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# THE HOSPITAL FOR SICK CHILDREN



February 1, 2000

Dr. J. Cairns,  
Deputy Chief Coroner,  
15 Grosvenor Street,  
Toronto, On.,  
M4Y 1A9

Dear Dr. Cairns:

Re: KIDOCM Questions

Please find attached the responses to the questions submitted regarding KIDCOM at the Hospital for Sick Children.

Many of the questions relate to the computerized audit trail for Lisa Shore's chart. A summary of the audit trail is also attached, along with the actual audit trail. This is for the October 21 - 22, 1998 admission only; the audit trail for other admissions is not included.

Sincerely,

Susan Anderson  
Applications Director  
Information Services

encl.

EX. 53

**RESPONSE TO QUESTIONS POSED BY THE CORONERS COURT TO HSC INFORMATION SERVICES—FEBRUARY 1<sup>ST</sup> 2000.**

**Audit Trail**

**1.**

It has been determined that the KIDCOM computer system can determine when updates are entered and by whom. Is there a corresponding audit trail that determines when a patient's file is viewed but not updated?

No, there is no audit trail for simply viewing a record.

As there is no audit trail for viewing only, questions 1a,b,c are answered "Not Applicable"

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**2.**

If a request is made to print a hard copy of a KIDCOM report for an individual patient, would an audit trail for such a request be preserved?

An audit trail for both requested and automatic printouts is retained for six months.

**a).**

Does this audit trail include date and time of printing?

The audit trail includes date and time of printing as well as the terminal from which the report was requested.

**b).**

Does the audit trail include the electronic signature of the person making the request?

The audit trail for reports requested by a user contains the name and unique initials of the person making the request.

**c).**

Does the audit trail include the specific orders/notes/entries that were printed?

The audit trail retains the information of What/Where/When was printed but not the content. E.g. Patient Care Summary-Terminal #0461- YYYYMMDD.

**Suspended Orders.**

**3.**

It has been determined that orders entered into the KIDCOM system from the Emergency Department remain in suspended mode until activated. Is there a period of time after which suspended orders can no longer be activated?

No.

(Questions 3a,b,c, based on the belief that suspended orders cannot be activated after a period of time can be assumed to have been answered as "Not Applicable").

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**4.**

If there are suspended orders in a patient's KIDCOM file, and a user accesses that patient's file to view, enter or update, is there any flag/notification/warning that there are suspended orders in existence?

There is no electronic notification that suspended admission orders on an Emergency patient are in existence. KIDCOM is based on current practice. Current practice requires that a nurse check both the chart and the computer system for admission orders. (The following questions 4a,b, regarding this flagging may be deemed to have been answered "Not Applicable").

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5.

Is there a periodic report or equivalent in the system which draws attention to orders still in suspended mode?

Yes, there are 3 reports that are printed on a daily basis for all admitted patients that draw attention to orders that may still be in suspended mode. A 4<sup>th</sup> report, recently activated, draws attention to the suspended orders at time of admission. All of these reports print automatically.

|   | a)                         | b)                                      | c)                              | d)  |
|---|----------------------------|---|---------------------------------|---|
| Report Name/Function  | Frequency                  | Report Destination                      | Report Preservation             | Acknowledgement                                 |
| <b>Patient Care Summary</b><br><br>Shows all orders, including suspended orders, at time of printing.   | Shift Change-0615 and 1815 | New Nurse starting shift                | Discarded. (worksheet only)     | No-not Chart Copy                               |
| <b>* Daily Order Summary</b><br><br>Shows all orders for the previous 24 hrs for admitted patients.   | After midnight each day    | Filed on Chart.<br><br>(Permanent copy) | Can be re-generated at any time | Nurse verifies accuracy of orders and signs it. |
| <b>** Discharge Report-Daily Orders</b><br><br>Shows all orders entered (incl. suspended) from midnight to discharge time, as well as the Med/IV and Lab. Orders which are automatically discontinued at Discharge. | Once, on discharge         | Filed on Chart.<br><br>(Permanent copy) | Can be re-generated at any time | Filed on Chart but not signed.                  |
| <b>Current Orders Summary(as of Jan.2000)</b><br><br>Shows suspended Orders   | At time of admission       | Info.Worker or RN on Nursing Unit       | Discarded. (Reminder. only).    | No, not Chart copy.                             |

\* If the orders are entered before midnight and the patient not admitted until after midnight, the Daily Order Summary would not reflect the orders entered in Emergency as the patient was not yet an Inpatient at the time the report was printing.

\*\* If the patient is discharged on the same day as admitted, the suspended orders, (other than the Medications and IV's which were Discontinued at discharge), would not print, as this report looks at the time frame from midnight to discharge, assuming that the Daily Order Summary would have covered the period before midnight. If suspended orders are activated after admission, they will print on the Discharge Report-Daily Orders.

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6.  
Has consideration been given at any time to the use of automated warning technology in order to alert staff to the existence of overdue suspended orders within the system? For example, if suspended orders from Emergency are not activated within a reasonable time period, an audible alarm page or similar gets sent to the supervisor of the unit to which the patient has been admitted.?

If such technological enhancements have been discussed or evaluated please provide details and current status..

It has been discussed , but is not considered a practical solution.

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7.  
Where there any differences between the current system functionality and what was in place on October 21-22 1998. Please specify.

The system is dynamic and changes occur on a regular basis. These upgrades are responses to user requests, changes in clinical practice, technical upgrades, Y2K considerations, enhancements and new functionality. All changes and enhancements are documented .

However, no specific changes were made to the process of admitting patients from Emergency, apart from the addition of the new report, Current Orders Summary on January 11<sup>th</sup> 2000, as mentioned previously.