

In The Matter Of:

Interview

Lynn Leahey, R.N.

October 26, 2020



1 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

2
3 IN RE:

4 INTERVIEW UNDER OATH OF LYNN LEAHEY, RN
5

6
7 DATE: OCTOBER 26, 2020
8 TIME: 12:00 P.M.
9 PLACE: ZOOM CONFERENCE
10

11 APPEARANCES:

12 STATE OF RHODE ISLAND, OFFICE OF THE ATTORNEY GENERAL
13 BY: MARIA LENZ, ASSISTANT ATTORNEY GENERAL
14 BY: JESSICA RIDER, HEALTH CARE ADVOCATE SPECIAL
ASSISTANT ATTORNEY GENERAL

15 RHODE ISLAND DEPARTMENT OF HEALTH
16 BY: MAUREEN GLYNN, ESQ., EXPERT IN HEALTH CARE
REGULATION

17 ADLER, POLLOCK & SHEEHAN, P.C.

18 BY: PATRICIA ROCHA, ESQ.

19 BY: LESLIE PARKER, ESQ.

20 ON BEHALF OF THE TRANSACTING PARTIES AND INTERVIEWEE
21
22
23
24
25

1 ALSO PRESENT:

2
3 STATE OF RHODE ISLAND OFFICE OF THE ATTORNEY GENERAL

4 Jennifer Gallop, Esq., Krokidas & Bluestein

5 James Carris, CPA

6
7 RHODE ISLAND DEPARTMENT OF HEALTH

8 Fernanda Lopes, MPH, Chief, Office of Health Systems
Development

9 Michael Dexter, Chief, Center for Health Systems
Policy and Regulations

10 Jacqueline Kelley, Esq., Legal Consultant

11 Karl Rebay, Expert, Moss Adams, LLP

12 Georgia Green, Expert, Moss Adams, LLP

13 Sandra Powell, Associate Director

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(Exhibits furnished with transcript.)

STIPULATIONS

It is hereby stipulated and agreed by all counsel present under the RI Executive Order No. 2020-09, Article No. 11, regarding (COVID-19) that this web-based remote proceeding is being conducted by parties in separate locations.

The oath shall be administered upon the witness providing a valid form of identification.

This proceeding will not be recorded by video or audio means without prior consent of all parties.

Exhibits may be presented and marked by counsel and provided to all parties prior to or at the time of questioning regarding the exhibit.

All parties shall bear their own costs for this proceeding unless otherwise agreed upon.

1 (INTERVIEW UNDER OATH COMMENCED AT 12:17 P.M.)

2 THE REPORTER: Is there anyone who
3 disagrees with the stipulation?

4 Perfect.

5 LYNN LEAHEY, RN, first having been
6 satisfactorily identified and duly sworn by the
7 Commissioner, was examined and testified as
8 follows:

9 MS. LENZ: Good morning -- well, good
10 afternoon, Ms. Leahey. How are you?

11 MS. LEAHEY: I'm fine, thank you.
12 How are you?

13 MS. LENZ: I'm well, thank you.

14 My name is Maria Lenz. I'm an
15 assistant attorney general here at the AG's
16 office.

17 With me virtually is Jessica Rider,
18 special assistant attorney general and our
19 office's healthcare advocate. Also on the line
20 for the attorney general are our two experts in
21 this matter, James Carris and Jennifer Gallop.

22 As you know, we also have
23 representatives from the Department of Health on
24 the line. We have Maureen Glynn, who is
25 retained by the Department of Health as an

1 expert in health care regulation. We have
2 Jackie Kelley, who is legal counsel to the
3 Department of Health. We have Fernanda Lopes,
4 who is chief of the Office of Health Systems
5 Development at DOH. We have Michael Dexter, who
6 is the chief for the Center for Health Systems
7 Policies and Regulations. Joining them are two
8 of their experts from Moss Adams: Karl Rebay
9 and Georgia Green.

10 Did I miss anyone?

11 Okay.

12 MS. KELLEY: Sandra Powell, actually.
13 We expect her also to be joining. And she's the
14 associate director at the Department of Health.

15 MS. ROCHA: And, Maria, just for the
16 record, Leslie Parker and I are representing
17 Ms. Leahey.

18 MS. LENZ: Thank you very much.

19 So, Ms. Leahey, Maureen Glynn will
20 begin questioning on -- on behalf of the
21 Department of Health, but I just want to give
22 some instructions and lay the groundwork for
23 this interview under oath.

24 This interview under oath is
25 transcribed by a stenographer and being

1 conducted pursuant to the Hospital Conversions
2 Act, Rhode Island General Laws Section
3 23-17.14-14(a).

4 Now, Attorney Rocha, as part of this
5 proceeding, we would like the agreement that
6 there will be no audio recording of this
7 interview under oath by the transacting parties
8 you represent or the interviewee, and that if
9 such unauthorized audio recording occurs, that
10 unauthorized audio will not be used for any
11 public purpose.

12 Will you agree?

13 MS. ROCHA: We agree.

14 MS. LENZ: Great.

15 Could you also further agree that the
16 transacting parties that you represent,
17 including the interviewee, will not record the
18 Zoom video session, and that if such
19 unauthorized video is recorded, such video will
20 not be used for any public purpose?

21 MS. ROCHA: We agree.

22 MS. LENZ: Thank you.

23 Now, as we all know, these Zoom video
24 proceedings present some new obstacles that
25 normal in-person interviews under oath do not

1 normally present.

2 Each side will have the opportunity
3 to use the breakout rooms at certain points
4 throughout this interview under oath. If there
5 is a technical glitch and one side or person
6 ends up in a breakout room where the other side
7 is sharing privileged attorney-client
8 information or work product, we ask that
9 everyone agree to immediately notify the
10 stenographer to adjoin the breakout room until
11 the technology is worked out.

12 Is that agreeable?

13 MS. ROCHA: Yes.

14 MS. LENZ: Thank you.

15 Now, Ms. Leahey, the focus of this
16 interview today will be on the quality of health
17 care at Fatima Hospital; the relationship with
18 Prospect, particularly Leonard Green, Sam Lee,
19 David Topper; and other issues as they may
20 arise. And we will get into specifics as we
21 progress.

22 But you are brought here today
23 because there are currently pending applications
24 before both of our offices for a proposed
25 transaction with respect to a buyout of certain

1 of the top owners of Prospect.

2 Do you understand?

3 MS. LEAHEY: Yes, I do.

4 MS. LENZ: Okay. Now, have you ever
5 been interviewed under oath before?

6 MS. LEAHEY: Yes.

7 MS. LENZ: You have.

8 So you have a familiarity with the
9 process; correct?

10 MS. LEAHEY: Yes.

11 MS. LENZ: Okay. I'm just going to
12 reiterate the process, so bear with me.

13 Please remember you will be answering
14 all questions under oath, which means all
15 questions must be answered honestly under
16 penalty of perjury.

17 Do you understand?

18 MS. LEAHEY: Yes, I do.

19 MS. LENZ: If you do not understand a
20 question, please ask me to rephrase. If you do
21 not make a request, I will assume that you
22 understand the question.

23 When you answer, please use your
24 words. Do not nod or shake your head.

25 If you do not remember or don't know

1 an answer, please say so. If you don't know the
2 answer to a question but believe another
3 individual at Fatima or within Prospect has the
4 answer, please say so.

5 If your attorneys make an objection,
6 you must answer the question anyway. The
7 objections made by your attorneys are to
8 preserve the record for potential judicial
9 review, if necessary, in the future.

10 Do you have any questions about the
11 instructions I just gave you?

12 MS. LEAHEY: No.

13 MS. LENZ: Okay. Thank you.

14 With that, I'm going to turn it over
15 to Maureen Glynn to begin the Department of
16 Health's line of questioning.

17 EXAMINATION BY MS. GLYNN:

18 Q. Thank you for taking time out of your day to be
19 here. We're looking forward to acquiring some
20 important information that can help the Rhode
21 Island Department of Attorney General make
22 decisions concerning the applica- -- the HCA
23 application pending before it.

24 If I ask you any questions and you
25 don't understand what I'm asking, please tell

1 me. I'll try to rephrase it. We'll try to work
2 it out so that you can understand what I'm
3 asking. This is like alphabet soup, and there's
4 a lot of initials and acronyms that we may use.
5 And I don't want you to, you know, have any
6 confusion, period.

7 If you need a break, you need to talk
8 to your attorney, let us know. We've got break
9 rooms set out, and we can move forward with
10 that. Usually, if you're in a conference room,
11 you just tap somebody on the shoulder and say,
12 "I need a break." Here it's a little different.
13 But I want to put you at ease that, even if
14 we're not physically together, we can still
15 accommodate that. And if you do need a break,
16 please let us know.

17 Now, I'm going to ask you some
18 questions now. And what I need to know before I
19 begin is, are you aware of anything that could
20 impact your ability to answer my questions
21 truthfully, completely, and accurately?

22 A. No.

23 Q. Good.

24 Have you taken any substance that
25 might impair your ability to answer my questions

1 truthfully, competently, completely, accurately?

2 A. No.

3 Q. Can you tell us your name for the record,
4 please?

5 A. It's Lynn Leahey.

6 Q. And what is your title?

7 A. Chief nursing officer, vice president of
8 patient care services at Our Lady of Fatima
9 Hospital.

10 Q. And what does that entail, being vice president
11 of patient care services at Our Lady of Fatima?

12 A. As the chief nursing officer and vice
13 president of patient care services, my major
14 role is to ensure that all patients receive
15 quality and safe care while they are in this
16 building. My responsibilities are also to
17 ensure that evidence-based practice be brought
18 to the frontline staff and delivered to our
19 patients, and to work collaboratively with all
20 disciplines to ensure that there's safe and
21 quality patient care delivered using quality
22 metrics and benchmarks as our guide.

23 Q. And how long have you been at Our Lady of
24 Fatima?

25 A. Three and a half years.

1 Q. And did -- have you ever had any other jobs at
2 Fatima other than the chief nursing officer and
3 the vice president of patient care and services?

4 A. I was a student nurse of the school of
5 nursing. I graduated in 1984.

6 Q. Prior to joining Fatima three and a half years
7 ago, what have you been doing professionally?

8 A. I was employed at Roger Williams Medical
9 Center. I was the director of patient care
10 services there.

11 Q. And what did that entail?

12 A. That entailed the 24-7 operations of the
13 all-nursing division. It was also responsible
14 to ensure that frontline managers and staff
15 followed quality metrics to deliver safe quality
16 care to the patients, and to sit on various
17 committees with collaboration of disciplines to
18 perform evidence-based practice.

19 Q. And what does that mean, "evidence-based
20 practice"?

21 A. Evidence-based practice is what, in
22 nursing, we use to bring the current practices
23 and protocols, policies into your practice that
24 is shown to have the best patient outcomes.

25 Q. And how long were you the director of patient

1 services at Roger Williams?

2 A. Approximately 10 years.

3 Q. What years would those be?

4 A. Approximately 1996 to 2017, before I left.

5 Q. And prior to 1996, what were your professional
6 experiences?

7 A. My professional experiences were at Roger
8 Williams Medical Center, and I held numerous
9 roles during the time. I was an off-shift
10 nursing educator. I was a clinical coordinator
11 on off shift for the medical units. I did
12 float. I was a float RN. And I was an ICU
13 nurse for 10 years.

14 Q. And in your capacity as a float RN, did you have
15 management responsibilities?

16 A. No.

17 Q. Did you have management responsibilities in your
18 role as an ICU -- ICU nurse for 10 years?

19 A. Yes. I was the charge nurse on the night
20 shift.

21 Q. Tell me about your education.

22 A. My education, I was a graduate of
23 St. Joseph's School of Nursing. I then
24 graduated and went on to earn my bachelor's
25 degree from Rhode Island College in 2005, and I

1 completed my master's in nursing with a track in
2 patient safety and quality.

3 Q. Now, what was your bachelor's from RIC? Was it
4 a BS, a BA?

5 A. It was a bachelor's in nursing.

6 Q. And what year did you get that?

7 A. 2005.

8 Q. And your master's, where did you receive that?

9 A. Southern New Hampshire University.

10 Q. Was that an online school program?

11 A. Yes, it was.

12 Q. And what years did you attend that program?

13 A. 2012 to 2017 -- no. Excuse me. 2012 to
14 2019.

15 Q. Did that have a clinical component?

16 A. Yes, it did.

17 Q. Okay. Tell me about that.

18 A. The clinical component, I needed to
19 complete 120 clinical hours, and I needed to do
20 it in an area based on my capstone project. My
21 capstone project had to entail workplace
22 violence and the perception of emergency
23 department staff, so I've been involved in -- I
24 spent time in our emergency department, I've
25 held councils with our ED department, and I also

1 am the facilitator of the workplace violence
2 committee here at Our Lady of Fatima.

3 Q. Now, you indicated you had a track in patient
4 safety and quality for your master's. Tell me
5 about that.

6 A. Yes. It was a master's program -- it's
7 only two years old -- at Southern New Hampshire
8 University, and it discusses on evidence-based
9 practice, regulatory agency. We were part of
10 The Joint Commission. In addition, we were
11 taught how to do business plans and quality
12 plans, follow the PDSA model, which in quality,
13 it all --

14 Q. Oh, you're going too fast for me.

15 Okay. So you -- it's evidence-based.
16 You worked regulatory with The Joint
17 Accreditation?

18 A. Yes.

19 Q. Okay. And you were taught how to --

20 A. Build business plans, quality plans, and --

21 Q. Go ahead.

22 A. -- and also business. Business as well.

23 Q. And -- now, what do you mean that you were
24 taught how to build business plans?

25 A. So what we were taught is to take an

1 element, such as, say, workplace violence, and
2 we were taught on -- to look at, are there any
3 resource -- resources or supplies or equipment
4 that would be needed to work on that project.
5 So you were, you know, taught how to do research
6 and allocate based on evidence-based practice
7 what you felt could be used and would need to be
8 purchased to make a difference.

9 Q. And what about developing plans for quality?
10 What were you taught?

11 A. So for quality plans, again, you take a
12 topic, and you do a drill-down. You need to
13 first identify what are the causes of the
14 element. So, for example, in workplace
15 violence, I started by -- I did a survey of the
16 nurses and to find out what they understood as
17 to be defined as workplace violence.

18 Then I needed to look at, was it all
19 RNs, CNAs, providers? Was there a difference in
20 the perception by staff? Then I looked at the
21 national benchmarks. What is the benchmark for
22 workplace violence in a community hospital our
23 size without residents or a teaching program?

24 Then you needed to look at the
25 shift -- different shifts. Where did -- where

did this violence occur? Was there a difference in the shifts?

And then based on those drill-downs, then you needed to formulate a plan on how you can make it better.

Q. Tell me about using those skills to develop quality policies at Our Lady of Fatima.

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Q. In the organizational structure at OLF, at
Fatima, who do you report to?

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A. I report to Jeff Lieberman, the CEO.

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[illegible]

Q. Now, currently, you indicated that you have your master's from Southern New England [sic].

Do you have any other educational background that would support your skills in quality, assessment, patient safety?

A. Oh, well, I was a nurse educator for a few years while I was at Roger Williams, and I did numerous program development while I was there. And quality metrics all play into development of programs.

Q. Have you taken any additional education beyond your master's, either before you completed your master's or after you completed your master's, which helped train you to be able to perform

1 management responsibilities in nursing for
2 quality of care and patient safety?

3 A. No, not formally.

4 Q. Do you have any certificates --

5 A. No, I do not.

6 Q. Let me finish the question, please.

7 A. Oh, okay.

8 Q. That's okay. You're in the right direction.

9 Do you have any certifications
10 indicating a competence by -- given by any
11 organization which support quality and/or
12 patient safety leadership?

13 A. No.

14 Q. Are you aware of what the change of effective
15 control application is in the matter before us
16 today?

17 A. Yes.

18 Q. Okay. Tell me what you know.

19 A. What I know is that they are looking --
20 Prospect is looking to diverse down to two of
21 the owners of Prospect to take control.

22 Q. Have you seen the change of effective control
23 application?

24 A. No, I have not.

25 Q. Have you participated in preparing the change of

1 effective control application?

2 A. No, I have not.

3 Q. Are you aware that the transacting parties filed
4 a Hospital Conversion Act application as well as
5 the change of effective control application in
6 this matter?

7 A. Yes, I am.

8 Q. Have you seen the Hospital Conversion Act
9 application?

10 A. No, I have not.

11 Q. Did you participate in compiling information to
12 be part of the Hospital Conversion Act
13 application?

14 A. No, I was not.

15 Q. Now, if I understand correctly, in 2014, you
16 were employed at CharterCARE RWMC?

17 A. Yes.

18 Q. What role did you have in implementing the
19 conditions set by the Rhode Island Department of
20 Health approving the hospital conversion
21 application in 2014?

22 A. Nothing.

23 Q. What is your role in the labor management
24 relationship at Our Lady of Fatima?

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

5 MS. GLYNN: I am ready to go into a
6 next section, but I was told we were going to
7 take a break at 2:00. I have 1:55.

8 Do you prefer me to continue into a
9 new section or take our break now and then
10 continue? I prefer not to have my next line of
11 questions interrupted with the break. I think
12 we've got a good flow going here.

13 THE REPORTER: It doesn't matter to
14 me. Whatever you want to -- maybe a
15 five-minute, I guess, would work for me, just to
16 hit the bathroom.

17 MS. GLYNN: Yeah, That works.

18 (Recess called at 1:56 p.m. The
19 proceeding reconvened at 2:25 p.m.)

20 MS. KELLEY: Sandra Powell has left.
21 I've asked her, if she does rejoin, that she do
22 announce that upon a rejoin. She had to go onto
23 a COVID call.

24 And I also believe that -- it's my
25 understanding that from Moss Adams, at some

1 point prior to the break, Georgia Green also
2 exited, but I don't believe she's coming back.

3 BY MS. GLYNN:

4 Q. Ms. Leahey, prior to the break, I indicated that
5 I had some more questions, and I'd like to
6 continue with those.

7 What role, if any, have you had in
8 the case called Stephen Del Sesto versus PMH?

9 A. None.

10 Q. Do you know what it's about?

11 A. No.

12 Q. Do you know what -- the case of Grishko v.
13 Prospect CharterCARE, St. Joseph's Health
14 Services Rhode Island, LLC?

15 A. No.

16 Q. So you have no role in it?

17 A. No.

18 Q. Do you have any knowledge about the Brendon
19 versus Prospect CharterCARE, St. Joseph's Health
20 Services Rhode Island, LLC?

21 A. No.

22 Q. So you have no role in it?

23 A. No.

24 Q. Immunomedics, Inc., versus Board of Roger
25 Williams Medical Center.

1 | Do you have any knowledge of it?

2	A.	No.
---	----	-----

3 | Q. You have no role in it?

4	A. No.
---	--------

5 Q. Do you have any knowledge of Conklin versus
6 Prospect CharterCARE?

7	A.	No.
---	----	-----

8 Q. Do you have any role in it?

9	A.	No.
---	----	-----

10 Q. Do you have any role of Genesis versus Prospect
11 CharterCARE?

12	A.	No.
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13 Q. Tell me about how COVID pandemic has impacted
14 Our Lady of Fatima Hospital.

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10 MS. GLYNN: I really appreciate you
11 taking the time, you know, to talk with me
12 today, and right now, that pretty much wraps up
13 some of the information that Rhode Island
14 Department of Health would need. And I defer to
15 the attorneys.

16 MS. LEAHEY: Thank you.

17 MS. LENZ: Pat, is it okay if we
18 proceed right into the attorney general's line
19 of questioning?

20 MS. ROCHA: Yes. That would be
21 great. Thanks.

22 MS. LENZ: Great.

23 EXAMINATION BY MS. LENZ:

24 Q. All right. Ms. Leahey, we're going to start
25 back a little bit, just to help orient -- orient

1 | us. Is that all right?

2	A. Yes.
---	---------

3	Q. Okay. Great.
---	-----------------

4 You mentioned at the very, very
5 beginning that you had familiarity with giving
6 interviews under oath; correct?

7	A. Yes.
---	---------

8 Q. How do you have that familiarity?

9 A. I had been depoed as an expert person in
10 the past.

11 Q. Can you give us some more detail? What type of
12 expert were you employed as?

13	A. Two -- twice regarding patient falls.
----	--

14 Q. Okay. Was this in a lawsuit?

15	A. Yes.
----	---------

wheelchair assist. She did have a foot drop.

And the CNA that was assisting her did not use

any assisted devices, because the patient said

no. So he got -- helped her up, and she fell in

his presence. And she felt that the foot drop

was a result of that fall, that injury.

Q. And was there a second lawsuit you were involved in?

A. I was, but that, I believe, settled out of court. I was asked because I was the only remaining person associated with CharterCARE, and at the time, they had -- it was the fall policy that I helped develop when I was still at Roger Williams.

Q. Okay. Have you ever been deposed or given an interview under oath in any other lawsuit?

A. No. Just arbitration.

Q. Okay. Related to the hospital?

A. Yes.

Q. Or a hospital?

A. To Our Lady of Fatima.

Q. When were you part of that arbitration?

1 A. That was in 2019. That was the case I
2 discussed with Maureen Glynn of the staff person
3 in the behavioral health area in our ED.

4 Q. Have there been any other arbitrations you have
5 been involved in?

6 A. No.

7 Q. Have you ever been a plaintiff in a lawsuit?

8 A. No.

9 Q. Have you ever been a defendant in a lawsuit?

10 A. No.

11 Q. When you were preparing for this interview, did
12 you discuss this interview with anyone?

13 A. Yes.

14 Q. Who?

15 A. Leslie Parker and Pat Rocha.

16 Q. Anyone else besides your attorneys?

17 A. No.

18 Q. Did you review any material in preparation for
19 this interview under oath?

20 A. No.

21 Q. Do you have a requirement to continue your
22 nursing education to keep your credentials up to
23 date?

24 A. Yes.

25 Q. And what are those requirements?

1 A. One of the requirements is to get certified
2 as a nurse executive.

3 Q. Can you explain what that means?

4 A. Yes.

5 So the accreditation of nursing
6 center -- the American Nursing Credentialing
7 Center, which is a national corporation from the
8 American Nurse Association, they have certain
9 credentialing, exams that you can sit for that
10 prepare you with a review class, and it zones in
11 on the specialty. So Prospect -- the chief
12 nursing officer for Prospect for the East Coast
13 has requested that her CNOs be credentialed as a
14 nurse executive. So that is for -- my goal for
15 2021.

16 Q. So you are not yet certified or credentialed?

17 A. Correct. I've been preparing, studying.

18 Q. Okay. When did you start that preparation?

19 A. I just started this month, because as I
20 stated, I was on a medical leave, and I was not
21 up to studying. But that is -- that is my goal
22 for 2021. There is no credential and testing
23 for patient safety and quality at this time
24 during the -- for ANCC.

25 Q. When did Prospect require the credentialing as a

nurse executive for all of the East Coast CNOs?

A. Cathy Stephens, who is my report for the CNOs on the East Coast, started in 20-- about 2017 was when I was first introduced to her. And at that time, she started standardizing for the CNOs.

Q. Okay. Was there any time frame within which the East Coast CNOs had to complete such a credentialing for nurse executive?

A. No, there was not.

Q. With respect to state certification, is there any such certification that you have to keep up on yearly?

A. No, not that I'm aware of. No.

Q. Now, you are a chief nursing officer, and you have spoken a lot about CNOs at other Prospect hospitals throughout the state -- throughout the states.

[illegible]

[illegible]

24 Ms. Leahey, why did you elect to come
25 to Fatima after spending several years at Roger

1 Williams?

2 A. I wanted to branch out and expand my
3 horizon, and I felt I had a lot to offer. I
4 also went to school here, so I felt it would be
5 a good closing the loop on -- for my career. I
6 always held this hospital dear to my heart, and
7 when I graduated from nursing school, believe it
8 or not, there were no open graduate positions
9 for me, so I went to Roger Williams. I started
10 as a CNA in the emergency department, and I was
11 offered a full-time position in the ICU on
12 nights.

13 But, you know, I'm happy I did what I
14 did just because I like the input and the
15 ownership that I have here, and it's nice,
16 because I have a very good collaborative
17 relationship with all of the physicians, and
18 I've done a lot in the short time that I've been
19 here to improve our practice.

20 Q. What would you say is or are the top two things
21 that you have done while you have been at Fatima
22 that you are most proud of to improve quality of
23 care?

24 A. So one of the things -- the first thing I
25 did was I got all of the physicians, and I got

them to agree to electronic continuity of care forms. When I arrived at Fatima three and a half years ago, we were still doing paper documentation on the Department of Health forms. So that was quite the challenge, because I was told that they had been working on that for four years before I got here. So I was very proud of that.

The other thing that I've been very proud of is I had brought Our Lady of Fatima -- for two consecutive quarters, we were four stars in our patient experience scores, and I attribute that to my closeness with the staff and really getting the staff engagement through all of my nurse councils.

[REDACTED]

[REDACTED]

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13 Q. Okay. Ms. Leahey, what is your salary?

[REDACTED]

15 Q. Are you related to anyone who works at Fatima?

16 A. No, I am not.

17 Q. Are you related to anyone who works for
18 Prospect?

19 A. No, I am not.

20 Q. Are you related to any shareholders?

21 A. No, I am not.

22 Q. Have you ever been disciplined by the nursing
23 board?

24 A. No, I have not.

25 Q. Have you ever been disciplined by clinical

1 staff?

2 A. No, I have not.

3 Q. Have you ever been disciplined by your employer,
4 whether at Fatima, Roger Williams, or before?

5 A. No, I have not.

6 Q. Okay. Thank you.

7 So now we're going to move from that
8 background and professional information to your
9 relationship with Prospect as your employer.

10 So are you familiar with the joint
11 venture between Prospect and CharterCARE in
12 2014?

13 A. Yes.

14 Q. Okay. Were -- are you aware of the regulatory
15 process that allowed the joint venture to
16 commence?

17 A. No.

18 Q. Okay. Well -- so Prospect had filed
19 applications with our office and the Department
20 of Health seeking to engage in a joint venture
21 with Prospect CharterCARE, which at the time --
22 excuse me -- at CharterCARE, which was Roger
23 Williams and Fatima. So after a very, very long
24 process, under the Hospital Conversion Act, both
25 the Department of Health and the attorney

1 general rendered individual decisions approving
2 the joint venture, but with conditions. And
3 each agency has its own criteria that they base
4 their individual decisions on. The attorney
5 general issued its own decision with certain of
6 those conditions.

7 Have you had any role in the
8 execution of the conditions contained in the
9 attorney general's decision from 2014?

10 A. No.

11 Q. Have you ever read the attorney general's
12 decision from 2014?

13 A. No.

14 Q. Are you familiar at all with the attorney
15 general's decision from 2014?

16 A. No.

17 Q. Did your position with Roger Williams change as
18 a result of that 2014 venture?

19 A. No.

20 Q. Can you explain in your own words how that
21 transaction affected the hospitals?

22 A. Yes.

23 It affected us in a very positive
24 way. Without that venture, we would not have
25 been able to afford or even, you know, have

1 survived on our own entities. They have
2 invested millions of dollars into both
3 facilities to upgrade us and to bring us to the
4 state-of-the-art equipment. We have -- you
5 know, from technical to, you know, provide extra
6 resources to the staff. It's been positive in
7 many, many ways.

8 Q. Are those improvements, in your opinion,
9 visible? If you were to walk into Fatima, would
10 you see a change from, you know, three -- even
11 three years ago to now?

12 A. Yes, they are visible.

13 Q. Okay. And before the joint venture, is it fair
14 to say that there have been improvements in both
15 Roger Williams and Fatima, that if you were to
16 walk in the building, you would be able to
17 recognize the difference, if you were familiar
18 with the state of the hospitals prior to the
19 joint venture?

20 A. Yes, you could.

21 Q. Okay. Are you aware of the current proposed
22 transaction whereby Leonard Green is going to be
23 bought out by Sam Lee and David Topper?

24 A. I am as of earlier today, yes.

25 Q. And how did you become aware of that proposed

1 transaction?

2 A. After being questioned with Maureen Glynn,
3 it was explained to me.

4 Q. Who explained it to you?

5 A. Legal counsel, and when Maureen actually
6 stated that -- what we were here for at the
7 beginning.

8 Q. So prior to this interview under oath, did you
9 know why you were coming here today?

10 A. I did, but not in the extent of the detail
11 that I learned today.

12 Q. So before today, you were unaware that this
13 proposed transaction existed; is that correct?

14 A. Not that it existed, the details. I was
15 unaware of the exact details.

16 Q. The details. Okay.

17 What did you know before this
18 interview about the buying out of Leonard Green
19 by Sam Lee and David Topper?

20 A. I knew that we were looking at -- they were
21 just looking to change some of the ownership
22 within Prospect, because Leonard Green -- I
23 was -- when I heard of the original venture, it
24 was a venture capital. So now it's more of the
25 ownership, from what I'm --

1 Q. And on -- oh, I apologize. Go ahead.

2 A. No. I just wanted to say that's how I
3 understood it.

4 Q. And when you say "original venture," do you mean
5 the joint venture in 2014?

6 A. Yes. That's correct.

7 Q. Okay. Are you familiar with Leonard Green at
8 all?

9 A. No.

10 Q. Have any representatives from Leonard Green come
11 to visit Fatima?

12 A. Not that I'm aware of.

13 Q. Are you aware of any issues or disputes between
14 Prospect and Leonard Green?

15 A. No, I am not.

16 Q. Okay. Are you familiar with Leonard Green at
17 all?

18 A. Just that they're a venture capital
19 company.

20 Q. Okay. Do you know Leonard Green's role in
21 Prospect?

22 A. Only that they are the money behind -- to
23 help with Prospect capital.

24 Q. How would you describe Prospect as an employer?

25 A. Overall, I've had nothing but positive

1 interaction with them as, you know, reporting
2 with the Prospect CNO, and anything that nursing
3 has needed as far as supplies and equipment,
4 they've been a great ally. Because they are
5 across the country, they have a bigger -- they
6 have more vendors at their fingertips, so we've
7 always been able to get what we needed from
8 Prospect.

■ ■ [REDACTED]

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[illegible]

19 Q. Thank you.

20 Going back to how Prospect treats its
21 employees, how does Prospect treat its mid-level
22 employees?

23 A. The mid-level employees, from what I can
24 tell, it's fine. The mid-levels, depending on
25 various titles -- every facility calls their

1 mid-levels different titles. Some are managers.
2 Some are directors.

3 So it depends on what level you want
4 to call a mid-level to see how much interaction
5 they really have with the corporate Prospect
6 people.

7 Q. What does Fatima consider a mid-level employee?

■ ■ [REDACTED]

■ [REDACTED]

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19 Q. And who is the person in HR that could speak
20 better to the benefits package?

21 A. So it would be Jennifer Seifert. She's in
22 charge of anything related to benefits.

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

21 How does Prospect demonstrate that
22 Fatima is a valued asset of its system?
23 A. I feel they -- just by providing the funds
24 to purchase some of the large ticket items.
25 Also, you know, to, you know, give us the

1 leeway. I mean, we function independently to
2 hire into resources as we see fit. Currently my
3 managers are called "managers," but I'm --
4 actually, I'm working to elevate them to use the
5 word "title." I'm working on that. Prospect
6 allowed you to still function independently to
7 make things better for your organization.

8 Another example is smart pumps. They
9 just spent \$400,000 so that Fatima Hospital
10 could get the newest technology in the IV smart
11 pumps to care for our patients.

12 They did -- they invested money in
13 the cooling system for our emergency department
14 last year. That was, you know, over a million
15 dollars. And we are also doing some minor
16 renovations in our emergency department here at
17 Fatima to upgrade.

18 They've also invested in OR
19 equipment, you know, new video cameras, digital
20 portable X-ray machines, ultrasound machines.
21 We're upgrading that so that we can be
22 competitive and to provide better patient care
23 for our patients, and quality care.

[illegible]

24 Q. You also mentioned that Fatima is doing some
25 minor renovations.

1 Can you explain what type of minor
2 renovations are being done?

3 A. Yes.

4 So in our -- in our emergency
5 department, we're in the process of putting down
6 new flooring in the emergency room. We did
7 finish painting. So they're going to be doing
8 the flooring next. We did start, and then COVID
9 hit, so now we're getting back on track that
10 we'll complete that.

11 We're also looking at -- we want to
12 lower the nurses station. We took down the
13 cabinets that came from the ceiling. Now we're
14 looking at cutting down the nurses station lower
15 so that our nurses have a more visual look at
16 their patients from the nurses station.

17 Q. Is there any sense that Fatima is treated
18 differently than Roger Williams in any way?

19 A. Not from where I sit, no.

20 Q. Would you -- is it your opinion that Prospect
21 treats both Roger Williams and Fatima equally?

22 A. Yes.

23 Q. Let's talk a little bit more about improvements.

[illegible]

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Q. Ms. Leahey, are you familiar with ProPublica?

1 A. Yes.

2 Q. Are you familiar with an article ProPublica
3 published dated September 30, 2020?

4 A. Yes.

5 Q. Have you read that article?

6 A. Yes.

7 Q. Okay.

8 MS. LENZ: I would like to have that
9 ProPublica article marked as Exhibit A.

10 Is it possible to share it on the
11 screen?

12 THE REPORTER: It is. Give me one
13 second.

14 Q. Ms. Leahey, did you read the entire article?

15 A. Yes, I did.

16 Q. Do you recall Von Crockett's public testimony?

17 A. No.

18 MS. LENZ: Is it possible to show the
19 witness -- is it possible to show the witness
20 just the article itself?

21 THE REPORTER: Yep. Let me bring it
22 up. One second.

23 BY MS. LENZ:

24 Q. Ms. Leahey, can you see the screen?

25 A. Yes, I can.

1 Q. Okay. What do you see on the screen?

2 A. I see the first page that says "Investors
3 Extracted \$400 Millon From a Hospital Chain That
4 Sometimes Couldn't Pay for Medical Supplies or
5 Gas for Ambulances."

6 Q. Okay. And are you familiar with this document?

7 A. Yes.

8 Q. How are you familiar with it?

9 A. It was brought to my attention that this
10 had been posted on this publication.

11 Q. Okay. And, Ms. Leahey, what is this document?

12 A. I believe it is -- it was written in
13 response to some of the -- what people presented
14 as Prospect Medical Holdings not having a good
15 representation and some things that occurred in
16 some of their hospitals.

17 Q. Who is the author of this document?

18 A. It looks -- Peter Elkind with Doris Burke.

19 Q. And what is the publication?

20 A. ProPublica.

21 Q. Okay.

22 MS. LENZ: I would like to enter this
23 as an exhibit, if there are no objections.

24 I'm hearing none.

25 MS. ROCHA: I have no objection, I

1 mean, for what it's worth, that it's an article
2 written by the author that's been stated.

3 MS. LENZ: Okay. Thank you.

4 **Exhibit A**, ProPublica article, was
5 marked for identification.

6 MS. LENZ: Would we be able to scroll
7 to page 8, the bottom of page 8?

8 BY MS. LENZ:

9 Q. Okay. Ms. Leahey, are you able to --

10 MS. LENZ: Oh, I apologize. Page 9.

11 Q. Ms. Leahey, are you able to see at the top
12 Senior Vice President Von Crockett's testimony?

13 A. Yes.

14 Q. Okay. Von Crockett says, as -- the article says
15 "'As an organization, we had delegated the role
16 of the quality program to a local level,' Senior
17 Vice President Von Crockett testified, 'without
18 the proper oversight at a corporate level.'"

19 Did I read that correctly?

20 A. Yes, you did.

21 Q. Is that description, as explained by Von
22 Crockett, accurate?

23 A. We do have quality oversight at the local
24 level, and there is -- there are regional
25 quality people.

1 Q. What about at the corporate level?

2 A. Well, the regional people are at the
3 corporate level as well. There was a corporate
4 quality person, and she is no longer with
5 Prospect.

6 Q. Do you know why?

7 A. I do not. I do not.

8 Q. The article also makes mention that the
9 overseeing of day-to-day operations at the
10 corporate level has been delegated to Sam Lee.

11 Is that correct?

12 A. Not to my knowledge.

13 Q. Okay. So that is incorrect?

14 A. I do not know if that changed hands.

15 Q. Is it your understanding that Leonard Green had
16 been involved in the overseeing of day-to-day
17 operations?

18 A. No. My understanding was that Leonard
19 Green was the venture capital and that Prospect
20 was the -- overseeing from a corporate level.
21 But locally it was our CEO and senior leadership
22 that did the operation piece.

23 Q. Okay. Thank you.

24 MS. LENZ: We can put down the
25 article for now, but I will call it up in just a

1 few more minutes. Thank you.

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8 MS. ROCHA: Maria, this is Pat Rocha.
9 I have another call at 4:00, so I'm going to
0 sign off. In fact, it's with Steve Morris,
1 Jen Olson, and Morgan Gulay. So Leslie will
2 stay on. It was good to see you all, and we
3 will see you tomorrow at 12:00.

4 MS. LENZ: Thank you, Pat.

5 MS. ROCHA: Okay. Thank you.

6 MS. LEAHEY: I'm sorry. They're
7 cutting the lawn here.

8 BY MS. LENZ:

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22 Q. Are you aware of any of those actions regarding
23 nonpatient care matters specifically against
24 other Prospect hospitals?

25 | A. Just what I read in that article that you

1 brought up as exhibit.

2 Q. Okay.

3 A. That was the first time where I -- when I
4 became aware, is when I read them in that
5 article.

6 MS. LENZ: I would like to pull up
7 Exhibit A again, if we can do that.

8 THE REPORTER: Okay. One second.

9 MS. LENZ: And go to -- please go to
10 page 12, if possible.

11 BY MS. LENZ:

12 Q. Ms. Leahey, do you see the paragraph -- it's the
13 third full paragraph. It begins "After hearing
14 about a consultant's 2017 report."

15 A. Yes.

16 Q. Okay. I am just going to read that.

17 "After hearing about a consultant's
18 2017 report describing dirty and damaged
19 operating room instruments, the union at Fatima
20 requested documents about this and other
21 problems revealed by various inspections.
22 Prospect refused and failed to turn over any of
23 the materials despite an order to do so from the
24 National Labor Relations Board in April 2019,
25 affirmed by the 1st U.S. Circuit Court of

1 Appeals in March of 2020."

2 Did I read that correctly?

3 A. Yes, you did.

█ █ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

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█ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

[illegible]

[illegible]

corrected. There was a question of a medication management of documentation of a PRN med. We did correct it while they were on-site.

There was something related to physician documentation on a restraint. Instead of being electronically, he was doing it on paper, so they didn't see it. But we are now doing it electronically. And that is the bulk.

Care plan. We didn't have individualized care plan.

In behavioral health, we were missing a short-term goal. We had the long-term, but we were missing a short-term goal.

And that's, to my recollection, what I remember looking back at that survey.

1 Q. When you say you missed a short-term goal, what
2 does that mean?

3 A. So a short-term goal is what you hope the
4 patient to achieve within three days, and then
5 the long-term goal is anything past three days.

6 So some of our behavioral health
7 patients, it depends on their length of stay.
8 So in one care plan, it was -- the nurse did not
9 document on that short-term goal. It was beyond
10 the three days.

11 Q. Okay. Thank you.

12 Ms. Leahey, I am going to turn to the
13 attorney general's last section for today, and I
14 want to talk to you about quality in the COVID
15 era.

16 I'd like to keep up Exhibit A,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

1 Q. Have there been any positive impacts of COVID on
2 Fatima?

3 A. Yeah. I think, if anything, it showed what
4 a strong team we have here and how caring --
5 excuse me. I love Fatima -- and how caring
6 those nurses are.

7 Q. Thank you.

8 I just have three more questions, and
9 then we'll be done for the day.

10 A. All right.

11 Q. So who is it that you directly report to on a
12 daily basis?

13 A. Jeff Lieberman.

14 Q. Okay. And there's no one in between you and
15 Jeff? It's just a direct line?

16 A. Yes, that's correct.

17 Q. Okay. Earlier in your interview under oath you
18 said you were out on medical leave from July to
19 September; is that correct?

20 A. Yes, that's correct.

21 Q. Who took over your duties and responsibilities
22 while you were on medical leave?

23 A. I had one of my managers, one of them that
24 left to become the director of the emergency
25 department, she was the daily go-to person, and

1 then Donna Rubinate, the COO, was the person
2 that -- from administration to cover for me.
3 Donna's also an RN and was a CNO, so...

4 Q. Is there anything else I should know about
5 Fatima or Prospect that I have not asked you
6 today?

7 A. Just -- just to really summarize, you know,
8 I've never -- since I've been here, anything
9 I've asked from corporate, they've always given
10 me, from a piece of equipment to new positions
11 for nursing. You know, they've allowed to open
12 up -- we have a process that all new positions
13 are reviewed locally, and then the final VP of
14 HR gives the approval and it's discussed. And
15 I've never been denied any requests. So that's
16 all.

17 Q. Okay.

18 MS. LENZ: So that concludes the
19 attorney general's portion of the interview
20 under oath.

21 Leslie, I know Pat had to sign off
22 earlier, but on behalf of both agencies, per the
23 rules of civil procedure, we are going to be
24 suspending this interview in case we need to
25 bring the interviewee back after receiving

1 supplemental materials.

2 MS. PARKER: Okay. And I just have
3 three clarifying questions, if I may. I know
4 it's been a long day, so I will be quick, if
5 everyone could just bear with me. I just want
6 to make sure things are clear for the record.

7 MS. LENZ: Sure.

8 EXAMINATION BY MS. PARKER:

9 Q. So earlier Ms. Lenz asked you about the
10 accreditation process with The Joint Commission
11 in 2017 and the result of that survey.

12 Do you remember that?

13 A. Yes.

14 Q. And is it correct that Fatima was reaccredited
15 after that survey?

16 A. Yes.

17 Q. That's in 2017?

18 A. Yes.

■ [REDACTED]
■ [REDACTED]
■ [REDACTED]
■ [REDACTED]

5 Q. And my last question is whether -- Fatima at all
6 times followed CDC and Rhode Island Department
7 of Health guidelines regarding wearing of PPE;
8 is that correct?

9 A. That is correct.

10 MS. PARKER: Those are all of my
11 questions. Thank you very much, Ms. Leahey.

12 MS. LEAHEY: Thank you.

13 MS. KELLEY: I have one thing just to
14 add on. I don't believe we entered in the
15 notice for the statement under oath. Should we
16 add that in as an exhibit, if it was not done
17 already?

18 MS. LENZ: Yes. Let's add that in as
19 Exhibit B, if everyone is agreeable to that.

20 Leslie, Pat, do you have any
21 objections?

22 MS. ROCHA: That's fine. Yes. I'm
23 back.

24 MS. LENZ: I'm sorry. I have just
25 one other question.

1 EXAMINATION BY MS. LENZ:

2 Q. Can you just describe the split shift issue?

3 A. Yes. So sometimes nurses, when they come
4 in, they may -- it's in their contract that
5 after four hours, they can move to another area
6 where they're needed and take an assignment.

7 Is that what you're referring to?

8 Q. Yes.

9 A. So what -- a nurse may work, say, eight
10 hours or four hours on one unit, and then if
11 that census drops or, say, they're a float nurse
12 and they -- one of that unit's own nurses came
13 in to work, that float nurse would go to a
14 different unit. It does not occur on a regular
15 bases here at Fatima. I kind of don't like
16 that, because I feel that it lacks continuity
17 for patient care, so we avoid that at all costs.

18 Q. Okay. How often does that happen?

19 A. Honestly, if it happens once or twice a
20 month. I could be exaggerating.

21 Q. Okay. Thank you.

22 MS. LENZ: So now we are officially
23 done asking the attorney general's questions.
24 And, again, both agencies are going to
25 suspend -- on behalf of both agencies, we're

1 suspending the -- the interview under oath.

2 MS. LENZ: Casey, would we be able to
3 enter in the interview notice as Exhibit B?

4 Exhibit B, Interview notice, was
5 marked for identification.


6 (Time noted at 4:57 p.m.)

C E R T I F I C A T E

I, CASEY A. BERNACCHIO, Shorthand Reporter and Commissioner, hereby certify that the foregoing is a true, accurate, and complete transcription of my stenographic notes taken at the time of the aforementioned interview.

This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of November, 2020.



CASEY A. BERNACCHIO
SHORTHAND REPORTER

MY COMMISSION EXPIRES:
DECEMBER 31, 2023