

INQUEST INTO THE DEATH OF

L I S A S H O R E

THE EVIDENCE OF DR. MELANIO CATRE

TAKEN NOVEMBER 9, 1999

BEFORE DR. JAMES CAIRNS, DEPUTY CHIEF CORONER

CORONER'S COURT, TORONTO

A P P E A R A N C E S:

Counsel for the Coroner	MARGARET BROWNE, MS.
Counsel for the Shore Family	FRANK K. GOMBERG, ESQ.
Counsel for the Hospital for Sick Children, et al	PATRICK HAWKINS, ESQ. RENEE A. KOPP, MS.
Counsel for Dr. M. Schily and Dr. M. Catre	ANNE POSNO, ESQ.

REPORTING PLUS
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1 MS. BROWNE: The next witness should be Dr.
2 Catre. I don't know his first name. Dr.
3 Catre?

4 MS. POSNO: Dr. Cairns, if we could request
5 standing on behalf of Dr. Catre; that wasn't
6 done at the beginning of the inquest.

7 THE CORONER: I will grant the Doctor
8 standing, thank you.

9 MS. POSNO: Thank you. And I have a CV for
10 the assistance of Ms. Browne.

11 THE CORONER: Thank you, Mr. Posno.

12

13 DR. MELANIO GARCIA CATRE, SWORN

14 EXAMINATION IN-CHIEF BY MS. BROWNE:

15 Q. Dr. Catre, I've just been given your CV.
16 I understand that you received your training -- well,
17 you tell me?

18 A. The second page.

19 Q. Page two?

20 A. Yes. I received my medical degree from
21 the University of Toronto, convocated in June of 1993.

22 I then started my residency program, orthopedic
23 surgery. I've finished that program, as of June 30th,
24 1999.

25 Q. And where have you been practising?

1 A. I'm currently the clinical fellow of
2 orthopedic surgery at the Toronto East General and
3 Orthopedic Hospital.

4 Q. That's the one on Wellesley?

5 A. I'm sorry?

6 Q. Is that on Wellesley?

7 A. No, it's on Coxwell.

8

9 BY MS. BROWNE:

10 Q. And at the time that Lisa died, Lisa
11 Shore died, the time this inquest is concerned with,
12 where were you practising?

13 A. I was at that time one of the senior
14 residents of orthopedic surgery at the Hospital for
15 Sick Children.

16 Q. How long had you been senior resident
17 there by October of '98?

18 A. That rotation started July 1st, so that
19 would have been three and a half months into that
20 rotation.

21 Q. All right. And were you involved in any
22 treatment of Lisa at all before her death?

23 A. Before her death?

24 Q. Yes.

25 A. No. In fact, I hadn't laid eyes on Lisa

1 at all until I was one of the team that found her.

2 Q. And if you can just go straight to that
3 point ---

4 A. Yes.

5 Q. --- who was on that team?

6 A. The team consisted of three people;
7 myself and two other senior residents. We had a
8 routine of rounding as a -- seeing all the patients in
9 the morning as a team. That routine would be one
10 person would talk to the patient and parents, another
11 of the senior residents would do physical examination
12 and yet the third would write the notes. On this
13 particular case, we -- the three of us came into the
14 room simultaneously, I took it upon myself to speak to
15 Lisa's mom, who was awake at that time, and left the
16 physical examination and the writing of the notes to my
17 fellow senior residents.

18 Q. When you say that you were accompanied
19 by two other senior residents, would they all be in
20 orthopedics?

21 A. Yes, they are.

22 Q. And do you know the names of the ones
23 that came in?

24 A. Yes, Dr. Albert Yee, he was also senior
25 resident and he was our chief administrative resident,

1 as well, and Dr. Thomas Hupel.

2 Q. What's his last name?

3 A. Hupel, H-U-P-E-L.

4 Q. Besides the three of you, were there any
5 other persons present besides Mrs. Shore and Lisa?

6 A. On the initial entry, no, that was it.

7 Q. All right. What did you find?

8 A. Well, I had been speaking to Lisa's mom
9 for a very, very few seconds when the two other
10 fellows, after examining the patient, decided that she
11 was vital signs absent, so she had no signs of life as
12 we know it, and decided immediately to call a code blue
13 on the patient. And then we went into action and
14 started resuscitation efforts. We started to give her
15 oxygen and doing chest compressions to try to get some
16 blood pressure, some blood out to -- into the
17 circulation. We then -- in a very short while, there
18 were many other people in the room. A breathing tube,
19 endotrachial tube, was inserted by a general surgery
20 fellow to establish an airway so he could get oxygen
21 into Lisa and then the rest of the activity carried on,
22 the IV's, the drugs, the monitor and so on.

23 Q. Was there an anaesthetic resident there,
24 to your knowledge?

25 A. Yes, there was.

1 Q. Do you know who it was?

2 A. That would be Dr. Harvey Wang.

3 Q. Harvey Wang?

4 A. Yes.

5 Q. Okay. We have certain photographs which
6 have been marked as Exhibit 9. There's four and they
7 show, I guess, the room; 9 (A) shows you the room from
8 the door area.

9 A. Yes.

10 Q. Is that the way it looks?

11 A. Yes.

12 Q. And the bed is inside, there's a little
13 table beside the bed over on the far side and there's a
14 table outside the curtain, is that right?

15 A. Yes.

16 Q. And on that table, there appears to be a
17 monitor?

18 A. Yes.

19 Q. Is that correct?

20 A. Yes, it is.

21 Q. And this is a closer picture of the
22 monitor.

23 A. Yes.

24 Q. Now these pictures were taken much
25 later, you know, when the police went over and did it

1 when the room was set up. Can you tell me when you
2 went in, this one shows you a couch, a bed and you take
3 the little table with the monitor on it and then out
4 into the hall.

5 A. Mm-hmm.

6 Q. When you went in, where was Mrs. Shore?

7 A. Mrs. Shore was lying down on the ---

8 Q. On this bed?

9 A. On the bed.

10 Q. And Lisa was in bed?

11 A. Was in the hospital bed and mom was on
12 the couch, which doubles as a bed.

13 Q. Did you have a look at the monitor? Did
14 you see it?

15 A. As we entered the room, I don't note
16 seeing it, but I do note seeing it during the
17 resuscitation.

18 Q. And when you recollected it, where did
19 you see it?

20 A. I see it -- I remember seeing it on the
21 shelf exactly as it's shown here.

22 Q. Did it look that way? Was it facing ---

23 A. No, it wasn't, it was facing inwards,
24 towards the room, not facing towards the door.

25 Q. If this is the front, this long side ---

1 A. Mm-hmm.

2 Q. --- you say it was facing, like, towards
3 the doors, this way around?

4 A. No, about 90 degrees or so from that.

5 Q. Facing there?

6 A. Yeah, something like that.

7 Q. All right. And was it on?

8 A. Off.

9 Q. It was off. Was it plugged in?

10 A. I can't tell you that.

11 Q. Where would it be plugged in, do you
12 know, from this room?

13 A. Well, there are multiple plug-ins, I
14 would assume, in the room. I don't know exactly where
15 that one in particular would be plugged in.

16 Q. And we don't have any pictures that --
17 one of the jurors mentioned -- there's one around here
18 near the couch Mrs. Shore was on.

19 A. If I may, there is, right above the bed,
20 there is silver panel of which there are gas entries
21 and amongst other things, there also plug-ins, wall
22 outlets that is certainly reachable and that would be
23 just at the end. You can just see the panelling
24 starting at the end of the table.

25 Q. I see, the panelling starting at the end

1 of the curtain there?

2 A. Yes.

3 Q. So that if this was plugged in, it would
4 be plugged in around the front or around the back?

5 A. Either way, yeah.

6 Q. You spoke to Mrs. Shore for a few
7 minutes?

8 A. Not minutes, seconds.

9 Q. Seconds? Do you remember what you said?

10 A. Yes, I do. I asked how Lisa slept and
11 she responded that she slept well.

12 Q. Were there leads on Lisa?

13 A. Yes, there was.

14 Q. Were there sticky things on Lisa?

15 A. Yes, there were.

16 Q. Were patches connected to leads or just
17 patches?

18 A. Patches connected to leads.

19 Q. But the machine was off?

20 A. Yes.

21 Q. Did you have any conversation at all
22 with Mrs. Shore about noises in the night?

23 A. That one question was the only question
24 I got to ask Mrs. Shore.

25 Q. Perhaps you could, just for the sake --

1 we have a diagram -- I believe you have it, Constable
2 Culleton, do you? Would you just look at that, Dr.
3 Catre, and tell me, does that represent fairly
4 accurately the fifth floor?

5 A. Yes, it does.

6 Q. And specifically, can you just tell me,
7 this is the nursing station?

8 A. Yes, it is.

9 Q. And where does that put that corridor,
10 is that 5A or 5B or what?

11 A. That's what is referred to as the 5AB
12 corridor, because it leads from the 5A nursing station
13 to the 5B nursing station.

14 Q. So this is the 5A?

15 A. That's 5A.

16 Q. And the 5B up here?

17 A. Correct.

18 Q. And what about this corridor, where does
19 that go?

20 A. That's still part of 5A. It doesn't --
21 there's some patient rooms down there.

22 Q. And the room that you went into, the one
23 that we have a diagram of?

24 A. Yes, that -- yes, it is.

25 Q. We have a diagram and it includes the

1 bed, the monitor is on there?

2 A. Mm-hmm.

3 Q. The couch, table and the bed?

4 A. Correct.

5 Q. All right, may that be marked as an
6 exhibit?

7 THE CORONER: That will be Exhibit No. 10.

8

9 EXHIBIT NO. 10: Large diagram of the hospital
10 floor near Lisa Shore's room

11

12 MR. HAWKINS: Yes, Dr. Cairns, as I believe
13 I explained to you and certainly Ms. Browne
14 yesterday, I take no issue with that diagram
15 except to the extent that it shows doors on
16 the hallway half-closed; those are the fire
17 doors that on my understanding are always
18 propped open and closed, you know, in the
19 result of a fire or something to that effect,
20 but that shows doors half-closed and they are
21 always propped open. Is that correct, Dr.
22 Catre ---

23 THE DEPONENT: That's correct.

24 MR. HAWKINS: --- to your understanding?

25 Thank you.

1 MS. BROWNE: So we are all content that
2 those doors are propped open?

3 THE CORONER: We're content that as far as
4 this is concerned, we'll ignore the doors as
5 half-open.

6 MR. HAWKINS: Just so that the jury under-
7 stands what I'm referring to, these two doors
8 are always propped open.

9

10 BY MS. BROWNE:

11 Q. There's another photograph which we have
12 since somebody mentioned a plug and so let me just put
13 this in and it can maybe go in as 9 (E). Could you
14 identify that photograph for us? What does that show
15 in that room?

16 A. Well, this shows the doorway, the shelf
17 where the monitor sits and then the wall panelling with
18 the various devices, including the outlets at the top
19 part of the panel.

20 Q. So that the monitor, if it was on, would
21 be sitting on that little table?

22 A. Yes.

23 Q. And be plugged into somewhere in the
24 panel?

25 A. Yes.

1 Q. Is that normally where the monitor would
2 be kept, right there?

3 A. Yes, it is.

4 Q. All right, could that be made an
5 exhibit?

6 THE CORONER: 9 (E).

7

8 EXHIBIT NO. 9(E): Photograph depicting wall
9 panel with electrical outlets

10

11 BY MS. BROWNE:

12 Q. When you go there, Dr. Catre, you say it
13 was plugged in but not on?

14 A. Yes.

15 Q. Do you know anything about these
16 monitors? I mean, what is the extent of your knowledge
17 of a Corometric monitor?

18 A. The monitors are used to monitor heart
19 rate.

20 Q. Just heart rate?

21 A. I believe they may monitor other -- they
22 may also monitor pulse oximetry, I'm not sure, though.

23 Q. Have you, yourself, ever ---

24 A. It maybe the respiratory rate, I can't
25 -- it's not something I use everyday and certainly

1 haven't for a while.

2 Q. But you have used it?

3 A. In the past, yeah.

4 Q. And how is it set? How is it done when
5 you use a monitor to monitor a heart rate or breathing
6 rate?

7 A. Well, the -- I'm not familiar with this
8 one -- particular monitor in question. Generally, all
9 monitors have alarms so that if the heart rate or
10 whatever the monitor happens to be measuring goes above
11 or below that particular alarm level, then the monitor
12 alarms will go off.

13 Q. And if there was -- if it was also to
14 measure respiration, would that be ---

15 A. I believe that machine can do it, too.
16 I'm not -- as I say, I'm not an expert in that
17 machine.

18 Q. And how does it work?

19 A. That I don't know.

20 Q. You don't know if it sounds an alarm?

21 A. Oh, I know it will sound an alarm.

22 Q. It is a noticeable alarm?

23 A. Very much so.

24 Q. You could hear it outside the room?

25 A. Yes.

1 Q. Do the children on the ward usually have
2 these alarms?

3 A. Yes.

4 Q. Any other kind of alarms that they have?

5 A. They would be monitored for their
6 various vital signs, as I said, heart rate, respiratory
7 rate, I should say, pulse oximetry, saturation of --
8 oxygen saturation of the blood.

9 Q. All right. Now, you had been there
10 between July and October, is that right, and were you
11 familiar with the computer system used at the Sick Kids
12 Hospital?

13 A. Yes.

14 Q. And just explain briefly how it works?
15 We will have further evidence, but what's your
16 understanding of it?

17 A. Okay. The computer system is able to do
18 many functions which used to be handwritten. Among its
19 many functions is to communicate orders between doctors
20 and nurses, you can also call up lab data on the
21 computer system, you can write prescriptions off the
22 computer system. As I understand it, they will -- the
23 movement of the computer system and information
24 services in general at Sick Children's is towards a
25 paperless chart.

1 Q. It's all electronic now?

2 A. That's their direction.

3 Q. And would it be your understanding that
4 everybody used this system all the time?

5 A. Every physician has used the system.

6 Q. Besides the physicians, I presume,
7 nurses, too?

8 A. Nurses have to access the system, yes.

9 Q. Now, you were an orthopedic fellow at
10 the time. Had you had ---

11 A. Senior resident at the time.

12 Q. I'm sorry?

13 A. Senior resident at the time.

14 Q. Excuse me. When you were there, had you
15 had other children admitted to emergency to
16 orthopedics?

17 A. On that evening in particular?

18 Q. Not, any -- since you started there?
19 When other children come in from emergency?

20 A. Many.

21 Q. Many, many. And usually how would you
22 find out what the orders were that had been typed into
23 the computer?

24 A. You could look into the chart, they
25 liked to print a hard copy and put it in the chart, or

1 you can access the computer and access the orders for
2 that particular child.

3 Q. When a child came up with a transport
4 and a relative and was put into a room, would a nurse
5 come in and assess them at that point; is that normal?

6 A. That would be the standard procedure, to
7 my knowledge.

8 Q. And how would the nurse access the
9 computer?

10 A. Everybody who has access to the system
11 has a code and that has to be entered in. The code is
12 kept confidential so that nobody can log onto the
13 system as somebody else. Anytime you log onto the
14 computer system, you log on as yourself and the system
15 knows who is logging on.

16 Q. Where is the computer physically
17 located?

18 A. The computer is physically located just
19 beyond the nursing station desk there, in the nursing
20 station area.

21 Q. It's in the circular nursing station?

22 A. No. Well, they are all actually --
23 there's a few terminals there, there's also terminals
24 at the two back tables.

25 Q. On the two back?

1 A. Yes.

2 Q. All right. Let me just show you three
3 other photographs, Doctor. Maybe we can mark them as
4 part of Exhibit 9. One shows the curve of the desk of
5 the nurses station.

6 A. Yes.

7 Q. It shows two computers ---

8 A. Correct.

9 Q. --- inside this? May that be 9 ---

10 THE CORONER'S CONSTABLE: (F).

11 MR. HAWKINS: (F).

12 THE CORONER: 9(F).

13

14 EXHIBIT NO. 9 (F): Photo depicting nursing
15 station showing computer
16 terminals

17

18 BY MS. BROWNE:

19 Q. And another photograph of the inside of
20 the nurses station with the same two computers?

21 A. Actually, no, that would be a third
22 computer.

23 Q. A third computer?

24 A. Yeah.

25 Q. There's one, two, and three?

1 CORONER'S CONSTABLE: 9(H).

2 MS. BROWNE: Thank you.

3

4 EXHIBIT NO. 9(H): Photograph depicting back
5 table with computer terminals
6 and printer

7

8 BY MS. BROWNE:

9 Q. As I was saying, you've had children
10 that you say you admitted many times to orthopedics or
11 emergency and is that standard, the first thing to do
12 is to turn on the computer and get the orders?

13 A. That would be one of the first things to
14 do, yes.

15 Q. You would also be able to look at what
16 comes up on the chart from emergency, right?

17 A. Yes.

18 Q. The doctor's written orders?

19 A. Correct.

20 Q. As you may know, we have had evidence
21 that Dr. Schily wrote on -- in the chart, "See KidCom
22 orders."

23 A. Yes.

24 Q. That apparently wasn't done. With
25 regard to the computers, apparently that wasn't done

1 either. Is there any reason that -- do the computers
2 break down all the time?

3 A. There are times when access to the
4 KidCom computer is not available; not often. Whether
5 that happened that night, I can't tell you.

6 Q. Can you tell us what nurses were on in
7 the orthopedic wing that night?

8 A. I can't recall that.

9 Q. You can't, all right. When you were
10 there at the code, were there nurses?

11 A. Yes.

12 Q. Do you remember who they were?

13 A. I do recall the previous witness.

14 Q. Nurse Matthews?

15 A. Yes. However, there was anywhere
16 between 20 and 30 people in that room, as small as it
17 may be.

18 Q. Thank you, those are my questions. You
19 will have others.

20 THE CORONER: Mr. Hawkins?

21

22 CROSS-EXAMINATION BY MR. HAWKINS:

23 Q. Doctor, just to come back to a couple of
24 things that Ms. Browne raised with you and so that I
25 understand the sequence of events correctly, you come

1 into the room with the orthopedic team?

2 A. Yes.

3 Q. And you go to speak to Mrs. Shore?

4 A. Yes.

5 Q. And you're doing that for a few seconds?

6 A. Yes.

7 Q. And I wasn't clear when the Crown asked

8 you a question, she said, "Did you ask Mrs. Shore about

9 noises in the night?" And you said, "There was only

10 one question that I got to ask her." What was the one

11 question you got to ask her?

12 A. How Lisa slept that night.

13 Q. And the response was?

14 A. Lisa's mom said she slept well.

15 Q. And then the code is called by the other

16 people who have arrived?

17 A. That came in the room with me, yes.

18 Q. And what did you then do?

19 A. Well, we started our resuscitation

20 efforts. One of -- Dr. Hupel placed an oxygen mask on

21 the patient to give oxygen. Dr. Yee started chest

22 compressions and I hooked up the oxygen and hooked up a

23 different kind of resuscitation oxygen mask and then

24 the rest of the people who responded to the code blue

25 arrived.

1 Q. And you said ultimately 20 or 30 people
2 arrived?

3 A. Yes.

4 Q. Is that usual in code situations?

5 A. In code situations at the Hospital for
6 Sick Children, it would be.

7 Q. And is that because there's a lot to do
8 in a code and you need lots of hands there?

9 A. You do need lots of hands, but we are
10 especially aware with the children, you know, and so
11 everybody who happens to be in the vicinity -- I
12 shouldn't say "everybody," but people who happen to be
13 in the vicinity, if they feel that they can give a
14 hand, will attend a code.

15 Q. And just so that I understand it, when
16 the code is called and you go to the patient, at that
17 time when you went to the patient, there were patches
18 on her chest?

19 A. The patches were found on the chest by
20 myself after I had removed her gown to place the
21 monitoring leads on from the crash cart.

22 Q. Okay.

23 A. I took the leads -- she had patches on,
24 she had leads on, I took those off to put on the
25 monitoring leads from the crash cart.

1 Q. Okay. So when you first observed the
2 patient, there were patches on her chest?

3 A. Yes.

4 Q. And there were leads attached to those
5 patches?

6 A. Yes.

7 Q. And you removed those leads and attached
8 the leads from the crash cart?

9 A. Correct.

10 Q. And I understand as well from your
11 evidence that when you first came into the room, you
12 did not observe or you didn't see or register that
13 there was a Corometric there?

14 A. That's correct. When I came into the
15 room, we didn't -- I didn't look for the monitor, I
16 didn't hear the monitor going off, there were no alarms
17 going off when I came in the room.

18 Q. And sometime later, during the arrest,
19 did you confirm that there was a Corometric there?

20 A. Yes, I did.

21 Q. And it was sitting on the table to the
22 left of the door?

23 A. Yes.

24 Q. And at that stage, which is when the
25 arrest is underway, that's the first time you observed

1 the Corometric?

2 A. Yes, it is.

3 Q. And at that point, it's off?

4 A. Yes.

5 Q. Thank you, those are my questions.

6 THE CORONER: Mr. Gomberg?

7

8 CROSS-EXAMINATION BY MR. GOMBERG:

9 Q. Dr. Catre, my name is Frank Gomberg, I
10 represent Mr. and Mrs. Shore. I have a couple of
11 questions to ask you. Is it true that the only note in
12 the hospital records that we have from your team, if I
13 can put it that way ---

14 A. Mm-hmm.

15 Q. -- is the note that Dr. Yee made, it
16 looks like, at 8:30 in the morning?

17 A. No, it's not.

18 Q. All right.

19 A. That's incorrect. There is a previous
20 note from Dr. Lobo (ph.) which is an admission note.
21 This patient was admitted to the orthopedic service as
22 a courtesy to the pain service team who does not have
23 admitting beds. The agreement was between the
24 orthopedic team and the pain management team that they
25 would manage the patient, despite the patient being on

1 our service.

2 Q. And is Dr. Lobo an orthopedic resident?

3 A. Yes, he is.

4 Q. So as I understand it, then, the other
5 entry in the hospital record is the entry that Dr. Lobo
6 made on October 21st at 23:14, and that's at 11:14 in
7 the evening, and that's an order made on the KidCom
8 monitor, is that right? Are you aware of that?

9 A. Yes, I am.

10 Q. All right. And that's the order where
11 he says, "Pain control to be managed entirely by
12 anaesthesia pain service, please call anaesthesia pain
13 service."

14 A. Yes.

15 Q. And that order is suspended. By the
16 way, do you know what "suspended" means?

17 A. Yes. When you enter orders in the
18 KidCom computer, while the patient is admitted to the
19 emergency department, the computer automatically puts
20 the suspended statement at the front of the order.
21 That is an automatic computer programming thing.

22 Q. All right. And it's only when those
23 orders are activated by you or by one of your
24 colleagues or by a nurse on the floor that you know
25 what the orders are?

1 A. Yes. Once they get to the floor ---
2 Q. Right.
3 A. --- the floor nurses will activate the
4 suspended orders.
5 Q. And then they become active orders on
6 the orthopedic floor?
7 A. Correct.
8 Q. All right, now, Dr. Lobo apparently saw
9 Lisa Shore in the emergency room, right, because that's
10 where those orders were input, right?
11 A. Actually, I must correct you.
12 Q. Yes.
13 A. They can be input from any terminal. So
14 long as the patient is admitted to the emergency
15 department, the computer will put the suspended prefix
16 on that order.
17 Q. Well, can you tell whether Dr. Lobo
18 inputted those orders in the emergency department or
19 whether those orders were inputted on the floor?
20 A. I can't tell you that.
21 Q. Do you know as we speak now in 1999,
22 whether Dr. Lobo saw Lisa Shore in the emergency room
23 that night?
24 A. Yes.
25 Q. And what's the answer?

1 A. I believe he did see the patient in the
2 emergency room briefly.

3 Q. So am I correct, then, that Dr. Lobo,
4 because he may have inputted those orders, but because
5 he saw her in the emergency room, he was aware of the
6 fact that orders had been made in the KidCom system in
7 the emergency room?

8 A. I can only -- I think one can only
9 assume that he knew about his orders.

10 Q. Right.

11 A. I don't think we can assume that he
12 knows about Dr. Schily's orders.

13 Q. All right. And then Dr. Lobo, of
14 course, went from the emergency room back up to 5A,
15 right, that night?

16 A. Not necessarily. We were operating most
17 of that night.

18 Q. You were in the operating room?

19 A. Yes.

20 Q. So you don't know that one way or the
21 other, though, we'd have to ask Dr. Lobo that question?

22 A. You would have to, yes.

23 Q. All right. Now, aside from that
24 electronic order that was made on the KidCom some
25 place, we're not sure exactly where, by Dr. Lobo, am I

1 correct that the only other note is the handwritten
2 note that was made by your colleague, Dr. Yee, at 8:30
3 with -- it was a retrospective note ---

4 A. Yes.

5 Q. --- for obvious reasons?

6 A. Yes.

7 Q. Because when you have a code going on,
8 you don't have somebody standing there taking notes?

9 A. Correct.

10 Q. All right. And that note was made at
11 8:30 in the morning, which is about an hour and -- not
12 about, it's an hour and ten minutes after you went in
13 there, because you say you went in there at about 7:20?

14 A. Correct.

15 Q. All right. Now that note -- do you have
16 that note in front of you? It's either at page 24 or
17 46. I've covered all bases with that.

18 A. Your copy must be numbered differently
19 from my copy.

20 Q. Well, what page are you on?

21 A. Well, I'm looking at 26.

22 Q. No, it's either 24 or 46.

23 A. Okay, well, my 24 shows an ECG lead.

24 Q. Forget about that.

25 A. Yes.

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Q. 46?

A. And my page 46 shows Dr. Lobo's note, so you must have a different numbered copy than I do.

Q. Maybe I can come up and just ...

THE CORONER: Do we have the original chart?

BY MR. GOMBERG:

Q. It's not very long, maybe I can just stand here and go through it. "Team" -- can you read it?

A. Yes.

Q. What does it say?

A. "Team rounding approximately 07:20 hours."

Q. Right.

A. "Came to see patient, admitted overnight."

Q. Right. "Patient very pale."

A. "Physical examination."

Q. Right.

A. "Very pale."

Q. Right.

A. "No pulse."

Q. Right.

A. "Code immediately called. CPR

1 initiated. Pupils dilated and fixed. Code called at
2 approximately 30 minutes." I would assume that says
3 "and."

4 Q. It looks like it says "MD" but I'm not
5 sure what it says.

6 A. Oh, "EMD."

7 Q. What does that mean?

8 A. That means electro-mechanical
9 dissociation, which is a condition of the heart whereby
10 the heart can still create electrical impulses but
11 cannot pump any blood out to the rest of the body.

12 Q. All right, and that note was made by Dr.
13 Yee, your colleague?

14 A. Yes.

15 Q. All right, and you and your other
16 colleague were in the room at the time, obviously? The
17 three of you were in the room?

18 A. Yes.

19 Q. All right. Now did you make any notes
20 -- first of all, you made no notes in the chart,
21 correct?

22 A. Correct.

23 Q. Did you make any notes about what
24 happened that night when you went in there that are not
25 in the chart?

1 A. No.

2 Q. All right, so you have no personal notes
3 of any kind ---

4 A. Correct.

5 Q. --- that you use as an aide memoir, or
6 an aide to your memory?

7 A. Correct.

8 Q. All right. Now, did you speak -- I
9 think we have your evidence and I'm not going to go
10 through it again at great length about the Corometric.
11 In a nutshell, the patches were on?

12 A. Yes.

13 Q. The leads, you removed the leads?

14 A. Yes.

15 Q. All right. You don't know exactly when
16 you walked into the room, you don't know whether it was
17 on or off; you do know later on at some point, and I
18 don't know that you were asked how long later, in other
19 words, how long after 7:20 in the morning was it that
20 you took a look at that monitor, if you can remember?

21 A. I couldn't tell you.

22 Q. All right.

23 A. It was during the active arrest phase.

24 Q. All right. So whether it was five
25 minutes or seven minutes or 27 minutes, you can't tell

1 me?

2 A. Correct.

3 Q. All right. But whenever it was, when
4 you looked over, it was turned off?

5 A. Yes.

6 Q. All right. Now, did you speak to Drs.
7 Yee and Hupel, your colleagues, about their
8 observations of the Corometric monitor?

9 A. About the Corometric monitor?

10 Q. Yes.

11 A. No.

12 Q. All right. So to this date, from the
13 date of the event which is over a year ago, October
14 22nd, 1998, up to now, you've had no discussion with
15 them about their observations about whether it was on
16 or off, if the leads were on or off or the patches were
17 on or off?

18 A. Correct.

19 Q. All right. Now, I take it that we can
20 agree that there -- your observations of the monitor
21 are as you've recounted them, but there was no oximetry
22 device on Lisa's finger?

23 A. I can't recall that.

24 Q. There were 20 or 30 people in the room?

25 A. Correct.

1 Q. And aside from the names that we've
2 heard from you, can you give us any other names of
3 people who were in the room?

4 A. The only name I can give you for sure
5 would be Dr. Douglas Heddon (ph.), who is one of the
6 orthopedic surgical staff. He certainly was in the
7 room for part of the arrest; not actively taking part,
8 but letting the rest of us do the job.

9 Q. All right, so Dr. Heddon was in the room
10 and he's a staff orthopedic surgeon at the hospital?

11 A. Right.

12 Q. All right. And aside from Dr. Heddon,
13 you can't give us any other names, is that fair? We
14 have the names you have given us already.

15 A. The names I've given you and the other
16 name that would come to mind is Dr. Stacey Erbach.
17 (ph.)

18 Q. Right.

19 A. When she had arrived on the scene, we
20 had declared that she would be the one in charge in
21 running the code.

22 Q. All right. Well, to be fair to you,
23 you're on this list and so is Dr. Pop.

24 A. Yeah, I'm not sure who Dr. Pop is.

25 Q. All right. And Dr. Yee and Dr. Erbach

1 and Dr. Wang.

2 A. Yes.

3 Q. And I'm asking you, and we heard about
4 Nurse Matthews; any other names that you can help us
5 with, aside from Dr. Heddon?

6 A. No.

7 Q. All right. Now, the only other question
8 that I have for you relates to -- and my client laughs
9 at me, because I don't know anything about computers,
10 but what I want to understand is what the word "hard
11 copy" means, all right? I think I know what it means,
12 but I want to make sure that I understand what it means
13 in the context of this case. The patient comes up to
14 the orthopedic floor.

15 A. Yes.

16 Q. And there's a chart, right?

17 A. Yes.

18 Q. All right. Now, in this case, the
19 patient comes up with, as I understand it, some
20 handwritten orders from the doctor in the emergency
21 department, Dr. Schily, correct?

22 A. Yes.

23 Q. All right, and you've seen those, those
24 are very brief orders and they're in handwriting and
25 one of the things that it says is "See KidCom orders,"

1 right?

2 A. Right.

3 Q. Now, just to be clear, these pages,
4 that's pages -- and maybe for clarity, I don't -- I
5 can't remember, Deputy Chief Coroner, the exhibit --
6 oh, here it is, it's Exhibit 5, so the patient --
7 Exhibit 5 is in the chart and that goes up with Lisa in
8 -- it's attached to the cot or it's carried by the
9 person that goes up with her?

10 A. Correct.

11 Q. All right. And by "hard copy," forget
12 the computer terms for a minute, this is the only thing
13 that goes up, right?

14 A. Correct.

15 Q. So just to be clear, this doesn't go up,
16 I'm now talking about Exhibit 6 and 7, so Exhibits 6
17 and 7 don't go up, right?

18 A. That would be possibly correct. They
19 could be printed in the emergency room and then sent
20 up, but I don't know what came up with the patient.

21 Q. Well, we've already heard that emergency
22 people don't have access to these things, by an hour
23 and 32 minutes, in this case?

24 A. Okay.

25 Q. That's the evidence that we heard this

1 morning, right?

2 A. Right.

3 Q. Okay. So these orders don't go up with
4 Lisa, right?

5 A. Physically, no.

6 Q. Well, I'm talking physically now, hard
7 copy.

8 A. Right.

9 Q. All right. They don't go up in
10 handwriting because they're not there.

11 A. Correct.

12 Q. And they're not printed by the computer
13 in the emergency department, right?

14 A. Yes.

15 Q. Okay. So there's no hard copy that goes
16 up with Lisa?

17 A. That would be a logical assumption.

18 Q. So if a nurse looks at the chart as
19 opposed to punching into the KidCom or somebody like
20 you, a senior resident, looks at the computer -- sorry,
21 looks at the chart, there's nothing in the chart about
22 these orders?

23 A. Correct.

24 Q. And the only way to get these orders is
25 to access the KidCom?

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A. Yes.

Q. All right, now, so the only hard copy that we're talking about when we're talking about Exhibits 6 and 7 are printing, even I know this, that may be done off a computer on the floor that's on 5A?

A. Yes.

Q. So unless there's both access to the computer, in other words, the KidCom and printing of the orders on 5A, the nurses and the residents and the doctors and anybody else who may want to look at the orders won't be able to do so. Would you agree with that?

A. No, because you can access the orders without the hard copy.

Q. Okay.

A. Again, you may have to repeat your question because I lost you.

Q. If you don't access the KidCom ---

A. Right.

Q. --- and the orders aren't printed at 5A ---

A. Right.

Q. --- then there's nothing to look at?

A. Correct.

Q. Thank you, those are my questions.

1 THE CORONER: Ms. Posno?

2
3 CROSS-EXAMINATION BY MS. POSNO:

4 Q. Dr. Catre, I just want to clarify some
5 of the issues that were raised with respect to Dr. Lobo
6 and notes in the chart. There's a note at page 35 of
7 the chart. Do you have the original chart in front of
8 you? If we could have that placed before the witness,
9 please?

10 A. Page ---

11 Q. Page 35 of the chart. I'm looking for a
12 request for consultation.

13 A. Yes.

14 Q. And it indicates there, "Consulting
15 physician pain service, house physician Lobo," right?

16 A. Yes.

17 Q. Okay, do you know who has prepared this
18 document, whose handwriting this is?

19 A. This is Dr. Lobo's handwriting.

20 Q. It is Dr. Lobo's. Can you tell from
21 looking at this when this document would have been
22 prepared in the emergency department or otherwise?

23 A. When it was prepared?

24 Q. Right. We've got a date here.

25 A. We've got a date, yes. You can't tell

1 by looking at this document when it was prepared.

2 Q. So the jury knows what we're speaking
3 of, it's page 59 of the brief; my apologies. Knowing
4 the sequence of events in terms of the timing of the
5 orders ---

6 A. Yes.

7 Q. --- prepared on the KidCom, and your
8 understanding of the way the system works with
9 referrals, can you tell us when you expect this
10 consultation was performed?

11 A. I expect this consultation was performed
12 around the same time that the orders were written,
13 which is 23:14, I believe, on the KidCom.

14 Q. So that would indicate to you that Dr.
15 Lobo would have seen Lisa Shore while in the emergency
16 department?

17 A. Yes.

18 Q. And then prepared his orders?

19 A. Yes.

20 Q. That makes sense, logically.

21 A. Yes.

22 Q. Is there any indication that this was or
23 would it be at all consistent with your understanding
24 that Dr. Lobo would have seen Lisa Shore on the ward
25 after she had been transferred and prepared this

1 consultation note?

2 A. No, these -- no. He saw the patient on
3 -- in the emergency room.

4 Q. And from our understanding of the word
5 "suspended" on the KidCom orders, if it says
6 "suspended" next to Dr. Lobo's orders, those were also
7 not activated on the floor?

8 A. Correct.

9 Q. Those are my questions, thank you.

10 There may be a couple questions from the jury.

11 THE CORONER: Do the jury have some
12 questions of this witness?

13 JUROR #2: I have some questions.

14 THE CORONER: Yes.

15

16 CROSS-EXAMINATION BY THE JURY:

17 JUROR #2:

18 Q. Could I just clarify, when your team
19 goes to visit with the patient ---

20 A. Yes.

21 Q. --- considering that you'd be seeing the
22 patient for the first time, you would look at their
23 chart before you go in the room?

24 A. Yes.

25 Q. Would you have any way of knowing that

1 orders hadn't been viewed?

2 A. I'm sorry?

3 Q. Would you have any way of knowing from
4 the chart -- you would have no way of knowing what the
5 orders were or if they had been accessed?

6 A. If the orders were printed and placed in
7 the chart, that's how we could look at it as we go to
8 see the patient.

9 Q. Just out of curiosity, wouldn't you want
10 to view the orders yourself before you see a patient?

11 A. Not necessarily. It depends on what the
12 patient is about, the clinical situation with the
13 patient. I knew about this patient because I was on
14 call the night she was admitted, I was the senior
15 resident, Dr. Lobo was my junior resident, so I knew
16 about the patient.

17 Q. So you did know?

18 A. Yeah.

19

20 BY JUROR #5:

21 Q. How many patients were on that floor
22 that night, that you can recall?

23 A. I can't tell you exactly how many
24 patients we had on the floor that night, but we have
25 anywhere from 16 to 30 plus patients on any given day

1 on that service.

2 Q. At that day what -- you don't know?

3 A. I don't recall.

4 Q. When you walked in the room, did you see
5 the monitor eye level?

6 A. When I walked in the room, I don't
7 recall looking for the monitor when I came in the room.

8 Q. Was it facing the couch or the patient?

9 A. It was facing towards the patient.

10 Q. It was?

11 A. Yeah.

12 Q. It wasn't the 90 degrees you just told
13 the lady?

14 A. No, you see, if it's facing toward the
15 patient, it has to also face into the room and
16 therefore also face into the couch. As you can see in
17 the diagram, it's one line of sight.

18 Q. So when that machine is plugged in,
19 would it go beep-beep-beep-beep all night?

20 A. No, it would only alarm ---

21 Q. When there's a default?

22 A. Correct.

23 Q. How many nurses were at that station
24 that night?

25 A. I can't tell you.

1 Q. The three of you worked through the
2 night and you don't know how many patients were in that
3 circle?

4 A. I'm sorry?

5 Q. In the station on the floor at that
6 given night?

7 A. Well, we can access the computer at any
8 time and know exactly how many patients we have,
9 exactly where they are.

10 Q. How many nurses were on the floor that
11 night?

12 A. I can't tell you that.

13 Q. You're not allowed?

14 A. I don't recall.

15 Q. Oh, you don't recall?

16 A. I don't recall.

17 Q. Could that machine tell you if it was
18 shut off, if somebody shut it off, turned it off? Is
19 there a device that tells you, like, at 2:30 this
20 machine was turned off?

21 A. I don't know enough about that machine
22 to tell you that.

23 Q. Okay

24 A. I cannot.

25 THE CORONER: There will be another witness

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that can give you some details.
JUROR #5: The expert of that machine?
THE CORONER: Yes.
JUROR #5: Thank you.
THE CORONER: Are there any further questions of this witness? Thank you, Doctor, you can step down. Ms. Browne, this is probably a reasonable break for lunch.
MS. BROWNE: I think it's a pretty good time to break for lunch, yes.
THE CORONER: We'll recess until 1:45.

THIS IS TO CERTIFY that the foregoing is a true and accurate transcription of my recordings and notes, to the best of my skill and ability.

Barbara A. Pollard
Certified Court Reporter

Photostatic copies of this transcript are not certified and have not been paid for unless they bear the original signature of Barbara Pollard, and accordingly are in direct violation of Ontario Regulation 587/91, Courts of Justice

1 Act, January 1, 1990.