 same, or for a meeting of the same day, August
 3 10th?
 4 MS. PILGRIM:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. And this particular meeting involves Dr.
 8 Laing, Mr. Tilley, yourself, Dr. Cook and Dr.
 9 Williams. And here when we look at the,
 10 sorry, fifth page of the exhibit, this is a
 11 typed account of that meeting of August 10th
 12 of these in attendance. And this is where Dr.
 13 Laing, it refers to Dr. Laing's update and the
 14 last bullet here, "Dr. Laing has a problem
 15 with sending out letters until we know how
 16 much of a problem we have." So this would be
 17 the meeting you're talking about, would it?
 18 MS. PILGRIM:
 19 A. Um-hm. I thought Joy was at that meeting, I
 20 guess she wasn't.
 21 COFFEY, Q.C.:
 22 Q. You were certainly there?
 23 MS. PILGRIM:
 24 A. I was, yes.
 25 COFFEY, Q.C.:

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1 Q. And Dr. Laing was there and she certainly, the
 2 records here to reflect she voiced that?
 3 MS. PILGRIM:
 4 A. And I remember that discussion very well, yes.
 5 COFFEY, Q.C.:
 6 Q. At that time, as you've been involved in the
 7 health system for a long time, did anyone
 8 raise with Dr. Laing the consideration that in
 9 terms of how realistic is this, Doctor, to
 10 think that we're going to get results back for
 11 all these individual patients, tell them all
 12 over an extended period of time?
 13 MS. PILGRIM:
 14 A. Um-hm.
 15 COFFEY, Q.C.:
 16 Q. Because it would be weeks and more likely
 17 months during which the results would come
 18 back and you'd be telling patients, how
 19 realistic is it to think that this is going to
 20 go on and the media are not going to find out,
 21 was that ever raised with her? And, in fact,
 22 did you think of this yourself?
 23 MS. PILGRIM:
 24 A. Well, you know, I obviously knew at this point
 25 that, you know, once you tell one patient,

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1 there is definitely a chance that it's going
 2 to be out there in the public. There was
 3 certainly lots of discussions around it and
 4 the pros and cons of going either way, you
 5 know, should we go out now, what happens if we
 6 go out now and then the patients are all
 7 calling because we can't tell them anything.

8 COFFEY, Q.C.:

9 Q. How about, if we don't go out now, the media
 10 publish and the patients start to call?

11 MS. PILGRIM:

12 A. You know, I don't remember actually being--I
 13 can remember thinking about that, but I don't
 14 remember actually having a discussion about--
 15 well, yes, I do, I do remember that somewhere
 16 along the way that was brought up, we did
 17 consider that, that you have, you have got
 18 that message out there anyway. Now, just
 19 because you've told patients doesn't mean it
 20 goes, it's going to go public, but obviously
 21 that's one of the things that you would be
 22 looking at when you were trying to gage that
 23 type of a decision, it would help you make the
 24 decision. So, yeah, there was, there was
 25 certainly acknowledgement that the word was

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1 already out there, but there was, I guess, a
 2 decision or a leaning towards, but you know,
 3 we really would like to be able to tell
 4 patients more about--we'd like to have more
 5 information to tell them. Let's see if we can
 6 get this testing done at this time, if I
 7 remember, this is--I mean, even though there
 8 were a lot of tests to be done, I mean, I had
 9 no idea what the capacity of Mount Sinai would
 10 be. I mean, to me Mount Sinai was a huge lab.
 11 But I didn't know, for example, at that time
 12 that Dr. Mullen was doing these on his off
 13 time, you know, when he finished doing
 14 everything else. So you did have information
 15 you didn't know about Mount Sinai. And I
 16 hadn't been having the conversations with
 17 Mount Sinai so I don't know how much
 18 information that, you know, were they making
 19 informed decisions about what they were
 20 getting into when they were telling us four to
 21 six weeks. I know a lot more now but I
 22 certainly didn't know it at the time.

23 THE COMMISSIONER:

24 Q. Excuse me, was your understanding four to six
 25 weeks for the whole of the province?

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1 MS. PILGRIM:

2 A. The only--at this period--early in the game I
 3 was hearing four to six weeks to get things
 4 off to Mount Sinai and, you know, it seemed to
 5 me like you would have a lot of the results, a
 6 lot of things would be back, you know, in a
 7 couple of months, but that was still a long
 8 time. You would be started to get your
 9 results and things back.

10 THE COMMISSIONER:

11 Q. Four to six weeks to get it out to Mount
 12 Sinai?

13 MS. PILGRIM:

14 A. No, and start getting some results back.

15 THE COMMISSIONER:

16 Q. Okay.

17 MS. PILGRIM:

18 A. So you know -

19 THE COMMISSIONER:

20 Q. But that would be the start. And the data
 21 that was up on the screen just a couple of
 22 minutes ago would indicate that you were
 23 looking at at least 800 patients, perhaps
 24 more, but at least 800?

25 MS. PILGRIM:

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1 A. Right.

2 THE COMMISSIONER:

3 Q. So were you going to wait until all 800 were
 4 back before you started talking to patients?

5 MS. PILGRIM:

6 A. Again, I can only tell you my involvement
 7 here, which was I was in and out of some of
 8 these discussions, so at this meeting I would
 9 have been involved with, yes, I think the best
 10 thing to do is really to be able to tell the
 11 patients. But I wasn't involved in a lot of
 12 other things so I wouldn't have known a lot of
 13 the rest of the information about, you know,
 14 whose made contact with who. But I can
 15 remember hearing four to six weeks at this
 16 time. I had no idea what it took to send the
 17 specimens out, I can tell you that, what had
 18 to be done in terms to get these specimens
 19 sent away.

20 COFFEY, Q.C.:

21 Q. So in terms of how work--labour intensive that
 22 might be, how tedious and labour intensive it
 23 might be, the people involved in it didn't let
 24 you know?

25 MS. PILGRIM:

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1 A. No, I didn't -
 2 COFFEY, Q.C.:
 3 Q. In the meetings you -
 4 MS. PILGRIM:
 5 A. I didn't know anything about that.
 6 THE COMMISSIONER:
 7 Q. Sorry, Mr. Coffey.
 8 COFFEY, Q.C.:
 9 Q. I'm sorry.
 10 THE COMMISSIONER:
 11 Q. I just sort of need to have a picture of--I
 12 understand that there may have been some
 13 differences of view as to how to best treat it
 14 and I'm getting from you that Dr. Laing and
 15 Dr. McCarthy expressed a view which you were
 16 in agreement, with which you were in
 17 agreement?
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 THE COMMISSIONER:
 21 Q. Which was essentially that there should not be
 22 immediate contact with the patients.
 23 Everybody was expressing the view that there
 24 should be more information before we talk to
 25 them. Now, does more information equate with

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1 we have your results?
 2 MS. PILGRIM:
 3 A. That was my understanding, yes.
 4 THE COMMISSIONER:
 5 Q. Okay.
 6 MS. PILGRIM:
 7 A. That we would have something to tell them
 8 about themselves.
 9 THE COMMISSIONER:
 10 Q. All right. And you say you understood that
 11 there was the chance that this would go public
 12 whether you wanted it to or not?
 13 MS. PILGRIM:
 14 A. Well -
 15 THE COMMISSIONER:
 16 Q. By the very nature of -
 17 MS. PILGRIM:
 18 A. I certainly would have -
 19 THE COMMISSIONER:
 20 Q. The fact that patients were being contacted?
 21 MS. PILGRIM:
 22 A. Yes, I certainly would have had that
 23 knowledge, yes. Because we know we've already
 24 started contacting patients, there's always a
 25 chance that this could go public.

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1 THE COMMISSIONER:
 2 Q. And do you have any reason to believe one way
 3 or the other whether others who would have
 4 been involved, perhaps more closely in the
 5 decision making, would have the similar kind
 6 of knowledge?
 7 MS. PILGRIM:
 8 A. I think that they would have. I think that
 9 that would have been--whether they actually
 10 sat down and had a discussion about it, I
 11 think it would certainly have been something
 12 that was in their minds, yes.
 13 THE COMMISSIONER:
 14 Q. I mean, what I'm wondering about is whether
 15 somebody who made decisions and I'm still a
 16 bit vague about who made decisions in this
 17 matter -
 18 MS. PILGRIM:
 19 A. Uh-hm.
 20 THE COMMISSIONER:
 21 Q. With perhaps advisors or if it was a group
 22 decision, sat around the table and said, "Here
 23 are the advantages and disadvantages and while
 24 we know that it is possible that this is going
 25 to be made public before we're prepared to do

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1 so, we're going to hope that that doesn't
 2 occur and deal with it in this way."
 3 MS. PILGRIM:
 4 A. I wouldn't have been in a meeting where that
 5 kind of a conversation had gone on, you know,
 6 that we actually sat down, but we did talk
 7 about in any--I've had a few discussions about
 8 this and we did talk about the different, the
 9 pros and cons of when to go public with this.
 10 And, you know, I would have to say that we all
 11 knew that patients had, you know, some
 12 patients had already been told. So whether
 13 there was an actual sitting down to talk about
 14 the implications of that, I certainly wouldn't
 15 have been in that kind of a conversation, but
 16 people would have known and still there was a
 17 decision that we still wanted to try to get
 18 some information to tell these patients.
 19 COFFEY, Q.C.:
 20 Q. Commissioner, thank you. Just looking at that
 21 August 10th Dr. Williams' notes, Ms. Predham's
 22 update really in effect that August 8th e-mail
 23 we just looked at several minutes ago, some of
 24 that is listed there, some of the figures
 25 roughly.

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1 MS. PILGRIM:
 2 A. Uh-hm.
 3 COFFEY, Q.C.:
 4 Q. And has a list of all people who need to be
 5 retested.
 6 MS. PILGRIM:
 7 A. Right.
 8 COFFEY, Q.C.:
 9 Q. That's presumably known within at least St.
 10 John's at the time.
 11 MS. PILGRIM:
 12 A. That would have been Eastern Health, yeah.
 13 COFFEY, Q.C.:
 14 Q. Eastern Health. Dr. Laing's update is there,
 15 Mr. Tilley advised that the status of meetings
 16 with government and the need to get out a
 17 letter, which presumably is the letter to
 18 patients, individual patients.
 19 MS. PILGRIM:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. And then Dr. Laing is noted to weigh in with
 23 certain comments, they are listed here,
 24 including a reference to--she doesn't feel we
 25 are trying to cover things up. So I take it

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1 that this sort of, that notion or the
 2 recognition that someone might say that or
 3 assert that by not going public, you're trying
 4 to cover things up, was at least talked about.
 5 MS. PILGRIM:
 6 A. Uh-hm.
 7 COFFEY, Q.C.:
 8 Q. Within these meetings.
 9 MS. PILGRIM:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And here there is a reference to Dr. Cook
 13 having said, "there were deficiencies in our
 14 system"--now this says "making", but when you
 15 look at the handwriting, it should be re, R-E.
 16 "There were deficiencies in our system re:
 17 communication, proficiency tests and quality
 18 assurance. Need QI program for the lab."
 19 MS. PILGRIM:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. And "test all ER negative less than 30
 23 percent, about 400 cases to be tested." And
 24 that would be in St. John's, the cases.
 25 MS. PILGRIM:

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1 A. Right.
 2 COFFEY, Q.C.:
 3 Q. Now in relation to that, Ms. Pilgrim, because
 4 you were there at this meeting, was this news
 5 to you at that point, August 10th, that there
 6 were deficiencies in our system--and this is
 7 coming from the clinical chief, locally, he's
 8 talking about deficiencies about
 9 communication, about proficiency tests and
 10 quality assurance, was that news to you at the
 11 time?
 12 MS. PILGRIM:
 13 A. Probably one of the first times that I would
 14 have actually heard some of that, yes, because
 15 he was really talking about--if I remember
 16 correctly, he was talking about, you know, the
 17 instability of pathologists moving in and out
 18 of the system and the quality assurance
 19 programs in place and what that meant, some
 20 things that we needed and, you know, that they
 21 really needed more resources to put this in
 22 place. So yeah, you were hearing, I guess in
 23 the pathology part as well--he was talking I
 24 think about pathology -
 25 COFFEY, Q.C.:

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1 Q. Yes.
 2 MS. PILGRIM:
 3 A. - that yeah, there were some fundamental
 4 issues here that needed to be dealt with.
 5 COFFEY, Q.C.:
 6 Q. Because at that moment you were the VP
 7 responsible for Quality Assurance.
 8 MS. PILGRIM:
 9 A. For Quality, that's right.
 10 COFFEY, Q.C.:
 11 Q. So you would have certainly been interested to
 12 hear a clinical chief talk about that.
 13 MS. PILGRIM:
 14 A. Yes, absolutely.
 15 COFFEY, Q.C.:
 16 Q. Did you discuss it with him at the time and
 17 say, well what do you mean, Don, I mean in
 18 terms of -
 19 MS. PILGRIM:
 20 A. Well my understanding as well, and again, I
 21 don't have the exact times, but we were going
 22 to have a review of the lab done. There was
 23 going to be an external review group come in,
 24 so obviously they were going to paint an even
 25 clearer picture and I certainly detected from

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1 Bob and George that there was a real desire to
 2 know what it is that we need to be looking at,
 3 what are the gaps in the lab, what are the
 4 issues and move forward to start to address
 5 them. So--but at this time, in terms of my
 6 actually talking to Dr. Cook about that, I
 7 guess I probably didn't have a big discussion
 8 because I knew there was more coming. There
 9 was going to be a review of the lab done.
 10 COFFEY, Q.C.:
 11 Q. Have you ever discussed it with him since?
 12 MS. PILGRIM:
 13 A. Yeah, I think I've certainly talked to Don or
 14 Nash about, you know, what did they think
 15 about the external review reports.
 16 COFFEY, Q.C.:
 17 Q. How about the absence of QI program or Quality
 18 Assurance and proficiency testing in the
 19 pathology end of the lab? Have you ever asked
 20 either of those gentlemen or both of them how
 21 that state of affairs could have existed?
 22 MS. PILGRIM:
 23 A. Probably not, no, not directly.
 24 COFFEY, Q.C.:
 25 Q. There's a reference here, number two, below

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1 there, "What are key messages we should be
 2 saying?" That's the note Dr. Williams made at
 3 the time. The idea of key messages in this
 4 context, do you recall--well what do you
 5 recall about that? This is August 10th which
 6 is relatively early days?
 7 MS. PILGRIM:
 8 A. Well, this whole meeting we were really
 9 talking about, you know, getting everybody's
 10 perspective on where we were and really
 11 talking about the whole issue of public
 12 information and disclosure to patients as
 13 well. So I would think that's what those key
 14 messages, that's what we were talking about,
 15 you know, what is it that we should be saying
 16 or need to be saying at this point.
 17 COFFEY, Q.C.:
 18 Q. If we're going to tell the patients, what we
 19 should tell them?
 20 MS. PILGRIM:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. And if we're going to tell the public, what we
 24 should tell the public?
 25 MS. PILGRIM:

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1 A. Yes. Again, that would be my memory of that
 2 meeting. That meeting was all around that.
 3 COFFEY, Q.C.:
 4 Q. And -
 5 MS. PILGRIM:
 6 A. I guess I could say at this point, now that I
 7 look back, these discussions that we had about
 8 disclosure, I don't think there was anybody in
 9 the room, maybe Dr. Williams where he worked
 10 at the Department of Health, but certainly
 11 nobody that had ever dealt with anything of
 12 this magnitude before, so this was relatively
 13 uncharted territory for us. And I think the
 14 mould that health care providers usually find
 15 themselves in and this is changing over the
 16 years, but certainly has a long way to go, is
 17 that you, you know, you always get this, well
 18 we want something to say to people before we
 19 say anything to them. We want to be able to
 20 give them as much information as we can, you
 21 know, and we certainly didn't have any
 22 discussion about--I don't remember any
 23 discussion anyway about well what are we doing
 24 to people if we're not giving them
 25 information.

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1 COFFEY, Q.C.:
 2 Q. Yes.
 3 MS. PILGRIM:
 4 A. And what, you know, what opportunity are we
 5 taking away from them by not doing that. And
 6 that would not be typically the kind of
 7 conversation that health care people would
 8 have and some people call it paternalistic or
 9 whatever and I think it is very true of the
 10 organized health care system and we are moving
 11 away from that, sometimes through, you know,
 12 having traumatic things that happen, but
 13 there's still, I think, a lot that has to
 14 happen to make the health care system more
 15 transparent in that way, but I don't remember--
 16 I don't even remember thinking myself well,
 17 you know, what have I taken away from these
 18 women by not doing it.
 19 COFFEY, Q.C.:
 20 Q. If you can look back at Exhibit P-0563 please?
 21 This is this--I showed it to you earlier,
 22 these are George Tilley's notes of August
 23 10th. You'll see a list of names, you'll see
 24 Susan, which would be Susan Bonnell, delayed.
 25 MS. PILGRIM:

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1 A. Uh-hm.
 2 COFFEY, Q.C.:
 3 Q. If we could then--because she's not listed in
 4 Dr. Williams' list. If we could go to,
 5 please, P-0331. Now this is a document, the
 6 Commission obtained it through yourself,
 7 through your counsel, from Mr. Simmons. Tab
 8 16, "Communications and Options". Would this
 9 have been something--and I'm just going to go
 10 to the second page here, it's "Eastern Health
 11 Communications Options, ER/PR testing at St.
 12 John's hospitals, August 12th, 2005." Would
 13 this be something that you had back in 2005?
 14 MS. PILGRIM:
 15 A. I may or may not have had that, Mr. Coffey.
 16 Sometimes I had it and sometimes I didn't.
 17 You know, Susan might not have copied it to me
 18 unless she wanted--unless there was something
 19 in there about cancer care. But I may have
 20 gotten it from Heather because she would
 21 sometimes share things with me that she had.
 22 COFFEY, Q.C.:
 23 Q. In relation to this, this certainly involves
 24 cancer care, certainly ER/PR in this context.
 25 MS. PILGRIM:

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1 A. Like I've seen this many times, but I can't
 2 tell you exactly when I first laid my eyes on
 3 that.
 4 COFFEY, Q.C.:
 5 Q. Sure. Now just in relation to this, if you
 6 look at page 3, and it's entitled
 7 "Communications Options as of August 12th,
 8 2005" and here on page 3, under "Individual
 9 Patient Notification". Notes, "this is the
 10 preferred method of our medical oncologists,
 11 surgeons and cancer specialists"--and then it
 12 goes on why--about why and she continues,
 13 "While we run the risk of being criticized by
 14 the media for not sharing this information
 15 with them, we cannot be criticized for our
 16 confidential and appropriate handling of the
 17 issue from the patient's perspective. We are
 18 in a good position to respond to the media's
 19 questions." Suggesting, well when it does go
 20 public, we are in a good position to respond.
 21 Now, what, if any, plans do you know and we go
 22 on to the next page, the fourth and in fact
 23 the fourth page itself as key messages on
 24 process, key messages ER/PR tests, and key
 25 messages understanding immunoperoxidase

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1 staining.
 2 MS. PILGRIM:
 3 A. Uh-hm.
 4 COFFEY, Q.C.:
 5 Q. So at the time, like August 10th, 11th, 12th
 6 in 2005, was it planned that if it does go
 7 public, if it does leak out and the media do
 8 publish it that we are in a good position to
 9 respond to the media's questions and this is
 10 the way we'll respond, key messages on
 11 process, key messages on ER/PR tests and key
 12 messages on understanding immunoperoxidase
 13 staining. Would that be--would this--like
 14 looking back on it now, in the middle of
 15 August, because there was a decision made by
 16 that time, and Mr. Ottenheimer has told us
 17 that Kara Laing convinced him -
 18 MS. PILGRIM:
 19 A. Right, yes.
 20 COFFEY, Q.C.:
 21 Q. - not to go public, that well, just in case it
 22 did leak out, Eastern Health had, at least,
 23 created key messages?
 24 MS. PILGRIM:
 25 A. And your question -

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1 COFFEY, Q.C.:
 2 Q. I'm asking you -
 3 MS. PILGRIM:
 4 A. - your question to me is?
 5 COFFEY, Q.C.:
 6 Q. - do you recall that, was that the approach
 7 that was adopted?
 8 MS. PILGRIM:
 9 A. I realized--well, certainly again, my
 10 understanding would be we had information that
 11 we could share, so we could very quickly get
 12 information out there to the public, and that
 13 would be mainly, you know, to the general
 14 public and to the media, but I guess it
 15 doesn't cover what you're saying to the women
 16 who first hear this in the media.
 17 COFFEY, Q.C.:
 18 Q. And in fact, the letter on page five,
 19 presumably is intended to -
 20 MS. PILGRIM:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. - directed to individual patients.
 24 MS. PILGRIM:
 25 A. Yeah, and the plan, I think, was that these

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1 would be going relatively simultaneous--you
 2 know, you would be sending the letter out and
 3 then very quickly following up with the media,
 4 with the public disclosure or public
 5 information, whatever we want to call it.
 6 THE COMMISSIONER:
 7 Q. What stage was this plan though? Because the
 8 plan kept shifting, I think.
 9 MS. PILGRIM:
 10 A. This plan kept shifting too. This didn't even
 11 happen at this point, right. Was this before
 12 the Ottenheimer meeting?
 13 COFFEY, Q.C.:
 14 Q. It's August 12th. Mr. Ottenheimer, if I
 15 recall, was August 14th, 15th?
 16 MR. BROWNE:
 17 Q. 15th.
 18 COFFEY, Q.C.:
 19 Q. 15th, I believe. 15th, Mr. Browne, thank you.
 20 MS. PILGRIM:
 21 A. So this was still a work in progress through
 22 that time, and Susan was really here preparing
 23 for the letter and the public information.
 24 COFFEY, Q.C.:
 25 Q. In fact, when you read it all, she, in effect,

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1 comes down on the side of not going public, in
 2 fact, not telling the patients directly, when
 3 we go through it.
 4 MS. PILGRIM:
 5 A. No, and certainly Susan was a proponent of
 6 going public very early in the game. You
 7 know, and I guess I should share with you that
 8 within the health care system, that was a hard
 9 sell for public relations people to convince
 10 people that you had to be going public about
 11 things. It wasn't how we normally--believe it
 12 or not, that was relatively new within health
 13 care, that you would be going public with
 14 these things. So oftentimes the public
 15 relations person would want you to be going
 16 public, but she would get a lot of resistance
 17 from people within the health care area.
 18 COFFEY, Q.C.:
 19 Q. Now -
 20 MS. PILGRIM:
 21 A. We tended to think about the patients that we
 22 had to talk to, rather than the public.
 23 COFFEY, Q.C.:
 24 Q. But the -
 25 MS. PILGRIM:

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1 A. But then when you don't do that, the patients
 2 get affected by that as well.
 3 COFFEY, Q.C.:
 4 Q. And the idea that the patients might hear on
 5 the CBC news, 6:00 news, or the eight a.m.
 6 news, that this is going on -
 7 MS. PILGRIM:
 8 A. And you know, the way that I look at this,
 9 like I mean, we know what we know now with how
 10 we did this, and we know how that affected
 11 patients. We don't know what we don't know.
 12 We don't know what it would be like if we had
 13 gone another way. Either way, when a patient
 14 is hearing something from a public venue, it's
 15 usually very distressing and then they have to
 16 go trying to look for answers and things.
 17 COFFEY, Q.C.:
 18 Q. And well, we do, I suppose, in one sense, know
 19 what happened after October 2nd.
 20 MS. PILGRIM:
 21 A. We do now, yes.
 22 COFFEY, Q.C.:
 23 Q. In terms of that, we do know.
 24 MS. PILGRIM:
 25 A. Yes, yeah, we do.

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1 COFFEY, Q.C.:
 2 Q. In terms of -
 3 MS. PILGRIM:
 4 A. Well, it went public before we got to contact
 5 the patients, yeah.
 6 COFFEY, Q.C.:
 7 Q. And if we could look, please, at Exhibit P-
 8 0588, 5088? Now this is a meeting of the
 9 senior management of the Newfoundland Cancer
 10 Treatment and Research Foundation, which I
 11 take it you were responsible for at the time
 12 still?
 13 MS. PILGRIM:
 14 A. I was, yes.
 15 COFFEY, Q.C.:
 16 Q. Not still, but you were, September 1st, 2005.
 17 MS. PILGRIM:
 18 A. And I believe I might have been -
 19 COFFEY, Q.C.:
 20 Q. That you were at -
 21 MS. PILGRIM:
 22 A. They have a meeting all the time and I tried
 23 to attend their meetings on a quarterly basis,
 24 yeah, so I would have been at that one.
 25 COFFEY, Q.C.:

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1 Q. You were there, you're noted to be there.
 2 MS. PILGRIM:
 3 A. I was.
 4 COFFEY, Q.C.:
 5 Q. Page two, as is Dr. Ganguly, Dr. Laing, Dr.
 6 Gardiner and other individuals.
 7 MS. PILGRIM:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. Dianne Smith, in fact, is there. She is your
 11 secretary?
 12 MS. PILGRIM:
 13 A. She is my secretary, yeah.
 14 COFFEY, Q.C.:
 15 Q. And administrative assistant, and she's the
 16 recording secretary for this meeting. Just
 17 looking at this, we look at page three of it,
 18 paragraph 4.2 ER/PR testing. "Members were
 19 informed this item has gone to Department of
 20 Health and Community Services. Slides and
 21 blocks are being reviewed externally.
 22 Currently waiting for reanalysed results of
 23 blocks relating to ER/PR testing. There are
 24 some patients coming forward with concerns.
 25 The Department of Health and Community

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1 Services has delayed a public announcement on
 2 this item." Now a couple of questions about
 3 that. Do you recall--well, certainly the
 4 notion that the Department of Health and
 5 Community Services knows about this, there'd
 6 be no controversy about that. They did know
 7 about it?
 8 MS. PILGRIM:
 9 A. At this time, yes.
 10 COFFEY, Q.C.:
 11 Q. Mid July.
 12 MS. PILGRIM:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. "Slides and blocks are being reviewed
 16 externally." Certainly, I don't know about
 17 the slides, but certainly the blocks were
 18 being looked at in Mount Sinai, being
 19 retested. "Currently waiting for reanalysed
 20 results of blocks" which would be the Mount
 21 Sinai results, retest results. "There are
 22 some patients coming forward with concerns."
 23 Do you recall what that was about? September
 24 1st.
 25 MS. PILGRIM:

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1 A. Not specifically. I know that the oncologists
 2 had been having discussions with patients and
 3 patients were coming back, patients who had
 4 been given results were coming back to them.
 5 So she could have been talking about that, but
 6 I would only be surmising now. I don't
 7 remember exactly what she was talking about
 8 there. This was not out in the public venue,
 9 as far as I know, at this point.
 10 COFFEY, Q.C.:
 11 Q. But there was at least one patient, I'm going
 12 to suggest to you, or a patient's sister, or
 13 both -
 14 MS. PILGRIM:
 15 A. Who came forward.
 16 COFFEY, Q.C.:
 17 Q. Late August.
 18 MS. PILGRIM:
 19 A. Okay.
 20 COFFEY, Q.C.:
 21 Q. In terms of--so you don't have any particular
 22 recollection of that?
 23 MS. PILGRIM:
 24 A. I can remember meeting with a lady. I think
 25 we met with her about her--myself and Dr.

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1 Williams, I think, met with a woman, but I
 2 don't know exactly the time. You're telling
 3 me it was late August.
 4 COFFEY, Q.C.:
 5 Q. Well, I just notice here, in passing, that
 6 there is a reference to patients coming
 7 forward with concerns.
 8 MS. PILGRIM:
 9 A. I don't think that was the same one though.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 MS. PILGRIM:
 13 A. This one came directly, I think, to Dr.
 14 Williams' office. Kara, you know, they were
 15 dealing--you know, if I were to read that,
 16 based on what I knew about what was going on
 17 then, they were dealing with patients who had
 18 been given results.
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. PILGRIM:
 22 A. And she was talking to the staff about how
 23 they were dealing with that, to the
 24 management.
 25 COFFEY, Q.C.:

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1 Q. Here, "the Department of Health and Community
 2 Services has delayed a public announcement on
 3 this item."
 4 MS. PILGRIM:
 5 A. Because she would have already been up talking
 6 to the Minister, I think, at this point. Is
 7 this a September -
 8 COFFEY, Q.C.:
 9 Q. This is September 1st.
 10 MS. PILGRIM:
 11 A. Yeah, so she would have been telling them.
 12 You know, she would have told the senior team
 13 about her meeting with the Minister, I would
 14 think.
 15 COFFEY, Q.C.:
 16 Q. Who's she?
 17 MS. PILGRIM:
 18 A. Kara Laing.
 19 COFFEY, Q.C.:
 20 Q. Kara Laing.
 21 MS. PILGRIM:
 22 A. Um-hm.
 23 COFFEY, Q.C.:
 24 Q. So, and you were here at this meeting,
 25 yourself?

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1 MS. PILGRIM:
 2 A. I am.
 3 COFFEY, Q.C.:
 4 Q. You're noted there.
 5 MS. PILGRIM:
 6 A. I am.
 7 COFFEY, Q.C.:
 8 Q. To be there, and the Department has delayed a
 9 public announcement. Now -
 10 MS. PILGRIM:
 11 A. Well, we had delayed one too.
 12 COFFEY, Q.C.:
 13 Q. Yes, well, that's what I'm getting at.
 14 Certainly Eastern Health had consciously
 15 chosen, for the reasons you've enunciated, not
 16 to make a public announcement.
 17 MS. PILGRIM:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. Have you any reason to believe the Department
 21 of Health and Community Services had delayed a
 22 public announcement?
 23 MS. PILGRIM:
 24 A. No, I wouldn't. Again, with how things were
 25 functioning, how things were rolling along

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1 here, the Department wanted us to go public
 2 with this.
 3 COFFEY, Q.C.:
 4 Q. Yes.
 5 MS. PILGRIM:
 6 A. And the--at some point, Dr. Kara Laing, I
 7 think, had requested that she be given the
 8 opportunity to speak with officials within the
 9 Department to explain her side of this, and
 10 others as well. It wasn't just her. And so,
 11 yeah, it wasn't--and again, because I wasn't
 12 talking to the Department, I don't know if at
 13 any time they were talking about going out
 14 with any kind of--I think at this point, they
 15 were--this was our issue, as Eastern Health,
 16 and they wanted us to go public with this.
 17 COFFEY, Q.C.:
 18 Q. Yes. So the idea that the Department of
 19 Health has delayed it -
 20 MS. PILGRIM:
 21 A. Yeah, that -
 22 COFFEY, Q.C.:
 23 Q. - that's inaccurate.
 24 MS. PILGRIM:
 25 A. - be misleading, yeah.

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1 COFFEY, Q.C.:
 2 Q. Misleading.
 3 MS. PILGRIM:
 4 A. Yeah, and I don't remember -
 5 COFFEY, Q.C.:
 6 Q. Do you recall that coming up?
 7 MS. PILGRIM:
 8 A. - I don't remember her saying that either,
 9 like that way. It was--you know, because she
 10 did talk about how the Department, you know,
 11 they were really pressuring us to go public.
 12 They wanted--that was their wish, that we
 13 would go public with this, and she did talk
 14 about how she did have an opportunity to meet
 15 with the Minister. So I don't--you know, she
 16 didn't say to this senior management group or
 17 make it seem like, well, it's Department of
 18 Health that would have to go public. I mean,
 19 she was talking about us. How it got in the
 20 minutes like that, but again, from my memory,
 21 and I mean, I can remember this meeting.
 22 COFFEY, Q.C.:
 23 Q. Certainly, because frankly, in terms of all
 24 that the Commissioner has heard and all the
 25 documents we've seen that is the only, that I

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1 can recall anyway, and I stand to be
 2 corrected, only assertion that the Department
 3 had said no, or was saying no. We've heard
 4 that the Department listened to Dr. Laing and
 5 didn't overrule her. But that's not the same
 6 thing as saying the Department said no.
 7 MS. PILGRIM:
 8 A. No, and you know, I don't know. I mean, I
 9 don't know if the Department--anyway, I'd be
 10 only surmising now.
 11 COFFEY, Q.C.:
 12 Q. Okay.
 13 MS. PILGRIM:
 14 A. That's all I know.
 15 THE COMMISSIONER:
 16 Q. Ms. Pilgrim, did you have any knowledge, at
 17 this point, about how many patients had
 18 actually been advised that they might have had
 19 changes in their test result?
 20 MS. PILGRIM:
 21 A. At this point, in September? Yeah, it would
 22 have been certainly more than ten and probably
 23 less than 50. I would have known it was in
 24 the tens, you know, probably -
 25 THE COMMISSIONER:

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1 Q. Did you think it was that many?
 2 MS. PILGRIM:
 3 A. - 20. I'm just trying to think now, would I--
 4 I would have known that there were patients
 5 who had been told and I would have known it
 6 was more than two or three, but now, how many
 7 exactly, Commissioner, I don't know, but I
 8 would have known that the word was certainly
 9 out there and it was more than just two or
 10 three patients.
 11 COFFEY, Q.C.:
 12 Q. Exhibit P-0551, page two. This is Dr.
 13 Williams' notes of a meeting of August 5th,
 14 2005. Yourself and others are in attendance
 15 at this meeting, Ms. Pilgrim, and here, the
 16 fourth last bullet, "10 to 11 patients have
 17 been--who have converted have been told."
 18 MS. PILGRIM:
 19 A. It was in the tens, yes.
 20 COFFEY, Q.C.:
 21 Q. Tens, yes, of those who had converted.
 22 MS. PILGRIM:
 23 A. But by September, there were probably another
 24 10 to 11 who had been told.
 25 THE COMMISSIONER:

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1 Q. And what plans, if any, did you know for what
 2 was to happen when the results came back? If
 3 you were delaying communications with patients
 4 until you had more information, and I
 5 understand I should equate that with results
 6 coming back regarding specific patients.
 7 MS. PILGRIM:
 8 A. Um-hm.
 9 THE COMMISSIONER:
 10 Q. So what was going to happen when results came
 11 back?
 12 MS. PILGRIM:
 13 A. Well, in August, there was still the letter
 14 that was planned. They were still talking
 15 about the letter and the press release or the
 16 public release, and then there was a point at
 17 which we made a decision that patients were
 18 going to be phoned and told that they were
 19 being retested.
 20 COFFEY, Q.C.:
 21 Q. So that's after the -
 22 MS. PILGRIM:
 23 A. That's after. No, I'm just trying to walk my
 24 way through this now. And in terms of how
 25 patients were going to be told, there was

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1 discussions about that, in terms of--I can
 2 remember discussions around, well, you know,
 3 is there a way that we can bring patients in
 4 in groups. No, we couldn't do that. It had
 5 to be individual patients being told, and then
 6 leading into discussions around well, we need
 7 a group of people who are actually going to
 8 contact patients, and then leading into
 9 discussions well, there's going to be
 10 different kinds of results. There's going to
 11 be some patients who the results change.
 12 There's going to be patients whose results
 13 don't change, and then you probably have to
 14 have a different approach to those patients.
 15 But this was still evolving, because at some
 16 time later, there was a decision to go with a
 17 panel to review results that change before you
 18 actually told the patient their results, and
 19 then, there was talk about well, for some of
 20 these patients, we're actually going to get
 21 the results out through their most responsible
 22 physician, and it will be this physician who
 23 tells the patient their results. So it was
 24 evolving, Commissioner, over that period of
 25 time. I wouldn't be able to tell you

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1 precisely when those decisions were made
 2 because this was changing as we went.
 3 THE COMMISSIONER:
 4 Q. And do you know whether or not there were any
 5 kind of contingency plans for when and if this
 6 broke publicly?
 7 MS. PILGRIM:
 8 A. Well, certainly--well we had a contingency
 9 plan about the public, what we were going to
 10 say to the public, and they were very quickly
 11 then talking about well, how are we going to
 12 handle individual patient disclosure. So at
 13 some point in time, we would have had that
 14 figured out. We would have had a plan for
 15 that, but there--you know, there was a period
 16 of time where that wasn't all worked out as
 17 well over this time. So as far as a
 18 contingency plan -
 19 THE COMMISSIONER:
 20 Q. So was that by the time it actually went
 21 public, in your view?
 22 MS. PILGRIM:
 23 A. Not totally, no. You mean when we first got
 24 the call from The Independent?
 25 THE COMMISSIONER:

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1 Q. Well, yes.
 2 MS. PILGRIM:
 3 A. Yes.
 4 THE COMMISSIONER:
 5 Q. At that point, did you have a plan on that
 6 information?
 7 MS. PILGRIM:
 8 A. It was taking--it was certainly taking shape
 9 at that point, but I'm not sure it was totally
 10 worked out at that point.
 11 COFFEY, Q.C.:
 12 Q. I take it the frequently asked questions and
 13 responses -
 14 MS. PILGRIM:
 15 A. We had those, the Q and A.
 16 COFFEY, Q.C.:
 17 Q. - and we're going back into the summer.
 18 MS. PILGRIM:
 19 A. Yeah, yeah.
 20 COFFEY, Q.C.:
 21 Q. But were they finalized before September 30th
 22 or were they actually just finalized on
 23 September 30th over that weekend?
 24 MS. PILGRIM:
 25 A. I don't think there was much left to do with

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1 those questions and answers. It's just that
 2 they hadn't actually finalized them, but it's
 3 not like, you know, there had to be this
 4 really hasty activity because they were pretty
 5 much worked out at the time.
 6 COFFEY, Q.C.:
 7 Q. If we could, please, Registrar, Exhibit P-
 8 0021, page 46? This is a paragraph from an
 9 MAC minutes of September 14th, 2005. It says
 10 ER/PR testing results. You would have been in
 11 attendance, I take it, at this--well, I
 12 shouldn't say that. Yes, look back at page
 13 39, please. There you are in attendance,
 14 bottom left-hand side, and if we could go back
 15 then to page 46. This, I take it, would be
 16 the first time that the MAC is being told
 17 about this would be late September? I'm
 18 sorry, mid September, mid September, I
 19 apologize.
 20 MS. PILGRIM:
 21 A. And it would have probably been MAC's first
 22 meeting probably since June.
 23 COFFEY, Q.C.:
 24 Q. Sure.
 25 MS. PILGRIM:

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1 A. Usually they wouldn't meet in July and August.
 2 COFFEY, Q.C.:
 3 Q. And here, it's noted that "Health Sciences
 4 Centre is retesting tissue samples" and why,
 5 at least the time period, and "in reviewing
 6 past tests, it has been discovered that some
 7 patients who tested negative are now
 8 converting to a positive result which could
 9 change the course of their treatment," and
 10 they're being sent to Mount Sinai for
 11 retesting and then it goes on to say that
 12 "patients are being contacted on an individual
 13 basis as test results become available, so
 14 they can discuss with their physicians as to
 15 whether or not this does have an impact on
 16 their current treatment or may have had an
 17 impact on their previous treatment." So at
 18 that point, if test results were coming back
 19 and there was no change, were patients being
 20 told?
 21 What I'm getting at is this, you knew
 22 back in August that 10 out of--10 or 11 people
 23 had been told their results. You recall we
 24 looked at August 5th.
 25 MS. PILGRIM:

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<p>1 A. Um-hm. 2 COFFEY, Q.C.: 3 Q. You knew that certainly out of the first 25, 4 16 of them had converted. 5 MS. PILGRIM: 6 A. Um-hm. 7 COFFEY, Q.C.: 8 Q. Locally? 9 MS. PILGRIM: 10 A. Um-hm. 11 COFFEY, Q.C.: 12 Q. So 10 to 11 is less than 16. 13 MS. PILGRIM: 14 A. Um-hm. 15 COFFEY, Q.C.: 16 Q. And in fact, it's considerably less than 25. 17 So the patients who had been retested and had 18 no changed result, all throughout the summer 19 of 2005, they weren't being told? 20 MS. PILGRIM: 21 A. All throughout December? 22 COFFEY, Q.C.: 23 Q. No, the summer of 2005. 24 MS. PILGRIM: 25 A. Oh, the summer. I wouldn't have been in the</p>	<p>1 who had been retested and had a result had 2 been told? 3 MS. PILGRIM: 4 A. My understanding was that as results were 5 coming back, patients were being told their 6 results. 7 COFFEY, Q.C.: 8 Q. Whether they changed or not? 9 MS. PILGRIM: 10 A. That was--and I don't remember anything more 11 than that. 12 COFFEY, Q.C.: 13 Q. There's also here a reference to "external 14 peer review will be conducted September 15th 15 and 16th" which would be beginning the next 16 day, and the 20th to the 25th. Just before 17 lunch, we touched on this. Can you tell us, 18 please, then, about what you--when you first 19 learned about the results of these external 20 reviews? 21 MS. PILGRIM: 22 A. I didn't know much about those external--there 23 were two things that I knew about them. First 24 when they came back, I remember, I think it 25 was Dr. Cook or Dr. Williams saying to me that</p>
<p>1 know about that specifically. 2 COFFEY, Q.C.: 3 Q. Whose call was that? 4 MS. PILGRIM: 5 A. You know, I should say that--I mean, I'm 6 trying to answer this based on what I would 7 have known at the time. 8 COFFEY, Q.C.: 9 Q. Yes. 10 MS. PILGRIM: 11 A. But I wasn't intricately involved with this 12 process. Like Dr. Williams, they would have 13 known a lot more about this at this point than 14 I would have. So it was only what I was 15 picking up with a meeting I went to or 16 something Heather or someone was telling me. 17 COFFEY, Q.C.: 18 Q. So here, based upon these minutes of the MAC 19 of September 14th, 2005, yourself and there 20 are a number of senior positions there, the 21 impression one would have, reading this, is 22 that well, anybody who's retested, whatever 23 the results, is being told, has been told to 24 date and is being told. I'm just asking you, 25 at that time, did you understand that everyone</p>	<p>1 the overall estimation was that we weren't the 2 best lab in the country and we weren't the 3 worst. We were in the middle of the pack. 4 That was--I remember that very distinctly. It 5 was probably Dr. Williams who said it to me. 6 I also know that they had started to put an 7 action plan around the recommendations fairly 8 quickly, I think, once they got the reports in 9 their hands, and this was something that Dr. 10 Williams was monitoring through the leadership 11 team within the lab. 12 COFFEY, Q.C.: 13 Q. So you being, in September, as we know from 14 other evidence that Dr. Banerjee and Ms. 15 Wegrynowski were debriefed, as it were, in 16 September 2005. We have Dr. Williams--I'm 17 sorry, Dr. Banerjee's report of October 17th. 18 MS. PILGRIM: 19 A. Right. 20 COFFEY, Q.C.: 21 Q. Which arrived in St. John's a couple of days 22 later. So you, being VP responsible for 23 quality assurance, were not told what was in 24 those reports, nor what people had learned 25 during the debriefings?</p>

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1 MS. PILGRIM:
 2 A. Nothing specific, no.
 3 COFFEY, Q.C.:
 4 Q. Can you explain to the Commissioner why that
 5 would be so, how you were expected to do your
 6 job?
 7 MS. PILGRIM:
 8 A. Well, the - this was being treated as a peer
 9 review, so I wouldn't have expected to get the
 10 report because that would not be normally what
 11 would happen, and because as I mentioned to
 12 you before, the way that we worked, the
 13 responsibility for quality in the lab did not
 14 fall under me, it fell under Dr. Williams,
 15 with the leadership team within the lab. So,
 16 therefore, I would not be the one who would be
 17 taking the initiative on having the action
 18 plan developed and monitoring that. If there
 19 was an issue with that, that they needed some
 20 help with somebody to put something together
 21 for them or whatever that Quality could help,
 22 I might be involved, but, you know, this was
 23 clearly the responsibility within the lab.
 24 COFFEY, Q.C.:
 25 Q. I appreciate that, ma'am, but I'm just trying

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1 to give the Commissioner some sense of how it
 2 was your were supposed, from your perspective
 3 to do your job, overseeing quality assurance
 4 within the organization.
 5 MS. PILGRIM:
 6 A. Uh-hm.
 7 COFFEY, Q.C.:
 8 Q. When two outside consultants, to your
 9 knowledge, had been in -
 10 MS. PILGRIM:
 11 A. Uh-hm.
 12 COFFEY, Q.C.:
 13 Q. Seen what they did, reported as they had.
 14 MS. PILGRIM:
 15 A. Uh-hm.
 16 COFFEY, Q.C.:
 17 Q. And yet - and it had some fairly negative
 18 things to say.
 19 MS. PILGRIM:
 20 A. Uh-hm.
 21 COFFEY, Q.C.:
 22 Q. I think you would agree now, knowing what you
 23 do?
 24 MS. PILGRIM:
 25 A. Oh, yes, now that I've seen the reports, yes.

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1 COFFEY, Q.C.:
 2 Q. And yet the structure, such as it was, if
 3 those reviews were tagged with being peer
 4 reviews --
 5 MS. PILGRIM:
 6 A. Uh-hm.
 7 COFFEY, Q.C.:
 8 Q. You as the VP of Quality would not actually
 9 see them, nor, in fact, even find out what
 10 their contents were?
 11 MS. PILGRIM:
 12 A. Yes, I guess, that's what I am saying to you,
 13 and that would not be to me at all surprising.
 14 That would have be how would have handled peer
 15 review at the time, and when you said that I
 16 was responsible overall for quality -
 17 COFFEY, Q.C.:
 18 Q. Quality assurance in the organization.
 19 MS. PILGRIM:
 20 A. But I was responsible - but there was, you
 21 know - what was I was responsible for was not
 22 the quality within a particular department.
 23 That's not what I was responsible for, and
 24 that's not what I would say to you that most
 25 vice presidents of quality would be

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1 responsible for. They're responsible for
 2 putting a process in place for making sure -
 3 now one of the things I would have been
 4 looking at from a quality perspective is, "so
 5 do we have an action plan around this, are we
 6 working through things, are we making
 7 improvements", but I would not have to be
 8 privy to that report, I would say to you based
 9 on how I am used to working and the framework
 10 that I am used to.
 11 COFFEY, Q.C.:
 12 Q. Now Ms. Predham at the time was still
 13 reporting to you in October?
 14 MS. PILGRIM:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. She certainly did have a copy of Dr.
 18 Banerjee's report.
 19 MS. PILGRIM:
 20 A. Yes, she had a copy. I don't think she read
 21 it, though.
 22 COFFEY, Q.C.:
 23 Q. Well, we'll have to ask her about that.
 24 MS. PILGRIM:
 25 A. I don't know. I think she had a copy, yeah,

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<p>1 because she would always keep a copy in the</p> <p>2 files, and now I guess we should say at this</p> <p>3 time we were still considering this as a</p> <p>4 confidential peer review report.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Oh, yes, I appreciate that, even numbered</p> <p>7 copies.</p> <p>8 MS. PILGRIM:</p> <p>9 A. Yeah.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Every copy is numbered, right.</p> <p>12 MS. PILGRIM:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Top secret, as it were?</p> <p>16 MS. PILGRIM:</p> <p>17 A. Absolutely, yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Now in relation to that, looking back on it,</p> <p>20 how - what problems did that present or does</p> <p>21 that present to actually address patient care?</p> <p>22 MS. PILGRIM:</p> <p>23 A. In terms of lessons that we have learned from</p> <p>24 this as an organization?</p> <p>25 COFFEY, Q.C.:</p>	<p>1 A. Uh-hm.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. You were supposed to make some kind of</p> <p>4 judgment as to the efficacy of the action</p> <p>5 plan?</p> <p>6 MS. PILGRIM:</p> <p>7 A. Yes, when I look back on that now, yes, I</p> <p>8 think that would have - and I can tell you</p> <p>9 based on my knowledge of peer review at the</p> <p>10 time, because I hadn't been involved in a</p> <p>11 whole lot of them, but I'd certainly read</p> <p>12 about them and that, you know, we were just, I</p> <p>13 think, moving from the era where a peer review</p> <p>14 was totally confidential to, well, really you</p> <p>15 should be able to share the recommendations</p> <p>16 and the action plan that comes from those</p> <p>17 recommendations, but that was like an evolving</p> <p>18 - you come from they're totally, totally</p> <p>19 confidential to, well, yes, what's really</p> <p>20 confidential in a peer review report are these</p> <p>21 aspects, but you should be able to share the</p> <p>22 recommendations and the action plan that comes</p> <p>23 out of them, but that wasn't regularly done.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. And you think, though, that without actually</p>
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<p>1 Q. Yes.</p> <p>2 MS. PILGRIM:</p> <p>3 A. You know, you're asking me if I'm looking</p> <p>4 back. So if I'm looking back now as a senior</p> <p>5 person within Eastern Health, and all the soul</p> <p>6 searching and mind searching that we've done</p> <p>7 over the past three years, I, as a senior</p> <p>8 member of quality would certainly be more</p> <p>9 interested in seeing the action plan.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. And I take it in evaluating an action plan,</p> <p>12 you would have to have some idea of why an</p> <p>13 action plan was necessary?</p> <p>14 MS. PILGRIM:</p> <p>15 A. The action plan would certainly give you a</p> <p>16 pretty good indication of what the issues were</p> <p>17 in the lab. Again I'm not responsible for it,</p> <p>18 but there is--you know, and coming up to the</p> <p>19 executive, there would be - I would certainly</p> <p>20 be looking for that at this point.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. So as the vice president responsible for</p> <p>23 quality assurance, even in your role at the</p> <p>24 time --</p> <p>25 MS. PILGRIM:</p>	<p>1 knowing what was in the reports, that you'd be</p> <p>2 in a position to judge the efficacy of an</p> <p>3 action plan?</p> <p>4 MS. PILGRIM:</p> <p>5 A. I guess my - again I'm talking as me, as the</p> <p>6 vice president of quality, or whatever, at</p> <p>7 that time. I would be more interested in that</p> <p>8 we have had someone come in and review, they</p> <p>9 have made recommendations, and we are acting</p> <p>10 on the recommendations. Sometimes we have</p> <p>11 external reviewers who come in and make</p> <p>12 recommendations and we don't agree with them.</p> <p>13 So then there's the back and forth about that</p> <p>14 until we finally come to what we agree on. I</p> <p>15 had no indication here that the leadership of</p> <p>16 the lab didn't agree with these</p> <p>17 recommendations and I knew that there was an</p> <p>18 action plan that had been - was being</p> <p>19 developed and had evolved over time. So, you</p> <p>20 know, I guess, if you look back or if you look</p> <p>21 forward with what we would be - certainly as a</p> <p>22 VP Quality, I would be looking for that action</p> <p>23 plan in the future.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Ma'am, at the time, in the fall of 2005,</p>

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<p>1 because it's about to become September 30th, 2 October 2nd, and then go on from there - 3 MS. PILGRIM: 4 A. Uh-hm. 5 COFFEY, Q.C.: 6 Q. You would have been aware that the Health Care 7 Corporation, as it had been, and Eastern 8 Health, because of the legacy organization 9 being the Health Care Corporation, had a 10 policy on patient disclosure of adverse 11 events? 12 MS. PILGRIM: 13 A. I would have, yes. 14 COFFEY, Q.C.: 15 Q. And that involved, whatever else, a patient 16 being told the fact that an adverse event had 17 occurred. 18 MS. PILGRIM: 19 A. Uh-hm. 20 COFFEY, Q.C.: 21 Q. About the fact that it had occurred, what the 22 ramifications potentially were for the 23 patient, and if it was known, as to why it had 24 happened. 25 MS. PILGRIM:</p>	<p>1 A. The external reviews were top secret, yes, but 2 at this point in time here in the summer, 3 we're still into summer - we're into 4 September? 5 COFFEY, Q.C.: 6 Q. And the fall, September and October. 7 MS. PILGRIM: 8 A. Yeah, I don't know - well, because there 9 wasn't much known about these external review 10 results other than, you know, this was still 11 very limited in terms of who knew those 12 results. 13 COFFEY, Q.C.: 14 Q. And would remain so. 15 MS. PILGRIM: 16 A. Yes, the - the things that we would have known 17 that you would have been able to tell a 18 patient was that, you know, something has 19 happened in our lab, results are changing that 20 we're having retested somewhere else, telling 21 about the impact that it had on them, and then 22 as far as if the patient asked or if you were 23 saying to them, well, how could this have 24 happened or what happened, you know, I think 25 we would mainly be sharing there was -</p>
<p>Page 302</p> <p>1 A. Uh-hm. 2 COFFEY, Q.C.: 3 Q. Correct? 4 MS. PILGRIM: 5 A. Yes. 6 COFFEY, Q.C.: 7 Q. In the whole scenario, up to and including the 8 external reviews, was there any - to your 9 knowledge, any step taken to obtain 10 information that could be given to those 11 patients about why this had happened? Was any 12 process undertaken which would have resulted 13 in you, for example, yourself, being able to 14 meet with a patient and tell the patient this 15 is why this happened? 16 MS. PILGRIM: 17 A. Was there any process? 18 COFFEY, Q.C.: 19 Q. Yes, because the external reviews were top 20 secret. 21 MS. PILGRIM: 22 A. Right. 23 COFFEY, Q.C.: 24 Q. And anything else - 25 MS. PILGRIM:</p>	<p>Page 304</p> <p>1 certainly that was very well shared, there 2 could have been a problem with the machinery 3 that we were using, right. 4 COFFEY, Q.C.: 5 Q. But the reality is, as you understood, that 6 generally was not so? 7 MS. PILGRIM: 8 A. No. 9 COFFEY, Q.C.: 10 Q. You understood that? 11 MS. PILGRIM: 12 A. No, that's right, and I would say that not a 13 lot of people at this point really had a good 14 understanding of what happened. 15 COFFEY, Q.C.: 16 Q. Well, I'm going to suggest to you - 17 MS. PILGRIM: 18 A. Uh-hm. 19 COFFEY, Q.C.: 20 Q. Bring up P-0046. 21 MS. PILGRIM: 22 A. Right. 23 COFFEY, Q.C.: 24 Q. Dr. Cook certainly did when he got P-0046, 25 when he got Dr. Banerjee's report.</p>

1 MS. PILGRIM:
 2 A. Uh-hm.
 3 COFFEY, Q.C.:
 4 Q. Anybody who read that who had any background
 5 at all --
 6 MS. PILGRIM:
 7 A. Uh-hm.
 8 COFFEY, Q.C.:
 9 Q. Would understand clearly from Dr. Banerjee's
 10 perspective what happened.
 11 MS. PILGRIM:
 12 A. Right.
 13 COFFEY, Q.C.:
 14 Q. Anybody who read Trish Wegrynowski's report
 15 who had any sort of background in this would
 16 understand.
 17 MS. PILGRIM:
 18 A. Uh-hm.
 19 COFFEY, Q.C.:
 20 Q. What she was suggesting perhaps contributed to
 21 this.
 22 MS. PILGRIM:
 23 A. Right.
 24 COFFEY, Q.C.:
 25 Q. I'm asking you this, to your knowledge, as a

1 it happened?
 2 MS. PILGRIM:
 3 A. So you're saying to me -
 4 COFFEY, Q.C.:
 5 Q. I'm suggesting to you -
 6 MS. PILGRIM:
 7 A. Suggesting to me.
 8 COFFEY, Q.C.:
 9 Q. - that the management, the senior management
 10 in the fall of 2005 understood full well that
 11 as long as these peer reviews remained secret,
 12 there's no other investigation going on, none?
 13 MS. PILGRIM:
 14 A. Um-hm.
 15 COFFEY, Q.C.:
 16 Q. And we will therefore never have any result to
 17 tell anybody about why because we don't know
 18 why except in the peer reviews and therefore
 19 you'd never have to tell patients?
 20 MS. PILGRIM:
 21 A. Well, I would disagree with you, Mr. Coffey,
 22 if that's -
 23 COFFEY, Q.C.:
 24 Q. Okay. Could you tell the Commissioner what
 25 other process was going on?

1 member of the executive of that organization
 2 in the summer and fall of 2005, was there any
 3 process undertaken which would have resulted
 4 in patients being able to be told what the
 5 result of an investigation was into why this
 6 had happened?
 7 MS. PILGRIM:
 8 A. No, not to my knowledge.
 9 COFFEY, Q.C.:
 10 Q. I'm going to suggest to you that that was
 11 known within the senior management, they knew
 12 full well that the only inquiry we made is to
 13 bring in two external reviewers --
 14 MS. PILGRIM:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. Who are we are going to consider peer
 18 reviewers?
 19 MS. PILGRIM:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. And that will remain top secret, and if
 23 there's no further investigation of this,
 24 we'll never be in a position where we have to
 25 tell a patient what actually happened and why

1 MS. PILGRIM:
 2 A. Well, the process that was going on was that,
 3 I mean, I know that the peer review was going
 4 on, but there was always an understanding that
 5 we would, at some point, be able to sit down
 6 and talk about what happened in the lab.
 7 COFFEY, Q.C.:
 8 Q. With whom?
 9 MS. PILGRIM:
 10 A. As an organization and then we would be able
 11 to share that information. You know, we were
 12 never going to just leave this to, well,
 13 someone has come in and done two reports,
 14 they're confidential so nobody knows what's
 15 happening, you know, nobody knows what
 16 happened, and we're going to make improvements
 17 in the lab but we're never going to tell
 18 anybody what happened. There was always an
 19 understanding that we would, at some point,
 20 summarize and analyze what had happened in our
 21 lab. I mean, that was always my understanding.
 22 COFFEY, Q.C.:
 23 Q. Can you point to any point before May of 2007
 24 where that happened?
 25 MS. PILGRIM:

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<p>1 A. Well, I know that from the fall--one of the 2 problems that you probably know and that we 3 had was that we did not have a good database, 4 or we didn't have any, really. We had a 5 spreadsheet with a lot of information. So one 6 of the things we had set about to do in the 7 fall of 2006 was to give, well, it was Heather 8 Predham, actually, time to, I guess, finish 9 and clean up the database that was there so 10 we--people were asking questions like, well, 11 you know, how many people converted, how many 12 this, how many that and we needed to get that 13 cleaned up to be able to get that information 14 out there. This was, you know, we're talking 15 now a year after, a year and a half after.</p> <p>16 COFFEY, Q.C.: 17 Q. And what I'm asking you is this, ma'am, to 18 come back to why it had happened?</p> <p>19 MS. PILGRIM: 20 A. Yeah, and the -</p> <p>21 COFFEY, Q.C.: 22 Q. What inquiries were being made by technically 23 skilled individuals, technologists such as Ms. 24 Wegrynowski, pathologists such as Dr. 25 Banerjee.</p>	<p>1 MS. PILGRIM: 2 A. - have a report, we would get to a point where 3 we would have a report on the number of 4 patients who had been tested from various 5 regions, what their results were, that we 6 would be able to ask questions about, well, 7 why did these patients' results change and 8 what could have caused this to be, you know, 9 what could have caused these changes. We 10 knew--you know, I can remember first when this 11 testing started, Mr. Coffey that the things 12 that I was hearing, well, sure, you know if 13 you go and test all that many patients, that 14 you are going to get a lot of changes. It's 15 just the nature of this test. You have a 16 false negative rate. I never really 17 understood, though, okay, if you built in the 18 false negative rate, how many patients would 19 actually change, you know, how many patients 20 would you expect if you had 3000 people who 21 had had this test done and you know it's got a 22 false negative rate, and I heard different 23 numbers thrown around, like a ten percent, a 24 five percent, an eight percent. So say if you 25 had a ten percent false negative rate in 3000</p>
<p style="text-align: right;">Page 310</p> <p>1 MS. PILGRIM: 2 A. Right.</p> <p>3 COFFEY, Q.C.: 4 Q. Or their equivalence.</p> <p>5 MS. PILGRIM: 6 A. Right.</p> <p>7 COFFEY, Q.C.: 8 Q. To look into why this had happened outside of 9 the peer review process? Was there any?</p> <p>10 MR. SIMMONS: 11 Q. Ms. Pilgrim was heading towards answering that 12 question.</p> <p>13 COFFEY, Q.C.: 14 Q. Oh, she, okay -</p> <p>15 THE COMMISSIONER: 16 Q. Sorry, Mr. Simmons, but I didn't get the 17 headed towards. So if she can answer, then 18 I'd like to hear the answer.</p> <p>19 COFFEY, Q.C.: 20 Q. Yeah.</p> <p>21 MS. PILGRIM: 22 A. Well, okay, what I told you was that there was 23 always a plan that we would -</p> <p>24 COFFEY, Q.C.: 25 Q. Can you tell -</p>	<p style="text-align: right;">Page 312</p> <p>1 people, you would expect that 300 or so would 2 have been given an interpretation as negative 3 that weren't all negative, because it was 4 falsely negative. So, you know, there was 5 always the understanding that we would get to 6 that point.</p> <p>7 COFFEY, Q.C.: 8 Q. So -</p> <p>9 MS. PILGRIM: 10 A. That we were going to be able to do that.</p> <p>11 COFFEY, Q.C.: 12 Q. I'm asking you, well, first of all, is there 13 any--can you point me to any there, in 14 writing, really, to that effect?</p> <p>15 MS. PILGRIM: 16 A. No, I -</p> <p>17 COFFEY, Q.C.: 18 Q. There are a couple of references in the 19 material to the fact that at some point some 20 epidemiologist might be asked to look at this.</p> <p>21 MS. PILGRIM: 22 A. We did, we went -</p> <p>23 COFFEY, Q.C.: 24 Q. But -</p> <p>25 MS. PILGRIM:</p>

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<p>1 A. We did go to the community medicine at 2 Memorial. I guess I can answer you, Mr. 3 Coffey, that there was definitely a plan, that 4 this was not going to be left with two 5 external reviewers coming into our 6 organization and producing a report that was 7 going to be kept secret and nobody would ever 8 know what happened with ER/PR within Eastern 9 Health. 10 COFFEY, Q.C.: 11 Q. Okay. And you then - 12 MS. PILGRIM: 13 A. I can tell you that unequivocally that that 14 was not the plan. 15 COFFEY, Q.C.: 16 Q. Okay. Can you point me to anything in any of 17 the documentation where that is indicated, we 18 are going to at some point in the future 19 release the results of those reports, because 20 no other - 21 MS. PILGRIM: 22 A. Well - 23 COFFEY, Q.C.: 24 Q. Just I want to clear this, to clarify this. 25 There is no other investigation going on by a</p>	<p>1 database, but now NLCHI is coming in so we'll 2 work with them. 3 COFFEY, Q.C.: 4 Q. And I'll leave aside the database because I'll 5 be coming back to that. 6 MS. PILGRIM: 7 A. Um-hm. 8 COFFEY, Q.C.: 9 Q. With you, I want to canvas that with you. 10 What I'm getting at is leaving the database 11 aside. 12 MS. PILGRIM: 13 A. Um-hm. 14 COFFEY, Q.C.: 15 Q. Because generally, frankly, by November 23rd, 16 2006 a lot of what's in that database already 17 was known in terms of the total numbers of 18 patients whose results had changed. 19 MS. PILGRIM: 20 A. Well, yeah, the numbers were a bit raw, yeah. 21 COFFEY, Q.C.: 22 Q. Yes, they were raw, but they were rough - 23 MS. PILGRIM: 24 A. That's right, yeah. 25 COFFEY, Q.C.:</p>
<p>1 pathologist or a technologist into why this 2 had happened? And I'll leave Dr. Gown out of 3 it for the moment, put him aside. Leaving him 4 aside - 5 MS. PILGRIM: 6 A. But we may have brought somebody in. 7 COFFEY, Q.C.: 8 Q. You may have? 9 MS. PILGRIM: 10 A. We may have done that if we didn't get the 11 answers we wanted. I mean, you know, we were 12 still--we had had a peer review done. 13 COFFEY, Q.C.: 14 Q. Um-hm. 15 MS. PILGRIM: 16 A. We were, I know that in the fall, into the 17 winter, like, 2006 we had freed Heather 18 Predham up to start to get the information 19 together so that we can start telling people 20 what has happened here, how many patients have 21 been affected. Just as we had got into that, 22 then we had, well, then you know what happened 23 then like in the spring of 2006 or 7, was it, 24 2007, and then we put all of our eggs in that 25 basket. Okay, we were going to develop a</p>	<p>1 Q. - roughly accurate. 2 MS. PILGRIM: 3 A. Um-hm. 4 COFFEY, Q.C.: 5 Q. What I'm asking you, ma'am is is this, is that 6 was there anything that you can point me to, 7 the Commissioner to, where any pathologist 8 other than Dr. Banerjee was going to be asked 9 to review or look into this on a non-peer 10 review basis and provide a report as to why 11 this had happened? Yes or no, was there 12 anyone else? 13 MS. PILGRIM: 14 A. My understanding would be, yes, that as we 15 moved forward there would have been a report 16 coming from the lab about the causative 17 factors of what happened here. 18 COFFEY, Q.C.: 19 Q. Okay, your understanding. But is there 20 anything in any of the documents? 21 MS. PILGRIM: 22 A. Well, I mean, my understanding would have been 23 that, yeah, that's going to happen. Like, 24 it's not like I was thinking it up, that was 25 going to happen so it must have -</p>

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. Who did you get that understanding from?</p> <p>3 MS. PILGRIM:</p> <p>4 A. Well, I guess we talked about it amongst</p> <p>5 ourselves.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Who was that?</p> <p>8 MS. PILGRIM:</p> <p>9 A. I would have probably had discussions with</p> <p>10 George Tilley about it. I mean, because I</p> <p>11 still didn't know what happened, I mean, I had</p> <p>12 bits and pieces of what happened in the lab.</p> <p>13 I didn't know anything about optimizing this</p> <p>14 or that. This was all language that I didn't</p> <p>15 understand. And didn't have a real sense of,</p> <p>16 okay, well, if we didn't do this piece, what</p> <p>17 kind of impact would that have really had on</p> <p>18 this or that. So, you know, we were going to</p> <p>19 do that work.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. And in terms I ask the same question in</p> <p>22 relation to a technologist. Other than Trish</p> <p>23 Wegrynowski, an outside technologist being</p> <p>24 asked to come in and look at why this happened</p> <p>25 or what contributed to this happening and</p>	<p>1 MS. PILGRIM:</p> <p>2 A. Over time -</p> <p>3 THE COMMISSIONER:</p> <p>4 Q. So can I take from what you said that it was</p> <p>5 going to happen because that report was going</p> <p>6 to come out of the lab in Eastern Health?</p> <p>7 MS. PILGRIM:</p> <p>8 A. There would be, at the end of the day there</p> <p>9 would be a report to say what actually</p> <p>10 happened in our lab because -</p> <p>11 THE COMMISSIONER:</p> <p>12 Q. Done by the people at Eastern Health?</p> <p>13 MS. PILGRIM:</p> <p>14 A. By, yeah. Well, I don't--now, I don't know if</p> <p>15 we would have had to bring somebody else in</p> <p>16 with this. But the first thing we wanted to</p> <p>17 do was let's get the numbers right, let's get</p> <p>18 the patients right and let's go from there.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Now, Ms. Pilgrim -</p> <p>21 MS. PILGRIM:</p> <p>22 A. And, you know -</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. - why hadn't that happened?</p> <p>25 MS. PILGRIM:</p>
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<p>1 providing a report that would detail in that</p> <p>2 person's opinion as to why this had happened</p> <p>3 and a report that could be made public because</p> <p>4 it wasn't peer review, can you point me to</p> <p>5 anything in any of the documentation that</p> <p>6 indicates that that was planned?</p> <p>7 MS. PILGRIM:</p> <p>8 A. No, I can't point to you anything in the</p> <p>9 documentation.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. So the only thing you can point -</p> <p>12 MS. PILGRIM:</p> <p>13 A. I mean -</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. - the Commissioner to is some kind of overall</p> <p>16 understanding came up in a conversation, maybe</p> <p>17 from time to time with George Tilley or Bob</p> <p>18 Williams, that at some point there will be</p> <p>19 something come out this? In other words,</p> <p>20 something that Pat Pilgrim can find out what</p> <p>21 happened?</p> <p>22 MS. PILGRIM:</p> <p>23 A. Um-hm. Definitely was going to happen.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. It was going to happen -</p>	<p>1 A. Pardon me?</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Why hadn't it happened?</p> <p>4 MS. PILGRIM:</p> <p>5 A. Well -</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Because I'm going to suggest to you Dr.</p> <p>8 Banerjee was arranged to come here in a matter</p> <p>9 of days, the arrangements were made within</p> <p>10 days and he showed up within six weeks.</p> <p>11 MS. PILGRIM:</p> <p>12 A. Um-hm.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Trish Wegrynowski showed up within about eight</p> <p>15 weeks.</p> <p>16 MS. PILGRIM:</p> <p>17 A. Um-hm.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. The reports were prepared within two months.</p> <p>20 MS. PILGRIM:</p> <p>21 A. Right.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And filed.</p> <p>24 MS. PILGRIM:</p> <p>25 A. Right.</p>

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. So when Mr. Wegrynowski's report came in in</p> <p>3 November, why not just simply hire a</p> <p>4 pathologist and a technologist to come in on a</p> <p>5 non-peer review basis and provide the report?</p> <p>6 MS. PILGRIM:</p> <p>7 A. I don't know. I don't know the answer to that</p> <p>8 question. But, you know, I can--and I guess</p> <p>9 it's hard for me to explain to you why some of</p> <p>10 this--I'm sure for you, Mr. Coffey, looking</p> <p>11 into the organization at the time it's hard to</p> <p>12 think about, well, why were there so many</p> <p>13 delays and what was taking the time with this.</p> <p>14 And I tried to, I guess, explain to you before</p> <p>15 that we were not working in a normal</p> <p>16 environment within Eastern Health at this</p> <p>17 time. And I would submit to you that we were</p> <p>18 doing the best job that we could but we, you</p> <p>19 know, we didn't have a normal environment. We</p> <p>20 weren't getting the leadership, weren't</p> <p>21 providing the leadership that we really should</p> <p>22 have been providing at that time. And I think</p> <p>23 that's why we had the delay with, you know,</p> <p>24 actually being able to get onto the things</p> <p>25 that we wanted to do. But there was never,</p>	<p>1 improperly. There's a reference here,</p> <p>2 "There's an intensive investigation ongoing of</p> <p>3 the relative accuracies of two systems used to</p> <p>4 detect estrogen and progesterone receptors in</p> <p>5 breast cancer tissue."</p> <p>6 MS. PILGRIM:</p> <p>7 A. Uh-hm.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. "Dr. Williams advised that the organization</p> <p>10 became aware of the situation in the spring,</p> <p>11 conversion with the test results caused</p> <p>12 concern, subsequently resulted in the</p> <p>13 organization bringing in external expertise</p> <p>14 from the manufacturer's of equipment, as well</p> <p>15 as a pathologist and a laboratory technologist</p> <p>16 with extensive knowledge in the area to</p> <p>17 provide an independent review of the system.</p> <p>18 Patient safety and confidentiality are</p> <p>19 paramount importance and the organization made</p> <p>20 the decision not to release any information</p> <p>21 publicly until the results of the retests were</p> <p>22 available." And points out "The Minister of</p> <p>23 Health has been apprised of the situation.</p> <p>24 The organization is expecting additional</p> <p>25 information from Mount Sinai (the centre doing</p>
<p>Page 322</p> <p>1 ever any talk about, well, you know, we'll</p> <p>2 have these reviewers come in, they will give</p> <p>3 us their review and their recommendations,</p> <p>4 we'll make the improvements in the lab and</p> <p>5 then we'll move on and forget that this ever</p> <p>6 happened, that was never, ever anybody's</p> <p>7 intention. This, I have to submit to you</p> <p>8 again, was the most complex process that I've</p> <p>9 ever worked with. And maybe part of the</p> <p>10 complexity was because we didn't put the right</p> <p>11 process around it, and I will be the first one</p> <p>12 to say that we didn't.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Ma'am, okay, if I could, Exhibit P-0018, page</p> <p>15 9. These are the minutes of a Board of</p> <p>16 Trustee's meeting of Eastern Health, September</p> <p>17 21st, 2005 and these record, at least in the</p> <p>18 minutes process, what the Board of Trustees</p> <p>19 were told first of about this, in a formal way</p> <p>20 they were told about this, "Review of system,</p> <p>21 ER/PR testing for breast screening." And</p> <p>22 there it's, despite all of the complaints</p> <p>23 later about other--to the public about breast</p> <p>24 screening, certainly that was utilized at</p> <p>25 time, even internally within Eastern Health</p>	<p>Page 324</p> <p>1 the retesting) during the coming days. The</p> <p>2 Board will be apprised as necessary." Now the</p> <p>3 Commissioner has heard now, quite a number of</p> <p>4 months ago, six months ago, approximately,</p> <p>5 from Ms. Dawe, the chair of the Board.</p> <p>6 MS. PILGRIM:</p> <p>7 A. That's right.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And she recalled this meeting. She told the</p> <p>10 Commissioner, though, that until February of</p> <p>11 2008 when she first saw the external reviews,</p> <p>12 first two reports from 2005, that she was</p> <p>13 always under the impression that this was a</p> <p>14 machinery problem and a problem attributable</p> <p>15 to just the switch from one piece of equipment</p> <p>16 to the other.</p> <p>17 MS. PILGRIM:</p> <p>18 A. Uh-hm.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And you have indicated to the Commissioner</p> <p>21 that you certainly, yourself, understood early</p> <p>22 on that that wasn't so.</p> <p>23 MS. PILGRIM:</p> <p>24 A. Uh-hm.</p> <p>25 COFFEY, Q.C.:</p>

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<p>1 Q. By the fall of 2005 because you knew Mount 2 Sinai was using a DAKO machine.</p> <p>3 MS. PILGRIM:</p> <p>4 A. That's right and there were other factors 5 being talked about, yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. And there were other factors, but you 8 certainly understood that.</p> <p>9 MS. PILGRIM:</p> <p>10 A. Yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. So what I wanted to ask you about is this, is 13 that how is it if it was planned that non peer 14 review report about why this had happened was 15 eventually going to be produced by Eastern 16 Health, how is it that the beginning of 2008 17 could occur and the chair of the Board didn't 18 know the difference?</p> <p>19 MS. PILGRIM:</p> <p>20 A. I also heard what Mrs. Dawe had to say because 21 I was listening to her evidence. I remember 22 Dr. Williams doing presentations to the Board. 23 I remember one presentation, I'm not sure if 24 it was this one or one later on which was very 25 lengthy, it took, I think it was well over an</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. He didn't do that?</p> <p>3 MS. PILGRIM:</p> <p>4 A. No, I don't remember him saying that.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. So, the Board then continued on, would have 7 continued on through '06, through '07 not 8 knowing any different.</p> <p>9 MS. PILGRIM:</p> <p>10 A. Well, what he would have said to the Board, 11 again that I remember, is he would have talked 12 about other factors that may have contributed 13 to this, you know. I guess my memory of his 14 presentations, he talked about the difficulty 15 that we had in medical oncology with keeping 16 people, the great difficulty we had with 17 pathologists moving in and out and the vacancy 18 and attrition rate we had there and how that 19 affects quality. I can remember him 20 introducing other factors into when he was 21 talking to the Board because he was trying to 22 give them a flavour for some things that might 23 have contributed to this.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. By telling the Board, look, we didn't have any</p>
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<p>1 hour for him to provide information to the 2 Board and, you know, I certainly understand 3 from what Dr. Williams said to the Board that 4 there was always an expectation that there 5 would be a final report on this. You know, he 6 probably didn't say it in that many words, but 7 we're doing an intensive investigation. This 8 continues to happen. We are making 9 improvements in our lab as we go along. We 10 want to be sharing our learnings from this 11 with other organizations, what we've been 12 through here with this ER/PR issue and -</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Did he tell the Board in the fall of 2005 15 look, I know what happened, I've been told by 16 the external reviewers, I know what happened?</p> <p>17 MS. PILGRIM:</p> <p>18 A. No, no, no, he didn't share the external 19 review information.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. No, even without telling him what, to tell him 22 look, I know what happened, I can't tell you, 23 but I know.</p> <p>24 MS. PILGRIM:</p> <p>25 A. No.</p>	<p>1 quality assurance real programs in -</p> <p>2 MS. PILGRIM:</p> <p>3 A. No, he didn't say that to the Board.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Bluntly telling them the truth.</p> <p>6 MS. PILGRIM:</p> <p>7 A. No.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. In effect, to put it boldly.</p> <p>10 MS. PILGRIM:</p> <p>11 A. Well, you know, I mean, I didn't take from 12 what Trish Wegrynowski said that we didn't 13 have any quality assurance in the lab.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. No, we can look for some notes made in some 16 minutes that yourself and Dr. Williams and 17 others were being told by the lab people 18 yourself, internally.</p> <p>19 MS. PILGRIM:</p> <p>20 A. Yes, but there were parts of quality assurance 21 that we didn't have.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Oh yes.</p> <p>24 MS. PILGRIM:</p> <p>25 A. And some very basic parts, I might add. But,</p>

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1 you know, I never heard anybody say we didn't
 2 have any quality assurance in the lab.
 3 COFFEY, Q.C.:
 4 Q. Or relevant to this.
 5 MS. PILGRIM:
 6 A. No, but not that we didn't have any. But
 7 there were certainly basic components, like
 8 standard operating procedures and things like
 9 that that we didn't have.
 10 COFFEY, Q.C.:
 11 Q. If I could please, Commissioner, if I could -
 12 THE COMMISSIONER:
 13 Q. Mr. Coffey, could we take the afternoon break
 14 once you've done whatever it is you're
 15 proposing?
 16 COFFEY, Q.C.:
 17 Q. Sure, just one more. P-0046 please? Page 39,
 18 these are executive management meeting minutes
 19 of September 28th, 2005, paragraph 2.1,
 20 "Laboratory ER/PR update" and this is an
 21 update, I take it, for the senior management
 22 which would have included yourself.
 23 MS. PILGRIM:
 24 A. Uh-hm.
 25 COFFEY, Q.C.:

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1 Q. And "Additional information has been received
 2 from Mount Sinai related to ER and PR concerns
 3 in the lab. Dr. Williams advised that a
 4 meeting will be scheduled with the
 5 pathologists, oncologists and lab staff to
 6 review the new information and make
 7 recommendations. Consultants from Mount
 8 Sinai, chief technologists and chief
 9 pathologists have completed their site visit.
 10 Specimens have not yet been received from
 11 central and west and Corner Brook; however,
 12 they should be received by the end of next
 13 week. Once received, the specimens will be
 14 sent out of the province for testing.
 15 Consideration is being given to retesting
 16 specimens for the period 1997 to '98. So that
 17 by the end of September, senior executive of
 18 Eastern Health knew that the specimens were
 19 not in from outside St. John's generally.
 20 MS. PILGRIM:
 21 A. Uh-hm.
 22 COFFEY, Q.C.:
 23 Q. At least according to Bob Williams at the
 24 time.
 25 MS. PILGRIM:

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1 A. Right.
 2 COFFEY, Q.C.:
 3 Q. That a consideration was still being given as
 4 to whether to retest the '97, '98 ones.
 5 MS. PILGRIM:
 6 A. Uh-hm.
 7 COFFEY, Q.C.:
 8 Q. And he concludes by "we are positioned to move
 9 with a communication strategy when required."
 10 Suggesting that as of September 28th, which is
 11 two days before the Independent called, the
 12 senior management understood clearly that
 13 Eastern Health, the people involved in this,
 14 had a communication strategy in place to deal
 15 with the phone call from the media because
 16 they understood it was coming--or if it came,
 17 they had the communication strategy.
 18 MS. PILGRIM:
 19 A. Uh-hm.
 20 COFFEY, Q.C.:
 21 Q. So it was anticipated certainly that this
 22 might break.
 23 MS. PILGRIM:
 24 A. Again, I wouldn't have been in on those
 25 conversations, but it would make sense to me

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1 though that if you were out talking to
 2 patients that there would be consideration
 3 that this could become public at any time.
 4 COFFEY, Q.C.:
 5 Q. At this point, September---the end of
 6 September, bearing in mind that now this is
 7 going to be moved back months, I mean, this is
 8 two months after August 1st, in effect.
 9 MS. PILGRIM:
 10 A. Right.
 11 COFFEY, Q.C.:
 12 Q. Was any thought given to reconsidering where
 13 we are with this because this is not going to
 14 be done in six weeks. Six weeks have passed.
 15 MS. PILGRIM:
 16 A. There was some point at which, if you're
 17 talking about this in general, there was some
 18 point at which we talked about, I can
 19 remember, you know, are there other hospitals
 20 that we can get to help us with the testing.
 21 This is going to take too long now. I can
 22 remember that discussion for sure, about that.
 23 COFFEY, Q.C.:
 24 Q. But here, it's not so much taking too long,
 25 Mount Sinai two days before this had sent the

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1 first results back.
 2 MS. PILGRIM:
 3 A. Yeah, but we were still getting to the fall
 4 now.
 5 COFFEY, Q.C.:
 6 Q. What I'm getting at is getting material from
 7 outside St. John's to even send because you
 8 didn't even have it at that point, we can look
 9 at that, the bulk of it wasn't in, so was any
 10 thought given at the end of September, bearing
 11 in mind the delays from outside of St. John's
 12 in sending us the material -
 13 MS. PILGRIM:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. - to how we're going to approach this? Was
 17 there any thought given of re-evaluating how
 18 long this is going to take?
 19 MS. PILGRIM:
 20 A. Yeah, there were periods where there was
 21 thought given to that and certain alternatives
 22 looked at. I know there was delays in getting
 23 things, I think from Western. There were
 24 delays getting their specimens in and then
 25 various people dispatched to try and speed

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1 that up, so yeah, there were discussions, Mr.
 2 Coffey, about is there another way we could be
 3 doing this, are there other players we could
 4 get involved in this because time was ticking
 5 along here.
 6 COFFEY, Q.C.:
 7 Q. Thank you, Commissioner.
 8 THE COMMISSIONER:
 9 Q. All right, we'll take the afternoon break.
 10 (RECESS)
 11 THE COMMISSIONER:
 12 Q. Please be seated. Mr. Coffey.
 13 COFFEY, Q.C.:
 14 Q. Thank you, Commissioner. Ms. Pilgrim, the
 15 Commission of Inquiry has heard, of course,
 16 evidence about September 30th, 2005, the fact
 17 that the Independent contacted Susan Bonnell
 18 and so on. When did you first become aware,
 19 yourself, that the story was going to be
 20 published? Were you drawn into it that day?
 21 MS. PILGRIM:
 22 A. Oh, I probably would have heard that day, it
 23 was certainly very quickly, for sure.
 24 COFFEY, Q.C.:
 25 Q. Did you have any input into what was to be

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1 done about it?
 2 MS. PILGRIM:
 3 A. I wasn't directly involved with it, no.
 4 COFFEY, Q.C.:
 5 Q. How about indirectly.
 6 MS. PILGRIM:
 7 A. You know, I mean if Heather had--she might
 8 have been asking me something, but like I
 9 wouldn't have been directly involved with that
 10 initial response to the Independent.
 11 COFFEY, Q.C.:
 12 Q. And if we could look, please, at Exhibit P-
 13 0343 and this is from the organization's
 14 perspective, okay, this is volume 3, the
 15 source is yourself, Tab 22, "Public Message to
 16 Patients".
 17 MS. PILGRIM:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. Would this be something that you kept, like
 21 public message to patients, because this is
 22 obviously a copy of a file folder.
 23 MR. SIMMONS:
 24 Q. It's a tab in a binder.
 25 COFFEY, Q.C.:

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1 Q. Tab, I apologize, tab in a binder, would this
 2 be Mr. Tilley's documentation, do you think,
 3 or yours?
 4 MS. PILGRIM:
 5 A. I would say that was Mr. Tilley's if he had it
 6 in a binder like that, it wouldn't have been
 7 me.
 8 COFFEY, Q.C.:
 9 Q. Okay, and again I'll address this right now
 10 just so it's clarified, when the Commission of
 11 Inquiry was established in 2007 -
 12 MS. PILGRIM:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. You were deputized or asked to do what in
 16 relation to the Commission?
 17 MS. PILGRIM:
 18 A. When the Commission was established, I was
 19 asked by George if I would take the lead in
 20 terms of preparing the organization for the
 21 Commission.
 22 COFFEY, Q.C.:
 23 Q. Yes. And in the course of that, I take it
 24 after Mr. Tilley left the organization at one
 25 point you were asked to look through his

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1 documents related to this?
 2 MS. PILGRIM:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Okay, so and that's how, like his notes, his
 6 log books and so on came to the Commission
 7 through you?
 8 MS. PILGRIM:
 9 A. Through my office, yes.
 10 COFFEY, Q.C.:
 11 Q. Through your office, okay.
 12 MS. PILGRIM:
 13 A. Because we were sending everything through my
 14 office.
 15 COFFEY, Q.C.:
 16 Q. Now here this particular document, page two,
 17 is "Frequently asked questions about ER/PR"
 18 and to put it in context for you, we look down
 19 here at the bottom right, October 3rd, 2005,
 20 that's a Monday.
 21 MS. PILGRIM:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. The Independent published on Sunday, October
 25 2nd. So were you involved at all in this?

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1 Like this aspect of the organization's
 2 response, putting up frequently asked
 3 questions on the Health Care Corporation's
 4 website?
 5 MS. PILGRIM:
 6 A. I wouldn't have been--I might have had some of
 7 this sent to me to have a look at before it
 8 went out, but, you know, I wouldn't have been
 9 the one with the most knowledge about any of
 10 this, but yeah, I wouldn't say I didn't see
 11 it. I mean, I've seen it lots of times since
 12 then, but -
 13 COFFEY, Q.C.:
 14 Q. But you certainly didn't draft it yourself.
 15 MS. PILGRIM:
 16 A. No, no, no, that would have been done by
 17 communications.
 18 COFFEY, Q.C.:
 19 Q. Okay. And that's the initial response, at
 20 least on the website. If we could look,
 21 please, at Exhibit P-1292? This is, attached
 22 is a briefing note from Susan Bonnell,
 23 September 30th at 5:17 p.m., being sent to
 24 Tansy Mundon at the Department of Health and
 25 that's that briefing note of September 30th

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1 the Commissioner has seen a number of times.
 2 Would you have been consulted about the
 3 contents of this briefing note?
 4 MS. PILGRIM:
 5 A. No, I would say that briefing note would have
 6 been written by Heather Predham in
 7 consultation with probably Dr. Don Cook and
 8 Dr. Williams and I may have been sent it for
 9 information, but I certainly wouldn't have had
 10 any input into the content.
 11 COFFEY, Q.C.:
 12 Q. And but at least you were sent it for
 13 information -
 14 MS. PILGRIM:
 15 A. I might have seen it before it went.
 16 COFFEY, Q.C.:
 17 Q. Like the FAQ's, you would have had some sense
 18 of what your organization was, at least in
 19 writing telling the government and in writing
 20 telling the public?
 21 MS. PILGRIM:
 22 A. At that point, right.
 23 COFFEY, Q.C.:
 24 Q. Okay, that's what I--Exhibit P-0345 please?
 25 Now this is volume 4, source, yourself, Tab 5,

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1 Media, October 2005?
 2 MS. PILGRIM:
 3 A. Right.
 4 COFFEY, Q.C.:
 5 Q. Now did you keep a media file?
 6 MS. PILGRIM:
 7 A. No, I don't think I kept a file, I know that
 8 there's a file kept in communications if I
 9 wanted to actually have something that was
 10 left--I would read things as they came in and
 11 then I would probably delete them, unless it
 12 was something in particular I wanted to share
 13 with somebody.
 14 COFFEY, Q.C.:
 15 Q. So the distribution by communications within
 16 Eastern Health of external media stories
 17 about, for example, ER/PR?
 18 MS. PILGRIM:
 19 A. Happens all the time, this is regular.
 20 COFFEY, Q.C.:
 21 Q. This would have come in to you?
 22 MS. PILGRIM:
 23 A. I would have been receiving copies, yes.
 24 COFFEY, Q.C.:
 25 Q. And in the context here, I take it, you would

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1 have reviewed them?
 2 MS. PILGRIM:
 3 A. I would have reviewed them and I would have
 4 probably sent them on to a few people who
 5 weren't on the list. I might have sent them
 6 over to the Cancer Center for example, other
 7 people like that, but probably wouldn't have
 8 kept--well I know I wouldn't have kept them.
 9 COFFEY, Q.C.:
 10 Q. And would you have some sense of what the, at
 11 least discussion of this in the media was at
 12 the time?
 13 MS. PILGRIM:
 14 A. Oh yes, yes.
 15 COFFEY, Q.C.:
 16 Q. That was part of your role?
 17 MS. PILGRIM:
 18 A. Definitely would have, yes.
 19 COFFEY, Q.C.:
 20 Q. If we could look, please, at Exhibit P-3151?
 21 It's volume 4, Tab 4 from yourself, Public
 22 Comms, which would be communications, October
 23 2005. Where did you obtain this from, do you
 24 know?
 25 MS. PILGRIM:

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1 A. This would have come, again if this is coming
 2 from--I'm not sure if this is coming from my
 3 file or from George Tilley's file.
 4 COFFEY, Q.C.:
 5 Q. Okay. Now page 2 of this is a "Dear
 6 Physician" letter from Dr. Robert Williams,
 7 October 4, 2005?
 8 MS. PILGRIM:
 9 A. Uh-hm, yes.
 10 COFFEY, Q.C.:
 11 Q. Do you know if this was ever actually sent?
 12 Because we have and we will look at one
 13 involving Dr. Gardiner.
 14 MS. PILGRIM:
 15 A. I know Dr. Gardiner sent one.
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. PILGRIM:
 19 A. I don't know if Dr. Williams ever sent that, I
 20 would say he probably didn't. I know it was
 21 drafted.
 22 COFFEY, Q.C.:
 23 Q. Yes, it's here, obviously, but -
 24 MS. PILGRIM:
 25 A. But I know Paul Gardiner sent one out

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1 subsequent to this, I think, so my memory
 2 would be that that one was never sent, but I
 3 wouldn't be able to tell you for sure.
 4 COFFEY, Q.C.:
 5 Q. Here, if we could look please at Exhibit P-
 6 0603? This is handwritten notes and then the
 7 second page is the typed version of Dr.
 8 Williams' notes for a meeting of October 3rd,
 9 2005. Look at the attendees, you're the
 10 second listed from the bottom.
 11 MS. PILGRIM:
 12 A. Uh-hm.
 13 COFFEY, Q.C.:
 14 Q. It begins by saying, "Note in corner document:
 15 How to reports. Send letter to everyone.
 16 Medical director of Cancer Clinic"--when we
 17 look back up, actually, it's up here.
 18 MS. PILGRIM:
 19 A. That's Dr. Gardiner, yes.
 20 COFFEY, Q.C.:
 21 Q. Pardon me?
 22 MS. PILGRIM:
 23 A. Dr. Gardiner that was referring to.
 24 COFFEY, Q.C.:
 25 Q. Referring to, but the idea of send letter to

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1 everyone and under decision, "Cancer Clinic
 2 draft letter to physicians"--well they say
 3 here Dr. Pilgrim, that would in fact yourself,
 4 if you look at the handwriting.
 5 MS. PILGRIM:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. Ms. Pilgrim and--P. Pilgrim and Dr. Laing.
 9 And the decision is to issue an addendum,
 10 hereto include previous reports. Dr. Cook is
 11 going to follow up with the Regional Lab
 12 Directors. The Cancer Clinic is going to
 13 draft a letter to physicians and set up a
 14 clearing house for information and patient
 15 contact. Counselling available, Ms. Predham
 16 and Chris Parsons are involved.
 17 MS. PILGRIM:
 18 A. Right.
 19 COFFEY, Q.C.:
 20 Q. This apparently was a meeting where, if you
 21 look at the first five topics here, review
 22 status of the matter to date.
 23 MS. PILGRIM:
 24 A. Uh-hm.
 25 COFFEY, Q.C.:

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<p>1 Q. So you attended this on October 3rd, which 2 would be that Monday in the aftermath of the 3 Independent story, correct? 4 MS. PILGRIM: 5 A. Yes. 6 COFFEY, Q.C.: 7 Q. It indicates the results to date were 8 canvassed. So presumably whatever was known 9 at that point concerning Dr. Mullen's 10 spreadsheets from the end of September, would 11 have been the numbers that would have been 12 canvassed certainly at least in a general way. 13 MS. PILGRIM: 14 A. Right. 15 COFFEY, Q.C.: 16 Q. Five is "Individual information, public 17 information and living/dead." What then was 18 the plan, by the end of Monday, October 3rd, 19 the matter having been broken in the media 20 about how this was going to be handled? In 21 terms of notifying patients, for example? 22 MS. PILGRIM: 23 A. Well, when was this? This was in October. 24 COFFEY, Q.C.: 25 Q. This is the day after the Independent story.</p>	<p>1 Q. If we can look at Exhibit P-0087? It's a 2 conference call of October 4, 2005 with people 3 across the province, including yourself and 4 Ms. Parsons and Ms. Predham from the General 5 site. 6 MS. PILGRIM: 7 A. Uh-hm. 8 COFFEY, Q.C.: 9 Q. Dr. Cook and Williams and, of course, some 10 administrators and so on. It's a full 11 overview of the background, specific issues 12 review and then the third bullet, "Questions 13 of whether we should notify all patients who 14 are being retested." So I take it there was 15 still some question then about whether 16 patients would be notified individually about 17 the fact that they were being retested. 18 MS. PILGRIM: 19 A. Yeah, and if I remember correctly, this 20 meeting, you know, the other health 21 authorities really wanted to get together 22 everybody to see what it is that everybody was 23 doing, so we'd all be on the same wave length. 24 Even though there had been some discussions 25 earlier with certainly through the VP's of</p>
<p style="text-align: right;">Page 346</p> <p>1 MS. PILGRIM: 2 A. The plan was still--well we had been talking 3 about a letter to patients up to this point. 4 COFFEY, Q.C.: 5 Q. Yes. 6 MS. PILGRIM: 7 A. And we also had information prepared to go 8 public, but that was with a different plan, 9 that was information for public release when 10 we started notifying patients. Now we're into 11 a different scenario here now because it's 12 already gone public. 13 COFFEY, Q.C.: 14 Q. Yes. 15 MS. PILGRIM: 16 A. So the plan was that we were going to, you 17 know, obviously we had public information we 18 were going to get out there now and we were 19 also planning to notify--still planning to 20 notify individual patients with their results 21 when they came back. And that was going to be 22 a part of our public notification as well, you 23 know, that you will receive your results when 24 they are - 25 COFFEY, Q.C.:</p>	<p style="text-align: right;">Page 348</p> <p>1 Medicine, but this was another meeting to talk 2 about, okay, what happens now. And Eastern 3 Health in particular, what are you doing and, 4 you know, are the other Boards going to follow 5 suit? 6 COFFEY, Q.C.: 7 Q. And as October went on into November, the 8 result of that was what? They did follow 9 suit? 10 MS. PILGRIM: 11 A. They did, there were questions back and forth. 12 There was a decision, you know, they kind of-- 13 there was a decision between the Boards about 14 who was going to do what. That got a little 15 bit murky as time went on, but--and there were 16 designated people within the Boards that were 17 going to handle it for, you know, so you knew 18 who to communicate with in each of the Boards. 19 So there was some planning that went on 20 between the Boards. 21 COFFEY, Q.C.: 22 Q. Exhibit P-2958? This is an e-mail from Ms. 23 Predham to yourself. The attachment is 24 "cancerclinicletter.doc, October 4, 2005, 4:47 25 p.m. I'm having problems with the end, but</p>

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1 maybe that's because I'm trying to figure out
 2 what you are telling them. I'll call you.
 3 Heather" and what's attached is a draft of a
 4 letter, I take it this is a draft of--this
 5 Cancer Clinic letter is the one that is going
 6 to go out from Dr. Gardiner.
 7 MS. PILGRIM:
 8 A. To physicians.
 9 COFFEY, Q.C.:
 10 Q. To physicians across the province letting them
 11 know what's going on.
 12 MS. PILGRIM:
 13 A. Right, that's correct.
 14 COFFEY, Q.C.:
 15 Q. Prior to this, because when we look, you
 16 recall there was a reference to in August,
 17 what are we going to tell the GPs.
 18 MS. PILGRIM:
 19 A. Uh-hm.
 20 COFFEY, Q.C.:
 21 Q. Are we going to tell the GPs, if so, what?
 22 MS. PILGRIM:
 23 A. Uh-hm.
 24 COFFEY, Q.C.:
 25 Q. This is the first time it resurfaces again, I

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1 take it?
 2 MS. PILGRIM:
 3 A. Uh-hm, because now we have to tell the GPs
 4 because now it's public and patients are going
 5 to go asking the GPs questions.
 6 COFFEY, Q.C.:
 7 Q. And you were the one, I take it was -
 8 MS. PILGRIM:
 9 A. I drafted--if I remember correctly, I started
 10 to get information down on paper, and then it
 11 got added to and changed, and finally we came
 12 up with what the letter was going to be.
 13 COFFEY, Q.C.:
 14 Q. Yes, if we look at - because there you refer
 15 to it as NCTRF letter as the subject.
 16 MS. PILGRIM:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. If we look at 2959, please. Here about four
 20 minutes later the same day, Ms. Pilgrim e-
 21 mailed you, and the subject is letter number
 22 two, Cancer Clinic.doc, and she says, "Does
 23 this work", and when we look at the second
 24 page of this exhibit, it's been added to a
 25 little bit compared to what was on the page

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1 before, page two of Exhibit 2958.
 2 MS. PILGRIM:
 3 A. Uh-hm, yes.
 4 COFFEY, Q.C.:
 5 Q. So why were you being asked or tasked with
 6 drafting a letter for Dr. Gardiner?
 7 MS. PILGRIM:
 8 A. I would say that I volunteered to do this.
 9 There was people going off in all directions
 10 doing things, and I would say that I took it
 11 upon myself to get something down that we
 12 could send out. It's always easier--as you
 13 know, somebody starts it and then no problem
 14 getting other people to change it, and I would
 15 say that I just took that on to get this
 16 letter going so that we could get it out. I
 17 would certainly run it by Heather because I
 18 wanted to make sure that - you know, she would
 19 have had more knowledge about some of the
 20 things that were in it.
 21 COFFEY, Q.C.:
 22 Q. If we look at - just look at the same exhibit,
 23 please. Just looking at 2959, page two.
 24 MS. PILGRIM:
 25 A. The original one.

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1 COFFEY, Q.C.:
 2 Q. Actually this is the original original.
 3 That's Heather's modification.
 4 MS. PILGRIM:
 5 A. This is Heather's.
 6 COFFEY, Q.C.:
 7 Q. Perhaps we could look at 2958, please. This
 8 is - look at page two. This is your -
 9 generally your first stab at it.
 10 MS. PILGRIM:
 11 A. Uh-hm.
 12 COFFEY, Q.C.:
 13 Q. And Heather is coming back to you asking you,
 14 in effect, well, trying to figure out - she's
 15 trying to figure out what you want to say, and
 16 she says, "I'll call you", meaning or
 17 suggesting that you in fact spoke. Now your
 18 understanding at the time, I want the
 19 Commissioner to be clear on this, was that you
 20 were going to draft a letter for Dr. Gardiner
 21 in his capacity as the head of the Cancer
 22 Treatment Foundation.
 23 MS. PILGRIM:
 24 A. Uh-hm.
 25 COFFEY, Q.C.:

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<p>1 Q. Which would be sent to all patients - I'm 2 sorry, all GPs, all the doctors, in fact. 3 MS. PILGRIM: 4 A. Being sent through NLMA. 5 COFFEY, Q.C.: 6 Q. So all doctors throughout Newfoundland? 7 MS. PILGRIM: 8 A. Uh-hm. 9 COFFEY, Q.C.: 10 Q. Which would be the first general communication 11 with physicians throughout Newfoundland 12 concerning ER/PR and the status of it at the 13 time? 14 MS. PILGRIM: 15 A. To provide them with the status of what was 16 going on, yes. 17 COFFEY, Q.C.: 18 Q. Prior to that, had there been any 19 communication with doctors at large in the 20 province that you're aware of? 21 MS. PILGRIM: 22 A. Other than what would have been happening 23 through the regional health authorities. I 24 know that especially outside of St. John's 25 there would have been a connectiveness with</p>	<p>1 DAKO? 2 MS. PILGRIM: 3 A. Yes. 4 COFFEY, Q.C.: 5 Q. So what did that have to do with really 6 anything? 7 MS. PILGRIM: 8 A. Other than just giving them information of 9 some of the factors that were involved here. 10 I still think at this point there was still 11 some feeling that, you know, the new machine 12 had been impacting some of these results, and 13 we were trying to give a background. I guess 14 we probably didn't do a very good job, as I'm 15 watching it here, but we wanted to say we did 16 change the technology, and then in 2005 a 17 patient - 18 COFFEY, Q.C.: 19 Q. When you tell physicians that you've changed 20 technology - 21 MS. PILGRIM: 22 A. Uh-hm. 23 COFFEY, Q.C.: 24 Q. Or people who are involved in the clinical 25 world - actually, that assertion generally</p>
<p>Page 354</p> <p>1 some of those regional health authorities out 2 there, and I'm sure there was some going on 3 there, but there would have been, not that I 4 know of, no real, you know, concrete 5 communication that would have gone out up to 6 this point. 7 COFFEY, Q.C.: 8 Q. Just looking at the first three lines of this, 9 there's a reference to, "Since 1997, the 10 Health Care Corporation of St. John's utilized 11 the DAKO semi-automated system for testing for 12 ER/PR reception. In 2004, this methodology 13 was replaced with an automated Ventana 14 System". 15 MS. PILGRIM: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. Now I know that's a factual statement - 19 MS. PILGRIM: 20 A. Uh-hm. 21 COFFEY, Q.C.: 22 Q. But what really did that have to do with this, 23 bearing in mind that you knew at this point in 24 time - at that point in time, you knew full 25 well that Mount Sinai was using that very same</p>	<p>Page 356</p> <p>1 communicates to them, if not explicitly, 2 implicitly, well, the newer technology is 3 better and might account for a difference in 4 results. 5 MS. PILGRIM: 6 A. Right. 7 COFFEY, Q.C.: 8 Q. Doesn't it? 9 MS. PILGRIM: 10 A. Yes. 11 COFFEY, Q.C.: 12 Q. It has that effect. 13 MS. PILGRIM: 14 A. It could. 15 COFFEY, Q.C.: 16 Q. Yes. 17 MS. PILGRIM: 18 A. Yes. 19 COFFEY, Q.C.: 20 Q. Unless someone is really attuned to it and 21 would understand, for example, that the DAKO 22 was still widely used. 23 MS. PILGRIM: 24 A. Uh-hm. 25 COFFEY, Q.C.:</p>

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1 Q. They wouldn't know the difference, would they?

2 MS. PILGRIM:

3 A. I guess in looking at it, I don't - I don't

4 think that was explicitly what was in my mind

5 was to communicate that to GPs at the time.

6 COFFEY, Q.C.:

7 Q. And in the second paragraph, third line, it

8 says - I should go back to the first sentence

9 in the second paragraph referring to a patient

10 having been retested in 2005.

11 MS. PILGRIM:

12 A. Uh-hm.

13 COFFEY, Q.C.:

14 Q. "Initially on the DAKO, now on the Ventana,

15 strongly positive", again that's

16 juxtapositioning one system against another.

17 MS. PILGRIM:

18 A. Uh-hm.

19 COFFEY, Q.C.:

20 Q. Technologically.

21 MS. PILGRIM:

22 A. Yeah.

23 COFFEY, Q.C.:

24 Q. And a relatively uninformed reader, which most

25 physicians would have been, might be forgiven

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1 if they jumped to the conclusion that--or

2 attribute it to the Ventana?

3 MS. PILGRIM:

4 A. Could be, could be a machine, yes, but then we

5 went on to say that we're doing a full quality

6 review.

7 COFFEY, Q.C.:

8 Q. And again in that world, that's code for peer

9 review, isn't it, peer review, quality review?

10 MS. PILGRIM:

11 A. Not necessarily when you're talking about a

12 laboratory. I would say in a physician's

13 world, peer review refers more to individual

14 people having a peer review. So I wouldn't

15 say, Mr. Coffey, that they'd automatically

16 think that was a peer review.

17 COFFEY, Q.C.:

18 Q. To your knowledge, Ms. Pilgrim, to your

19 knowledge to this day -

20 MS. PILGRIM:

21 A. Uh-hm.

22 COFFEY, Q.C.:

23 Q. Has any physician outside Eastern Health ever

24 contacted Eastern Health, to your knowledge,

25 and asked what the results of those full

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1 quality reviews were?

2 MS. PILGRIM:

3 A. Not to my knowledge. It doesn't mean they

4 haven't contacted - because as you know,

5 certain GPs tend to refer patients to certain

6 specialists, so it doesn't mean they haven't

7 had discussions with specialists, but

8 certainly I'm not aware of anybody who

9 actually phoned in because that would - that

10 kind of a call would usually make itself

11 probably to Oscar Howell's office or somewhere

12 in that -

13 COFFEY, Q.C.:

14 Q. Or Bob Williams before him?

15 MS. PILGRIM:

16 A. Or Bob, or it could actually come in to the

17 Cancer Centre.

18 COFFEY, Q.C.:

19 Q. But certainly you don't recall anyone - Dr.

20 Williams or Dr. Howell telling you about

21 having received phone calls from physicians

22 following up on what happened?

23 MS. PILGRIM:

24 A. No. I can remember them telling me, though,

25 that socially they would be - a lot of general

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1 practitioners, if they were out socially, were

2 certainly interested in what had gone on, and

3 what the status was, but not official calls

4 in.

5 COFFEY, Q.C.:

6 Q. Now the quality review that was going on at

7 that point in the sense of - was what? I

8 appreciate Dr. Banerjee's and Trish

9 Wegrynowski's reports were not yet sent, but

10 the reviews were actually done.

11 MS. PILGRIM:

12 A. Yes, but that - that would have been the

13 reviews that we were talking about, yeah.

14 COFFEY, Q.C.:

15 Q. Now if we could, again just to get some

16 context, P-2959 again. This draft of a letter

17 which Ms. Pilgrim comes back to you with the

18 same day - Ms. Predham. I apologize, Ms.

19 Pilgrim, I apologize. Ms. Predham came back

20 to Ms. Pilgrim with, the third paragraph, "All

21 negative ER/PR samples have been collected and

22 sent for retesting at Mount Sinai. Once the

23 results return, the laboratory program of

24 Eastern Health will send you the results for

25 your patients". See that?

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<p>1 MS. PILGRIM: 2 A. Uh-hm. 3 COFFEY, Q.C.: 4 Q. So I take it that at that point in time, 5 October 4th, it was envisaged that whatever 6 the results were of the retesting, that 7 Eastern Health would send it on to the 8 physician? 9 MS. PILGRIM: 10 A. Yes. If the patient had a general 11 practitioner, the general practitioner would 12 get a copy of the results. 13 COFFEY, Q.C.: 14 Q. Or for that matter had presumably a - 15 MS. PILGRIM: 16 A. A specialist. 17 COFFEY, Q.C.: 18 Q. Specialist. 19 MS. PILGRIM: 20 A. Yeah. 21 COFFEY, Q.C.: 22 Q. Now I take it that by October 13th that had 23 changed because of the peer - the physician 24 panel? 25 MS. PILGRIM:</p>	<p>1 tomorrow afternoon", and when we look at the 2 next page, the letter has grown somewhat? 3 MS. PILGRIM: 4 A. Yes. There is an introduction into what we're 5 talking about, not just starting right off 6 from scratch. 7 COFFEY, Q.C.: 8 Q. Well, referring to - 9 MS. PILGRIM: 10 A. It would start off with "Since 1997". 11 COFFEY, Q.C.: 12 Q. Yes, and that's still there, but there's an 13 intro to the fact that "the doctor would 14 undoubtedly be aware". 15 MS. PILGRIM: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. Working through that issue, and "I'm providing 19 you with the following synopsis of this issue 20 for your information". In the third paragraph 21 there's a reference to "In 2005, a patient 22 initially tested in 2002 with the DAKO 23 system". 24 MS. PILGRIM: 25 A. Yes.</p>
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<p>1 A. Right. 2 THE COMMISSIONER: 3 Q. Sorry, I think I know the answer to this, but 4 I just want to be clear. If the primary 5 physician was an oncologist, you were still 6 sending copies - 7 MS. PILGRIM: 8 A. If there was a general practitioner on the 9 file, you would still send a copy. 10 THE COMMISSIONER: 11 Q. You would still send a copy to the GP. 12 MS. PILGRIM: 13 A. As well, yes, so there would be two doctors. 14 THE COMMISSIONER: 15 Q. All right, thank you. 16 COFFEY, Q.C.: 17 Q. And Exhibit P-0618, please. This is from 18 Dianne Smith, your executive assistant, to Dr. 19 Laing and others, yourself, October 4th, which 20 says, "Attached is a draft notification for 21 surgeons regarding the issue of ER/PR testing. 22 Would you please insert the recommendation 23 piece at the end. This notification will be 24 sent from Dr. Paul Gardiner, as medical 25 director. Plans to have this completed by</p>	<p>1 COFFEY, Q.C.: 2 Q. And reported as ER/PR negative was retested 3 with the Ventana, and indicated a strong 4 positivity for ER/PR. 5 MS. PILGRIM: 6 A. Uh-hm. 7 COFFEY, Q.C.: 8 Q. And it goes on from there, and it concludes by 9 saying, "It is recommended that or in 10 consultation with the oncologist at the Bliss 11 Murphy Cancer Centre", and she says, "Kara, 12 please add here". 13 MS. PILGRIM: 14 A. She - yeah, she was going to add what she 15 wanted to say there, the message from - 16 COFFEY, Q.C.: 17 Q. In relation to that - 18 MS. PILGRIM: 19 A. And it wasn't just going out to surgeons. 20 COFFEY, Q.C.: 21 Q. Yes, exactly. 22 MS. PILGRIM: 23 A. That was a mistake. 24 COFFEY, Q.C.: 25 Q. A mistake, but if we could look, please, at</p>

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<p>1 Exhibit P-3154, and this is a series of e-</p> <p>2 mails of October 5th, involving Dianne Smith</p> <p>3 and she says, "The first one forwarded on</p> <p>4 Pat's behalf. Please review attached once</p> <p>5 more and provide your comments and/or</p> <p>6 changes", and she says later on the same day,</p> <p>7 "Once more, please review this copy and</p> <p>8 disregard the previous message".</p> <p>9 MS. PILGRIM:</p> <p>10 A. Uh-hm.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And this particular one is a draft here,</p> <p>13 October 4th, and you'll notice here there's</p> <p>14 still a reference to, in the third paragraph,</p> <p>15 "recently a patient initially tested in 2002".</p> <p>16 MS. PILGRIM:</p> <p>17 A. Uh-hm. So we took out the 2005 reference.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Actually, yes, having been retested in 2005.</p> <p>20 MS. PILGRIM:</p> <p>21 A. Uh-hm.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. It says, "Recently a patient initially tested</p> <p>24 in 2002 with the DAKO and reported as ER/PR</p> <p>25 positive was retested with the Ventana".</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. And when we look here - sorry, page three of</p> <p>3 this exhibit, see here, she has highlighted</p> <p>4 the actual changes.</p> <p>5 MS. PILGRIM:</p> <p>6 A. Right.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. If we look at Exhibit P-0088, bottom of the</p> <p>9 page, there's a series of e-mails beginning</p> <p>10 October 6th. The first one noted here is from</p> <p>11 Dianne Smith. It's kind of cut off, but here</p> <p>12 it is, and then there's an e-mail from Dan</p> <p>13 Boone, October 6th, right here, at 9:52 a.m.</p> <p>14 to Heather Predham saying, "Heather, as per my</p> <p>15 voice mail, I have concerns with referring to</p> <p>16 a quality review in correspondence and with</p> <p>17 characterizing the retesting of samples as</p> <p>18 part of the quality review. As I understand</p> <p>19 it, the retesting was done from a patient care</p> <p>20 perspective. I also would like to reconsider</p> <p>21 the necessity of referring to that one patient</p> <p>22 whose test results started it." Signed,</p> <p>23 "Daniel Boone."</p> <p>24 MS. PILGRIM:</p> <p>25 A. Um-hm.</p>
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<p>1 MS. PILGRIM:</p> <p>2 A. Uh-hm.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. "Is now reported as ER/PR positive". If we</p> <p>5 could look, please, at Exhibit 2589. We'll</p> <p>6 see here that's Dianne Smith's second message</p> <p>7 about disregarding the previous message, and</p> <p>8 then Ms. Predham sends an e-mail to those</p> <p>9 involved, including yourself.</p> <p>10 MS. PILGRIM:</p> <p>11 A. Uh-hm.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. She says, "Looks fine". This is October 6th,</p> <p>14 "Looks fine, except that I think the word</p> <p>15 Tamoxifen is missing twice. I added it in the</p> <p>16 attached. It mightn't be Tamoxifen, but a</p> <p>17 word is missing. Also we referred to the lab</p> <p>18 three different ways, St. John's pathology</p> <p>19 lab, immunohistochemistry service, and Eastern</p> <p>20 Health lab. Does that matter? I'm picky this</p> <p>21 morning. Dan wanted to see it before it went</p> <p>22 out, so I sent it to him as well". That would</p> <p>23 be Dan Boone in this context?</p> <p>24 MS. PILGRIM:</p> <p>25 A. That would be Dan Boone, yes.</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. So, in effect, Mr. Boone was editing this on</p> <p>3 behalf of Eastern Health?</p> <p>4 MS. PILGRIM:</p> <p>5 A. That's right.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. And why is that?</p> <p>8 MS. PILGRIM:</p> <p>9 A. He was giving his suggestions, he was asked to</p> <p>10 give his suggestions by Heather and he gave</p> <p>11 them, you know giving--I guess she asked him</p> <p>12 to do it and he put his two cents worth in as</p> <p>13 to how he would like to see, what changes he</p> <p>14 would like to see.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Why would you be--did you ever ask Ms. Predham</p> <p>17 about, well, why are you asking Dan Boone</p> <p>18 that?</p> <p>19 MS. PILGRIM:</p> <p>20 A. It wouldn't be unusual to send things to Dan</p> <p>21 Boone to have a look at, especially anything</p> <p>22 that we were sending out publicly just to give</p> <p>23 him--just so he knew what we had sent out,</p> <p>24 that wouldn't be unusual.</p> <p>25 COFFEY, Q.C.:</p>

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<p>1 Q. I appreciate that, but that's not what's going 2 on here, he's actually -</p> <p>3 MS. PILGRIM:</p> <p>4 A. No, he's having input into this. And that 5 wouldn't be unusual, either, that he may weigh 6 in on something that we were preparing, give 7 us some suggestions.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And why is the solicitor for HIROC, as of 10 October 6th, would you be asking him about how 11 or what should go in a letter to physicians 12 concerning retesting results?</p> <p>13 MS. PILGRIM:</p> <p>14 A. Why would be it was fairly common, I guess, 15 for Heather as the risk manager to run things 16 by the insurer. Sometimes he would come back 17 with suggestions for change which we would 18 make and sometimes he would come back with 19 suggestions for change which we wouldn't make, 20 but in the end analysis he would always know 21 what the final thing was that went out.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And why would it be important to have that 24 happen?</p> <p>25 MS. PILGRIM:</p>	<p>1 say quality review since Dr. Williams has been 2 saying it all along." She says, "How about 3 this? Recently it was discovered that samples 4 tested in 2002 with the DAKO system and 5 reported as ER/PR negative were retested with 6 the Ventana system and now reported as ER/PR 7 positive. As some research indicates 8 Tamoxifen may benefit a patient up to ten 9 years after diagnosis it was felt important to 10 retesting all samples determined to be 11 negative for ER/PR. I checked with Dan and 12 he's okay with this."</p> <p>13 MS. PILGRIM:</p> <p>14 A. Um-hm.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Which is her suggestion.</p> <p>17 MS. PILGRIM:</p> <p>18 A. She incorporated one of the changes that he 19 suggested.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. Which is the one avoiding -</p> <p>22 MS. PILGRIM:</p> <p>23 A. Which is the one about taking the particular 24 reference to a patient out. But she didn't 25 change the quality review suggestion that he</p>
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<p>1 A. I think it was just, I don't know how 2 important it would be, but certainly just 3 keeping him in the loop, especially if he were 4 dealing with a lawsuit. You know, we do try 5 to keep him in the loop about what's 6 happening.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Yes.</p> <p>9 MS. PILGRIM:</p> <p>10 A. He doesn't always tell us what to do or 11 usually he doesn't tell us what to do, but we 12 do try to keep him informed about anything 13 that we're doing that may relate to the case 14 that he's dealing with.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Now here at the top of the page Ms. Predham, 17 the same date, 10:14 a.m. sends an e-mail to 18 yourself and Ms. Smith saying, and this is 19 just to you, it's not to anyone else involved 20 in this?</p> <p>21 MS. PILGRIM:</p> <p>22 A. Right.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. "Here is Dan's feedback." which is the e-mail 25 below, I presume, "I figure we might as well</p>	<p>1 made.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. If we could look, please, at Exhibit P-3152, 4 3152? It's a copy, October 4th it's dated, 5 2005. It's actually a couple of days before 6 the letter was presumably actually signed by 7 Dr. Gardiner. This is the letter that 8 actually went out, isn't it, it's signed? Do 9 you think so?</p> <p>10 MS. PILGRIM:</p> <p>11 A. I wouldn't be able to tell you 100 percent 12 that that is the one.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Well, it certainly is signed by him. It has 15 that paragraph -</p> <p>16 MS. PILGRIM:</p> <p>17 A. I don't think we made any changes to it after 18 Paul signed it. But, you know, I couldn't 19 swear to you, Mr. Coffey, that that's the same 20 one that went out.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. Now, can you find in that--and again, it may 23 be there, I'm just not looking at it now, can 24 you find any reference to quality review?</p> <p>25 MS. PILGRIM:</p>

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1 A. Probably not now. I just read it, I couldn't
 2 find it there.
 3 COFFEY, Q.C.:
 4 Q. Yes.
 5 THE COMMISSIONER:
 6 Q. (Inaudible).
 7 COFFEY, Q.C.:
 8 Q. Pardon me?
 9 MS. PILGRIM:
 10 A. Is it there? "This will continue until our
 11 quality review is complete."
 12 COFFEY, Q.C.:
 13 Q. Yes, "our quality review is complete." But
 14 that, in that context the earlier references
 15 to quality review which we saw in the drafts
 16 is gone?
 17 MS. PILGRIM:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. Look back through the drafts, it was in the
 21 middle.
 22 MS. PILGRIM:
 23 A. Which is changed, yes, changed where it was.
 24 COFFEY, Q.C.:
 25 Q. And so there is one reference at the very end?

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1 MS. PILGRIM:
 2 A. Um-hm. But I guess the message is that we are
 3 doing a quality review.
 4 COFFEY, Q.C.:
 5 Q. Now, if we could look, please, at Exhibit P-
 6 3121?
 7 REGISTRAR:
 8 Q. 31?
 9 COFFEY, Q.C.:
 10 Q. 21, 3121. Thank you. This is some
 11 handwriting. Is this your handwriting, ma'am?
 12 MS. PILGRIM:
 13 A. It is, yes.
 14 COFFEY, Q.C.:
 15 Q. Yes, and you wrote, "Dear Dr. Gardiner, I have
 16 checked with risk management regarding legal
 17 implications of your signature on the attached
 18 letter. In your capacity as medical director
 19 of the H Bliss Murphy Cancer Centre services
 20 you are legally protected by Eastern Regional
 21 Integrated Health Authority. Any legal
 22 implications of this letter are your signature
 23 on this letter is in your capacity as an
 24 employee of Eastern Health. Sincerely,
 25 Patricia Pilgrim." Can you tell us, please,

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1 what this was about? I take it Dr. Gardiner
 2 had -
 3 MS. PILGRIM:
 4 A. Dr. Gardiner wanted some assurances that if he
 5 were to send this letter out, that he would be
 6 legally protected by Eastern Health.
 7 COFFEY, Q.C.:
 8 Q. Did he explain to you about what or from what?
 9 MS. PILGRIM:
 10 A. Just in case there was any legal ramifications
 11 or anything came up after the fact, he just
 12 wanted that assurance that if you're asking me
 13 to do this, I am protected. That was all,
 14 there was no further discussion. And that
 15 would have been something that I would have
 16 drawn up for my secretary to type and send to
 17 him.
 18 COFFEY, Q.C.:
 19 Q. Exhibit P-0091. This is an e-mail of October
 20 6th to yourself, in fact. It's copied to Dr.
 21 Williams, as well, but it says, he begins,
 22 "Pat, I just has a conversation with Dave
 23 Diamond who says that he and Susan Gillam
 24 would like the CEOs to come together to talk
 25 about the follow-up process on the ER/PR

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1 issue. He is not feeling comfortable that they
 2 are ready to respond if called. I suggested
 3 that you and I could meet with them to talk
 4 about the messages we are communicating when
 5 people call, what the role of the patients
 6 relations officer is, what direction is she
 7 giving and how the patient is being connected
 8 to the physician. Perhaps there is some
 9 documentation that we could send. I thought
 10 we could do this without having to pull Bob
 11 in. I was thinking midday Tuesday or
 12 Wednesday in the a.m.. If you're okay, let
 13 Joyce know and she will sent up." Now, what
 14 was this about?
 15 MS. PILGRIM:
 16 A. Just what I was told is what was there, that
 17 we had gotten a call from, you know, Dave
 18 Diamond was the CEO of Central.
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. PILGRIM:
 22 A. And Susan Gillam was the CEO of Western. And
 23 they just wanted to feel a bit more
 24 comfortable with what process we were using
 25 and learn a little bit from us about how we

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<p>1 were proposing to handle this. So they just 2 wanted the comfort of getting a group together 3 via conference call and just to make sure we 4 were all on the same page. That was my 5 understanding.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Because I take it then did you, as of then 8 having received this October 6th, understand 9 that they had misgivings about or they were 10 very uncomfortable about this?</p> <p>11 MS. PILGRIM:</p> <p>12 A. They needed a bit more information. They 13 weren't--again, when we got on the--I mean, 14 they were fine when we got on the system with 15 them, but they just wanted to make sure they 16 weren't missing anything that we were doing 17 and that we were all pretty standard in how we 18 were going to be approaching this. They 19 didn't have--they wanted, in particular, you 20 know, what was Nancy Parsons' role in this and 21 because they had to actually assign some 22 resources to this in their own area.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Equivalent to Ms. Parsons in terms of the 25 contact with patients?</p>	<p>1 article that she had read and I said I would 2 be interested in reading it and asked her to 3 send it to me, so she did.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. And the upshot of the article was what?</p> <p>6 MS. PILGRIM:</p> <p>7 A. Well, it was just trying to learn a little bit 8 more about this phenomenon of ER/PR that we 9 never knew anything about. I mean, I knew 10 very little about this so I was kind of eager 11 to read anything I could get my hands on at 12 that time. Can't say that I understood 13 everything that was in that article, but I 14 understood some of it. So that's purely, 15 really, Heather sharing with me something that 16 she had read. And I can't remember what 17 particular information was in there. There 18 was something in there, though, that I was 19 interested in reading about.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. If we just look at the very end of the 22 abstract, the reference from the abstract 23 which begins right there and ends on the third 24 page, he concludes by saying, finding--well, 25 it says "There is considerable variability in</p>
<p style="text-align: right;">Page 378</p> <p>1 MS. PILGRIM:</p> <p>2 A. Yeah, well, I don't know what they actually 3 did, but I think we were actually working with 4 the nurse out there after this. Although, in 5 Western--in Central we always worked with 6 Larry Alteen.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Exhibit P-3157? 3157, thank you. To follow 9 the narrative here, there's an e-mail, a fax 10 cover sheet, I'm sorry, from Heather Predham 11 to yourself, October 7th, 2005. The subject 12 is an enclosed article. And then we go, the 13 enclosed article is the Layfield article of 14 2004, I believe it is. No, I'm sorry, 2000, I 15 apologize. "Assessment of tissue estrogen and 16 progesterone receptor levels. A survey of 17 current practice, techniques and quantitation 18 methods."</p> <p>19 MS. PILGRIM:</p> <p>20 A. Um-hm.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. So I take it that this was being sent to you 23 why?</p> <p>24 MS. PILGRIM:</p> <p>25 A. She had been actually tell me about this</p>	<p style="text-align: right;">Page 380</p> <p>1 the antibodies utilized, the dilutions 2 applied, and the quantitation method and level 3 of expression used to dichotomize specimens in 4 the positive and negative groups. Finally, no 5 universal control for interlaboratory 6 standardization appears to exist." That's 7 kind of a state of affairs within the United 8 States, I take it, at the time?</p> <p>9 MS. PILGRIM:</p> <p>10 A. Yeah. And I'd say that was--that's what I 11 wanted. But that was back in 2000, right.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Yes. If we could look, please, at Exhibit 14 2964? This is an e-mail from Ms. Predham to 15 yourself, the subject is "Synopsis, October 16 7th." The attachment is "Overview of 17 response.doc." She says, "How is this, 18 Heather?" And then there's an overview of 19 estrogen, progesterone receptor testing. And 20 the next page is titled "Consumer feedback." 21 And says, "The following questions an answers 22 are posted on our website and form the basis 23 of our response to individuals when they 24 inquire, What is ER/PR? What is happening 25 now? Why are some results different? And I</p>

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<p>1 haven't been contacted, what should I do?"</p> <p>2 Synopsis of feedback received to date." I</p> <p>3 take it that this was being prepared to be</p> <p>4 given to the other boards?</p> <p>5 MS. PILGRIM:</p> <p>6 A. Share with the other regions, yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Exhibit 2962? This is an e-mail from Ms.</p> <p>9 Predham to yourself, again, the same day, I</p> <p>10 believe it's a little bit later on the same</p> <p>11 day. She says, "How is this?" The earlier</p> <p>12 one having been 12:46 p.m. this is 1:34 p.m.</p> <p>13 So I take it this is a developing?</p> <p>14 MS. PILGRIM:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Same e-mail we just looked there. And if we</p> <p>18 look, please, at Exhibit P-0349? Actually, if</p> <p>19 I could go back, I apologize, one, 2963, 2963?</p> <p>20 2963. This is an e-mail from Ms. Predham to</p> <p>21 yourself, again, October 7th. The attachment</p> <p>22 is "Heather" 2005, 10:08, it's a PDF file.</p> <p>23 And it says, "Check this out. I'll call you."</p> <p>24 And then here it's "Retesting process for</p> <p>25 samples outside the St. John's area," and it's</p>	<p>1 contemplated, do you know, to your knowledge,</p> <p>2 at the time? Because you're about to tell the</p> <p>3 other boards.</p> <p>4 MS. PILGRIM:</p> <p>5 A. The first--I think the person who really</p> <p>6 instigated that was Dr. Kwan, if I remember</p> <p>7 correctly.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Yes.</p> <p>10 MS. PILGRIM:</p> <p>11 A. And I would say it hadn't been contemplated up</p> <p>12 to that point, no.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. No, because if it was, you'd--and you're about</p> <p>15 -</p> <p>16 MS. PILGRIM:</p> <p>17 A. I would have -</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. - to send this off to David Diamond and</p> <p>20 company -</p> <p>21 MS. PILGRIM:</p> <p>22 A. Oh, yeah, we would have included it.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. You would have included or at least -</p> <p>25 MS. PILGRIM:</p>
<p>Page 382</p> <p>1 a flow chart. I take it this is some kind of</p> <p>2 a flow chart Ms. Predham would have prepared</p> <p>3 as for what was envisaged?</p> <p>4 MS. PILGRIM:</p> <p>5 A. Yes. It was trying to, yes, put it in a</p> <p>6 schematic that people could look at and fairly</p> <p>7 easily get the flow of how things were</p> <p>8 proposed to happen.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Now, here when we're looking at this, and this</p> <p>11 is as of October 7th?</p> <p>12 MS. PILGRIM:</p> <p>13 A. Right.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. There's no review panel here, is there?</p> <p>16 MS. PILGRIM:</p> <p>17 A. No.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. At that point in time the physician review</p> <p>20 panel -</p> <p>21 MS. PILGRIM:</p> <p>22 A. That's hadn't been, no, hadn't been finalized</p> <p>23 at that point.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. And certainly if it--was it being</p>	<p>Page 384</p> <p>1 A. Because once it was, then we were able to tell</p> <p>2 them that that's what, you know, the results</p> <p>3 would be going to a panel in St. John's.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. If we could look at Exhibit P-0349? This is</p> <p>6 an e-mail from Dianne Smith, your assistant,</p> <p>7 October 7th, late that Friday afternoon to</p> <p>8 Susan Gillam. It's copied to yourself and</p> <p>9 others. She says, "Attached information is</p> <p>10 forwarded on behalf of Patricia Pilgrim for</p> <p>11 your perusal and in preparation of meeting</p> <p>12 scheduled for Mr. Tilley's office this coming</p> <p>13 Tuesday, October 12th." And we look here</p> <p>14 attached is, I take it, the final version of</p> <p>15 the overview, consumer feedback and that</p> <p>16 spreadsheet?</p> <p>17 MS. PILGRIM:</p> <p>18 A. Yes.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And the spreadsheet does not refer to a</p> <p>21 physician review panel?</p> <p>22 MS. PILGRIM:</p> <p>23 A. Didn't change, no.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. And here at Exhibit P-3158 it's being sent to-</p>

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1 -I apologize, that's Ms. Gillam again. I
 2 apologize, Commissioner. Exhibit P-2735. So
 3 that was distributed, I take it, Ms. Pilgrim,
 4 that overview and so on and the spread--and
 5 I'm sorry, the flow chart to the three other
 6 authorities?
 7 MS. PILGRIM:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. Here, this is an e-mail with--well, it's a
 11 series of e-mails but the final one from Ms.
 12 Smith at 5:29 on October 7th to yourself
 13 saying "Pat, for your information, completed.
 14 Send to Doctors Jong, Jenkins and Alteen. Dr.
 15 Williams suggested we forward to Dr. Baker, as
 16 well." And below this it says -
 17 MS. PILGRIM:
 18 A. That's the other regions, yeah.
 19 COFFEY, Q.C.:
 20 Q. Yes, this is two Dr. Baker from Dianne Smith.
 21 It's a communique regarding ER/PR testing.
 22 And below that there's a reference to an e-
 23 mail, there is an e-mail of October 7 to the
 24 other regions saying, "Please see attached
 25 communique from Dr. Paul Gardiner."

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1 MS. PILGRIM:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. "Regarding the ER/PR testing issue. We ask
 5 that you ensure surgeons in your area who
 6 perform breast surgery receive a copy of this
 7 communique."
 8 MS. PILGRIM:
 9 A. That's right. That's -
 10 COFFEY, Q.C.:
 11 Q. And that's Dr. Gardiner's letter.
 12 MS. PILGRIM:
 13 A. Done through the VPs of Medicine, the VP--just
 14 to ensure, you know, just another little route
 15 to try to get the information out and we knew
 16 that VPs of Medicine would have ready access
 17 to surgeons in their areas.
 18 COFFEY, Q.C.:
 19 Q. Exhibit P-0350? This is the letter of October
 20 12th, Commissioner, as seen before, from Dr.
 21 Williams to a number of physicians generally
 22 and Ms. Predham about the Physician Review
 23 Panel, the set up of it, and it's copied to
 24 yourself at the very bottom there, yourself
 25 and Mr. Tilley.

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1 MS. PILGRIM:
 2 A. That's right.
 3 COFFEY, Q.C.:
 4 Q. Were you asked about the advisability of this,
 5 for any input into its advisability?
 6 MS. PILGRIM:
 7 A. I don't remember being asked, no, about the
 8 advisability. I remember being told that this
 9 was something that one of our senior surgeons,
 10 Dr. Kwan, thought would be a good idea and Dr.
 11 Williams was going to bounce it off some of
 12 the other people that actually this is sent
 13 to, and as he went through it, you know, it
 14 became something that everybody kind of
 15 embraced. But I particularly wasn't asked if
 16 this was a good idea.
 17 COFFEY, Q.C.:
 18 Q. At the time when you first heard about it and
 19 described, in terms of who--you know, in terms
 20 of the types of people that might be involved
 21 in it, did you have any concern about the fact
 22 that it might delay people getting their
 23 results?
 24 MS. PILGRIM:
 25 A. No, no, that wouldn't have been something that

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1 I consciously would have thought about at that
 2 time.
 3 COFFEY, Q.C.:
 4 Q. Because by this point in time, this is, you
 5 know, October 12th or so, 10th, 11th, 12th,
 6 you would have understood that there are going
 7 to be hundreds of results involved here.
 8 MS. PILGRIM:
 9 A. Yeah, and they were going to make themselves
 10 available. I know--well, I mean, the answer
 11 to your question is no, I didn't consciously
 12 consider that at the time.
 13 COFFEY, Q.C.:
 14 Q. Exhibit P-2251? This is a e-mail from Dr.
 15 Jenkins internally, within his organization,
 16 October 13th 2005, but he refers to "I just
 17 had a call from Pat Pilgrim. Eastern Health
 18 is assembling an expert panel, staffed by
 19 three medical oncologists, a radiation
 20 oncologist, two surgeons and a pathologist,
 21 who will be available to review results and
 22 provide advice to physicians in their dealing
 23 with individual patients. The group is just
 24 assembling now and as soon as we have some
 25 detail on the service they will provide, I

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1 will communicate that to our physicians." So
 2 you called, apparently, Doctor--you were
 3 tasked with calling -
 4 MS. PILGRIM:
 5 A. I would have been, for Dr. Williams, I guess,
 6 I would have called the other health VPs and
 7 just given them, told them that that decision
 8 had been made.
 9 COFFEY, Q.C.:
 10 Q. Why would you be asked to do that or why were
 11 you asked to do it?
 12 MS. PILGRIM:
 13 A. Just to help out, I would say. I don't know
 14 what Dr. Williams was doing that day, but he
 15 was probably up to his neck and I probably
 16 said "I'll do that."
 17 COFFEY, Q.C.:
 18 Q. Exhibit P-2737? This is a fax to Dr. Jenkins
 19 from yourself of October 13th, "as per our
 20 telephone conversation," you write, and this
 21 is the actual, that October 12 memo.
 22 MS. PILGRIM:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Did you distribute that to the other health

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1 authorities as well, do you think?
 2 MS. PILGRIM:
 3 A. If I recall, I think he wanted to see the
 4 memo, and the others probably didn't ask for
 5 that. They just took what I said. But I
 6 think Ken Jenkins actually asked me "would you
 7 send that along for me for my files?" So I
 8 did.
 9 COFFEY, Q.C.:
 10 Q. If we could, please, Exhibit P-0639? This is
 11 an agenda and then the minutes of Bliss Murphy
 12 Cancer Centre senior management meeting of
 13 October 13th, 2005. Here, under 3.1, ER/PR
 14 testing, it says "Dr. Laing provided a brief
 15 update on the ER/PR testing." Look up here,
 16 you're listed as in attendance, along with a
 17 number of others.
 18 MS. PILGRIM:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. So I just wanted again, the Commissioner to
 22 have some sense, within the Bliss Murphy
 23 Cancer Centre, who was doing the reporting to
 24 the senior management there? Was it Dr. Laing
 25 or yourself on this issue?

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1 MS. PILGRIM:
 2 A. At this time, I don't think Sharon Smith is in
 3 place there, is she?
 4 COFFEY, Q.C.:
 5 Q. No.
 6 MS. PILGRIM:
 7 A. Can you go back? Is Sharon there?
 8 COFFEY, Q.C.:
 9 Q. No.
 10 MS. PILGRIM:
 11 A. Okay. So this was before--I'm still now, at
 12 this point, recruiting a director for the
 13 Cancer Care Program, so the Bliss Murphy
 14 Cancer Centre will be no more. It will be
 15 added to and become a Cancer--so I'm just now
 16 fitting in with what they always had over
 17 there, and the people who are still left
 18 there, like Chris Power, Paul Gardiner. I
 19 don't know if Andrea Quinlan was there. They
 20 always had this meeting and I've kind of
 21 filled in because Bertha Paulse is not there
 22 any more, and so Kara would have been giving
 23 the updates because she was certainly the one
 24 that was the most directly involved with this.
 25 COFFEY, Q.C.:

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1 Q. And what I'm getting at is between you and
 2 her, she was the one who was more directly
 3 involved at this point and she was giving
 4 updates to the senior management?
 5 MS. PILGRIM:
 6 A. Absolutely, yeah.
 7 COFFEY, Q.C.:
 8 Q. Of that organization.
 9 MS. PILGRIM:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And here, "it was noted that this is not a
 13 cancer clinic issue, but a lab issue, however,
 14 which affects our patients." Do you recall
 15 what--why in the context that was said? In
 16 effect, blaming the lab.
 17 MS. PILGRIM:
 18 A. Well, I think that at that point, there was--
 19 the people who were traditionally in the
 20 Cancer Centre, there was a desire on their
 21 behalf, I think, not to--you know, they dealt
 22 with cancer patients all the time and they
 23 really would resist anything, even if you were
 24 writing a letter or something coming from the
 25 Cancer Centre, they wanted it to come from the

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1 lab or come from administration, not come from
 2 the Cancer Centre.
 3 COFFEY, Q.C.:
 4 Q. If it was associated with this issue?
 5 MS. PILGRIM:
 6 A. Yes, so I think that's what she was referring
 7 to there, that this is--even though this
 8 didn't like happen in the Cancer Centre, it
 9 happened in the lab, but you know, still
 10 obviously as we were moving into Eastern
 11 Health, the cancer program was becoming more
 12 and more involved in this issue. So that's
 13 what I remember. There was a if you can keep
 14 this away from the NCTRF, it was more of that
 15 kind of an issue.
 16 COFFEY, Q.C.:
 17 Q. They were sensitive about any -
 18 MS. PILGRIM:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. - being associated with any stigma that might
 22 -
 23 MS. PILGRIM:
 24 A. Well, where they had to deal with the patients
 25 and that, and you know, it was just how they

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1 were feeling at the time. I mean, that went
 2 away after, but you know, I didn't actually
 3 hear them blame it on the lab, but it was, you
 4 know, keep it over here. This is the Cancer
 5 Centre, and they really want--they resisted
 6 being directly associated with -
 7 COFFEY, Q.C.:
 8 Q. And I appreciate, I use the word blame, but in
 9 the context here, this is not a cancer clinic
 10 issue -
 11 MS. PILGRIM:
 12 A. No.
 13 COFFEY, Q.C.:
 14 Q. - but a lab issue.
 15 MS. PILGRIM:
 16 A. It happened in the lab. It didn't happen in
 17 the Cancer Centre. That was, you know.
 18 COFFEY, Q.C.:
 19 Q. Yes, so if there's a problem, it's the lab's
 20 problem, that was the context?
 21 MS. PILGRIM:
 22 A. Yeah, we don't want--well, the context was,
 23 you know, don't tie--don't be sending things
 24 out from us and so it's a lab issue, keep it
 25 in the lab.

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1 COFFEY, Q.C.:
 2 Q. The last sentence says "any calls that staff
 3 review regarding--receive"--that should be, it
 4 says review, but presumably it should be
 5 receive, "regarding ER/PR testing and
 6 reporting should be directed to Nancy Parsons
 7 at Quality Initiatives."
 8 MS. PILGRIM:
 9 A. Right.
 10 COFFEY, Q.C.:
 11 Q. So by this point, which is October 13th -
 12 MS. PILGRIM:
 13 A. Right.
 14 COFFEY, Q.C.:
 15 Q. - certainly, and I gather before this, Ms.
 16 Parsons had been identified as the person who
 17 would take the calls?
 18 MS. PILGRIM:
 19 A. Well, she was always the patient relations
 20 officer, and there was certainly a desire, I
 21 guess on behalf of the organization, Mr.
 22 Coffey, that we--to have a consistency and to
 23 really keep our pulse on how many calls we
 24 were getting, it was really--because patients
 25 would pick up the phone and phone the Cancer

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1 Centre. They had really good relationships
 2 with some people. They might phone a
 3 technologist down in radiation. So here, we
 4 were really letting the staff know, you know,
 5 there is someone that you can put these
 6 patients onto.
 7 COFFEY, Q.C.:
 8 Q. Which is Ms. Parsons.
 9 MS. PILGRIM:
 10 A. They might not have known that. They didn't
 11 even know Nancy Parsons at the time.
 12 COFFEY, Q.C.:
 13 Q. But she was not actually a part of the Cancer
 14 Centre. She was part of Eastern Health at
 15 large.
 16 MS. PILGRIM:
 17 A. She was a part of Eastern Health and this
 18 group were just becoming a part of Eastern
 19 Health.
 20 COFFEY, Q.C.:
 21 Q. Now in relation to that, was Ms. Parsons--was
 22 any thought given to giving Ms. Parsons any
 23 kind of training or kind of intensive briefing
 24 in relation to this whole matter and what she
 25 was getting herself involved in?

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1 MS. PILGRIM:
 2 A. At this point?
 3 COFFEY, Q.C.:
 4 Q. Yes. She's going to be the chief point of
 5 contact.
 6 MS. PILGRIM:
 7 A. Other than what would have been done through
 8 Quality at that time, like whatever Heather
 9 would have said to her. I certainly didn't
 10 give her any briefing at that time.
 11 COFFEY, Q.C.:
 12 Q. And to your knowledge, no one within senior
 13 management kind of said "well, wait now, if
 14 we're directing all the calls from outside to
 15 her -
 16 MS. PILGRIM:
 17 A. Well, she would have gotten information from
 18 Heather.
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. PILGRIM:
 22 A. I mean, there would have been no one better
 23 than Heather to know what had happened right
 24 from day one.
 25 COFFEY, Q.C.:

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1 Q. Now Ms. Parsons has testified here.
 2 MS. PILGRIM:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. And she has told the Commissioner that at
 6 least, in the early stages certainly, she, in
 7 effect, knew nothing about it and had to learn
 8 as she went, in the sense of had to kind of
 9 educate herself. She said that Ms. Predham,
 10 from time to time, would ask her to come along
 11 to a meeting or whatever, but there was
 12 certainly--there's no indication, I don't
 13 recall, any organized attempt, kind of formal
 14 organized attempt to brief her, as it were.
 15 MS. PILGRIM:
 16 A. No, not that I'm aware of.
 17 COFFEY, Q.C.:
 18 Q. So it didn't come up at the time?
 19 MS. PILGRIM:
 20 A. No, didn't come to my attention, no. I know
 21 that Nancy was involved as this went on. I
 22 mean, she just wasn't the voice at the end of
 23 a phone. She was certainly setting up meetings
 24 for disclosure with patients with physicians
 25 and--so she was very involved in this.

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1 COFFEY, Q.C.:
 2 Q. And I--so she said, I appreciate that, but I'm
 3 asking you, in terms of from the management of
 4 this whole issue's perspective, amongst the
 5 senior managers you were part of -
 6 MS. PILGRIM:
 7 A. Yes, I was, yeah.
 8 COFFEY, Q.C.:
 9 Q. - no one, that you recall, ever thought or
 10 spoke about the need to have the chief contact
 11 person fully briefed on this?
 12 MS. PILGRIM:
 13 A. No, not for one of us to sit down and brief
 14 her on this, no.
 15 COFFEY, Q.C.:
 16 Q. Because in the meantime, before we finish up
 17 for the day, Commissioner, in the meantime, if
 18 we look back at all of those October 2005
 19 media clippings, if we were to go through
 20 those, you'll see that Dr. Laing is a
 21 spokesperson, Dr. Williams is a spokesperson,
 22 and I think initially, in the early stages,
 23 they quote Ms. Bonnell at one point, The
 24 Independent does.
 25 MS. PILGRIM:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. Was it your understanding that considerable
 4 thought was given to what Dr. Williams might
 5 say, Dr. Laing might say? Because in any
 6 case, they would be informed about this.
 7 MS. PILGRIM:
 8 A. Might say in relation -
 9 COFFEY, Q.C.:
 10 Q. About ER/PR.
 11 MS. PILGRIM:
 12 A. - to Nancy Parsons?
 13 COFFEY, Q.C.:
 14 Q. No, no, about ER/PR to the media. Here's -
 15 MS. PILGRIM:
 16 A. I've missed you now.
 17 COFFEY, Q.C.:
 18 Q. If I could, I apologize, because it's been a
 19 long afternoon.
 20 MS. PILGRIM:
 21 A. I've missed you, yeah.
 22 COFFEY, Q.C.:
 23 Q. Okay. The spokespeople for Eastern Health -
 24 MS. PILGRIM:
 25 A. Right.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. - to the media were to be Dr. Laing and Dr.</p> <p>3 Williams, and in fact, they were, in October</p> <p>4 2005.</p> <p>5 MS. PILGRIM:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. You didn't speak to the media yourself?</p> <p>9 MS. PILGRIM:</p> <p>10 A. I did not, no.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And it was understood within the organization</p> <p>13 that Dr. Laing and Dr. Williams would be the</p> <p>14 spokespeople to the media.</p> <p>15 MS. PILGRIM:</p> <p>16 A. Dr. Laing, Dr. Williams and probably Dr. Cook.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Okay.</p> <p>19 MS. PILGRIM:</p> <p>20 A. They were the ones most intricately involved</p> <p>21 with, you know, patient care and the decisions</p> <p>22 that were being made.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. And all three of those individuals, because of</p> <p>25 the nature of their occupations and their</p>	<p>1 Nancy Parsons was a patient relations officer,</p> <p>2 had been with the Health Care Corporation,</p> <p>3 worked in the Quality department, had a very</p> <p>4 close relationship with Heather Predham and</p> <p>5 when--because here, I don't even--I don't know</p> <p>6 if we had--at this point, did we have people</p> <p>7 geared up to start making the calls? I don't</p> <p>8 think we did.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. No, that comes after.</p> <p>11 MS. PILGRIM:</p> <p>12 A. To the patients. So this was really--these</p> <p>13 things are out in the media like anything</p> <p>14 could be, and I think our attempt here was</p> <p>15 just to say to the staff, if people are</p> <p>16 calling you, put them on to Quality, and then</p> <p>17 they will keep track of who's calling and</p> <p>18 Nancy, her response to a patient might be to</p> <p>19 call Sharon Smith and ask her to call the</p> <p>20 patient, because she certainly would have</p> <p>21 brought in the resources over in the Cancer</p> <p>22 Centre.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. But in terms of as being the initial contact</p> <p>25 person, did you have any reason to believe, at</p>
<p>Page 402</p> <p>1 prior involvement in this, you would expect</p> <p>2 have had a fairly intimate knowledge of what</p> <p>3 was involved here.</p> <p>4 MS. PILGRIM:</p> <p>5 A. Yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Correct?</p> <p>8 MS. PILGRIM:</p> <p>9 A. Um-hm.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. And dealing with the media.</p> <p>12 MS. PILGRIM:</p> <p>13 A. Um-hm.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. But in dealing with the individual patients,</p> <p>16 it was envisaged that Ms. Parsons, who had</p> <p>17 really no background in this at all at that</p> <p>18 point, would be the person who would be</p> <p>19 dealing directly with the patients who called.</p> <p>20 MS. PILGRIM:</p> <p>21 A. Well, I guess -</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Is that -</p> <p>24 MS. PILGRIM:</p> <p>25 A. No, I mean, that wasn't what was envisaged.</p>	<p>Page 404</p> <p>1 the time, by October 13th or so, that Ms.</p> <p>2 Parsons had any particular knowledge about</p> <p>3 ER/PR? For example, compared to Dr. Laing,</p> <p>4 Dr. Williams or Dr. Cook.</p> <p>5 MS. PILGRIM:</p> <p>6 A. Well, she wouldn't have had the knowledge that</p> <p>7 they had.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Sure, thank you. If I could, please, Exhibit</p> <p>10 P-0351? 351, thank you. This is a document</p> <p>11 entitled "Review of Immunohistochemistry Lab,</p> <p>12 the General Hospital site, Eastern Health."</p> <p>13 It's dated October 13th, 2005. It's prepared</p> <p>14 by Mr. Gulliver and Dr. Cook for Dr. Williams.</p> <p>15 Did you ever see a copy of this?</p> <p>16 MS. PILGRIM:</p> <p>17 A. I've seen a copy of that.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. I appreciate that.</p> <p>20 MS. PILGRIM:</p> <p>21 A. But I don't remember when I first saw a copy</p> <p>22 of that. I certainly didn't see it probably</p> <p>23 when it was written.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Like in 2005, you wouldn't have seen this?</p>

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<p>1 MS. PILGRIM: 2 A. I wouldn't have. No, I don't think I saw that 3 in 2005. 4 COFFEY, Q.C.: 5 Q. So this was, as it were, an action plan 6 because when one looks through it - 7 MS. PILGRIM: 8 A. I'd say that's what it was. 9 COFFEY, Q.C.: 10 Q. That's what it is. 11 MS. PILGRIM: 12 A. He would have asked them to give him a status 13 report about what they were doing. 14 COFFEY, Q.C.: 15 Q. So if this could be phrased or termed an 16 action plan, at least in your capacity as VP 17 for Quality Assurance, it wasn't forwarded to 18 you by Dr. Williams? 19 MS. PILGRIM: 20 A. It wasn't, no. 21 COFFEY, Q.C.: 22 Q. In terms of to let you know, this is what 23 we're doing? 24 MS. PILGRIM: 25 A. No.</p>	<p>1 Q. I take it this would be the beginning or the 2 first indication of a law suit - 3 MS. PILGRIM: 4 A. Right. 5 COFFEY, Q.C.: 6 Q. - arising out of this. Would that actually 7 involve or require any action on your part? 8 MS. PILGRIM: 9 A. No, it's just for notification, just to let us 10 know. 11 MR. COFFEY: 12 Q. And Ms. Predham, I take it, would attend to 13 this. 14 MS. PILGRIM: 15 A. At that point, yes, she would have been the 16 claims person. 17 MR. COFFEY: 18 Q. Finally, Exhibit P-0243. Commissioner, I'm 19 just going to push it a little bit. I want to 20 get your comment on this. This is an e-mail 21 of October 17, 2005 from by Ms. Predham to Dr. 22 Williams and yourself. She writes, "here's 23 the transcript from what Peter Dawe said, is 24 very inflammatory. And here when we look at 25 page 3 which is an electronic media</p>
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<p>1 COFFEY, Q.C.: 2 Q. Would it have been of interest to you? 3 MS. PILGRIM: 4 A. It would have been of interest to me, yes. I 5 wouldn't have had any direct responsibility 6 for it. 7 COFFEY, Q.C.: 8 Q. Sure. 9 MS. PILGRIM: 10 A. It would have been his issue with his 11 leadership team there in the lab, but you 12 know, anything like this would be of interest 13 to you, for sure. 14 COFFEY, Q.C.: 15 Q. If we could, Exhibit P-0352? This is an e- 16 mail involving Joyce Penney and others, 17 including yourself. It's potential litigation 18 resulting from ER/PR. I take it that attached 19 is a letter from a law firm, Roebbothan McKay 20 Marshall, of October 14th to Mr. Tilley 21 advising of the potential for a law suit to be 22 issued or to be initiated. 23 MS. PILGRIM: 24 A. Um-hm. 25 COFFEY, Q.C.:</p>	<p>1 transcript, October 17. It's for an 2 interview--the client is Eastern Health. It 3 occurred on NTV Evening News October 14, 2005. 4 Fred Hutton is the announcer. Carolyn Stokes 5 is involved. And we go to page four, Mr. Dawe 6 is quoted as having said, "since 1997 there 7 could be about several hundred women who were 8 told they were negative for estrogen and 9 progesterone receptors when, in fact, they 10 were positive. And what that means is that 11 you have several hundred women, potentially, 12 who were eligible to go on a different type of 13 therapy that he had been clinically proven to 14 be very effective. And so there, as you can 15 read into that and there's all kinds of 16 consequences to that, it could be very 17 drastic. You could have someone who literally 18 didn't survive because of this and it could be 19 that the person may not have went on it anyway 20 considering the side effects of the medication 21 and their own clinical position. So, it's 22 still individual, but you know, with that many 23 women going through, our fear is that, yeah, 24 absolutely, somebody was drastically impacted 25 by this".</p>

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<p>1 And I wanted to ask you now, did you 2 consider that inflammatory? 3 MS. PILGRIM: 4 A. I don't think I would have used the word 5 inflammatory, that was Heather's word. 6 MR. COFFEY: 7 Q. Yes, and I ask you that because she sent you 8 the e-mail. 9 MS. PILGRIM: 10 A. Um-hm. 11 MR. COFFEY: 12 Q. Is there anything inaccurate in that? 13 MS. PILGRIM: 14 A. To me that's Peter Dawe, the Advocate, out 15 doing his, you know, expressing his concern in 16 the media. 17 MR. COFFEY: 18 Q. Is there anything inaccurate in what's there, 19 to your knowledge? Did you have the 20 understanding at that time - 21 MS. PILGRIM: 22 A. Several hundred women - 23 MR. COFFEY: 24 Q. Yes. 25 MS. PILGRIM:</p>	<p>1 probably wouldn't use the words, "could be 2 very drastic" and "literally didn't survive 3 because of this", this is all supposition. 4 MR. COFFEY: 5 Q. So, I wanted to ask you about that, Ms. 6 Pilgrim, on that very point. 7 MS. PILGRIM: 8 A. I'm not saying it's not true. 9 MR. COFFEY: 10 Q. Yes, well, that's what I'm getting at. I want 11 to ask you about your own sense of it at the 12 time, in mid October, 2005, having received 13 this e-mail from Ms. Predham. She 14 characterizes this as inflammatory. Now, what 15 did you understand about the effect of 16 Tamoxifen or the withholding of it, 17 inadvertent withholding of it from people who 18 should have received it. 19 MS. PILGRIM: 20 A. Well, obviously, if you're giving Tamoxifen to 21 women with breast cancer, there's a reason 22 you're giving it to them. And if people who 23 would qualify or be eligible for it, don't get 24 it, there would be a negative effect of not 25 getting it. That would be how I would see it.</p>
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<p>1 A. - could be on a different type of therapy and 2 so there is--you can read into that, there's 3 all kinds of consequences; it could be very 4 drastic; you could have someone who literally 5 didn't survive because of this. 6 MR. COFFEY: 7 Q. Now, wasn't that true? Was that your 8 understanding at the time? 9 MS. PILGRIM: 10 A. Well, my understanding was, with Tamoxifen, is 11 that the results of Tamoxifen was that it did 12 prolong, gave you a prolongation for a period 13 of time. 14 MR. COFFEY: 15 Q. Yes. 16 MS. PILGRIM: 17 A. Right. 18 MR. COFFEY: 19 Q. Which means that you'd live longer. 20 MS. PILGRIM: 21 A. And different people--you lived longer. It 22 didn't mean it cured you or you lived to be an 23 older person or whatever. So, if I was going 24 to saying anything there that, you know, that 25 I wouldn't have said, probably if it was me, I</p>	<p>1 MR. COFFEY: 2 Q. The negative effect could be that they would 3 die sooner than they otherwise would, if they 4 had received it, correct? 5 MS. PILGRIM: 6 A. That they may, yes, yes. 7 MR. COFFEY: 8 Q. In other words, they might not have survived 9 as long as they otherwise would. 10 MS. PILGRIM: 11 A. Yes. 12 MR. COFFEY: 13 Q. You would have understood that at the time? 14 MS. PILGRIM: 15 A. I would have, um-hm. 16 MR. COFFEY: 17 Q. It would have been understood at the time that 18 at that time you wouldn't have known how many 19 would fall into that category? 20 MS. PILGRIM: 21 A. No, I would not, no. 22 MR. COFFEY: 23 Q. But in terms of the fact that, in effect, the 24 failure to give somebody Tamoxifen could have 25 resulted in them dying earlier, which is, in</p>

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1 effect -
 2 MS. PILGRIM:
 3 A. Somebody was drastically impacted by this.
 4 MR. COFFEY:
 5 Q. That's certainly a drastic impact, isn't it -
 6 MS. PILGRIM:
 7 A. Um-hm.
 8 MR. COFFEY:
 9 Q. - for that individual patient. So, was it, in
 10 fact, inflammatory at all or just a statement,
 11 in fact, of what was reality?
 12 MS. PILGRIM:
 13 A. Well, I'm not the one that used the word
 14 inflammatory, that was Heather.
 15 MR. COFFEY:
 16 Q. Yes, but I'm asking you, in terms of your own
 17 view of what Mr. Dawe said at the time.
 18 MS. PILGRIM:
 19 A. I saw this--I wouldn't have used the word
 20 inflammatory. I think what you are seeing
 21 here is just, I guess, the super-sensitivity
 22 within Eastern Health at this time. And I
 23 guess we were in a position many times when we
 24 weren't objectively looking at the criticism
 25 that was being out there in the media about

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1 it. It was just a very difficult time and I
 2 think what you're seeing here is just that
 3 level of emotion and sensitivity that was in
 4 the organization at the time. So, I'd say -
 5 MR. COFFEY:
 6 Q. At the time -
 7 MS. PILGRIM:
 8 A. - I don't see that as inflammatory, but at
 9 that time, I would have been upset to see that
 10 just because of the sensitivity that we had.
 11 MR. COFFEY:
 12 Q. And why would you have been upset?
 13 MS. PILGRIM:
 14 A. Because we were--not because Peter Dawe said
 15 anything wrong or anything like that. I mean,
 16 obviously, he's doing his job here, but
 17 internally it was just a criticism that,
 18 albeit we probably deserved a lot of the
 19 criticism we got, but again, you are sensitive
 20 to that criticism when you are working so hard
 21 to try to address the situation. And I think
 22 that's all that you see in any of these
 23 comments, Mr. Coffey.
 24 MR. COFFEY:
 25 Q. Yes, and I'm not taking it all -

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1 MS. PILGRIM:
 2 A. No, but that's already -
 3 MR. COFFEY:
 4 Q. What I'm trying to get for the Commissioner is
 5 some sense within the organization at the time
 6 which you were a part of, was there an
 7 acknowledgement in the middle of October, 2005
 8 -
 9 MS. PILGRIM:
 10 A. The patients were -
 11 MS. PILGRIM:
 12 A. - that this could have, in effect, kill people
 13 -
 14 MS. PILGRIM:
 15 A. Absolutely -
 16 MR. COFFEY:
 17 Q. - earlier than--killed in the sense of causing
 18 them to die earlier than -
 19 MS. PILGRIM:
 20 A. Well, whatever the effects were from Tamoxifen
 21 which was really to people who responded to it
 22 a longer period of life, prolonging life.
 23 Yes, there was absolutely an acknowledgment
 24 that for patients who had been, whose results
 25 had changed, this impact had been denied them

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1 because of the results that they were given.
 2 That was not something that we were not aware
 3 of.
 4 MR. COFFEY:
 5 Q. You were aware of; was it talked about?
 6 MS. PILGRIM:
 7 A. Yes, it was talked about.
 8 MR. COFFEY:
 9 Q. Okay, so it was talked about.
 10 MS. PILGRIM:
 11 A. Sure.
 12 MR. COFFEY:
 13 Q. So, if it was talked about and you're
 14 sensitive about it, could you just tell the
 15 Commissioner, explain to the Commissioner,
 16 well, why, if people are so sensitive about
 17 this, certainly having an outsider say it,
 18 something that was being talked about
 19 internally, why would you be considered about
 20 an outsider pointing out something that was
 21 obviously to all of you inside.
 22 MR. SIMMONS:
 23 Q. Commissioner, Ms. Pilgrim has not said that
 24 she was concerned about an outsider pointing
 25 this out. She hasn't said that.

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1 MS. PILGRIM:

2 A. I guess I'm not quite sure what you're asking
3 me to say here, Mr. Coffey. All that I can
4 explain to you with some of these e-mails that
5 you will see--these e-mails were like a
6 conversation back and forth between two people
7 in an organization about what somebody was
8 saying about our organization. And, you know,
9 be it, you know, that we certainly earned some
10 of the criticism that we were getting, we were
11 still really, you know, killing ourselves
12 trying to address this situation and being
13 human, we did react to some of this between
14 ourselves, you know. Not knowing this was
15 going to be down here at a Commission of
16 Inquiry and having to answer questions about
17 it, but we had many conversations about our
18 frustrations about this.

19 MR. COFFEY:

20 Q. Okay.

21 THE COMMISSIONER:

22 Q. 9:30 in the morning.

23 MR. COFFEY:

24 Q. Thank you, Commissioner.

25 Upon conclusion at 5:15 p.m.

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1 CERTIFICATE

2 I, Judy Moss, hereby certify that the foregoing is
3 a true and correct transcript in the matter of the
4 Commission of Inquiry on Hormone Receptor Testing,
5 heard on the 30th day of September, A.D., 2008
6 before the Honourable Justice Margaret A. Cameron,
7 Commissioner, at the Commission of Inquiry, St.
8 John's, Newfoundland and Labrador and was
9 transcribed by me to the best of my ability by
10 means of a sound apparatus.
11 Dated at St. John's, Newfoundland and Labrador
12 this 30th day of September, A.D., 2008
13 Judy Moss

Inquiry on Hormone Receptor Testing

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