COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

September 30, 2008

Appearances:

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

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

Peter Browne/Jane Hennebury . . . . . Doctors Kara Laing et al

Daniel Simmons . . . . . Eastern Regional Integrated
. . . . . Health Authority

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

Mark Pike . . . . . NL Medical Association
Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)
Blair Pritchett. . . . . Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

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LIST OF EXHIBITS

TABLE OF CONTENTS

MS. MARIA TRACEY, EXAMINATION BY BERNARD COFFEY, Q.C.
(CONT'D)

THE COMMISSIONER:

Q. Please be seated. Mr. Coffey.

COFFEY, Q.C.:

Q. Yes, Commissioner. Ms. Tracey, a couple of different matters. I wanted to ask you, were there any occurrence reports that you're aware of or whatever the term one would use -

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. - regarding fixation issues or improper handling of specimens, not in the sense of mislabelling the specimens, because I understand that would occur from time to time, but in terms of the quality of the tissue specimen?

MS. TRACEY:

A. What time period?

COFFEY, Q.C.:

Q. Well, in relation to, in particular, 1998 through 2005 really?

MS. TRACEY:

A. I'm not aware of any. I think that the

Page 5

feedback came informally to the managers directly, if there was issues with fixation.

COFFEY, Q.C.:

Q. So it would be verbal?

MS. TRACEY:

A. Verbal.

COFFEY, Q.C.:

Q. It wouldn't have been in written form?

MS. TRACEY:

A. The lab has formalized the process since and they do fill out occurrence reports.

COFFEY, Q.C.:

Q. But that's since 2005?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. Okay. If we could look, please, at Exhibit P-3084? I just wanted to clarify something about this. We looked at this yesterday, Ms. Tracey. This is the October 4th, 2005 OR information session.

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. Recall that, and in particular we looked at

Page 6

the second paragraph on the second page. Which facility would this have been occurring in?

MS. TRACEY:

A. St. Clare's site.

COFFEY, Q.C.:

Q. This is St. Clare's, and if we could look then at Exhibit P-2884? This is the November 22nd, 2005 staff meeting, the notes on that, and we looked at number nine at the bottom of the page there, in particular. This is what site?

MS. TRACEY:

A. St. Clare's.

COFFEY, Q.C.:

Q. St. Clare's. Do you know if a similar meeting was held at the General site?

MS. TRACEY:

A. Yes, weekly in-service is provided at the General site in the same manner and any issues that are of concern are discussed at in-service. There's an information session and then once a month there's a staff meeting.

COFFEY, Q.C.:

Q. And was there any written record of the one at the General Hospital, do you know?

Page 7

MS. TRACEY:

A. I couldn't find it.

COFFEY, Q.C.:

Q. But you would have expected that in having distributed that letter to--if I could, Exhibit P-1939? Deanne, Dorothy and Shirley?

MS. TRACEY:

A. Dianne, Dorothy and Shirley. Dianne is the manager of surgical daycare, was, she's retired.

COFFEY, Q.C.:

Q. Pardon me?

MS. TRACEY:

A. She was the manager of surgical daycare, Dianne Sullivan.

COFFEY, Q.C.:

Q. Yes.

MS. TRACEY:

A. She's retired since.

COFFEY, Q.C.:

Q. Yes. So, and she was at the General site?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. And you would have expected her to bring it up

Page 8

-

MS. TRACEY:

A. Absolutely, and Dorothy in the operating room.

COFFEY, Q.C.:

Q. In the General?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. Okay, so do you have--there's no written record of it like there is at St. Clare's, have you checked with them -

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. - as to whether or not this was discussed?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. And it was discussed and the nursing staff were made aware of it?

MS. TRACEY:

A. The nursing staff were aware of it.

COFFEY, Q.C.:

Q. The practice change?

MS. TRACEY:

Page 9

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

Page 10

specimen will not be leaving the operating suite unless the clinical history has been completed."
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. Now in relation to this, I wanted to ask you, could there be situations where--well, first of all, I'll ask you, was this rigidly enforced, to your knowledge?
MS. TRACEY:
A. OR nurses can't enforce this. This is a surgeon practice. So the surgeons have to change their practice. But I understand the lab, yes, rigidly enforced it and actually would call for the history or call and advise that the history was inadequate, if it was in the pathology requisition.
COFFEY, Q.C.:
Q. No, I appreciate that, in terms of actually forcing a doctor to sit down and write something. I'm not asking you about that.
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:

Page 11

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

Page 12

actually address their concerns to the surgeons. You know, we didn't want to be intermediaries in this. We felt that it was the surgeon behaviour had to change.
COFFEY, Q.C.:
Q. And if I could, and again, just to clarify something we were discussing toward the end of your evidence yesterday, if we could look, please, at Exhibit P-3088? This is the specimen care operating room policy manual sheet.
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. Okay, and it was revised March of '07, up there.
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. 2007, and now is this the one that's currently in place?
MS. TRACEY:
A. Yes, it is.
COFFEY, Q.C.:
Q. In your facility?

Page 13

MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. I'm sorry, in your--in the perioperative program in St. John's?
MS. TRACEY:
A. Yes, in the two adult sites.
COFFEY, Q.C.:
Q. In the two adult sites?
MS. TRACEY:
A. Yes, but as I reminded you yesterday, the number three, we actually use the lab policies that were recently put into practice.
COFFEY, Q.C.:
Q. And I take it that what you're saying is that this one is still in place, except that people have been told to read in here at number three, the applicable lab policies?
MS. TRACEY:
A. Yes, and the clinical educator sent out e-mails to all the staff to make them aware of that. It was education done by the lab on the policies.
COFFEY, Q.C.:
Q. And are the operating room policy manual

Page 14

documents all kept in a particular place?
MS. TRACEY:
A. There are copies of them in each operating room.
COFFEY, Q.C.:
Q. And right now, are there copies of the lab, applicable lab guidelines?
MS. TRACEY:
A. They're in our policy manual immediately after this.
COFFEY, Q.C.:
Q. After this?
MS. TRACEY:
A. In the place--well, we have to keep the guidelines for the management of specimens because cytology, bacteriology haven't released their policies yet. So it was the pathology policies had to be followed. But we're in the process of revising this and we'll get it revised this month, at least will in October, so that it will read--you know, the guidelines will be, I guess, the exact what policy has to be followed. The nurses have been informed and they have been educated on the policies.

Page 15

COFFEY, Q.C.:
Q. And when did that occur?
MS. TRACEY:
A. I'm not exactly sure. It would have been during early summer, late summer, you know, during the summer period.
COFFEY, Q.C.:
Q. Of this year?
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. And -
MS. TRACEY:
A. I believe St. Clare's was at the beginning of the summer and the General site was a little bit later.
COFFEY, Q.C.:
Q. In relation then to this, you've indicated to the Commissioner that there are e-mails that exist concerning telling the staff about this.
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. If I could ask that they be passed on, copies of them obtained and passed on to Mr. Simmons

Page 16

to be passed on to -
MS. TRACEY:
A. Sure.
COFFEY, Q.C.:
Q. - the Commission? Thank you. And in effect, anything, any documentation related to the staff actually, like if there are, for example, notes like we looked at in relation to 2007, those notes we just looked at from St. Clare's.
MS. TRACEY:
A. Sure.
COFFEY, Q.C.:
Q. If there's any similar documentation or related documentation in existence relating to the current state of affairs and how you've arrived at it, okay, current status, if you could pass those on to Mr. Simmons, we'd appreciate that.
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. Thank you. Now I wanted to ask you, why is it that apparently there's a certain amount of lag time, as you pointed out, or delay in

Page 17

getting the actual written policies changed? Why is that?

MS. TRACEY:

A. Because it takes time to develop the policies and get them approved and put them in place. Practice is usually changed before the policies, if it's time sensitive.

COFFEY, Q.C.:

Q. And what contributes to the lag time? Why is -

MS. TRACEY:

A. During the summer time, the clinical educators are on vacation and the managers are on vacation. It's usually just a reality, it's difficult to get the committee together and the practice can be changed easily, but the policies just come behind, but they do get changed.

COFFEY, Q.C.:

Q. And the impetus to change in this regard, to adopt the lab policies, first arose when?

MS. TRACEY:

A. When the policies were in service for the staff, they became aware of them.

COFFEY, Q.C.:

Page 18

Q. And when was that?

MS. TRACEY:

A. As I mentioned, St. Clare's were in-serviced earlier in the summer and I think the general site and the surgical daycare departments were later in the summer.

COFFEY, Q.C.:

Q. This summer?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. Okay, and why I raise that is that we have seen changes in fixation policy or at least drafts of them dating back to May of 2007. We've seen them here.

MS. TRACEY:

A. Yes. Now we would not introduce draft policies belonging to the lab in the operating room.

COFFEY, Q.C.:

Q. No.

MS. TRACEY:

A. We would get the signed off policies.

COFFEY, Q.C.:

Q. Okay, so this is what I was asking about. So

Page 19

the first time that the lab's new policies came to the perioperative program's attention, to be adopted by the perioperative program, was this past summer?

MS. TRACEY:

A. Was in the spring, I believe, the first discussion of it.

COFFEY, Q.C.:

Q. Spring 2008?

MS. TRACEY:

A. Yeah.

COFFEY, Q.C.:

Q. And I take it then that as the written policies haven't yet caught up with the actual practice, how do you ensure that all staff are aware of them? Like for example, in particular, new staff.

MS. TRACEY:

A. How do we ensure new staff are aware of all policies?

COFFEY, Q.C.:

Q. Well, and ones that are recently brought in.

MS. TRACEY:

A. Well, new staff would be in the same--they would be educated in the same way as the older

Page 20

staff. The information is brought to in-service. Then policies or practices are posted on the notice board in the lounge and staff sign off on them when they--if they haven't been at in-service and educated on them. Also, the educators have a distribution group, which is the OR nurses and send out any information they want them to have, you know, and any practice that need to be changed. And also, if there's something like the recent practice of not putting notices--or at least not putting specimens in formalin in the fridge, well the notice is put on the fridge as well.

COFFEY, Q.C.:

Q. Okay.

MS. TRACEY:

A. And as well as that, each operating room has three nurses in it. There's the service coordinator, who is a senior nurse. She's a nurse two, and she pretty well directs the OR case for the day and practice within that room and, you know, ensures that standards and practices and policies are adhered to. So even though there's a junior person in the

Page 21

room, there are also senior nurses with that person.

COFFEY, Q.C.:

Q. Now, Ms. Tracey, if you could, please, we spoke yesterday about what you recall about the summer 2005 when you first became aware of this, and then generally what's happened afterward, but could you take the Commissioner through what changed since the summer of 2005 and the steps of the process through which things changed in the perioperative program, in relation to this ER/PR matter and fixation?

MS. TRACEY:

A. The process for specimens not being left--breast specimens, mastectomy specimens had to be sent to the laboratory immediately and -

COFFEY, Q.C.:

Q. That began in the summer, early fall of 2005?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. Okay.

MS. TRACEY:

A. With the letters that were generated.

COFFEY, Q.C.:

Page 22

Q. And how about after that?

MS. TRACEY:

A. Then, in particular, I'm not sure what you're looking for.

COFFEY, Q.C.:

Q. Well, what I'm getting at is that well, we've--you just told the Commissioner about well, in 2008, the actual--there was an in-service. Did anything change in the intervening time frame, that you recall?

MS. TRACEY:

A. Well, the practice changed that the specimens were sent immediately to the operating room, which was from--the impetus came for that from the letters from Dr. Cook and Dr. Fontaine.

COFFEY, Q.C.:

Q. And then in -

MS. TRACEY:

A. And--yes, sorry, go ahead.

COFFEY, Q.C.:

Q. I'm sorry. It wasn't then until 2008 that you got the new lab written policies?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Page 23

Q. And there was these in-service that you just referred to?

MS. TRACEY:

A. Um-hm.

COFFEY, Q.C.:

Q. And in the meantime, the practice, to your knowledge, had changed that they would go down immediately?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Q. The breast specimens.

MS. TRACEY:

A. Yes, and the fixation, also staff were very focused on the amount of formalin being added to the breast specimens or all specimens actually, that there was an adequate amount. There was a lot of in-service and education done on that, and reminders to staff.

COFFEY, Q.C.:

Q. Have there been any concerns expressed by the lab, to your knowledge, about specimens since, in relation to fixation issues?

MS. TRACEY:

A. Breast specimens, no, I don't believe there

Page 24

was, except that now, we're no longer putting the specimens in a fridge, because I understand that slowed the process.

COFFEY, Q.C.:

Q. And other -

MS. TRACEY:

A. The fixation.

COFFEY, Q.C.:

Q. - other than that?

MS. TRACEY:

A. With fixation, I'm not aware of issues, and again, these would be brought front line to the manager, unless there was an epidemic of them or a trend or pattern.

COFFEY, Q.C.:

Q. And non-breast tissue, okay, I take it, is still handled in the same way that other pathology specimens were before?

MS. TRACEY:

A. Yeah.

COFFEY, Q.C.:

Q. They go on the regular central porter run?

MS. TRACEY:

A. Yes.

COFFEY, Q.C.:

Page 25

Q. And could remain overnight or over the weekend depending upon the timing?

MS. TRACEY:

A. Yes. One thing we are developing is a quality improvement committee with the lab because we felt that we could work closely with them to ensure that we had a forum where we could have open discussion on any issues. So we met briefly in the summer and actually we have a meeting scheduled for Friday to discuss any ongoing issues and to make--for them to have feedback mechanism for us and for us to be able to make them aware of any concerns we've had.

COFFEY, Q.C.:

Q. In the summer, that was just -

MS. TRACEY:

A. 2008.

COFFEY, Q.C.:

Q. '08?

MS. TRACEY:

A. Yeah, I believe it was in July probably.

COFFEY, Q.C.:

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

Page 26

THE COMMISSIONER:

Q. Thank you. Mr. Pritchard?

MR. PRITCHARD:

Q. Thank you, Commissioner. I don't have any questions for this witness. Thank you, Ms. Tracey.

THE COMMISSIONER:

Q. Thank you. Mr. Browne?

MR. BROWNE:

Q. No questions. Ms. Tracey, thank you for your evidence.

THE COMMISSIONER:

Q. Mr. Pritchett?

MR. PRITCHETT:

Q. No questions, Commissioner, thank you.

THE COMMISSIONER:

Q. Ms. Newbury?

MS. NEWBURY:

Q. No questions, thank you.

THE COMMISSIONER:

Q. Mr. Pike?

MR. PIKE:

Q. No questions, thank you.

THE COMMISSIONER:

Q. Mr. Simmons? Feel like the Speaker of the House some days.

Page 27

MS. MARIA TRACEY, EXAMINATION BY MR. DANIEL SIMMONS

MR. SIMMONS:

Q. Good morning, Ms. Tracey.

MS. TRACEY:

A. Good morning, Mr. Simmons.

MR. SIMMONS:

Q. A few things I wanted to follow up on with you. First of all, picking up on something Mr. Coffey asked you about a moment ago about communicating policies and procedures to new staff who joined the perioperative service, can you explain a bit about the process of orienting new nursing staff to the operating room, how long it takes, what sort of things are involved and what that process is, please?

MS. TRACEY:

A. The actual orientation to the operating room is the most extensive orientation provided to any service because of the complexity of the area. The orientation ranges from 16 weeks at St. Clare's site, a minimum of 16 weeks to actually almost six months at the General site because there are more services for a staff member to become familiar with at the General

Page 28

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

Page 29

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

MR. SIMMONS:

Q. And you've told us about a number of things that clinical nurse educators have done through this process. It sounds like they have an important role in the orientation of their staff.

MS. TRACEY:

A. Very.

MR. SIMMONS:

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

Page 30

this is a full time position that they fill?

MS. TRACEY:

A. There are actually three clinical educators in the perioperative program. They have a vital role within our program. There are two for the operating rooms, and the third clinical educator, her expertise is in the recovery room and she oversees the care delivery in the pre and post-operative care in surgical day care, which is a different expertise altogether from the OR clinical educators. The OR clinical educators provide all the orientation for new staff. They coordinate the weekly in-service, sometimes deliver the in-service, sometimes coordinate experts in whatever area they want the staff to be advised in, they coordinate that and they schedule the in-services. They also are really responsible for the development of policies and procedures within the operating room and they monitor the quality of care. They coordinate the audits that are continuously done within the perioperative program within the OR's. So this is an auditing of the care that is delivered. The

Page 31

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

MR. SIMMONS:

Q. How long has the perioperative program had these three clinical nurse educator positions available to it?

MS. TRACEY:

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

MR. SIMMONS:

Q. Yes.

MS. TRACEY:

A. The clinical educator for surgical day care and recovery room has been put in place three or four years ago.

MR. SIMMONS:

Q. How important are those positions to being able to carry quality assurance type activities in perioperative care?

MS. TRACEY:

Page 32

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

MR. SIMMONS:

Q. Okay. You've told us about the policies and procedures that were in place regarding the transport of specimens to the laboratory prior to 2005 and the changes that were made afterwards, and I understand that prior to 2005 you've told us that a specimen that became available late in the day might not go to the lab until the next morning, and late on a Friday might not go until after the weekend?

MS. TRACEY:

A. That's correct.

MR. SIMMONS:

Q. Unless it was one of those that was in a category where there was a special arrangement in place to transport it immediately. I think

Page 33

you've also told us that breast surgeries are elective surgery?
MS. TRACEY:
A. Yes, they are.
MR. SIMMONS:
Q. They're scheduled.
MS. TRACEY:
A. They're usually scheduled.
MR. SIMMONS:
Q. As such -
MS. TRACEY:
A. Rarely would be done after hours.
MR. SIMMONS:
Q. Can you give me any indication of, considering those facts, how common or uncommon you might expect it to be for breast specimens to be ones that would be left overnight or left over the weekend?
MS. TRACEY:
A. Well, because breast surgery is scheduled, it would be very unlikely that they would be left overnight or on the weekend, but it could happen, I guess.
MR. SIMMONS:
Q. It could happen, but -

Page 34

MS. TRACEY:
A. It's unlikely.
MR. SIMMONS:
Q. It would be unlikely?
MS. TRACEY:
A. Yes. The probability would be that it would go to the OR - to the laboratory during the day.
MR. SIMMONS:
Q. And that was - this is before 2005 we're talking about?
MS. TRACEY:
A. Oh, yes.
MR. SIMMONS:
Q. Now you were asked - you were shown the 2003 policies that were developed and put in place, and I understand those were ones that were put in place for both sites, St. Clare's and the General?
MS. TRACEY:
A. That's correct.
MR. SIMMONS:
Q. As a result of the effort to standardize the policies that had previously existed at both of those sites, is that right?

Page 35

MS. TRACEY:
A. That's correct.
MR. SIMMONS:
Q. While those polices were in the process of being developed and approved, did each site continue to have its own policies in place addressing the same issues?
MS. TRACEY:
A. Yes, it did.
MR. SIMMONS:
Q. They did?
MS. TRACEY:
A. Yes.
MR. SIMMONS:
Q. Did those policies continue to be followed during that time period until the new one came in?
MS. TRACEY:
A. Up until - yes, it did.
MR. SIMMONS:
Q. Did the new polices that came in in 2003 represent any substantial change to the way things were done either at St. Clare's or at the Grace?
MS. TRACEY:

Page 36

A. It's difficult for me to recollect exactly what the policies were at that time, but it would be - I wouldn't expect that they would have been a substantial change.
MR. SIMMONS:
Q. Okay.
MS. TRACEY:
A. Practice evolves, so it's rarely dramatically changed.
MR. SIMMONS:
Q. Yes. Concerning again the getting specimens, breast specimens, in particular, to the laboratory, we've heard mention along the way that the laboratory may receive a copy of the operating room list. Do you know if that's part of the regular practice?
MS. TRACEY:
A. The operating room actually receives the OR schedule every single day.
MR. SIMMONS:
Q. Yes.
MS. TRACEY:
A. It's automatically printed to their printer.
MR. SIMMONS:
Q. That's the lab?

Page 37

MS. TRACEY:
A. At the pathology department.
MR. SIMMONS:
Q. The pathology department in the lab?
MS. TRACEY:
A. Yes.
MR. SIMMONS:
Q. Do you know what use is made of that at the lab?
MS. TRACEY:
A. The pathology - the pathologists and the pathology assistants review the list and actually anticipate specimens coming to them for the day then.
MR. SIMMONS:
Q. Right, and are you aware of whether or not there would be occasions when breast surgeries would be not scheduled and would not appear on that list? Is that - would that be a common practice?
MS. TRACEY:
A. It would be very unusual.
MR. SIMMONS:
Q. It would be very unusual.
MS. TRACEY:

Page 38

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

Page 39

MS. TRACEY:
A. Rooms, yes. We actually debated should be have a separate manual for the laboratory, but we felt that that would be cumbersome for staff, that we wanted them to be able to if they wanted - because staff are very conscious of - if they're not sure of a process or practice, to go look it up in the policy, and we felt it would be more convenient and user friendly for them to have the policies in one place.
MR. SIMMONS:
Q. You also said that there had been in-servicing done on these lab policies. Who did that?
MS. TRACEY:
A. The actual lab experts did the in-service for us.
MR. SIMMONS:
Q. Okay.
MS. TRACEY:
A. We felt that would be more appropriate and would - it could bring things that were important that they wanted to highlight to our staff where we probably - we may not recognize them.

Page 40

MR. SIMMONS:
Q. Okay.
MS. TRACEY:
A. In the same way.
MR. SIMMONS:
Q. Thank you very much. That's all the questions I have.
THE COMMISSIONER:
Q. Thank you, Mr. Simmons. Mr. Coffey, anything arising?
COFFEY, Q.C.:
Q. Yes, Commissioner. Just to clarify, Ms. Tracey, this orientation practice that Mr. Simmons asked you about in relation to the 16 weeks and then up to six months -
MS. TRACEY:
A. Uh-hm.
COFFEY, Q.C.:
Q. How long has that been in place?
MS. TRACEY:
A. The orientation practice has been in place for as long as I've been Program Director. So before my time.
COFFEY, Q.C.:
Q. Before your time?

Page 41

MS. TRACEY:
A. Yes, and it's an assessment of staff competencies through the orientation.
COFFEY, Q.C.:
Q. Oh, yes.
MS. TRACEY:
A. So it is extended to whatever it needs to be to make sure the staff are competent, and sometimes staff need extra mentoring, but you can tell that they are doing well, but they just may take a little bit of extra time.
COFFEY, Q.C.:
Q. So the second point was the practice of the OR list getting printed to the clinical laboratory printer.
MS. TRACEY:
A. The pathology laboratory.
COFFEY, Q.C.:
Q. Pathology, particularly the pathology end of it.
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. When did that first start?
MS. TRACEY:

Page 42

A. I'm not sure. Again that's been in place a very long time, years and years. It's not current - it's not something new that happened.
COFFEY, Q.C.:
Q. So this goes back years perhaps to before you were director?
MS. TRACEY:
A. Could have been, yes.
COFFEY, Q.C.:
Q. Could have been.
MS. TRACEY:
A. I don't remember us introducing it, so I very well feel comfortable it's been there for a long time.
COFFEY, Q.C.:
Q. And the point being on this that it was being printed in the pathology lab, the OR list. The pathology lab, whoever was reading it -
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. Would have been able to tell -
MS. TRACEY:
A. Would anticipate the specimens they should be

Page 43

receiving.
COFFEY, Q.C.:
Q. And would be able to anticipate that we haven't received certain specimens at all?
MS. TRACEY:
A. That's correct, yes.
COFFEY, Q.C.:
Q. And if the operation in question went ahead -
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. We don't have a specimen yet to match.
MS. TRACEY:
A. And they call us.
COFFEY, Q.C.:
Q. But I take it during the time period during which, for example, the breast specimens could have been left overnight or over the weekend, presumably one wasn't getting a call about it?
MS. TRACEY:
A. The practice wasn't to send specimens immediately. So this is a change in practice.
COFFEY, Q.C.:
Q. And you told Mr. Simmons just now that it would be unlikely for a breast specimen to

Page 44

have been left in the OR overnight or over the weekend.
MS. TRACEY:
A. Uh-hm.
COFFEY, Q.C.:
Q. Why do you say it would be unlikely?
MS. TRACEY:
A. Because the specimens that usually go into the evening are emergency cases.
COFFEY, Q.C.:
Q. Example, if the last central porter run is three o'clock, if it was -
MS. TRACEY:
A. Uh-hm.
COFFEY, Q.C.:
Q. If it was, but you don't know the actual timing -
MS. TRACEY:
A. Well, it's after three.
COFFEY, Q.C.:
Q. Say, 3:30, in terms of that.
MS. TRACEY:
A. That's right, uh-hm. If a specimen came out after that, then it would be left.
COFFEY, Q.C.:

Page 45

Q. And breast surgery tends to be relatively short in time duration.
MS. TRACEY:
A. Uh-hm.
COFFEY, Q.C.:
Q. A typical breast surgery would take how long?
MS. TRACEY:
A. An hour and a half.
COFFEY, Q.C.:
Q. So if it was the last thing scheduled for the day and they were finishing up towards five and you slot it in -
MS. TRACEY:
A. Well, actual elective surgery finishes at four.
COFFEY, Q.C.:
Q. Four?
MS. TRACEY:
A. Yes, quarter to four.
COFFEY, Q.C.:
Q. It's scheduled to finish at four?
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. Routinely it would go beyond that, wouldn't

Page 46

it?
MS. TRACEY:
A. For certain cases. I wouldn't expect breast cases to go beyond that because they're not complex, and the OR cannot have all rooms running late, so the shorter cases are done early.
COFFEY, Q.C.:
Q. So if it was the last surgery of the day -
MS. TRACEY:
A. Yes.
COFFEY, Q.C.:
Q. As an elective, it would tend to finish -
MS. TRACEY:
A. 3:30, quarter to four.
COFFEY, Q.C.:
Q. Quarter to four, and if the last porter run had already gone -
MS. TRACEY:
A. Yes, it would be left.
COFFEY, Q.C.:
Q. And I take it has any analysis been done of how often, like, looking back on it, that probably happened?
MS. TRACEY:

Page 47

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

Page 48

of the ordinary?
MS. TRACEY:
A. No.
THE COMMISSIONER:
Q. Oka, thank you. Thank you very much for your contribution to the inquiry. Now are we ready for the next witness, Mr. Coffey.
COFFEY, Q.C.:
Q. Yes, Commissioner, Patricia Pilgrim.
MS. PATRICIA PILGRIM (SWORN) EXAMINATION BY BERNARD COFFEY, Q.C.
REGISTRAR:
Q. Can you please state and spell your full name for the record?
MS. PILGRIM:
A. Patricia Pilgrim, P-A-T-R-I-C-I-A P-I-L-G-R-I-M.
COFFEY, Q.C.:
Q. Good morning, Ms. Pilgrim.
MS. PILGRIM:
A. Good morning.
COFFEY, Q.C.:
Q. Commissioner, I have a long list of exhibits I'm going to ask to be entered and ask that you bear with me because at times the

Page 49

numbering kind of skips over certain numbers, so I'm going to read down through them.

THE COMMISSIONER:

Q. Okay.

COFFEY, Q.C.:

Q. They're exhibit P-2958, 2959, 2961, 2962, 2963, 2964, 2974, 2975, 2976, 2977, 2982, 3039, 3058, 3074, 3076, 3077, 3079, 3080, 3081, 3092, 3098, 3100, 3105, 3120, I believe, Commissioner, inclusive through 3208.

THE COMMISSIONER:

Q. 3208?

COFFEY, Q.C.:

Q. 3208, yes.

EXHIBITS P-2958 AND P-2959 MARKED AND ENTERED

EXHIBITS P-2961 THROUGH P-2964 MARKED AND ENTERED

EXHIBITS P-2974 THROUGH P-2977 MARKED AND ENTERED

EXHIBIT P-2982 MARKED AND ENTERED

EXHIBITS P-3039 MARKED AND ENTERED

EXHIBIT P-3058 MARKED AND ENTERED

EXHIBIT P-3074 MARKED AND ENTERED

EXHIBITS P-3076 AND P-3077 MARKED AND ENTERED

EXHIBITS P-3079 THROUGH P-3081 MARKED AND ENTERED

EXHIBIT P-3092 MARKED AND ENTERED

EXHIBIT P-3098 MARKED AND ENTERED

Page 50

EXHIBIT P-3100 MARKED AND ENTERED

EXHIBIT P-3105 MARKED AND ENTERED

EXHIBITS P-3120 THROUGH P-3208 MARKED AND ENTERED

THE COMMISSIONER:

Q. Entered.

COFFEY, Q.C.:

Q. If we could, Registrar, Exhibit P-3120, and Ms. Pilgrim, is this your curriculum vitae?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. I'm not going to take you through it line by line. I'm going to ask you, please, to tell the Commissioner - give an overview of your educational background and your professional background, okay.

MS. PILGRIM:

A. I've been around quite a while actually. I started my career - my professional background is nursing, and I started my career in the early 70s, worked for about six years as a nurse, having graduated by the General Hospital School of Nursing with a diploma in nursing. From there I went and I did a Bachelors Degree in Nursing at Memorial

Page 51

University, and went into nursing education. I had about three years as a faculty member in the General Hospital School of Nursing, and then went from there into a management position in staff education at what was then the General Hospital, stayed there for a few years, and was in and out of that doing projects, but left that, I guess, after about two years and went as a quality assurance coordinator for nursing at the General Hospital, and that would have been a first in terms of the General having someone in that type position. Then I went from there -

COFFEY, Q.C.:

Q. If I could, Ms. Pilgrim -

MS. PILGRIM:

A. Sorry, yes.

COFFEY, Q.C.:

Q. When was that, when would that have been?

MS. PILGRIM:

A. That would have been back in the early 80s. I don't even know if I have it on that.

COFFEY, Q.C.:

Q. Okay, we'll just scroll around to the end because it's in reverse order, of course, and

Page 52

'82 to '84, you have here staff development training officer.

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. And then -

MS. PILGRIM:

A. Here we are.

COFFEY, Q.C.:

Q. March of 1984 through April of 1985, quality assurance coordinator?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. And you have here for the - underneath that title, there is - I take it this is a description, you would call it?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Of your duties at the time. Looking back on it, and I appreciate this is more than 20 years ago, this period, does this succinctly and accurately describe your memory of the duties at the time?

Page 53

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

Page 54

MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Suggesting that, as you just pointed out, there wasn't one before in any kind of formal sense?
MS. PILGRIM:
A. Well, there were, but this was really trying to put a structure to make sure we had some standardization of what that looked like.
COFFEY, Q.C.:
Q. And this would be just within the General Hospital as it was at the time?
MS. PILGRIM:
A. Absolutely, yes. We didn't know anything about the Grace Hospital, didn't even know the people who worked there at that time, or St. Clare's.
COFFEY, Q.C.:
Q. And this would not have brought you into contact, particularly?
MS. PILGRIM:
A. Ever. Didn't even know who they were.
COFFEY, Q.C.:
Q. And it goes on, you note here, in this

Page 55

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

Page 56

would actually talk to a patient and ask them about the care as a part of your audit.
COFFEY, Q.C.:
Q. And you conclude here by saying you "were involved in the revision of all levels of manuals."
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. "Revision of the process of documentation."
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. "Monitoring of workload measurement system and monitoring and controlling certification procedures."
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. And this would be, I take it, all aspects of the hospital, up level -
MS. PILGRIM:
A. Well, it was mainly with nursing because this is where most of this was going on.
COFFEY, Q.C.:

Page 57

Q. Okay, yeah. So it was -
MS. PILGRIM:
A. Mainly with nursing. But you did spread out into the other areas.
COFFEY, Q.C.:
Q. Now, with respect to that and this, you're in this position for just over a year?
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. Did you have any assistance or staff working for you in that context?
MS. PILGRIM:
A. I had access to a secretary. And I worked with, I guess it was like an advisory group or a team that worked with me.
COFFEY, Q.C.:
Q. Did your work in this regard extend to the clinical laboratory at that time? Because you've referred to nursing and I gather there are not a whole lot of nursing staff in the lab?
MS. PILGRIM:
A. No. I do remember, though, that I did have consultation with people in the lab. They

Page 58

would call me about certain things. But, you know, I never went down into the lab, no, I never went around checking what their policies and procedures were like. This was mainly a nursing initiative.
COFFEY, Q.C.:
Q. Okay, and if you could take up then your career then?
MS. PILGRIM:
A. Then I went from there into management and really was the director of nursing for all of the units on the fourth and fifth floors of the General Hospital at that time. And different titles, things change, but basically from there until when we became Eastern Health just before we became Eastern Health people had--not Eastern Health, Health Care Corporation, people had moved out of their jobs and I think I had a little stint as the administrator of the General Hospital for a period of time. And then when we were moving into Health Care Corporation, we actually put a transition team in place which consisted of three categories of people, one who was responsible for the human resource side,

Page 59

another one was responsible for the administrative and facility side and then the other person, who was me, was really the person who was responsible for the clinical side. And our job was really to close the Grace Hospital at some point and to move the Janeway from where it was, to move the Children's Rehabilitation Centre into the Janeway and to decide when the dust settled around it how many beds we were going to have, how many adult beds, the services that were moving out of the Grace, where were they going to move, what was going to the General, what was going to St. Clare's. So that was our job, and that was really a job of consultation constantly, day and night, meeting with people and trying to come up with consensus what this would look like.
COFFEY, Q.C.:
Q. So, Ms. Pilgrim, just looking at your CV here, page three of it, in effect, between 1986, down here, June of '86 and January of 1995 you, as you pointed out, were--well, actually, I'll go back a bit. Between April of '85 and March of '89, an effective four-year period,

Page 60

you were in charge of patient care, you were patient care manager on the fourth and/or fifth floor?
MS. PILGRIM:
A. And, fourth and fifth.
COFFEY, Q.C.:
Q. It ended up being the fifth, too, you'll notice here.
MS. PILGRIM:
A. Yeah, right, yes.
COFFEY, Q.C.:
Q. It comes up. At the General Hospital?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. On the Health Sciences Centre site?
MS. PILGRIM:
A. That's correct.
COFFEY, Q.C.:
Q. Then you pointed out that, I wanted to ask you about this, between March of '89 and January of 1995 you were the director of nursing?
MS. PILGRIM:
A. I was.
COFFEY, Q.C.:

Page 61

Q. At the General Hospital?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Health Sciences site?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. And then you pointed out a brief period, depending what you view as brief, January of '95 to September of 1995, which is eight months?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Eight to nine months, you were the assistant, acting assistant administrator for the General Hospital?
MS. PILGRIM:
A. Right. That was the transition, very much that transition time.
COFFEY, Q.C.:
Q. And there you were responsible for the direction of all divisions of the department of nursing?

Page 62

MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. As well as other, and they're listed out here?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. But amongst the departments listed is not the lab?
MS. PILGRIM:
A. No.
COFFEY, Q.C.:
Q. I'll just note that in passing.
MS. PILGRIM:
A. No, I didn't have responsibility for the lab.
COFFEY, Q.C.:
Q. You've pointed out then in--you were part of this three-member transition team?
MS. PILGRIM:
A. I was.
COFFEY, Q.C.:
Q. Planning transfer team, it's called?
MS. PILGRIM:
A. It was.
COFFEY, Q.C.:

Page 63

Q. Between September of '95 and October of '96?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Then if you could take us then -
MS. PILGRIM:
A. I left that then because the Health Care Corporation was starting to form and the jobs were being, they had decided to go with the program management structure for their clinical program. And they were advertising the clinical programs and I wanted to be on the clinical side of that operation, so I applied for and got the director of the medicine program, stayed in that position until -
COFFEY, Q.C.:
Q. That's October, '96 through February of 2002?
MS. PILGRIM:
A. Yeah. After the HAY review and when HAY review came in and reviewed us and as you've heard, that was very much a financial review and indicated that we had all kinds of efficiencies that we needed to be looking at, so Mr. Tilley at that time asked me--we were

Page 64

actually eliminating some of the programs and some of the program management positions as a part of what HAY had recommended, and I was asked if I would move out of the program management and become, he put a title on it but it was a senior director of clinical efficiency, but I think that was just to get me to do it, actually, he put a fancy title on it. And so my job then was to really be the guru or the witch or other names that I've been called to actually put in place some of these efficiencies. So I became very much the person who was pushing us to--and this was on the in-patient side of the operation. So it was very much getting patients out of the emergency departments quickly, getting them through their acute stay and on to some alternate level of care very quickly, talking to doctors, sending them reports about what their utilization steps looked like, etcetera, etcetera. So you can imagine I was a very popular person within Health Care Corporation at that time.
COFFEY, Q.C.:
Q. So, and just so in terms of this, so the

Page 65

Commissioner has an appreciation for kind of what skill set you may have brought to that, that particular position, between October of '96 and February, 2002 you were the program director for the medicine program?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. For the Health Care Corporation of St. John's?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. According to this. And the medical divisions, and they're listed out here, it's quite a long list, actually.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. And it goes on to say then "Responsible for 217 in-patient beds."

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. "As well as ambulatory and diagnostic services to support the divisions including," and

Page 66

there's a listing of those?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Did the clinical laboratory come within that?

MS. PILGRIM:

A. It did not.

COFFEY, Q.C.:

Q. Okay. Who at that time, between October of '96 and February, 2002, who would have been your counterpart who would have--under whose purview would have fallen the clinical lab, or would there have been?

MS. PILGRIM:

A. The vice president of medical services, now whatever--I don't think that title has changed over the years, but that would have been where the lab reported.

COFFEY, Q.C.:

Q. That would be Bob Williams?

MS. PILGRIM:

A. Would have been, yeah -

COFFEY, Q.C.:

Q. Back then -

MS. PILGRIM:

Page 67

A. - first when Health Care Corp started it would have been Eric Parsons and then it would have been Bob Williams and then Oscar Howell.

COFFEY, Q.C.:

Q. So the lab -

MS. PILGRIM:

A. Prior to that, back in the General Hospital days, the lab actually did report to an administrative person, Mr. John Harnett.

COFFEY, Q.C.:

Q. But that's before -

MS. PILGRIM:

A. That was before Health Care Corp.

COFFEY, Q.C.:

Q. Yes. And now in this period, Ms. Pilgrim, between October of '96 and February, 2002, that's a five and half years and it covers the beginning of the period, certainly, that the Commissioner, in particular, is asked to look into.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. What was the situation in relation to quality assurance, you know, in the Health Care

Page 68

Corporation at that time, like who, if anyone, was responsible for it?

MS. PILGRIM:

A. Quality assurance at that time would have reported to George Tilley when he was the senior vice president, when Sister Elizabeth was there. And then when Sister Elizabeth left and it--did she leave--no, George left first, and then Pam Elliott was hired and that reported to Pam Elliott then.

COFFEY, Q.C.:

Q. And that was for a period of time, I take it?

MS. PILGRIM:

A. Yes, it was, yeah.

COFFEY, Q.C.:

Q. She was--for a number of years?

MS. PILGRIM:

A. For a number of years, yes.

COFFEY, Q.C.:

Q. And would you have--or what, if any, interaction, because you're responsible for these 217 in-patient beds and a number of medical services?

MS. PILGRIM:

A. Um-hm.

Page 69

COFFEY, Q.C.:
Q. And a number of these medical services would have been supported by or relied upon the clinical lab results?
MS. PILGRIM:
A. Absolutely, yes.
COFFEY, Q.C.:
Q. Would--including, for example, I'm just looking at here and see the cursor?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Medical and radiation oncology?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Which is your ER/PR results?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. We've heard they certainly relied upon those. How much, if any, interaction during your time as the program director of medicine program did you have with Ms. Elliott, who was responsible for the quality assurance end of

Page 70

things, in relation to quality assurance as it might affect these services?
MS. PILGRIM:
A. Well, we had a model, I guess, or a framework that we followed whereby I was responsible for the quality of care. I, plus my clinical chief, within the medicine program and all of the divisions, we would meet with our division chiefs and division managers on a regular basis and deal with any of the issues that they brought forward. So we would--you know, if there was an issue that was brought forward in relation to the lab or x-ray, we wouldn't go to Ms. Elliott with that issue, we'd go directly to our counterparts in the lab or in the x-ray department. You know, you kind of worked horizontally across those lines. If there was--but if there was an issue that we filled out an occurrence report on or wrote a letter or in some way reported to the person that I reported to, well, then it would more than likely make its way then to the quality committee. And there was a quality committee at that time which was really consisted of some key physicians, all of the executive team

Page 71

and some other directors. So, you know, if you're asking me were there issues about the lab that came to my attention at that time, the answer is, no, not that I can recall, never an issue with the lab that I can recall.
COFFEY, Q.C.:
Q. And if there was and it impacted upon the services you were responsible for -
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. - or potentially impacted upon it, you would have expected it to come to your attention?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. One way or another.
MS. PILGRIM:
A. The only thing I can remember that was an issue over the years would be the lab calling me, so it would be, you know, Vern Whelan, about labelling of specimens and because every time a mislabelled specimen went to the lab, there was an occurrence report generated and I would receive a call about that because that

Page 72

was, you know, a significant error.
COFFEY, Q.C.:
Q. And you'd have to make inquiries and take remedial action?
MS. PILGRIM:
A. We would.
COFFEY, Q.C.:
Q. Okay.
MS. PILGRIM:
A. We would. But it was always the other way. I never -
COFFEY, Q.C.:
Q. And that's what I'm getting at.
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. In terms of--now, again, so the Commissioner has an appreciation for this, you've referred to your clinical chief at the time?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Because it would have been you were the program director?
MS. PILGRIM:

Page 73

A. Um-hm.
COFFEY, Q.C.:
Q. The non-physician?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Involved in the clinical medicine program?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Over the period here on the screen, the bottom of the screen are October, '96 to February, 2002, do you recall who the clinical chiefs were?
MS. PILGRIM:
A. Oh, yes. I started off with Dr. Nigel Duguid, the physician at St. Clare's, and Nigel resigned from the position whenever the stint was up, I think it was about three years, and then we had Dr. John Harnett, who came into the program with a dual role, really he was the clinical chief of the program and he was also the academic chair of medicine in the university setting, as well. And they had a lot of interaction. Every one of those

Page 74

divisions you see there had a divisional chief.
COFFEY, Q.C.:
Q. Which would be a physician?
MS. PILGRIM:
A. Yeah, and a division manager which would be, they weren't all nurses but most of them were.
COFFEY, Q.C.:
Q. Now, in relation then to that and this in time frame, did all of those divisional managers report to you, all the ones -
MS. PILGRIM:
A. Yes, they did.
COFFEY, Q.C.:
Q. - for these services?
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. And the physician heads of those services would have reported to the clinical -
MS. PILGRIM:
A. Nigel or John, yes.
COFFEY, Q.C.:
Q. Nigel or John at the time?
MS. PILGRIM:

Page 75

A. Um-hm.
COFFEY, Q.C.:
Q. Now, during this period you reported to whom?
MS. PILGRIM:
A. I reported to Dr. Eric Parsons, I think, for most of this period. He left the organization and then I reported to Pam Elliott.
COFFEY, Q.C.:
Q. So and Dr. Parsons' title was or position was, do you recall what?
MS. PILGRIM:
A. Oh, he was vice president of medical services.
COFFEY, Q.C.:
Q. Okay, so VP medical services?
MS. PILGRIM:
A. Yes. Had the medicine program reporting to him, as well.
COFFEY, Q.C.:
Q. So that would be the equivalent of Dr. Williams?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Okay.
MS. PILGRIM:

Page 76

A. Yeah.
COFFEY, Q.C.:
Q. At that time?
MS. PILGRIM:
A. That's right.
COFFEY, Q.C.:
Q. And now, so your memory, at least, between five and a half and six years period there was that occasionally the lab would complain or you'd become aware of complaints about the lab labelling issues?
MS. PILGRIM:
A. Um-hm. I would always become aware of them.
COFFEY, Q.C.:
Q. Yes. And you'd make inquiries. But other than that, in terms of the clinical lab system you don't recall, like, anybody coming to you and complaining about or raising issues about the quality of anything that the clinical laboratory was turning out?
MS. PILGRIM:
A. No, nothing. The only other interaction I would have had with the laboratory at that time was within the hematology area, which was really an oncology service, we were--we

Page 77

commenced or started a stem cell transplant program and that was very much a partnership between medicine and the laboratory, so we worked very closely with the hematology part of the laboratory there with that. But, yeah, there was never any issues with the lab that I can recall. And I think I probably would recall them if they came to my attention.

COFFEY, Q.C.:

Q. And the route by which, for example, in relation to ER/PR, we have, there are a number of pathology reports that the Commissioner has seen where in 2002, 2003 there are some, anyway, that for one reason or another there were retests.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. And the ER results changed.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. And you would understanding, certainly, now the significance, potentially, of that?

MS. PILGRIM:

Page 78

A. Um-hm.

COFFEY, Q.C.:

Q. And the route, if there was concern about that, about the fact that someone was retested a month later or a year later, in 2002, 2003 and the results changed or the status, hormone receptor status changed, how would you have expected that, if there was a concern about it, to be brought to your attention, what route would you anticipate in this context it would have taken?

MS. PILGRIM:

A. Well, we had--I wasn't on the executive team at this time, so we had program meetings where Sister Elizabeth and George would have all of the program directors once every two weeks, we would come in this big room and we would be, there would be a lot of communication to us things that we needed to know to go forth and spread through the organization. But then we had the opportunity, as well, to go around the table and that was where we aired a lot of our concerns as directors. And you know, I would have heard it there, I would think, because don't know if it was Vern or Terry, I guess it

Page 79

was both of them sometime during this period.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. They would have had an opportunity and, you know, we did bring issues forward, so it certainly would have been there. That would have probably been where I would have heard it.

COFFEY, Q.C.:

Q. And I pass on then to this period where you've described, to use your own phrase -

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Here from February 2002 to November 2003, you were the senior director of clinical efficiency.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Which is the title you've indicated you were given and you described to the Commissioner what that function was.

MS. PILGRIM:

Page 80

A. Absolutely. And I learned in that role how easily doctors could evade you. If they didn't want to see you coming with a piece of paper, they ducked and went somewhere else.

COFFEY, Q.C.:

Q. And here then, could you take up then--before I leave this because this period of February 2002 to November 2003, in the meantime, you had been replaced by whom? Who was it down here?

MS. PILGRIM:

A. In the Medicine Program, Louanne Kinsella.

COFFEY, Q.C.:

Q. Louanne took over and -

MS. PILGRIM:

A. Uh-hm, remember we had decreased the number of programs and so Louanne was moved from--she had been in the emergency area. She was moved from there to medicine.

COFFEY, Q.C.:

Q. And she was beginning, in early 2002, she would have taken over as program director?

MS. PILGRIM:

A. Right, a couple of months after Christmas this all happened.

Page 81

COFFEY, Q.C.:
Q. And then here -
MS. PILGRIM:
A. The other thing I would just like to mention to you, when we talk about the period '96 to 2002 and, you know, if we're thinking at all about ER/PR, we had a medical radiation oncology service that was certainly, you've heard about the turn over and things like that, so that was a very--not a stabilized service at all, different people, they would come, they wouldn't stay and, you know, that was a hot spot for us, I guess, in the program in terms of really trying to--and at that time we did have young Newfoundlanders out there who were starting to come back and you've seen many of them here now, you know, Joy McCarthy, Kara Laing, Jonathan Greenland, and we were really looking forward to that because we knew if we could get them back here, they were coming because they wanted to be here and there was a good chance we could start to build a stable service there. So I was aware of that instability in there; I wasn't aware as much of the instability with pathologists

Page 82

and things. They were hidden away in the basement and we didn't think very much about them.
COFFEY, Q.C.:
Q. And, again, unless they were looking for you to complain about, Mr. French or Mr. Gulliver to complain about a mislabelling, that was -
MS. PILGRIM:
A. Well I knew them very well, but you know, the only interaction I had from an operational point of view was they were usually coming with concerns to me, that's right.
COFFEY, Q.C.:
Q. And here during this timeframe, while you're program director of the Medicine Program, your office was located where?
MS. PILGRIM:
A. At the Health Sciences Centre.
COFFEY, Q.C.:
Q. And really in effect, certainly from then on you were at the Health Sciences Centre, you've been at the Health Sciences -
MS. PILGRIM:
A. Oh no, wait now. When I was in the Medicine Program, I was at St. Clare's, sorry, sorry.

Page 83

COFFEY, Q.C.:
Q. So and again, bearing in mind we're taking up the narrative here overall, in particular the Commissioner, around the middle of the 1990's.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. So October '96, through February of 2002, you were actually, physically at St. Clare's, your office?
MS. PILGRIM:
A. I was, yes.
COFFEY, Q.C.:
Q. During your period as a senior director of clinical efficiency?
MS. PILGRIM:
A. St. Clare's.
COFFEY, Q.C.:
Q. St. Clare's as well. And as the senior director of clinical efficiency, did you have any interaction with the clinical laboratory?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Because here it does say "implementation of

Page 84

the work plan, involved extensive collaboration with the clinical programs."
MS. PILGRIM:
A. Right. Yes, the interaction, I guess my focus for the organization then would have been appropriate use of resources. So even though the biggest mandate I was given was in-patient beds, I was looking at ambulatory alternatives to in-patient care, so some of the ambulatory alternatives that we were looking at, for example, you know, anti-coagulation clinics where patients would be actually treated at home, rather than come in as in-patients and have Heparin drips and things set up on them. We certainly would have been having a lot of discussion with the lab about how we might set that up, how we would resource it, doing a proposal for that. And for a period of there, we actually had a physician, Dr. Dick Barter, who came on with us because he really thought he could do something to improve some of the efficiencies, as far as medical practice went, and he was working with family physicians and people from the lab in trying to look at some tests that were probably being inappropriately

Page 85

ordered and that was going on there as well. So there was some interaction, but it was that type of interaction.

COFFEY, Q.C.:

Q. And it didn't have to do with the quality or any concerns about the quality of the output of the lab?

MS. PILGRIM:

A. No, absolutely not. It had to do with why are the GPs ordering this many of these tests and, you know, it was getting out with the message about that.

COFFEY, Q.C.:

Q. Now during this period, February 2002 to November, 2003, which would cover a number of the pathology reports the Commissioner has seen where there were retests -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. At least some retests and changed results for ER certainly, as well it would cover the period of April and May and June of 2003.

MS. PILGRIM:

A. Yes.

Page 86

COFFEY, Q.C.:

Q. What are now referred--that period involves the Dr. Ejeckam memos.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Was there, at that time, while you were the senior director of clinical efficiency, did you hear anything at all in relation to the subject matters of what is now in Dr. Ejeckam's memos?

MS. PILGRIM:

A. I did not, no.

COFFEY, Q.C.:

Q. Ms. Pilgrim, I'll ask you about this now. St. Clare's itself is not that big of a building, it's a large building, but it's not that big a building in the greater scheme of things, and the actual working parts of the General Hospital, in terms of the medical end of it -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. - including the lab, again is, you know, there's a cafeteria, it's a relatively small

Page 87

world in one sense.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Are you able to assist the Commissioner, like looking back on it and explaining perhaps why--what's referred to in Dr. Ejeckam's memos in 2003, that whole subject matter, could occur with a suspension of service, which he pointed out -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And the reasons for and the exchange of the language he uses, that that could occur and yet someone, for example in your position, and I appreciate by that point you were the senior director of clinical efficiency, which brought you into contact with an awful lot of departments, but you had been for almost six years or five and a half years, the program director for the Medical Program, how is it that someone such as yourself, in the milieu of that institution could not hear about it? Like how is it--and I'm not suggesting at all

Page 88

that you did, I'm just asking you, how--what is it about the structure at the time that could have allowed that to occur and yet someone, as plugged in as yourself, not to become aware of it? You must have given it some thought since?

MS. PILGRIM:

A. Well, I guess I wasn't that shocked that I didn't hear about that, you know, within the hospital setting in particular, and I guess now the community setting, I mean, things happen on a day-to-day basis and the program leadership team, the management group there with the physicians, they make decisions about how they're going to handle this and that happens all the time. So I wouldn't hear about a lot of things that go on. This was something that, you know, in my mind I wouldn't have known what it meant if I had heard about it, unless somebody made a big issue of it and said, well this is awful, look what's happening in the lab. Obviously the leadership team that was there didn't--Dr. Ejeckam had identified an issue, he had suspended tests with those, those reagents and

Page 89

then he, you know, about a month later he started up again and said things were okay. You know, I would say that you would see things like that happening that wouldn't be that infrequent. Now, if that happened in my program, at one of my division levels, I probably, you know, I probably would have heard about it. As a program director I probably would have heard about it. Would I have spoken to my vice-president about it? It depends on how important I thought it was or how fixable I thought it was, like you wouldn't be running off to your vice-president about everything because there's many things that go on every day. So from, you know, when I look at this, I'm not surprised that that didn't come to the attention of other directors in the organization. It was handled by the program leadership of the lab who were responsible for, I guess, highlighting and flagging things that they felt they should bring further.

COFFEY, Q.C.:

Q. If we could bring up, please, P-0113? Ms. Pilgrim, this is the exhibit that contains

Page 90

those three 2003 memos from Dr. Ejeckam and you'll see there in the third line, "these eight stains have remained unreliable, erratic and therefore unhelpful for diagnostic purposes."

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Now, I appreciate by this point, April of '03, you are no longer the program director, you're trying to get people into hospital beds as efficiently as possible and get them out of hospital beds as efficiently as possible.

MS. PILGRIM:

A. I am.

COFFEY, Q.C.:

Q. I appreciate that. But you had been, not too long before this, responsible for medical and radiation oncology service, medical service as program director and these certainly, you know, there's a lot of evidence that they would have relied upon this ER/PR result.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Page 91

Q. And then an assertion by pathologists that that was so, okay.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And it's not qualified by way of timeframe, just have remained and unspecified as to how long.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And then this is the reinstitution of service memo, May 2nd, but when we look at the June 19th, 2003 memo to Mr. Gulliver and it's sent by Dr. Ejeckam to--it's copied to Desmond Robb of the discipline, chair of lab medicine; Dr. Cook, the clinical chief at St. Clare's at the time; Dr. Parai, the site chief at Health Sciences Centre; and Mr. Dyer, the manager of histopathology. When we look--I'll just begin here at the first page, an assertion that "despite the fact the problem seems to have been arrested"--your point, which is one month, he's got the ER/PR at least reinstituted, "the state of immunostain"--this

Page 92

is a general statement--"at the General Hospital, Department of Lab Medicine and Pathology is still unsatisfactory." And then he goes on to list why, his concerns. And to conclude in the third page of this by saying that "Results of immunostains are extremely important in histopathological diagnosis", particular in relation to lymphomas and determination of whether certain lesions are benign or malignant and for, example, prostrate biopsies, and then "diagnosis based on inappropriate immunostain will surely jeopardize patient care and may even expose the Health Care Corporation of St. John's to litigation. And it will be ill-advised to operate an unreliable and erratic immunohistochemical procedures in our lab." And he asked that a hard look be taken at it, at his suggestions. So, now it's in that context where--and this is not just a conversation in passing, this is somebody who has taken the time to put it in writing and sign his name to it, okay, and it is a pathologist who, apparently was seen as having the authority to actually suspend this

Page 93

testing.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. And to decide whether it should be reinstituted. You're not--even now, looking back and I appreciate you weren't aware of this at the time, but looking back, you're not surprised that something stated in those terms, this particular memo after the two earlier memos, and in particular this memo goes to some fairly senior people within the organization, the June 19th one.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. You're not surprised that that wouldn't be brought to the VP Medical or to senior management generally? I mean, that's the sort of, certainly that's the sort of milieu that existed.
MS. PILGRIM:
A. Yes. It is the kind of a memo that it wouldn't be unusual to see that go to the VP level because you are looking at resources

Page 94

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

Page 95

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

Page 96

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

Page 97

assume what you're talking about is letters with language that perhaps to those outside the system might indicate something quite serious -

MS. PILGRIM:

A. Uh-hm.

THE COMMISSIONER:

Q. Do I take it from your response that what you're saying is if you get a letter which suggests that maybe patient care might be jeopardized or there might be a risk of litigation or something of that nature, as a person more senior to the one who is sending you the letter -

MS. PILGRIM:

A. Uh-hm.

THE COMMISSIONER:

Q. It's your job to assess whether that is the case?

MS. PILGRIM:

A. It would be my job, Commissioner, to--well if I got a letter from a doctor, for example or anybody else, the first thing that I would do would be to go to the leadership team and talk about this. Have you seen this? Lots of

Page 98

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

Page 99

out for myself what that means.

COFFEY, Q.C.:

Q. And so I take it then, in just responding to the Commissioner's question, that if you describe if you had been the program director of this particular program at the time, I appreciate you weren't Mr. Gulliver, but if you had been, you would have anticipated that that's the sort of process that one would be involved in, if you saw this, you would make inquiries and make some--try and arrive at some informed conclusion about how serious it was?

MS. PILGRIM:

A. If I had been the VP?

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. Yeah, that's what you would do and you'd start with the leadership team and the person who wrote you the letter. Because if I got a letter that was copied to them, I would be thinking well obviously if it's coming to me, it's not a new issue, or whatever, so the first person that--I would want to talk to the

Page 100

leadership team to give me the background on this. And I certainly don't want to leave the impression here that I'm minimizing a doctor saying patient care is in jeopardy. I just want to say that in most things in health care, whether it's space or whatever it is, there is the potential that patients will be impacted, so you really have to look into that closely.

COFFEY, Q.C.:

Q. And as a program director which you had been for a number of years, you've received this and I appreciate you would not have the expertise to deal with the lab issue, but if it had been a similar sort of thing had been framed to you in something that you were responsible for, what do you, as a program director, how do you think you would have responded if this was coming, you got this sort of a memo from a physician who had suspended one of the services that you were responsible for?

MS. PILGRIM:

A. You mean, would I have gone forward with it?

COFFEY, Q.C.:

Page 101

Q. Yes, we can kind of look at your resume and look around -
MS. PILGRIM:
A. I probably would have, but I can't say for sure. Again, you know, I look at that now with all that I know and I think, oh yeah, absolutely I would have, but at the time, you know, again if it was something that I knew about and if I really felt that that's something I need to let--like lots of times you will let your vice-president know because it's probably something you want to give him a heads up, it might be something that's going to come up somewhere else and you want to let him know what you're doing about it.
COFFEY, Q.C.:
Q. Well would this involve--the first of those two memos are directed to physicians outside the Health Care Corporation entirely.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. It's all across Newfoundland, so -
MS. PILGRIM:
A. Yeah.

Page 102

COFFEY, Q.C.:
Q. You would know as a program director, wait now, they're sending this to Grand Falls and Corner Brook?
MS. PILGRIM:
A. Uh-hm, right.
COFFEY, Q.C.:
Q. So certainly your VP would have to be advised, wouldn't he or she?
MS. PILGRIM:
A. You know, it's hard for me to tell you, Mr. Coffey, what I would do because I'm sure there's things that come out of the lab all the time that go out to other labs that we wouldn't know about, things that they're trying to change, some issue that they have. I mean, the only thing that I can say to you is it wouldn't be the kind of letter that I wouldn't bring to my vice-president, but I can't say a hundred percent that I would.
COFFEY, Q.C.:
Q. And was it your practice if you got, over the years as program director a letter from a physician dealing with patient care or relating to patient care or concerns about patient care, would you respond in writing to the physician?
MS. PILGRIM:
A. Sometimes I would.
COFFEY, Q.C.:
Q. Sometimes you wouldn't?
MS. PILGRIM:
A. It's a good practice to respond in writing, so you'd have a record that you've responded.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. But sometimes I would talk to the physician, phone them, go meet with them, depending on--but you would always respond, you know, you would always acknowledge that you got the letter and usually, if you're in a vice-president position, obviously you're working with your leadership team and your program to resolve the issue, so yeah, usually you would give a written response, but not all the time. I've know of cases where I didn't respond in writing, but I responded.
COFFEY, Q.C.:
Q. Exhibit P-3120 again please? Ms. Pilgrim, you

Page 103

Page 104

then left the position of senior director of clinical efficiency and went where? Could you take us then -
MS. PILGRIM:
A. I went then to the Janeway. They were looking for a program director for children's and women's health and at the time I was in clinical efficiency, but they were having difficulty finding someone to fill that position and once again, I had a conversation with Mr. Tilley and he asked me would I be interested in that position because they were looking for someone to fill it.
COFFEY, Q.C.:
Q. So Mr. Tilley had been the one who convinced you to become senior director of clinical efficiency.
MS. PILGRIM:
A. Well he didn't convince--oh he did, yes, yeah, but then they were looking for someone there and I'm more a kind of person who likes the operational type jobs, rather than the project type jobs and I hadn't even been thinking about applying for that and I said, you know what, I'd really like to go there. So I

Page 105

applied for it and I got it and I was there until we became Eastern Health.

COFFEY, Q.C.:

Q. Now in relation to this, I wanted to ask you about this, between November 2003 and June 2004, which is six months -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. You're program director of Children's and Women's Health Program?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. What is the Women's Health Program?

MS. PILGRIM:

A. You have all the Janeway services and the children's rehabilitation, so that's children's.

COFFEY, Q.C.:

Q. Sure.

MS. PILGRIM:

A. And women's health is obstetrics and the case room, you know, all of the case rooms, the nursery, obstetrics. You have the in-patient

Page 106

unit where women come in as in-patients and you also have the clinics that go with that. And there's a part that I'm missing--oh, gynecology as well, an in-patient gynecology floor, which is really an in-patient surgical floor.

COFFEY, Q.C.:

Q. And then it indicates here that in June of 2004 to May, 2005 in the Health Care Corporation of St. John's, you were the vice-president in Quality and Clinical Services?

MS. PILGRIM:

A. That's right.

COFFEY, Q.C.:

Q. Acting.

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. Could you tell us please how that came about? Because that's prior to the Eastern Health.

MS. PILGRIM:

A. It is. I had just moved over to the Janeway, I wasn't there a year and then Pam Elliott left, she was a vice-president, that was her job, actually. She left to take a year off

Page 107

and George didn't advertise the job, he actually asked us if we would--for directors to express interest in the job, so I expressed interest in the job and I got that job. So I moved into that in an acting capacity.

COFFEY, Q.C.:

Q. And you were there, in effect, for a year?

MS. PILGRIM:

A. I was there until I became chief operating officer with Eastern Health, yes. Those were the last days of the Health Care Corporation.

COFFEY, Q.C.:

Q. And here, this describes "functioning as a member of the executive management team responsible for setting strategic directions for the Health Care Corporation of St. John's." Well, of course, at that point it was, I take it, somewhat known earlier on in that year you spent in that position that the Health Care Corporation was going to disappear per se?

MS. PILGRIM:

A. Absolutely.

COFFEY, Q.C.:

Q. "The prime areas of responsibility include

Page 108

children and women's health program"?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. Which you had anyway, "mental health program, rehabilitation/continuing care program" and then "the department of quality and systems improvement and clinical efficiency services," which had come back to you, I take it, clinical efficiency?

MS. PILGRIM:

A. Right, it did. Sharon Smith was there then.

COFFEY, Q.C.:

Q. And she was the director of clinical efficiency services?

MS. PILGRIM:

A. She was, yes.

COFFEY, Q.C.:

Q. In the meantime, the director of quality and systems improvement, I'm sorry, the department of quality and systems improvement -

MS. PILGRIM:

A. That was the name that was on it then.

COFFEY, Q.C.:

Q. Okay. Could you describe then what that was?

Page 109

This had been Ms. Elliott's department before?
MS. PILGRIM:
A. It was.
COFFEY, Q.C.:
Q. Or she'd been responsible for that and these other services.
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. When you went there as VP then, quality and clinical services, what did this group here do?
MS. PILGRIM:
A. That group pretty much did whatever they did before. That was where you had your risk management functions, your claims management, your complaints management, and your quality facilitator group. So you did your quality, risk, claims, complaints were out of that department.
COFFEY, Q.C.:
Q. So just take you through then, complaints, deal with those first. What group dealt with those?
MS. PILGRIM:

Page 110

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

Page 111

MS. PILGRIM:
A. Of an adverse event, yeah.
COFFEY, Q.C.:
Q. Okay, go ahead.
MS. PILGRIM:
A. And then, so that was really kind of the complaints management, and then we had complaints was certainly one of the indicators that we followed, but it--you know, what we followed was the type of complaints and the number of complaints and also, was there something done about the complaint, you know, so that the loop was closed.
Then you had risk management and at the time, we had a risk manager, Heather Predham. She had been the risk manager for the Health Care Corporation and this department now was still a department of Health Care Corp, because we hadn't gone into Eastern Health. So Heather retained that position.
COFFEY, Q.C.:
Q. So in the first year you're there, she's a risk manager?
MS. PILGRIM:
A. Yes, she's a risk manager.

Page 112

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

Page 113

trying to minimize and anticipate where you could have risk in the organization. She was the voice of that, and she was also the liaison with the insurance company. She had the main liaison with them, our insurers.

COFFEY, Q.C.:

Q. From whoever they were from time to time?

MS. PILGRIM:

A. Yes, yeah.

COFFEY, Q.C.:

Q. And in that context or in that role, would she have had contact with the insurer's lawyers?

MS. PILGRIM:

A. Oh yes, yeah.

COFFEY, Q.C.:

Q. Okay, so -

MS. PILGRIM:

A. From time to time, um-hm.

COFFEY, Q.C.:

Q. And in relation to that, because HIROC--well, HIROC is one insurer and would have been an insurer before that, presumably going back over the years.

MS. PILGRIM:

A. Yes.

Page 114

COFFEY, Q.C.:

Q. And they would have had a--hired a law firm or law firms?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. She'd have contact with the lawyer or lawyers from time to time.

MS. PILGRIM:

A. Um-hm, insurance adjusters.

COFFEY, Q.C.:

Q. Insurance adjusters and the people representing the insurers.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Did the Health Care Corporation have its own lawyers?

MS. PILGRIM:

A. No. We used outside--we do now, but we used external lawyers at that time.

COFFEY, Q.C.:

Q. And -

MS. PILGRIM:

A. And we still do.

Page 115

COFFEY, Q.C.:

Q. And when you say "you" I'm not speaking about the insurer's lawyers.

MS. PILGRIM:

A. No, no, our own separate lawyers.

COFFEY, Q.C.:

Q. Your own lawyers, own separate law firm that you'd hire if you wanted a legal opinion.

MS. PILGRIM:

A. We did, yeah.

COFFEY, Q.C.:

Q. Okay.

MS. PILGRIM:

A. We used a couple actually most of the time.

COFFEY, Q.C.:

Q. And so the insurer's lawyers, throughout this, have been Stewart McKelvey or the predecessor firm. I think it's probably Stewart McKelvey in this context, HIROC's lawyer?

MS. PILGRIM:

A. Yes, yeah, that's the one that I'm familiar with, yeah.

COFFEY, Q.C.:

Q. And the outside firm or firms that were the Corporation's lawyers were who, which law

Page 116

firm?

MS. PILGRIM:

A. Which law firm?

COFFEY, Q.C.:

Q. Or firms, yes.

MS. PILGRIM:

A. Well, I know the names of people, but I don't know -

COFFEY, Q.C.:

Q. Okay. Perhaps you could tell us the names of the lawyers then, it's easier?

MS. PILGRIM:

A. Well, we had Gus Bruce. I know that Gus would be there, and now I'm going to forget the names of them. We're dealing with one now. Now they're gone out of my head.

COFFEY, Q.C.:

Q. Okay, that's fine. It'll come back to you.

MS. PILGRIM:

A. I can see them, but I can't remember their names. How could I forget them? But anyway.

COFFEY, Q.C.:

Q. And so, Heather then, when you took over as the acting VP here, Heather was the one who'd have primary contact with law firms?

Page 117

MS. PILGRIM:
A. No.
COFFEY, Q.C.:
Q. No, no, with respect to the insurer's law firm?
MS. PILGRIM:
A. Insurer's law firms, but the other lawyers, like Gus Bruce, who I can remember now, but I can't remember the others, he--a lot of times you would see--it could be anybody. It could be Steve Dodge with Human Resources dealing with an issue with them. It could be Dr. Williams with an issue. That wouldn't have been Heather, and she probably wouldn't have known about that, a lot of that.
COFFEY, Q.C.:
Q. And so would Heather have any other role then as risk manager?
MS. PILGRIM:
A. Geoff Benson is another one.
COFFEY, Q.C.:
Q. Geoff Benson, yes.
MS. PILGRIM:
A. Faces.
COFFEY, Q.C.:

Page 118

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

Page 119

Health Care Corporation, it was done through the risk manager and the quality facilitators, but there were a lot of people into claims management and, you know, where were these claims, what was happening with them. So when we--I'm gone beyond this now, but when we got into Eastern Health, we actually hired somebody into a claims management position and that person really keeps all of these files and ensures that we're moving through the process, and you know, tries to move the process forward as much as they can, but also is kind of a central clearing house where we can all go and ask questions about where we are with things.
COFFEY, Q.C.:
Q. So you described it, I believe it was four aspects, complaints, risk, claims would be, and what was the fourth part of -
MS. PILGRIM:
A. Quality.
COFFEY, Q.C.:
Q. Quality.
MS. PILGRIM:
A. Quality assurance, quality--continuous quality

Page 120

improvement. The name changes as time goes on.
COFFEY, Q.C.:
Q. You used the word facilitators.
MS. PILGRIM:
A. Yes. We had--I mean, the role of the quality department was to put a quality structure in place, you know, to propose a quality structure. The quality structure would be implemented and then they support that. They're not responsible for quality, but they support quality.
COFFEY, Q.C.:
Q. Are they responsible for ensuring that there was at least some kind of a quality assurance program?
MS. PILGRIM:
A. They would--we had a process whereby we had, I guess, a template by which we reported and we reported out of our programs on a yearly basis. So that would be -
COFFEY, Q.C.:
Q. To whom?
MS. PILGRIM:
A. To the this quality committee, and onto the

Page 121

board, and at that time, the board would meet--each of the programs when they would submit their quality report, the board would actually meet with the leadership teams and have a discussion with them about "so what are your issues?" you know, and they'd ask them things like "so do you think you can--you're given the resources and you're given the know how to be able to deliver safe care where you are, in the service that you give?" those kinds of questions, and just have a face-to-face conversation.

So the quality facilitator would more be helping the director put together this report, helping them pull out some statistics or indicators that they needed to be tracking and, you know, I have no problem telling you that that is still where we struggle is with what indicators we should be tracking. Most program directors don't have a problem about what they should be tracking in their own programs, but then rolling that up to that level and then rolling it up again is--we're still tweaking that and trying to improve that. So they're very much support and

Page 122

facilitation.

COFFEY, Q.C.:

Q. As opposed to auditors?

MS. PILGRIM:

A. They're not auditors, no.

COFFEY, Q.C.:

Q. Auditors in the sense of -

MS. PILGRIM:

A. No.

COFFEY, Q.C.:

Q. - do you have a quality assurance program within a particular program, is it appropriate?

MS. PILGRIM:

A. Right, yes.

COFFEY, Q.C.:

Q. Are you complying with it?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. You know, that sort of question is still not being asked?

MS. PILGRIM:

A. Oh, still not being asked within programs?

COFFEY, Q.C.:

Page 123

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

MS. PILGRIM:

A. Are we talking--are we gone over into Eastern Health now?

COFFEY, Q.C.:

Q. Okay, no, okay, at the time this was going on, when you arrived in June of '04, and before Eastern Health came into being -

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. - that was--what you've just described now is the state of affairs that existed at that time?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

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

MS. PILGRIM:

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

COFFEY, Q.C.:

Q. No, I appreciate that, but was it a function of the department of quality and systems improvement -

MS. PILGRIM:

Page 124

A. No.

COFFEY, Q.C.:

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

MS. PILGRIM:

A. No.

COFFEY, Q.C.:

Q. Okay.

MS. PILGRIM:

A. No, no, I mean, they couldn't make a program do that. Now if they were having--you know, if they were working with a program and saw absolutely nothing happening, as far as quality in the program, certainly they would have a route then through their director to go talk to that program director about their concerns.

COFFEY, Q.C.:

Q. Now in relation to the clinical laboratory, okay.

MS. PILGRIM:

A. Yes.

THE COMMISSIONER:

Q. Excuse me, Mr. Coffey, but just before you move on from that point, I just want to make sure I'm understanding. The descriptions that

Page 125

I have gotten so far, at least up--not necessarily just from you, but from others.

MS. PILGRIM:

A. Um-hm.

THE COMMISSIONER:

Q. At least up to 2005, would lead me to believe that that quality program was a resource that was available to other divisions to assist in the development of quality programs in any way that they could, if asked. Was kind of out there, if you wanted to make a move yourself, but it wasn't pushing you to do it. Is that correct, or have I got that all wrong?

MS. PILGRIM:

A. Yeah, I think you've got a fair--it was different in different programs.

THE COMMISSIONER:

Q. Okay.

MS. PILGRIM:

A. And I can tell you, when I was in the medicine program, for example, Heather Predham was my quality facilitator at that time, I didn't--Heather didn't do very much in my program other than I had her--you know, she didn't need to get into my reports or anything, but I

Page 126

had her doing projects where I had issues that I wanted to have looked at. So you could kind of--you know, they were your resource in your program, but the one job they did have was we did want some standard structure around, so everybody was at least reporting certain things, and that was their job to work with the programs to get that in place, and also, we had picked out certain organizational wide indicators that we wanted to be looking at and oftentimes it was the department of quality that would bring those forward. For example, infection rates would be something you'd want to be looking at and it was often the quality person, one of them was assigned to get those reports and bring those indicators forward. So did I answer your questions?

THE COMMISSIONER:

Q. I think you answered it. I'm not sure that it's any clearer what exactly was going on, and it seems to me what you said was, with the exception of some things that were specified to be organizational wide, what was going on vis-a-vis quality depended on where you were and what the person who was above you wanted

Page 127

to accomplish.

MS. PILGRIM:

A. That would be a part of it, but I did try to explain, but there was a component which had to be there which was how you were going to report. You know, that you had to have some indicators that you were tracking. You could decide what they were. You know, it's what the program--quality wouldn't come and tell me in medicine what I should be tracking, but it would be to have that discussion with me and with my clinical chief to say "have you thought about what it is that you do in this program which is important and it's important for you to know how well you do it." That's the kind of a discussion they would have with you, and from that then, you would develop your indicators that you were going to track.

THE COMMISSIONER:

Q. All right.

COFFEY, Q.C.:

Q. Which would be passed on to the Board committee?

MS. PILGRIM:

A. Yes, yeah.

Page 128

COFFEY, Q.C.:

Q. To be passed on to the Board?

MS. PILGRIM:

A. Yes, and we also had quality--there was a quality presence on a lot of committees as well, and they also had a big role in the Health Care Corporation in administrative policy development, policy that was organization wide. So you know, if you were developing a new consent policy, for example, or a disclosure policy, for example, it more than likely quality would be taking the lead on that.

COFFEY, Q.C.:

Q. Now with respect to what's really germane here, the pathology end of the clinical laboratory program, okay.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Was there actually any quality assurance program in place in pathology during the period June, 2004, to May, 2005, that you're aware of?

MS. PILGRIM:

Page 129

A. There would have been a quality program in place for the laboratory, but I would not be able to tell you about one particular division of the laboratory.

COFFEY, Q.C.:

Q. Have you ever made an inquiry about that? I appreciate if you couldn't tell me now, you wouldn't have known at the time, but since then, since this all really came to the fore in May of 2005, have you made any inquiries about, well, during my first year there, have you inquired of Mr. Gulliver was there any quality assurance program in place?

MS. PILGRIM:

A. Well, I think we've had many discussions about what kind of quality you should have in place in the lab and what was in place.

COFFEY, Q.C.:

Q. What was.

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. Was there anything in place, really?

MS. PILGRIM:

A. Well, there were. I mean, the lab - and again

Page 130

I would have to - you know, if it were somebody like me back then, my knowledge of the laboratory was very, very small, and when I think now - like, when I think back at how the laboratory evolved and I think of the resources that we had in other programs, I guess it doesn't amaze me, but I think, you know, how did that happen. We had, for example, in nursing, and I think you probably heard from Maria Tracey this morning, one of the things early on that we had in nursing because managers really couldn't manage to do everything that we had them doing, we had clinical educators, nurse specialists, all of these resources put in. Wherever there were nurses, in operating rooms, emergency rooms, case rooms, you had these people, and the reason you had them was they enabled - they enabled the manager, and we didn't have any in the lab. There were none of these people in the lab.

COFFEY, Q.C.:

Q. And that absence first came to your attention when?

MS. PILGRIM:

Page 131

A. Well, as this happened, you know, I can tell you -

COFFEY, Q.C.:

Q. Beginning in May and June of '05, I take it, onward?

MS. PILGRIM:

A. Absolutely, yeah, and I can tell you my - my knowledge of the laboratory was it's a place where you send blood specimens, it's a place where you get blood bottles, bags for patients. I knew they did autopsies down there, and I knew that they did specimens, but I didn't really know what pathologists did, and you never saw them ever. I mean, you'd see them sometimes in the cafeteria. That was me now at a senior level, very little interaction with them. So, you know, it -

COFFEY, Q.C.:

Q. In relation to that, though, but you had been at a more junior level over the years too.

MS. PILGRIM:

A. Oh, yes, still didn't know what they did.

COFFEY, Q.C.:

Q. So all the way through your career -

MS. PILGRIM:

Page 132

A. Still didn't know what they did.

COFFEY, Q.C.:

Q. Okay.

MS. PILGRIM:

A. And, you know, I mean, it's shocking for me to say it, but I have to tell the truth, and I didn't know what they did, and when I - if I had - I remember I had always thought of the lab as that's the place where you have quality control up to your ying yang because I always thought it was machines that did the work, never thought of the people component of the lab. So, you know, any discussion we would have had about the lab, it was machines, and surely they have all these controls built into machines. So - you know, I certainly feel that as I look back over my career and any time I've been in a position to think about the lab, we never - you know, we didn't resource them at all like we did other areas.

COFFEY, Q.C.:

Q. Commissioner, if we could break here.

THE COMMISSIONER:

Q. Before we do, could I just ask one question while it's in my head. Ms. Pilgrim, you

Page 133

referred to the interaction with the board committee on quality.

MS. PILGRIM:

A. Yes.

THE COMMISSIONER:

Q. Can you give me your opinion or your perspective on the value or otherwise to an organization having that level of board interest in quality?

MS. PILGRIM:

A. Well, at the time - now we really changed how we do business now with the board.

THE COMMISSIONER:

Q. Uh-hm.

MS. PILGRIM:

A. But at the time, the board - you know, we had an agenda, they would come forward, they would get reports, and they would get a full report, like, probably a 40 page report from a program, and I think it was important for the board, it was interesting for them to get to know about what went on in the organization and things like that, but I never did think it was useful in terms of - as useful as it could have been in terms of if the board is really

Page 134

responsible for monitoring quality in this organization, are they really getting what they need from this structure that we have in place.

THE COMMISSIONER:

Q. And what about now with the new system?

MS. PILGRIM:

A. Well, with the new system, I certainly feel that we have to put a lot more - the board, as you know, they function through policy governance. So they focus on ends, not means, and you've heard that. They focus on the ends, not the means, but they put limitations around the means. So they say, you know, you're going to have - you know, one of the things might be you're going to have an effective quality culture, or whatever, and then - and that's all they will give, and then they will say to the CEO, and these are the things you can't do, anything else you can, but you can't have staff functioning without proper policies and procedures, but they put some limits around what you can't do. Then it's up to the CEO to interpret then what that means to him, and what kind of indicators he's

Page 135

going to give the board. So I find through that process it has become much more focused on - the board is not really interested that we have policies and procedures really, that you have books or manuals somewhere on a shelf. They are interested, you know, you tick that off once, yes, you've got them, but what they're asking us and what policy governance does is that you have to tell them, well, do you monitor that staff actually comply with these policies and procedures, and how do you do that, and how do you prioritize. So in my mind, it's become a much more meaningful exposure of the board to the organization, and a much more putting them in the place where they are actually getting a feel for the quality that has been--a quality of our services.

THE COMMISSIONER:

Q. You, as I understand your response, are talking about that process as a conduit to the board of useful information.

MS. PILGRIM:

A. Yes, we have a board committee.

THE COMMISSIONER:

Page 136

Q. Uh-hm.

MS. PILGRIM:

A. A committee of the board which is called the Safety And Quality Improvement Committee, and then they will report through, and for each of our - we have to write reports, monitoring repots, and the monitoring reports have what we interpret the board to mean by what they have said the CEO will do, and how we've measured it, the evidence that we can give to show that this is actually happening. Sometimes the CEO will have to write on one of those reports "full compliance", and sometimes they will have to write "partial compliance", because there's a part of this that we're still working on.

THE COMMISSIONER:

Q. What about the other - in the other direction in the sense of is the fact that this particular committee exists in the board of any assistance to those who are interested in quality and making progress?

MS. PILGRIM:

A. You mean, someone like me?

THE COMMISSIONER:

Page 137

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

Page 138

for.
MS. PILGRIM:
A. Based on my experience, yeah.
THE COMMISSIONER:
Q. Because it seems to me that there are reports to a board, and then there are reports to the board. You can do a ritualistic dance when you report to a board.
MS. PILGRIM:
A. Oh, yeah, yeah.
THE COMMISSIONER:
Q. But it sounds to me that that's not what you're talking about.
MS. PILGRIM:
A. No.
THE COMMISSIONER:
Q. At least in the present context.
MS. PILGRIM:
A. Certainly my experience so far with the work that we've put in, and the commitment from our board, is that they are getting better information than ever they got before.
THE COMMISSIONER:
Q. Thank you.
COFFEY, Q.C.:

Page 139

Q. If I could, just on that point, Commissioner, before we break, has the board ever asked how many patients have we harmed in this ER/PR matter?
MS. PILGRIM:
A. The board has certainly been given numbers. You know, there have been - when the technical briefings and things came out from the department, they have been made available to the board. I think we probably even brought copies of some of that to our board committee, but they're certainly available, and there's been many discussions at the board table around ER/PR.
COFFEY, Q.C.:
Q. I'll be taking that up -
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. So the subject matter I wanted to explore before we break is that this process in a general way, that you've described, this applies to everything.
MS. PILGRIM:
A. Uh-hm.

Page 140

COFFEY, Q.C.:
Q. That Eastern Health is involved in, I take it. In particular, there has been information gone up to the committee and to the board in terms of ER/PR, and they've asked questions coming back the other way?
MS. PILGRIM:
A. Yes, they do, yeah.
COFFEY, Q.C.:
Q. Thank you, Commissioner.
THE COMMISSIONER:
Q. Take fifteen minutes.
(BREAK)
THE COMMISSIONER:
Q. Mr. Coffey.
COFFEY, Q.C.:
Q. Thank you, Commissioner. Now I believe 1340 was your CV.
THE COMMISSIONER:
Q. 1320.
COFFEY, Q.C.:
Q. I apologize.
THE COMMISSIONER:
Q. Sorry, I got the transposition working again, 3120.

Page 141

COFFEY, Q.C.:
Q. 3120, yes. Ms. Pilgrim, looking down through this, if we could, this took us from June 2004 to May 2005, and then you became, I take it, the Chief Operating Officer for the Eastern Regional Integrated Health Authority?
MS. PILGRIM:
A. That's correct.
COFFEY, Q.C.:
Q. Just some questions about the anticipation of the change over from the Health Care Corporation to Eastern Health, that period.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. When did you first realize or understand as a member of the executive of the Health Care Corporation that it was going to disappear and become Eastern Health?
MS. PILGRIM:
A. Oh, I guess there were rumblings of restructuring - again I wasn't in the loop that other people might have been in, but certainly a year and a half, a year before, and one indication would be that when Pam

Page 142

Elliott left, George Tilley didn't fill her job permanently because restructuring was in the wind at that time, and we knew it was coming, the decision just hadn't been made.
COFFEY, Q.C.:
Q. There's a reference in some of the minutes, in fact, to the fact when you're being appointed.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. And that she's taking a leave of absence -
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. To the effect that she would not be in all likelihood returning to that position the position wouldn't exist any more.'
MS. PILGRIM:
A. That's right.
COFFEY, Q.C.:
Q. Because of the restructuring.
MS. PILGRIM:
A. That's correct, yes.
COFFEY, Q.C.:
Q. So certainly by the time you went into the

Page 143

position in June of '04, it was acknowledged generally within the organization that the structure would change?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. In relation to that, prior to April, 2005, Ms. Pilgrim, again looking back on it, how much actual preparation were you involved in yourself for the change over? Were you asked to be involved?
MS. PILGRIM:
A. Very little.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. And after -
COFFEY, Q.C.:
Q. Looking at all the documentation, I'm not surprised to hear you say that because there's not a whole lot in the documentation about that.
MS. PILGRIM:
A. There was - I think George was appointed shortly after Christmas because they had done

Page 144

the interviews just before Christmas, and then George spent probably six to eight weeks getting his head around he was going to put a team in place. I think the board went in at that time. No, we weren't - I wasn't involved, but now, you know, I was on the executive team as a newcomer. Even though I had been in health care for a hundred years, I hadn't been at the executive.
COFFEY, Q.C.:
Q. Uh-hm.
MS. PILGRIM:
A. So, you know, he might have been asking other people to be doing things that he wasn't asking me to do.
COFFEY, Q.C.:
Q. But certainly yourself, you weren't asked at the time to be involved in any particular preparations?
MS. PILGRIM:
A. No, I was not, no.
COFFEY, Q.C.:
Q. How then did you come to have the position or to fill the role of chief operating officer? Was it advertised and you applied for it?

Page 145

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

Page 146

program, which had been an entity onto itself and had its own board and its own executive team, that was integrated within Eastern Health, rehabilitation and continuing care, nursing professional practice, well, I had all of professional practice, actually, at that time, not just nursing, and the Centre for Nursing Studies.
COFFEY, Q.C.:
Q. And when you say all professional, those indicated here to be nursing?
MS. PILGRIM:
A. We have, yeah, we have two directors for professional practice.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. And we have one for allied health, physio, psychologists, and one for--and, well, more than one for nursing.
COFFEY, Q.C.:
Q. And you were responsible for, as the COO of all of those?
MS. PILGRIM:
A. I was the COO that had professional practice

Page 147

reporting to me, yes.
COFFEY, Q.C.:
Q. Now, we have heard reference to, I'll take you to the top part of this in a moment, we've heard reference to, from Ms. Parsons, to scope of practice of a nurse.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Okay. In particular, in relation to whether or not she felt she could convey information about a changed test result with possible implications for a change of care being required, treatment being required. She felt that she, as a nurse, was not able to convey that, it would have to be a physician.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Do you have any familiarity with that, with the idea of scope of practice?
MS. PILGRIM:
A. Yes, I certainly do have familiarity with nursing scope of practice.
COFFEY, Q.C.:

Page 148

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

Page 149

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

Page 150

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

Page 151

A. That's correct.
COFFEY, Q.C.:
Q. And we'll be getting to that shortly. But correct me if I'm wrong, there was some discussion initially that maybe an oncologist might be involved and then there was a difficulty with that? You're nodding yes?
MS. PILGRIM:
A. It is, yes.
COFFEY, Q.C.:
Q. And then, though, Sharon Smith, I believe, was asked or tasked with perhaps being the person to speak to the families about that?
MS. PILGRIM:
A. Initially we did have any calls that would come from next of kin of the deceased were going to be going directly to the cancer care program. And Sharon Smith was usually on the end of that phone and was in the position where she would be giving people results and then -
COFFEY, Q.C.:
Q. Including results that changed?
MS. PILGRIM:
A. Um-hm.

Page 152

COFFEY, Q.C.:
Q. Okay.
MS. PILGRIM:
A. Yeah, they were giving results. But again, because we could not--I mean, we initially, when we were going to talk--well, we had many plans for how we were going to communicate with the next of kin of the deceased, but ideally, you know, if we could have done it such that an oncologist would be following up with--you know, we could say, okay, your results are back and your next of kin's results are back and you will get a call from this position. But we really, that was not feasible and we couldn't make that happen.
COFFEY, Q.C.:
Q. And we'll be discussing.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. I'll take you through that. What I'm getting at, when that--when it became apparent that that was not feasible, Ms. Smith, I take it, was the one who was being asked?
MS. PILGRIM:

Page 153

A. Yes.
COFFEY, Q.C.:
Q. To take those calls?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. And she is a nurse by training?
MS. PILGRIM:
A. She is, she got a background in oncology.
COFFEY, Q.C.:
Q. Yes, and she, exactly, that was just the point, in fact, the Commissioner raised with you.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. That Ms. Smith, I take it, in the absence of an oncologist in the circumstances that now exist is perceived to be perhaps the best situate, in terms of her experience, to be able to discuss this with families who call?
MS. PILGRIM:
A. She would still be limited.
COFFEY, Q.C.:
Q. Yeah, I appreciate that.

Page 154

MS. PILGRIM:
A. But very well connected with physicians and certainly would have access to them very readily. If she ran into a situation where a patient was really upset and she thought, you know, we really need to get somebody to talk to this patient, Kara Laing's office is right across from her and she'd go down over a few steps and I'm sure knowing Sharon she'd find some oncologist who would speak to the patient.
COFFEY, Q.C.:
Q. Patient. Or the patient's relative, for that matter?
MS. PILGRIM:
A. Yeah, whomever was calling in.
COFFEY, Q.C.:
Q. Right now.
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. And the point being that with her background and her experience in oncology she is in and would have been in a much better position to speak to a patient's relative or a patient

Page 155

about changed results than Ms. Parsons would be and would have ready access, Ms. Smith would have had ready access because of her personal experiences to Dr. Laing who was just down the corridor -
MS. PILGRIM:
A. Yes, that's correct.
COFFEY, Q.C.:
Q. - or Dr. McCarthy or whomever?
MS. PILGRIM:
A. That's correct, yeah.
COFFEY, Q.C.:
Q. Okay. So I will revisit that. But the idea that in terms of scope of practice, which you've referred to and you just said, well, Ms. Parsons wouldn't have the experience in oncology, but certainly Ms. Smith, who does?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. In the circumstances that exist now has been approached about and has taken on, agreed to be involved in, if necessary, answering queries from patients about changed results and patients' relatives?

Page 156

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

Page 157

people. He was thinking about changing the responsibilities of some of the executive team and the main area that he wanted, he wanted to have someone who was focusing more on quality and risk management as more of a bigger part and not as many other things. So he had talked to me about, you know, if I were to change this, how would be the best way to change it, what kind of things could be under your portfolio if you were the one to take that, etcetera, etcetera. So he left before he got a chance to do that, but Louise Jones, who was in the interim position, you know, sometime last fall, it was early, probably in the summer, decided that we were going to make some change there. I was going to be spending a fair amount of my time tied up with preparing the organization for the Commission of Inquiry and also more of a focus on quality and risk management. And as a result of that a big program which I had, which was children's and women's health, was moved to Bev Clarke and rehabilitation was also moved.

COFFEY, Q.C.:

Q. And you took on -

Page 158

MS. PILGRIM:

A. I took on quality and risk management.

COFFEY, Q.C.:

Q. And you had--that had been come off or passed off from Dr. Howell's office?

MS. PILGRIM:

A. That was, yes. George always wanted that under the VP of medical services, felt that there were many reasons he wanted that there. But then when Dr. Williams was leaving and Oscar Howell was coming into the organization who certainly didn't have the experience in management in health care that Dr. Williams had, the switch was made that I would take quality and risk management and Oscar certainly expected that at some point it would come back to him.

COFFEY, Q.C.:

Q. And this what is now here described as quality and risk management, what does--how does that compare with -

MS. PILGRIM:

A. It's a region wide -

COFFEY, Q.C.:

Q. - quality and systems improvement down here?

Page 159

MS. PILGRIM:

A. What I had before was a department that really worked within the confines of the Health Care Corporation and what I have now is a department that works within the, you know, the whole of Eastern Health, so has regional responsibility, which is very -

COFFEY, Q.C.:

Q. Same job, larger geographical location?

MS. PILGRIM:

A. Absolutely.

COFFEY, Q.C.:

Q. And more types of institutions?

MS. PILGRIM:

A. And more diverse programs.

COFFEY, Q.C.:

Q. Yes. Now, can you tell us, please, why quality initiatives and risk management are in the same department?

MS. PILGRIM:

A. Well, the first answer to that would be that they always were there. That's not a good answer. There are models across the country with have everything from the risk manager being in, and the claims manager being in the

Page 160

legal department of the hospital to all kinds of--you know, there's no one model that you could go with, but certainly indication out there that the best model is, or one of the best models is to have risk management and quality combined. And that is the model that we went with. It's the model that we had traditionally, I think, in all of our legacy organizations that you had quality and risk together. And when we put our model in place for Eastern Health, we, Dr. Williams and Pam Elliott, at the time, went around the country and they looked at some models and they liked the one they saw in Calgary, so we really fashioned ours after the Calgary model.

COFFEY, Q.C.:

Q. What advantage or advantages might there be to having them not in the same department?

MS. PILGRIM:

A. Well, the advantages, I can tell you about the advantages of having them in the same department. The advantage of having them in the same department is that people who have separated them and I've talked to people in other organizations and also read this, it's

Page 161

really important for the risk manager to be connected with claims management and with the quality department. They tend to get isolated sometimes if they're over just in a legal department and they're not abreast of or kind of involved in what's happening with claims management and complaints and quality on the other end. So it's, I guess it's a richer experience for your risk manager, plus your risk manager certainly assists and educates the people in those departments, so--but, you know, there's no one best model, Mr. Coffey, in my experience.

COFFEY, Q.C.:

Q. Is there a potential for conflict, in effect, a conflict of interest to arise at times?

MS. PILGRIM:

A. Well, there are -

COFFEY, Q.C.:

Q. Because the interest of an insurer is to minimize the amount of a pay out.

MS. PILGRIM:

A. That's been talked about, certainly, that sometimes the risk manager can be put in a difficult position. It's like a dual role

Page 162

sometimes.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. I don't see it that way, but some people do, is that, you know, they are the person who are connected with the insurer, so they're talking to the insurer about a particular issue, but then so when they come in to the quality part and the disclosure, are they coming in with the insurer's hat on or with the organization's hat on.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. So that is the controversy, I think, that exists there that certainly I've read about or heard about. In my experience that hasn't been a problem with risk manager in our organization. They're very much a part of quality, seen as a very senior person within quality and that job, you know, it's like you can't do one without the other. But they do have that connectedness with the insurer.

COFFEY, Q.C.:

Page 163

Q. For example, in terms of disclosure, you just referred to it?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. And that's disclosure of adverse events or potential adverse consequences.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. And certainly here at times the insurer, through Ms. Predham, had input into disclosure issues here, didn't they?

MS. PILGRIM:

A. Heather would talk to, yeah, she'd talk to Dan Boone, usually.

COFFEY, Q.C.:

Q. And she would pass on, in fact, we're going to see documents that relate to that?

MS. PILGRIM:

A. She would, yeah, um-hm.

COFFEY, Q.C.:

Q. And at times the insurer was or the insurer's representative was suggesting to Eastern Health that certain modes of disclosure not

Page 164

occur, for example, sending a letter in October of 2005?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. That there be no letter sent or no letters sent. You will see that shortly.

MS. PILGRIM:

A. Some of it I was involved in and some I wasn't.

COFFEY, Q.C.:

Q. Yes, and I'll be asking you about that. What I'm getting at is that the idea that there could be a difference in interests in terms of an interest in disclosing and adverse event and disclosing it in a way that is recorded on paper.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. Might, in some circumstances, be contrary to the insurer's views or interest?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Page 165

Q. And that was recognized within the organization?
MS. PILGRIM:
A. That could be, yes.
COFFEY, Q.C.:
Q. Okay, so I will be coming back to that.
MS. PILGRIM:
A. But--yeah. Well, I guess I'll get--I was just going to make a comment that when you're into any of these discussions, if I'm the CEO, the buck stops with me about what I'm going to do or not going to do and there will be many and were many, many diverse opinions coming in at that time about any of this, but we'll talk about that later.
COFFEY, Q.C.:
Q. Yes. Now, Ms. Pilgrim, patients relations officers report to whom?
MS. PILGRIM:
A. The patient relations officer would report to the director of quality and risk management, I think.
COFFEY, Q.C.:
Q. That would be Pam Elliott -
MS. PILGRIM:

Page 166

A. I'm just trying to think here now.
COFFEY, Q.C.:
Q. - in this context it would be Pam Elliott?
MS. PILGRIM:
A. Yes, yes.
COFFEY, Q.C.:
Q. In this context?
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. Nancy Parsons would be reporting to Pam Elliott?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. And who reported, Ms. Elliott reported to you in this context?
MS. PILGRIM:
A. Does now.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. Yes. Did since November of 2005.
COFFEY, Q.C.:
Q. Yes, that's--and prior to that she would have

Page 167

reported to?
MS. PILGRIM:
A. Prior to that she wasn't in the organization. I was in her job.
COFFEY, Q.C.:
Q. But the person in--without--actually, we'll go back to '04, because she -
MS. PILGRIM:
A. She left.
COFFEY, Q.C.:
Q. - came back in November of '05?
MS. PILGRIM:
A. Yes, yeah.
COFFEY, Q.C.:
Q. Yes. So but the person in that role reported to the COO?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Whoever was there at the time.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Why is the patient relations officer in the quality and risk management department?

Page 168

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

Page 169

would probably go to the quality facilitator right there in her department who would then go into the program and review the chart, talk to the people there and get into investigating the complaint. So it's a good fit in that way.

COFFEY, Q.C.:

Q. Now in relation to that, Ms. Elliott returned to the organization and she is currently, her title is what?

MS. PILGRIM:

A. She's currently the director.

COFFEY, Q.C.:

Q. Director of -

MS. PILGRIM:

A. Of quality.

COFFEY, Q.C.:

Q. - of quality department?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. She returned to the department in November, 2005?

MS. PILGRIM:

A. She did.

Page 170

COFFEY, Q.C.:

Q. Prior to that the acting director had been Ms. Predham?

MS. PILGRIM:

A. She had.

COFFEY, Q.C.:

Q. Whether it was Ms. Predham before November of '05 or Ms. Elliott since, they both report to you?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. In that department?

MS. PILGRIM:

A. There was -

COFFEY, Q.C.:

Q. Director?

MS. PILGRIM:

A. Yes. The summer of 2005, we're into the ER/PR time.

COFFEY, Q.C.:

Q. Yeah.

MS. PILGRIM:

A. Heather Predham was there and she would have reported to me. Then in the fall of 2005 that

Page 171

would have transferred to Dr. Williams because -

COFFEY, Q.C.:

Q. When Ms. Elliott came on?

MS. PILGRIM:

A. Yes. It was during that fall, I think it was November, that switch would have occurred. He had part of it reporting to him because he's the one who actually did the interviews and that for the job of the quality person, I didn't. So I was kind of holding the fort until he was getting it set up under him, getting a new director in place. And then there was a year when I didn't have it and then when quality came back to me again.

COFFEY, Q.C.:

Q. And quality came back to you again in?

MS. PILGRIM:

A. In 2006. 2006, is that when Dr. Williams left? Yes.

COFFEY, Q.C.:

Q. Yes, he left in September, 2006, at that point.

MS. PILGRIM:

A. Yes, so I would have gotten quality back again

Page 172

then.

COFFEY, Q.C.:

Q. At that point?

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. And throughout the whole of that period, going back to, say, the summer of 2005, even to the present day, the patient relations officer, Ms. Parsons up until the time she retired?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. And whoever is doing the position, in the position right now, replaced her, throughout that would have reported to Ms. Elliott?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. And whoever Ms. Elliott reported to?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Or before Ms. Elliott, Ms. Predham?

MS. PILGRIM:

Page 173

A. Right.
COFFEY, Q.C.:
Q. Now, the risk manager throughout this whole scenario, from the summer of '05 onward, okay, the risk manager was Heather Predham?
MS. PILGRIM:
A. She was.
COFFEY, Q.C.:
Q. She was either the acting director?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Or she reported to Ms. Elliott after Ms. Elliott -
MS. PILGRIM:
A. She did.
COFFEY, Q.C.:
Q. - got the directorship.
MS. PILGRIM:
A. That's right.
COFFEY, Q.C.:
Q. So in effect then the patient relations officer, Ms. Parsons, and the risk manager, Ms. Predham, always reported to, certainly since November of '05, reported to Ms.

Page 174

Elliott?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. And then if a--in that context, then, if Ms. Parsons then took a phone call from a patient and recorded what the patient was saying?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. In particular in relation to ER/PR, in theory, at least, anyway, that would be reported to Ms. Elliott?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. If it was any kind of a question or concern?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. And she was the same one who Heather Predham was reporting to and Ms. Predham was dealing with the insurer?
MS. PILGRIM:
A. Yes.

Page 175

COFFEY, Q.C.:
Q. Okay. So the point being, here's what I'm getting at, Ms. Pilgrim, is is this, in Ms. Elliott's person or in her position whatever the patients were saying to the patient relations officer and were being recorded by the patients relations officer in relation to their condition or what they were told or not told at particular points in time, ended up in Ms. Elliott's office, at least in theory, and also whatever Ms. Predham was dealing with in relation to the insurers, she also reported to the same individual within your organization?
MS. PILGRIM:
A. They both reported to Pam, yes.
COFFEY, Q.C.:
Q. To Pam. So within Pam Elliott, in theory, whatever the patient said to Ms. Parsons could end up, through Ms. Predham, out with the insurer?
MS. PILGRIM:
A. Well -
COFFEY, Q.C.:
Q. Is that a possibility?
MS. PILGRIM:

Page 176

A. Well, I think that the way it worked actually was at that time Heather was really taking the lead when it came to communication with patients.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. It was Heather who was the lead person there. So Nancy, in essence, would have been doing a lot of back and forth with Heather.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. Probably not as much with Pam, although she certainly had the opportunity to talk to Pam and Pam was just up the corridor from here. But even though she organizationally she reported to Pam for the, I guess, the project or the process of talking to patients or communicating with patients, she certainly had a closer link with Heather at that time.
COFFEY, Q.C.:
Q. And these same patients, if they were to pursue a claim against Eastern Health, in effect, then, were dealing with Ms. Predham,

Page 177

who was dealing directly with the insurer?
MS. PILGRIM:
A. Yes. Well, Heather was doing some of the calling of the patients. She was actually doing something with the communication.
COFFEY, Q.C.:
Q. And the idea or notion that there might be conflicting interest involved, potentially, here, in the context of ER/PR in terms of patient contact, was that discussed?
MS. PILGRIM:
A. No.
COFFEY, Q.C.:
Q. Did it occur to you at all?
MS. PILGRIM:
A. Would not be something that we were concerned about at all with Heather in that position, no.
COFFEY, Q.C.:
Q. Now, Ms. Pilgrim, I'm going to ask you then, I think you've already referred to this earlier today, that before the middle of 2005 ER and PR are something you didn't know about at all?
MS. PILGRIM:
A. No, didn't know there was such a test.

Page 178

COFFEY, Q.C.:
Q. And could you tell us, please, then about how you first got introduced to this issue, who first made you aware of it?
MS. PILGRIM:
A. The first time I heard about it would have been through Heather Predham coming into my office and telling me that we had an issue in the lab that they were investigating and women that could possibly got wrong results, telling me that it didn't have anything to do with the diagnosis of the patient, but it had to do with hormonal therapy. I can remember her telling me that. And that would have been, you know, probably July or August of 2005.
COFFEY, Q.C.:
Q. And where was your office at the time?
MS. PILGRIM:
A. My office was at the Health Science Centre.
COFFEY, Q.C.:
Q. Health Science Centre?
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. And Ms. Predham's office was, at that point?

Page 179

MS. PILGRIM:
A. Ms. Predham's office was at the Miller Centre.
COFFEY, Q.C.:
Q. Okay. Do you recall was it just she stuck her head in to tell you or -
MS. PILGRIM:
A. Oh, no, she came in.
COFFEY, Q.C.:
Q. She came by to purposefully speak to you about this?
MS. PILGRIM:
A. Yes. She was reporting to me at the time, right, at that time.
COFFEY, Q.C.:
Q. And the purpose then in, your understanding of her purpose in telling you this was what?
MS. PILGRIM:
A. To inform me about what she was doing, because this was going to take a fair amount of her time and because she did report to me, this is certainly something that she would come to talk to me about, to let me know, because it was going to take a lot of her time, as well, but also it was something that she felt that I should know.

Page 180

COFFEY, Q.C.:
Q. Did she tell you at the time how long she'd known about this?
MS. PILGRIM:
A. Oh, I don't remember, I don't remember her telling me that. My first memory of it is Heather telling me about the issue and me asking, you know, what is that, I never heard of that, that kind of a conversation.
COFFEY, Q.C.:
Q. And then what happened? So did you contact anybody, let anybody know about it or speak to anybody about that?
MS. PILGRIM:
A. Oh, yes, I would have, I definitely talked to Dr. Williams about it and Dr. Williams--like, I don't know exactly when it would have been that summer, but I remember talking to Dr. Williams, I remember going to a few meetings that were being held, you know, being at meetings where Dr. Kwan was, where some of the oncologists were. I remember issues that were going on. But the first person probably after Heather would have been going and talking to Bob and saying, so what do you think it is,

Page 181

you know, the usual conversation I would have with him, how are you doing, is there anything I can be doing to help you, I know you've got Heather, you know. And that would have been the conversation I would have had.

COFFEY, Q.C.:

Q. And was that shortly after Heather first spoke to you?

MS. PILGRIM:

A. Oh, I would say, yeah, probably the same day. I might have gone over right then to see if he was in his office.

COFFEY, Q.C.:

Q. And your purpose in doing that would be what?

MS. PILGRIM:

A. Well, if this would be, could be a quality issue for the organization, could turn out to be--I didn't know, at that point, that it was going to be as big as it was because I had no idea how many patients, because those decisions hadn't been made, not that I remember being told. And obviously trying to give some support to a colleague of mine who I knew that he would be struggling with this, especially if this was going to become any

Page 182

kind of a big issue for the organization.

COFFEY, Q.C.:

Q. Was there anything about it at that initially that you thought or lead you to believe that it might become a large issue?

MS. PILGRIM:

A. No, other than I can remember Bob was worried. You know, he was a very serious kind of a man and he was really anxious to get to the bottom of this, like, to find out what was going on here. And I think my memory is almost every day your view of it would change. This is my memory, you know.

COFFEY, Q.C.:

Q. Sure.

MS. PILGRIM:

A. You know, this day it's, oh, my gosh, this could be big, and then tomorrow this is, no, it's not so bad. And I would have probably been getting reports like that from Heather, as well.

COFFEY, Q.C.:

Q. In terms of that then, you know, having Heather first having spoken to you about, what was the understanding between you and Heather

Page 183

about how much in the loop you'd be kept by her?

MS. PILGRIM:

A. Again, Heather would keep--this was, because of how we'd basically operated, I guess, with quality, this would definitely be a quality issue within Bob's portfolio. And I would expect my involvement to be, at this point, if there was anything I could do in terms of helping to resource what he was trying to do or anything that I could take on for him as a, you know, a part of this that he needn't be bothered with that I could do. So I would be very much, I guess, on the sidelines, whether I should have been or not, at that point I would have been on the sidelines knowing that one of the senior people within quality was certainly very much tied up in this issue.

COFFEY, Q.C.:

Q. So and this would have been in the spring or early summer of 2005?

MS. PILGRIM:

A. It would have been in the summer of 2005.

COFFEY, Q.C.:

Q. Summer of 2005. We'll look at some documents

Page 184

in a moment.

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. But at that point who was responsible for quality?

MS. PILGRIM:

A. Me.

COFFEY, Q.C.:

Q. Yourself?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. And you would remain responsible for it until November of 2005?

MS. PILGRIM:

A. I would.

COFFEY, Q.C.:

Q. For the next four or five months, in effect?

MS. PILGRIM:

A. That's right.

COFFEY, Q.C.:

Q. And Heather was one of the more senior people in your own department?

MS. PILGRIM:

Page 185

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

Page 186

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

Page 187

the transition to the new ERIHA," which is Eastern Health, "the reporting structure of the committee has changed. A board quality initiatives committee no longer exists. Copies of the corporate quality initiatives committee will continue to be submitted to the president and CEO Eastern Health." So I take it then, Ms. Pilgrim, that with the creation of Eastern Health the board committee known as the board quality initiatives committee vanished, the committee itself vanished?
MS. PILGRIM:
A. It did. It was no longer a board, that board, they were gone.
COFFEY, Q.C.:
Q. But in the meantime your corporate qualities initiatives committee which you had chaired for a period of time, when we look back through it, you were going to continue, though, to submit your reports to the president and CEO, Mr. Tilley?
MS. PILGRIM:
A. That's right.
COFFEY, Q.C.:
Q. Okay. And if we could look, please, at

Page 188

Exhibit P-0486.
MS. PILGRIM:
A. This was very much in the transition stage at this time.
COFFEY, Q.C.:
Q. Yes, I appreciate that.
MS. PILGRIM:
A. Right, so.
COFFEY, Q.C.:
Q. And -
MS. PILGRIM:
A. What was gone and what was coming wasn't there and we were in the in between.
COFFEY, Q.C.:
Q. And if we could look, please, at -
REGISTRAR:
Q. 46 -
COFFEY, Q.C.:
Q. 4086, I apologize, 486, page 18, please, these are minutes of the executive management committee meeting held 5th July, 2005. You'll notice that Mr. Tilley is present. Dr. Williams is present, yourself and of course, a host of others, and we've just redacted the first page here, and in fact, the second page

Page 189

is there, material redacted, reference to a meeting with Department of Health officials on June 29th, or 28th, I'm sorry, draft minutes of that, and various redactions to the end of paragraph 1.5, and here, when one looks at the originals of these, the unredacted version, there's no reference to ER/PR, okay, in the executive management committee meetings.

Now up to this point, the beginning of July 2005, there were executive management committee meetings going on weekly, and in fact, twice weekly at times. Would that be correct, in the early days?

MS. PILGRIM:

A. Are you talking about the new executive?

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. Eastern Health, yes.

COFFEY, Q.C.:

Q. Yes, this is Eastern Health at this point.

MS. PILGRIM:

A. Um-hm, yeah. There were meetings that had an agenda which was really an agenda which focused on integration.

Page 190

COFFEY, Q.C.:

Q. But there were numerous such meetings routinely going on?

MS. PILGRIM:

A. Oh yeah. The first meeting we had, we had to introduce ourselves to each other.

COFFEY, Q.C.:

Q. Yes. Now with respect to this, prior to you hearing this from Heather, this reference to ER/PR, this had not been raised in executive management?

MS. PILGRIM:

A. No.

COFFEY, Q.C.:

Q. And I'm going to suggest to you, it was a period of time afterward before it was raised, wasn't it?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. Before it was actually brought to the executive?

MS. PILGRIM:

A. Probably, yes, to the executive, yes.

COFFEY, Q.C.:

Page 191

Q. As a group?

MS. PILGRIM:

A. And you know, certainly, in hindsight, that was something that we noted after, the executive were not really updated throughout this whole process, like normally they would have been.

COFFEY, Q.C.:

Q. Now, if we could, please, Exhibit P-0502? Yes, P-0502. 0502, I apologize, I'll look at you, Registrar, and speak up. These are meeting notes of July 14th, 2005. Ms. Predham is present, along with Dr. Cook, Dr. Williams and Mr. Gulliver. The issue discussed is ER/PR receptor results and priorities are "identify all people who had ER and PR receptors, ones who were negative for ER and PR receptors, recheck receptors with new methodology, meet with the surgeons and oncologists, assess current standing--current testing standards cross-referencing with another lab, advise the public, and assess the quality of the service at the laboratory level once we have information on the magnitude of the problem and relevant time frames. This

Page 192

will involve external technical consultation."

So is this the sort of--if Ms. Predham did attend this meeting and these are the list of priorities coming out of that, is this the sort of thing that she would have let you know about, kept you in the loop, as it were?

MS. PILGRIM:

A. Yeah, she probably would. She would--you know, I would have been meeting with her throughout this time and she would have been keeping me up to date as to what was going on, as much as she could.

COFFEY, Q.C.:

Q. Now, Ms. Pilgrim, it certainly seems, at that point, that there was some thought being given to advising the public about the existence of this issue?

MS. PILGRIM:

A. Yes, in July.

COFFEY, Q.C.:

Q. In the middle of July, and of course, if one was going to advise the public, presumably one would advise the patients as well.

MS. PILGRIM:

Page 193

A. Um-hm.
COFFEY, Q.C.:
Q. Simultaneously or just--or advise the patients just before, that was the initial plan.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. And then, if we could look, please, at Exhibit P-1931? Go to page two and this is an e-mail from Ms. Predham at 8:22 a.m. on Tuesday, July 19th. It's to a number of individuals, but you are one of those that's copied on it and the information from HIROC, and the Commission has seen this before. Ms. Predham refers to "a long conversation with representatives from HIROC yesterday evening" and then refers, by way of background, to the class action law suit against Health Labrador. "Apparently the aspect of this law suit on which they were most vulnerable was the method the people were informed," and goes on then to detail what Mr. Crosbie had alleged in his statement of claim there involving Labrador, and then there's an assertion "the organization felt the need to disclose publicly, ran it by their legal

Page 194

counsel, and then wrote letters to every person affected and sent out a news release (sound familiar)" followed by three question marks. "Their vulnerability comes from the lack of weighing out the risk for the exposure versus the anxiety of being told about it. In this case, the risk from the exposure was very small." That was in the Labrador case. She continues "this leads to our situation. It's not that they don't want us to disclose. They just don't want us to disclose until we are sure of our facts. I've had a quick voice mail from Dan. After my chat with HIROC, they contacted him after they hung up from me reiterating this and that they will be in touch in the morning. So I guess we will have to reevaluate where we are before we plan to send those letters, etcetera. Should we chat about this face to face?" Signed Heather.
Now Ms. Pilgrim, the Commissioner has seen reference to, in fact, drafts of these letters that were to go out--or a letter to go out to patients that existed already, and in fact, as of July 19th, there were draft--there were one or more draft press releases.

Page 195

MS. PILGRIM:
A. Yeah, they were, they were drafting them, yeah.
COFFEY, Q.C.:
Q. Yes. What is your recollection then of the state of affairs on the morning of July 19th, 2005? What was the plan before that and then what happened?
MS. PILGRIM:
A. Don't know if I can tell you exactly July 19th, but my understanding of--you know, my memory of what was going on here, there'd been a lot of discussion about--are you talking particularly about this from Heather?
COFFEY, Q.C.:
Q. Yes, because it captures--that particular e-mail, I'm going to suggest to you, because of its reference to letters, you know, we have to rethink that.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. We've seen documentation, there were draft letters.
MS. PILGRIM:

Page 196

A. Yes.
COFFEY, Q.C.:
Q. They were -
MS. PILGRIM:
A. And it wouldn't be -
COFFEY, Q.C.:
Q. - informing the public the day before.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Which would be through the media, which would be a press release.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. We've seen drafts of those. So, a capture of moment in time, on the morning of July 19th, before you went to work that morning, your understanding would have been what about what was planned?
MS. PILGRIM:
A. We were going to be--again, I don't know if I'm in my mind, July 19th, but there was a point at which the plan was to send letters to the patients. The letters were being drafted

Page 197

and revised and being put together and there was a press release being put together, and they were happening at the same time. We just hadn't decided how we were going to do--you know, at what point we were going to do it. Some patients had already been retested at this point.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. So you know, the word was out there through some patients that had already received their results. It wouldn't be unusual--I mean, Heather would usually check with the insurer and it wouldn't be unusual to get a letter. I mean, this is my opinion of how this works. You would often get the insurer or the solicitor giving you some advice, based on what they were dealing with, and that was one piece of advice that you weighed along with all the other pieces of advice that were going on. I don't remember if it was as early in this that we had a discussion, because there was--at some point, there was a meeting with the clinicians and then it became very clear

Page 198

that the clinicians did not want us telling anybody anything until we had something to tell them. I think that might have been after this.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. Yeah. So I guess my understanding, you know, to go a bit further, I guess, my memory, I can almost remember the time that we decided not to send the letter is, you know, Dr. Williams just said "we're going to contact the patients." He just made a decision, "we're going to contact the patients."

COFFEY, Q.C.:

Q. Well, that was -

MS. PILGRIM:

A. "We're going to start to call the patients," was -

COFFEY, Q.C.:

Q. Well, that's in -

MS. PILGRIM:

A. That's further ahead, further ahead, because this letter was still going back and forth and wasn't dropped for a long time, but nothing

Page 199

was done about it for a while.

COFFEY, Q.C.:

Q. And your understanding about why nothing was done about it was what? What, if anything, intervened is what I'm asking you.

MS. PILGRIM:

A. Well, I don't think--I would say to you, I don't think this from Mr. Boone would have had that big an impact on our decision to make--you know, we've ignored lots of stuff that have come from lawyers before and you know, with all due respect to lawyers, you do give a--you give a perspective, and we weigh that in with the other things, but oftentimes we do the opposite of what the lawyer will tell us to do in a patient situation.

COFFEY, Q.C.:

Q. Did you -

MS. PILGRIM:

A. So I wouldn't say--in my opinion, that didn't have a big impact on our decision making.

COFFEY, Q.C.:

Q. Did you have any understanding yourself about the potential consequences of proceeding and ignoring the lawyer, the HIROC's advice or the

Page 200

lawyer's advice, what the potential consequences might be for insurance coverage?

MS. PILGRIM:

A. I don't know if I thought a lot about that. I mean, if I had sat down and thought about it, I would have been able to come up with what the consequences were, but I don't think I thought about it at the time. I mean, that's always something, if you sat down, you'd know what they were, that you know, you could make--there could be greater liability here and--but -

COFFEY, Q.C.:

Q. And I appreciate that, you might be creating a cause of action.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. But if you went ahead and created a cause of action, having been advised that you shouldn't do it, did you have any understanding about whether the insurance would still cover you, at the time? Did you have any understanding about that?

MS. PILGRIM:

Page 201

A. Didn't even think about that at the time.
COFFEY, Q.C.:
Q. Okay.
THE COMMISSIONER:
Q. Sorry, I just want to make sure I understand your recollection of the sequence of events. It seems to me that what you're saying, in short, is that there were discussions about a letter and a press release. Everybody was aware that some patients had already received their results.
MS. PILGRIM:
A. Um-hm.
THE COMMISSIONER:
Q. At some point, the clinicians put in their two cents worth with a particular view and your view is that no decision was made until Dr. Williams made one at some point later than the middle part of July?
MS. PILGRIM:
A. Yeah, that's my memory of when the decision was actually made that we're going to call the patients.
THE COMMISSIONER:
Q. Okay.

Page 202

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

Page 203

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

Page 204

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

Page 205

biggest, at the time when we were the least able to respond to it in an effective way. So I think anything that we guess--because I, you know, obviously you know that we've certainly reflected our eyes back on that summer and into that fall, and I have memories of Dr. Williams, Don Cook, all these very busy people, you know, running into meetings 15 minutes late and it was just horrendous. So it did impact how we functioned in responding to this, for sure. And I just wanted to say that because you asked me, you know, why didn't we have that decision made.

COFFEY, Q.C.:

Q. And as the summer of 2005 wore on, and the parameters of what the organization was dealing with in relation to ER/PR were becoming better known?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Into the early fall, September of 2005, I take it that you, in dealing with Ms. Predham, would have had a sense or an understanding of "look, this is big. There's a lot of people

Page 206

involved in this. There are going to be a lot of test results change."

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. There are going to have to be a lot of patients dealt with in relation to that, and so on, okay.

MS. PILGRIM:

A. Absolutely, yeah, as time went on.

COFFEY, Q.C.:

Q. Yes, and I appreciate -

MS. PILGRIM:

A. You kept adding to it as time went on.

COFFEY, Q.C.:

Q. Did it ever occur to you to bring up with, for example, your fellow executor, Mr. Tilley, that there's just not enough resources to go around here?

MS. PILGRIM:

A. I don't even think--no, it didn't, at that time. When I look back and when you all will see when Heather--you've seen, but when you see what Heather Predham did over that summer and into that fall, the horrendous workload

Page 207

that she did, you know, obviously we needed to--we did not put a structure around this. We didn't stop and say okay, this is going to be very big. We need to put a team around this. We need to take people out of what they're doing. I don't know if we could have done it, but we should have had that conversation. We need an executive lead here. We need some kind of a project person here. We need IMT support here. In hindsight, I can look back and say that's what we need.

COFFEY, Q.C.:

Q. In relation to that aspect of the matter, were you ever made aware, in the summer or fall of 2005, of an offer by John Ottenheimer to Mr. Tilley on July 21st, 2005 to provide resources if they were needed? You're a member of the executive at the time, and we've heard evidence to the effect involving Mr. Ottenheimer that he did canvas with Mr. Tilley, in the early stages of this, whether resources were--extra resources might be needed. Were you ever made aware of that offer?

MS. PILGRIM:

Page 208

A. I don't remember, but it doesn't mean that George didn't say that to us.

COFFEY, Q.C.:

Q. Do you ever recall having a discussion with George Tilley about whether or not extra resources were needed to deal with this matter in '05?

MS. PILGRIM:

A. I don't ever remember having a conversation where I went and asked George Tilley for extra resources.

COFFEY, Q.C.:

Q. Well, how about having a conversation with him about whether or not extra resources were needed?

MS. PILGRIM:

A. No. I mean, we talked about ER/PR a lot. We talked about the demand that was being placed on our staff. I know at one point--yeah, I think we did talk about whether extra resources are needed, but we didn't actually stop and say--it was more than just extra resources. I mean, you know, the Department of Health could have come and given us five million dollars at this point. There was

Page 209

nothing that we could do with them. We needed the people that we had there dealing with it, but we could have engaged in having, you know, computer information management support and things. So we talked about it, but again, I guess to say it to you as clearly as I could, this was one of many, many things that we were dealing with that summer and it certainly was not given the focus that it should have been given from putting a structure around it.

COFFEY, Q.C.:

Q. Did you attend a meeting on July 19th, 2005 in relation to ER/PR? Heather is suggesting a meeting in this e-mail we just looked at, "should we chat about this face to face?" and there's a series of e-mails involving Ms. Bonnell and others concerning setting up such a meeting. Do you recall if you attended any such meeting?

MS. PILGRIM:

A. I don't recall any particular meeting. I know that I would have been at meetings where we discussed -

COFFEY, Q.C.:

Q. This would have been one where Dan Boone was

Page 210

present.

MS. PILGRIM:

A. I don't recall being at a meeting with Dan Boone at that time.

COFFEY, Q.C.:

Q. And you're here, you're cc'ed on this. You're not one of the primary recipients of these, this series of e-mails.

MS. PILGRIM:

A. No, she's just keeping me in the loop.

COFFEY, Q.C.:

Q. Yes. So if we could, please, Exhibit P-0326? Just this is--it's described as Volume 4, source Pat Pilgrim, Tab 1, telephone log George Tilley," and telephone log GT. Did you type this on this or have somebody type this?

MS. PILGRIM:

A. They would have come from my office.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. So either one of the secretaries in corporate office or my assistant would have typed that on there.

COFFEY, Q.C.:

Page 211

Q. Okay, and here, when we look at these, there's a series of notes beginning on the first page here. I think it's July--well, there's something written, new system, and--it's hard to tell, positive or strongly positive, more favourable, and then there's a date, July 20th or 21st '05, and it goes on from there, and it goes on, quite a number of dates. How did you come to obtain Mr. Tilley's telephone logs? How'd you go about that?

MS. PILGRIM:

A. We had them sent over to us. That was me now in my role coordinating with the Commission.

COFFEY, Q.C.:

Q. Yes, for the Commission.

MS. PILGRIM:

A. So anything, we were trying to have things come through my office, so they would have been couriered over or delivered over to my office.

COFFEY, Q.C.:

Q. These particular telephone logs, and we looked through these, are these excerpts from the telephone logs?

MS. PILGRIM:

Page 212

A. Copies of them, yes.

COFFEY, Q.C.:

Q. Photocopies?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Okay. So this is, for example, looking at page three, this is the way page three would have looked when you photocopied it?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Was there any particular telephone log kept for ER/PR?

MS. PILGRIM:

A. No, not that I know of.

COFFEY, Q.C.:

Q. So when you were asked--I'll be coming to this. When you were asked, in terms of your involvement with the Commission of Inquiry in preparing for this, to get material involving Mr. Tilley -

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Page 213

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

Page 214

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

Page 215

A. I don't think so, no.
COFFEY, Q.C.:
Q. And in fact, this -
MS. PILGRIM:
A. I mean, you can appreciate there's been many, many.
COFFEY, Q.C.:
Q. - this one has the dear patient letter, a draft of it.
MS. PILGRIM:
A. That was the draft, yeah. There were many drafts of that.
COFFEY, Q.C.:
Q. And occasionally they would come into your possession, I take it?
MS. PILGRIM:
A. Well, I would see them, yeah, or I'd be asked sometimes, "what do you think of this?" or "what do you think of that?" I mean, the letter was started very early in the game and it changed, as you know, if you send them out to 50 people, 50 people will have a different way of saying something.
COFFEY, Q.C.:
Q. So if we could look, please, at Exhibit P-

Page 216

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

Page 217

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

Page 218

point?
MS. PILGRIM:
A. Well, the people that I always saw going off into meetings, there were Bob Williams, Don Cook, Heather Predham, Susan Bonnell, Kara Laing.
THE COMMISSIONER:
Q. And could we know what - I know you just talked about Ms. Predham's role as a project leader.
MS. PILGRIM:
A. She certainly evolved into a very important person in this whole - you know, I would call her, yeah, the project leader. Now obviously, she wasn't resourced to be the project leader, but that's what she -
THE COMMISSIONER:
Q. That was her function?
MS. PILGRIM:
A. Very much. I mean, she was -
THE COMMISSIONER:
Q. And what does a project leader do?
MS. PILGRIM:
A. Working much - very, very closely with Dr. Williams at that point.

Page 219

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

Page 220

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

Page 221

been told there was a problem with the testing and we don't know why yet". Now, Ms. Pilgrim, this is August 5th. Did you have any sense by that point in - by this point in time - first of all, did you know anything about Dr. Carter's involvement in this, and the nature of her involvement prior to August 5th?

MS. PILGRIM:

A. I knew that she was a breast - she was someone who had more expertise in breast pathology, and that she had gotten herself involved in terms of she was going to be doing some quality testing.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. She was involved with that. I knew some time after that that she had pulled herself out of that and she had stopped doing that.

COFFEY, Q.C.:

Q. Were you told why, or her explanation?

MS. PILGRIM:

A. I remember asking Dr. Williams - I remember actually asking him why she had withdrawn from that, and his response was really that she

Page 222

just didn't want to be involved in it at that time. He didn't go into any detail with me about what that was all about. I didn't know Dr. Carter. I think I had met her once up to that point.

COFFEY, Q.C.:

Q. So I'll ask you this, do you recall whether or not you had attended the meeting of August 1st, 2005, a large meeting? Mr. Tilley was there and others, where there was an exchange between Mr. Gulliver and Dr. Carter. I'm not suggesting you were there. I'm just asking you.

MS. PILGRIM:

A. I remember being at a large meeting where George Tilley was.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. And there were - you know, I think people were very concerned. I can remember that at that meeting. I don't remember an altercation between Bev Carter and Terry Gulliver. I've heard about it since, you know, but I don't remember that. I mean, that could be - I

Page 223

could have been having a conversation up the other end. There were a large number of people in the room. I don't know if it was that meeting. I think it probably was where George was - I think he was described by someone as having to try to calm the waters or whatever at the meeting.

COFFEY, Q.C.:

Q. So you were at that meeting?

MS. PILGRIM:

A. Oh, yes, I remember, yeah, uh-hm.

COFFEY, Q.C.:

Q. And the tenor of that meeting, were there any arguments or discussions between different types of professionals about who was responsible for this, who should have known about this? Do you recall any kind of conversation like that? The point being if Mr. Tilley had to calm something, there had to be something to be calmed.

MS. PILGRIM:

A. I remember tension in the room.

COFFEY, Q.C.:

Q. There had to be something -

MS. PILGRIM:

Page 224

A. People, if they were feeling it, they weren't saying it, but you could feel it. The room was - there was tension in the room.

COFFEY, Q.C.:

Q. What did Mr. Tilley have to calm?

MS. PILGRIM:

A. Well, you know, he had to - people were talking all at once and he had to bring us all back, I think. I can remember him saying, you know, well, this is really all about us working together for the patient, and, you know, but I don't remember anybody actually saying anything to anybody, but the tension was there for sure in the room.

COFFEY, Q.C.:

Q. So the point being, Ms. Pilgrim, that by August 1st, because that's the date of that meeting, 2005, within Eastern Health, and there was a large meeting, a lot of senior people there -

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. From all kinds of different professions.

MS. PILGRIM:

Page 225

A. Doctors.
COFFEY, Q.C.:
Q. Doctors, different types of doctors.
MS. PILGRIM:
A. Administrative people, yeah.
COFFEY, Q.C.:
Q. By that point in time, there was no doubt within Eastern Health senior people that this was a large problem?
MS. PILGRIM:
A. I don't know if anyone knew quite how large at that time, but we certainly knew this was a significant issue that we were dealing with here.
THE COMMISSIONER:
Q. Mr. Coffey, when you can find a convenient spot.
COFFEY, Q.C.:
Q. Yes. One further point because this particular meeting is just four days later, Ms. Pilgrim. The last bullet here on this August 5th one says, "They have been told", that's the patients have been told, "there was a problem with the testing and we don't know why yet", okay.

Page 226

MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. That's what apparently you were being told or was discussed at this meeting in Dr. Williams minutes or notes. By August 5th, had anyone told you about what Dr. Cook and Dr. Carter had discovered in July of 2005 in their review of this, in particular in relation to problems with a lack of quality assurance measures, problems with fixation of tissue, problems with absence of internal controls, problems with internal controls being there and not staining? Did anyone bring that to your attention?
MS. PILGRIM:
A. Not that I remember at that time, no.
COFFEY, Q.C.:
Q. If they had, and on August 5th somebody was saying that the patients were being told that there was a problem with the testing and we don't know why yet, and yet you'd already heard what I've just described here --
MS. PILGRIM:
A. Uh-hm.

Page 227

COFFEY, Q.C.:
Q. That list of observations by Dr. Carter and Cook they told the Commissioner about -
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Do you think you'd remember that in terms of, well, wait now, Cook and Carter are saying this, yet we're telling patients we don't know?
MS. PILGRIM:
A. Yeah, well, I mean, obviously my knowledge of pathology would have been - depending on what people were saying to me, I wouldn't know how important that was, but if a doctor was saying, well, you know, we reviewed ten slides and all of them were misinterpreted, I would know what that meant. If they talked to me about fixation at the time, I don't know if I would have known how important that was, or what these machines did. I remember hearing, you know, about these 40 steps of this test and a lot of the advances had been to really take the human factor out of doing this test because it was so convoluted or complicated to

Page 228

do, but, yeah, you know, I don't remember - I remember at around this time Bob saying to me one day, you know, I don't know if people really know how big this is going to be. That was around this time.
COFFEY, Q.C.:
Q. Did you -
MS. PILGRIM:
A. So he obviously had a much better feel for it than, I guess, I did at the time, although I had a pretty good feeling that, you know, there were going to be a lot of patients, this was going to be fairly big.
COFFEY, Q.C.:
Q. And about, though, why there was a problem at all?
MS. PILGRIM:
A. Well, again I don't ever remember hearing about what Dr - the results at that, but I certainly know I was aware that we had a new machine, and it was probably too sensitive. I remember that, and I think that was what they thought initially when they were - when they first started doing the testing, but as to what had actually happened in the lab and who

Page 229

knew what, I don't remember when I heard that.

COFFEY, Q.C.:

Q. That's the final question I was going to ask you. When is your - what's your recollection of when you first began to understanding that, no, this is not just simply, you know, a more accurate machine?

MS. PILGRIM:

A. I think when the peer review - I shouldn't probably call them that now, but whatever, the quality reviews came back.

COFFEY, Q.C.:

Q. What we'll do is, if we could, we'll take that up after - so that would be the fall of '05?

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. Commissioner, after lunch then.

THE COMMISSIONER:

Q. All right then. We'll meet at 2:15.

(BREAK)

THE COMMISSIONER:

Q. Mr. Coffey.

COFFEY, Q.C.:

Q. Thank you, Commissioner. Ms. Pilgrim, just

Page 230

before we broke for lunch, you were telling the Commissioner about what you initially understood, very imperfect understanding in the beginning, as to why this might have happened the 40 steps, new machinery and so on, and you pointed out that, when I asked you, well, that perhaps began to change when these external review results came back, and I will take up with you in a moment that, okay, that aspect of the matter.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. But in the meantime, in the summer of 2005, you've told the Commissioner that we were going to send letters to the patients, we're going to tell the public through a media release. Did you have any understanding about the government, how much the department knew, or when they were being brought into this yourself?

MS. PILGRIM:

A. I wouldn't have been involved with that part of it.

COFFEY, Q.C.:

Page 231

Q. And how about within Eastern Health itself, like, you know - and what I'm getting at is this, around August 1st, you attended a very large meeting?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. And you've indicated that you would have - you understood at the time that some patients had been retested internally?

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. They'd been told.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Certainly of change results had been told.

MS. PILGRIM:

A. That's right, uh-hm.

COFFEY, Q.C.:

Q. And was any thought given at that time given, do you recall, to letting people within the organization know what's going on, I mean, generally, as opposed to those who happened to

Page 232

be sitting around on August 1st?

MS. PILGRIM:

A. Not that I know of. There was nothing that I was involved in at that time.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. And, I guess, you know, I was kind of on the periphery. There may have been, but in my involvement, not that I know of at that time, no.

COFFEY, Q.C.:

Q. And what I'm getting at here, Ms. Pilgrim, is that, of course, within an organization such as Eastern Health, in particular, hospital buildings -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. There was the potential, I'm going to suggest to you, for rumour, speculation about what was going on in the lab, as it were, and, in particular, for example, pathologists as a group.

MS. PILGRIM:

Page 233

A. Uh-hm.
COFFEY, Q.C.:
Q. There was no discussions that you recall about, you know, should we keep them in the loop; if so, how?
MS. PILGRIM:
A. No.
COFFEY, Q.C.:
Q. No.
MS. PILGRIM:
A. Not that I would have been involved in.
COFFEY, Q.C.:
Q. Now within your own shop, as it were --
MS. PILGRIM:
A. Quality.
COFFEY, Q.C.:
Q. Quality, a relatively small organization.
MS. PILGRIM:
A. Summer of 2005, yes.
COFFEY, Q.C.:
Q. Yes, at that time -
MS. PILGRIM:
A. Yes, just still really the old Health Care Corp.
COFFEY, Q.C.:

Page 234

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

Page 235

letting patients know that the retesting was going on. You recall that, and you've told the Commissioner, well, in October, Bob Williams told you that we're contacting the patients by phone. You remember that.
MS. PILGRIM:
A. I can remember, yes, that the decision was made to do it by phone. That's my memory.
COFFEY, Q.C.:
Q. Now before that, going back to the summer of 2005, were you aware that there was discussions involving the Minister of Health, the Deputy Minister of Health, George Tilley?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. And perhaps others, about whether or not patients should be told in the middle of July, and then again discussed in August, 2005?
MS. PILGRIM:
A. Yes, I was aware.
COFFEY, Q.C.:
Q. What did you know about that?
MS. PILGRIM:
A. I knew there had been meetings where George

Page 236

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

Page 237

retesting, but we don't know any more than that to tell you, and really don't even know when we'll get results back, but we did have some idea of the time frame at that point. The doctors were very passionately expressing their views on that. My memory is that there was never any questions in Dr. Williams mind that we were going public with this, the question was when we were going to do it, and at some point, I guess with everything that was going on, you were going to at some point make a decision about this, and get on with it. I remember being at that meeting and certainly I was agreeing with what Kara Laing and - you know, the various people who were putting forward that position, that we should really wait until we have something to tell patients. Obviously, I was agreeing with that position and supporting it.

THE COMMISSIONER:

Q. You indicated you were persuaded by what Dr. Laing and Dr. McCarthy had said, or that had been your position prior to this?

MS. PILGRIM:

A. Well, I guess we were all talking around the

Page 238

corner - around the corner - around the table, and it certainly influenced - you know, what they were saying made sense to me, that, you know, it certainly kind of rang with what I was thinking that how can you do this to these people who have already been through so much with this disease, and now you're going to go out, they don't know which ones have been affected by it, and we can't tell them any more than what we could tell them at that time. So I - they certainly didn't influence me. What they said really rang well in my ears, Commissioner. I agreed with that. That was the way I was thinking at the time as well.

COFFEY, Q.C.:

Q. If we could bring up, please, Exhibit P-0558. This is two e-mails of August 8th, 2005. The first of them is from Ms. Predham to a number of individuals, including yourself. She begins by referring to the database, and if you look down through this, there's a bullet there, "ER/PR status is indicated as 1,230 people with an overall ER positivity rate of 55 percent". See that?

Page 239

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Suggesting that the ER negative would be retested. So 45 percent, at least at that point, of those 1,230 people would end up being retested?

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. That would have been understood?

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And the overall positivity rate by year is set out there, and they're rough figures, she indicates.

MS. PILGRIM:

A. She's just looking at St. John's there, right?

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. Not the province.

COFFEY, Q.C.:

Q. And would you have understood at that time

Page 240

that St. John's would have been between 50 and 60 percent of the province?

MS. PILGRIM:

A. Yes. Well, we are for everything else, so -

COFFEY, Q.C.:

Q. So it would be - if Ms. Predham at the end of the first week of August is telling yourself and others, look, there's 1,230 in St. John's area, we can kind of multiply that times two, 2,400 to 2,500 patients in all might be involved in this, and we're going to end up retesting about 45 percent of them.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. At that point in time, from just looking at these rough figures. You would have understood that that would take a certain amount of time?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. To get that done, because even if one within St. John's could get St. John's' blocks retested within four to six weeks, outside St.

Page 241

John's it would have taken perhaps months because they'd have to get them in to St. John's to be sent off to Mount Sinai?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. So at that point in time, August 8th, did you have any understanding about whether, if at all the centres outside St. John's were even sending the material in?

MS. PILGRIM:

A. I don't know when I became -

COFFEY, Q.C.:

Q. Or were you concentrating -

MS. PILGRIM:

A. - aware of that. I know that it was a part of the discussions that our pathologists were contacted. I know that Dr. Williams had had conversations with the other VP medicine at some point, so I certainly understand fairly--understood fairly early in the game that this was a provincial retesting we were getting into.

COFFEY, Q.C.:

Q. Yes, and it would involve about 2500 patients,

Page 242

about half the 2500 patients?

MS. PILGRIM:

A. That would have to be retested?

COFFEY, Q.C.:

Q. Or just under half?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. So and would take, therefore, a period of time before results, certainly for the outside St. John's?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Patients to get back -

MS. PILGRIM:

A. Now, I had, really didn't have any idea of what it meant or what it took to get these things done. I'm just, I just started learning about blocks and slides and all of that, so, you know, the fact that you had to go to the backs of these labs and dig all this stuff out, I wouldn't have had a good understanding of that at the time.

COFFEY, Q.C.:

Page 243

Q. Again, looking at here, Ms. Predham does say "rough numbers from the combined database." She refers to 4510 people overall. And she notes, "The cancer registry does not identify almost 2100 of them who had ER/PR testing. Current status, living or deceased, is only identified in 1245 of the people. It's going to be difficult to determine this for the rest of the individuals." So I'm going to suggest to you, Ms. Pilgrim, that by the end of the first week of August yourself and the other senior people involved in this would have understood that this is going to be problematic even identifying people who's living, who's not, their status on ER/PR?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. This is going to be a monumental task?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. Fraught with difficulty?

MS. PILGRIM:

A. Um-hm.

Page 244

COFFEY, Q.C.:

Q. That's, you're nodding yes?

MS. PILGRIM:

A. Um-hm, yes, that's true.

COFFEY, Q.C.:

Q. Okay. There's also a reference here to a hotline. "I'm meeting with our staff re the hotline and what needs to be put in place. The biggest thing from our perspective will be the answers to the items identified in our script. Will work on those today." So as of the end of the first week of August a hotline would be because you've told the public and/or individual patients?

MS. PILGRIM:

A. Getting ready to do that disclosure, yes, and then having something--well, obviously there'd be a lot of questions.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. So anticipating that we'd need that and we'd need to have somebody answering it probably 24 hours a day for a period of time.

COFFEY, Q.C.:

Page 245

Q. Here the next paragraph, "Also will we be informing GPs of this issue?" And there's a reference to Kara Laing suggested that the letter use working "like you will be notified by the physician following your cancer." This would be the patient would be notified?
MS. PILGRIM:
A. This is when we were still thinking about sending the letter.
COFFEY, Q.C.:
Q. Yes. So then in the middle of the summer 2005 there's thought being given to, well, you know, the department is pushing to go public, public announcement?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Letters to patients?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Related to that, letters to GPs to tell them about the fact that you've sent letters to patients?
MS. PILGRIM:

Page 246

A. Um-hm.
COFFEY, Q.C.:
Q. Hotlines the patients could call?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Up to that point and even after in the immediate aftermath of receiving that e-mail did you express any reservation to anybody about telling the patients at that -
MS. PILGRIM:
A. I don't -
COFFEY, Q.C.:
Q. That you recall?
MS. PILGRIM:
A. I don't remember if I did or if I didn't at that point.
COFFEY, Q.C.:
Q. Okay. Exhibit P-0563, please? Now, Ms. Pilgrim, these are notes of George Tilley which you gathered up, I thank you for that, and forwarded them to the Commission. These are dated August 10, 2005. You'll note that you're listed there in the middle of the attendees. If we could look at P-0564,

Page 247

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

Page 248

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

Page 249

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

COFFEY, Q.C.:

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

MS. PILGRIM:

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

Page 250

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

THE COMMISSIONER:

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

Page 251

MS. PILGRIM:

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

THE COMMISSIONER:

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

MS. PILGRIM:

A. No, and start getting some results back.

THE COMMISSIONER:

Q. Okay.

MS. PILGRIM:

A. So you know -

THE COMMISSIONER:

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

MS. PILGRIM:

Page 252

A. Right.

THE COMMISSIONER:

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

MS. PILGRIM:

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

COFFEY, Q.C.:

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

MS. PILGRIM:

Page 253

A. No, I didn't -
COFFEY, Q.C.:
Q. In the meetings you -
MS. PILGRIM:
A. I didn't know anything about that.
THE COMMISSIONER:
Q. Sorry, Mr. Coffey.
COFFEY, Q.C.:
Q. I'm sorry.
THE COMMISSIONER:
Q. I just sort of need to have a picture of--I understand that there may have been some differences of view as to how to best treat it and I'm getting from you that Dr. Laing and Dr. McCarthy expressed a view which you were in agreement, with which you were in agreement?
MS. PILGRIM:
A. Um-hm.
THE COMMISSIONER:
Q. Which was essentially that there should not be immediate contact with the patients. Everybody was expressing the view that there should be more information before we talk to them. Now, does more information equate with

Page 254

we have your results?
MS. PILGRIM:
A. That was my understanding, yes.
THE COMMISSIONER:
Q. Okay.
MS. PILGRIM:
A. That we would have something to tell them about themselves.
THE COMMISSIONER:
Q. All right. And you say you understood that there was the chance that this would go public whether you wanted it to or not?
MS. PILGRIM:
A. Well -
THE COMMISSIONER:
Q. By the very nature of -
MS. PILGRIM:
A. I certainly would have -
THE COMMISSIONER:
Q. The fact that patients were being contacted?
MS. PILGRIM:
A. Yes, I certainly would have had that knowledge, yes. Because we know we've already started contacting patients, there's always a chance that this could go public.

Page 255

THE COMMISSIONER:
Q. And do you have any reason to believe one way or the other whether others who would have been involved, perhaps more closely in the decision making, would have the similar kind of knowledge?
MS. PILGRIM:
A. I think that they would have. I think that that would have been--whether they actually sat down and had a discussion about it, I think it would certainly have been something that was in their minds, yes.
THE COMMISSIONER:
Q. I mean, what I'm wondering about is whether somebody who made decisions and I'm still a bit vague about who made decisions in this matter -
MS. PILGRIM:
A. Uh-hm.
THE COMMISSIONER:
Q. With perhaps advisors or if it was a group decision, sat around the table and said, "Here are the advantages and disadvantages and while we know that it is possible that this is going to be made public before we're prepared to do

Page 256

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

Page 257

MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. And has a list of all people who need to be retested.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. That's presumably known within at least St. John's at the time.
MS. PILGRIM:
A. That would have been Eastern Health, yeah.
COFFEY, Q.C.:
Q. Eastern Health. Dr. Laing's update is there, Mr. Tilley advised that the status of meetings with government and the need to get out a letter, which presumably is the letter to patients, individual patients.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. And then Dr. Laing is noted to weigh in with certain comments, they are listed here, including a reference to--she doesn't feel we are trying to cover things up. So I take it

Page 258

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

Page 259

A. Right.
COFFEY, Q.C.:
Q. Now in relation to that, Ms. Pilgrim, because you were there at this meeting, was this news to you at that point, August 10th, that there were deficiencies in our system--and this is coming from the clinical chief, locally, he's talking about deficiencies about communication, about proficiency tests and quality assurance, was that news to you at the time?
MS. PILGRIM:
A. Probably one of the first times that I would have actually heard some of that, yes, because he was really talking about--if I remember correctly, he was talking about, you know, the instability of pathologists moving in and out of the system and the quality assurance programs in place and what that meant, some things that we needed and, you know, that they really needed more resources to put this in place. So yeah, you were hearing, I guess in the pathology part as well--he was talking I think about pathology -
COFFEY, Q.C.:

Page 260

Q. Yes.
MS. PILGRIM:
A. - that yeah, there were some fundamental issues here that needed to be dealt with.
COFFEY, Q.C.:
Q. Because at that moment you were the VP responsible for Quality Assurance.
MS. PILGRIM:
A. For Quality, that's right.
COFFEY, Q.C.:
Q. So you would have certainly been interested to hear a clinical chief talk about that.
MS. PILGRIM:
A. Yes, absolutely.
COFFEY, Q.C.:
Q. Did you discuss it with him at the time and say, well what do you mean, Don, I mean in terms of -
MS. PILGRIM:
A. Well my understanding as well, and again, I don't have the exact times, but we were going to have a review of the lab done. There was going to be an external review group come in, so obviously they were going to paint an even clearer picture and I certainly detected from

Page 261

Bob and George that there was a real desire to know what it is that we need to be looking at, what are the gaps in the lab, what are the issues and move forward to start to address them. So--but at this time, in terms of my actually talking to Dr. Cook about that, I guess I probably didn't have a big discussion because I knew there was more coming. There was going to be a review of the lab done.

COFFEY, Q.C.:

Q. Have you ever discussed it with him since?

MS. PILGRIM:

A. Yeah, I think I've certainly talked to Don or Nash about, you know, what did they think about the external review reports.

COFFEY, Q.C.:

Q. How about the absence of QI program or Quality Assurance and proficiency testing in the pathology end of the lab? Have you ever asked either of those gentlemen or both of them how that state of affairs could have existed?

MS. PILGRIM:

A. Probably not, no, not directly.

COFFEY, Q.C.:

Q. There's a reference here, number two, below

Page 262

there, "What are key messages we should be saying?" That's the note Dr. Williams made at the time. The idea of key messages in this context, do you recall--well what do you recall about that? This is August 10th which is relatively early days?

MS. PILGRIM:

A. Well, this whole meeting we were really talking about, you know, getting everybody's perspective on where we were and really talking about the whole issue of public information and disclosure to patients as well. So I would think that's what those key messages, that's what we were talking about, you know, what is it that we should be saying or need to be saying at this point.

COFFEY, Q.C.:

Q. If we're going to tell the patients, what we should tell them?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. And if we're going to tell the public, what we should tell the public?

MS. PILGRIM:

Page 263

A. Yes. Again, that would be my memory of that meeting. That meeting was all around that.

COFFEY, Q.C.:

Q. And -

MS. PILGRIM:

A. I guess I could say at this point, now that I look back, these discussions that we had about disclosure, I don't think there was anybody in the room, maybe Dr. Williams where he worked at the Department of Health, but certainly nobody that had ever dealt with anything of this magnitude before, so this was relatively uncharted territory for us. And I think the mould that health care providers usually find themselves in and this is changing over the years, but certainly has a long way to go, is that you, you know, you always get this, well we want something to say to people before we say anything to them. We want to be able to give them as much information as we can, you know, and we certainly didn't have any discussion about--I don't remember any discussion anyway about well what are we doing to people if we're not giving them information.

Page 264

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. And what, you know, what opportunity are we taking away from them by not doing that. And that would not be typically the kind of conversation that health care people would have and some people call it paternalistic or whatever and I think it is very true of the organized health care system and we are moving away from that, sometimes through, you know, having traumatic things that happen, but there's still, I think, a lot that has to happen to make the health care system more transparent in that way, but I don't remember--I don't even remember thinking myself well, you know, what have I taken away from these women by not doing it.

COFFEY, Q.C.:

Q. If you can look back at Exhibit P-0563 please? This is this--I showed it to you earlier, these are George Tilley's notes of August 10th. You'll see a list of names, you'll see Susan, which would be Susan Bonnell, delayed.

MS. PILGRIM:

Page 265

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

Page 266

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

Page 267

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

Page 268

COFFEY, Q.C.:
Q. I'm asking you -
MS. PILGRIM:
A. - your question to me is?
COFFEY, Q.C.:
Q. - do you recall that, was that the approach that was adopted?
MS. PILGRIM:
A. I realized--well, certainly again, my understanding would be we had information that we could share, so we could very quickly get information out there to the public, and that would be mainly, you know, to the general public and to the media, but I guess it doesn't cover what you're saying to the women who first hear this in the media.
COFFEY, Q.C.:
Q. And in fact, the letter on page five, presumably is intended to -
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. - directed to individual patients.
MS. PILGRIM:
A. Yeah, and the plan, I think, was that these

Page 269

would be going relatively simultaneous--you know, you would be sending the letter out and then very quickly following up with the media, with the public disclosure or public information, whatever we want to call it.

THE COMMISSIONER:

Q. What stage was this plan though? Because the plan kept shifting, I think.

MS. PILGRIM:

A. This plan kept shifting too. This didn't even happen at this point, right. Was this before the Ottenheimer meeting?

COFFEY, Q.C.:

Q. It's August 12th. Mr. Ottenheimer, if I recall, was August 14th, 15th?

MR. BROWNE:

Q. 15th.

COFFEY, Q.C.:

Q. 15th, I believe. 15th, Mr. Browne, thank you.

MS. PILGRIM:

A. So this was still a work in progress through that time, and Susan was really here preparing for the letter and the public information.

COFFEY, Q.C.:

Q. In fact, when you read it all, she, in effect,

Page 270

comes down on the side of not going public, in fact, not telling the patients directly, when we go through it.

MS. PILGRIM:

A. No, and certainly Susan was a proponent of going public very early in the game. You know, and I guess I should share with you that within the health care system, that was a hard sell for public relations people to convince people that you had to be going public about things. It wasn't how we normally--believe it or not, that was relatively new within health care, that you would be going public with these things. So oftentimes the public relations person would want you to be going public, but she would get a lot of resistance from people within the health care area.

COFFEY, Q.C.:

Q. Now -

MS. PILGRIM:

A. We tended to think about the patients that we had to talk to, rather than the public.

COFFEY, Q.C.:

Q. But the -

MS. PILGRIM:

Page 271

A. But then when you don't do that, the patients get affected by that as well.

COFFEY, Q.C.:

Q. And the idea that the patients might hear on the CBC news, 6:00 news, or the eight a.m. news, that this is going on -

MS. PILGRIM:

A. And you know, the way that I look at this, like I mean, we know what we know now with how we did this, and we know how that affected patients. We don't know what we don't know. We don't know what it would be like if we had gone another way. Either way, when a patient is hearing something from a public venue, it's usually very distressing and then they have to go trying to look for answers and things.

COFFEY, Q.C.:

Q. And well, we do, I suppose, in one sense, know what happened after October 2nd.

MS. PILGRIM:

A. We do now, yes.

COFFEY, Q.C.:

Q. In terms of that, we do know.

MS. PILGRIM:

A. Yes, yeah, we do.

Page 272

COFFEY, Q.C.:

Q. In terms of -

MS. PILGRIM:

A. Well, it went public before we got to contact the patients, yeah.

COFFEY, Q.C.:

Q. And if we could look, please, at Exhibit P-0588, 5088? Now this is a meeting of the senior management of the Newfoundland Cancer Treatment and Research Foundation, which I take it you were responsible for at the time still?

MS. PILGRIM:

A. I was, yes.

COFFEY, Q.C.:

Q. Not still, but you were, September 1st, 2005.

MS. PILGRIM:

A. And I believe I might have been -

COFFEY, Q.C.:

Q. That you were at -

MS. PILGRIM:

A. They have a meeting all the time and I tried to attend their meetings on a quarterly basis, yeah, so I would have been at that one.

COFFEY, Q.C.:

Page 273

Q. You were there, you're noted to be there.
MS. PILGRIM:
A. I was.
COFFEY, Q.C.:
Q. Page two, as is Dr. Ganguly, Dr. Laing, Dr. Gardiner and other individuals.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Dianne Smith, in fact, is there. She is your secretary?
MS. PILGRIM:
A. She is my secretary, yeah.
COFFEY, Q.C.:
Q. And administrative assistant, and she's the recording secretary for this meeting. Just looking at this, we look at page three of it, paragraph 4.2 ER/PR testing. "Members were informed this item has gone to Department of Health and Community Services. Slides and blocks are being reviewed externally. Currently waiting for reanalysed results of blocks relating to ER/PR testing. There are some patients coming forward with concerns. The Department of Health and Community

Page 274

Services has delayed a public announcement on this item." Now a couple of questions about that. Do you recall--well, certainly the notion that the Department of Health and Community Services knows about this, there'd be no controversy about that. They did know about it?
MS. PILGRIM:
A. At this time, yes.
COFFEY, Q.C.:
Q. Mid July.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. "Slides and blocks are being reviewed externally." Certainly, I don't know about the slides, but certainly the blocks were being looked at in Mount Sinai, being retested. "Currently waiting for reanalysed results of blocks" which would be the Mount Sinai results, retest results. "There are some patients coming forward with concerns." Do you recall what that was about? September 1st.
MS. PILGRIM:

Page 275

A. Not specifically. I know that the oncologists had been having discussions with patients and patients were coming back, patients who had been given results were coming back to them. So she could have been talking about that, but I would only be surmising now. I don't remember exactly what she was talking about there. This was not out in the public venue, as far as I know, at this point.
COFFEY, Q.C.:
Q. But there was at least one patient, I'm going to suggest to you, or a patient's sister, or both -
MS. PILGRIM:
A. Who came forward.
COFFEY, Q.C.:
Q. Late August.
MS. PILGRIM:
A. Okay.
COFFEY, Q.C.:
Q. In terms of--so you don't have any particular recollection of that?
MS. PILGRIM:
A. I can remember meeting with a lady. I think we met with her about her--myself and Dr.

Page 276

Williams, I think, met with a woman, but I don't know exactly the time. You're telling me it was late August.
COFFEY, Q.C.:
Q. Well, I just notice here, in passing, that there is a reference to patients coming forward with concerns.
MS. PILGRIM:
A. I don't think that was the same one though.
COFFEY, Q.C.:
Q. Okay.
MS. PILGRIM:
A. This one came directly, I think, to Dr. Williams' office. Kara, you know, they were dealing--you know, if I were to read that, based on what I knew about what was going on then, they were dealing with patients who had been given results.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. And she was talking to the staff about how they were dealing with that, to the management.
COFFEY, Q.C.:

Page 277

Q. Here, "the Department of Health and Community Services has delayed a public announcement on this item."
MS. PILGRIM:
A. Because she would have already been up talking to the Minister, I think, at this point. Is this a September -
COFFEY, Q.C.:
Q. This is September 1st.
MS. PILGRIM:
A. Yeah, so she would have been telling them. You know, she would have told the senior team about her meeting with the Minister, I would think.
COFFEY, Q.C.:
Q. Who's she?
MS. PILGRIM:
A. Kara Laing.
COFFEY, Q.C.:
Q. Kara Laing.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. So, and you were here at this meeting, yourself?

Page 278

MS. PILGRIM:
A. I am.
COFFEY, Q.C.:
Q. You're noted there.
MS. PILGRIM:
A. I am.
COFFEY, Q.C.:
Q. To be there, and the Department has delayed a public announcement. Now -
MS. PILGRIM:
A. Well, we had delayed one too.
COFFEY, Q.C.:
Q. Yes, well, that's what I'm getting at. Certainly Eastern Health had consciously chosen, for the reasons you've enunciated, not to make a public announcement.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Have you any reason to believe the Department of Health and Community Services had delayed a public announcement?
MS. PILGRIM:
A. No, I wouldn't. Again, with how things were functioning, how things were rolling along

Page 279

here, the Department wanted us to go public with this.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. And the--at some point, Dr. Kara Laing, I think, had requested that she be given the opportunity to speak with officials within the Department to explain her side of this, and others as well. It wasn't just her. And so, yeah, it wasn't--and again, because I wasn't talking to the Department, I don't know if at any time they were talking about going out with any kind of--I think at this point, they were--this was our issue, as Eastern Health, and they wanted us to go public with this.
COFFEY, Q.C.:
Q. Yes. So the idea that the Department of Health has delayed it -
MS. PILGRIM:
A. Yeah, that -
COFFEY, Q.C.:
Q. - that's inaccurate.
MS. PILGRIM:
A. - be misleading, yeah.

Page 280

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

Page 281

can recall anyway, and I stand to be corrected, only assertion that the Department had said no, or was saying no. We've heard that the Department listened to Dr. Laing and didn't overrule her. But that's not the same thing as saying the Department said no.

MS. PILGRIM:

A. No, and you know, I don't know. I mean, I don't know if the Department--anyway, I'd be only surmising now.

COFFEY, Q.C.:

Q. Okay.

MS. PILGRIM:

A. That's all I know.

THE COMMISSIONER:

Q. Ms. Pilgrim, did you have any knowledge, at this point, about how many patients had actually been advised that they might have had changes in their test result?

MS. PILGRIM:

A. At this point, in September? Yeah, it would have been certainly more than ten and probably less than 50. I would have known it was in the tens, you know, probably -

THE COMMISSIONER:

Page 282

Q. Did you think it was that many?

MS. PILGRIM:

A. - 20. I'm just trying to think now, would I-- I would have known that there were patients who had been told and I would have known it was more than two or three, but now, how many exactly, Commissioner, I don't know, but I would have known that the word was certainly out there and it was more than just two or three patients.

COFFEY, Q.C.:

Q. Exhibit P-0551, page two. This is Dr. Williams' notes of a meeting of August 5th, 2005. Yourself and others are in attendance at this meeting, Ms. Pilgrim, and here, the fourth last bullet, "10 to 11 patients have been--who have converted have been told."

MS. PILGRIM:

A. It was in the tens, yes.

COFFEY, Q.C.:

Q. Tens, yes, of those who had converted.

MS. PILGRIM:

A. But by September, there were probably another 10 to 11 who had been told.

THE COMMISSIONER:

Page 283

Q. And what plans, if any, did you know for what was to happen when the results came back? If you were delaying communications with patients until you had more information, and I understand I should equate that with results coming back regarding specific patients.

MS. PILGRIM:

A. Um-hm.

THE COMMISSIONER:

Q. So what was going to happen when results came back?

MS. PILGRIM:

A. Well, in August, there was still the letter that was planned. They were still talking about the letter and the press release or the public release, and then there was a point at which we made a decision that patients were going to be phoned and told that they were being retested.

COFFEY, Q.C.:

Q. So that's after the -

MS. PILGRIM:

A. That's after. No, I'm just trying to walk my way through this now. And in terms of how patients were going to be told, there was

Page 284

discussions about that, in terms of--I can remember discussions around, well, you know, is there a way that we can bring patients in in groups. No, we couldn't do that. It had to be individual patients being told, and then leading into discussions around well, we need a group of people who are actually going to contact patients, and then leading into discussions well, there's going to be different kinds of results. There's going to be some patients who the results change. There's going to be patients whose results don't change, and then you probably have to have a different approach to those patients. But this was still evolving, because at some time later, there was a decision to go with a panel to review results that change before you actually told the patient their results, and then, there was talk about well, for some of these patients, we're actually going to get the results out through their most responsible physician, and it will be this physician who tells the patient their results. So it was evolving, Commissioner, over that period of time. I wouldn't be able to tell you

Page 285

precisely when those decisions were made because this was changing as we went.

THE COMMISSIONER:

Q. And do you know whether or not there were any kind of contingency plans for when and if this broke publicly?

MS. PILGRIM:

A. Well, certainly--well we had a contingency plan about the public, what we were going to say to the public, and they were very quickly then talking about well, how are we going to handle individual patient disclosure. So at some point in time, we would have had that figured out. We would have had a plan for that, but there--you know, there was a period of time where that wasn't all worked out as well over this time. So as far as a contingency plan -

THE COMMISSIONER:

Q. So was that by the time it actually went public, in your view?

MS. PILGRIM:

A. Not totally, no. You mean when we first got the call from The Independent?

THE COMMISSIONER:

Page 286

Q. Well, yes.

MS. PILGRIM:

A. Yes.

THE COMMISSIONER:

Q. At that point, did you have a plan on that information?

MS. PILGRIM:

A. It was taking--it was certainly taking shape at that point, but I'm not sure it was totally worked out at that point.

COFFEY, Q.C.:

Q. I take it the frequently asked questions and responses -

MS. PILGRIM:

A. We had those, the Q and A.

COFFEY, Q.C.:

Q. - and we're going back into the summer.

MS. PILGRIM:

A. Yeah, yeah.

COFFEY, Q.C.:

Q. But were they finalized before September 30th or were they actually just finalized on September 30th over that weekend?

MS. PILGRIM:

A. I don't think there was much left to do with

Page 287

those questions and answers. It's just that they hadn't actually finalized them, but it's not like, you know, there had to be this really hasty activity because they were pretty much worked out at the time.

COFFEY, Q.C.:

Q. If we could, please, Registrar, Exhibit P-0021, page 46? This is a paragraph from an MAC minutes of September 14th, 2005. It says ER/PR testing results. You would have been in attendance, I take it, at this--well, I shouldn't say that. Yes, look back at page 39, please. There you are in attendance, bottom left-hand side, and if we could go back then to page 46. This, I take it, would be the first time that the MAC is being told about this would be late September? I'm sorry, mid September, mid September, I apologize.

MS. PILGRIM:

A. And it would have probably been MAC's first meeting probably since June.

COFFEY, Q.C.:

Q. Sure.

MS. PILGRIM:

Page 288

A. Usually they wouldn't meet in July and August.

COFFEY, Q.C.:

Q. And here, it's noted that "Health Sciences Centre is retesting tissue samples" and why, at least the time period, and "in reviewing past tests, it has been discovered that some patients who tested negative are now converting to a positive result which could change the course of their treatment," and they're being sent to Mount Sinai for retesting and then it goes on to say that "patients are being contacted on an individual basis as test results become available, so they can discuss with their physicians as to whether or not this does have an impact on their current treatment or may have had an impact on their previous treatment." So at that point, if test results were coming back and there was no change, were patients being told?

What I'm getting at is this, you knew back in August that 10 out of--10 or 11 people had been told their results. You recall we looked at August 5th.

MS. PILGRIM:

Page 289

A. Um-hm.
COFFEY, Q.C.:
Q. You knew that certainly out of the first 25, 16 of them had converted.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Locally?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. So 10 to 11 is less than 16.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. And in fact, it's considerably less than 25. So the patients who had been retested and had no changed result, all throughout the summer of 2005, they weren't being told?
MS. PILGRIM:
A. All throughout December?
COFFEY, Q.C.:
Q. No, the summer of 2005.
MS. PILGRIM:
A. Oh, the summer. I wouldn't have been in the

Page 290

know about that specifically.
COFFEY, Q.C.:
Q. Whose call was that?
MS. PILGRIM:
A. You know, I should say that--I mean, I'm trying to answer this based on what I would have known at the time.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. But I wasn't intricately involved with this process. Like Dr. Williams, they would have known a lot more about this at this point than I would have. So it was only what I was picking up with a meeting I went to or something Heather or someone was telling me.
COFFEY, Q.C.:
Q. So here, based upon these minutes of the MAC of September 14th, 2005, yourself and there are a number of senior positions there, the impression one would have, reading this, is that well, anybody who's retested, whatever the results, is being told, has been told to date and is being told. I'm just asking you, at that time, did you understand that everyone

Page 291

who had been retested and had a result had been told?
MS. PILGRIM:
A. My understanding was that as results were coming back, patients were being told their results.
COFFEY, Q.C.:
Q. Whether they changed or not?
MS. PILGRIM:
A. That was--and I don't remember anything more than that.
COFFEY, Q.C.:
Q. There's also here a reference to "external peer review will be conducted September 15th and 16th" which would be beginning the next day, and the 20th to the 25th. Just before lunch, we touched on this. Can you tell us, please, then, about what you--when you first learned about the results of these external reviews?
MS. PILGRIM:
A. I didn't know much about those external--there were two things that I knew about them. First when they came back, I remember, I think it was Dr. Cook or Dr. Williams saying to me that

Page 292

the overall estimation was that we weren't the best lab in the country and we weren't the worst. We were in the middle of the pack. That was--I remember that very distinctly. It was probably Dr. Williams who said it to me. I also know that they had started to put an action plan around the recommendations fairly quickly, I think, once they got the reports in their hands, and this was something that Dr. Williams was monitoring through the leadership team within the lab.
COFFEY, Q.C.:
Q. So you being, in September, as we know from other evidence that Dr. Banerjee and Ms. Wegrynowski were debriefed, as it were, in September 2005. We have Dr. Williams--I'm sorry, Dr. Banerjee's report of October 17th.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Which arrived in St. John's a couple of days later. So you, being VP responsible for quality assurance, were not told what was in those reports, nor what people had learned during the debriefings?

Page 293

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

Page 294

to give the Commissioner some sense of how it was your were supposed, from your perspective to do your job, overseeing quality assurance within the organization.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. When two outside consultants, to your knowledge, had been in -
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Seen what they did, reported as they had.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. And yet - and it had some fairly negative things to say.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. I think you would agree now, knowing what you do?
MS. PILGRIM:
A. Oh, yes, now that I've seen the reports, yes.

Page 295

COFFEY, Q.C.:
Q. And yet the structure, such as it was, if those reviews were tagged with being peer reviews --
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. You as the VP of Quality would not actually see them, nor, in fact, even find out what their contents were?
MS. PILGRIM:
A. Yes, I guess, that's what I am saying to you, and that would not be to me at all surprising. That would have be how would have handled peer review at the time, and when you said that I was responsible overall for quality -
COFFEY, Q.C.:
Q. Quality assurance in the organization.
MS. PILGRIM:
A. But I was responsible - but there was, you know - what was I was responsible for was not the quality within a particular department. That's not what I was responsible for, and that's not what I would say to you that most vice presidents of quality would be

Page 296

responsible for. They're responsible for putting a process in place for making sure - now one of the things I would have been looking at from a quality perspective is, "so do we have an action plan around this, are we working through things, are we making improvements", but I would not have to be privy to that report, I would say to you based on how I am used to working and the framework that I am used to.
COFFEY, Q.C.:
Q. Now Ms. Predham at the time was still reporting to you in October?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. She certainly did have a copy of Dr. Banerjee's report.
MS. PILGRIM:
A. Yes, she had a copy. I don't think she read it, though.
COFFEY, Q.C.:
Q. Well, we'll have to ask her about that.
MS. PILGRIM:
A. I don't know. I think she had a copy, yeah,

Page 297

because she would always keep a copy in the files, and now I guess we should say at this time we were still considering this as a confidential peer review report.

COFFEY, Q.C.:

Q. Oh, yes, I appreciate that, even numbered copies.

MS. PILGRIM:

A. Yeah.

COFFEY, Q.C.:

Q. Every copy is numbered, right.

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Top secret, as it were?

MS. PILGRIM:

A. Absolutely, yes.

COFFEY, Q.C.:

Q. Now in relation to that, looking back on it, how - what problems did that present or does that present to actually address patient care?

MS. PILGRIM:

A. In terms of lessons that we have learned from this as an organization?

COFFEY, Q.C.:

Page 298

Q. Yes.

MS. PILGRIM:

A. You know, you're asking me if I'm looking back. So if I'm looking back now as a senior person within Eastern Health, and all the soul searching and mind searching that we've done over the past three years, I, as a senior member of quality would certainly be more interested in seeing the action plan.

COFFEY, Q.C.:

Q. And I take it in evaluating an action plan, you would have to have some idea of why an action plan was necessary?

MS. PILGRIM:

A. The action plan would certainly give you a pretty good indication of what the issues were in the lab. Again I'm not responsible for it, but there is--you know, and coming up to the executive, there would be - I would certainly be looking for that at this point.

COFFEY, Q.C.:

Q. So as the vice president responsible for quality assurance, even in your role at the time --

MS. PILGRIM:

Page 299

A. Uh-hm.

COFFEY, Q.C.:

Q. You were supposed to make some kind of judgment as to the efficacy of the action plan?

MS. PILGRIM:

A. Yes, when I look back on that now, yes, I think that would have - and I can tell you based on my knowledge of peer review at the time, because I hadn't been involved in a whole lot of them, but I'd certainly read about them and that, you know, we were just, I think, moving from the era where a peer review was totally confidential to, well, really you should be able to share the recommendations and the action plan that comes from those recommendations, but that was like an evolving - you come from they're totally, totally confidential to, well, yes, what's really confidential in a peer review report are these aspects, but you should be able to share the recommendations and the action plan that comes out of them, but that wasn't regularly done.

COFFEY, Q.C.:

Q. And you think, though, that without actually

Page 300

knowing what was in the reports, that you'd be in a position to judge the efficacy of an action plan?

MS. PILGRIM:

A. I guess my - again I'm talking as me, as the vice president of quality, or whatever, at that time. I would be more interested in that we have had someone come in and review, they have made recommendations, and we are acting on the recommendations. Sometimes we have external reviewers who come in and make recommendations and we don't agree with them. So then there's the back and forth about that until we finally come to what we agree on. I had no indication here that the leadership of the lab didn't agree with these recommendations and I knew that there was an action plan that had been - was being developed and had evolved over time. So, you know, I guess, if you look back or if you look forward with what we would be - certainly as a VP Quality, I would be looking for that action plan in the future.

COFFEY, Q.C.:

Q. Ma'am, at the time, in the fall of 2005,

Page 301

because it's about to become September 30th, October 2nd, and then go on from there -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. You would have been aware that the Health Care Corporation, as it had been, and Eastern Health, because of the legacy organization being the Health Care Corporation, had a policy on patient disclosure of adverse events?

MS. PILGRIM:

A. I would have, yes.

COFFEY, Q.C.:

Q. And that involved, whatever else, a patient being told the fact that an adverse event had occurred.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. About the fact that it had occurred, what the ramifications potentially were for the patient, and if it was known, as to why it had happened.

MS. PILGRIM:

Page 302

A. Uh-hm.

COFFEY, Q.C.:

Q. Correct?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. In the whole scenario, up to and including the external reviews, was there any - to your knowledge, any step taken to obtain information that could be given to those patients about why this had happened? Was any process undertaken which would have resulted in you, for example, yourself, being able to meet with a patient and tell the patient this is why this happened?

MS. PILGRIM:

A. Was there any process?

COFFEY, Q.C.:

Q. Yes, because the external reviews were top secret.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. And anything else -

MS. PILGRIM:

Page 303

A. The external reviews were top secret, yes, but at this point in time here in the summer, we're still into summer - we're into September?

COFFEY, Q.C.:

Q. And the fall, September and October.

MS. PILGRIM:

A. Yeah, I don't know - well, because there wasn't much known about these external review results other than, you know, this was still very limited in terms of who knew those results.

COFFEY, Q.C.:

Q. And would remain so.

MS. PILGRIM:

A. Yes, the - the things that we would have known that you would have been able to tell a patient was that, you know, something has happened in our lab, results are changing that we're having retested somewhere else, telling about the impact that it had on them, and then as far as if the patient asked or if you were saying to them, well, how could this have happened or what happened, you know, I think we would mainly be sharing there was -

Page 304

certainly that was very well shared, there could have been a problem with the machinery that we were using, right.

COFFEY, Q.C.:

Q. But the reality is, as you understood, that generally was not so?

MS. PILGRIM:

A. No.

COFFEY, Q.C.:

Q. You understood that?

MS. PILGRIM:

A. No, that's right, and I would say that not a lot of people at this point really had a good understanding of what happened.

COFFEY, Q.C.:

Q. Well, I'm going to suggest to you -

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Bring up P-0046.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Dr. Cook certainly did when he got P-0046, when he got Dr. Banerjee's report.

Page 305

MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Anybody who read that who had any background at all --
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Would understand clearly from Dr. Banerjee's perspective what happened.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Anybody who read Trish Wegrynowski's report who had any sort of background in this would understand.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. What she was suggesting perhaps contributed to this.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. I'm asking you this, to your knowledge, as a

Page 306

member of the executive of that organization in the summer and fall of 2005, was there any process undertaken which would have resulted in patients being able to be told what the result of an investigation was into why this had happened?
MS. PILGRIM:
A. No, not to my knowledge.
COFFEY, Q.C.:
Q. I'm going to suggest to you that that was known within the senior management, they knew full well that the only inquiry we made is to bring in two external reviewers --
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Who are we are going to consider peer reviewers?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. And that will remain top secret, and if there's no further investigation of this, we'll never be in a position where we have to tell a patient what actually happened and why

Page 307

it happened?
MS. PILGRIM:
A. So you're saying to me -
COFFEY, Q.C.:
Q. I'm suggesting to you -
MS. PILGRIM:
A. Suggesting to me.
COFFEY, Q.C.:
Q. - that the management, the senior management in the fall of 2005 understood full well that as long as these peer reviews remained secret, there's no other investigation going on, none?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. And we will therefore never have any result to tell anybody about why because we don't know why except in the peer reviews and therefore you'd never have to tell patients?
MS. PILGRIM:
A. Well, I would disagree with you, Mr. Coffey, if that's -
COFFEY, Q.C.:
Q. Okay. Could you tell the Commissioner what other process was going on?

Page 308

MS. PILGRIM:
A. Well, the process that was going on was that, I mean, I know that the peer review was going on, but there was always an understanding that we would, at some point, be able to sit down and talk about what happened in the lab.
COFFEY, Q.C.:
Q. With whom?
MS. PILGRIM:
A. As an organization and then we would be able to share that information. You know, we were never going to just leave this to, well, someone has come in and done two reports, they're confidential so nobody knows what's happening, you know, nobody knows what happened, and we're going to make improvements in the lab but we're never going to tell anybody what happened. There was always an understanding that we would, at some point, summarize and analyze what had happened in our lab. I mean, that was always my understanding.
COFFEY, Q.C.:
Q. Can you point to any point before May of 2007 where that happened?
MS. PILGRIM:

Page 309

A. Well, I know that from the fall--one of the problems that you probably know and that we had was that we did not have a good database, or we didn't have any, really. We had a spreadsheet with a lot of information. So one of the things we had set about to do in the fall of 2006 was to give, well, it was Heather Predham, actually, time to, I guess, finish and clean up the database that was there so we--people were asking questions like, well, you know, how many people converted, how many this, how many that and we needed to get that cleaned up to be able to get that information out there. This was, you know, we're talking now a year after, a year and a half after.

COFFEY, Q.C.:

Q. And what I'm asking you is this, ma'am, to come back to why it had happened?

MS. PILGRIM:

A. Yeah, and the -

COFFEY, Q.C.:

Q. What inquiries were being made by technically skilled individuals, technologists such as Ms. Wegrynowski, pathologists such as Dr. Banerjee.

Page 310

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Or their equivalence.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. To look into why this had happened outside of the peer review process? Was there any?

MR. SIMMONS:

Q. Ms. Pilgrim was heading towards answering that question.

COFFEY, Q.C.:

Q. Oh, she, okay -

THE COMMISSIONER:

Q. Sorry, Mr. Simmons, but I didn't get the headed towards. So if she can answer, then I'd like to hear the answer.

COFFEY, Q.C.:

Q. Yeah.

MS. PILGRIM:

A. Well, okay, what I told you was that there was always a plan that we would -

COFFEY, Q.C.:

Q. Can you tell -

Page 311

MS. PILGRIM:

A. - have a report, we would get to a point where we would have a report on the number of patients who had been tested from various regions, what their results were, that we would be able to ask questions about, well, why did these patients' results change and what could have caused this to be, you know, what could have caused these changes. We knew--you know, I can remember first when this testing started, Mr. Coffey that the things that I was hearing, well, sure, you know if you go and test all that many patients, that you are going to get a lot of changes. It's just the nature of this test. You have a false negative rate. I never really understood, though, okay, if you built in the false negative rate, how many patients would actually change, you know, how many patients would you expect if you had 3000 people who had had this test done and you know it's got a false negative rate, and I heard different numbers thrown around, like a ten percent, a five percent, an eight percent. So say if you had a ten percent false negative rate in 3000

Page 312

people, you would expect that 300 or so would have been given an interpretation as negative that weren't all negative, because it was falsely negative. So, you know, there was always the understanding that we would get to that point.

COFFEY, Q.C.:

Q. So -

MS. PILGRIM:

A. That we were going to be able to do that.

COFFEY, Q.C.:

Q. I'm asking you, well, first of all, is there any--can you point me to any there, in writing, really, to that effect?

MS. PILGRIM:

A. No, I -

COFFEY, Q.C.:

Q. There are a couple of references in the material to the fact that at some point some epidemiologist might be asked to look at this.

MS. PILGRIM:

A. We did, we went -

COFFEY, Q.C.:

Q. But -

MS. PILGRIM:

Page 313

A. We did go to the community medicine at Memorial. I guess I can answer you, Mr. Coffey, that there was definitely a plan, that this was not going to be left with two external reviewers coming into our organization and producing a report that was going to be kept secret and nobody would ever know what happened with ER/PR within Eastern Health.

COFFEY, Q.C.:

Q. Okay. And you then -

MS. PILGRIM:

A. I can tell you that unequivocally that that was not the plan.

COFFEY, Q.C.:

Q. Okay. Can you point me to anything in any of the documentation where that is indicated, we are going to at some point in the future release the results of those reports, because no other -

MS. PILGRIM:

A. Well -

COFFEY, Q.C.:

Q. Just I want to clear this, to clarify this. There is no other investigation going on by a

Page 314

pathologist or a technologist into why this had happened? And I'll leave Dr. Gown out of it for the moment, put him aside. Leaving him aside -

MS. PILGRIM:

A. But we may have brought somebody in.

COFFEY, Q.C.:

Q. You may have?

MS. PILGRIM:

A. We may have done that if we didn't get the answers we wanted. I mean, you know, we were still--we had had a peer review done.

COFFEY, Q.C.:

Q. Um-hm.

MS. PILGRIM:

A. We were, I know that in the fall, into the winter, like, 2006 we had freed Heather Predham up to start to get the information together so that we can start telling people what has happened here, how many patients have been affected. Just as we had got into that, then we had, well, then you know what happened then like in the spring of 2006 or 7, was it, 2007, and then we put all of our eggs in that basket. Okay, we were going to develop a

Page 315

database, but now NLCHI is coming in so we'll work with them.

COFFEY, Q.C.:

Q. And I'll leave aside the database because I'll be coming back to that.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. With you, I want to canvas that with you. What I'm getting at is leaving the database aside.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. Because generally, frankly, by November 23rd, 2006 a lot of what's in that database already was known in terms of the total numbers of patients whose results had changed.

MS. PILGRIM:

A. Well, yeah, the numbers were a bit raw, yeah.

COFFEY, Q.C.:

Q. Yes, they were raw, but they were rough -

MS. PILGRIM:

A. That's right, yeah.

COFFEY, Q.C.:

Page 316

Q. - roughly accurate.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. What I'm asking you, ma'am is is this, is that was there anything that you can point me to, the Commissioner to, where any pathologist other than Dr. Banerjee was going to be asked to review or look into this on a non-peer review basis and provide a report as to why this had happened? Yes or no, was there anyone else?

MS. PILGRIM:

A. My understanding would be, yes, that as we moved forward there would have been a report coming from the lab about the causative factors of what happened here.

COFFEY, Q.C.:

Q. Okay, your understanding. But is there anything in any of the documents?

MS. PILGRIM:

A. Well, I mean, my understanding would have been that, yeah, that's going to happen. Like, it's not like I was thinking it up, that was going to happen so it must have -

Page 317

COFFEY, Q.C.:
Q. Who did you get that understanding from?
MS. PILGRIM:
A. Well, I guess we talked about it amongst ourselves.
COFFEY, Q.C.:
Q. Who was that?
MS. PILGRIM:
A. I would have probably had discussions with George Tilley about it. I mean, because I still didn't know what happened, I mean, I had bits and pieces of what happened in the lab. I didn't know anything about optimizing this or that. This was all language that I didn't understand. And didn't have a real sense of, okay, well, if we didn't do this piece, what kind of impact would that have really had on this or that. So, you know, we were going to do that work.
COFFEY, Q.C.:
Q. And in terms I ask the same question in relation to a technologist. Other than Trish Wegrynowski, an outside technologist being asked to come in and look at why this happened or what contributed to this happening and

Page 318

providing a report that would detail in that person's opinion as to why this had happened and a report that could be made public because it wasn't peer review, can you point me to anything in any of the documentation that indicates that that was planned?
MS. PILGRIM:
A. No, I can't point to you anything in the documentation.
COFFEY, Q.C.:
Q. So the only thing you can point -
MS. PILGRIM:
A. I mean -
COFFEY, Q.C.:
Q. - the Commissioner to is some kind of overall understanding came up in a conversation, maybe from time to time with George Tilley or Bob Williams, that at some point there will be something come out this? In other words, something that Pat Pilgrim can find out what happened?
MS. PILGRIM:
A. Um-hm. Definitely was going to happen.
COFFEY, Q.C.:
Q. It was going to happen -

Page 319

MS. PILGRIM:
A. Over time -
THE COMMISSIONER:
Q. So can I take from what you said that it was going to happen because that report was going to come out of the lab in Eastern Health?
MS. PILGRIM:
A. There would be, at the end of the day there would be a report to say what actually happened in our lab because -
THE COMMISSIONER:
Q. Done by the people at Eastern Health?
MS. PILGRIM:
A. By, yeah. Well, I don't--now, I don't know if we would have had to bring somebody else in with this. But the first thing we wanted to do was let's get the numbers right, let's get the patients right and let's go from there.
COFFEY, Q.C.:
Q. Now, Ms. Pilgrim -
MS. PILGRIM:
A. And, you know -
COFFEY, Q.C.:
Q. - why hadn't that happened?
MS. PILGRIM:

Page 320

A. Pardon me?
COFFEY, Q.C.:
Q. Why hadn't it happened?
MS. PILGRIM:
A. Well -
COFFEY, Q.C.:
Q. Because I'm going to suggest to you Dr. Banerjee was arranged to come here in a matter of days, the arrangements were made within days and he showed up within six weeks.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Trish Wegrynowski showed up within about eight weeks.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. The reports were prepared within two months.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. And filed.
MS. PILGRIM:
A. Right.

Page 321

COFFEY, Q.C.:
Q. So when Mr. Wegrynowski's report came in in November, why not just simply hire a pathologist and a technologist to come in on a non-peer review basis and provide the report?
MS. PILGRIM:
A. I don't know. I don't know the answer to that question. But, you know, I can--and I guess it's hard for me to explain to you why some of this--I'm sure for you, Mr. Coffey, looking into the organization at the time it's hard to think about, well, why were there so many delays and what was taking the time with this. And I tried to, I guess, explain to you before that we were not working in a normal environment within Eastern Health at this time. And I would submit to you that we were doing the best job that we could but we, you know, we didn't have a normal environment. We weren't getting the leadership, weren't providing the leadership that we really should have been providing at that time. And I think that's why we had the delay with, you know, actually being able to get onto the things that we wanted to do. But there was never,

Page 322

ever any talk about, well, you know, we'll have these reviewers come in, they will give us their review and their recommendations, we'll make the improvements in the lab and then we'll move on and forget that this ever happened, that was never, ever anybody's intention. This, I have to submit to you again, was the most complex process that I've ever worked with. And maybe part of the complexity was because we didn't put the right process around it, and I will be the first one to say that we didn't.
COFFEY, Q.C.:
Q. Ma'am, okay, if I could, Exhibit P-0018, page 9. These are the minutes of a Board of Trustee's meeting of Eastern Health, September 21st, 2005 and these record, at least in the minutes process, what the Board of Trustees were told first of about this, in a formal way they were told about this, "Review of system, ER/PR testing for breast screening." And there it's, despite all of the complaints later about other--to the public about breast screening, certainly that was utilized at time, even internally within Eastern Health

Page 323

improperly. There's a reference here, "There's an intensive investigation ongoing of the relative accuracies of two systems used to detect estrogen and progesterone receptors in breast cancer tissue."
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. "Dr. Williams advised that the organization became aware of the situation in the spring, conversion with the test results caused concern, subsequently resulted in the organization bringing in external expertise from the manufacturer's of equipment, as well as a pathologist and a laboratory technologist with extensive knowledge in the area to provide an independent review of the system. Patient safety and confidentiality are paramount importance and the organization made the decision not to release any information publicly until the results of the retests were available." And points out "The Minister of Health has been apprised of the situation. The organization is expecting additional information from Mount Sinai (the centre doing

Page 324

the retesting) during the coming days. The Board will be apprised as necessary." Now the Commissioner has heard now, quite a number of months ago, six months ago, approximately, from Ms. Dawe, the chair of the Board.
MS. PILGRIM:
A. That's right.
COFFEY, Q.C.:
Q. And she recalled this meeting. She told the Commissioner, though, that until February of 2008 when she first saw the external reviews, first two reports from 2005, that she was always under the impression that this was a machinery problem and a problem attributable to just the switch from one piece of equipment to the other.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. And you have indicated to the Commissioner that you certainly, yourself, understood early on that that wasn't so.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:

Page 325

Q. By the fall of 2005 because you knew Mount Sinai was using a DAKO machine.
MS. PILGRIM:
A. That's right and there were other factors being talked about, yes.
COFFEY, Q.C.:
Q. And there were other factors, but you certainly understood that.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. So what I wanted to ask you about is this, is that how is it if it was planned that non peer review report about why this had happened was eventually going to be produced by Eastern Health, how is it that the beginning of 2008 could occur and the chair of the Board didn't know the difference?
MS. PILGRIM:
A. I also heard what Mrs. Dawe had to say because I was listening to her evidence. I remember Dr. Williams doing presentations to the Board. I remember one presentation, I'm not sure if it was this one or one later on which was very lengthy, it took, I think it was well over an

Page 326

hour for him to provide information to the Board and, you know, I certainly understand from what Dr. Williams said to the Board that there was always an expectation that there would be a final report on this. You know, he probably didn't say it in that many words, but we're doing an intensive investigation. This continues to happen. We are making improvements in our lab as we go along. We want to be sharing our learnings from this with other organizations, what we've been through here with this ER/PR issue and -
COFFEY, Q.C.:
Q. Did he tell the Board in the fall of 2005 look, I know what happened, I've been told by the external reviewers, I know what happened?
MS. PILGRIM:
A. No, no, no, he didn't share the external review information.
COFFEY, Q.C.:
Q. No, even without telling him what, to tell him look, I know what happened, I can't tell you, but I know.
MS. PILGRIM:
A. No.

Page 327

COFFEY, Q.C.:
Q. He didn't do that?
MS. PILGRIM:
A. No, I don't remember him saying that.
COFFEY, Q.C.:
Q. So, the Board then continued on, would have continued on through '06, through '07 not knowing any different.
MS. PILGRIM:
A. Well, what he would have said to the Board, again that I remember, is he would have talked about other factors that may have contributed to this, you know. I guess my memory of his presentations, he talked about the difficulty that we had in medical oncology with keeping people, the great difficulty we had with pathologists moving in and out and the vacancy and attrition rate we had there and how that affects quality. I can remember him introducing other factors into when he was talking to the Board because he was trying to give them a flavour for some things that might have contributed to this.
COFFEY, Q.C.:
Q. By telling the Board, look, we didn't have any

Page 328

quality assurance real programs in -
MS. PILGRIM:
A. No, he didn't say that to the Board.
COFFEY, Q.C.:
Q. Bluntly telling them the truth.
MS. PILGRIM:
A. No.
COFFEY, Q.C.:
Q. In effect, to put it boldly.
MS. PILGRIM:
A. Well, you know, I mean, I didn't take from what Trish Wegrynowski said that we didn't have any quality assurance in the lab.
COFFEY, Q.C.:
Q. No, we can look for some notes made in some minutes that yourself and Dr. Williams and others were being told by the lab people yourself, internally.
MS. PILGRIM:
A. Yes, but there were parts of quality assurance that we didn't have.
COFFEY, Q.C.:
Q. Oh yes.
MS. PILGRIM:
A. And some very basic parts, I might add. But,

Page 329

you know, I never heard anybody say we didn't have any quality assurance in the lab.

COFFEY, Q.C.:

Q. Or relevant to this.

MS. PILGRIM:

A. No, but not that we didn't have any. But there were certainly basic components, like standard operating procedures and things like that that we didn't have.

COFFEY, Q.C.:

Q. If I could please, Commissioner, if I could -

THE COMMISSIONER:

Q. Mr. Coffey, could we take the afternoon break once you've done whatever it is you're proposing?

COFFEY, Q.C.:

Q. Sure, just one more. P-0046 please? Page 39, these are executive management meeting minutes of September 28th, 2005, paragraph 2.1, "Laboratory ER/PR update" and this is an update, I take it, for the senior management which would have included yourself.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Page 330

Q. And "Additional information has been received from Mount Sinai related to ER and PR concerns in the lab. Dr. Williams advised that a meeting will be scheduled with the pathologists, oncologists and lab staff to review the new information and make recommendations. Consultants from Mount Sinai, chief technologists and chief pathologists have completed their site visit. Specimens have not yet been received from central and west and Corner Brook; however, they should be received by the end of next week. Once received, the specimens will be sent out of the province for testing. Consideration is being given to retesting specimens for the period 1997 to '98. So that by the end of September, senior executive of Eastern Health knew that the specimens were not in from outside St. John's generally.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. At least according to Bob Williams at the time.

MS. PILGRIM:

Page 331

A. Right.

COFFEY, Q.C.:

Q. That a consideration was still being given as to whether to retest the '97, '98 ones.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And he concludes by "we are positioned to move with a communication strategy when required." Suggesting that as of September 28th, which is two days before the Independent called, the senior management understood clearly that Eastern Health, the people involved in this, had a communication strategy in place to deal with the phone call from the media because they understood it was coming--or if it came, they had the communication strategy.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. So it was anticipated certainly that this might break.

MS. PILGRIM:

A. Again, I wouldn't have been in on those conversations, but it would make sense to me

Page 332

though that if you were out talking to patients that there would be consideration that this could become public at any time.

COFFEY, Q.C.:

Q. At this point, September---the end of September, bearing in mind that now this is going to be moved back months, I mean, this is two months after August 1st, in effect.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. Was any thought given to reconsidering where we are with this because this is not going to be done in six weeks. Six weeks have passed.

MS. PILGRIM:

A. There was some point at which, if you're talking about this in general, there was some point at which we talked about, I can remember, you know, are there other hospitals that we can get to help us with the testing. This is going to take too long now. I can remember that discussion for sure, about that.

COFFEY, Q.C.:

Q. But here, it's not so much taking too long, Mount Sinai two days before this had sent the

Page 333

first results back.
MS. PILGRIM:
A. Yeah, but we were still getting to the fall now.
COFFEY, Q.C.:
Q. What I'm getting at is getting material from outside St. John's to even send because you didn't even have it at that point, we can look at that, the bulk of it wasn't in, so was any thought given at the end of September, bearing in mind the delays from outside of St. John's in sending us the material -
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. - to how we're going to approach this? Was there any thought given of re-evaluating how long this is going to take?
MS. PILGRIM:
A. Yeah, there were periods where there was thought given to that and certain alternatives looked at. I know there was delays in getting things, I think from Western. There were delays getting their specimens in and then various people dispatched to try and speed

Page 334

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

Page 335

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

Page 336

Q. Tab, I apologize, tab in a binder, would this be Mr. Tilley's documentation, do you think, or yours?
MS. PILGRIM:
A. I would say that was Mr. Tilley's if he had it in a binder like that, it wouldn't have been me.
COFFEY, Q.C.:
Q. Okay, and again I'll address this right now just so it's clarified, when the Commission of Inquiry was established in 2007 -
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. You were deputized or asked to do what in relation to the Commission?
MS. PILGRIM:
A. When the Commission was established, I was asked by George if I would take the lead in terms of preparing the organization for the Commission.
COFFEY, Q.C.:
Q. Yes. And in the course of that, I take it after Mr. Tilley left the organization at one point you were asked to look through his

Page 337

documents related to this?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Okay, so and that's how, like his notes, his log books and so on came to the Commission through you?
MS. PILGRIM:
A. Through my office, yes.
COFFEY, Q.C.:
Q. Through your office, okay.
MS. PILGRIM:
A. Because we were sending everything through my office.
COFFEY, Q.C.:
Q. Now here this particular document, page two, is "Frequently asked questions about ER/PR" and to put it in context for you, we look down here at the bottom right, October 3rd, 2005, that's a Monday.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. The Independent published on Sunday, October 2nd. So were you involved at all in this?

Page 338

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

Page 339

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

Page 340

Media, October 2005?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Now did you keep a media file?
MS. PILGRIM:
A. No, I don't think I kept a file, I know that there's a file kept in communications if I wanted to actually have something that was left--I would read things as they came in and then I would probably delete them, unless it was something in particular I wanted to share with somebody.
COFFEY, Q.C.:
Q. So the distribution by communications within Eastern Health of external media stories about, for example, ER/PR?
MS. PILGRIM:
A. Happens all the time, this is regular.
COFFEY, Q.C.:
Q. This would have come in to you?
MS. PILGRIM:
A. I would have been receiving copies, yes.
COFFEY, Q.C.:
Q. And in the context here, I take it, you would

Page 341

have reviewed them?
MS. PILGRIM:
A. I would have reviewed them and I would have probably sent them on to a few people who weren't on the list. I might have sent them over to the Cancer Center for example, other people like that, but probably wouldn't have kept--well I know I wouldn't have kept them.
COFFEY, Q.C.:
Q. And would you have some sense of what the, at least discussion of this in the media was at the time?
MS. PILGRIM:
A. Oh yes, yes.
COFFEY, Q.C.:
Q. That was part of your role?
MS. PILGRIM:
A. Definitely would have, yes.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-3151? It's volume 4, Tab 4 from yourself, Public Comms, which would be communications, October 2005. Where did you obtain this from, do you know?
MS. PILGRIM:

Page 342

A. This would have come, again if this is coming from--I'm not sure if this is coming from my file or from George Tilley's file.
COFFEY, Q.C.:
Q. Okay. Now page 2 of this is a "Dear Physician" letter from Dr. Robert Williams, October 4, 2005?
MS. PILGRIM:
A. Uh-hm, yes.
COFFEY, Q.C.:
Q. Do you know if this was ever actually sent? Because we have and we will look at one involving Dr. Gardiner.
MS. PILGRIM:
A. I know Dr. Gardiner sent one.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. I don't know if Dr. Williams ever sent that, I would say he probably didn't. I know it was drafted.
COFFEY, Q.C.:
Q. Yes, it's here, obviously, but -
MS. PILGRIM:
A. But I know Paul Gardiner sent one out

Page 343

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

Page 344

everyone and under decision, "Cancer Clinic draft letter to physicians"--well they say here Dr. Pilgrim, that would in fact yourself, if you look at the handwriting.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Ms. Pilgrim and--P. Pilgrim and Dr. Laing. And the decision is to issue an addendum, hereto include previous reports. Dr. Cook is going to follow up with the Regional Lab Directors. The Cancer Clinic is going to draft a letter to physicians and set up a clearing house for information and patient contact. Counselling available, Ms. Predham and Chris Parsons are involved.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. This apparently was a meeting where, if you look at the first five topics here, review status of the matter to date.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:

Page 345

Q. So you attended this on October 3rd, which would be that Monday in the aftermath of the Independent story, correct?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. It indicates the results to date were canvassed. So presumably whatever was known at that point concerning Dr. Mullen's spreadsheets from the end of September, would have been the numbers that would have been canvassed certainly at least in a general way.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Five is "Individual information, public information and living/dead." What then was the plan, by the end of Monday, October 3rd, the matter having been broken in the media about how this was going to be handled? In terms of notifying patients, for example?
MS. PILGRIM:
A. Well, when was this? This was in October.
COFFEY, Q.C.:
Q. This is the day after the Independent story.

Page 346

MS. PILGRIM:
A. The plan was still--well we had been talking about a letter to patients up to this point.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. And we also had information prepared to go public, but that was with a different plan, that was information for public release when we started notifying patients. Now we're into a different scenario here now because it's already gone public.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. So the plan was that we were going to, you know, obviously we had public information we were going to get out there now and we were also planning to notify--still planning to notify individual patients with their results when they came back. And that was going to be a part of our public notification as well, you know, that you will receive your results when they are -
COFFEY, Q.C.:

Page 347

Q. If we can look at Exhibit P-0087? It's a conference call of October 4, 2005 with people across the province, including yourself and Ms. Parsons and Ms. Predham from the General site.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Dr. Cook and Williams and, of course, some administrators and so on. It's a full overview of the background, specific issues review and then the third bullet, "Questions of whether we should notify all patients who are being retested." So I take it there was still some question then about whether patients would be notified individually about the fact that they were being retested.
MS. PILGRIM:
A. Yeah, and if I remember correctly, this meeting, you know, the other health authorities really wanted to get together everybody to see what it is that everybody was doing, so we'd all be on the same wave length. Even though there had been some discussions earlier with certainly through the VP's of

Page 348

Medicine, but this was another meeting to talk about, okay, what happens now. And Eastern Health in particular, what are you doing and, you know, are the other Boards going to follow suit?
COFFEY, Q.C.:
Q. And as October went on into November, the result of that was what? They did follow suit?
MS. PILGRIM:
A. They did, there were questions back and forth. There was a decision, you know, they kind of--there was a decision between the Boards about who was going to do what. That got a little bit murky as time went on, but--and there were designated people within the Boards that were going to handle it for, you know, so you knew who to communicate with in each of the Boards. So there was some planning that went on between the Boards.
COFFEY, Q.C.:
Q. Exhibit P-2958? This is an e-mail from Ms. Predham to yourself. The attachment is "cancerclinicletter.doc, October 4, 2005, 4:47 p.m. I'm having problems with the end, but

Page 349

maybe that's because I'm trying to figure out what you are telling them. I'll call you. Heather" and what's attached is a draft of a letter, I take it this is a draft of--this Cancer Clinic letter is the one that is going to go out from Dr. Gardiner.

MS. PILGRIM:

A. To physicians.

COFFEY, Q.C.:

Q. To physicians across the province letting them know what's going on.

MS. PILGRIM:

A. Right, that's correct.

COFFEY, Q.C.:

Q. Prior to this, because when we look, you recall there was a reference to in August, what are we going to tell the GPs.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. Are we going to tell the GPs, if so, what?

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. This is the first time it resurfaces again, I take it?

Page 350

MS. PILGRIM:

A. Uh-hm, because now we have to tell the GPs because now it's public and patients are going to go asking the GPs questions.

COFFEY, Q.C.:

Q. And you were the one, I take it was -

MS. PILGRIM:

A. I drafted--if I remember correctly, I started to get information down on paper, and then it got added to and changed, and finally we came up with what the letter was going to be.

COFFEY, Q.C.:

Q. Yes, if we look at - because there you refer to it as NCTRF letter as the subject.

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. If we look at 2959, please. Here about four minutes later the same day, Ms. Pilgrim e-mailed you, and the subject is letter number two, Cancer Clinic.doc, and she says, "Does this work", and when we look at the second page of this exhibit, it's been added to a little bit compared to what was on the page before, page two of Exhibit 2958.

Page 351

MS. PILGRIM:

A. Uh-hm, yes.

COFFEY, Q.C.:

Q. So why were you being asked or tasked with drafting a letter for Dr. Gardiner?

MS. PILGRIM:

A. I would say that I volunteered to do this. There was people going off in all directions doing things, and I would say that I took it upon myself to get something down that we could send out. It's always easier--as you know, somebody starts it and then no problem getting other people to change it, and I would say that I just took that on to get this letter going so that we could get it out. I would certainly run it by Heather because I wanted to make sure that - you know, she would have had more knowledge about some of the things that were in it.

COFFEY, Q.C.:

Q. If we look at - just look at the same exhibit, please. Just looking at 2959, page two.

MS. PILGRIM:

A. The original one.

Page 352

COFFEY, Q.C.:

Q. Actually this is the original original. That's Heather's modification.

MS. PILGRIM:

A. This is Heather's.

COFFEY, Q.C.:

Q. Perhaps we could look at 2958, please. This is - look at page two. This is your - generally your first stab at it.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And Heather is coming back to you asking you, in effect, well, trying to figure out - she's trying to figure out what you want to say, and she says, "I'll call you", meaning or suggesting that you in fact spoke. Now your understanding at the time, I want the Commissioner to be clear on this, was that you were going to draft a letter for Dr. Gardiner in his capacity as the head of the Cancer Treatment Foundation.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Page 353

Q. Which would be sent to all patients - I'm sorry, all GPs, all the doctors, in fact.
MS. PILGRIM:
A. Being sent through NLMA.
COFFEY, Q.C.:
Q. So all doctors throughout Newfoundland?
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Which would be the first general communication with physicians throughout Newfoundland concerning ER/PR and the status of it at the time?
MS. PILGRIM:
A. To provide them with the status of what was going on, yes.
COFFEY, Q.C.:
Q. Prior to that, had there been any communication with doctors at large in the province that you're aware of?
MS. PILGRIM:
A. Other than what would have been happening through the regional health authorities. I know that especially outside of St. John's there would have been a connectiveness with

Page 354

some of those regional health authorities out there, and I'm sure there was some going on there, but there would have been, not that I know of, no real, you know, concrete communication that would have gone out up to this point.
COFFEY, Q.C.:
Q. Just looking at the first three lines of this, there's a reference to, "Since 1997, the Health Care Corporation of St. John's utilized the DAKO semi-automated system for testing for ER/PR reception. In 2004, this methodology was replaced with an automated Ventana System".
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Now I know that's a factual statement -
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. But what really did that have to do with this, bearing in mind that you knew at this point in time - at that point in time, you knew full well that Mount Sinai was using that very same

Page 355

DAKO?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. So what did that have to do with really anything?
MS. PILGRIM:
A. Other than just giving them information of some of the factors that were involved here. I still think at this point there was still some feeling that, you know, the new machine had been impacting some of these results, and we were trying to give a background. I guess we probably didn't do a very good job, as I'm watching it here, but we wanted to say we did change the technology, and then in 2005 a patient -
COFFEY, Q.C.:
Q. When you tell physicians that you've changed technology -
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Or people who are involved in the clinical world - actually, that assertion generally

Page 356

communicates to them, if not explicitly, implicitly, well, the newer technology is better and might account for a difference in results.
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. Doesn't it?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. It has that effect.
MS. PILGRIM:
A. It could.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Unless someone is really attuned to it and would understand, for example, that the DAKO was still widely used.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:

Page 357

Q. They wouldn't know the difference, would they?
MS. PILGRIM:
A. I guess in looking at it, I don't - I don't think that was explicitly what was in my mind was to communicate that to GPs at the time.
COFFEY, Q.C.:
Q. And in the second paragraph, third line, it says - I should go back to the first sentence in the second paragraph referring to a patient having been retested in 2005.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. "Initially on the DAKO, now on the Ventana, strongly positive", again that's juxtapositioning one system against another.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Technologically.
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. And a relatively uninformed reader, which most physicians would have been, might be forgiven

Page 358

if they jumped to the conclusion that--or attribute it to the Ventana?
MS. PILGRIM:
A. Could be, could be a machine, yes, but then we went on to say that we're doing a full quality review.
COFFEY, Q.C.:
Q. And again in that world, that's code for peer review, isn't it, peer review, quality review?
MS. PILGRIM:
A. Not necessarily when you're talking about a laboratory. I would say in a physician's world, peer review refers more to individual people having a peer review. So I wouldn't say, Mr. Coffey, that they'd automatically think that was a peer review.
COFFEY, Q.C.:
Q. To your knowledge, Ms. Pilgrim, to your knowledge to this day -
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. Has any physician outside Eastern Health ever contacted Eastern Health, to your knowledge, and asked what the results of those full

Page 359

quality reviews were?
MS. PILGRIM:
A. Not to my knowledge. It doesn't mean they haven't contacted - because as you know, certain GPs tend to refer patients to certain specialists, so it doesn't mean they haven't had discussions with specialists, but certainly I'm not aware of anybody who actually phoned in because that would - that kind of a call would usually make itself probably to Oscar Howell's office or somewhere in that -
COFFEY, Q.C.:
Q. Or Bob Williams before him?
MS. PILGRIM:
A. Or Bob, or it could actually come in to the Cancer Centre.
COFFEY, Q.C.:
Q. But certainly you don't recall anyone - Dr. Williams or Dr. Howell telling you about having received phone calls from physicians following up on what happened?
MS. PILGRIM:
A. No. I can remember them telling me, though, that socially they would be - a lot of general

Page 360

practitioners, if they were out socially, were certainly interested in what had gone on, and what the status was, but not official calls in.
COFFEY, Q.C.:
Q. Now the quality review that was going on at that point in the sense of - was what? I appreciate Dr. Banerjee's and Trish Wegrynowski's repots were not yet sent, but the reviews were actually done.
MS. PILGRIM:
A. Yes, but that - that would have been the reviews that we were talking about, yeah.
COFFEY, Q.C.:
Q. Now if we could, again just to get some context, P-2959 again. This draft of a letter which Ms. Pilgrim comes back to you with the same day - Ms. Predham. I apologize, Ms. Pilgrim, I apologize. Ms. Predham came back to Ms. Pilgrim with, the third paragraph, "All negative ER/PR samples have been collected and sent for retesting at Mount Sinai. Once the results return, the laboratory program of Eastern Health will send you the results for your patients". See that?

Page 361

MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. So I take it that at that point in time, October 4th, it was envisaged that whatever the results were of the retesting, that Eastern Health would send it on to the physician?
MS. PILGRIM:
A. Yes. If the patient had a general practitioner, the general practitioner would get a copy of the results.
COFFEY, Q.C.:
Q. Or for that matter had presumably a -
MS. PILGRIM:
A. A specialist.
COFFEY, Q.C.:
Q. Specialist.
MS. PILGRIM:
A. Yeah.
COFFEY, Q.C.:
Q. Now I take it that by October 13th that had changed because of the peer - the physician panel?
MS. PILGRIM:

Page 362

A. Right.
THE COMMISSIONER:
Q. Sorry, I think I know the answer to this, but I just want to be clear. If the primary physician was an oncologist, you were still sending copies -
MS. PILGRIM:
A. If there was a general practitioner on the file, you would still send a copy.
THE COMMISSIONER:
Q. You would still send a copy to the GP.
MS. PILGRIM:
A. As well, yes, so there would be two doctors.
THE COMMISSIONER:
Q. All right, thank you.
COFFEY, Q.C.:
Q. And Exhibit P-0618, please. This is from Dianne Smith, your executive assistant, to Dr. Laing and others, yourself, October 4th, which says, "Attached is a draft notification for surgeons regarding the issue of ER/PR testing. Would you please insert the recommendation piece at the end. This notification will be sent from Dr. Paul Gardiner, as medical director. Plans to have this completed by

Page 363

tomorrow afternoon", and when we look at the next page, the letter has grown somewhat?
MS. PILGRIM:
A. Yes. There is an introduction into what we're talking about, not just starting right off from scratch.
COFFEY, Q.C.:
Q. Well, referring to -
MS. PILGRIM:
A. It would start off with "Since 1997".
COFFEY, Q.C.:
Q. Yes, and that's still there, but there's an intro to the fact that "the doctor would undoubtedly be aware".
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Working through that issue, and "I'm providing you with the following synopsis of this issue for your information". In the third paragraph there's a reference to "In 2005, a patient initially tested in 2002 with the DAKO system".
MS. PILGRIM:
A. Yes.

Page 364

COFFEY, Q.C.:
Q. And reported as ER/PR negative was retested with the Ventana, and indicated a strong positivity for ER/PR.
MS. PILGRIM:
A. Uh-hm.
COFFEY, Q.C.:
Q. And it goes on form there, and it concludes by saying, "It is recommended that or in consultation with the oncologist at the Bliss Murphy Cancer Centre", and she says, "Kara, please add here".
MS. PILGRIM:
A. She - yeah, she was going to add what she wanted to say there, the message from -
COFFEY, Q.C.:
Q. In relation to that -
MS. PILGRIM:
A. And it wasn't just going out to surgeons.
COFFEY, Q.C.:
Q. Yes, exactly.
MS. PILGRIM:
A. That was a mistake.
COFFEY, Q.C.:
Q. A mistake, but if we could look, please, at

Page 365

Exhibit P-3154, and this is a series of e-mails of October 5th, involving Dianne Smith and she says, "The first one forwarded on Pat's behalf. Please review attached once more and provide your comments and/or changes", and she says later on the same day, "Once more, please review this copy and disregard the previous message".

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. And this particular one is a draft here, October 4th, and you'll notice here there's still a reference to, in the third paragraph, "recently a patient initially tested in 2002".

MS. PILGRIM:

A. Uh-hm. So we took out the 2005 reference.

COFFEY, Q.C.:

Q. Actually, yes, having been retested in 2005.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. It says, "Recently a patient initially tested in 2002 with the DAKO and reported as ER/PR positive was retested with the Ventana".

Page 366

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. "Is now reported as ER/PR positive". If we could look, please, at Exhibit 2589. We'll see here that's Dianne Smith's second message about disregarding the previous message, and then Ms. Predham sends an e-mail to those involved, including yourself.

MS. PILGRIM:

A. Uh-hm.

COFFEY, Q.C.:

Q. She says, "Looks fine". This is October 6th, "Looks fine, except that I think the word Tamoxifen is missing twice. I added it in the attached. It mightn't be Tamoxifen, but a word is missing. Also we referred to the lab three different ways, St. John's pathology lab, immunohistochemistry service, and Eastern Health lab. Does that matter? I'm picky this morning. Dan wanted to see it before it went out, so I sent it to him as well". That would be Dan Boone in this context?

MS. PILGRIM:

A. That would be Dan Boone, yes.

Page 367

COFFEY, Q.C.:

Q. And when we look here - sorry, page three of this exhibit, see here, she has highlighted the actual changes.

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. If we look at Exhibit P-0088, bottom of the page, there's a series of e-mails beginning October 6th. The first one noted here is from Dianne Smith. It's kind of cut off, but here it is, and then there's an e-mail from Dan Boone, October 6th, right here, at 9:52 a.m. to Heather Predham saying, "Heather, as per my voice mail, I have concerns with referring to a quality review in correspondence and with characterizing the retesting of samples as part of the quality review. As I understand it, the retesting was done from a patient care perspective. I also would like to reconsider the necessity of referring to that one patient whose test results started it." Signed, "Daniel Boone."

MS. PILGRIM:

A. Um-hm.

Page 368

COFFEY, Q.C.:

Q. So, in effect, Mr. Boone was editing this on behalf of Eastern Health?

MS. PILGRIM:

A. That's right.

COFFEY, Q.C.:

Q. And why is that?

MS. PILGRIM:

A. He was giving his suggestions, he was asked to give his suggestions by Heather and he gave them, you know giving--I guess she asked him to do it and he put his two cents worth in as to how he would like to see, what changes he would like to see.

COFFEY, Q.C.:

Q. Why would you be--did you ever ask Ms. Predham about, well, why are you asking Dan Boone that?

MS. PILGRIM:

A. It wouldn't be unusual to send things to Dan Boone to have a look at, especially anything that we were sending out publicly just to give him--just so he knew what we had sent out, that wouldn't be unusual.

COFFEY, Q.C.:

Page 369

Q. I appreciate that, but that's not what's going on here, he's actually -
MS. PILGRIM:
A. No, he's having input into this. And that wouldn't be unusual, either, that he may weigh in on something that we were preparing, give us some suggestions.
COFFEY, Q.C.:
Q. And why is the solicitor for HIROC, as of October 6th, would you be asking him about how or what should go in a letter to physicians concerning retesting results?
MS. PILGRIM:
A. Why would be it was fairly common, I guess, for Heather as the risk manager to run things by the insurer. Sometimes he would come back with suggestions for change which we would make and sometimes he would come back with suggestions for change which we wouldn't make, but in the end analysis he would always know what the final thing was that went out.
COFFEY, Q.C.:
Q. And why would it be important to have that happen?
MS. PILGRIM:

Page 370

A. I think it was just, I don't know how important it would be, but certainly just keeping him in the loop, especially if he were dealing with a lawsuit. You know, we do try to keep him in the loop about what's happening.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. He doesn't always tell us what to do or usually he doesn't tell us what to do, but we do try to keep him informed about anything that we're doing that may relate to the case that he's dealing with.
COFFEY, Q.C.:
Q. Now here at the top of the page Ms. Predham, the same date, 10:14 a.m. sends an e-mail to yourself and Ms. Smith saying, and this is just to you, it's not to anyone else involved in this?
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. "Here is Dan's feedback." which is the e-mail below, I presume, "I figure we might as well

Page 371

say quality review since Dr. Williams has been saying it all along." She says, "How about this? Recently it was discovered that samples tested in 2002 with the DAKO system and reported as ER/PR negative were retested with the Ventana system and now reported as ER/PR positive. As some research indicates Tamoxifen may benefit a patient up to ten years after diagnosis it was felt important to retesting all samples determined to be negative for ER/PR. I checked with Dan and he's okay with this."
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. Which is her suggestion.
MS. PILGRIM:
A. She incorporated one of the changes that he suggested.
COFFEY, Q.C.:
Q. Which is the one avoiding -
MS. PILGRIM:
A. Which is the one about taking the particular reference to a patient out. But she didn't change the quality review suggestion that he

Page 372

made.
COFFEY, Q.C.:
Q. If we could look, please, at Exhibit P-3152, 3152? It's a copy, October 4th it's dated, 2005. It's actually a couple of days before the letter was presumably actually signed by Dr. Gardiner. This is the letter that actually went out, isn't it, it's signed? Do you think so?
MS. PILGRIM:
A. I wouldn't be able to tell you 100 percent that that is the one.
COFFEY, Q.C.:
Q. Well, it certainly is signed by him. It has that paragraph -
MS. PILGRIM:
A. I don't think we made any changes to it after Paul signed it. But, you know, I couldn't swear to you, Mr. Coffey, that that's the same one that went out.
COFFEY, Q.C.:
Q. Now, can you find in that--and again, it may be there, I'm just not looking at it now, can you find any reference to quality review?
MS. PILGRIM:

Page 373

A. Probably not now. I just read it, I couldn't find it there.
COFFEY, Q.C.:
Q. Yes.
THE COMMISSIONER:
Q. (Inaudible).
COFFEY, Q.C.:
Q. Pardon me?
MS. PILGRIM:
A. Is it there? "This will continue until our quality review is complete."
COFFEY, Q.C.:
Q. Yes, "our quality review is complete." But that, in that context the earlier references to quality review which we saw in the drafts is gone?
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Look back through the drafts, it was in the middle.
MS. PILGRIM:
A. Which is changed, yes, changed where it was.
COFFEY, Q.C.:
Q. And so there is one reference at the very end?

Page 374

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

Page 375

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

Page 376

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

Page 377

were proposing to handle this. So they just wanted the comfort of getting a group together via conference call and just to make sure we were all on the same page. That was my understanding.

COFFEY, Q.C.:

Q. Because I take it then did you, as of then having received this October 6th, understand that they had misgivings about or they were very uncomfortable about this?

MS. PILGRIM:

A. They needed a bit more information. They weren't--again, when we got on the--I mean, they were fine when we got on the system with them, but they just wanted to make sure they weren't missing anything that we were doing and that we were all pretty standard in how we were going to be approaching this. They didn't have--they wanted, in particular, you know, what was Nancy Parsons' role in this and because they had to actually assign some resources to this in their own area.

COFFEY, Q.C.:

Q. Equivalent to Ms. Parsons in terms of the contact with patients?

Page 378

MS. PILGRIM:

A. Yeah, well, I don't know what they actually did, but I think we were actually working with the nurse out there after this. Although, in Western--in Central we always worked with Larry Alteen.

COFFEY, Q.C.:

Q. Exhibit P-3157? 3157, thank you. To follow the narrative here, there's an e-mail, a fax cover sheet, I'm sorry, from Heather Predham to yourself, October 7th, 2005. The subject is an enclosed article. And then we go, the enclosed article is the Layfield article of 2004, I believe it is. No, I'm sorry, 2000, I apologize. "Assessment of tissue estrogen and progesterone receptor levels. A survey of current practice, techniques and quantitation methods."

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. So I take it that this was being sent to you why?

MS. PILGRIM:

A. She had been actually tell me about this

Page 379

article that she had read and I said I would be interested in reading it and asked her to send it to me, so she did.

COFFEY, Q.C.:

Q. And the upshot of the article was what?

MS. PILGRIM:

A. Well, it was just trying to learn a little bit more about this phenomenon of ER/PR that we never knew anything about. I mean, I knew very little about this so I was kind of eager to read anything I could get my hands on at that time. Can't say that I understood everything that was in that article, but I understood some of it. So that's purely, really, Heather sharing with me something that she had read. And I can't remember what particular information was in there. There was something in there, though, that I was interested in reading about.

COFFEY, Q.C.:

Q. If we just look at the very end of the abstract, the reference from the abstract which begins right there and ends on the third page, he concludes by saying, finding--well, it says "There is considerable variability in

Page 380

the antibodies utilized, the dilutions applied, and the quantitation method and level of expression used to dichotomize specimens in the positive and negative groups. Finally, no universal control for interlaboratory standardization appears to exist." That's kind of a state of affairs within the United States, I take it, at the time?

MS. PILGRIM:

A. Yeah. And I'd say that was--that's what I wanted. But that was back in 2000, right.

COFFEY, Q.C.:

Q. Yes. If we could look, please, at Exhibit 2964? This is an e-mail from Ms. Predham to yourself, the subject is "Synopsis, October 7th." The attachment is "Overview of response.doc." She says, "How is this, Heather?" And then there's an overview of estrogen, progesterone receptor testing. And the next page is titled "Consumer feedback." And says, "The following questions an answers are posted on our website and form the basis of our response to individuals when they inquire, What is ER/PR? What is happening now? Why are some results different? And I

Page 381

haven't been contacted, what should I do?" Synopsis of feedback received to date." I take it that this was being prepared to be given to the other boards?

MS. PILGRIM:

A. Share with the other regions, yes.

COFFEY, Q.C.:

Q. Exhibit 2962? This is an e-mail from Ms. Predham to yourself, again, the same day, I believe it's a little bit later on the same day. She says, "How is this?" The earlier one having been 12:46 p.m. this is 1:34 p.m. So I take it this is a developing?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Same e-mail we just looked there. And if we look, please, at Exhibit P-0349? Actually, if I could go back, I apologize, one, 2963, 2963? 2963. This is an e-mail from Ms. Predham to yourself, again, October 7th. The attachment is "Heather" 2005, 10:08, it's a PDF file. And it says, "Check this out. I'll call you." And then here it's "Retesting process for samples outside the St. John's area," and it's

Page 382

a flow chart. I take it this is some kind of a flow chart Ms. Predham would have prepared as for what was envisaged?

MS. PILGRIM:

A. Yes. It was trying to, yes, put it in a schematic that people could look at and fairly easily get the flow of how things were proposed to happen.

COFFEY, Q.C.:

Q. Now, here when we're looking at this, and this is as of October 7th?

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. There's no review panel here, is there?

MS. PILGRIM:

A. No.

COFFEY, Q.C.:

Q. At that point in time the physician review panel -

MS. PILGRIM:

A. That's hadn't been, no, hadn't been finalized at that point.

COFFEY, Q.C.:

Q. And certainly if it--was it being

Page 383

contemplated, do you know, to your knowledge, at the time? Because you're about to tell the other boards.

MS. PILGRIM:

A. The first--I think the person who really instigated that was Dr. Kwan, if I remember correctly.

COFFEY, Q.C.:

Q. Yes.

MS. PILGRIM:

A. And I would say it hadn't been contemplated up to that point, no.

COFFEY, Q.C.:

Q. No, because if it was, you'd--and you're about -

MS. PILGRIM:

A. I would have -

COFFEY, Q.C.:

Q. - to send this off to David Diamond and company -

MS. PILGRIM:

A. Oh, yeah, we would have included it.

COFFEY, Q.C.:

Q. You would have included or at least -

MS. PILGRIM:

Page 384

A. Because once it was, then we were able to tell them that that's what, you know, the results would be going to a panel in St. John's.

COFFEY, Q.C.:

Q. If we could look at Exhibit P-0349? This is an e-mail from Dianne Smith, your assistant, October 7th, late that Friday afternoon to Susan Gillam. It's copied to yourself and others. She says, "Attached information is forwarded on behalf of Patricia Pilgrim for your perusal and in preparation of meeting scheduled for Mr. Tilley's office this coming Tuesday, October 12th." And we look here attached is, I take it, the final version of the overview, consumer feedback and that spreadsheet?

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. And the spreadsheet does not refer to a physician review panel?

MS. PILGRIM:

A. Didn't change, no.

COFFEY, Q.C.:

Q. And here at Exhibit P-3158 it's being sent to-

Page 385

-I apologize, that's Ms. Gillam again. I apologize, Commissioner. Exhibit P-2735. So that was distributed, I take it, Ms. Pilgrim, that overview and so on and the spread--and I'm sorry, the flow chart to the three other authorities?

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. Here, this is an e-mail with--well, it's a series of e-mails but the final one from Ms. Smith at 5:29 on October 7th to yourself saying "Pat, for your information, completed. Send to Doctors Jong, Jenkins and Alteen. Dr. Williams suggested we forward to Dr. Baker, as well." And below this it says -

MS. PILGRIM:

A. That's the other regions, yeah.

COFFEY, Q.C.:

Q. Yes, this is two Dr. Baker from Dianne Smith. It's a communique regarding ER/PR testing. And below that there's a reference to an e-mail, there is an e-mail of October 7 to the other regions saying, "Please see attached communique from Dr. Paul Gardiner."

Page 386

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. "Regarding the ER/PR testing issue. We ask that you ensure surgeons in your area who perform breast surgery receive a copy of this communique."

MS. PILGRIM:

A. That's right. That's -

COFFEY, Q.C.:

Q. And that's Dr. Gardiner's letter.

MS. PILGRIM:

A. Done through the VPs of Medicine, the VP--just to ensure, you know, just another little route to try to get the information out and we knew that VPs of Medicine would have ready access to surgeons in their areas.

COFFEY, Q.C.:

Q. Exhibit P-0350? This is the letter of October 12th, Commissioner, as seen before, from Dr. Williams to a number of physicians generally and Ms. Predham about the Physician Review Panel, the set up of it, and it's copied to yourself at the very bottom there, yourself and Mr. Tilley.

Page 387

MS. PILGRIM:

A. That's right.

COFFEY, Q.C.:

Q. Were you asked about the advisability of this, for any input into its advisability?

MS. PILGRIM:

A. I don't remember being asked, no, about the advisability. I remember being told that this was something that one of our senior surgeons, Dr. Kwan, thought would be a good idea and Dr. Williams was going to bounce it off some of the other people that actually this is sent to, and as he went through it, you know, it became something that everybody kind of embraced. But I particularly wasn't asked if this was a good idea.

COFFEY, Q.C.:

Q. At the time when you first heard about it and described, in terms of who--you know, in terms of the types of people that might be involved in it, did you have any concern about the fact that it might delay people getting their results?

MS. PILGRIM:

A. No, no, that wouldn't have been something that

Page 388

I consciously would have thought about at that time.

COFFEY, Q.C.:

Q. Because by this point in time, this is, you know, October 12th or so, 10th, 11th, 12th, you would have understood that there are going to be hundreds of results involved here.

MS. PILGRIM:

A. Yeah, and they were going to make themselves available. I know--well, I mean, the answer to your question is no, I didn't consciously consider that at the time.

COFFEY, Q.C.:

Q. Exhibit P-2251? This is a e-mail from Dr. Jenkins internally, within his organization, October 13th 2005, but he refers to "I just had a call from Pat Pilgrim. Eastern Health is assembling an expert panel, staffed by three medical oncologists, a radiation oncologist, two surgeons and a pathologist, who will be available to review results and provide advice to physicians in their dealing with individual patients. The group is just assembling now and as soon as we have some detail on the service they will provide, I

Page 389

will communicate that to our physicians." So you called, apparently, Doctor--you were tasked with calling -

MS. PILGRIM:

A. I would have been, for Dr. Williams, I guess, I would have called the other health VPs and just given them, told them that that decision had been made.

COFFEY, Q.C.:

Q. Why would you be asked to do that or why were you asked to do it?

MS. PILGRIM:

A. Just to help out, I would say. I don't know what Dr. Williams was doing that day, but he was probably up to his neck and I probably said "I'll do that."

COFFEY, Q.C.:

Q. Exhibit P-2737? This is a fax to Dr. Jenkins from yourself of October 13th, "as per our telephone conversation," you write, and this is the actual, that October 12 memo.

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. Did you distribute that to the other health

Page 390

authorities as well, do you think?

MS. PILGRIM:

A. If I recall, I think he wanted to see the memo, and the others probably didn't ask for that. They just took what I said. But I think Ken Jenkins actually asked me "would you send that along for me for my files?" So I did.

COFFEY, Q.C.:

Q. If we could, please, Exhibit P-0639? This is an agenda and then the minutes of Bliss Murphy Cancer Centre senior management meeting of October 13th, 2005. Here, under 3.1, ER/PR testing, it says "Dr. Laing provided a brief update on the ER/PR testing." Look up here, you're listed as in attendance, along with a number of others.

MS. PILGRIM:

A. Um-hm.

COFFEY, Q.C.:

Q. So I just wanted again, the Commissioner to have some sense, within the Bliss Murphy Cancer Centre, who was doing the reporting to the senior management there? Was it Dr. Laing or yourself on this issue?

Page 391

MS. PILGRIM:

A. At this time, I don't think Sharon Smith is in place there, is she?

COFFEY, Q.C.:

Q. No.

MS. PILGRIM:

A. Can you go back? Is Sharon there?

COFFEY, Q.C.:

Q. No.

MS. PILGRIM:

A. Okay. So this was before--I'm still now, at this point, recruiting a director for the Cancer Care Program, so the Bliss Murphy Cancer Centre will be no more. It will be added to and become a Cancer--so I'm just now fitting in with what they always had over there, and the people who are still left there, like Chris Power, Paul Gardiner. I don't know if Andrea Quinlan was there. They always had this meeting and I've kind of filled in because Bertha Paulse is not there any more, and so Kara would have been giving the updates because she was certainly the one that was the most directly involved with this.

COFFEY, Q.C.:

Page 392

Q. And what I'm getting at is between you and her, she was the one who was more directly involved at this point and she was giving updates to the senior management?

MS. PILGRIM:

A. Absolutely, yeah.

COFFEY, Q.C.:

Q. Of that organization.

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. And here, "it was noted that this is not a cancer clinic issue, but a lab issue, however, which affects our patients." Do you recall what--why in the context that was said? In effect, blaming the lab.

MS. PILGRIM:

A. Well, I think that at that point, there was--the people who were traditionally in the Cancer Centre, there was a desire on their behalf, I think, not to--you know, they dealt with cancer patients all the time and they really would resist anything, even if you were writing a letter or something coming from the Cancer Centre, they wanted it to come from the

Page 393

lab or come from administration, not come from the Cancer Centre.

COFFEY, Q.C.:

Q. If it was associated with this issue?

MS. PILGRIM:

A. Yes, so I think that's what she was referring to there, that this is--even though this didn't like happen in the Cancer Centre, it happened in the lab, but you know, still obviously as we were moving into Eastern Health, the cancer program was becoming more and more involved in this issue. So that's what I remember. There was a if you can keep this away from the NCTRF, it was more of that kind of an issue.

COFFEY, Q.C.:

Q. They were sensitive about any -

MS. PILGRIM:

A. Yes.

COFFEY, Q.C.:

Q. - being associated with any stigma that might -

MS. PILGRIM:

A. Well, where they had to deal with the patients and that, and you know, it was just how they

Page 394

were feeling at the time. I mean, that went away after, but you know, I didn't actually hear them blame it on the lab, but it was, you know, keep it over here. This is the Cancer Centre, and they really want--they resisted being directly associated with -

COFFEY, Q.C.:

Q. And I appreciate, I use the word blame, but in the context here, this is not a cancer clinic issue -

MS. PILGRIM:

A. No.

COFFEY, Q.C.:

Q. - but a lab issue.

MS. PILGRIM:

A. It happened in the lab. It didn't happen in the Cancer Centre. That was, you know.

COFFEY, Q.C.:

Q. Yes, so if there's a problem, it's the lab's problem, that was the context?

MS. PILGRIM:

A. Yeah, we don't want--well, the context was, you know, don't tie--don't be sending things out from us and so it's a lab issue, keep it in the lab.

Page 395

COFFEY, Q.C.:

Q. The last sentence says "any calls that staff review regarding--receive"--that should be, it says review, but presumably it should be receive, "regarding ER/PR testing and reporting should be directed to Nancy Parsons at Quality Initiatives."

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. So by this point, which is October 13th -

MS. PILGRIM:

A. Right.

COFFEY, Q.C.:

Q. - certainly, and I gather before this, Ms. Parsons had been identified as the person who would take the calls?

MS. PILGRIM:

A. Well, she was always the patient relations officer, and there was certainly a desire, I guess on behalf of the organization, Mr. Coffey, that we--to have a consistency and to really keep our pulse on how many calls we were getting, it was really--because patients would pick up the phone and phone the Cancer

Page 396

Centre. They had really good relationships with some people. They might phone a technologist down in radiation. So here, we were really letting the staff know, you know, there is someone that you can put these patients onto.

COFFEY, Q.C.:

Q. Which is Ms. Parsons.

MS. PILGRIM:

A. They might not have known that. They didn't even know Nancy Parsons at the time.

COFFEY, Q.C.:

Q. But she was not actually a part of the Cancer Centre. She was part of Eastern Health at large.

MS. PILGRIM:

A. She was a part of Eastern Health and this group were just becoming a part of Eastern Health.

COFFEY, Q.C.:

Q. Now in relation to that, was Ms. Parsons--was any thought given to giving Ms. Parsons any kind of training or kind of intensive briefing in relation to this whole matter and what she was getting herself involved in?

Page 397

MS. PILGRIM:
A. At this point?
COFFEY, Q.C.:
Q. Yes. She's going to be the chief point of contact.
MS. PILGRIM:
A. Other than what would have been done through Quality at that time, like whatever Heather would have said to her. I certainly didn't give her any briefing at that time.
COFFEY, Q.C.:
Q. And to your knowledge, no one within senior management kind of said "well, wait now, if we're directing all the calls from outside to her -
MS. PILGRIM:
A. Well, she would have gotten information from Heather.
COFFEY, Q.C.:
Q. Yes.
MS. PILGRIM:
A. I mean, there would have been no one better than Heather to know what had happened right from day one.
COFFEY, Q.C.:

Page 398

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

Page 399

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

Page 400

A. Um-hm.
COFFEY, Q.C.:
Q. Was it your understanding that considerable thought was given to what Dr. Williams might say, Dr. Laing might say? Because in any case, they would be informed about this.
MS. PILGRIM:
A. Might say in relation -
COFFEY, Q.C.:
Q. About ER/PR.
MS. PILGRIM:
A. - to Nancy Parsons?
COFFEY, Q.C.:
Q. No, no, about ER/PR to the media. Here's -
MS. PILGRIM:
A. I've missed you now.
COFFEY, Q.C.:
Q. If I could, I apologize, because it's been a long afternoon.
MS. PILGRIM:
A. I've missed you, yeah.
COFFEY, Q.C.:
Q. Okay. The spokespeople for Eastern Health -
MS. PILGRIM:
A. Right.

Page 401

COFFEY, Q.C.:
Q. - to the media were to be Dr. Laing and Dr. Williams, and in fact, they were, in October 2005.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. You didn't speak to the media yourself?
MS. PILGRIM:
A. I did not, no.
COFFEY, Q.C.:
Q. And it was understood within the organization that Dr. Laing and Dr. Williams would be the spokespeople to the media.
MS. PILGRIM:
A. Dr. Laing, Dr. Williams and probably Dr. Cook.
COFFEY, Q.C.:
Q. Okay.
MS. PILGRIM:
A. They were the ones most intricately involved with, you know, patient care and the decisions that were being made.
COFFEY, Q.C.:
Q. And all three of those individuals, because of the nature of their occupations and their

Page 402

prior involvement in this, you would expect have had a fairly intimate knowledge of what was involved here.
MS. PILGRIM:
A. Yes.
COFFEY, Q.C.:
Q. Correct?
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. And dealing with the media.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:
Q. But in dealing with the individual patients, it was envisaged that Ms. Parsons, who had really no background in this at all at that point, would be the person who would be dealing directly with the patients who called.
MS. PILGRIM:
A. Well, I guess -
COFFEY, Q.C.:
Q. Is that -
MS. PILGRIM:
A. No, I mean, that wasn't what was envisaged.

Page 403

Nancy Parsons was a patient relations officer, had been with the Health Care Corporation, worked in the Quality department, had a very close relationship with Heather Predham and when--because here, I don't even--I don't know if we had--at this point, did we have people geared up to start making the calls? I don't think we did.
COFFEY, Q.C.:
Q. No, that comes after.
MS. PILGRIM:
A. To the patients. So this was really--these things are out in the media like anything could be, and I think our attempt here was just to say to the staff, if people are calling you, put them on to Quality, and then they will keep track of who's calling and Nancy, her response to a patient might be to call Sharon Smith and ask her to call the patient, because she certainly would have brought in the resources over in the Cancer Centre.
COFFEY, Q.C.:
Q. But in terms of as being the initial contact person, did you have any reason to believe, at

Page 404

the time, by October 13th or so, that Ms. Parsons had any particular knowledge about ER/PR? For example, compared to Dr. Laing, Dr. Williams or Dr. Cook.
MS. PILGRIM:
A. Well, she wouldn't have had the knowledge that they had.
COFFEY, Q.C.:
Q. Sure, thank you. If I could, please, Exhibit P-0351? 351, thank you. This is a document entitled "Review of Immunohistochemistry Lab, the General Hospital site, Eastern Health." It's dated October 13th, 2005. It's prepared by Mr. Gulliver and Dr. Cook for Dr. Williams. Did you ever see a copy of this?
MS. PILGRIM:
A. I've seen a copy of that.
COFFEY, Q.C.:
Q. I appreciate that.
MS. PILGRIM:
A. But I don't remember when I first saw a copy of that. I certainly didn't see it probably when it was written.
COFFEY, Q.C.:
Q. Like in 2005, you wouldn't have seen this?

Page 405

MS. PILGRIM:
A. I wouldn't have. No, I don't think I saw that in 2005.
COFFEY, Q.C.:
Q. So this was, as it were, an action plan because when one looks through it -
MS. PILGRIM:
A. I'd say that's what it was.
COFFEY, Q.C.:
Q. That's what it is.
MS. PILGRIM:
A. He would have asked them to give him a status report about what they were doing.
COFFEY, Q.C.:
Q. So if this could be phrased or termed an action plan, at least in your capacity as VP for Quality Assurance, it wasn't forwarded to you by Dr. Williams?
MS. PILGRIM:
A. It wasn't, no.
COFFEY, Q.C.:
Q. In terms of to let you know, this is what we're doing?
MS. PILGRIM:
A. No.

Page 406

COFFEY, Q.C.:
Q. Would it have been of interest to you?
MS. PILGRIM:
A. It would have been of interest to me, yes. I wouldn't have had any direct responsibility for it.
COFFEY, Q.C.:
Q. Sure.
MS. PILGRIM:
A. It would have been his issue with his leadership team there in the lab, but you know, anything like this would be of interest to you, for sure.
COFFEY, Q.C.:
Q. If we could, Exhibit P-0352? This is an e-mail involving Joyce Penney and others, including yourself. It's potential litigation resulting from ER/PR. I take it that attached is a letter from a law firm, Roebothan McKay Marshall, of October 14th to Mr. Tilley advising of the potential for a law suit to be issued or to be initiated.
MS. PILGRIM:
A. Um-hm.
COFFEY, Q.C.:

Page 407

Q. I take it this would be the beginning or the first indication of a law suit -
MS. PILGRIM:
A. Right.
COFFEY, Q.C.:
Q. - arising out of this. Would that actually involve or require any action on your part?
MS. PILGRIM:
A. No, it's just for notification, just to let us know.
MR. COFFEY:
Q. And Ms. Predham, I take it, would attend to this.
MS. PILGRIM:
A. At that point, yes, she would have been the claims person.
MR. COFFEY:
Q. Finally, Exhibit P-0243. Commissioner, I'm just going to push it a little bit. I want to get your comment on this. This is an e-mail of October 17, 2005 from by Ms. Predham to Dr. Williams and yourself. She writes, "here's the transcript from what Peter Dawe said, is very inflammatory. And here when we look at page 3 which is an electronic media

Page 408

transcript, October 17. It's for an interview--the client is Eastern Health. It occurred on NTV Evening News October 14, 2005. Fred Hutton is the announcer. Carolyn Stokes is involved. And we go to page four, Mr. Dawe is quoted as having said, "since 1997 there could be about several hundred women who were told they were negative for estrogen and progesterone receptors when, in fact, they were positive. And what that means is that you have several hundred women, potentially, who were eligible to go on a different type of therapy that he had been clinically proven to be very effective. And so there, as you can read into that and there's all kinds of consequences to that, it could be very drastic. You could have someone who literally didn't survive because of this and it could be that the person may not have went on it anyway considering the side effects of the medication and their own clinical position. So, it's still individual, but you know, with that many women going through, our fear is that, yeah, absolutely, somebody was drastically impacted by this".

Page 409

And I wanted to ask you now, did you consider that inflammatory?

MS. PILGRIM:

A. I don't think I would have used the word inflammatory, that was Heather's word.

MR. COFFEY:

Q. Yes, and I ask you that because she sent you the e-mail.

MS. PILGRIM:

A. Um-hm.

MR. COFFEY:

Q. Is there anything inaccurate in that?

MS. PILGRIM:

A. To me that's Peter Dawe, the Advocate, out doing his, you know, expressing his concern in the media.

MR. COFFEY:

Q. Is there anything inaccurate in what's there, to your knowledge? Did you have the understanding at that time -

MS. PILGRIM:

A. Several hundred women -

MR. COFFEY:

Q. Yes.

MS. PILGRIM:

Page 410

A. - could be on a different type of therapy and so there is--you can read into that, there's all kinds of consequences; it could be very drastic; you could have someone who literally didn't survive because of this.

MR. COFFEY:

Q. Now, wasn't that true? Was that your understanding at the time?

MS. PILGRIM:

A. Well, my understanding was, with Tamoxifen, is that the results of Tamoxifen was that it did prolong, gave you a prolongation for a period of time.

MR. COFFEY:

Q. Yes.

MS. PILGRIM:

A. Right.

MR. COFFEY:

Q. Which means that you'd live longer.

MS. PILGRIM:

A. And different people--you lived longer. It didn't mean it cured you or you lived to be an older person or whatever. So, if I was going to saying anything there that, you know, that I wouldn't have said, probably if it was me, I

Page 411

probably wouldn't use the words, "could be very drastic" and "literally didn't survive because of this", this is all supposition.

MR. COFFEY:

Q. So, I wanted to ask you about that, Ms. Pilgrim, on that very point.

MS. PILGRIM:

A. I'm not saying it's not true.

MR. COFFEY:

Q. Yes, well, that's what I'm getting at. I want to ask you about your own sense of it at the time, in mid October, 2005, having received this e-mail from Ms. Predham. She characterizes this as inflammatory. Now, what did you understand about the effect of Tamoxifen or the withholding of it, inadvertent withholding of it from people who should have received it.

MS. PILGRIM:

A. Well, obviously, if you're giving Tamoxifen to women with breast cancer, there's a reason you're giving it to them. And if people who would qualify or be eligible for it, don't get it, there would be a negative effect of not getting it. That would be how I would see it.

Page 412

MR. COFFEY:

Q. The negative effect could be that they would die sooner than they otherwise would, if they had received it, correct?

MS. PILGRIM:

A. That they may, yes, yes.

MR. COFFEY:

Q. In other words, they might not have survived as long as they otherwise would.

MS. PILGRIM:

A. Yes.

MR. COFFEY:

Q. You would have understood that at the time?

MS. PILGRIM:

A. I would have, um-hm.

MR. COFFEY:

Q. It would have been understood at the time that at that time you wouldn't have known how many would fall into that category?

MS. PILGRIM:

A. No, I would not, no.

MR. COFFEY:

Q. But in terms of the fact that, in effect, the failure to give somebody Tamoxifen could have resulted in them dying earlier, which is, in

Page 413

effect -
MS. PILGRIM:
A. Somebody was drastically impacted by this.
MR. COFFEY:
Q. That's certainly a drastic impact, isn't it -
MS. PILGRIM:
A. Um-hm.
MR. COFFEY:
Q. - for that individual patient. So, was it, in fact, inflammatory at all or just a statement, in fact, of what was reality?
MS. PILGRIM:
A. Well, I'm not the one that used the word inflammatory, that was Heather.
MR. COFFEY:
Q. Yes, but I'm asking you, in terms of your own view of what Mr. Dawe said at the time.
MS. PILGRIM:
A. I saw this--I wouldn't have used the word inflammatory. I think what you are seeing here is just, I guess, the super-sensitivity within Eastern Health at this time. And I guess we were in a position many times when we weren't objectively looking at the criticism that was being out there in the media about

Page 414

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

Page 415

MS. PILGRIM:
A. No, but that's already -
MR. COFFEY:
Q. What I'm trying to get for the Commissioner is some sense within the organization at the time which you were a part of, was there an acknowledgement in the middle of October, 2005 -
MS. PILGRIM:
A. The patients were -
MS. PILGRIM:
A. - that this could have, in effect, kill people -
MS. PILGRIM:
A. Absolutely -
MR. COFFEY:
Q. - earlier than--killed in the sense of causing them to die earlier than -
MS. PILGRIM:
A. Well, whatever the effects were from Tamoxifen which was really to people who responded to it a longer period of life, prolonging life. Yes, there was absolutely an acknowledgment that for patients who had been, whose results had changed, this impact had been denied them

Page 416

because of the results that they were given. That was not something that we were not aware of.
MR. COFFEY:
Q. You were aware of; was it talked about?
MS. PILGRIM:
A. Yes, it was talked about.
MR. COFFEY:
Q. Okay, so it was talked about.
MS. PILGRIM:
A. Sure.
MR. COFFEY:
Q. So, if it was talked about and you're sensitive about it, could you just tell the Commissioner, explain to the Commissioner, well, why, if people are so sensitive about this, certainly having an outsider say it, something that was being talked about internally, why would you be considered about an outsider pointing out something that was obviously to all of you inside.
MR. SIMMONS:
Q. Commissioner, Ms. Pilgrim has not said that she was concerned about an outsider pointing this out. She hasn't said that.

Page 417

MS. PILGRIM:

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

MR. COFFEY:

Q. Okay.

THE COMMISSIONER:

Q. 9:30 in the morning.

MR. COFFEY:

Q. Thank you, Commissioner.

Upon conclusion at 5:15 p.m.

Page 418

CERTIFICATE

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

Dated at St. John's, Newfoundland and Labrador this 30th day of September, A.D., 2008

Judy Moss

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